



CENTRAL  
AUSTRALIAN  
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ABORIGINAL CORPORATION  
ICN 7823

# Board Communiqué

ISSUE 38: OCTOBER 2020

## BOARD MEETING WRAP

## Werte!

The following topics were discussed at the October meetings of the Congress Board of Directors, that took place across 1 and 15 October 2020.

- Audit Report
- Update - 127 Todd St
- Five-year action plan report
- Water Security
- Research Subcommittee
- Congress Arrurlenge – History Project Update
- From the CEO
  - » COVID-19
  - » National Aboriginal and Torres Strait Islander Implementation Plan Advisory Group (IPAG) meeting
  - » Submission to the consultation paper on the National Preventive Health Strategy

The next Congress Board of Director's Meeting will be held on 25 November 2020

### Audit Report

A representative from external auditors BDO attended the Board meeting to explain the outcomes of the audit of the annual financial statements. There have been some recent changes to the accounting standards which were adopted by Congress. Despite the changes due to the new accounting standards there are little changes to the balance sheet which is testament to the hard work of the finance team. Congress is in a good financial position, and is solvent and compliant.

### Update – 127 Todd Street

After an extended period of consultation and consideration the Board is pleased to advise that there has been progress made in a direction for the 127 Todd Street development. This has taken some time, which is reflective of the diligence applied to the process and its feasibility now and in the future.

At this stage the general plan is to clear the land and reconstruct a fit for purpose complex to suitably accommodate the organisation's needs.

Our property advisor has been commissioned to present final costings and plans for development consent in the new year. We look forward to providing updates as this exciting project proceeds.

### Five-year action plan report

This report monitors actions that are directly linked to the Strategic Plan, and is the way that the Board tracks progress towards the strategic objectives of the organisation. Congress is meeting targets across most priority areas, but will seek to improve in some human resource areas including staff engagement (through three monthly development and engagement

conversations between line managers and staff) and attendance at mandated cultural awareness training, which we believe to be impacted by COVID-19.

As part of the five-year action plan, a demographic report on the town based population has been prepared to examine the changing nature of the population and any gaps in services, programs and advocacy due to emerging needs. The report, based on population data back to 2015/16 shows that the permanent Aboriginal population is roughly the same although visitors from remote communities have increased significantly. Based on data over the last decade, it also shows large increases in people living with chronic disease. This is partly because people with chronic disease are living longer which is good news. For example, the survival rate for Aboriginal people with kidney disease on dialysis is the best in Australia and the treatment for early kidney disease has also improved. The burden of diabetes amongst our client population has gone up nearly 50% and heart disease 30% but again people are living longer with these conditions due to high quality health care. Importantly, the workforce across our clinics has more than doubled over this decade which has increased well in excess of the increased demand for clinical care from chronic disease.

Ten years ago there was an awareness that Congress needed to plan to meet the increased demand for clinical services due to chronic disease and there were plans for a multi storey expansion for Gap Clinic. However, we then decided to build decentralised clinics instead to create clinics that serve smaller populations and can provide greater continuity of care with an enhanced multidisciplinary workforce. In 2020, we now more than double the full time equivalent clinic workforce going from 82 to



172 FTE staff. These staff are now working across 57 clinic rooms across all of our town clinics, however 10 years ago this was 22 clinic rooms.

Congress then focused on increasing access to allied health care, as well as continuity of care. This area still has some gaps and we are hopeful that funding will be gained to bridge this soon in terms of increased podiatry and diabetes nurse educators.

The Southside population is currently being well serviced through the Gap clinic but they do have a slightly higher level of chronic disease and a slight underutilisation of our clinical services. Measures are being explored to better service people living in this area, including things like a dedicated Pitjantjatjara speaking ALO and other dedicated staff.

The major area of unmet need is in early childhood. There is a need to increase child health checks and ASQ-Trak developmental screens and we now have the capacity to do this within existing resources. There is a significant and urgent unmet need in the assessment of children and young people for neurodevelopmental disorders as there is a large waiting list for these assessments. This will require ongoing efforts to attract increased funding. There is also a significant unmet need in access to centre based Child Health and Development support for vulnerable children from 6 months to 3 years

Finally, there is the continuing need to better address key underlying social determinants of the increasing chronic diseases in our population. This includes poverty and inequality, intergenerational trauma, overcrowding, food security and obesity and other social determinants. We are managing to more than address the increased need for health care for the additional people with chronic disease

but we need to do more to prevent the development of these diseases and this requires the organised efforts of organisations across many different sectors.

The same analysis is being prepared for our remote clinic populations.

### Water Security

Congress has adopted a report and position developed on water security by the Arid Lands Environment Centre (ALEC)

There aren't any minimum standards for drinking water or requirement that government provide safe drinking water. The Northern Territory doesn't have a Water Act.

The four key elements of the ALEC paper are as follows:

- » The need for the introduction of a safe drinking Water Act.
- » An independent Northern Territory body to investigate and ensure that water allocation is fair and equitable;
- » Better coordination of all government organisations; and
- » Bear in mind climate change, and that water resources don't recharge like they used to, given less rainfall.

We look forward to advocating strongly with community partners to urge the Territory Government to commit to the measures required to ensure water is accessible for our people.

