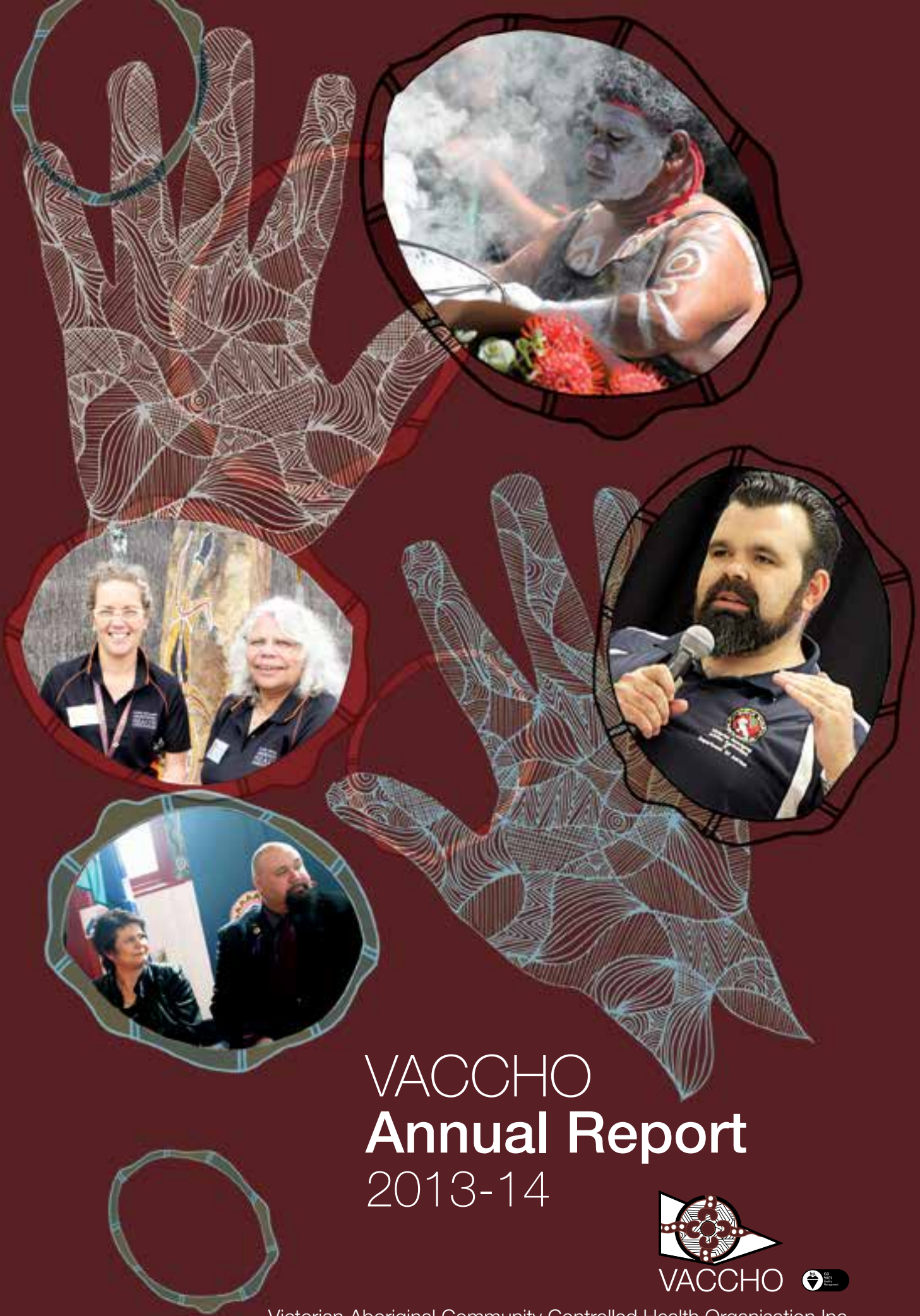

VACCHO
Annual Report
2013-14

VACCHO

Victorian Aboriginal Community Controlled Health Organisation Inc.
VACCHO is the peak body for Aboriginal health in Victoria | **vaccho.org.au**

VACCHO Strategic Priorities

VACCHO is committed to providing the highest quality service to its Members, partners and stakeholders and to continually review and improve its services and relationships.

Sustainability

VACCHO sustainability is underpinned by its strategic objectives and commitment to corporate social responsibility by building organisational capability in the following three ways:

Economic

Retain and grow the level of financial and in-kind commitment from government and stakeholders.

Commencement of activities that are generating or have the potential to generate income. These include development and delivery of Cultural Safety Training, provision of accreditation facilitation support, outsourcing graphic design and the hiring of training and meeting rooms.

Environmental

A commitment to the environment by caring for Country and the establishment of the Green Team which advises VACCHO on a broad range of relevant issues.

Social

VACCHO is committed to ensuring that social needs can be met and sustained through:

- creating and abiding by our social justice policy
- demonstrating accountability to sustain a well trained workforce
- embedding cultural values
- considering community expectations.

Front cover: *I drew an outline of my hand and filled it with line work. I identify strongly with line work as this was practiced by my mother and also by my ancestors from the Gunditjmara mob for many many centuries. The detail within the hand is like my fingerprint, it represents who I am, my culture and my people. The circles represent everyone that supports the nurturing, growth and development of a boorai from conception, the pregnancy journey and beyond.* By artist Shakara Montalto | (Gunditjmara/ Western District/ Lake Condah Mission)

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Our vision

VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, thus enabling individuals and communities to reach their full potential in life.

Who we are

VACCHO is the peak body for Aboriginal health in Victoria. It is the leading advocate for the health of Aboriginal people and a peak organisation to its Membership.

VACCHO was established in 1996 and represents 27 Member Aboriginal Community Controlled Health Organisations (ACCHOs). VACCHO is accountable to the Aboriginal community through our Membership. The majority of ACCHOs are multi-functional services with health as a key component of their role, although some solely specialise in health service delivery. By joining together under VACCHO's umbrella, ACCHOs gain strength, share knowledge and speak with a united voice.

Nationally, VACCHO represents the Community Controlled Health Sector through its affiliation and Membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

State and Federal Governments formally recognise the leadership that VACCHO provides as the peak representative organisation on Aboriginal Health in Victoria.

Chairperson's report

Individually, ACCHOs can be 'easy targets' but collectively and with effective leadership the ACCHO sector can stand tall and proud, providing a voice for our community that will be heard by politicians, public servants and other decision makers.

VACCHO has stepped up its leadership role this year in response to some serious challenges to our services. Member support for VACCHO has been strong and consistent throughout the year with high levels of attendance at all key events. In addition to the regular Members Meetings, at which Members have the opportunity to share knowledge and experience, VACCHO organised two further forums this year to consider strategies to ensure that our sector remains viable and sustainable. These forums have been critical in shaping a united approach to policy issues and advocacy messages.

