



# BOARD COMMUNIQUÉ

## Issue 3, June 2013

### Board Meeting Wrap - June

Held on June 6 2013, the June meeting of the Congress Board of Directors covered the following topics:

- **Funding Agreements** Ongoing funding has been secured for a number of programs.
  - What happened at the **Turn Down the Tap Alcohol Rally**
  - Plans for the **Central Australian Alcohol Summit**
  - Progress on the planning of the **Remote Aboriginal Communities National Male Health Summit**
  - The launch of the **CHEP Resource Booklet**
  - Introducing the **Non-Member Directors** - Dr Mark Wenitong, Mr Steven Rossingh and Mr Graham Dowling
  - **Clinical Governance Policy and Procedure** improvements
  - News on a **Adult Literacy** pilot program
- The next meeting will be held on August 1 2013.

### Funding Agreements

**Congress has been able to secure ongoing funding for a number of programs.**

The Preschool Program has received additional funding for a further two years as well as recognition of its success. The Care Coordination and Supplementary Services funding from NT Medicare Local has also been extended (worth about \$800 000 per year). This funds the Chronic Disease Care Coordinator in the clinic along with the Podiatrist and the Renal Dialysis Primary Health Care Program, which works with all

patients who are on dialysis. The latter program, which was only originally funded as 12-month trial, has helped to ensure better outcomes for dialysis patients including an increase in those on the transplant list. The NT Trachoma Program has also been re-funded under a new funding agreement. This program previously funded two nurse positions including one in the School Nurse Program. Finally, we have been given an additional \$1 million to provide the Chronic Disease Healthy Lifestyle and Tobacco Cessation Program in the WAHAC and Western Desert Region.

### Turn Down the Tap Alcohol Rally

**Congress participated in a public rally about alcohol on Monday May 13 held on the Town Council Lawns.**

There was a strong and united voice at the rally with the newly elected chairperson of the CLC, Maurie Ryan (who spoke prior to Congress) making the same key points as Congress: the need for an alcohol floor price, a take-away free day and the return of the Banned Drinkers Register (with its photo licensing system at the point of sale). The CLC, Congress, the PHA, the Criminal Lawyers, NPY and others were all united in our opposition to the criminalisation of alcohol.

# BOARD COMMUNIQUÉ

Issue 3, June 2013

## Central Australian Alcohol Summit in July

**APONT has put in a submission to Minister Macklin to fund an Alcohol Summit in Central Australia in accordance with the recommendation from the first Alcohol Summit that was held in Darwin late last year.**

It is expected that the submission will be accepted and the CLC will play the lead role in organising the summit, and ensuring that many Aboriginal people from remote communities are able to attend. This will be an important opportunity for greater community engagement on the Government's proposals for Alcohol Mandatory Treatment and Alcohol Protection Orders. Further, it will provide an opportunity for greater advocacy on the need for population wide measures such as the alcohol floor price and a take-away alcohol free day.

## Remote Aboriginal Communities National Male Health Summit

**This is a meeting of Aboriginal men from remote communities.**

Originally the summit was going to be organised by Wurli Wurlijang Aboriginal health service in Katherine but due to the sudden death of the former CEO, Wurli asked Congress to take over organisation and are now working in partnership with Congress on the summit. The focus will be to bring males together from the COAG remote service delivery areas. There is a national steering committee overseeing the summit and the expected outcomes are to:

- Identify male health issues as outlined in RSD Local Implementation Plans and actions that can be taken away by delegates to address these problems back in their home communities;
- Build education and awareness of male health issues for all participants, service providers and local Aboriginal community members;
- Identify opportunities for leaders within the male health sector and local Aboriginal communities to build networks for a coordinated approach to tackling male health issues;
- Work in conjunction with Commonwealth agencies to strengthen engagement and participation from all stakeholders.

## Launch of the CHEP Resource Booklet

**A launch of the CHEP Resource Booklet is being held on June 13 at the Congress WestPoint Training Room.**

The resource was funded by OATSIH through the NT Sexual Health Program. It will be used as a resource by teachers as part of the delivery of a broad healthy lifestyle, including a sexual health education program which is delivered in schools, primarily to 12 year old children. I think it would be appropriate for our President to launch the resource to strengthen engagement and participation from all stakeholders.



