

STATEWIDE PLAN

South Australian Aboriginal Health Sector Statewide Strategic Plan

2004-2009



our health



our choice



our way



Aboriginal Health Council
of South Australia Inc.

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This plan was developed through a collaboration between the Aboriginal Health Council of SA Inc. and the Office for Aboriginal and Torres Strait Islander Health.

PREAMBLE

Tjimarri Sanderson-Milera,
Tal Kin Jeri dancers.

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Aboriginal Community Controlled Health Sector

The Aboriginal Health Council of South Australia Inc. is the peak body representing Aboriginal Community Controlled Health Services, Substance Misuse Services and Aboriginal Health Advisory Committees in South Australia at a state and national level.

The Aboriginal Health Council of South Australia Inc. (AHCSA) is the peak body representing Aboriginal Community Controlled Health Services (ACCHSs), Substance Misuse Services and Aboriginal Health Advisory Committees (AHACs) in South Australia at a state and national level.

AHCSA was incorporated under the Associations Incorporation Act, SA 1985, in September 2001 and is governed by a Board of Directors whose members represent Aboriginal health and substance misuse services throughout South Australia.

To ensure widespread representation, the Council has also invited 'affiliate' members to represent all Aboriginal communities from across the state. This representation comes from the AHACs established by SA Health.

Aboriginal communities around Australia have been establishing ACCHSs since the early 1970s in response to a range of barriers inhibiting Aboriginal access to mainstream primary health care services and, as an expression of self-determination.

An ACCHS is a primary health care service initiated by local Aboriginal communities to deliver holistic and culturally appropriate care to people within their communities.

Aboriginal Health Council of South Australia

The goal of AHCSA is to promote and advance the social, physical and mental health, wellbeing and quality of life and health outcomes for the Aboriginal people of South Australia.

The Council does this by:

- Identifying Aboriginal health service needs and supporting initiatives to meet those needs.
- Operating as the peak body for Aboriginal community controlled health services in South Australia, representing Aboriginal health issues in the state and nationally on behalf of its members.
- Acting as an advocate for the provision of health and related services which aim to improve the quality of life for Aboriginal people in South Australia.
- Assisting, planning, coordinating and developing health services which are designed to benefit Aboriginal people and communities in South Australia.
- Encouraging and facilitating decentralised community-based control of health services for Aboriginal people and providing assistance and support to such health services.
- Providing policy advice and direction to the federal and state governments, and other individuals and organisations engaged in the delivery of health services to Aboriginal people so as to ensure that those services are appropriate and sensitive to the needs of Aboriginal people.

- In consultation with appropriate education institutions, developing, monitoring and reviewing appropriate educational, training and development programs for Aboriginal people involved in the delivery of health services to Aboriginal people in South Australia.
- Raising the awareness of members of health and health related professions and the community about the health service requirements of Aboriginal people.
- Conducting, monitoring, promoting and assessing research into the health needs of Aboriginal people.
- In cooperation with relevant government agencies, health services and Aboriginal organisations, encouraging and assisting in the development of a comprehensive state-wide collection of Aboriginal health statistics.
- Promoting health within Aboriginal communities and ensuring that Aboriginal people are fully informed of the options available to them in the way of health and local community services.

THE GOAL OF AHCSA IS TO PROMOTE AND ADVANCE THE SOCIAL, PHYSICAL AND MENTAL HEALTH, WELLBEING AND QUALITY OF LIFE AND HEALTH OUTCOMES FOR THE ABORIGINAL PEOPLE OF SOUTH AUSTRALIA.

Nationally, AHCSA represents the community through its membership on the Board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

The primary role of AHCSA is as the 'health voice' for all Aboriginal people in South Australia.

NACCHO is the national peak Aboriginal health body. It has a membership of around 100 Aboriginal community controlled health services throughout Australia, which operate in urban, rural and remote areas.

Similarly both AHCSA and NACCHO represent the health interests of Aboriginal communities at the national level, promoting holistic and culturally appropriate health services to Aboriginal communities.

AHCSA works with communities to ensure that governments and government departments clearly hear community needs. Therefore, AHCSA's role is to act as a 'watchdog' over the provision of health services appropriately meeting community needs.

AHCSA is committed to and endorses the NACCHO definition of Aboriginal health and primary health care:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual



is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. And that primary health care is all inclusive, integrated health care and refers to the quality of health services. It is a comprehensive approach to health in accordance with the Aboriginal holistic definition of health and arises out of the practical experience within the Aboriginal community itself having to provide effective and culturally appropriate health services to its communities.

Primary health care, within the holistic health provision of an Aboriginal Community Controlled Health Service, provides a sound structure to address all aspects of health care arising from social, emotional and physical factors. Furthermore, the following principles guide our work and are reflected in this Strategic Plan for the South Australian Aboriginal Community Controlled Health Sector:

- The NACCHO definition of health must underpin all deliberations on Aboriginal well-being, requiring non-Aboriginal health care providers to develop a comprehension of the political, cultural, spiritual, emotional, environmental, structural, economic and biological factors which impinge upon Aboriginal well-being.
- Health services for Aboriginal people must be culturally valid. This requires the self-determination of Aboriginal communities and that their health services be controlled by local Aboriginal communities to ensure services appropriate to the local Community.
- Health services to Aboriginal communities should be properly funded, requiring recognition by funding bodies of historical impairment, existing inequalities, cultural and geographical isolation and cultural imperatives such as men's and women's business.

Aboriginal Health Sector Statewide Strategic Plan

This Aboriginal Health Sector Statewide Strategic Plan (AHSSSP) is based on an analysis of the strategic and business plans of AHCSA member organisations. It sets out directions and commitments to provide a focus for all work by the sector in working toward a high quality of health and wellbeing for Aboriginal people in South Australia.

The initial three-year timeframe for this plan was extended to five years, 2004-2009, as an outcome of the 1st Review that was completed in December 2005.

The following five domains have been used to organise the plan.

- Management
- Workforce Development
- Health Advocacy, Coordination and Policy

- Research and Ethics
- Data and Information

Although divided into domains, the plan contains many linked activities. While an objective and its associated strategies may be placed under one domain, the work in that area will facilitate, support or directly affect work in another area. To assist people who are reading and/or implementing the plan, direct links are identified with the strategy wherever possible.

THE STATEWIDE STRATEGIC PLAN SETS OUT DIRECTIONS AND COMMITMENTS TO PROVIDE A FOCUS FOR ALL WORK BY THE SECTOR IN WORKING TOWARD A HIGH QUALITY OF HEALTH AND WELLBEING FOR ABORIGINAL PEOPLE IN SOUTH AUSTRALIA.