As the peak body for Aboriginal health in Victoria, VACCHO takes its representative role very seriously. We have a responsibility to ensure that Members have clear and up-to-date information about Federal and State policy and funding positions. We also have a responsibility to ensure that Government understands our Members' needs and issues. The Insight Forums we have held with politicians and department representatives have been invaluable in promoting dialogue and understanding. These relationships are reinforced by regular meetings with Members of Parliament and senior department personnel.

VACCHO has also been instrumental in sector activity at the National level this year, and has helped to coordinate responses to Federal issues, including preparing a petition and Senate presentation arguing against proposed increases in the GP co-payment. We made a submission to the Senate on proposed changes to the Anti-discrimination laws, that we believed could have had resulted in greater discrimination and racism in Australia, which contributed to those changes being defeated in Parliament. We are Members of the National Aged Care Alliance, which has given us the opportunity to ensure that an Aboriginal perspective is considered in aged care reform. We have partnered with the Wathaurong Aboriginal Cooperative to pilot the National Disability Insurance Scheme to ensure that the final product is relevant to our services and to our community.

VACCHO has continued to provide hands-on support for Members through workforce development (training, networks, in-services), governance (Board coaching, strategic planning) and broader service development (program planning, risk management, accreditation). This year we gained funding to coordinate the Human Resources Capacity project, which gives Members an opportunity to review their HR systems and procedures as well as provides direct financial support for Members to create HR positions and employ people to improve this vital operational area.

Obviously the changes driven through the Department of Prime Minister and Cabinet have presented challenges. The reduction of 150 funding streams to just five has resulted in uncertainty and confusion. The proposal to move all ACCHOs receiving $500,000 or more in Federal funding to the Office of the Registrar of Indigenous Corporations (ORIC) has significant impact on our Member services. Some programs and services have been withdrawn or are under threat.

However, we have seen VACCHO respond to these challenges. Under the guidance of Jill Gallagher, our dedicated staff have ensured that Member services are supported, that ACCHO needs and concerns are recognised and addressed and, most importantly, that the Victorian Aboriginal community will continue to be served by ACCHOs that understand, reflect and respond to the needs of the community.

Jason B. King
Chairperson

Smoke Free Tram, Victorian Aboriginal Health Service

Chief Executive Officer's report

It's been another very busy year for VACCHO Members and staff. We stepped into the political arena to address a number of challenges thrown up by changes in the Federal Government following the election and responded to several potential threats to our sector.

Changes in the Machinery of Government and shifts in Federal policy saw VACCHO responding to proposed changes in the Anti-discrimination Act. We provided a submission to the Australian Government Attorney-General's Department arguing that those changes would be detrimental to protecting the rights of Aboriginal people in this country and would potentially contribute to ongoing racism and inequality. We actively led a petition to the Senate to advocate against a proposed increase in General Practitioner fees, as we believed that such an increase would disadvantage vulnerable people in the community.

We have formed effective and productive relationships with key players in both Federal and State parliaments. We hosted a very successful Insight Forum for staff from the Department of Prime Minister and Cabinet and the restructured Federal Department of Health, allowing VACCHO and a number of Members to inform them of our activities and issues. We also co-hosted a forum with Victorian Health Minister, the Hon David Davis, at Parliament House. This forum enabled Members to speak directly with State politicians about issues specifically affecting the Victorian Aboriginal community.

Our involvement with other peak bodies and major players has helped us to establish a strong leadership role within the health system. Our journey with major hospitals began two years ago and we have been able to build a higher commitment to Aboriginal health in Victorian hospitals, through the Statement of Intent, and our Policy and Advocacy Unit has guided ongoing advocacy through the Coalition for Aboriginal Health Equality in Victoria. We have worked closely with Wathaurong Aboriginal Cooperative and the National Disability Insurance Scheme in establishing a pilot site for this new Federal initiative.

Being reliant on Government and other external sources of funding is a threat to the ongoing survival of VACCHO and we have responded by developing alternative income streams. While it is still relatively early days, we have developed a comprehensive Cultural Safety Training program that is being eagerly taken up by a wide range of mainstream organisations. This program has become part of a strategic approach by VACCHO towards improving our own survival and has been incorporated into a new Unit, the Sustainability and Business Unit, which draws together the Cultural Safety Team, the Sector Quality Improvement Unit and a new position of Business Development Officer.

Support for our Members broadened in the last year to include a couple of new projects. We were successful in securing State funding to establish a Human Resources (HR) capacity building project, which has enabled us to employ a project coordinator who can work directly with Members and engage HR support people to work with the services. We also commenced an Information Technology project which will result not only in improving our internal Information Technology / Information Management (IT/IM) capacity but will also be broadened to assist Members to do the same.

Our commitment to quality, which underpins our current strategic plan, has been reflected through ongoing organisational review, recertification for ISO standards and a more consistent corporate identity. This last point has been achieved through improvements in our publications and communications strategies.

The current political and economic climate pose threats to the entire community controlled health sector. We have aimed to get on the front foot by conducting forums with Members to consider those threats and also opportunities. At the same time we are proud to acknowledge and recognise the contribution of many individuals who have made the long term commitment to working in the Sector. There are now a number of CEOs and other staff who have worked ten or more years in ACCHOs. While there may be short term challenges to our sustainability we are strong, dedicated and committed to building the Sector to ensure better outcomes for Aboriginal people and we will continue to meet those challenges head on.

Jill Gallagher AO
CEO

Message sticks, Victorian Aboriginal Palliative Care Program

VACCHO report

Aboriginal cultural qualities

To identify and implement in the daily operations of VACCHO a range of activities which express the diverse cultures of Victoria's Aboriginal communities.

Aboriginal Cultural Qualities

The Board and staff of VACCHO are committed to recognising and promoting Aboriginal culture and providing a representative voice for Aboriginal community controlled organisations at all levels of government and across the health service sector. VACCHO policy requires that traditional owners are acknowledged at the commencement of all meetings, forums, workshops and training activities.

Policy and Advocacy Unit

VACCHO hosts the *Coalition for Aboriginal Health Equality Victoria (CAHEV)* which addresses racism and discrimination to ensure equity of outcomes for Aboriginal people using health services in Victoria has been a focus for the *Coalition for Aboriginal Health Equality Victoria (CAHEV)* over the last 12 months. The Coalition produced a position statement on addressing racial discrimination which includes organisational commitments on behalf of all Coalition Members and recommendations to all levels of government (see Appendix 1).

The National Disability Insurance Scheme (NDIS) pilot in Wathaurong's catchment provides a template for the inclusion of disability services in VACCHO's Members, and to hold mainstream service providers to account for culturally safe programs delivered under the NDIS. If implemented appropriately the NDIS should increase access to support services for Aboriginal people, their families and carers.

Education and Training Unit

The Education and Training Unit (ETU) apply Aboriginal cultural qualities through a number of approaches. As an Aboriginal community controlled training organisation we ensure that all training materials used in the delivery of courses are developed with Aboriginal and Torres Strait Islander culture at the forefront. ETU learning and assessment materials contain imagery and knowledge connected to Aboriginal spirituality, history and identity. Specialised training resources contain case studies, examples and issues that draw upon the realities of the ACCHO sector. This financial year also saw the roll-out of cultural safety training available to mainstream and Aboriginal organisations.

