



COOMEALLA HEALTH
ABORIGINAL CORPORATION



WHO WE ARE:

Coomealla Health Aboriginal Corporation (CHAC) is an Aboriginal Community Controlled Health Organisation that serves the communities of Wentworth, Dareton, Buronga, Gol Gol, Euston, and Balranald with multidisciplinary primary health care services, that are led by Aboriginal Health Practitioners and bring together the range of clinical and non-clinical services around our clients.

Our AGPAL accredited practice employs 26 staff including Aboriginal Health Practitioners/Workers, General Practitioners, Nurses, Allied Health professionals, Social Emotional and Wellbeing workers as well as a team of non-clinical administrative staff including drivers and receptionists.

Over the years CHAC has continued to focus on providing services to the community, when and where needed. To this effect, CHAC has expanded the range of services and was able to open a service in Wentworth to provide much needed GP and Health Services. The partnership with Wentworth Shire Council and Bendigo Bank was pivotal in ensuring the opening of this services and a range of partners have continued to provide support to ensure the sustainability of both sites.

CHAC has a proud history of serving the Aboriginal communities of the Wentworth and Balranald shires for 30 years and this anniversary was acknowledge in November 2022 with a community celebration to ensure everyone including the Board, our valued partners and community members could celebrate this milestone.

CHAC endeavours to continue delivering quality and much needed services to the community within the scope and set goals in this plan and will ensure a stronger organisation with a greater capacity to meet the community's needs.

Our work and how we do business reflects our values, which are:

COMMUNITY CONTROL	Without the community, we don't exist. We consult with our community, and we listen to them in all aspects of our work and act on their feedback. We support the community with advice to make the best decisions possible for their own health and for the organisation
QUALITY	We aim to always deliver the best quality services to our patients, complying with all policies and procedures, accreditation, and legislative requirements. We encourage our staff to continuously improve and grow
RESPECT	We respect one another, our partners, and our community. We do not discriminate based on race, gender, religion, education, age and or disability. We communicate openly and honestly and respect each other's points of view
CENTRING ABORIGINAL VOICES	Aboriginal people are experts in their own lives and health and are empowered to take control of their own health. Our health service is where our culture and history meet with western medicine and health services and both are of equal importance and value.
ABORIGINAL HEALTH PRACTITIONERS – OUR CENTRE	Aboriginal Health Practitioners are what sets our sector apart from the mainstream. We centre our systems and processes around the Aboriginal Health Practitioner, who are our 'first port of call' and undertake the planning and coordinating of care for our clients both with our internal clinical team and the broader health sector

OUR VISION:

Our vision is **Working together for a Healthy, Strong, and Proud Aboriginal community**

OUR MISSION:

We achieve our vision by delivering comprehensive primary health care services to approximately 15,000 people in the communities of Wentworth, Ellerslie, Pooncarie, Dareton, Buronga, Gol Gol, Euston, and Balranald.

WHAT WE DO:

At CHAC, we work as a team to make our vision a reality by pursuing our strategic objectives. Our strategic objectives are broken down into the four key elements of our vision, which are:

Strategic Objective 1: Working Together

Strategic Objective 2: A Healthier Aboriginal Community

Strategic Objective 3: A Stronger Aboriginal Community

Strategic Objective 4: A Prouder Aboriginal Community

Under each strategic objective, the CHAC Board of Directors set specific goals which the organisation will pursue toward that objective and in turn toward our vision.

Strategic Objective 1 - Working together

We cannot achieve CHAC's goals and vision without working in partnership with the community and the key agencies in the Wentworth and Balranald Shires. The objective of Working together reflects CHAC's commitment to foster strong relationships with our stakeholders to work towards our common goals of improving the lives and wellbeing of Aboriginal people.

Goal 1 - Continue to consult with and respond to community.

Actively involve the Aboriginal community and Elders in the planning and implementation of our health- and social emotional and wellbeing programs as the foundation for quality care and integration of our services

Goal 2 - Further expand CHAC membership

Frequently runs annual membership drives which highlights the benefits of membership and allows access to an easy application process for membership

Goal 3 - Continue to foster and build new partnerships with key agencies

Goal 4 - Continue to deliver quality services at both Dareton and Wentworth



Wentworth Shire Council mayor Melisa Hederics, Bendigo Community Bank director Sam Cross, Coomealla Health Aboriginal Corporation corporate services and finance manager Jenny Botha and CHAC chief executive Summer Hunt at the site of the new medical clinic.

