



CENTRAL  
AUSTRALIAN  
ABORIGINAL  
CONGRESS  
ABORIGINAL CORPORATION  
ICN 7823

# Board Communiqué

ISSUE 35: MAY 2020

## BOARD MEETING WRAP

## Werte!

The following topics were discussed at the last Congress

**Board of Director's Meeting, held on 23 April 2020:**

- Introduction
- Advanced Training in Remote Indigenous Health
- Risk Report 2020
- Report against 5-year Action Plan 2019 – 2023
- Approved applications for research projects
- A summary of Congress' response to the COVID-19 pandemic

The next Congress Board of Director's Meeting will be held on 18 June 2020

We apologise for the delayed delivery of this Communiqué. Our response to the pandemic has taken priority in some areas, and we appreciate your understanding.

### Introduction

The Directors gathered for their scheduled meeting, keeping in mind the very important guidelines put in place to ensure safety through physical distancing. Due to restrictions to travel, Deputy Chair Dorethea Randall attended the meeting from Mutitjulu using video conferencing, as did Taren Williams Congress's other Remote Director from Ntaria, as well as our independent directors who live interstate. It is very useful to be able to meet like this, with technology allowing us to continue our important business of providing essential health services, which has never been more vital than now.

This update includes updates on Board related matters and recent Congress business, and also contains information on how Congress adapted during the pandemic.

### Advanced training in Remote Indigenous Health

The Advanced Training in Remote Indigenous Health is an exciting education program that has been developed for GPs to improve service delivery in Aboriginal communities in remote Australia. The program focusses on providing community specific skills and engagement, including language and includes a year's training with resources to be within a particular community for a doctor for the year. The Government and Flinders University have supported the program and will provide Congress with the funding for their training year. It is hoped that the program will make a big difference to the delivery of medical care in the future and is part of the start of raising the bar of Aboriginal health and and tailored care for Aboriginal people.

### Risk report 2020

At the April meeting the Directors were presented with a report from external auditor, Price Waterhouse Cooper (PWC). The representative from PWC provided a thorough and overall positive report, remarking that the structures within Congress for managing risk are the best he has seen within the Aboriginal community controlled health service sector. In particular, he highlighted that our managers have a clear understanding of their functions and that we use the risk register well. There are of course areas recommended for improvement, and plans are already being made to implement these improvements.

### Report against 5-year Action Plan 2019 – 2023

At the time of formulating Congress' current Strategic Plan, a reporting framework was designed to ensure that operational progress against strategic goals was measured. Reports are provided to the board every six months for internal purposes. The most recent report showed good progress against internal key performance indicators (KPIs), with a large majority of these being completed or substantially on track. Some successes include advocacy and Board meeting KPIs as well as membership numbers exceeding the goal of 1000 members.

### Approved applications for research projects

The Congress Board of Directors resolved to approve the following new applications for research:

- **Supporting a more inclusive model of care: incorporating the voice of women and their families in care during and after a pregnancy complicated by diabetes;**
- **HTLV-1 in the Centre: A longitudinal Study on HTLV-1 and associated conditions among Aboriginal people in Central Australia**



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## A summary of Congress' response to the COVID-19 pandemic

The Congress Board of Directors has been involved in the response to the COVID-19 pandemic with regular meetings between Congress Chairperson Graham Dowling and CEO Donna Ah Chee. The Board of Directors also held an emergency out of session meeting on 16 April 2020 where Congress's pandemic response was discussed in detail with the Board.

Congress' objective throughout this pandemic has been to maintain vital comprehensive primary health care services while reducing the risk of COVID-19 transmission in the community. Services were realigned in order to control the pandemic and to facilitate physical distancing while at the same time ensuring we maintain all of our essential services and programs.

When the Pandemic was announced, Congress immediately established senior operations and control groups to meet daily to ensure strategic and operational decision making was being made in a timely way, considering the rapidly changing environment.

Congress' approach has been informed by the overarching Congress COVID-19 Action Plan (maintained weekly), as well as the Pandemic Service Model which is the blueprint for our service realignment. This included a detailed analysis of all services and programs and how they are delivered currently or in the event of community transmission and in the event of a full lockdown of the NT. At its peak, the plan included:

### • Maintaining services:

- » All Congress clinics remain open for essential face to face consultations.
- » A call centre & COVID 19 Hotline to direct client calls to most appropriate service and reduce clinic presentations.
- » Triage of clients who do present

to clinics and assess for COVID-19 symptoms. Clients are then referred to the (then) Pandemic Clinic or regular clinic (telehealth or face to face).

