



Annual
REPORT

2022

QAIHC

Queensland Aboriginal and
Islander Health Council

Acknowledgement

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities. We recognise their continuing connection to these lands and waters, and thank them for protecting this country and its ecosystems since time immemorial. We pay respect to them and to their Elders past, present and emerging.

Artwork: *Connecting Community*, Mandy Draper © 2022.



The Queensland Aboriginal and Islander Health Council (QAIHC) is a public company that is limited by guarantee. QAIHC is registered as a charity with the Australian Charities and Not-for-profits Commission. The responsibility for this annual report rests with QAIHC.

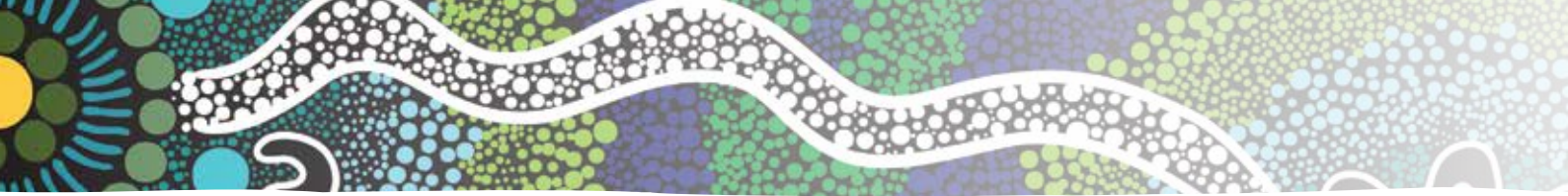
Chairperson: Matthew Cooke

Chief Executive Officer: Cleveland Fagan

ABN: 97 111 116 762

Auditor: Mazars Audit (QLD) Pty Limited

Report Period: 1 July 2021 to 30 June 2022



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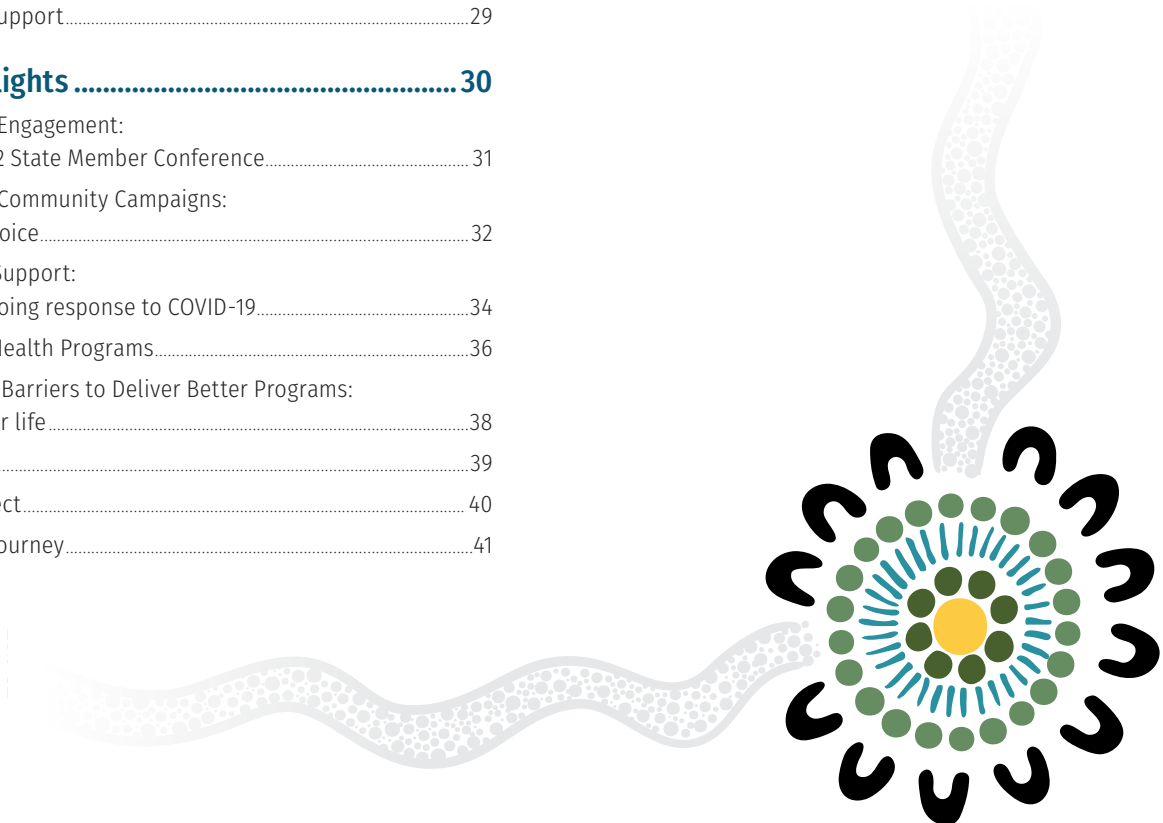
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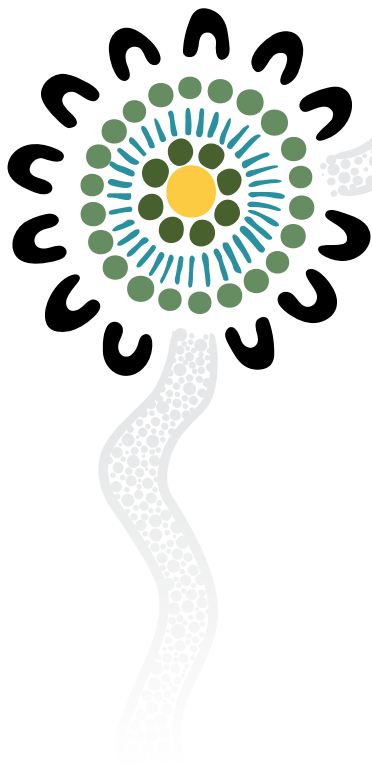
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Our Vision

Empowering a sustainable Aboriginal and Torres Strait Islander Community-Controlled Health Sector, underpinned by cultural safety, strong leadership, governed by principles of self-determination.

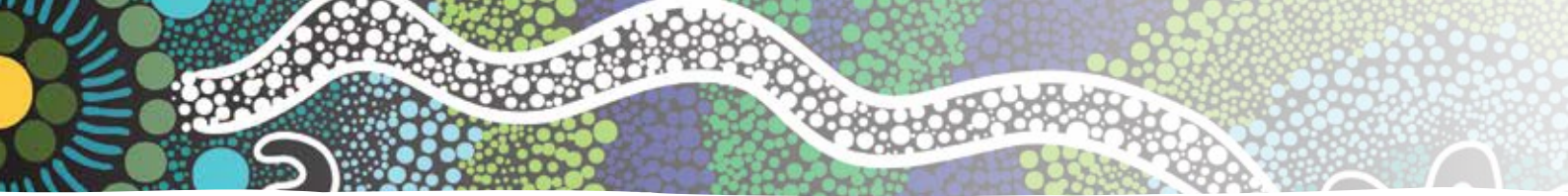
Our Purpose

To advocate and lobby for accessible and equitable comprehensive primary health care to all Aboriginal people in Queensland; and to embed sustainable investment in models of care through quality governance, strong leadership and representation; underpinned by cultural security and guided by community values.

Our Values

QAIHC Values are based on feedback from its Members and Board of Directors.

- We act as thoughtful and responsible stewards of ours and our Member Services' resources, knowledge, and data.
- We aspire to excellence that is approached through diligent effort, both individual and collective; and a commitment to continuous quality improvement.
- We demonstrate strong and uncompromised integrity in support of the highest standards of service quality and governance.
- We act ethically, respect difference and both support and engage in an open exchange of ideas, planning and programming decisions.
- We advocate for the inclusion of cultural practice across the whole Queensland health care system.



The Queensland Aboriginal and Islander Health Council (QAIHC) provides this document as a summary of our operational and financial performance and achievements during the 2021–22 financial year.

About this Report

The intent of this annual report is to tell the story of what we do, why we do it, and how our work provides support and assistance to our Members who work tirelessly to improve the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

This year's report outlines the achievements of QAIHC, including our financial results. This annual report is primarily aimed at the following audiences:

- The organisations we serve—our Members;
- Federal and State Government and non-government partners who provide funding and much needed in-kind support;
- Stakeholders who provide support to the organisations we serve;
- Employees of QAIHC who provide high-quality, professional advice and services to our Members.





Matthew Cooke, QAIHC Chair

A Message from our Chairperson

On behalf of the Board of Directors, I am pleased to present the QAIHC 2022 Annual Report to our Members and stakeholders. I'm excited to announce for the first time in our history the delivery of the QAIHC Annual Report in a digital format.

Firstly, I'd like to acknowledge and praise the effort and performance of our Members, who continue to meet the needs of our people and communities in unprecedented and unpredictable operating environments—reinforcing why our Members are the preferred primary healthcare providers for Aboriginal and Torres Strait Islander Queenslanders. Further, I extend a warm welcome to our incoming Board Members and Deputy CEO, farewell outgoing Board Members and thank all QAIHC staff for their commitment to the organisation this year.