A GUIDE TO THE PLAN

NAIDOC March in Port Lincoln.

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Living Document

The plan will be reviewed and updated as situations impact on whether or not proposed actions are carried out.

This plan is designed as a 'living document'. Although the ACCH sector has committed to all the goals, objectives and strategies for each of the five domains of activity outlined in the plan, it is aware that a range of matters may impact on whether or not all proposed actions are carried out as described. This means the plan will need to be reviewed and updated according to these developments. The following titles and definitions are used in the plan:

- Goal - An overall statement of the desired outcome in each of the five domains.
- Objective - A targeted statement of the outcomes that will contribute toward achieving the overall desired outcome for the domain.
- Strategies - The approach or approaches that will be taken to achieving an objective.
- Actions - The steps that need to be taken within any strategy in order to work toward the objective.
- Resources - There are 3 categories used here with the following meanings:
 - Existing sector business can occur within existing resources.
 - Extension of sector business can occur with additional resources that need to be located - when these resources are located their source and amount can be entered in this column.
 - New project area for the sector requires new resources to be located in order for it to happen - when these resources are located their source and amount can be entered in this column.
- Signposts of success - These are the indicators that the sector will use to determine progress toward or achievement of the objectives, and quality of or satisfaction with the strategies.

Page 7 provides a quick snapshot of the plan content. For each of the five domains a shortened version of the objective and related strategies are included. It also identifies which 'resource category' the area fits into. If a strategy is coded as belonging to two categories, the aspect that requires an extension of existing resources or new resources is named.

OBJECTIVES

4th National Aboriginal and Torres Strait
Islander Male Health Convention, 2008.

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Objectives

The plan has been organised using five domains but also contains many linked activities.

Key

ESB: Existing Sector Business

ESBN: Extension of Sector Business \$ Needed

NPASN: New Project Area for Sector \$ Needed

Management Domain

Objective 1: Training Board of Management members.

Strategy 1.1: Promote awareness of BoM roles. (ESB)

Strategy 1.2: Orientation training. (ESBN)

Strategy 1.3: Ongoing training and development. (ESB)

Objective 2: Better decisions on funding.

Strategy 2.1: Coordination between Commonwealth and state. (ESB)

Objective 3: Accreditation for quality assurance.

Strategy 3.1: Choose an appropriate system. (ESBN)

Workforce Development Domain

Objective 1: Workforce Planning

Strategy 1.1: Develop WF plans. (ESBN)

Strategy 1.2: Use WF plans for performance appraisal. (ESBN)

Strategy 1.3: State traineeship program. (ESB)

Strategy 1.4: Funding workers on student placements. (ESBN)

Strategy 1.5: Increase employment positions. (ESB)

Objective 2: Coordinated workforce development.

Strategy 2.1: Participate in yellow book. (ESBN)

Strategy 2.2: Use workforce plans for planning workforce development. (ESB)

Strategy 2.3: Encourage health as a career. (ESB)

Strategy 2.4: Training for senior managers. (ESB)

Strategy 2.5: Training for middle managers. (ESB)

Health Advocacy, Coordination and Policy Domain

Objective 1: Promote ACCHSs

Strategy 1.1: Promote core business of ACCHSs. (ESB), (ESBN)

Objective 2: Improve partnership with community.

Strategy 2.1: Communication between AHCSA and members. (ESB)

Strategy 2.2: Commitment to this plan. (ESB)

Strategy 2.3: Share member strategies. (ESB)

Objective 3: Access to external services.

Strategy 3.1: The role of AHACs. (ESB)

Strategy 3.2: Support for clients who travel. (ESBN)

Objective 4: Access and equity in other services.

Strategy 4.1: Agreements between ACCHSs and mainstream. (NPASN)

Strategy 4.2: Other methods for access and equity. (ESB)

Objective 5: Capacity for Primary Health Care activities.

Strategy 5.1: Participate in state PHC Plan. (ESB)

Strategy 5.2: Health promotion.

Strategy 5.3: Existing partnership groups for PHC. (ESB)

Strategy 5.4: Lead organisations in PHC programs. (ESBN)

Strategy 5.5: Lead organisations in coordinated outreach. (ESBN)

Objective 6: Consultancy services to mainstream.

Strategy 6.1: Agreed approach to consultancy work. (ESB)

Research and Ethics Domain

Objective 1: Increase skills in research and evaluation.

Strategy 1.1: Education programs. (ESB), (ESBN)

Strategy 1.2: Evaluation policies. (NPASN)

Objective 2: Increase amount of evaluation work.

Strategy 2.1: Advocate for funding into evaluation. (ESB)

Strategy 2.2: Build evaluation into planning work. (ESB), (ESBN)

Strategy 2.3: Circulate evaluation outcomes to sector. (ESB), (ESBN)

Objective 3: Knowledge of AHCSA Research and Ethics Committee.

Strategy 3.1: Further promote to other sectors. (ESB)

Data and Information Domain

Objective 1: Funding for Information Technology.

Strategy 1.1: Advocate to improve and maintain IT. (NPASN)

Strategy 1.2: Selecting health information systems. (ESBN)

Strategy 1.3: Medical consultant on health information. (NPASN)

Objective 2: Understanding and skills in IT.

Strategy 2.1: Education in IT skills. (ESBN)

Objective 3: Ethical guidelines for data sharing.

Strategy 3.1: Develop general principles. (ESBN)

Objective 4: Better coordination of reporting.

Strategy 4.1: Agreement on Commonwealth and state reporting. (ESB)

OBJECTIVES

MANAGEMENT: Resourced Health Sector

Objective 1: To ensure Board of Management (BoM) members are adequately trained, informed and supported in carrying out their governance role.

Strategy 1.1: Increase awareness of BoM roles to promote recruitment of new members.

Actions

- Clarify and endorse the role and responsibilities of BoM members within the sector.
- Develop local organisational promotion plans that:
 - Ensure staff fully understand the roles and responsibilities of BoM members including community consultation.
 - Ensure community members fully understand the roles and responsibilities of BoM members including community consultation.
- Promote BoM members, activities and decisions to the local community to facilitate dialogue and feedback.

Signposts of Success (Indicators)

Signposts of Good Process:

- Member organisations are satisfied with the support available to develop their local organisation promotion plans.

Signposts of Positive Impact for the Sector:

- Community members report greater awareness of the role of BoM members in community consultation, decision making and governance of their ACCHSs.
- Member organisations report an increase in the number of community members nominating to sit on their board.