Picture: Carmel Zaccone

Strategic Objective 2 - A Healthier Aboriginal Community

As an Aboriginal Community Controlled Health Organisation, CHAC is at the forefront of ensuring that our community achieves health and wellbeing. There are several contributing factors to health and wellbeing that extend far beyond the provision of health services, such as cultural and social capacity, economic factors such as employment and education – these are referred to collectively as the social and economic determinants of health. This Strategic Objective relates specifically to the provision of clinical services at CHAC, where social and economic determinants of health are considered under Strategic Objectives 3 and 4.

- Goal 1 - Continue to increase health services for young community members 0 – 20 years
- Goal 2 - Expand Mental Health and Drug and Alcohol services
- Goal 3 - Enhance care management of Chronic Diseases, such as Diabetes, lung and heart disease
- Goal 4 - Continue to monitor our performances against internal and national standards
- Goal 5 - Advocate with our partners and funding bodies to ensure the appropriate services are funded and provided to our community







Strategic Objective 3 – A Stronger Aboriginal Community

The strength of our community is reflected in the strength of our organisation, knowing that we can contribute to the strength of our Community by using CHAC's resources to demonstrate good leadership, governance and performance and to give our community members opportunities to learn and earn

- Goal 1 - Increase the number of younger people on the Board
- Goal 2 - Continue to empower and support people to take ownership of their own health
- Goal 3 - Continue to provide and increase health promotion, within the community and with our partners
- Goal 4 - Continue to focus on the Aboriginal Health Practitioner led Model of Care and continue to promote and recruit Aboriginal staff to CHAC
- Goal 5 - Strengthen and grow all Aboriginal staff with formal training and career pathways
- Goal 6 - Continue to fight lateral violence through education and promotion





Strategic Objective 4 – A prouder Aboriginal community

As the largest Aboriginal Community Controlled organisation in the region, CHAC plays a critical role in fostering community pride and always needs to be the organisation the community can be proud of and continues to provide opportunities for the community (both Aboriginal and non-Aboriginal) to celebrate Aboriginal culture, community surroundings, country and family.

Goal 1 - Celebrate and promote Aboriginal culture

Goal 2 - Continue to train and grow our Board of Directors

Goal 3 - Maintain accreditation with AGPAL and QIP

Goal 4 - Support the General Practitioner training pathways and ensure continuous support both our Registrars and Supervisor GP's

Goal 5 - Continue to expand the infrastructure of CHAC

Goal 6 - Continue to keep CHAC financially sustainable by keeping with the demand, increase income annually with 20% by investigating and implementing of new income streams, continue with sound financial practices, ensure CHAC has sufficient term deposits to cover operations for at least 6 months.

CEO:



Board members:











STRATEGIC OBJECTIVE 1 – WORKING TOGETHER

Overview

Working in partnership with the community we serve and key agencies in the Wentworth and Balranald Shires is a critical element to CHACs work and achieving our vision. The objective of working together reflects the CHACs commitment to fostering stronger relationships with our stakeholders towards our common goals of improving the lives and wellbeing of Aboriginal people

SO1 Goals	SO1 Deliverables	SO1 Outcomes
SO1A: Foster and pursue partnerships with key agencies, including: • Far West Local Health District • Broken Hill University Department of Rural Health • Mildura Base Hospital • Bila Muuji Aboriginal Health Services • The Aboriginal Health and Medical Research Council of NSW (AHMRC)	2023 - 2028 • Memorandums of understanding / action plans developed and signed off • Joint projects being implemented in the following key areas: ○ Maternal, Child and Family Health ○ Workforce development and strengthening regional advocacy ○ Discharge Planning • Quarterly interservice meetings arranged and taking place • Joint delivery and evaluation of services and projects taking place	CHAC has transformational relationships with the right partners to get the best outcomes for our community. We working to common goals and can give and receive open and honest feedback with our partners.