- » An outreach Pandemic Clinic staffed by GPs and RNs/AHPs was established. Clinicians attended clients' homes to assess and swab for COVID-19.
- » Telehealth practice was enabled for GPs and psychologists (phone and video calls) into everyday operations.
- » Nurses, AHPs and Allied Health staff provided outreach services for routine assessments, chronic disease management, antenatal checks etc.
- » A mobile pharmacy service delivered routine medication for all of our clients.
- » Most of our over 65 year old clients received flu vaccinations and pneumovax check at home. Outreach and clinic access to flu vac was provided to other ages when the medicine became available
- » Services for elderly clients housed across two nursing homes used a mix of telehealth and face to face (if needed) conducted by staff at reduced risk of exposure.
- » Child and family services were maintained and with contingency through partial telehealth service if community transmission occurred.
- » Remote services were bolstered, including long term placements of allied health staff to our remote clinics and upskilling town-based nurses to work in remote clinics.
- » Health professionals were required to do two weeks quarantine in Alice Springs before they can work in any remote community, prior to legislation

### • Pandemic Response:

- » A multidisciplinary Quarantine Team supported clients to adhere to quarantining and isolation rules, including daily temperatures, symptom checks, and medical care as needed. The team also provided very practical social and cultural support including assistance with Centrelink issues and Nangkaris as needed. The team worked with NT Territory Families and the NT Department of Health.
- » A Contact Tracing team was set up in preparation in the event of any Aboriginal cases of which there have been none so far. A response in the event of remote

Aboriginal community transmission, based on the successful "test and contain" strategy in Vo in Northern Italy, was developed in partnership with AMSANT.

- » A position paper on a graduated approach to quarantine was developed to try to get a consistent approach to this critical intervention.
- » A position paper on a risk stratification approach to suspect cases was developed to try to get a more consistent approach on how we manage high risk, moderate risk and low risk suspect cases.
- » A pandemic communications team was established to focus on informing community and staff about COVID-19 prevention in language and service redesign through available media channels (social media, radio etc)
- » Health Promotions team actively promoted physical distancing and education on reducing the risk of COVID-19 e.g. hygiene, not sharing drinks and smokes to community, providing outreach to all town camps and hostels.
- » A dedicated COVID-19 transport service was established made up of young drivers under the age of 30.
- » A dedicated, specialised COVID-19 cleaning team was been established to complement the existing cleaning team who have also been upskilled to ensure routine cleaning is being done at a higher level.
- » We were subsequently funded to provide enhanced testing across the whole community (including rapid testing) through outreach and a 'drive-up' clinic. All people who have even mild symptoms are encouraged to get tested so we can identify any outbreak and respond quickly through isolation and contact tracing.

### • Other services:

- » The establishment of National Disability Insurance Scheme teams is still underway.
- » Our active research projects were suspended.



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### · Protecting staff:

We undertook an analysis of our workforce and determined staff who are over 50 years old (Aboriginal) and over 60 years old (non-Aboriginal) with known chronic disease, and all staff over 70 so that plans can be activated in the event of community transmission to remove them from workplace exposure. As yet this has not been necessary as there is no community transmission of the virus in Alice Springs or anywhere in the NT.

### · Public health advocacy:

Working with AMSANT, Land Councils, NACCHO and other Aboriginal organisations, Congress has advocated for strong public health measures within the Northern Territory and in Central Australia, including restricted movements across State and Territory NT borders, supervised quarantine in motels with security, increases to Newstart and waiver of compliance requirements for CDP and access to testing for COVID-19 in all regional hospitals in the NT and at the point of care. These have been key measures in containing the virus and to date the Northern Territory is one of the few jurisdictions that has had no reports of community transmission.

Additionally, we continue to work together to advocate for support measures for Aboriginal communities during this time. This includes the introduction of a point of sale food subsidy in return for a price guarantee and other measures.

### · What's next?

As services restore to the 'new normal', Congress is implementing safety practices such as sanitising stations at every site for all visitors (clients or otherwise) along with a strong no cold/flu symptoms culture. Clients with symptoms will be encouraged to call our COVID-19 hotline on 1800 514 400 to organise testing.

It is so important that we don't become complacent about hand and cough/sneeze hygiene and physical distancing, especially as movement between communities (and eventually states and territories) commences after June 5. This virus is still a threat to our community, and we can protect our mob if we follow advice from trusted sources.

Next meeting of the Congress Board of Directors is June 18 2020.

**Stay well – and remember...**  
**Protect our mob, get a swab!**

## Proof of Aboriginality applications

Please be reminded that requests for Proof of Aboriginality are only able to be assessed by the Congress Board of Directors at our scheduled Board meetings.

## Update your details

It is important that we have the right details recorded in our membership register so that we can contact you the right way, and for accountability.

These are separate to your clinical records at Congress. Because your privacy is important to us, we never access your medical records for membership business.

You can help us make sure your details are up to date by emailing [membership@caac.org.au](mailto:membership@caac.org.au).

Remind your friends and family too!

Some examples of public health education produced by Congress during the pandemic

# PROTECT OUR MOB,

## GET A SWAB!

**Are you feeling unwell  
with a cold or flu-like  
symptoms?**

**You may be able to be  
tested for coronavirus.**

To talk about getting  
tested call **1800 514 400**.  
The doctor will talk to you  
about what to do next.

You can also visit the  
clinic at 127 Todd St  
(old Memo Club, near the  
second-hand shop)  
Mon-Fri from 8.30-11am