### Research subcommittee

Congress staff are spending 83% of hours on internal projects with the rest on external projects, so we are doing well at prioritising Congress research projects.

The Board of Directors approved the following research applications:

- » Hep B Past – Partnership Approach

to Sustainably Eliminating Chronic Hepatitis B in the Northern Territory. Dr Jane Davis, Menzies School of Health Research.

- » Sustaining the Northern Territory Diabetes in Pregnancy Clinical Register for Continuous Quality Improvement. Professor Louise Maple-Browne, Menzies School of Health Research.
- » Expression of Interest: Evaluating an Aboriginal Youth led Model for Enhanced STI Testing, Treatment, Retesting and Health Promotion Among Young Aboriginal People In Central Australia. Dr Stephen Bell, UNSW.
- » Expression of Interest: Centre for Research Excellence: Strengthening Remote Primary Health Care. Dr John Wakeman, Menzies School of Health Research.
- » Expression of Interest: Supporting People Who Are, Or Have Been, In Contact with The Justice System In The NT To Be Smoke Free. Dr Marita Hefler, Menzies School of Health Research. (NHMRC Partnership Grant)

### Congress Arrurlenge – History Project Update

'Congress Arrurlenge' means 'Congress from a long time ago'. This is the name for the Congress History Project. Congress was formed in 1973 by Aboriginal people in central Australia to support and advocate in the struggle for justice and equity. Over nearly 50 years, many people and organisations have helped Congress advocate strongly and also provide comprehensive health services. Congress Arrurlenge will help ensure these contributions are recognised and respected. The project will make Congress history more accessible to the Congress community and stakeholders.



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It will help people share their personal memories of Congress and publish photos and documents to tell the Congress story online. The Congress Arrurlenge team is now coming together. Jocelyn Davies is the team leader, Glen Sharpe and Jordan Mack are research assistants, and Teresa McCarthy is the project's archive officer. The team is working closely with Arrurlenge Arntanta-areme (ARRA) a group of Congress Aboriginal staff who provide the project team with advice for cultural safety. The group's name reflects this role: it means 'watching over' or 'looking after' Congress Arrurlenge. ARRA's members are Sabella Turner, Kumantjaye R. Walters, Glen Sharpe and Angela Hampton.

### CEO Report to the Board

#### COVID-19

The Territory continues to do very well in terms COVID-19 and we have not had any cases for many months. Congress continues to be very active in raising issues of concern directly with government and/or the Chief Health Officer (CHO) either directly or through the Public Health Advisory Group. Congress has been working in collaboration with the Central Australian Health Service and the police to conduct remote community education sessions on the remote response strategy. Some meetings have been more effective than others, and these communities will have follow up sessions to ensure that the

message is understood by all. In addition to this, Congress has been working with Tangentyere Council to hold meetings in all of the town camps on the response plan. Some meetings have been backed onto the AGMs for the local housing associations and this has ensured very good attendance. At a number of meetings community leaders have commented that they really feel that Congress has been doing a great job at "watching their backs" keeping them informed and protected them from COVID-19.







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### **National Aboriginal and Torres Strait Islander Implementation Plan Advisory Group (IPAG) meeting**

Congress CEO Donna Ah Chee attended the National Aboriginal and Torres Strait Islander Implementation Plan Advisory Committee meeting (IPAG) by video conference last month. The outline and first draft of the revised national Aboriginal health plan is looking very good. The plan makes specific reference to the key social determinants of health including early childhood development, community and family safety, education and youth, employment and income, racism, housing, environment and infrastructure, interactions with government systems and services, law and justice, poverty, food security, experiences with alcohol, tobacco and other drugs. It will be important, as the plan develops, that these issues are properly addressed.

### **National Aboriginal and Torres Strait Islander Implementation Plan Advisory Group (IPAG) meeting**

The Australian Government is developing a 10-year National Preventive Health Strategy. An Expert Steering Committee which includes NACCHO has been established to oversee the development of the Strategy. A Consultation Paper has been developed, setting out what the Strategy will aim to achieve and conceptually how this might be done. The Government requested feedback on the Consultation Paper to inform the development of the Strategy. Congress provided feedback on the Consultation Paper last month, through an online feedback process. The key points of the submission were all drawn directly from submissions or positions previously approved by the Congress Board of Directors, including those on poverty and inequality, childhood development, future infectious disease outbreaks, food security, alcohol and the strength in community control.



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## **NOTICE OF ANNUAL GENERAL MEETING**

**to be held on Thursday 26 November 2020 at  
10.00am 32 Priest Street, Alice Springs**

### **AGENDA**

- Welcome
- Apologies
- Checking the Register of Members
- To receive and approve the minutes of the previous Annual General Meeting held on 28 November 2019.
- Tabling of 2019/2020 Annual Report and any other reports.
- Auditor fees.
- Declaration of Member Director Appointments.
- Vote on a special resolution about Director remuneration.
- Any other business (including questions by members).

**Refreshments to be provided.**

**All Congress members are invited to attend.**

**THIS NOTICE HAS BEEN APPROVED BY  
THE COMPANY SECRETARY, ISOBEL MILNES.**

**[www.caac.org.au](http://www.caac.org.au)**

### **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).