



CENTRAL  
AUSTRALIAN  
ABORIGINAL  
CONGRESS  
ABORIGINAL CORPORATION  
ICN 7823

# Board Communiqué

ISSUE 41: APRIL 2021

## Werte!

The following topics were discussed at the last Congress Board of Director's Meeting, held on 29 April 2021:

- Todd Street Redevelopment update
- Demographic changes and health needs in Congress' remote populations
- Congress Arrulenge - History Project update
- Research update
- Male Lead Cultural Advisor position supported
- Aboriginal Health Practitioners at Congress
- Indigenous Voice to Parliament
- Migration to Single Clinical Information system
- Human Resources report
- Five Year Action Framework report
- Re-appointment of Independent Director Primary Health
- COVID-19 vaccinations

### Updates from the CEO

- Meeting with NT Police Commissioner
- NDIS accreditation
- Central Australia and Barkly Region Aboriginal Climate Justice Alliance
- Central Australia and Barkly Region Aboriginal Climate Justice Alliance

The next Congress Board of Director's Meeting will be held on 1 July 2021

### Todd Street Redevelopment update

It's been a little while since the last progress report about the Todd Street redevelopment, but don't worry – the wheels have been turning in the background and the project is proceeding according to plan.

The former Memo Club site (currently home to the COVID-19 Respiratory Clinic and the IT and Facilities & Capital Works Teams) was purchased by Congress in 2017. This purchase was a very important step strategically for Congress, in terms of both long-term sustainability and service delivery, and represented the culmination of years of planning and saving.

The project is a major undertaking and decisions made now will have an impact for years to come. The Board is tasked with ensuring not only a functional and appropriate outcome for housing client services, training and administrative teams, but a solution that provides value for the organisation and the community it serves. A working group has been appointed to help steer the process, comprising of Graham Dowling (Congress Chairperson), Leanne Milligan (Independent Director, Finance), Donna Ah Chee (Chief Executive Officer), Stephen Marshall (General Manager Business Services) and Geoff Hayter (Property Consultant). This group meets regularly and helps inform the decisions the Board makes about the development.

The realisation of the Board's Health Hub vision is getting closer all the time. Major decisions have been made over the last 12 months, each requiring extensive consultation and consideration. The condition of the property has been considered, and a decision has been

made to demolish the existing Memo Club building and create a purpose-built two-storey 2,500 sqm health hub. This is a very exciting milestone and presents a clear step forward for the project, and the best value for the organisation.

These plans continue to be dependent on the final funding sources being locked in, although the Board is optimistic. The project will be funded through a mixture of equity, loan funding and grants. Discussions around these funding sources are well advanced. Meanwhile, design work is proceeding at pace, in preparation for the lodgement of a development approval application (DA) later this year. Both the Board and working group are committed to keeping the community informed about the project. We will continue to share progress along the way.

### Demographic changes and health needs in Congress' remote populations

As part of the 5-year Action Framework a report detailing changes in population and health needs in Congress serviced remote communities was developed and presented to the Board, along with recommendations around future service development.

The report detailed that the resident Aboriginal populations at remote sites was very consistent, with 6% growth over the last five years. Preventable chronic diseases, especially diabetes, renal disease, heart disease and rheumatic heart disease have increased in prevalence over the last ten years.

Although access to allied health professionals has improved, there is still a need for additional podiatrists and diabetes nurse educators. Funding has been sourced



to meet this need and a project coordinator employed to implement the project, which includes increased remote visits, more allied health professionals and an improved utilisation of telehealth services technology.

Childhood development is also a focus, including access to early childhood development programs, identification and treatment of neurodevelopmental disorders, and increased child health checks. A child health coordinator position has been created to improve outcomes in this critical area.

There is the ongoing need to address key underlying social determinants of the increasing chronic disease as well as early childhood development concerns. This includes poverty and inequality, intergenerational trauma, overcrowding, food security and obesity and other social determinants.

### Congress Arrulenge - History Project update

On 14 April 1977 – 44 years ago – the name “Central Australian Aboriginal Congress” was officially registered.

Did you know that Congress was originally called the Central Australian Aboriginal Rights Committee? That name, originally adopted at Congress’ foundation meeting in June 1973, was changed to Central Australian Aborigines Congress soon after.

The change to the long-standing name Central Australian Aboriginal Congress was adopted at the 1976 AGM and then officially changed on 14 April 1977!