Public Health and Research Unit

The Sexual Health Team received a significant amount of funding from the Baker IDI to enable development of the First Peoples Networking Zone at the 20th International AIDS Conference. This ensured that considerable numbers of local, interstate and international delegates were able to experience elements of contemporary Aboriginal and Torres Strait Islander culture. The Team also worked with the Ilbijerri Theatre Company to tour the play *Body Armour*, which portrayed culturally appropriate harm reduction messages about safe tattooing and skin piercing to reduce the incidence of blood borne viruses.

Health Programs Unit

The Health Programs Unit assisted external service providers to understand culturally appropriate service delivery. This included a cultural awareness presentation to Calvary Healthcare Bethlehem, developing a cultural understanding and connection 'kit' for participants at the Improving Care for Aboriginal Patients (ICAP) state-wide forum, a cultural awareness workshop in palliative care, a cultural safety workshop in partnership with Maternity Services Education Program (MSEP) and a presentation on 'Improving Aboriginal Health' at the Maternal Child Health Conference.

Sector Quality Improvement Unit

The Sector Quality Improvement Unit (SQIU) regards the promotion of cultural qualities as a critical component of working with Members. The team has supported services to apply 'best practice' in service development, and accreditation is heavily weighted to ensure that mainstream business concepts are adapted and appropriate to the sector environment. In addition, the unit has worked closely with a number of external consultants and organisations to ensure their engagement with Members is informed and culturally appropriate.

Corporate Services Unit

Corporate Services Unit (CSU) staff have participated in a range of cultural awareness activities throughout the year and integrated a greater level of cultural awareness into every day practice, such as giving Aboriginal names to all VACCHO meeting and training rooms. The Communications Team has established a registry of all artwork owned by VACCHO, coordinated design workshops with Bunjilaka (Melbourne Museum) and engaged with Aboriginal staff and artists to create culturally appropriate design motifs.

Smoking ceremony and opening of new building, Mallee District Aboriginal Services

Workforce

To assist the development of a creative, knowledgeable, skilled, experienced and committed workforce of employees and voluntary governing bodies in Aboriginal community controlled and mainstream organisations including the public service, non-government organisations and private enterprise.

Policy and Advocacy Unit

The VACCHO CEO Forum provides our Members with opportunities to raise issues of concern and seek VACCHO's support. The focus in the past year was on building sustainability in order to allow for sector growth and maintain community control.

The Workforce Information Policy Officer (WIPO), in collaboration with Members, made a submission in response to the draft *National Code of Conduct for Health Care Workers* aimed at promoting adherence to anti-discrimination legislation and an emphasis on cultural safety (see appendix 1). The national WIPO network finalised a communication strategy and approval of the final version of the Workforce Blueprint according to the NACCHO Ten Point Plan. In conjunction with the ETU, the WIPO participated in the national Health Workforce Australia/ National Aboriginal and Torres Strait Islander Health Worker Association (HWA/NATSIHWA) conference. This conference brought together key state and national stakeholders with an interest in developing a national Aboriginal Health Worker/ Practitioner Scope of Practice.

The WIPO role was transferred into the Policy and Advocacy Unit (PAU) during the year. However, funding for the position was discontinued at the end of the financial year.

Education and Training Unit

The primary focus of the ETU is the delivery of training programs geared to the needs of Victoria's Aboriginal health workforce. In 2013-14 enrolments increased and a broader range of qualifications were offered. Courses such as the recently added Diploma of Counselling and the Certificate IV in Population Health have proven popular.

The ETU aimed to increase employment opportunities for Aboriginal people by broadening the range of available programs. This included providing foundations skills training (numeracy and literacy skills) intended to improve trainee success at higher level qualifications, increasing the number of Diploma level qualifications and creating pathways with higher education institutions that lead to other qualifications. New courses include:

- Diploma of Counselling
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- Certificate IV in Alcohol and Other Drugs
- Certificate III in Home and Community Care

The Unit has also developed specialist short courses in areas such as *Developing teams*, *Systems literacy*, *Stress management*, *Triage for Aboriginal health workers*, and a short course specifically for nurses who supervise Aboriginal health workers.

The Unit has sought to increase access to training for members of the community who are not in employment through delivery of the Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care. This initiative commenced in Shepparton and was made possible through liaison and collaboration with Rumbalara Aboriginal Cooperative, the Academy of Sport Health and Education (ASHE) and Go TAFE.

The ETU secured a three year contract for delivering accredited training funded under the Victorian Training Guarantee (VTG). However, funding for training remains an ongoing concern – particularly for people who are exempt from the VTG funding, such as those already employed in the sector and people with existing qualifications.

Public Health and Research Unit

The Public Health and Research Unit (PHRU) has contributed to workforce development through a variety of professional development and workforce support activities.

Presentations aimed at increasing knowledge and understanding of Aboriginal health issues were given at the NACCHO Health Summit held in Melbourne in June, with topics covering eye health, estimates of Aboriginal births in Victoria, and blood borne viruses.

A new strategy to get health information out to the workforce and community was initiated with a VACCHO Radio Program, *Yarnin' Health,* aired on 3KND. The program was trialled at the VACCHO stand on the first day of the Health Summit, with seven live radio interviews conducted throughout the day.

Primary health care through ACCHOs is largely dependent on the availability of skilled professionals and more of our Member services were accredited for the training and hosting of GP Registrars, with more GP Registrars placed than any other year.

Health Programs Unit

A significant role of the Health Programs Unit (HPU) is to ensure that the ACCHO workforce is consistently engaged in professional development and training activities for improved service delivery. Regular analysis of workforce training needs is conducted to inform provision of appropriate training and improve recruitment and retention.

Training and development activities conducted by the Koori Maternity Services, Palliative Care and Social and Emotional Wellbeing teams have included:

- Maternity Services Education Program training
- Cultural Awareness in Palliative Care
- Ice training with Anex
- Program of Experience in the Palliative Approach (PEPA) training
- Suicide Intervention training
- Red Dust Healing
- Aboriginal Mental Health First Aid
- Sacred Sistas workshop, Australian College of Midwives Conference

The Health Programs Unit also held numerous state-wide and regional forums to support the following workforces:

- Koori Maternity Strategy
- Social and Emotional Well-being
- Koori Mental Health
- Improving Care for Aboriginal and Torres Strait Islanders (ICAP)