Whilst continuing to navigate the complexities and uncertainty of COVID-19, we've developed our partnership with the Queensland Government further, initiated an organisational governance review and helped to launch and support project governance of major health reform projects and programs including the Torres and Cape Health Commissioning (TORCH) and the Care Coordination Service Centre (CCSC) and Priority Patient Dashboard (PPD) projects respectively.

From a Board perspective, we've guided the secretariat through a year of reflection, realignment, and re-engagement with our members and stakeholders to strengthen our foundations as a Peak body that is responsive to the health and wellbeing needs of our Members, Aboriginal and Torres Strait Islander people and communities.

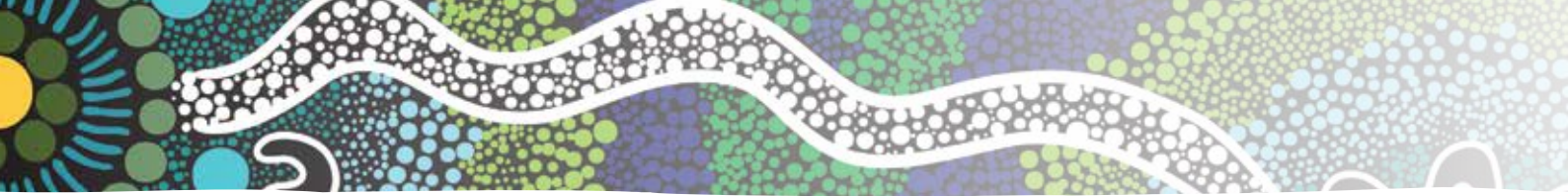
Key Board Outcomes 2021–2022:

Strategic Plan Launch

Last year we renewed our thinking about how we achieve our goals in the short to medium term. To ensure we stay focused on long-term objectives (such as Closing the Gap and achieving Health Equity), we've developed a new three-year strategic plan (QAIHC's Strategic Plan 2021–2024) that was launched in 2022.

The Strategic Plan gives us a set of measurable commitments to keep us on a clear path toward our goals

and aspirations. The plan recognises the changing landscape in which we operate and is founded upon QAIHC's commitment to making a positive impact. This encompasses impact at a state and local level, impact through partnerships, and impact on our sustainability to deliver for our Members now and into the future.



TORCH Project

The Torres and Cape Health Commissioning Fund Project (TORCH) is a unique mechanism to facilitate better investment decisions to improve health outcomes across the Torres Strait and Cape York Regional areas.

The TORCH Project is the first of its kind in the reform space; it is ground-breaking and not taking place in any other jurisdictions across Australia.

The TORCH Project has been agreed between the former Commonwealth Minister for Health, Greg Hunt MP, and the current State Minister for Health Yvette D'Ath MP, to explore new partnerships and opportunities to address Closing the Gap in life expectancy. A bilateral agreement is being put in place between both the Commonwealth Department of Health and Queensland Health. A project steering committee comprising government, Mayors and Aboriginal and Torres Strait Islander community-controlled health representatives leads the high-level dialogue and oversight for the project.

• *“I want to emphasise that this reform is a way to give voice to Aboriginal and Torres Strait Islander peoples in the region and an opportunity for a strengthened role for the community-controlled health sector.”*

Minister D'Ath (June 2022)

• *“The Commonwealth remains committed to working with Queensland to improve health outcomes in the Torres and Cape region through the TORCH project, noting it represents an important proof of concept that could help improve community needs-based health service delivery, and address serious health disparities for Aboriginal and Torres Strait Islander people in the region.”*

Minister Hunt (March 2022)

Over the last year, we have strategically participated in the governance, development and engagement of the TORCH Project, where we have helped to map the strategy and engagement to be co-designed with other key stakeholders such as QAIHC Members, Statutory Bodies, Regional Bodies, State Government, Commonwealth Government, Local Government, Hospital and Health Service and other providers.

The project will continue to strengthen over the next financial year.

Care Coordination Service Centre (CCSC) and Priority Patient Dashboard (PPD)

Cairns and Hinterland Hospital and Health Service (CHHS), Torres and Cape Hospital and Health Service (TCHHS) and QAIHC initiated a tripartite agreement to develop the CCSC and PPD with the aim to:

- improve visibility of priority patients ensuring that health service providers can identify their health needs
- facilitate early identification of priority patients to assist with care coordination and enable access to the right care, in the right location and at the right time to support reduction of patients requiring acute care
- promote equity in health outcomes with a focus on Torres and Cape as well as Cairns and Hinterland priority populations, through logistical and care coordination support
- address challenges and complexities in accessing coordinated face-to-face health services
- improve the integration of primary, community and non-acute care around individuals and across government and non-government organisations.

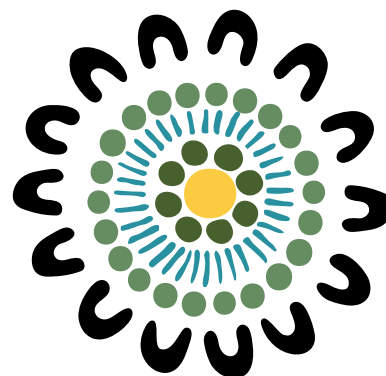
At its core, the CCSC enshrines true co-design and partnership between Queensland Health, its Hospital and Health Services, and Aboriginal and Torres Strait Islander Community-Controlled Health Services (ATSICCHOs).

CCSC enables a collaborative and mutually beneficial review and redesign of the relationship between Hospital and Health Services (HHSs) and ATSICCHOs to deliver respectful, informed and culturally safe services which have better and more accurate information sharing, better patient handover, better communication, and better patient outcomes.

Ultimately, our hope is that the project empowers our people to feel confident to access hospital care anywhere across Queensland and that those pathways are safe, secure, informed, and consistent to meet the needs of all Aboriginal and Torres Strait Islander patients.

Governance Review

Our Board commenced an Independent Governance Review of QAIHC and engaged governance expert Ms Elizabeth Jameson of Board Matters. The review is expected to be finalised in 2023, following consultations with all QAIHC Members and key stakeholders.





Cleveland Fagan, QAIHC CEO

A Message from our CEO

QAIHC's annual report is scaffolded by elements of strategic realignment, modernisation, forward-thinking and retrospectivity—as we develop frameworks and lasting reform for the future, while learning from our rich past.

As the paradigm shifted toward more collaborative and partnership-based operating environments, with more involved governments and stakeholders, QAIHC and our Members remained proactive, resilient, and agile during the 2021–2022 period. We were celebrating successes, overcoming challenges, championing co-design, empowering our Sector, and delivering positive impact to Aboriginal and Torres Strait Islander communities across Queensland.

QAIHC were able to focus on key agenda items such as the development of Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, the Queensland's Aboriginal and Torres Strait Islander Health Equity Toolkit, Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024, and the Queensland Audit

Office review of Aboriginal and Torres Strait Islander Health Investment, whilst also developing the new Queensland Aboriginal and Islander Health Council Strategic Plan 2021–2024.

Despite the challenges, this period was a catalyst for change; helping guide, navigate and accelerate QAIHC towards new opportunity.

Secretariat Outcomes 2021–2022:

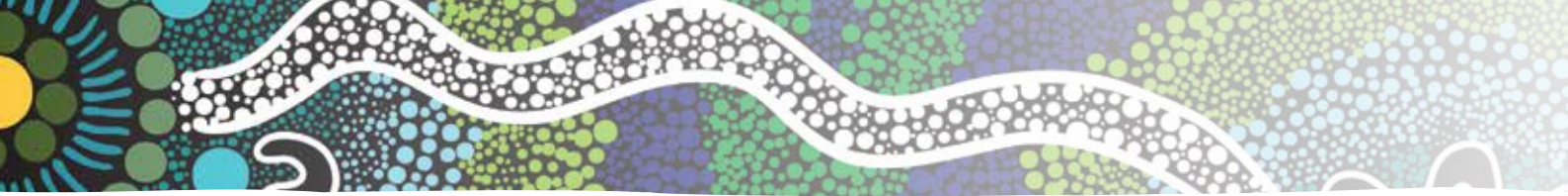
COVID-19 Response

Over the last year, QAIHC had two equally important responsibilities: mitigate the impacts of COVID-19 across our communities and support our Members through pandemic preparedness and response. To this end, QAIHC advocated for and distributed \$8.3million in COVID-19 response funding to Members. Partnerships with Queensland Health and BHP ensured our Members could simultaneously improve their response to crisis in general, while delivering local access to vaccinations, surge workforces, in-home care assistance whilst isolating with COVID-19, purchasing rapid antigen tests, care packages, PPE, other items as needed and maintaining social support services to communities across Queensland during the peak of the pandemic.

The Sector's response to the COVID-19 pandemic demonstrates that the Aboriginal and Torres Strait Islander Community-Controlled Health Sector in Queensland continues to be a significant and vital ingredient in the Australian health system architecture.