## Non-Member Directors

**Congress advertised widely through the media for interested Aboriginal people to apply for three non-member director positions in the specialist areas of Primary Health Care, Governance & Administration and Finance.**

The advertisements themselves attracted very positive feedback from across the country as many Aboriginal health leaders, senior bureaucrats and politicians contacted Congress to congratulate the organisation for this initiative. Congress is now seen as an innovator and leader in the area of best practice governance, with the new constitution already being used as a model of best practice in many meetings.

The successful applicants are profiled on the following page.

# BOARD COMMUNIQUÉ

Issue 3, June 2013

## Primary Health Care: Dr Mark Wenitong

Dr Mark Wenitong (Adjunct Associate Professor, James Cook University and School of Tropical Public Health) is from Kabi Kabi tribal group of South Queensland. He has been an Aboriginal Public Health Medical Officer at NACCHO, and the Senior Medical Advisor at Apunipima Cape York Health Council. His work entails clinical governance and strategic primary health care planning. He was the Senior Medical Officer at Wuchopperen Health Services in Cairns for nine years and has also worked as the medical advisor for OATSIH in Canberra. The acting CEO of NACCHO for a period in 2012, he has also worked in PHC in East Timor and in community development with World Vision in Papunya NT. A past president and founding member of the Australian Indigenous Doctors Association, Dr Wenitong is a member of the National Health and Medical Research Committee, National Preventative Health Committee, the National Lead Clinicians Group, a ministerial appointee to the National Aboriginal and Torres Strait Islander Health Equity Council and the National Independent e-Health Advisory Committee. He chairs the Andrology Australia - Aboriginal and Torres Strait Islander Male Reference group and is a council member of the Australian Institute of Aboriginal and Torres Strait Islander Studies. Dr Wenitong sits on the National Health Performance Authority PHC committee. Attending the Australian Institute of Company Directors course in 2010, Dr Wenitong has also studied International Indigenous Health at Johns Hopkins University, and completed the Harvard Macy Leadership in Medical Education Course.

Dr Wenitong has been heavily involved in Aboriginal and Torres Strait Islander health workforce. He was the Cairns Division of General Practice GP of the Year in 2003, and noted as one of the 50 most influential doctors in Australia by Australian Doctor magazine in 2005. He was a member of the NTER review expert advisory group in 2008. He has received the 2011 AMA Presidents Award for Excellence in Healthcare, and inducted into the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame. More recently, Dr Wenitong was one of the chief investigators awarded the MJA best research journal article for 2012.

## Finance: Mr Steven Rossingh

Steven has held positions at the Executive Director and Senior Executive Director levels in the Northern Territory Government, culminating in a brief period as the Acting CEO of the newly formed Department of Sport and Recreation. One of his key roles has been to assist peak sporting bodies in the NT build their corporate governance capacity. Previous roles include: Executive Director of Corporate Services in the Department of Local Government, Housing and Sport; General Manager of Cridlands Lawyers for 5 years; and Director of Corporate Services for the NLC for 3 years. In all these roles he was required to ensure that corporate governance of these organisations was conducted at a high level, working closely with the boards and governing committees. These roles, as well as his current role as Executive Manager of Corporate Services at Anglicare NT have also had a key financial management focus and involved responsibility for corporate budgeting, management, reporting and the provision of both strategic and operational advice. Re-evaluating his priorities after leaving government at the end of last year, Steven would like to again make a contribution at a grass roots level in Aboriginal communities and organisations. Steven has always strongly identified as an Aboriginal person. His mother is a Gamilaroi woman from North Central NSW and while he has lived away from his extended family since the early 70's he has kept strong links with his extended family most of whom now live in and around Sydney and are making contributions in their local Aboriginal communities.

## Governance and Administration:

### Mr Graham Dowling

Graham is well known to all of the board. For many years he was Chair of the Imparja Board and held the position of treasurer for the CAAMA Board for 3 years. In his current work he is a member of the senior management team at AMSANT and is responsible for regionalisation. This includes developing the governance capacity of remote Aboriginal communities throughout Central Australia. Graham has strong and effective relationships with many Aboriginal leaders in remote communities in Central Australia as he has been working with them in Health Service Development since he was a member of the Primary Health Care Access Program "contact teams" more than ten years ago.

# BOARD COMMUNIQUÉ

Issue 3, June 2013

## Congress Membership Drive

In our clinic reception areas, and other reception areas around Congress branches, there are bright red boxes and membership forms, along with a flyer explaining about becoming a member of Congress. Membership is an integral part of Community Control in an organisation like Congress.