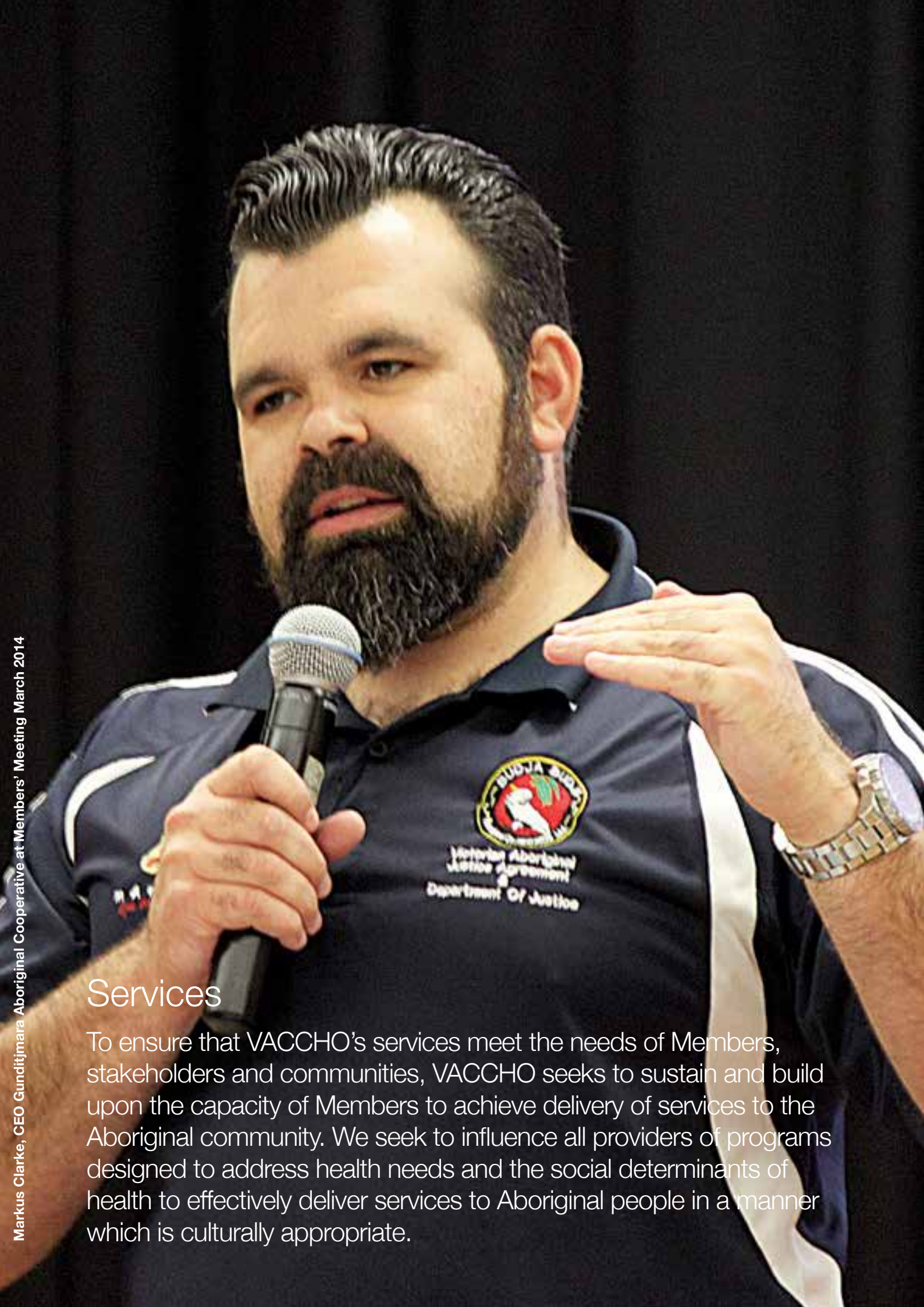
Sector Quality Improvement Unit

SQIU staff worked closely with Member organisations running workshops to develop risk management frameworks at organisational and program level. The Quality Forum attracted more than 80 people from services in Victoria, Tasmania and South Australia to learn more about quality improvement, accreditation and clinical governance. Staff also provided regular coaching with Board Members in four services. A semi-regular newsletter, *noticeBoard*, was distributed to all Member Boards to keep them abreast of key issues facing the sector as a result of legislative and compliance changes.

Corporate Services Unit

A new initiative, the *Human Resources Capacity Building* project, was established through CSU with the aim of assisting Member organisations strengthen their Human Resources (HR) functions. A gap analysis was conducted in the first half of 2014, with funding available for Members to employ HR support staff. Through the project a HR practitioners' network will be established and occasional professional development forums held.

VACCHO HR Community of Practice Network Forum



Markus Clarke, CEO Gunditjmara Aboriginal Cooperative at Members' Meeting March 2014

Services

To ensure that VACCHO's services meet the needs of Members, stakeholders and communities, VACCHO seeks to sustain and build upon the capacity of Members to achieve delivery of services to the Aboriginal community. We seek to influence all providers of programs designed to address health needs and the social determinants of health to effectively deliver services to Aboriginal people in a manner which is culturally appropriate.

Services

A major focus for VACCHO in the past year has been to ensure that Member organisations can demonstrate quality on a number of levels, particularly in a changing environment that threatens the sustainability of services within the sector. VACCHO is also required to provide leadership in the field of quality improvement and accreditation, meaning that internal systems and service delivery need to be exemplary.

Policy and Advocacy Unit

Health, disability and aged care share common ground in the promotion of business models which require client assessment by an authorised person, and service brokerage and service delivery cycles. The shift towards these models has major implications for ACCHOs. The PAU has focused attention on the Victorian Alcohol and Other Drug (AOD) sector, which has undergone a major re-commissioning process over the last 12 months with significant repercussions for service providers. Unit activity has also focused on aged care and disability reforms that see a move to Consumer Directed Care and individual care packages. VACCHO and Wathaurong Aboriginal Co-operative presented to a hearing of the Parliamentary Joint Standing Committee on the NDIS in April to advocate for improved access for Aboriginal people with a disability to support services. This reform will have a long term impact on the development and delivery of quality services within the sector.

Education and Training Unit

Registered training organisations operate in a highly regulated environment which requires considerable emphasis on reviewing, refining and validating all materials and processes. This approach leads to higher quality training and assessment services both academically and culturally.

The ETU depends on feedback from employers and participants to measure the quality outcomes of programs and courses delivered. This process has been streamlined through the introduction of electronic surveys. Recent feedback rates the ETU highly across a range of areas including:

- Effective assessment
- Clear expectations
- Learning simulation
- Relevance of training
- Competency development
- Training resources
- Effective support
- Active learning

Public Health and Research Unit

The provision of quality services through Member organisations requires adequate funding, based on realistic evidence. The PHRU Health Information team continued to support Members with data requests which increased over the year. This resulted in 77% of VACCHO's Members signing data sharing agreements with VACCHO. The top three health issues that our Members reported to VACCHO for the financial year were:

- Chronic Diseases
- Mental Health
- Alcohol and Other Drugs

Commonwealth Tobacco and Healthy Lifestyle funding was provided for VACCHO to coordinate the Western Region tobacco and healthy lifestyle activities. Collaborative partnerships with Gunditjmara, DWECH and Goolum Goolum extended delivery of creative, evidence-based smoking cessation and healthy living activities into communities.