Strategy 1.2: Provide an orientation training program for all new BoM members that addresses:

- Clarity of the role of the BoM.
- Legal responsibilities.
- Organisational responsibilities.
- Importance of quality assurance and evaluation in health services.
- Recruitment procedures within the organisation.

This links to strategies for Management: Objective 2.

Actions

- Gain funding to support the review and development of the sector's BoM training and development program.
- Review existing orientation training programs from member organisations including any feedback from BoM members about existing programs.
- Look at the sort of training that other organisations are offering and consider whether or how it is relevant.
- Develop an updated orientation program to be used across the sector that includes all required areas.
- Review the orientation program on an annual basis.

Signposts of Success (Indicators)

Signposts of Good Process:

- Board members of member organisations are satisfied with the quality in relevance to the orientation training program.

Goal: A strong, vibrant, well-managed and resourced Aboriginal community controlled health sector.

- The program is updated regularly to reflect contemporary issues or changes.
- Board members of member organisations report that they understand the core business of their organisation and their legal, organisational and decision making responsibilities including the difference between emotional and business decisions.
- Community members provide positive feedback about how well they think their ACCHS is being governed.

Signposts of Positive Impact for the Sector:

- Board members of member organisations report that they are confident with and appropriately supported in their governance role.
- A reduced number of member organisations experience difficulties with governance and maintain their financial viability.
- There is interstate interest in the AHCSA BoM orientation program.

Strategy 1.3: Support BoM members through ongoing training and development opportunities.

Actions

- Conduct an annual training needs analysis of BoM members for all ACCHSs as part of business planning.
- Develop training opportunities in response to the needs analysis.
- Provide mentoring by experienced BoM members.
- Provide regular briefings by senior agency staff to keep BoM members informed of service issues and priorities.

Signposts of Success (Indicators)

Signposts of Good Process:

- The opportunities provided respond to identified needs for BoM members.
- Funding and/or resources are available to support these training and development opportunities.
- Board members of member organisations are satisfied with the quality, relevance and range of the training and development opportunities.
- Board members of member organisations report that they understand the core business of their organisations, and their legal, organisational and decision-making responsibilities, including the difference between emotional and business decisions.

Signposts of Positive Impact for the Sector:

- Board members of member organisations report that they are confident with and appropriately supported in their governance role.
- A reduced number of member organisations experience difficulties with governance and maintain their financial viability.
- There is interstate interest in the approach AHCSA has taken to providing ongoing training and development opportunities to BoM.

Objective 2: To improve the decision making process for funding of community controlled services.

Strategy 2.1: Develop a coordinated approach to existing and new funding allocations by Commonwealth and state funding bodies.

This links to strategies for Workforce Development: Objective 2, Research and Ethics: Objective 2, and Data and Information: Objective 2.

Actions

- Ensure understanding of the current approach to funding in the sector.
- Identify the advantages and disadvantages of the current approach.
- Develop a draft sector position statement.
- Facilitate a 3-way dialogue between sector representatives, Commonwealth and state funding bodies.
- Finalise a sector position statement that is supported by Commonwealth and state funding bodies, including SAAHP (South Australian Aboriginal Health Partnership).

Objective 3: To enable all ACCHSs to work towards and achieve accreditation as a quality assurance strategy.

Strategy 3.1: Support member organisations to choose and engage with appropriate formal accreditation processes.

This links to strategies for Workforce Development: Objective 1.

Actions

- Establish a dedicated position to facilitate this work at a statewide level (or link with NACCHO).
- Identify a range of accreditation systems and recommend appropriate ones for ACCHSs.
- Assist member organisations to achieve accreditation.
- Assist member organisations to utilise accreditation to guide their strategic planning, workforce planning, and funding submission work.

L-R: George Beltcher, Minister John Hill, Hilda Bonney, April Lawrie-Smith and Les Bonney with Aunty Gwen Owen presenting at the opening of Pangula Manamurna



OBJECTIVES

WORKFORCE DEVELOPMENT: Skilled Flexible

Objective 1: To integrate workforce planning into strategic planning, workforce development and quality assurance processes.

Strategy 1.1: Encourage and support member organisations to develop workforce plans as part of strategic planning processes that identify the existing staff profile and skills, and outline strategies to meet future needs for succession planning, recruiting and retaining:

- Health service providers.
- Management staff.
- Administrative staff.
- BoM members.

Actions

- Negotiate with SAAHP to establish a workforce planning project for the ACCH sector.
- Establish job and person (J&P) descriptions for all health workers.
- Align J&P descriptions to agreed state classification levels for AHWs.
- Support the SAMSIS project.
- Map staff profile, skills and needs using SAMSIS (available in 2007).
- Identify existing and new strategies for succession planning, recruiting and retaining including collaboration with other key stakeholders.
- Identify lead organisations for workforce planning.
- Implement and monitor appropriate strategies in ACCHSs.

Signposts of Success (Indicators)

Signposts of Good Process:

- Funding is accessed to support a sector wide project in this area.
- Member organisations have J&P descriptions for all their health workers that are aligned with the state classification levels of AHWs.
- Member organisations are confident to use SAMSIS to identify workforce development needs for their staff and guide their workforce plans.
- Member organisations report that they gained support that was useful in assisting them to develop and review their workforce plans.

Signposts of Positive Impact for the Sector:

- Member organisations use SAMSIS to guide their workforce planning and link it to workforce development.
- All member organisations document their workforce plans that identify their recruitment, retention and succession planning objectives and strategies, and review them on a regular basis.
- Workforce plans are used to inform strategic plans or are included as a section of the strategic plans of member organisations.

Goal: To have a skilled and flexible workforce.

Strategy 1.2: Encourage and support organisations to utilise their workforce plans to guide their performance appraisal systems.

Actions

- Identify a lead organisation for performance appraisal and document practices.
- Educate sector on performance appraisal and how it can link to workforce development.

Strategy 1.3: Develop a state level traineeship program.

Actions

- Establish AHWs as a declared vocation.
- Coordinate funding process with state/Commonwealth.
- Develop a central management system to coordinate the program.
- Formalise links with RTO for training component.
- Inform sector of the structure and operation of the program.
- Implement and monitor the program.
- Explore other possible vocations within the sector to be part of the program.

Strategy 1.4: Develop agreed policy and practices for funding workers in ACCHSs who need to go on student placements.