SO1 Goals	SO1 Deliverables	SO1 Outcomes
The National Aboriginal Community Controlled Health Organisation (NACCHO)	- Data sharing taking place - Joint planning and integration of services - Shared regional advocacy and mutual benefit	
SO1B: Build CHAC membership	Run an annual membership drive which highlights benefits of membership and allows easy application for membership	CHAC has a strong membership base and at least 80% of the Aboriginal communities of Dareton and Balranald are CHAC members
SO1C: Reinvigorate the Community Voices project to enhance community input to the development and implementation of services	- Review current Community Voices database to identify participation rates and variety of involvement based on age, gender, location - Continue to ensure that Policies and Procedures refer to Community Voices and ensure the need to consult with Community Voices on key aspects of program and service development and implementation - Undertake an annual recruitment drive to add more community voices to the database through promotion in the CHAC waiting area and at community events	CHAC has a database of Community Voices that represents a range of ages, genders, families and locations and can demonstrate that these Community Voices have been called upon to provide input to program and service development and implementation.

STRATEGIC OBJECTIVE 2 – A HEALTHIER ABORIGINAL COMMUNITY

Overview

As an Aboriginal Community Controlled Health Organisation, CHAC is at the forefront of ensuring that our community achieves health and wellbeing. There are a number of contributing factors to health and wellbeing that extend far beyond the provision of health services, such as cultural and social capacity, economic factors such as employment and education – these are referred to collectively as the social and economic determinants of health. This Strategic Objective relates specifically to the provision of clinical services at CHAC, where social and economic determinants of health are considered under Strategic Objectives 3 and 4.

SO2 Goals	SO2 Deliverables	SO2 Outcomes
SO2A: Through partnership and pursuit of resources, expand the range of clinical and non-clinical services aimed at Children and Youth (0-20 Years)	2023 - 2028 • Child and Family Services included in partnership MOU with Far West LHD • Data sharing regarding Child and Family Health Services and programs taking place • NKPI data on MBS Child Health Checks (PI03) equals 60% of eligible children receiving a MBS Health Check • NKPI data on Childhood Immunisation (PI04) equals 40% of eligible children being fully immunised • Child and Family Services with an Aboriginal Focus are co-located at CHAC	CHAC provides the right services for children and youth at the right time, engaging them into prevention and treatment for the most relevant conditions and health promotion messages

SO2 Goals	SO2 Deliverables	SO2 Outcomes
	• NKPI data on MBS Child Health Checks (PI03) equals 70% of eligible children receiving a MBS Health Check • NKPI data on Childhood Immunisation (PI04) equals 60% of eligible children being fully immunised • NKPI data on MBS Child Health Checks (PI03) equals 90% of eligible children receiving a MBS Health Check • NKPI data on Childhood Immunisation (PI04) equals 80% of eligible children being fully immunised	
SO2B: Through partnership and pursuit of resources, expand the range of clinical and non-clinical services in the area of mental health and drug and alcohol	• Referral pathway and colocation options developed with Far West Local Health District (Dareton Mental Health Drug and Alcohol) for DA services • Existing CHAC AHPs upskilled in the area of Drug and Alcohol brief interventions • Pursue available funding opportunities for dedicated Drug and Alcohol intervention workers and programs	CHAC expands its capabilities in the area of mental health and drug and alcohol services to better address these needs within the community setting, leading to earlier intervention, less need for residential rehabilitation and improvement in key performance indicators for smoking and alcohol

SO2 Goals	SO2 Deliverables	SO2 Outcomes
	• NKPI Data on Audit C collection and results (PI17) equals 30% of eligible clients receiving an Audit C Screening • NKPI Data on Smoking Status Results (PI10) reduces current smokers to 55% of client group • NKPI Data on Audit C collection and results (PI17) equals 50% of eligible clients receiving an Audit C Screening • NKPI Data on Smoking Status Results (PI10) reduces current smokers to 45% of client group • NKPI Data on Audit C collection and results (PI17) equals 70% of eligible clients receiving an Audit C Screening • NKPI Data on Smoking Status Results (PI10) reduces current smokers to 25% of client group	
SO2C: Implement and review an internal model of care that focusses on enhanced, preventive care for people with our most prevalent chronic	• Model of Care including care pathways for diabetes, asthma and heart disease implemented • NKPI Data for Diabetes Clients with a GPMP (PI07), increasing to 30% of clients receiving a GPMP	CHAC clients who have diabetes, asthma and heart disease receive a GP Management, Team Care Arrangement and Cycle of Care as a matter of course. Recalls for services are timely and effective and this in turn impacts on key