The Nutrition and Physical Activity (NPA) team completed their three year strategy with an independent evaluation report highlighting the outstanding success of the work undertaken along with the team's positive impact on Victorian Aboriginal communities. The NPA team were also a finalist in the 'Promoting Healthy Eating' category of the Victorian Health Promotion Foundation Awards.

Health Programs Unit

The Health Programs Unit provided advice, professional development and resources for Members to ensure service delivery is based on current best practice. Key priorities have included:

- ICAP/ Koori Mental Health Liaison Officer (KMHLO) guidelines
- Alcohol and Other Drugs reform and education, including re-commissioning of Bunjilwarra – Koori Youth Alcohol and Drug Healing Service
- Psychiatric Disability Rehabilitation and Support Services reform

- Royal Commission into Institutional Responses to Child Sexual Abuse
- Aboriginal Early Years programs

The Unit produced the following resources to support the Social and Emotional Wellbeing (SEWB) workforce and Victorian Aboriginal community:

- "What's next?" – Ice posters
- Healthy Spirit, Healthy Community: A guide to drugs and alcohol within our community
- Information pamphlets on alcohol, yarndi, ice and speed, ecstasy, hallucinogens, heroin, tobacco, prescription and over-the-counter drugs and synthetic drugs
- VACCHO/Victorian Alcohol and Drug Agency (VAADA) wellbeing prompt cards

Sector Quality Improvement Unit

The SQUI undertook a range of activities to support quality improvement in Member services. The Accreditation Support team worked with a number of Members to achieve both whole-of-organisation accreditation (including meeting new Department of Health (DH) Standards), as well as clinical accreditation. DH funding was received to implement the *Strengthening Primary Health Care* project, which enabled the Unit to create a range of organisational development gap analysis tools covering various business systems. These included Governance, Clinical Governance, Planning and Review, Quality, Risk Management, Compliance, Human Resources and Access and Cultural Safety. Team members also assisted a number of Boards and senior management to review and develop their strategic plans as well as with performance appraisals for CEOs and senior managers.

Corporate Services Unit

VACCHO successfully achieved re-accreditation against the ISO 9001:2008 standards this year, demonstrating our focus on continuous improvement. Quarterly Members' Meetings have provided information and a forum to share experiences and knowledge with Member organisations.

Koori Maternity Midwives, Aboriginal Health Workers and VACCHO staff enjoy Leon Saunders' tour of the river flats, Rumbalara Shepparton

Policy development and advocacy

To influence government policy and stakeholders to effectively address the health needs of Aboriginal people in Victoria.

Policy Development and Advocacy

As the peak body for Aboriginal community controlled health services in Victoria, VACCHO aims to inform and influence public policy, funding and reporting arrangements and contribute to the broader national discussion on issues affecting Aboriginal people.

Policy and Advocacy Unit

The Policy and Advocacy Unit has made a number of state and national level submissions over the last 12 months. Three examples are:

- Submission to the Australian Government Attorney-General's Department: *Community consultation on the proposed draft reforms to the Racial Discrimination Act 1975*
- Submission to the *National Review of Medicare Locals*
- Two submissions opposing proposals for GP co-payments, the first in response to recommendations made to the Commission of Audit and the second, *Widening the Gap: GP Co-Payments and Aboriginal Health Outcomes* as a submission to the *Senate Community Affairs References Committee Inquiry into out-of-pocket costs in Australian healthcare*

VACCHO also gave evidence at a face to face Senate hearing into out of pocket costs in healthcare, with Jill Gallagher, CEO, and Jason King, Chairperson, presenting.

In May, VACCHO conducted an emergency briefing session with Member CEOs to discuss potential impacts of federal budget measures on community wellbeing and the sustainability of ACCHOs. This informed the development of a response to a proposed new Commonwealth Department of Health funding allocation formula for all Indigenous programs. The proposed $7 MBS co-payment was vigorously opposed and led to the preparation of a submission to the Senate, supported by a petition tabled by Greens Senator Dr Richard Di Natale in June.

VACCHO's CEO and Policy and Advocacy Unit attended meetings of 'National Aboriginal Health Leaders', including Member organisations of the National Health Leadership Forum (NHLF) and the Close the Gap Steering Committee. The meetings identified priorities, short and long term campaign and advocacy strategies for NACCHO, affiliates and partner organisations. These include:

- Opposition to proposed GP co-payments
- Securing the future of 'Closing the Gap' through bilateral agreements
- Responding to the withdrawal of funding for programs focused on preventative health
- Addressing broader welfare changes and sector sustainability

Other key activities undertaken by the Unit this year included:

- Participating in the Assessment Working Group convened by the Commonwealth Government to provide advice on assessment processes associated with the national Aged Care Gateway
- Establishing relationships with key stakeholders in the aged care sector, including meetings with the Assistant Minister for Social Services and with the National Aged Care Alliance (NACA)
- Responding to the Commonwealth Home Support Program (CHSP) discussion paper
- Submitting with NACCHO to the Commonwealth Aged Care Service Improvement and Healthy Aging Grant (ACSIHAG) fund

Education and Training Unit

The ETU has ongoing representation on the Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN), and has ensured their staff have attended and contributed to NATSIHWA forums and provided input into the implementation of core health curriculum and competencies and for health worker registration via the Australian Health Practitioner Regulation Agency (AHPRA).

Public Health and Research Unit

Advocacy by the PHRU included negotiations with the Victorian Department of Health to achieve funding for mental health and alcohol and other drugs projects. This resulted in an additional $340,629.00 funding for a range of community and Member activities. Telehealth funding was negotiated with the Department of Health for assessment, implementation, training and establishing specialist services so that telehealth consultations can be conducted from Member services.

PHRU submitted responses to the *Inquiry into*

VACCHO CEO Jill Gallagher AO with A/Professor Stephanie Brown (Murdoch Childrens Research Institute), *Feeding our Future: Aboriginal Early Childhood Nutrition & Physical Activity Needs Assessment Report* Launch

the supply and use of methamphetamines, particularly 'ice', in Victoria and the Federal *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities* providing evidence and comment in support of evidence-based decision making. VACCHO also continues to advocate to the Victorian Department of Justice for better health and mental health services for Aboriginal prisoners and has contributed to the development of the Aboriginal social and wellbeing strategy.

Seven journal articles were published by PHRU staff and collaborators in 2013/2014 and one other article was pending publication (see appendix 2 for details).

Health Programs Unit

The Health Programs Unit contributes to policy and advocacy activities with the aim of providing a voice for frontline workers. The Unit:

- Developed a policy brief to inform decisions related to Alcohol and Other Drugs education funding
- Provided guidance for the allocation of Aboriginal AOD education funds for:
    - AOD forums/workshops aimed at increasing Aboriginal workers, family and community Members awareness
    - Aboriginal Mental Health First Aid training and harm reduction strategies in ACCHOs
    - Increasing the number of GPs able to identify and treat patients with opioid dependency
- Responded to key issues related to Aboriginal Early Years programs, including access to Maternal and Child Health (MCH) for Aboriginal families
- Developed a scoping project in relation to 'Engaging Aboriginal Families in MCH Services'
- Represented VACCHO and its Members on the Victorian Aboriginal Ice Steering Committee

Sector Quality Improvement Unit

The SQIU has worked closely with the PAU and PHRU to develop responses to changes in Government funding arrangements across the sector. The Unit also commenced a *Cost of Compliance* project in order to establish baseline data on the impact of legislative, regulatory, funding and statutory requirements on Member services. This information will be used to advocate for further streamlining and reduction of red tape.