Actions

- Review existing policy and practice in member organisations including any models that they draw on (eg state public sector).
- Convene a workshop or use an existing forum to share the review outcomes and discuss issues with member organisations.
- Develop a draft policy and practice to guide member organisations.
- Distribute and gain feedback on the draft.
- Negotiate with any other groups as needed.
- Finalise and endorse the policy and practice.

Strategy 1.5: Encourage and support a coordinated approach to increasing employment positions and options for Aboriginal Health Workers, Aboriginal nurses and other Aboriginal health professionals and workers across the South Australian health workforce.

Actions

- Liaise with member organisations, SAAHP and metropolitan and rural health regions to determine the details of their workforce plans and targets for Aboriginal and Torres Strait Islander employment.
- Develop joint strategies to recruit Aboriginal people into existing positions.
- Develop joint strategies to increase the number of positions targeted at Aboriginal people across the workforce, with attention to areas of high need based on SAAHP's South Australian Aboriginal Health Indicators data.
- Review progress in achieving employment targets.

Objective 2: To develop a coordinated approach to workforce development across the sector.

Strategy 2.1: Maintain participation in the Workforce Strategic Framework (yellow book).

Actions

- Gain ongoing funding commitment for the WIPO position.
- Advocate on behalf of the sector in the development of the Workforce Strategic Framework (WSF) implementation plan.
- Provide information and gain feedback on the progress of the WSF implementation with the sector.

Strategy 2.2: Utilise local workforce planning to gain a state overview that guides decisions on:

- Provision of ongoing training for professional development.
- Provision of accredited training.
- Support for traineeships across the sector.
- Identification and/or development of scholarship opportunities.
- Future workforce development strategies.

Actions

- Analyse member organisation's workforce plans on a regular basis.
- Feed outcomes into existing workforce development strategies.
- Develop and coordinate a range of strategies that respond to common specific organisation's needs including:
 - Centralised training and development.

- Locally based training and development.
- Mentoring processes.

- Support cross-program or agency exchanges and placements.

Strategy 2.3: Develop an effective strategy for encouraging children, young people, and adults to consider career pathways.

Actions

- Maintain links with the Vocational Education and Training (VET) sector, in particular the "VET in Schools" and "VET Pathways" programs.
- Improve and maintain links with CDEP.
- Identify good practice where AHWs promote career pathways in health.

Strategy 2.4: Identify and coordinate training specifically designed for senior managers to meet their ongoing professional development needs in:

- Management
- Leadership
- Strategic planning
- Organisational development

Actions

- Identify manager's needs through analysing member organisation workforce plans on a regular basis.
- Feed outcomes into existing workforce development strategies.

Lizzie Hurrell, Aboriginal Health Division, at Pika Wiya Open Day promoting traineeships



OBJECTIVES

WORKFORCE DEVELOPMENT: Skilled Flexible

- Develop and coordinate a range of strategies that respond to manager's needs including:
 - Centralised training and development.
 - Locally based training and development.

Signposts of Success (Indicators)

Signposts of Good Process:

- Senior managers of member organisations are satisfied with the quality and relevance of the training programs available.
- Senior managers of member organisations report that their confidence and skills in management and leadership have increased through the training.

Signposts of Positive Impact for the Sector:

- The need for repeat training programs or additional training is assessed regularly to ensure sector-wide coordination and equitable access to training opportunities for member organisations.
- A reduced number of member organisations experience difficulties with management and leadership matters.

Strategy 2.5: Identify and coordinate training specifically designed for middle managers (including senior administration and finance officers) to meet their ongoing professional development needs in:

- Finance
- Management
- Leadership
- Human Resources

Actions

- Identify manager's needs through analysing member organisation workforce plans on a regular basis.
- Feed outcomes into existing workforce development strategies.
- Develop and coordinate a range of strategies that respond to middle manager's needs including:
 - Centralised training and development.
 - Locally based training development.

Signposts of Success (Indicators)

Signposts of Good Process:

- Middle managers of member organisations are satisfied with the quality and relevance of the training programs available.
- Middle managers of member organisations report that their confidence and skills in finance, management, leadership and or human resources have increased through the training.

Signposts of Positive Impact for the Sector:

- The need for repeat training programs or additional training is assessed regularly to ensure sector-wide coordination and equitable access to training opportunities for member organisations.

Goal: To have a skilled and flexible workforce.

- A reduced number of member organisations experience difficulties with finance, management, leadership and human resource matters.

Quality Use of Medicines workers



Eye Health Specialists



Kura Yerlo Board Members



OBJECTIVES

HEALTH ADVOCACY, COORDINATION AND POLICY: Accessible Programs & Services

Objective 1: To ensure accurate and positive promotion of the Aboriginal community controlled health sector at local, regional, state and national levels.

Strategy 1.1: Promote core business of ACCHSs organisations and AHCSA at local, regional, state and national levels.

Actions

- Identify and outline core business through action and strategic planning, processes and policy development.
- Develop strategies for AHCSA to promote core business and commitments at local, regional, state and national levels (this may include a Public Relations Officer position, a process and logo for becoming a 'Friend of AHCSA', and creating a process for awarding people 'Champion of Aboriginal Health' status).
- Inform and educate local communities and external agencies, and relevant regional, state and national groups about principles of community control and sector core business.

Signposts of Success (Indicators)

Signposts of Good Process:

- Member organisations report that their planning processes (ones they choose and those they are required to participate in) and policy development work reflects the core business of ACCHSs.
- Opportunities to promote the core business of ACCHSs to a range of audiences are taken.
- An AHCSA Public Relations Officer is established and provides support across the sector.
- Aboriginal Health is a standing agenda item on the Department of Health Executive and Portfolio executive meetings.

Signposts of Positive Impact for the Sector:

- AHCSA has a designated representative on the Country Health Board.
- AHCSA has readily available public documents and information that provide an accurate and positive picture of AHCSA's commitments, focus and activities.
- Member organisations, including the Secretariat, report that all relevant stakeholders demonstrate an accurate understanding of the role and focus of ACCHSs in their interactions with them, and are familiar with AHCSA's public documents.

Objective 2: To strengthen consultation and partnership strategies with Aboriginal communities.

Strategy 2.1

Review and improve the process for regional level communication between the AHCSA Secretariat and member organisations for both general and specific information/issues.

Actions

- Consult with member organisations about preferred processes for communication on new and ongoing issues.
- Clarify the role of Aboriginal Health Advisory Committees

Goal: To support ACCHSs to develop and manage accessible health programs and services.

(AHACs) and how it relates to the role of ACCHSs organisations including the Remote Aboriginal Health Forum.