This was a very important time for Congress. The first clinic in Hartley Street had opened just one year before in October 1975, using a grant of \$339,000 from the Commonwealth Government. (That would be worth about \$2.7 million now, in 2021). Two doctors, two nurses and other staff were recruited at the time. The Commonwealth Minister for Health, Dr Everingham was reported in the Centralian Advocate (14/8/1975) as saying the new clinic would give Aboriginal people confidence in medical treatment because they could build up trust with the clinic staff.

The Hartley Street clinic was busy from the day it opened. In 1976, it provided nearly 10,000 episodes of care. Congress staff also started to help remote communities establish their own community controlled

## TELL CONGRESS YOUR STORY

We want to hear your stories about  
**Congress Arrulenge**  
*(Congress from a long time ago).*

If you have a story to share, please contact  
the Congress History Project team  
[congress.history@caac.org.au](mailto:congress.history@caac.org.au) or  
phone 8959 4734

health services. Congress services have expanded a lot since that time. In 2020, our town clinics saw over 13,000 Aboriginal people on average 10 times each in the year. That’s over 130,000 episodes of care!

The photo (top left) shows Neville Perkins – first General Secretary of Congress – reading the Hartley Street Clinic sign with a man whose name we don’t know.

Do you know this man’s name? Can you tell us? Leave a comment, or email [congress.history@caac.org.au](mailto:congress.history@caac.org.au)

From the information on the sign, what differences can you see between Congress services then and now?

### Research update

The following research projects have been approved by the Board:

- Investigating B Cell & T Cell Immunity to SARS-COV-2 In Aboriginal And Torres Strait

Islander Populations. Dr Jane Davies, Menzies School Of Health Research

- Neurodevelopmental Assessment Of Aboriginal Children And Young People (NAACYP) – Outcomes. Congress Youth And Assessment Team

### **Male Lead Cultural Advisor position supported**

In line with Congress' strategic commitment to being a culturally responsive organisation, the Board has supported the introduction of a male identified lead cultural advisor position. This position will operate alongside the existing lead cultural advisor role held by Sabella Turner. The purpose of this position is to provide advice to the organisation on cultural matters to ensure that Congress is operating in a culturally responsive way across all operations from service delivery to communications.

### **Aboriginal Health Practitioners at Congress**

At the April meeting, the Directors discussed the importance of Aboriginal Health Practitioners (AHPs) in Congress' service delivery, and the issues that arise in maintaining this workforce.

This conversation is being had in other contexts too. At the recent AMSANT meeting, it was agreed to oppose moves being made towards increasing the qualifications required for AHPs. Currently, AHPs must obtain a Certificate IV level qualification, however it is proposed that this be increased to a Diploma.

Congress currently has five funded AHP trainee positions, supported by a qualified AHP Training Coordinator. This continues to be a workforce priority for the organisation.

### **Indigenous Voice to Parliament**

At the April meeting, the CEO outlined the main parts of Congress' proposed submission to the Indigenous Voice Co-design Process.

At its centre is the submission that the Uluru Statement from the Heart should continue to be supported, as it includes a voice to parliament that is enshrined in the constitution. There must be bipartisan support on this issue across all levels of government. What must be avoided is the formation of a powerless, under resourced body. The submission makes clear that this is not a time for compromise and raises the issue that the Co-design proposals contain no commitment to substantive, structural change.

You can read Congress' submission on our website.

### **Migration to single clinical information system**

The Board was presented and supported a proposal to migrate Congress' remote service clinical information systems to a single system. Improvements in the speed and reliability of internet access mean that this move can and should take place, creating efficiencies and better service provision to Central Australian Aboriginal people.

### **Human Resources report**

The Board was presented with a report from the Human Resources General Manager, outlining the current situation with staffing levels. Congress has grown in staffing numbers considerably, with 448 staff currently employed. There are an additional 70 current vacancies. This increase in numbers and the infrastructure required to support it is a subject of discussion by the Executive team. The area of growth is predominantly in clinical areas, in degree qualified health professionals. Unfortunately, an impact of this is a reduction in the proportion of Aboriginal staff, which is a challenge for the organisation.