Health Equity

Under section 13B of the *Hospital and Health Board Regulation*, QAIHC and our Members are classified as prescribed implementation stakeholders. As an implementation stakeholder on the HHS Advisory Group, QAIHC provided in-depth community-aligned responses and feedback to each HHS on their Health Equity Strategy.



Our advisory and recommendations have been collated and used in consultation to support Members' collaboration on the strategies. Each HHS is required by legislation to prepare these for implementation in early 2023.

To ensure each individual strategy is guided by the communities they're tailored for, QAIHC arranged and conducted individual Member consultations, as well as funded and hosted a Health Equity Members' workshop, held in May 2022. The feedback generated here guided QAIHC's Health Equity policy position and integrates our advocacy with local voices to strengthen the Community-Controlled Health Sector.

Members Conference and Strategic Plan

QAIHC's Strategic Plan 2021–2024 was launched at our 2022 State Member Conference in June.

The plan reflects our commitment to Member and community needs within the National Agreement on Closing the Gap, supporting local leadership and driving innovative place-based solutions through a state-wide lens.

Our four strategic priorities will enable QAIHC to continue driving a sustainable, modern, and responsive Aboriginal and Torres Strait Islander Community-Controlled Health Sector across Queensland.

The four strategic priorities are:

1. State-wide impact
2. Local impact
3. Impact through partnerships
4. Making a sustainable future impact.

These priorities are intertwined with the Priority Reforms outlined in the National Agreement, and reflect tangible, grassroots actions being taken to contribute to Closing the Gap outcomes.

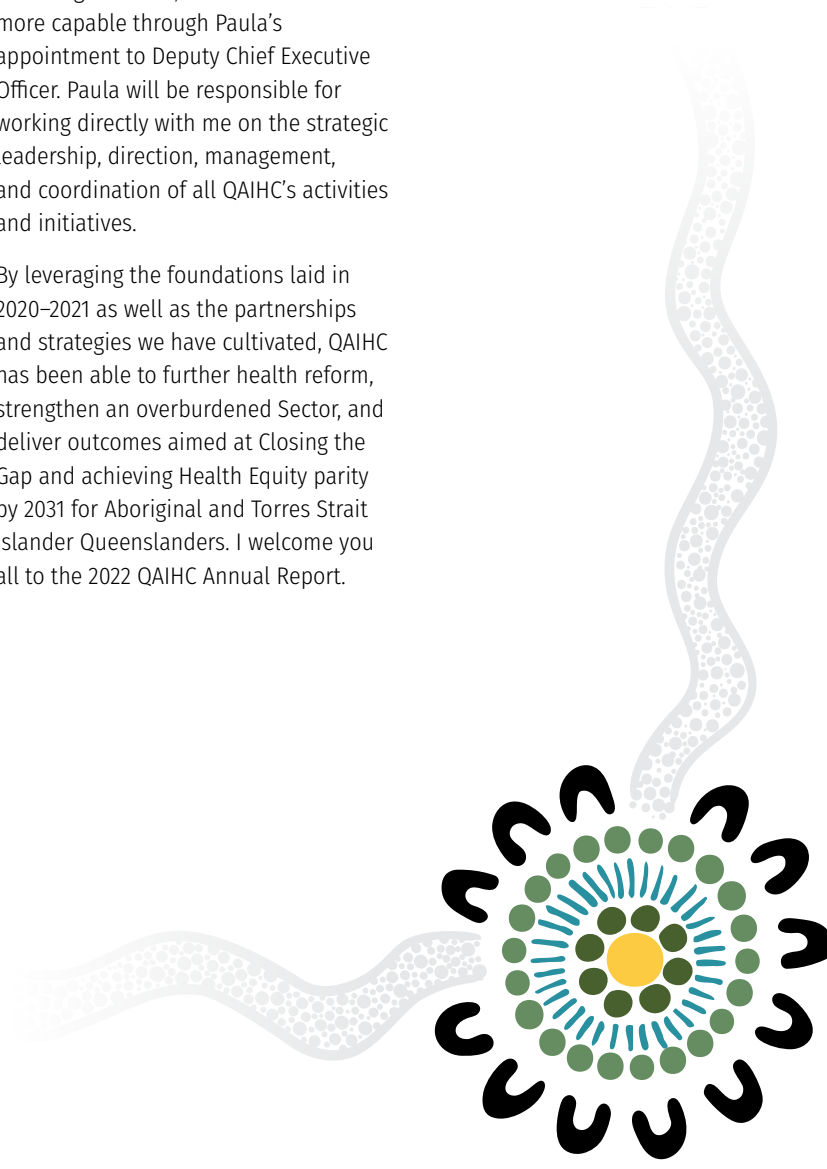
Appointment of Deputy Chief Executive Officer

We had the privilege to announce the appointment of Paula Arnol as QAIHC's new Deputy Chief Executive Officer.

As QAIHC grows by leveraging its strategic plan, partnerships, and reform, we needed to address our ability to deliver exceptional services for Members and provide new avenues of leadership within the organisation.

As an organisation, we have become more capable through Paula's appointment to Deputy Chief Executive Officer. Paula will be responsible for working directly with me on the strategic leadership, direction, management, and coordination of all QAIHC's activities and initiatives.

By leveraging the foundations laid in 2020–2021 as well as the partnerships and strategies we have cultivated, QAIHC has been able to further health reform, strengthen an overburdened Sector, and deliver outcomes aimed at Closing the Gap and achieving Health Equity parity by 2031 for Aboriginal and Torres Strait Islander Queenslanders. I welcome you all to the 2022 QAIHC Annual Report.



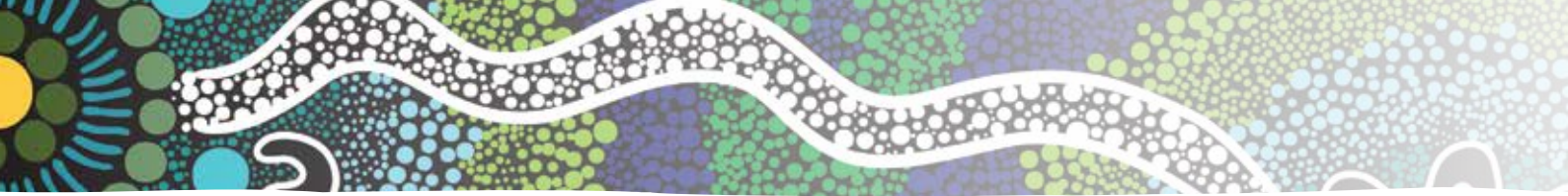


Our Governance

QAIHC relies on its Board of Directors to effectively govern the activities and relationships that make up our organisation. Good governance is embedded in the practices and procedures that help the QAIHC Secretariat do their work effectively and openly in an environment where roles and responsibilities are clearly understood.

The QAIHC Board of Directors ensure that our organisation has a secure long-term future by:

- establishing the organisation's strategic direction and priorities;
- interacting with key stakeholders to inform them of achievements and ensuring they have input into determining strategic goals and direction;
- regularly scanning the external operating environment to ensure that the organisation's strategic direction remains both appropriate and achievable;
- monitoring organisational performance and evaluating the achievement of the strategic and business plans and annual budget outcomes;
- reporting back to Members at the Annual General Meeting (AGM);
- establishing the policy framework for governing the organisation from which all operational policies and actions are developed;
- ensuring the organisation has appropriate corporate governance structures in place including standards of ethical behaviour and promoting a culture of corporate and social responsibility;
- defining key relationships between the organisation and its stakeholders and other key individual and organisations/groups;
- appointing, setting targets in order to evaluate the performance of and reward as appropriate, the CEO;
- monitoring CEO and organisational compliance with the relevant federal, state and local legislation and bylaws, and with the organisation's own policies;
- providing advice and guidance to the CEO as required;
- assessing risks facing the organisation, establishing a risk management plan and monitoring compliance;
- evaluating the effectiveness of the organisation as a Board.



Board of Directors

The QAIHC Board of Directors consists of up to nine directors including an elected Chairperson and Deputy Chairperson, five QAIHC Regional Directors, and up to two Independent Directors.

The Board of Directors oversee the work of the Secretariat and monitor the Constitution to ensure that the rules are being followed. They also make recommendations on issues concerning membership, identify and clarify policy issues, and oversee the Strategic Plan.

The Board of Directors are also responsible for the appointment of the CEO, setting performance expectations, and providing advice and guidance to the CEO.

Board of Directors

- Matthew Cooke** Chairperson
- Suzanne Andrews** Deputy Chairperson
- Paula Arnol** Far North Queensland Director until 4 September 2021
- Sheryl Lawton** South and South West Queensland Director
- David Collins** South East Queensland Director
- James Cripps** North and North West Queensland Director
- Stevan Ober** Central Queensland Director
- Adrian Carson** Independent Director from 8 September 2021

Director attendance at QAIHC Board of Directors meetings held during the 2020-21 financial year:



Director	Eligible board meetings	Attended board meetings
Matthew Cooke	8	8
Suzanne Andrews	8	6
Paula Arnol	1	1
Sheryl Lawton	8	6
David Collins	8	7
James Cripps	8	8
Stevan Ober	8	7
Adrian Carson	6	6



Matthew Cooke

(BAILAI)

CHAIRPERSON



Suzanne Andrews

(BUNABA/JARU/BARDI)

DEPUTY CHAIRPERSON

Matthew Cooke is the Chief Executive Officer of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd, trading as Nhulundu Health Service.