Signposts of Success (Indicators)

Signposts of Good Process:

- Member organisations are satisfied with the suitability and range of methods that the AHCSA Secretariat uses to communicate with them about new and ongoing issues.
- Member organisations are clear on the relationship between AHACs and ACCHSs.

Signposts of Positive Impact for the Sector:

- Member organisations report that consultation with Aboriginal communities and partnerships within the sector have strengthened and can provide examples of what difference this has made.

Strategy 2.2

Develop strategies for collaborative work within the sector in addressing the objectives in this AHSSSP.

Actions

- Establish a small sector reference group to guide the ongoing development of the AHSSSP and its review.
- Gain endorsement for the final and, following reviews, updated versions of the AHSSSP from AHCSA Board.
- Establish a monitoring and review process for the plan.
- Report on the progress and outcomes of the Sector Statewide Strategic Plan.

Signposts of Success (Indicators)

Signposts of Good Process:

- A sector reference group meets periodically to guide the monitoring and review process.
- The AHCSA Board is satisfied with the approach to the monitoring and review process and plan.
- Member organisations are willing to participate collectively and individually in monitoring and review activities.

Signposts of Positive Impact for the Sector:

- A formal review and report on the AHSSSP occurs three times over the life of the plan (2005, 2007 and 2009).

Strategy 2.3

Share member organisation-level strategies for consultation and partnership with Aboriginal communities across the sector.

This links to strategies for Research & Ethics: Objective 2, Strategy 3.

Actions

- Identify and document good practice examples.
- Place information in a central and accessible location (clearinghouse).
- Promote good practice through sector forums and communication mechanisms.

OBJECTIVES

HEALTH ADVOCACY, COORDINATION AND POLICY: Accessible Programs & Services

Objective 3: To enhance advocacy efforts on access to external services (non-sector) for Aboriginal people.

Strategy 3.1: Support mechanisms that facilitate AHACs having an appropriate and meaningful role in regional health boards.

This links to strategies for Health Advocacy and Coordination: Objective 2, Strategy 1.

Actions

- Liaise with state government regarding the role, responsibilities, and relationships of AHACs with Regional Health Boards.

Strategy 3.2: Support greater access to transport, accommodation and other support for clients travelling in order to access required health services.

This links to strategies for Workforce Development: Objective 2, Strategy 3.

Actions

- Coordinate a workshop to identify existing issues in the PATS scheme and identify sector responses and recommendations.
- Advocate for action on identified recommendations
- Advocate for an operational review on the effectiveness of the Step Down Service.

Strategy 4.1: To strengthen the effectiveness of MOUs and/or agreements between Aboriginal community controlled and mainstream services.

This links to strategies for Data and Information: Objective 2, and Research and Ethics: Objective 2.

Actions

- Identify good practice in MOU/ agreement development and implementation.
- Develop recommended performance indicators for good practice.
- Place information in a central and accessible location (clearinghouse).
- Promote good practice through sector forums and communication mechanisms.
- Gain a legal perspective on how MOUs/agreements operate.
- Establish a monitoring and review process for MOUs/agreements.

Signposts of Success (Indicators)

Signposts of Good Process:

- AHCSA has a position statement in its Aboriginal Health Policy Framework that identifies what needs to be included in MOUs/agreements, including performance indicators for monitoring and reviewing MOUs/agreements.
- Member organisations report that the information and resources on MOUs/agreements are valuable in understanding, developing and monitoring their MOUs/agreements.

Goal: To support ACCHSs to develop and manage accessible health programs and services.

Signposts of Positive Impact for the Sector:

- There is evidence that MOUs and agreements have led to:
 - Greater accountability of mainstream services for their service delivery to Aboriginal community members.
 - Improved access to health services and equity in outcomes for Aboriginal community members.

Objective 4: To improve access and equity for Aboriginal people in using health services through formal partnerships.

Strategy 4.2: Identify and use other methods for improving access and equity.

Actions

- Continue collecting information about existing issues through formal and informal consultation processes.
- Maintain policy and program review work (eg APHCAP, Medicare Rebates, PBS, etc)
- Identify and use all opportunities to play a consultation role in national, state and regional health planning
- Continue and expand partnerships with external agencies in their service development work

Objective 5: To consolidate and where needed, strengthen the sector's capacity to conduct primary health care activities.

Strategy 5.1: Ensure the sector has an active role in the development and implementation of the state primary health care policy.

Actions

- Ensure sector representation on state reference group.
- Consult widely across the sector.
- Ensure final policy reflects sector priorities.
- Monitor the implementation through representation on state reference group.

Strategy 5.2: Coordinate and support health promotion activities and related professional development needs.

This links to strategies for Workforce Development: Objectives 1 & 2.

Actions

- Consult with sector on current health promotion priorities and related professional development needs.
- Review local and state data to identify common health issues.
- Develop strategies to address these priorities.
- Where appropriate, identify opportunities for a statewide approach to sector health promotion priorities.

Signposts of Success (Indicators)

Signposts of Good Process:

- Health promotion professional development options respond to identified needs in member organisations' workforce plans.
- If possible, professional development options align with the new national competencies for AHWs.

OBJECTIVES

- Member organisations are satisfied with the quality, relevance and range of professional development options that are available.
- The focus of health promotion activities reflect priorities identified at a state and national level (i.e. in sector, state and/or national health plans).
- Statewide program options are identified that member organisations are willing to support.

Signposts of Positive Impact for the Sector:

- Over time, an analysis of workforce skills and needs across the sector (i.e. through workforce plans) indicates an increased capacity in health promotion.
- Enrolments in accredited professional development options increase over the life of this plan.
- Member organisations report that their skills and confidence in developing, implementing and evaluating health promotion programs have increased over the life of this plan.

Strategy 5.3: Continue to develop the existing partnership groups that have been established to address specific issues within a lifespan health framework.

Actions

- Maintain membership of existing primary health care groups.
- Clarify how the connection with existing partnerships occur and communicate this across the sector.

Strategy 5.4: Support member organisations with strong primary health care programs, including health promotion, to provide a lead to the sector in subsequent program development.

This links to strategies for Workforce Development: Objective 2, Strategy 2 and Research and Ethics: Objective 2.

Actions

- Identify and document member organisations using good practice models.
- Place information in a central and accessible location (clearinghouse).
- Promote good practice through sector forums and communication mechanisms.
- Encourage one or more member organisations to take a lead agency role.
- Develop strategies to assist them as a lead agency in mentoring other interested member organisations.