## Clinical Governance Policy and Procedure

### The Board endorsed the Clinical Governance Policy and Procedure.

This policy and procedure was developed in the latter part of 2011 out of concern that some of the key systems and processes that had previously been in place to guide Clinical Governance and Quality Improvement at Congress, have ceased operating, creating a vacuum in the organisation's approach to Clinical Governance.

Since the beginning of this year, the operational plan review meeting and other quality improvement meetings, have recommended that the Safety and Quality meeting be established. This meeting is a new structure outlined in the policy and is the key group across the organisation. They are there to ensure that medico-legal risk is mitigated, all complaints and incidents are properly analysed and key

areas for improvement, at an organisational level, are being worked on. Chaired by the Deputy CEO, the group reports to the Executive Management meeting which is chaired by the CEO. This ensures that the senior management of the organisation is better informed and involved in key issues relating to Clinical Governance.

It is vital for Congress to have a strong commitment to Clinical Governance. There are four key organisational elements to the policy and procedure:

- Risk Management
- Client and Community Engagement
- Workforce Support and Management
- Use of Information and Reporting

## Adult Literacy

It is well-known that literacy levels among Aboriginal adults in Australia are significantly lower than those in the non-Aboriginal population.

While there has been no national-level attempt to measure literacy levels in the Aboriginal community, community-level studies suggests at least 35% of the Aboriginal and Torres Strait Islander adult population have minimal English language literacy, with the figure rising much higher in rural and remote areas (Kral & Schwab 2003; Boughton, 2009).

Aboriginal leaders have argued for many years that these low levels of literacy are a major impediment to improvements in a range of other areas, including health development, community governance, economic participation, and involvement in school education and post school education and training among the younger generation. This position is consistent with a large body of international research demonstrating the close link between education levels and other indicators of community health and well-being (Boughton 2000; Bell et al, 2007).

# BOARD COMMUNIQUÉ

Issue 3, June 2013

In April 2009, the Cooperative Research Centre for Aboriginal Health (CRAH) sponsored a national roundtable workshop on this issue in Alice Springs. Aboriginal health and education leaders discussed the relationship between adult literacy and health, the international experience of the impact of mass adult literacy campaigns, and the details of specific campaigns which had been conducted in other countries, including the recent experience of the national literacy campaign in Timor-Leste.

The workshop established an ongoing committee, the National Aboriginal Adult Literacy Campaign Steering Committee (NAALCSC) to seek funding to research, deliver and evaluate a pilot Aboriginal Adult Literacy Campaign with Aboriginal communities in a small number of selected regions, and a submission to the CRAH to seed-fund this work was successful (Langton et al 2009). Congress has chaired this committee since its inception. A paper based on the workshop presentations and discussions was published in the Australian Journal of Indigenous Education, outlining the rationale for a campaign approach (Boughton 2009).

In June 2011, the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR) contracted the University of New England, on behalf of the National Aboriginal Adult Literacy Campaign Steering Committee (NAALCSC), to undertake the first pilot adult literacy campaign in the community of Wilcannia in western NSW. Additional funding to support the pilot was obtained from other Commonwealth and NSW Government agencies. Work began in the community in August 2011, and the campaign was publicly launched in February 2012.

The pilot utilises a mass adult literacy campaign model developed by the Institute of Pedagogy for Latin America and the Caribbean (IPLAC) in Cuba. This model, known as Yes I Can, or Yo Si Puedo, has been deployed in twenty-six countries of the Global South, where it has had a dramatic impact on adult literacy levels. The first pilot in Wilcannia included the collection of baseline data by community members through a household literacy survey, which identified over 100 people in need of basic English language literacy assistance. It has involved significant community mobilisation, two intakes of participants into basic literacy classes, and a post-literacy phase to consolidate learning from the basic classes. The pilot finished in September 2012, and two more pilots are planned in 2013, in two different regions; followed by another three pilots in 2014. These six pilot studies provide the opportunity to initiate a longitudinal study of the impact of the campaign model on indicators of community health and wellbeing, the subject of this proposal.

The Central Australian region has been identified as one of the six pilot sites. It is important that sites are chosen from different regions across Australia to test the validity of this approach in different contexts. In addition to this Congress has been instrumental in the development of this program over many years and in view of this leadership role the chance of success in central Australia is more likely. This does not mean that Congress necessarily needs to be the lead agency in the project but could help to facilitate another appropriate organisation such as the CLC through its community development unit or Tangentyere Council through its research hub.