VACCHO Insight Forum

Karen Bryant, Aboriginal Liaison Officer for Northern Health and Daria Atkinson, Minajalku Centre

Partnership and networks

To develop and enhance partnerships and networks with key organisations to improve the accessibility and quality of health services and programs for Aboriginal people.

Partnership and Networks

The current political and service sector environment requires that VACCHO continues to build on and strengthen our external partnerships to ensure that Aboriginal voices are heard and that government and mainstream services are able to respond appropriately.

Policy and Advocacy Unit

Key partnerships maintained through the VACCHO Policy and Advocacy Unit include:

- The Victorian Advisory Council on Koori Health (VACKH) with state and Federal Governments
- The Coalition for Aboriginal Health Equality Victoria (CAHEV), which includes a wide range of civil society organisations
- Dental Health Services Victoria (DHSV), through the DHSV *Aboriginal Oral Health Reference Group* and *Healthy Families Healthy Smiles Program Reference Group*

VACKH activities and outcomes over the last 12 months include:

- Delegation for tobacco cessation coordination to the *Best Practice Forum for Aboriginal Tobacco Control* jointly chaired by VACCHO and the Department of Health Victoria
- Influencing the Victorian Department of Health regarding formation and implementation of Koolin Balit Regional Plans
- Confirmation on data sharing arrangements between VACCHO and State and Federal Departments of Health

The Commonwealth Department of Health confirmed that over the next 12 months and onwards, there will be significant focus on the maternal and child health A Better Start to Life approach. In this federal budget $94 million was dedicated to child and maternal health through New Directions: Mother and Babies Services and The Australian Nurse-Family Partnership Program. Five sites in Victoria have funding for New Directions, with an expected 50 more sites to be rolled out nationally. In addition the Healthy for Life program will be expanded to a further 32 sites.

The CAHEV has over 20 Members representing community-controlled and mainstream civil society organisations. With the purpose of achieving the goals of the *Statement of Intent to Close the Gap in Indigenous Health Outcomes*, the CAHEV has four key priorities:

- Infrastructure investment for Aboriginal heath
- Capacity development including workforce support
- Cultural safety and addressing discrimination
- Developing strong partnerships

Actions by CAHEV in the last twelve months include:

- Developed a consensus position statement on racial discrimination
- Achieved a consensus-based State election platform, *Closing the Gap: Now more than ever,* which calls for a new bilateral agreement with the Commonwealth to continue the work started under *Closing the Gap*
- Advocated for significant infrastructure funding for Victorian Aboriginal Community Controlled Health Organisations
- Contributed to a comprehensive *Cultural Safety Strategy* for Victorian health organisations and services
- Improved engagement with the Aboriginal health sector by the State Department of Health
- Promoted a focus on the health literacy needs of Aboriginal Victorians
- Introduced cultural safety training for executive managers of CAHEV Member organisations.

VACCHO has a strong working relationship with the Victorian Alcohol and Drug Agency (VAADA) on a number of levels and units from PAU, to PHRU and Health Programs. VACCHO personnel continue to liaise closely with VAADA to advocate for fair changes to the Aboriginal AOD sector that do not disadvantage Aboriginal people and organisations.

Education and Training Unit

The ETU continues to build relationships with external organisations to achieve positive outcomes for students, our Members and community members. The Unit worked towards an Memorandum of Understanding with Independence Australia in relation to disability training to support the implementation of the NDIS and also continues to maintain relationships with:

- St Joseph's College, Geelong

- Academy of Sports and Health Education (ASHE) and Goulburn Ovens TAFE, Shepparton
- Alzheimer's Australia
- Australian Catholic University

Public Health and Research Unit

The Public Health and Research Unit has established linkages with a broad range of partners and other stakeholders to advance Aboriginal health issues and responses. These include:

- Peak bodies: NACCHO and other State affiliates, Diabetes Australia (Victoria), Heart Foundation, Cancer Australia, QUIT, RACGP, RWAV, Hepatitis Victoria, VicHealth, GPET, Australian College of Optometry, CEITC, Networking Health Victoria
- Academia: Onemda, Lowitja Institute, University of Melbourne, Monash University, Deakin University, La Trobe University, Grattan Institute, Brien Holden Vision Institute
- Service providers and networks: Medicare Locals, Koori Justice Unit, St Vincent's Hospital, Regional Training Providers, headspace, beyondblue, Ilbijerri, Melbourne Sexual Health Centre and Wulumperi, Fred Hollows Foundation, Vision 2020, CareerTrackers
- Government: Department of Health Victoria, Department of Justice

Health Programs Unit

Aboriginal health is everyone's business and in working towards closing the gap and improving Aboriginal health, the Unit has continued to develop positive working relationships with key stakeholders including:

- The Australian Drug Foundation
- Palliative Care Victoria
- Maternity Services Education Program
- Cancer Council Victoria
- The National Indigenous Drug and Alcohol Committee
- Anex
- The Victorian Aboriginal Palliative Care Collaborative

Sector Quality Improvement Unit

The SQIU worked with affiliates in New South Wales and South Australia in a 'skills exchange' program in order to increase the capacity of each organisation to provide support to Member services. The Unit also established strong working relationships with various subject matter experts, such as Matrix on Board (finance and governance), Health Recruitment Specialists Australia (senior management recruitment and selection), Quality Improvement Council, AGPAL and RACGP (accreditation).

Corporate Services Unit

The VACCHO communications strategy includes harnessing social media to raise the profile of the organisation in the local, state and national arenas. The focused and strategic use of Twitter and Facebook is assisting us to identify and target potential partners and raise our profile with key stakeholders.