Strategy 5.5: Support member organisations with a good coordinated outreach service to provide a lead to the sector in subsequent program development.

This links to strategies for Workforce Development: Objective 2, Strategy 2 and Research and Ethics: Objective 2.

Actions

- Identify and document member organisations using good practice models.
- Place information in a central and accessible location (clearinghouse).

- Promote good practice through sector forums and communication mechanisms.
- Encourage one or more member organisations to take a lead agency role.
- Develop strategies to assist them as a lead agency in mentoring other interested member organisations.

Objective 6: To develop an agreed process for offering consultancy services to mainstream agencies.

Strategy 6.1: Facilitate a discussion in the sector on current approaches to consultancy services for mainstream agencies (eg training in cultural awareness, culturally appropriate practice, and specific Aboriginal health issues; advice or mentoring in research design and ethics).

This links to strategies for Health Advocacy and Coordination: Objectives 3 & 4.

Actions

- Convene a workshop to discuss:
 - Approaches currently used by member organisations to provide consultancy to mainstream agencies.
 - The idea of an accreditation process for mainstream services in cultural competence.
 - The idea of state level coordination of student placements in AHCSA member organisations.
- Identify sector responses and recommendations.
- Advocate for action on identified recommendations.

Regional Aboriginal Integrated Social and Emotional wellbeing program



OBJECTIVES

RESEARCH AND ETHICS: Culture of Evaluation

Objective 1: To increase the sector's skills in research and evaluation.

Strategy 1.1: Develop and implement an education program on the elements, key skills, different approaches to and value of research and evaluation - this may occur at a number of levels, eg:

- Promotion programs.
- Training and development programs.
- Accredited training opportunities with an evaluation focus.

Actions

- Support the priorities of the Centre of Clinical Research Excellence (CCRE) for increasing knowledge and skills in research and evaluation.
- In consultation with managers, develop and deliver a training program for organisation managers and Board members on the application of research and evaluation.
- In consultation with AHWs, develop and deliver training programs (accredited and non-accredited) in research and evaluation.
- Review existing competencies within the AHW PHC program in relation to research and evaluation skills.

Signposts of Success (Indicators)

Signposts of Good Process:

- Education programs respond to identified needs in member organisations' workforce plans.
- The education program for Board members links well or is built into the sector's BoM training.
- The accredited education program aligns with the new national competencies for AHWs.
- Member organisations are satisfied with the quality, relevance and range of research and evaluation education programs that are developed.

Signposts of Positive Impact for the Sector:

- Over time, an analysis of workforce skills and needs across the sector (i.e. through workforce plans) indicates an increased capacity in research and evaluation.
- Enrolments in the accredited education program increase over the life of this plan.
- Member organisations report that their skills and confidence in making decisions about internal research and evaluation programs or involvement with external programs have increased over the life of this plan.

Strategy 1.2: Support member organisations to develop appropriate policies for evaluation at different levels, eg:

- Community experiences/opinions.
- Organisational governance and management.
- Health program performance and achievements.
- Specific project performance and achievements.

This links to strategies for Management: Objectives 2 and 3, and Data and Information: Objective 1.

Goal: Support ongoing research and build a culture of evaluation that acknowledges community ownership and decision-making.

Actions

- Identify and document member organisations who have good practice models of evaluation policies.
- Place information in a central and accessible location (clearinghouse).
- Promote good practice through sector forums and communication mechanisms.
- Encourage one or more member organisations to take a lead agency role.
- Develop strategies to assist them as a lead agency in mentoring other interested member organisations.

Objective 2: To increase the amount of evaluation work that occurs in the sector.

Strategy 2.1: Advocate that funding for expanded or new programs allows for a relevant commitment to evaluation work, whether it occurs at an internal or external level, or through a combination of both.

Actions

- Convene a workshop or use an existing forum to discuss the importance of evaluation and its adequate funding with member organisations.
- Develop a draft position statement for the sector.
- Distribute and gain feedback on the draft.
- Negotiate with any other groups as needed.
- Finalise and endorse the position statement.
- Ensure that all funding bodies are aware of the position statement in funding submissions or negotiation processes.

Signposts of Success (Indicators)

Signposts of Good Process:

- Member organisations identify evaluation as a valuable aspect of their service, planning, delivery and review process that they are willing to support with access to adequate funding.
- Member organisations are satisfied with the process taken to developing the position statement on funding evaluation for expanded or new programs in the sector.

Signposts of Positive Impact for the Sector:

- AHCSA has an endorsed position statement on funding evaluation for expanded or new programs that is acknowledged by funding bodies.
- All funding proposals for expanded or new programs include an evaluation component in their budget.

Strategy 2.2: Support member organisations in building evaluation into their planning, action and review cycles to guide their planning processes.

Actions

- Improve the relevance of routine data collection to evaluation.
- See actions for strategy 1.1 for Objective 1 in Research and Ethics above.

OBJECTIVES

Strategy 2.3: Develop mechanisms to circulate the outcomes of evaluation work in the sector.

Actions

- Further develop the concept of a clearinghouse that is accessible via Internet.
- Organise public forums to showcase the work of the sector, including evaluation outcomes.
- Encourage staff of member organisations to present at regional, state and national conferences.
- Profile good practice work through sector and mainstream publications.

Objective 3: To improve knowledge within and beyond the sector of the Aboriginal Health Council Research Ethics Committee and process.

Strategy 3.1: Support and extend existing communication strategies to promote the Aboriginal Health Council Research Ethics Committee and process.

Actions

- Review the knowledge that relevant organisations or sectors have about the Aboriginal Health Council Research Ethics Committee and process, eg local government and non-government human service organisation.
- Continue building links with existing stakeholders.
- Develop further strategies based on review outcomes.

Students of the Indigenous Research Capacity Building Pilot Course



OBJECTIVES

DATA AND INFORMATION: Enhance Capacity

Objective 1: To seek appropriate ongoing allocation of funding for IT systems, development and maintenance.

Strategy 1.1: Advocate for the establishment and maintenance of IT resources (hardware, software, IT support) with funding bodies who benefit from the health information data gained through IT systems.

Actions

- To reinforce the recommendations in the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 regarding funding of client record systems and health related IT (page 15).

Signposts of Success (Indicators)

Signposts of Good Process:

- Funding bodies work with AHCSA, and/or individual ACCHSs, to identify and fund their IT resource needs
- Member organisations are satisfied with the funding available to meet their IT resource needs and the process for obtaining it.