SO2 Goals	SO2 Deliverables	SO2 Outcomes
diseases: diabetes, asthma and heart disease	• NKPI Data for Diabetes Clients with a TCA (PI08), increasing to 30% of clients receiving a TCA • Clinical Audit Data for clients with heart disease or asthma receiving a GPMP or TCA increasing to 30% of eligible clients receiving a GPMP and TCA • NKPI Data for Diabetes Clients with a GPMP (PI07), increasing to 50% of clients receiving a GPMP • NKPI Data for Diabetes Clients with a TCA (PI08), increasing to 50% of clients receiving a TCA • Clinical Audit Data for clients with heart disease or asthma receiving a GPMP or TCA increasing to 50% of eligible clients receiving a GPMP and TCA • NKPI Data for Diabetes Clients with a GPMP (PI07), increasing to 80% of clients receiving a GPMP	performance indicators in the diabetes, asthma and heart disease categories.

SO2 Goals	SO2 Deliverables	SO2 Outcomes
	- NKPI Data for Diabetes Clients with a TCA (PI08), increasing to 80% of clients receiving a TCA - Clinical Audit Data for clients with heart disease or asthma receiving a GPMP or TCA increasing to 80% of eligible clients receiving a GPMP and TCA	
SO2D: Undertake quarterly internal clinical audits to ensure performance against National Key Performance Indicators and goals of this plan	- Quarterly internal clinical audits are completed and followed up at clinical team meetings and staff meetings, and provided to the Board of Directors through the CHAC reporting structure. - All follow-up and actions are documented.	CHAC management and staff monitor our performance against this and other plans, and our Key Performance Indicators through monthly clinical audits which are shared and discussed at all levels of the organisation

STRATEGIC OBJECTIVE 3 – A STRONGER ABORIGINAL COMMUNITY

Overview

The strength of our community is a key contributor to the health and wellbeing of our people. The strength of our community is also reflected in the strength of our organisation, reflecting the fact that while we can't control all aspects of community strengths, we can contribute to the strength of our community by engaging them into CHAC, and using CHACs resources to demonstrate good leadership, governance and performance and to give community members an opportunity to learn and earn.

SO3 Goals	SO3 Deliverables	SO3 Outcomes
SO3A: Provide opportunities for young people to be represented in CHACs Governance	2023 - 2028 - At least two persons under the age of 30 is appointed to the CHAC Board of Directors - A list of potential candidates under the age of 30 is maintained and reviewed as required	CHAC has appropriate representation from young people and builds the secure future for the organisation with engagement of young people
SO3B: Utilise and expand upon models of care that focus on empowering patients with Decision making and care planning	- CHAC Model of Care utilises self-care and client centred planning tools such as the Flinders Care Plan and use of these tools are demonstrated in records kept - The number of clients who have used the Flinders Chronic Care Planning tool increases by 20% per annum	CHAC patients are empowered and supported to make decisions about their own health and to be masters of their own care

SO3 Goals	SO3 Deliverables	SO3 Outcomes
SO3C: Deliver coordinated and relevant health promotion and prevention messages that increase the community's understanding of their own health	• Develop and implement an annual health promotion plan that covers relevant health promotion messages across our target groups of elders, youth, men, women and mums and bub • Identify and pursue opportunities, through annual planning, where health promotion activities can be aligned with partner agencies such as schools and community services • A 10% increase per annum in the number of people participating in CHAC health promotion activities across all target groups	The community and patients receive health promotion messages on all relevant topics, delivered in a format that is useful and meaningful to them
SO3D: Centre Aboriginal Health Practitioners as the core workforce of CHAC, building models of care that Centres Aboriginal Health Practitioners	• A CHAC Model of Care is developed with the Aboriginal Health Practitioner as the first point of contact across the CHAC clinic and tasked with coordinating patient care throughout each Chronic Disease Pathway associated with the Model of Care • Continue to implement the Model of Care, monitoring and recording increases across all CHAC Key Performance Indicators • Encourage and promote registration as Aboriginal Health Practitioners with AHPRA for	All CHAC clients see an Aboriginal Health Practitioner on each visit. The Aboriginal Health Practitioner, screens, plans coordinates and connects our patients within and outside our practice.