Matthew is a proud Aboriginal and South Sea Islander from the Bailai (Byellee) people in Gladstone, Central Queensland. Matthew has a background in serving the Aboriginal and Torres Strait Islander Community-Controlled Health Sector as both a Director and CEO over the past 15 years. Mr Cooke is currently the Chief Executive Officer for the Gladstone Region Aboriginal and Islander Community Controlled Health Service Limited t/a Nhulundu Health Service and Executive Chairperson of the First Nations Bailai, Gurang, Gooreng Gooreng, Taribelang Bunda People Aboriginal Corporation.

Matthew is actively involved in all aspects of Aboriginal and Torres Strait Islander affairs at national, state, regional and local levels. In 2007 he was named Young Leader in Aboriginal and Torres Strait Islander Health, in 2008 received the Deadly Vibe Young Leader Award and in 2011 received the Australian Institute of Management 2011 Young Manager of the Year Award—Gladstone.

Mr Cooke is also a member of the Australian Institute of Company Directors and a Director of the Institute for First Nations Governance Professionals.

Sue Andrews is the Chief Executive Officer of Gurriny Yealamucka Health Service Aboriginal Corporation in Yarrabah.

Sue is a Bunaba, Jaru, Bardi woman from the North Kimberley area of WA, now living on the lands of the Gungganghi people of Yarrabah. She has more than ten years' management experience in the Community Control Health Sector. Sue's experience includes:

- Board member Yarrabah Leaders Forum (YLF) 2015–current
- Board member North Queensland Primary Health Network 2017–current
- Board member NATSIHA

Sue is a firm believer in her people having a greater say and responsibility over the management of their health, and advocates for social change amongst our people and community.



Sheryl Lawton

(BIDJARA)

**SOUTH AND SOUTHWEST
QUEENSLAND DIRECTOR**

Sheryl Lawton has been the Chief Executive Officer of Charleville and Western Areas Aboriginal Torres Strait Islander Health Services Limited (CWAATSICH) for the past 20 years.

Throughout Sheryl's career she has been instrumental in the establishment of the Aboriginal Child Care Agency (ACCA) of Southwest Queensland and importantly the ongoing development and growth of CWAATSICH. It is through her ongoing dedication, commitment and hard work that has seen CWAATSICH expand service delivery and become the lead service provider of comprehensive primary health care within the far southwest region.

Sheryl is passionate in ensuring the future of the Aboriginal Community-Controlled Health Sector and is committed to improving Aboriginal and Torres Strait Islander life expectancy.



David Collins

(GOONGARRIE/MARDIGAN)

**SOUTHEAST QUEENSLAND
DIRECTOR**

David Collins is the Chief Executive Officer of Yulu-Burri-Ba Aboriginal Corporation for Community Health. Yulu-Burri-Ba (YBB) covers the Southern bayside areas of Brisbane and includes the Redland Bay council areas and is based on Stradbroke Island.

David has over 50 years of experience in the First Nations community including involvement in the many community organisations in and around South East Queensland where he served on many Boards.

David's background includes eight years with the Black Community Housing Service, 30 years with the Commonwealth Government starting with Centrelink and finishing with Aboriginal Hostels Limited—where he served 25 years as the State Manager for Queensland. During this period, David helped establish and monitor many community hostels for local communities.

Since his retirement from AHL, David has spent the last seven years as the CEO of YBB. Although new to the health portfolio, David brings experience in many areas of First Nations governance.



Stevan Ober

(BUTCHULLA/BADTJALA)

**CENTRAL QUEENSLAND
REGION DIRECTOR**

Stevan Ober is the Chief Executive Officer of Galangoor Duwalami Primary Health Care Service in Fraser Coast and has over 25 years' experience in the Queensland Government, health and the community-control sector.

Stevan is a member of the Aboriginal and Torres Strait Islander Community Advisory Council (Wide Bay HHS), a member of the St Stephen's Private Hospital Advisory Committee and a former member of the Statewide Aboriginal and Torres Strait Islander Alcohol and Drug Committee.

He is also a current serving member of Marine Rescue Queensland (Hervey Bay squadron) and has been awarded the National Medal for Service from the Governor-General of Australia.



James Cripps

(PALAWA)

**NORTH AND NORTH-
WEST REGION DIRECTOR**



Paula Arnol

(GUNGGANDJI)

**FAR NORTH QUEENSLAND REGION
DIRECTOR until 4 September 2021**



Adrian Carson

(COBBLE COBBLE)

**INDEPENDENT DIRECTOR
from 8 September 2021**

James Cripps is a director of Gidgee Healing. James' family and cultural connection is from the Palawa Nation (Cape Barren Island, Flinders Island, mainland Tasmania) and relocated to Mount Isa in 2013.

James worked his way through university with degrees focussing on drug and alcohol recovery.

He joined Gidgee Healing as a Board Director in 2019, bringing a wealth of experience in the prevention and reduction of alcohol and other substance use in discrete, remote, rural and metropolitan Indigenous communities.

James has been working in the Aboriginal and Torres Strait Islander health sector the best part of 25 years. Starting off in Victoria, he made his way to South Australia. There he coordinated some youth health activities, coordinated for small projects within Catholic Services, and moved from NGO services into government (and vice versa) where he has largely remained until this day.

Paula Arnol has more than 20 years of experience in senior executive positions within Aboriginal and Torres Strait Islander Comprehensive Primary Health Care. The majority of senior positions held has been as Chief Executive Officer in both an urban and very remote ATSI CCHOs.

She has also held Director positions and responsibilities on CRC Tropical Health, CRC Aboriginal Health, NACCHO, Indigenous Health Equity Council (Federal Ministerial appointment) and NT ACCHO Peak Affiliate directorships.

Paula has experience in governance and leadership within a community-control framework, community engagement, policy advocacy, strategic planning and business development and implementation; providing extensive learnings and opportunities that assist her in maintaining ongoing commitment and passion to seeing increased access and equity in consistent strong community owned primary health care services across Australia. In particular, remote Aboriginal and Torres Strait Island communities.

Paula stepped down as a director on the 4th September 2021 to lead QAIHC's COVID-19 response before taking up her current position as Deputy Chief Executive Officer of QAIHC.

Adrian Carson is a Cobble Cobble man from Queensland's Western Downs Region. He was born and bred on Turrbal, Jagera and Quandamooka country in South East Queensland.

Adrian is the CEO of the Institute for Urban Indigenous Health, a Community-Controlled Health Organisation and has held this role for more than 11 years.

He is a former CEO of QAIHC, former Board Member of Brisbane ATSI CCHS and is a founding member of Galangoor Duwalami Healthcare Service.

Adrian has held senior policy and program roles within both the Queensland and Australian Governments and served on various committees, including most recently the Queensland Reform Planning Group and the Primary Health Care Reform Steering Committee. He is a Board Member of the Metro North HHS. Adrian holds a Graduate Certificate in Health Service Management from Griffith University and is completing a Master of Business Administration (MBA) from the University of Queensland.



Our Members

As a formal membership organisation, QAIHC looks after the needs of its Members. The ongoing support of our Members is fundamental to QAIHC's current and future work programs and ongoing success.

Members

Members have specific rights that allow them to participate in some internal processes. These rights are detailed in the rules of the organisation that are contained in the Constitution.

Important responsibilities that Members have include:

- following rules and approving changes in the Constitution
- electing the Board of Directors
- authorising major transactions including the dissolution of the organisation.

There are several membership categories defined in the Constitution. Full Members are entitled to vote at elections and on key matters.

QAIHC defines an Aboriginal and Torres Strait Islander Community-Controlled Health Organisation (ATSICCHO) using the following criteria, as reflected in the Constitution. An ATSICCHO::

- is an independent, not-for-profit organisation, that is incorporated as an Aboriginal and/or Torres Strait Islander organisation;
- has been initiated by, and is controlled and operated by Aboriginal and/or Torres Strait Islander peoples; thereby acknowledging the right of Aboriginal and/or Torres Strait Islander peoples to self-determination;
- is based in a local Aboriginal and/or Torres Strait Islander community, or communities;
- is governed by a majority Aboriginal and/or Torres Strait Islander Board which is elected by members of the local Aboriginal and/or Torres Strait Islander community or communities where it is based; and decision making of the Board is determined by this Board;
- delivers services that build strength and empowerment in Aboriginal and/or Torres Strait Islander communities and people.



Membership categories

Category 1: Full Member

(with voting rights)

Members: ATICCHOs that deliver primary health care services.

- Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Aboriginal and Torres Strait Islander Community Health Service Mackay Limited
- Apunipima Cape York Health Council Limited
- Bidgerdii Aboriginal and Torres Strait Islander Community Health Service
- Carbal Medical Services
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Service
- Cunnamulla Aboriginal Corporation for Health
- Galangoor Duwalami Primary Healthcare Service
- Gidgee Healing
- Gindaja Treatment and Healing Indigenous Corporation
- Girudala Community Co-Operative Society Limited
- Gladstone Region Aboriginal and Islander Community Controlled Health Service (T/A Nhulundu Health Service)
- Goolburri Aboriginal Health Advancement Company Limited
- Goondir Health Services
- Gurriny Yealamucka Health Service Aboriginal Corporation
- Injilinj Aboriginal and Torres Strait Islander Corporation for Children and Youth Services

- Kalwun Health Service
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Mamu Health Service Limited
- Mookai Rosie Bi-Bayan
- Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation
- Mulungu Aboriginal Corporation Primary Health Care Service
- North Coast Aboriginal Corporation for Community Health
- NPA Family and Community Services Aboriginal and Torres Strait Islander Corporation
- Palm Island Community Company
- Townsville Aboriginal and Islander Health Services
- Torres Health Indigenous Corporation
- Wuchopperen Health Service Limited
- Yoonthalla Services Woorabinda
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

Regional Members: Aboriginal and Torres Strait Islander Community-Controlled Regional Bodies that are governed by Members in a QAIHC Region.

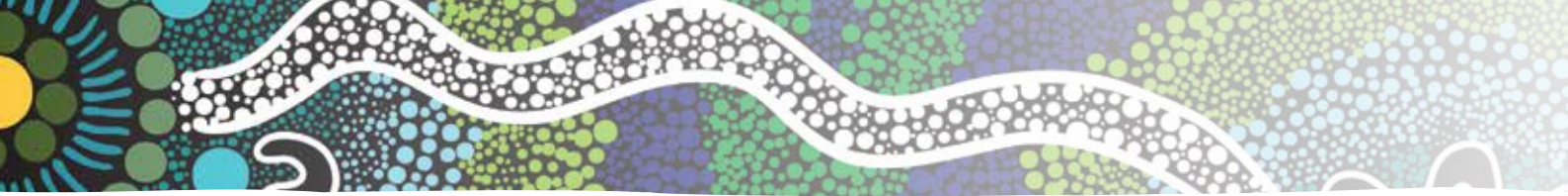
- Institute for Urban Indigenous Health
- Northern Aboriginal and Torres Strait Islander Health Alliance.

Category 2: Associate Member

(without voting rights)

Associate Members: Organisations that provide health related services. They are entitled to receive notices and attend the Annual General Meeting (AGM) of the Company but are not entitled to speak or vote at the AGM.

- Bididi Bididi Community Advancement Co-operative Society Limited
- Ferdy's Haven Rehabilitation Services
- Gallang Place
- Gumbi Gumbi Aboriginal and Torres Strait Islander Corporation
- Link-Up Brisbane
- Mutkin Residential and Community Care Indigenous Corporation
- Ngonbi Community Services Indigenous Corporation
- Normanton Recovery and Community Wellbeing Service
- Pormpur Paanth Aboriginal Corporation
- Queensland Aboriginal and Islander Alcohol Services
- Winangali Marumali



FAR NORTH QUEENSLAND



NORTH AND NORTH WEST QUEENSLAND



CENTRAL QUEENSLAND



SOUTH AND SOUTH WEST QUEENSLAND

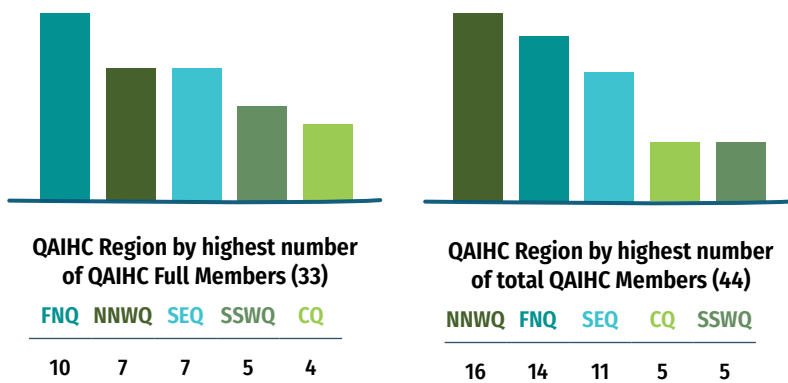


SOUTH EAST QUEENSLAND



QAIHC Regional Snapshot

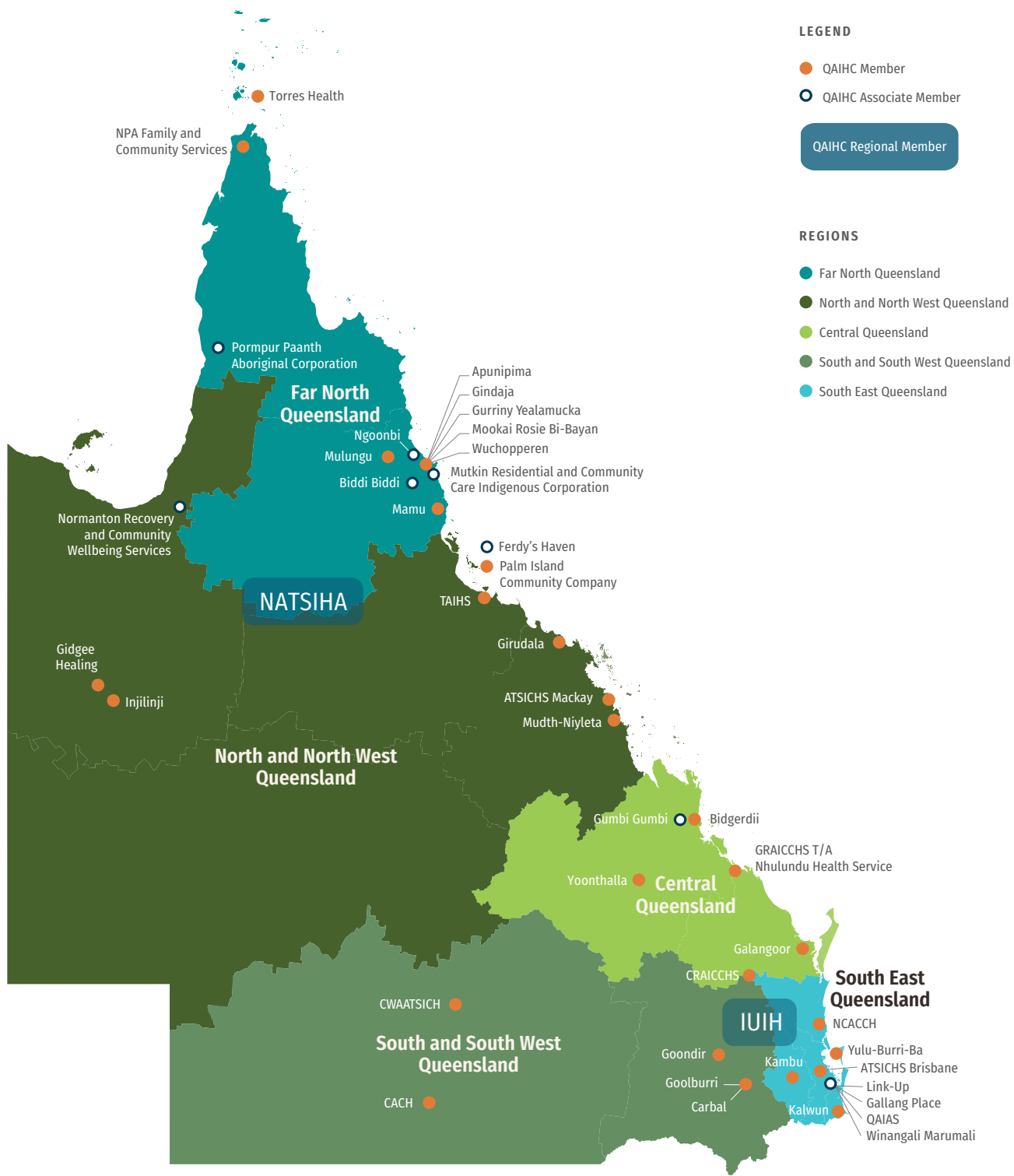
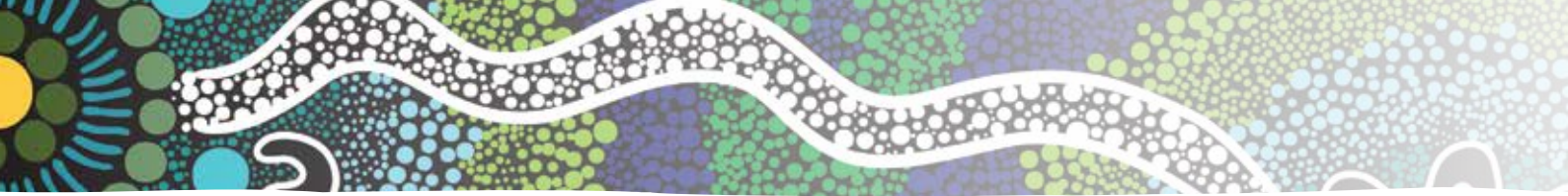
QAIHC has five defined regions that are contained in the Constitution and were determined by Members after a long consultation process. Each region consists of four to ten full Members, as shown on the map opposite with demographic data included below.