Signposts of Positive Impact for the Sector:

- The core funding agreements of member organisations includes an allocation to maintain their IT resources and access required training.

Strategy 1.2: Support member organisations in selecting appropriate population based health information systems and IT programs that result in compatibility of data across the sector.

Actions

- Maintain representation on NAGATSIHID.
- Support the recommendations of the National Aboriginal and Torres Strait Islander Health Information Plan (developed through AHMAC).
- Develop a statewide plan for Aboriginal health information.
- Provide easy access to key data to staff at all levels.
- Implement and monitor the AHSSSP.

Strategy 1.3: Support member organisations in selecting appropriate population based health information systems and IT programs that result in compatibility of data across the sector.

Actions

- Develop a project brief.
- Gain funding.
- Identify a relevant person.
- Launch and monitor the service.

Objective 2: To ensure that all agency staff have the understanding and skills required to use health information IT programs.

Strategy 2.1: Support member organisations in gaining access to relevant training and development on health information IT programs so they know how to capture all required service activity for evaluation and reporting purposes, ie clinical services, health promotion and community development, needs assessment.

Goal: Enhance the IT and health information data capacity of the sector.

This links to actions for Workforce Development: Objective 2, Strategy 2.

Actions

- Assess skills and learning needs for training within the statewide plan for Aboriginal health information.
- Develop and implement a training plan to staff at all levels.
- Evaluate success of training programs.

Signposts of Success (Indicators)

Signposts of Good Process:

- IT training needs are identified within member organisational workforce plans on a regular basis.
- Member organisations are satisfied with the:
 - Collaborative approach that AHCSA develops for responding to IT training needs.
 - Quality and relevance of the options developed for meeting their IT training needs.
- AHCSA is actively involved in developing and supporting the SAMSIS project.

Signposts of Positive Impact for the Sector:

- Member organisations have access to support and/or funding to fully implement SAMSIS.
- Member organisations report that their staff can understand and use health information programs.

Objective 3: To develop ethical guidelines for data sharing.

Strategy 3.1: Facilitate dialogue between key stakeholders (external agencies) about the ethical use of health information data and create a policy on what information is shared with whom and for what purpose.

Actions

- Through the statewide plan for Aboriginal health information, determine stakeholders needs for health information.
- Identify privacy or confidentiality issues.
- Develop and gain endorsement for general principles on data sharing that cover the issues raised.
- Address the diversity of culture within the principles.
- Draft, distribute and gain feedback on a sector policy.
- Finalise and endorse the policy.

Signposts of Success (Indicators)

Signposts of Good Process:

- Key stakeholders (external stakeholders) provide a clear understanding of the health information they seek and the reasons why.
- Member organisations are satisfied with the process taken to developing the ethical guidelines.
- AHCSA is actively involved in developing and supporting the SAMSIS project, which includes a focus on data sharing.

Signposts of Positive Impact for the Sector:

- AHCSA has an endorsed set of ethical guidelines on data sharing that is acknowledged by key stakeholders (external stakeholders).

OBJECTIVES

Objective 4: To develop a coordinated approach to reporting requirements for Commonwealth and state funding bodies.

Strategy 4.1: Gain agreement from Commonwealth and state funding bodies on core reporting requirements.

This links to strategies for Management: Objective 2.

Actions

- Gain a clear understanding of the exact reporting requirements and their rationale from Commonwealth and state funding bodies.
- Review areas of success and difficulty for member organisations.
- Identify areas of duplication and confusion in reporting requirements.
- Design, implement and evaluate a pilot of a coordinated approach (this includes the work on SAMSIS).
- Collaborate with the SA Strategic Plan for information about change in Aboriginal health.

Signposts of Success (Indicators)

Signposts of Good Process:

- Commonwealth, state and AHCSA are satisfied with the agreed reporting process, databases and/or templates that are developed.
- The SA Strategic Plan Unit (Department of Premier & Cabinet) collaborates and co-resources data gathering to monitor outcomes in Aboriginal health in SA.

Signposts of Positive Impact for the Sector:

- Member organisations use an aligned reporting process and/or template to provide all common information required by Commonwealth and state funding bodies on activities and outcomes in Aboriginal health.
- Member organisations report no duplication in reporting for Commonwealth and state funding bodies.

Close the Gap speakers and volunteers at the Don Dunstant Human Rights Oration



OUR LANGUAGE

Accreditation: Accreditation occurs when an external group assess a health service on how well it is providing and managing its services. The external group use a set of agreed benchmarks or criteria to score them from excellent through to poor. A report is written on how well the service did in the accreditation, congratulating them on areas of good practice and providing recommendations for areas that could be strengthened.

Clearinghouse: A clearinghouse is a central location where all relevant information on particular topics are catalogued so they are easy to find and kept for future use - similar to a library. Documents may be kept in hard copy, on computer file or by a website link. The job of the clearinghouse is to let interested people know what information is available at the clearinghouse and to set up a system so that any interested person can gain access to this information - either directly or by making a request.

AHACs - Aboriginal Health Advisory Committees: The former Department of Human Services established AHACs in each health region, which have continued through the current Department of Health. They function as advisory committees to Regional Health Boards. In some regions, Aboriginal community controlled health services are represented on AHACs. The naming of these committees vary, with some called 'forums' or 'Aboriginal and Islander Health Groups'.

AHW - Aboriginal Health Worker: Aboriginal and Torres Strait Islander Health Workers are Aboriginal and Torres Strait Islander people who work within a holistic primary health care framework, as determined by the local Aboriginal or Torres Strait Islander community, to achieve better health outcomes for Aboriginal and Torres Strait Islander individuals/families and their communities. The diversity of their roles will be reflected in industry driven and recognised qualifications, which are appropriate to the jurisdictions in which they work.

APHCAP - Aboriginal Primary Health Care Access Program: This is an Australian Government funded initiative with the following objectives:

- Increase the availability of appropriate primary health care services where they are currently inadequate.
- Reform the local health system to better meet the needs of Aboriginal and Torres Strait Islander people.
- Enable individuals and communities to take greater responsibility for their own health.

BoM - Board of Management: Each Aboriginal community controlled organisation has a Board of Management that is responsible for good governance of the organisation. Board members are trained and supported to carry out their role in representing a range of community members to ensure that services respond to the needs of the community, and meet their legal and ethical requirements.

NACCHO - National Aboriginal Community Controlled Health Organisation: NACCHO is the national peak body for all Aboriginal community controlled health services and works in collaboration with state/territory peak bodies to represent Aboriginal and Torres Strait Islander health issues at the national level.