SO3 Goals	SO3 Deliverables	SO3 Outcomes
	100% of qualified Aboriginal Health Practitioners Recruitment of up to three additional Aboriginal Health Practitioners or Trainee Aboriginal Health Practitioners with the goal of partnering AHPs to each key work area of the organisation (chronic disease, social emotional wellbeing, maternal and child health)	
SO3E: Ensure all Aboriginal staff have a learning and development plan that includes a qualification and an employment pathway	- As part of all Performance Reviews, develop a learning and development plan with each staff member which details specific deliverables for formal qualifications and on the job training - Monitor and track Learning and Development Plans at six monthly and twelve monthly intervals, capturing progress in the CHAC Compliance Register and Practice Hub systems	All staff have a learning development plan that aligns with their role and interests, and includes steps toward a relevant formal qualification
SO3F: Educate and Promote on Lateral Violence awareness and prevention to staff and community to reduce and prevent lateral violence	Invite Mel Brown of Spirit Dreaming to attend CHAC annually and deliver staff and whole of community workshops on Lateral Violence	Staff and Community members can identify lateral violence, understand the meaning of the term and use techniques to minimise it.

STRATEGIC OBJECTIVE 4 – A PROUDER ABORIGINAL COMMUNITY

Overview

A sense of pride in being Aboriginal and our Aboriginal culture is central to good health and wellbeing. As the largest Aboriginal Community Controlled organisation in the region, CHAC has a critical role to play in fostering community pride and sense of place here. We can do this by both being an organisation that the community can be proud of, and providing opportunities for the community both Aboriginal and non-Aboriginal to celebrate Aboriginal culture, community, country and family.

SO4 Goals	SO4 Deliverables	SO4 Outcomes
SO4A: Build community resilience and pride by pursuing resources for programs and projects that celebrate Aboriginal Culture, Country and Family and its centrality to wellbeing	2023 - 2028 • Ensure CHAC pursues NAIDOC funding and leads NAIDOC activities for the region each year • Pursue opportunities for projects and services in the fields of arts, culture and language, applying these projects to our health promotion groups in the our target populations of elders, youth, men, women and mums and bubs	CHAC celebrates and promotes Aboriginal Culture, Country and Family and its centrality to health and wellbeing
SO4B: Empower our Board of Directors with annual training in corporate, clinical, legal and financial governance	• Develop and implement a training calendar which includes training in the four key pillars of corporate clinical, legal and financial governance • Deliver training on an annual basis in line with the calendar, inviting community members to participate in the training also as a community development exercise	Our Board of Directors and community gain an ever increasing understanding of the importance of good governance and tools used to get there

SO4 Goals	SO4 Deliverables	SO4 Outcomes
SO4C: Achieve and maintain accreditation with the RACGP Standards for General Practice (AGPAL) and the QIC Standards for Community Health Organisations (QIP)	- Implement the Practice Hub system and move the CHAC Quality and Compliance systems to a fully electronic quality management model - AGPAL Reaccreditation Cycle completed - QIP Half-Cycle Assessment completed - QIP Reaccreditation Cycle completed	CHAC achieves and maintains accreditation for the clinic and the business
SO4D: Pursue opportunities to enhance CHACs infrastructure in line with identified need	- Pursue scoping, planning and approval for expansion of the CHAC clinical facility onto neighbouring land at 49 Sturt Place, Dareton and for the creation of a community hub facility on CHAC land at 17 Mitchell Street, Dareton - Pursue funding opportunities with NSW Health and Commonwealth Governments to fund capital works projects	CHAC successfully expands its facilities to meet the growing needs of the community
SO4E: Ensure CHACs Financial Growth and Sustainability into the future	- Endorse and implement a CHAC cost mitigation strategy - Aim to deliver a break-even operating result - Undertake an annual review of CHACs cost mitigation strategy - Contribute 30% of annual Medicare revenue to CHAC financial reserves, utilising the remainder to fund CHAC clinical operations	CHAC is a financially sustainable and healthy organisation that is able to meet its obligations and also set and achieve savings targets for future growth.