Regional Statistics / Population Table

QAIHC Region	Indigenous	Non-Indigenous	Not stated	Total Population	% Indigenous in Regions	% Indigenous in QLD
Far North Queensland	43,481	217,353	25,143	285,977	15.2%	18.42%
North and North West Queensland	41,040	374,304	40,732	456,076	9.0%	17.38%
Central Queensland	27,802	389,798	31,043	448,643	6.2%	11.78%
South and South West Queensland	20,537	270,316	20,788	311,641	6.6%	8.70%
South East Queensland	103,248	337,2351	163,315	3,638,914	2.8%	43.73%
Sub Total	236,108	4,624,122	281,021	5,141,251	39.8%	100%

Data Source: Australian Bureau of Statistics. (2022, April 12). DataPacks. ABS. <https://www.abs.gov.au/census/guide-census-data/about-census-tools/datapacks>. Table data excludes persons with no usual address and migratory persons.



Member Highlights

Far North Queensland



In June 2022, Apunipima ran a Men's Health Summit, with men from all over Cape York descending on the Elim Beach campground near Hope Vale for a week of reflection, connection and yarning with a focus on men's health and wellbeing. Guest speakers, ranging from top athletes and medical professionals through to cultural representatives and community elders addressed key topics around the Summit's theme of, *'growing together as fathers, providers and protectors.'*



One of Gindaja's most significant accomplishments this year has been the development of our new 'Step-Up' recovery service that provides medium-term supported accommodation for clients who have completed their 3-month residential rehabilitation program, but who are not yet ready to return to their home community. Gindaja's 'Step Up' program works contrary to the common mainstream mental health model often referred to as 'step up, step down'. Within an Indigenous framework, Gindaja's 'Step Up' Recovery Program takes an Aboriginal perspective that refers specifically to taking on increased personal and community responsibility—it is literally, 'stepping up to the plate...'



GURRINY YEALAMUCKA
HEALTH SERVICE ABORIGINAL CORPORATION

In November 2021, Gurriny's new Workshop Road clinic was opened. This multi-million-dollar facility was designed with community consultation. This new facility recognised the importance of culture in health care. It provides a culturally safe environment for our community, as well increasing the services we have been able to provide to our community.



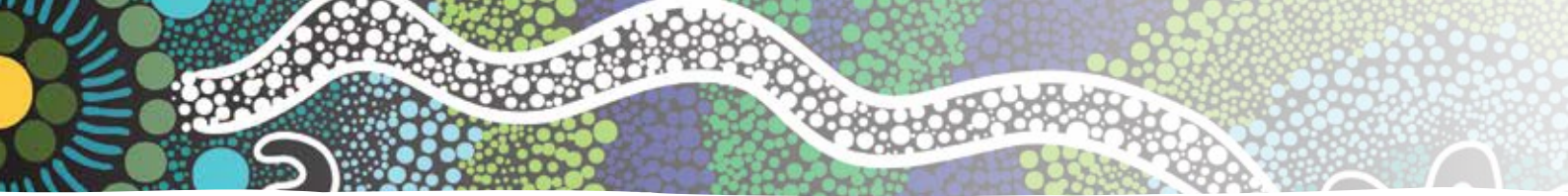
Through consultation with stakeholders and community members it was decided to hold an inclusive youth event. This program would not be sports-focused but a general activity-based event for young people aged five (5) to 16. The event was a great success with full support of the community and 20 volunteers supporting the day. It was agreed by all stakeholders to hold the 'Young and Deadly Day' each year in the first week of October.



Our greatest achievement throughout this financial year was to have enhanced a collaborative relationship through trust and respect with the Torres and Cape Midwife Navigators and Cairns Hinterland Hospital and Health Service Women's Health Unit. This has enabled our organisation to implement a culturally safe consumer choice for end-to-end comprehensive, holistic, maternity and perinatal care.



A Major highlight for the 2021-2022 year was the opening of the new Mulungu Outreach Clinic in Atherton. Having a purpose build state-of-the-art facility gives the opportunity for Mulungu to offer more allied health and specialist services for patients residing on the Atherton Tablelands.



North and North West Queensland



NPA FAMILY & COMMUNITY SERVICE *Aboriginal and Torres Strait Islander Corporation*

NPA Family and Community Services makes positive impact by providing syphilis point of care testing.

Targeted at young people, the organisation conducted a number of youth interaction days that involved POC syphilis testing.

There was positive engagement from the cohort with a lot of quality resources that provided good messaging.



Concerns were raised towards the end of 2021 from our local Murri Watch, regarding the high number of our community members not having access to their medications while in the local watchhouse. A meeting was organised with the various stakeholders – Queensland Health, Mackay Murri Watch, Binga Birry Justice Elders Group and Queensland Police Service. After various meetings ATSICHS Mackay Senior Medical Officer, Dr Virja Panday now has access to the local watchhouse.



Our greatest achievement for the last financial year was that we survived the COVID-19 pandemic and kept our practice doors open by recruiting locum GPs. We have found it very difficult recruiting a permanent GP.



INJILINJI *Aboriginal & Torres Strait Islander Corporation for Children & Youth Services*

As a small organisation, we at Injilnji are grateful for the financial support from QAIHC in responding to the COVID pandemic. QAIHC's support during COVID helped to keep our team, clients and community safe. We were able to have access to family packs, pamper packs and additional PPE, which really made a difference.

QAIHC's advocacy, support and influence in service of us smaller organisations has been hugely beneficial in these times of COVID. Smaller services don't always get the attention they need or deserve from government, and QAIHC can ensure the voices of smaller services are heard.



Torres Health *BETTER HEALTH TOGETHER*

This year after the COVID-19 pandemic, a greater emphasis to reach out to young people, men, women and Elders through being innovative with resources to organise events on our premises and in public spaces for whole of community events. The success of devised health outreach programs was evidenced by high attendance and participation in activities.

The business support and services provided by QAIHC enables our organisation to strengthen our capacity to meet the competencies, including operational capabilities, for programs, finances and human resources.



Gidgee Healing

In November 2021, Gidgee Healing in partnership with Deadly Choices, IUIH and several other key local stakeholders held the DC Gidgee Deadly Night Out to increase vaccination rates amongst Aboriginal and Torres Strait Islander people within the area.

The successful event showcased the power in partnerships and collaboration with a multitude of local organisations volunteering their time and resources to provide free food, drinks and giveaways.

North and North West Queensland



Our greatest achievement was what we were able to achieve during the early days of the 'living with COVID' period with the help and support of QAIHC.

The support, whether financial, workforce or in-kind, allowed us to join the dots and to fill in gaps. It allowed us to heal and support our mob and continue to save lives. Make no mistake, lives were saved through QAIHC's support. The fact that we could deliver care packs, RATs and hand sanitiser to 110 households in those early days meant the world to our little community.



On 1 July 2021, the Townsville Hospital and Health Service (THHS) transitioned primary health services on Palm Island to the Palm Island Community Company (PICC). This transition was a key strategic commitment of the Palm Island Health Action Plan 2018–2028, a health plan developed by, and for, the Palm Island community.

At the time, PICC was already delivering health services on Palm Island—on a smaller scale—from a different facility. The same month, PICC moved to the new, purpose-built primary health care facility that was being operated by THHS pre-transition. At the same time, PICC was going through a governance restructure—moving from a company with shareholders, to a community-controlled structure.



Our specialised Walk-in COVID Vaccination Hub was a project which we are very proud to have been able to initiate. This ensured culturally appropriate best practice care to community in a very unpredictable and stressful times.

The ability for our service to be able to provide our COVID-19 response by actively supporting our First Nations community with vaccinations, education, support for increased workforce and the 'Keeping Mob Safe' and 'Gotta Get Your Job' campaign was of tremendous benefit to the people of Townsville and surrounds.

Central Queensland



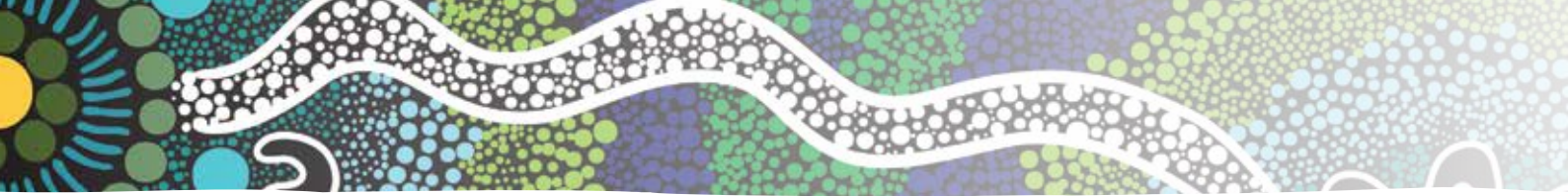
Bidgerdii Community Health Service continues to enhance the support and services that we offer in our community. During FY2021–2022, the organisation has streamlined our operation, increased our clinical capacity and secured our future with new premises. We are excited to further support our community in FY2022–2023.



