



CENTRAL  
AUSTRALIAN  
ABORIGINAL  
CONGRESS  
ABORIGINAL CORPORATION  
ICN 7823

# Board Communiqué

## ISSUE 48: JUNE 2022

## Werte!

The following topics were discussed at the last Congress Board of Director's Meeting, held on 9 June 2022:

- June Board meeting at Yulara
- Governance
- Congress Budget 2022/23
- Human Resources Report
- Research Applications
- **Updates from the CEO**
  - COVID-19 and the flu
  - Election commitments from the Australian Labor Party
  - Aboriginal organisations lobby for time for communities to decide about APAs
  - Congress meets with Australian Digital Health Agency (ADHA)

The next Congress Board of Director's Meeting will be held on 4 August 2022

### June Board meeting at Yulara

As part of its commitment to remote areas and given Congress' expansion to undertake three new clinics at Yulara, Imanpa and Kaltukatjara in 2023, Congress held the June board meeting at Yulara welcomed by Congress Director Dorethea Randall who is a resident of Mutitjulu.

This visit provided an opportunity for the Congress directors to visit the Mutitjulu Clinic. The directors were highly appreciative of the visit and clinic tour, facilitated by Mutitjulu Community Health Service Aboriginal Corporation Chairperson Gary Cole and Director Dorethea Randall with the support of our clinic manager Kimberley Williams.

### Governance

The Congress Board is committed to training and good governance. In line with this commitment, the directors undertook a governance training workshop at the start of the meeting. There was also a workshop on 'Understanding Congress Financials' delivered by General Manager Business Services, David Busuttill.

The Congress Board Governance Charter states that an external review should occur generally every couple of years. To fulfil this important measure, the Board agreed to engage an external review of board and director performance in the next financial year.

### Congress Budget 2022/23

At the June meeting, the Board approved Congress' budget for the next financial year. Notably, the budget has increased in line with the organisation's growth. The 2022/23

budget contains income and spending on important strategic developments, including the transfer of clinics to be operated by Congress (formerly NT Health) in Yulara, Imanpa and Kaltukatjara.

### Human Resources Report

Congress' headcount continues to reflect the growth of the organisation with more than 500 staff employed. Of this, we are pleased to report that the number of Aboriginal staff members has increased to the highest count ever at 208. Work is being done to ensure that the percentage of Aboriginal staff in the organisation increases at the same rate as non-Aboriginal staff.

It has been a challenging period to maintain all services and programs as many parts of the organisation are being impacted by unplanned leave due to COVID-19

### Research Applications

The Board approved the following research project:

1. *The eGFR3 Study: A prospective longitudinal, cohort study on chronic kidney disease progression in Aboriginal and Torres Strait Islander Adults.*

# Worried about LONG COVID ?

Long COVID can mean that you feel weak, tired and in a “brain fog” for months after getting the virus.

Even people who get a mild COVID-19 infection and did not need to go to hospital can have long COVID.

PROTECT YOURSELF!

PROTECT YOURSELF!

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## Updates from the CEO

At the June meeting, the Board was provided with the following updates from Congress CEO, Donna Ah Chee:

### COVID-19 and the flu

Despite the government announcement of the Declaration of Emergency in the Northern Territory ending, the COVID-19 pandemic continues to infect – and reinfect – many people in the community. People are living as if it is over, or as if we are now in a new phase where the virus has become much less dangerous.

This is not the case. COVID is either the leading cause of death in Australia or the second leading cause of death after heart disease each week.

Most of the people dying are older people and given that simple measures could prevent many of these deaths it is not acceptable. Additionally, the long term risks of COVID have become clearer, especially in terms of the increased risk of heart attacks, sudden death, type 2 diabetes, and reduced brain functioning after infection. These are all much bigger concerns amongst Aboriginal people in Central Australia.

On top of all of this, Influenza (the flu) is in

the community and it has been the biggest start to the flu season ever.

It is hard to understand why authorities have backed away from enforcing very effective and unintrusive public health measures like indoor mask mandates and serious action on indoor ventilation. These measures would make a big difference and prevent many deaths. Just because people are older does not mean their lives should be cut short without trying to do more to prevent it.

This leaves us to make our own decisions. Congress’ advice continues to be the same: protect yourself and your family the best way you can against getting infected or reinfected with COVID-19 and the flu. Have the full course of vaccinations, including your flu shot. Wear a mask in crowded indoor places. Have gatherings outside if you can. Stay three big steps away from others. Don’t share drinks or smokes. And, if you are sick get tested and stay home.