NAGATSIHID - National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data: This group has been established to advise the Australian Government on appropriate and effective ways of gathering and analysing health information and data, including data collected by Aboriginal community controlled health services.

PATS - Patient Assistance Transport Scheme: This is a state government initiative which provides some financial reimbursement to country patients and approved escorts when they are required to travel over 100km to receive specialist medical treatment that is not regionally available.

PBS - Pharmaceutical Benefits Scheme: This is the national scheme that controls which medications or other treatments are

available through chemists and medical/health services and what degree of subsidy they attract.

Performance appraisal: This is a system for checking on how well each staff member in a service is managing his/her job role. A good performance appraisal system checks and comments on what areas staff manage well, those they want support in to improve their knowledge and skills, and those areas that are poor and action is needed by line management to address any issues. It often includes a review of staff members' training and professional development needs to make sure they are well equipped to do their job, and stay up to date with the latest knowledge and skills in their area.

Quality assurance: Quality assurance means the different ways in which a service checks whether or not it is providing and managing its services in a high quality manner. Accreditation is one of the ways in which you can do quality assurance (see above) and many services have performance appraisal systems (see above). There are also other ways, such as having standard policies and practices that guide what is a priority in the service, how services happen and what information is recorded. Services often have plans for staff training and professional development to help make sure staff are well equipped to do their jobs and supported in staying up to date with the latest knowledge and skills in their area - they may be part of the performance appraisal system.

SAAHP - South Australian Aboriginal Health Partnership: The South Australian Aboriginal Health Partnership (SAAHP) is comprised of four key agencies involved in health provision to Aboriginal and Torres Strait Islander people and communities throughout South Australia. The Partnership members are the Aboriginal Health Council of South Australia Inc. (AHCSA), the state Department of Human Services (DHS) and the federal Department of Health and Ageing (DoHA).

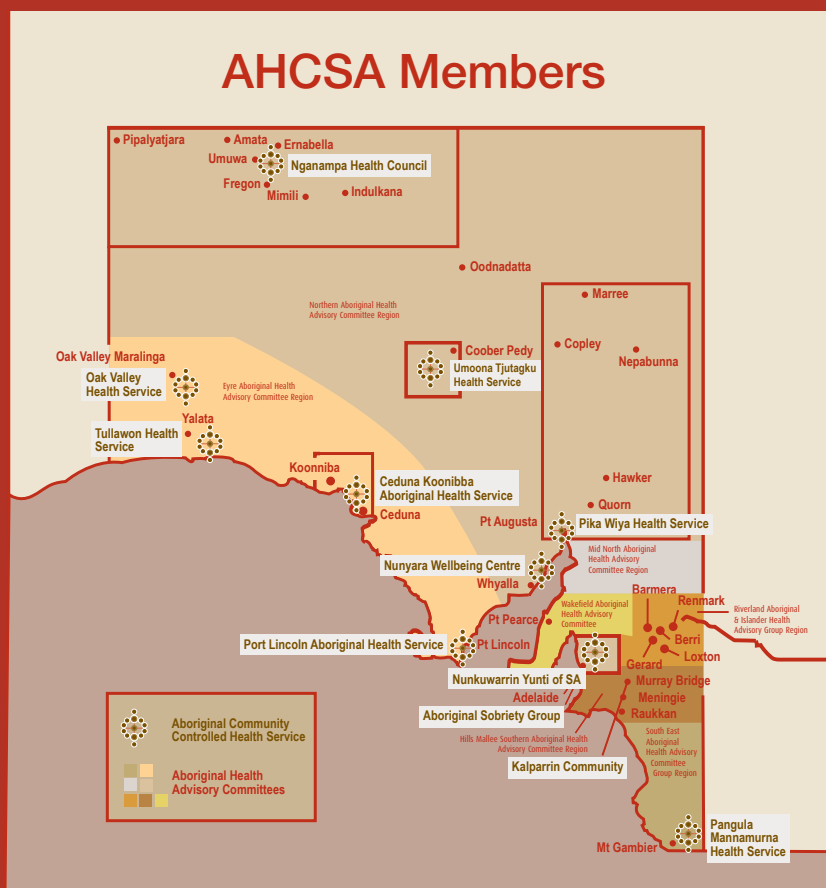
SAMSIS: This is the Secure Aboriginal Medical Service Information System, an ACCHSs designed and OATSIH supported database that will provide local health services with the capacity to monitor all aspects of service and staffing information in a way that can be collated and compared on a national, state and regional basis.

Step Down Service: This is a transport and support service for Aboriginal people travelling to and from Adelaide to receive specialist treatment funded by the state government.

Workforce development: Workforce development is what services do to make sure that their staff have the knowledge, skills and commitment to do their jobs in line with the organisation's goals and commitments to the community. The most familiar approach to workforce development is supporting staff to participate in formal learning programs. Some programs may lead to a qualification, while others update staff on the latest issues in a specific health, wellbeing or service area, eg professional development. Other approaches include setting up mentoring programs between staff in the service, or with a person from outside the service, and supporting people to take on new responsibilities or job roles. Services may set up processes for staff to reflect on their work, identifying what they know, have learned to date, and what they can do next to improve; this is often called performance review.

Workforce planning: In workforce planning, services have a clear picture of the numbers, knowledge and skills of their existing staff and what other staff or positions they may need in order to provide a good service. Services may need other staff because they know that some of their staff plan to leave or retire - this is often called succession planning. For example, they may not have the staff they require in order to provide their full range of services so need to plan how to deal with this situation. They may need additional staff or positions to provide opportunities for trainees to move into existing or future jobs, or expand the range of services for the community.

OUR MEMBERS



- Aboriginal Sobriety Group Inc.
- Ceduna/Koonibba Aboriginal Health Service
- Kalparrin Community
- Nganampa Health Council
- Nunquwarrin Yunti of SA Inc.
- Nunyara Wellbeing Centre Inc.
- Oak Valley Health Service
- Pangula Mannamurna Inc.
- Pika Wiya Health Service
- Port Lincoln Aboriginal Health Service
- Tullawon Health Service
- Umoona Tjutagku Health Service
- Eyre Aboriginal Health Advisory Committee
- Hills Mallee Aboriginal Health Advisory Committee
- Mid North Aboriginal Health Advisory Committee
- Northern Aboriginal Health Advisory Committee
- Riverland Aboriginal and Islander Health Advisory Group
- South East Aboriginal Health Advisory Committee
- Wakefield Aboriginal Health Advisory Committee

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