Galangoor Duwalami Primary Health Care Service maintains an ongoing commitment to supporting staff development and training, to ensuring the service continues to provide the highest level of primary healthcare for our community.

In November 2021, a number of key staff graduated with a Bachelor of Nursing Science through the University of Sunshine Coast.

Even while meeting the demands of a pandemic our Aboriginal and Torres Strait Islander staff continued to achieve their own goals, making significant life decisions and self-advocating for a better future.



South and South West Queensland



We had a major impact on the vaccination rates in our community during the first half of this financial year. By providing late-night and weekend clinics as well as four community vaccination events, we were able to significantly raise the overall number of people who were vaccinated in our community.

Our biggest achievement for Nhulundu Health Service Aged Care Program was the expansion to the Rockhampton area—now servicing Mount Morgan, Rockhampton, and the Capricorn Coast Area. They have secured an office space where they can continue to grow their services to the community.



The greatest achievement of the last financial year has been the coordinated effort of Yoonthalla Services, Woorabinda Aboriginal Shire Council, Central Queensland Hospital and Health Service and the Woorabinda community to support each other during the December 2021 COVID-19 omicron wave.

Finally, after a two-year journey, Yoonthalla Services became a full Member of QAIHC!



Carbal successfully self-funded a project called “Carbal at Home” that sees specialised registered nurses and Aboriginal Health Workers provide outreach services to those in community that need it the most, but are faced with physical limitations when it comes to accessing our clinics, or who are better placed for care in the home.

The Carbal Kitchen has been providing much needed food assistance for those members of our community who don't have access to nutritious home cooked meals due to physical or financial limitations.

Carbal has also created “Carbal Stays” which provides short-term accommodation for those vulnerable members of the community who require vital support and care whilst accessing hospital services and specialised clinical services in Toowoomba, without the financial or logistical burden of having to source accommodation during those essential visits.



Goolbarri had another great year in growth and continued service delivery. In a year of uncertainty due to the pandemic, and we were able to keep our community safe and meet our clients' needs. It was a good year.



CWAATSICH has supported our communities during COVID by providing food and medical sacks and also doing regular check-ins with clients and families who were in isolation.

CWAATSICH had a visit from student doctors from James Cook University, for whom we ran our Cultural Mentoring component for three days. The mentoring was postponed earlier in the year due to flooding and we had to change dates to later in the year. Even so, before commencement it started to rain again. The program went ahead, although we had to change our program to suit and also cancel planned trips and do things locally.



Through our COVID vaccination and response, we were able to ensure 97 per cent of community was vaccinated, as well as ensuring our community members were supported to isolate through in home support.

This year also saw the completion of construction of our Chronic Disease and Wellbeing Centre to complement our Primary Health Care Centre.

Also, through various partnerships and strategies, we were able to commence five trainees in various sections of our organisation including Aboriginal Health Workers and administration.

South East



Aboriginal and Torres Strait Islander Community Health Service Brisbane had an enormously busy year with a 12 per cent increase in patient visits to our service's doctors. In all there were 57,448 visits to the doctors and 5441 health checks. We have also managed to accept a record 5162 new patients, which is a 142 per cent increase on last year!

Perhaps the greatest achievement of the past financial year has been the 17,700 COVID-19 vaccinations ATSICHS Brisbane administered to mob! A huge effort by everyone involved and a massive display of trust from the community.



Goondir established a Virtual Health Service which allows high-risk chronic disease clients to have their vital health indicators monitored remotely at home—using Bluetooth-enabled monitoring devices linked to a Samsung tablet to record blood sugar, blood pressure, oxygen saturation and body weight. As of the 2022 FY, the service has been brokered to four AMSs including Mulungu, Gidgee Healing, CWAATSICH and CACH, spanning 550 total device units. Goondir has also partnered with a PhD researcher to enhance the current intervention-prevention based model to a predictive model using artificial intelligence, which will help clinicians predict the onset of chronic disease conditions using the Virtual Health Service.



In response to the COVID-19 pandemic, the Institute for Urban Indigenous Health established Mob Link, a call centre through which Aboriginal and/or Torres Strait Islander people across South East Queensland can access health and social support services.

The advantage of this is a single point of referral via the 1800 hotline number (1800 254 354) for Hospital and Health Services, mainstream service providers, Community-Controlled Health Services, Queensland Police Service, community providers and community members.

Mob Link also provides short-term nursing and social health services to clients to ensure safe hospital discharge and culturally appropriate transition of care from tertiary to primary health services.



Kambu Health's major achievement in 2021–2022 is the new expanded clinic hours of 7am to 7pm and 8am to 4pm Saturdays. The new hours allow our community to access medical services in hours that are more convenient, which supports the needs of working parents and individuals. This has proven to be a great success.



The WATCH and INFLATE trials endeavoured to identify ear disease and learn about treatment outcomes in the community. The WATCH trial had 36 Kalwun children with an acute ear infection monitored through their treatment. The INFLATE trial had 28 Kalwun children involved. Families contributed to interviews on how ear disease and its treatment affects them and how research should be conducted with our mob.

Through ear checking and monitoring, 12 children were identified with unresolved ongoing ear, nose and throat (ENT) problems and Kalwun was able to support them in surgery at Gold Coast Private Hospital in April 2022.

The feedback from parents is that the life-changing surgeries had made a profound improvement.



The NCACCH Open Day in November 2021 was a great success, with Zinc FM broadcasting for those community members that couldn't attend.

NCACCH had a soft opening for the Gympie Aboriginal Medical Service in mid-December 2021 after collaborating with community via surveys and town hall style yarning. Community were able to walk through the clinic, enjoy the many stalls, giveaways and activities.

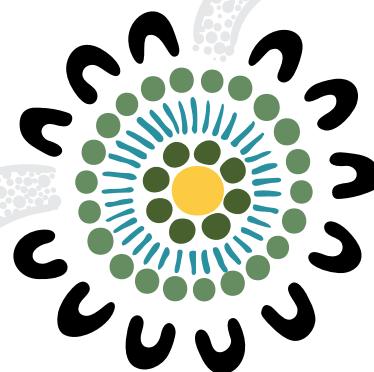
Dr Amanda joined the team as the Senior Medical Officer in December 2021. Dr Casey and Dr Fadi completed our roster of GPs ensuring NCACCH is providing culturally appropriate services for both our men and women. All doctors have had previous experience in Aboriginal and Torres Strait Islander health and are familiar with the need for having a culturally safe space.



For Yulu-Burri-Ba, this past year was an ever-changing environment. Our clients adapted to a new language of telehealth, mask wearing, vaccinations and booster shots. Our staff adjusted to working from home, isolation and mandatory COVID vaccinations. And our stakeholders supported us to keep on delivering health and family services to meet the need of our community—which we did.

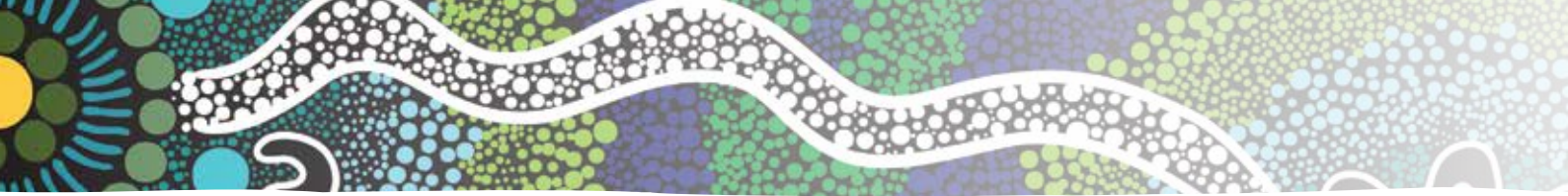
With the easing of COVID restrictions, Yulu-Burri-Ba was again able to host and have clients participate in community events. The health benefits of community participation have never been more evident, and this connection was sorely missed.

Along with Yulu-Burri-Ba's many achievements for the year came an enormous loss with the passing of our beloved Chairperson Aunty Lynette Shipway. She was an active member of our community, a longstanding QAIHC Board Member and in 2016, a QAIHC Hall of Fame recipient. Aunty Lyn's impact on the health and wellbeing of our community will never be forgotten.





Our Advocacy



Closing the Gap

To close the gap in health inequity, QAIHC recognises that our health systems must be more responsive to the needs of Aboriginal and Torres Strait Islander peoples. Our health systems must consider the contexts of family, culture, and community.

The focus of 2021–2022 from QAIHC’s advocacy perspective broadened stakeholder focus and engagement, helping to highlight the impact and importance of addressing social determinants of health and reinforcing that self-determination remains critical.