### Election commitments from the Australian Labor Party

The election of the Albanese Labor government along with Marion Scrymgour for the seat of Lingiari holds much promise for the health development of this region.

As reported ahead of the election, the party made several major pre-election commitments for Central Australia, including commitments to fund major health infrastructure at Congress, both in town and remote. These include a commitment for a new clinic for Mutitjulu (\$7.5 million), a substantive upgrade for Ltyentye Apurte (\$2 million) and \$10 million towards the redevelopment of the Health Hub at 127 Todd street.

In addition to this, the road to Ltyentye Apurte and the Mereenie Loop road will both be upgraded and sealed. There will be \$14 million for new services in Alice Springs to combat youth crime and to redevelop the Gap Youth Centre. Promises on remote area housing, including homeland housing, are also very significant. Finally, a commitment to create 500 Aboriginal health worker and Aboriginal health practitioner traineeships over the next 4 years has the potential to revitalise these key roles and create a lot of employment for Aboriginal people. Now the dust has settled after the election, Congress looks forward to the developments becoming reality.

# Worried about THE FLU ?

Influenza (the flu) is in our community. It’s a nasty virus that can make you very, very sick.

The flu can be dangerous, especially for children, older people and people with chronic illnesses

PROTECT YOURSELF!

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## Aboriginal organisations lobby for time for communities to decide about APAs

Recently the NT government passed a bill that will see the end to the Alcohol Protected Areas (APAs). This will mean that people living in these areas – including town camps, some remote communities and many remote living areas – will once again have full access to take-away alcohol unless communities decide to “opt in” before 16 July.

In partnership with AMSANT, Northern Australia Aboriginal Justice Association, Danila Dilba Health Service, Aboriginal Housing NT and others, Congress has continued to advocate for the provisions to be extended for two years while a proper consultation can occur which allows all these areas to “opt out” in an informed and measured way – if that is what the community decides. The NT government has chosen to ignore these requests claiming that the Alcohol Protected Areas are “racist” and can’t be continued. A lot of additional alcohol related harms will be caused as a result if this decision is not overturned.

As far as Congress is aware, no consultations have commenced with

affected communities and any attempts at consultation between now and the 16 July deadline could only be seen as rushed and inadequate. We continue to work in partnership with other Aboriginal organisations to get the current decision changed from an “opt in” to an “opt out” process that provides adequate time for people to make an informed choice after proper consultation.

### Congress meets with Australian Digital Health Agency (ADHA)

The Chair and CEO of the Australian Digital Health Agency (ADHA) made their way to Alice Springs in May to meet and discuss some of the key issues facing remote health. Congress Medical Director, Dr Sam Heard sits as an independent member on the ADHA board and has advocated for some time for this meeting to take place.

The meeting was attended by members of the Congress Executive, who were able to advocate the following:

- Remote areas have the most to gain from advances in digital health but presently have the poorest connectivity. Although low orbiting satellites will soon solve this problem, cost of the connection must be affordable and national minimum

standards must be put in place to ensure that there are adequate download and upload speeds. This is also a legal requirement.

- The Shared Electronic Health Record is very important to Congress and has helped to improve health care, especially to more transient clients. There are ways this can be further improved especially in relation to accessing pathology reports and achieving shared electronic care plans – an ideal situation in cohesive service delivery.

- There is great potential for digital technology to relieve the pressure on remote health teams through better capacity and capability for video telemedicine technology. This could enable enhanced after hours services using on call GPs from town with access to patients in remote that can enter a digital clinic that enables video conferencing, vital observations, access to medicines and more.

This meeting was valuable. On its basis Congress has been invited to present to the full ADHA board and their five advisory committees to further this important conversation.

# PROTECT YOURSELF!

## The best way to protect yourself from COVID (including long COVID) and the flu is by:

- Making sure you are up to date with the full course of vaccinations for COVID-19 and the flu
- Wearing a mask in crowded indoor places
- Staying three big steps away from others
- Having gatherings outside if possible
- Not sharing drinks and smokes
- Getting tested and staying home if you're sick



**Clinical Services: 1800 142 900**  
**COVID-19 hotline: 1800 514 400**  
**[www.caac.org.au](http://www.caac.org.au)**