### **Five Year Action Framework report**

The Board was presented with a progress report against the Five Year Action

Framework. The Directors note that there has been good progress in comparison to previous years in terms of actions completed. The key achievements in the last 12 months included:

- Leading the way through the COVID pandemic including:
  - Educating the Aboriginal community about the potential catastrophic danger that COVID threatened
  - Rapidly changing the Congress clinical services model to a telehealth, outreach approach with triage in all clinics
  - Establishing one of the first GP Respiratory clinics in an Aboriginal community controlled health service with rapid point of care testing
  - Advocating for key public health measures such as the "test and contain" model for protecting remote communities in the event of an outbreak, border controls, supervised mandatory hotel quarantine and other measures
- Obtained substantially increased funding totaling \$4.5m per year across a wide range of areas
- Playing a leading role in the development of the new National Aboriginal & Torres Strait Islander Health Plan
- Successfully completing the work required to fully implement the transfer of three NTG clinics to Aboriginal community control in a Central Australian region
- Working with AMSANT and NACCHO on the new Closing the Gap Agreement
- Led the development of the Central Australia and Barkly Region Aboriginal Climate Justice Alliance
- Successfully securing ongoing funding for the Child Health and Development Centre
- Successfully securing philanthropic funding for a health housing officer
- Successfully securing funding for a new regional community controlled podiatry and diabetes nurse educator service
- Achieved NDIS accreditation for the first time

- Continued to write many significant policy submissions
- Successful funding and implementation of the Congress History Project
- Successful implementation of the FASD Prevention Program
- Successfully maintained and managed multiple funding sources for the Child Youth Assessment & Treatment Service
- Successfully securing funding for the establishment of a male lead cultural advisor position
- Leading the development of the NT Primary Health Network so that it better supports Aboriginal community controlled health services
- Leading the NT Child & Families Tripartite Forum which has established a new integrated, pooled funding model for child and family services and an additional investment in family support services
- Successfully obtained funding for the first ever graduate nurse program over 3 years

### Re-appointment of Independent Director Primary Health

The Congress Member Directors made a decision to reappoint Professor Peter O'Mara for a further two year term as the Independent Director Primary Health Care,

in accordance with the process set out in the Congress Rule Book and Board Governance Charter. Professor O'Mara has already served on the Congress Board for four years and we look forward to Professor O'Mara's further contribution over the next two years.

### COVID-19 vaccinations

Vaccination against COVID-19 remains a priority for Congress and for our community. The rollout has been challenging, with changes to information, policy and perception meaning that some people are reluctant to get themselves protected against this dangerous virus. However, Congress' message is clear- if you are able to get vaccinated, you should do so as soon as possible. Don't wait until it is too late.

As travel within Australia is promoted more and more, more visitors come to Central Australia. With them, they bring the risk of spread of COVID-19. If COVID-19 was to come to our communities before they are vaccinated, the outcome would be devastating. Vaccines stop you getting very sick from the virus - so sick that you could go to hospital or even die.

Pfizer vaccine is now available for Congress clients aged 16 years and over. Call 1800 570 688 to book at the Gap Vaccine Clinic, or walk in appointments are available. The Pfizer vaccine has been given over 1.5 million

times in Australia, with no blood clotting complications. There is no reason to wait, get vaccinated as soon as possible.

### Updates from the CEO

#### Meeting with NT Police Commissioner

There was a joint meeting held with the NT Police Commissioner Jamie Chalker, Central Land Council and Mutitjulu Community Aboriginal Corporation in response to two incidents at the Mutitjulu clinic. Lots of issues and complexities were discussed, including delays in police response times, reluctance in reporting crimes and the need for anonymous reporting. There is a follow up meeting planned and commitment to continue to work to improve issues for community.

#### NDIS accreditation

Following a successful audit, Congress has been advised that we have achieved full accreditation as an NDIS service provider. This will enable us to provide important services to our community.

#### Central Australia and Barkly Region Aboriginal Climate Justice Alliance

This recently established alliance promises to be an important advocacy collaboration uniting major Aboriginal organisations in an effort to achieve real changes on climate. This includes extreme weather events, warming climate, water security, housing, loss of biodiversity and direct health consequences such as deaths from heat stress and global pandemics.

The Board has identified these issues as a priority for Congress to take action on. On this issue, the best way forward is through collaboration with other Aboriginal organisations in different sectors and we look forward to reporting the progress and actions achieved through this collaboration.

**The next meeting of the Congress Board is 1 July 2021.**



Director, Michael Liddle being vaccinated by Dr Jessica Johannsen, alongside CEO Donna Ah Chee; Cultural Lead, Sabella Turner; community member, Paul Ah Chee and AHP Training Coordinator Lynnette O'Bree, while the media capture the moment.