Dylan Clarke host of *Yarnin' Health*, Radio 3KND Kool n Deadly 1503 AM

Appendix 1: Policy and Advocacy papers

1. Position Statement on Racial Discrimination and Health Outcomes for Aboriginal and Torres Strait Islander People

   http://www.vaccho.org.au/vcwp/wp-content/uploads/2011/03/Position-Statement-on-Racial-Discrimination-and-Health-Outcomes-for-Aboriginal-and-Torres-Strait-Islander-People.pdf

2. National Code of Conduct for Health Care Workers

   http://www.ahmac.gov.au/cms_documents/NCOCCS/44_Victorian%20Aboriginal%20Community%20Controlled%20Health%20Organisation.pdf

3. Submission to the Australian Governments Attorney-General's Department: Community consultation on the proposed draft reforms to the Racial Discrimination Act 1975

   http://www.vaccho.org.au/vcwp/wp-content/uploads/2014/08/VACCHO_SUBMISSION_RacialDiscriminationAct_AMENDMENTS_2014.pdf

4. Submission to the National Review of Medicare Locals

   http://www.vaccho.org.au/vcwp/wp-content/uploads/2011/03/2013_12_18-VACCHO_REVIEW_MEDICARE_LOCALS_SUBMISSION_2013.pdf

5. Submission to the Senate Community Affairs References Committee Inquiry into out-of-pocket costs in Australian healthcare

   http://www.vaccho.org.au/vcwp/wp-content/uploads/2014/06/VACCHO-Submission-Senate-Inquiry-into-out-of-pocket-costs-in-Australian-healthcare-300620141.pdf)

6. Submission to the Senate Community Affairs References Committee Inquiry *Widening the Gap: GP Co-Payments and Aboriginal Health Outcomes*

7. VACCHO and our Members also conducted a hardcopy petition campaign on the co-payments

   http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;db=CHAMBER;id=chamber%2Fhansards%2F6f9f953f-268b-4ac0-8ad4-08ce06f942d0%2F0016;query=Id%3A%22chamber%2Fhansards%2F6f9f953f-268b-4ac0-8ad4-08ce06f942d0%2F0000%22

8. Response to the Commonwealth Home Support Program (CHSP) discussion paper

   http://www.vaccho.org.au/vcwp/wp-content/uploads/2014/06/VACCHO-submission-to-the-DSS-3006141.pdf

9. State Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria

10. Federal Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

Appendix 2: Research papers

1. Browne, J; D'Amico, E; Thorpe, S; Mitchell, C
   Feltman: Evaluating the acceptability of a diabetes education tool for Aboriginal health workers'
   Australian Journal of Primary Health

2. Genat, B
   Capacity Development Activities of the VACCHO Nutrition and Physical Activity Team: Evaluation Report
   Moondani Balluk Academic Unit, Victoria University

3. Bonnell, E; Murray, M; Thorpe, S; Browne, J; Barbour, L; MacDonald, C; Palermo, C
   Sharing the tracks to good tucker: identifying the benefits and challenges of implementing community food programs in Aboriginal communities in Victoria
   Australian Journal of Primary Health

4. Browne, J; Gleeson, D; Hayes, R
   Aboriginal health policy: Is nutrition the 'gap' in Closing the Gap?
   Australian and New Zealand Journal of Public Health

5. Myers, J; Thorpe, S; Browne, J; Gibbons, K; Brown, S
   Early childhood nutrition concerns, resources and services for Aboriginal families in Victoria
   Australian and New Zealand Journal of Public Health

6. Browne J, Thorpe S, Tunny N, Adams, K, Palermo C
   Qualitative evaluation of a mentoring program for Aboriginal health workers and allied health professionals
   Australian and New Zealand Journal of Public Health

7. Browne, J; Thorpe, S
   Nutrition Issues in Urban Areas
   Indigenous Australians and Health: The wombat in the room

Financial report end of June 2014

Committee's report

Your committee members present this report of Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) for the financial year ended 30th June 2014

COMMITTEE MEMBERS

The names of committee members throughout the year were:

Jason King	Chairperson
Andrew Gardiner	
Joanne Badke	Resigned 30/1/14
Karlene Dwyer	Resigned 23/10/13
Daphne Yarram	
Marcus Clarke	
Rudolph Kirby	
Janice Huggers	Appointed 5/2/14
Kevin Williams	Appointed 23/10/13

Each committee member has been in office since the start of the financial year to the date of this report unless otherwise stated.

PRINCIPAL ACTIVITIES

The principal activity of the entity during the financial year is to be the peak Victorian Aboriginal health body representing 27 Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria, building the capacity of its membership and advocating for issues on their behalf.

SIGNIFICANT CHANGES

No significant changes occurred in the nature of this activity during the year.

OBJECTIVES

- VACCHO aims to be the advocate for the health of Aboriginal people
- Promotion and support of members as centres of excellence in the provision of Aboriginal health services and as centres of their community and enabling expertise in the priorities, needs and models of service for those communities and as centres of excellence to advocate on their behalf
- To ensure quality workforce, quality services, quality infrastructure and quality assurance to achieve health equality for Aboriginal people

STRATEGY FOR ACHIEVING THE OBJECTIVES

VACCHO will achieve its objectives through the following strategies:

- Assisting the development of an experienced, knowledgeable, skilled and committed workforce in Aboriginal community controlled and mainstream organisations including the public service
- Ensuring the Aboriginal community controlled health sector continues to be well-positioned to function in, and respond to, changes in the national and state social, economic and political environments
- Securing necessary infrastructure to maintain and enhance the activities of VACCHO and its members
- Ensuring that all VACCHO's services meet the needs of stakeholders
- Working collaboratively with stakeholders to achieve equality in health status and Aboriginal life expectancy

PERFORMANCE MEASURES

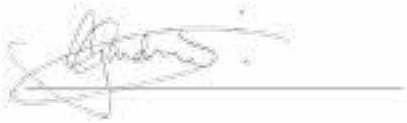
If VACCHO is achieving its goals, outcomes that can be expected include:

- Increase in skills and knowledge of the workforce by supporting networks and training
- Engagement in partnerships and relationships with key organisations and individuals
- Consultation with members on developments and priorities for advocacy

OPERATING RESULT

The surplus (deficit) for the year amounted to $416,469.40 (2013 $87,580.60).

Signed in accordance with a resolution of the members of the Committee.



Milarri Garden, Bunjilaka Aboriginal Cultural Centre, Museum Victoria

Concise Statement of Compehensive Income for year ended 30 June 2014

REVENUE	Notes	2014 $	2013 $
Grants & Funding		9,226,030.28	6,217,683.16
Grants B/F from previous year & grants in advance		875,033.57	1,934,252.92
Grants C/F to next year & grants in advance		(2,601,815.94)	(875,033.57)
Interest Income		51,887.21	81,706.60
Profit (Loss) on Sale of Assets		(13,344.30)	(763.86)
Other Income		638,579.44	315,581.32
TOTAL REVENUE		**8,176,370.26**	**7,673,426.57**
EXPENDITURE			
Audit fee for Audit of Financial Statements		15,139.37	23,515.00
Occupancy Costs		144,327.93	203,869.72
Amortisation		102,085.83	101,943.05
Depreciation		143,120.89	166,457.78
Telephone & Internet Services		57,938.44	84,776.12
Postage, Stationery & Printing		208,670.49	222,246.64
Other Office & General Expenses		85,731.06	152,485.71
Consultants Fees		170,097.41	90,333.73
Motor Vehicle Expenses		51,803.99	49,372.08
Employee Benefit Expenses		5,373,675.32	5,373,768.71
Other Program Expenses		1,405,325.36	1,114,890.68
Finance Costs		1,984.77	2,186.75
TOTAL EXPENDITURE		**7,759,900.86**	**7,585,845.97**
Surplus (Deficit) Before Income Tax Attributable To Members of the Entity		**416,469.40**	**87,580.60**
Income Tax		0.00	0.00
Surplus (Deficit) After Income Tax Attributable To Members of the Entity		**416,469.40**	**87,580.60**
OTHER COMPREHENSIVE INCOME		**0.00**	**0.00**
Total Comprehensive Income (Loss) For The Year Attributable To Members of the Entity	2	**416,469.40**	**87,580.60**

The above income statement should be read in conjunction with the accompanying notes

Statement of Financial Position as at 30 June 2014

	Notes	2014 $	2013 $
CURRENT ASSETS			
Cash & Cash Equivalents	3	5,584,461.53	2,988,930.37
Trade and other Receivables	4	364,967.86	235,604.22
Other Current Assets - Prepayments		32,675.29	37,030.73
TOTAL CURRENT ASSETS		**5,982,104.68**	**3,261,565.32**
NON-CURRENT ASSETS			
Property Plant & Equipment	5,14	6,956,729.34	7,129,601.26
TOTAL NON-CURRENT ASSETS		**6,956,729.34**	**7,129,601.26**
TOTAL ASSETS		**12,938,834.02**	**10,391,166.58**
CURRENT LIABILITIES			
Trade and Other Payables	6	876,927.61	584,557.41
Short-term Provisions payable	7	362,436.13	397,019.88
Financial Liabilities:-			
Funds Carried forward for future activities		596,866.97	518,014.73
Grants Received in Advance		2,300,171.34	535,381.11
TOTAL CURRENT LIABILITIES		**4,136,402.05**	**2,034,973.13**
NON-CURRENT LIABILITIES			
Long-term Provisions payable	7	88,373.18	58,604.06
TOTAL NON-CURRENT LIABILITIES		**88,373.18**	**58,604.06**
TOTAL LIABILITIES		**4,224,775.23**	**2,093,577.19**
NET ASSETS		**8,714,058.79**	**8,297,589.39**
EQUITY			
General Building Reserve		0.00	1,500,000.00
Retained Earnings		8,714,058.79	6,797,589.39
TOTAL EQUITY		**8,714,058.79**	**8,297,589.39**

The above Statement of Financial Position (Balance Sheet) should be read in conjunction with the accompanying notes

Statement of Changes in Equity for year ended 30 June 2014

	General Building Reserve	Retained Earnings	Total Reserves and Retained Earnings
Balance at 30 June 2011	1,500,000.00	1,378,290.14	2,878,290.14
2012			
Surplus attributable to members		5,331,718.65	5,331,718.65
Balance at end of year	1,500,000.00	6,710,008.79	8,210,008.79
2013			
Surplus attributable to members		87,580.60	87,580.60
Balance at end of year	1,500,000.00	6,797,589.39	8,297,589.39
2014			
Transfer to Retained Earnings	(1,500,000.00)	1,500,000.00	0.00
Surplus attributable to members		416,469.40	416,469.40
Balance at end of year	0.00	8,714,058.79	8,714,058.79

Please note: The transfer of 1.5million to retained earnings (reserved) was used for the purchase of VACCHO building and thus, has no effect on cash flow or income.

Statement of Cash Flows for year ended 30 June 2014

	2014 $	2013 $
Cash Flows from Operating Activities		
Receipt of Grants	10,006,333	7,088,589
Interest received	51,887	81,707
Miscellaneous Income	638,579	315,581
	10,696,800	7,485,877
Payments to Suppliers and Employees	8,013,605	8,379,296
Finance costs	1,985	2,187
Net Cash Generated by Operating Activities Note 8	**2,681,210**	**(895,606)**
Cash Flows From Investing Activities:-		
Sale Of Property Plant & Equipment, Motor Vehicles	38,818	33,844
Payments for Property Plant & Equipment, Motor Vehicles	(124,497)	(267,917)
Net Cash Generated by (used in) Investing activities	**(85,679)**	**(234,073)**
Cash Flows From Financing Activities:-		
Loan	0.00	0.00
Net Cash Generated from Financing Activities	**0.00**	**0.00**
Net increase (decrease) in cash held	2,595,531	(1,129,678)
Plus cash at beginning of financial year	2,988,930	4,118,608
Cash at the end of financial year - Note 3	**5,584,461**	**2,988,930**

Notes of the concise Financial Report for the year ended 30 June 2014

Note 1. Basis of Preparation of the Concise Financial Report

The concise financial report is an extract for the full financial report for the year ended 30 June 2014. The concise financial report has been prepared in accordance with Accounting Standard AASB 1039: Concise Financial Reports, and the Associations Incorporations Reform Act 2012.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Victorian Aboriginal Community Controlled Health Organisation Incorporated as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

The financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated complies with all Australian equivalents to International financial Reporting Standards (AIFRS) in their entirety. The presentation currency used in this concise financial report is Australian dollars.

Note 2: Events after the Balance Sheet Date

There have been no material non-adjusting events after the reporting date, nor has any information been received about conditions at reporting date that have not been included in this report.

Committee's Declaration

In the opinion of the committee, the financial report as set out on pages 2 to 21:

1. Presents fairly the financial position of Victorian Aboriginal Community Controlled Health Organisation Incorporated as at 30th June 2014 and its performance for the year ended on that date in accordance with Australian Accounting Standards and the Associations Incorporations Reform Act 2012.

2. At the date of this statement there are reasonable grounds to believe that Victorian Aboriginal Community Controlled Health Organisation Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by: -

Dated this 18th day of September 2014

Independent Auditor's Report to the Members of the Victorian Aboriginal Community Controlled Health Organisation Incorporated

Report on the concise financial report

The accompanying concise financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated comprises the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes, derived from the audited financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2014, as til as the discussion and analysis. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

Committee Member's responsibility for the concise financial report

The committee is responsible for the preparation and presentation of the concise financial report in accordance with Accounting Standard AASB1039; Concise Financial Reports, statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying the appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the concise financial report based on my audit procedures. I have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2014. My Auditor's Report on the financial report for the year was signed on September 2014 and was not subject to any modification. Australian Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year in free from material misstatement.

My procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussing and analysis, and other disclosures which I/e not directly derived from the financial report for the year. The procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standards AASB1039; Concise Financial Reports, and whether the discussion and analysis complies with the requirements laid down in AASB1039.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the Associations Incorporations Reform Act 2012. I confirm the that independence declaration provided to the Committee of the Victorian Aboriginal Community Controlled Health Organisation Incorporated on 16 April 1996, will be in the same terms if provided to the Committee as at the date of the Auditor's Report.

Auditor's Opinion

In my opinion, the concise financial report including the discussion and analysis of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2014 complies with Accounting Standard AASB1039; Concise Financial Reports.

E Townsend & Co

Eric Townsend

15 Taylor Street, Ashburton, Vic 3147

Date this 18th day of September 2014

Paula Morgan, Aunty Phyllis Andy, Lakes Entrance Aboriginal Health Association

LAKES ENTRANCE
ABORIGINAL
HEALTH
ASSOCIATION

Aboriginal health is everybody's responsibility.

It is VACCHO's core business.

VACCHO

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Victorian Aboriginal Community Controlled Health Organisation Inc.
Annual Report 2013-14