An effective and responsive system for our peoples means access to health care that is holistic, integrated, person and family centred, regardless of location. To ensure change occurs, our voices must continue to be heard by governments at every level, requiring cross-sector approaches across governments and the whole health system.

QAIHC’s work impacting the National Agreement on Closing the Gap was informative, collaborative and focused on ensuring targets were being met, voices were being heard and decision-makers considered all health factors of Aboriginal and Torres Strait Islander peoples Nationwide. Our involvement has helped cement ‘health’ within the wider social determinant space. This means we’re able to influence the thinking of governments and other key stakeholders—providing guidance on what they need to do/provide to the wider Sector (and indeed, our Members) to ensure the National Agreement on Closing the Gap is tracking positively over the next decade.

Our big successes over the 2021–2022 period were the development of strategic partnerships, building upon relationships with other coalition members, collaborating on our shared voice, internal reviews, and integration of project officers into each of our coalition member organisations.

It was a foundational and retrospective year; one which was necessary to ensure we’re properly employing mechanisms like Health Equity and the wider health

reforms to make certain that all these words on paper are turned into action. Over the 2021–2022 period, reviewing our processes, operations, representation, partnerships, and foundations has delivered a solid platform from which to provide a collective voice to government.

We analysed our past to help steer QAIHC’s Closing The Gap (CTG) agenda moving forward. These actions are intended to make sure we have the right health decision-makers at the table to propel health equity parity most efficiently by 2031; thus, enabling the closing of the gap.

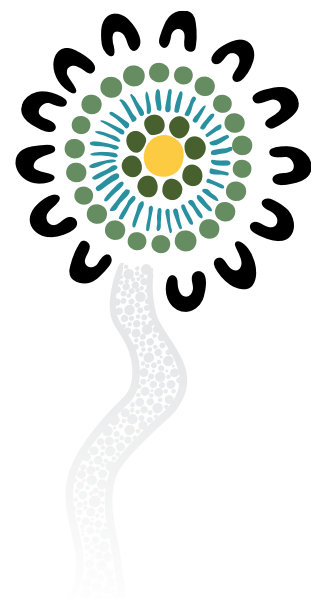
As we approach 2031, we need to be realistic in what we can deliver and what we can achieve within our role as peak. QAIHC will be working tirelessly over the short term to ensure the foundations we’re laying are right to best facilitate CTG. This is vital, as those same foundations will be leveraged for the benefit of other advocacy commitments, delivering a broader framework to health and QAIHC’s organisational response to its challenges.

With all levels of government willing to engage further with us and our Members; capacity, workforce, and consistency will likely pose challenges in the short to medium term. Adding to emerging challenges across an increasingly complex health system – the integration of systems and pathways across our Sector’s primary, secondary, tertiary, specialist, and allied health care streams must be equipped to provide flexible, culturally safe, and place-based

care across the whole life course. This includes through preconception, pregnancy, maternal health, youth, and adolescence, into adulthood, aged care, palliative care, death and dying.

Both the public and the private health system are accountable for ensuring that all Aboriginal and Torres Strait Islander people have access to services, where and when they are needed. This accountability must be demonstrated, measured, and evaluated through robust continuous quality improvement frameworks.

By ensuring that Aboriginal and Torres Strait Islander people are leading the decisions that impact their health and wellbeing, we will accelerate progress towards achieving the objectives of the National Agreement on Closing the Gap National Agreement.



Health Equity

Working towards Closing the Gap, QAIHC is, together with the Queensland Government, committed to achieving Health Equity between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians; hence we continue to follow the Health Equity legislation and align efforts with relevant acts and regulations.

In 2021, amendments were made to the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2012*, requiring each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategies (HES) that aims to identify and eliminate racism in mainstream health services, improve health outcomes for their regions, and work in partnership with Aboriginal and Torres Strait Islander communities and health services, including the community-controlled sector.

This reform sets a precedent in Queensland Government to legislate that a public entity must take steps to identify and eliminate racism, a big part in supporting the path of health equity for Aboriginal and Torres Strait Islander peoples in Queensland.

It is widely acknowledged that the core principle in achieving health equity for Aboriginal and Torres Strait Islander peoples is through close collaboration and co-design of all services and programs intended to exist in an Aboriginal and Torres Strait Islander setting. This includes engaging, consulting, collaborating, and empowering Aboriginal and Torres Strait Islander peoples to ensure relevant decisions and the needs of the communities are met.

To ensure these strategies facilitated the voice of our Member services and communities Queensland Health, in partnership with QAIHC, hosted several consultation workshops to define health equity design principles in 2021.

The long- and short-term vision was for HHSs to co-design, co-own and co-implement HESs with their local Aboriginal and Torres Strait Islander Community-Controlled Health Organisation (ATISCCHO) and other partners. QAIHC would like to acknowledge the efforts and

participation of our Members and the wealth of information that has been collected during these consultations.

The priorities identified by our Sector's leaders informed by health consumers need to address historical and ongoing economic and social injustices and recognise Aboriginal and Torres Strait Islander people's sovereignty and innate rights to self-determination. In working toward health equity and closing the gap, any strategy must ensure a continued consultation and co-design process.

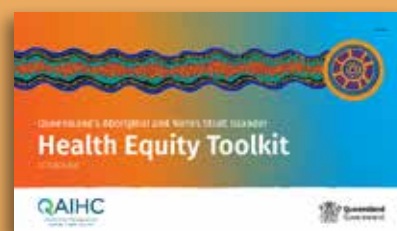
Following these consultations, QAIHC continued to work with Queensland Health on the framework and toolkit to support development of the Health Equity Strategy process to ensure these documents were useful to both QAIHC Members and the Hospital and Health Services.

The resulting work included:

- *Queensland's First Nations Health Equity Consultation report*
- *The Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Health Equity Strategies Implementation Toolkit*, to guide HHSs in the desired development and implementation of their HES
- HES template

This work in 2021/22 has allowed most HHSs to have now developed and launched their HES and start working on implementation.

QAIHC will continue to monitor the role out of the HESs over the coming years and to support Members to engage with HHSs to ensure the best outcomes for our communities.



First Nations Health Equity Strategies—at a glance

DEVELOPMENT STAKEHOLDERS

First Nations staff members
 First Nations health consumers
 First Nations community members
 Traditional custodians/owners and native title holders in the service area

Health and Wellbeing Queensland

The Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO)

Queensland Aboriginal and Islander Health Council (QAIHC)

Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs) in the service area

Local primary healthcare organisations (including Primary Health Networks – PHNs)

IMPLEMENTATION STAKEHOLDERS



SERVICE DELIVERY STAKEHOLDERS

✓ State the KPIs agreed with the CATSIHO&DDG to improve First Nations health and wellbeing outcomes, including:

- actively eliminating racial discrimination and institutional racism within the Service
- increasing access to healthcare services
- influencing the social, cultural, and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services
- working with Aboriginal and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor, and review health services.

✓ Set out the actions the HHSs will take to:

- achieve the KPIs, including through Partnership Arrangements with Service Delivery stakeholders
- work with Implementation stakeholders for greater collaboration, shared ownership, and decision-making
- improve integration of health service delivery with Service Delivery stakeholders
- provide inclusive mechanisms for First Nations peoples of all needs and abilities to provide feedback to the Service
- increase First Nations workforce representation to levels commensurate with local population across all levels and employment streams.

✓ State how the Strategy aligns with:

- strategic and operational objectives of the Service
- other policies, guidelines or directives made by or applying to the Service (e.g. Consumer and Community Engagement Strategy)
- Health Equity Strategies of other HHSs
- other national, state and local government policies, agreements and standards relevant to promoting shared decision-making, shared ownership and working in partnership with First Nations peoples.

Queensland First Nations Health Workforce Strategy for Action

QAIHC recognises the value of having our mob provide our care. Indeed that is why we have an ATSIICCHO sector to begin with. QAIHC also recognises the need to advocate for a larger and highly skilled Aboriginal and Torres Strait Islander health workforce, to sustain the Sector into the future and to ensure we have the best chance of closing the gap by 2031.

To do this, QAIHC needs to build partnerships with governments of all levels as well as private industry. We want our future generations to have the opportunity to experience a career in health.

It is heartening then that QAIHC has been deeply engaged with Queensland Health in the co-design of the new Queensland First Nations Health Workforce Strategy for Action, which will take a whole-of-health-sector approach to identifying and driving actions that support both the public sector and ATSIICCHO workforce.

QAIHC has been involved in the consultation process for the strategy, along with stakeholders in the education and training sector, industry peaks, healthcare workers, consumers and QAIHC Members. The insights gained from this process are strongly influencing the current concept paper, *Making Tracks to First Nations health employment parity by 2031 – Proposed actions for Queensland's new First Nations Health Workforce Strategy for Action*.

Members have shown an interest in: health vocational and educational training in school, joint recruitment and training with other health providers (including Queensland Health), upskilling our staff, having sustainable training options and parity in benefits with the Public Health system.

From this roundtable process, 35 proposed actions have been developed to respond to existing workforce supply and demand pressures across the health system. However, the proposed

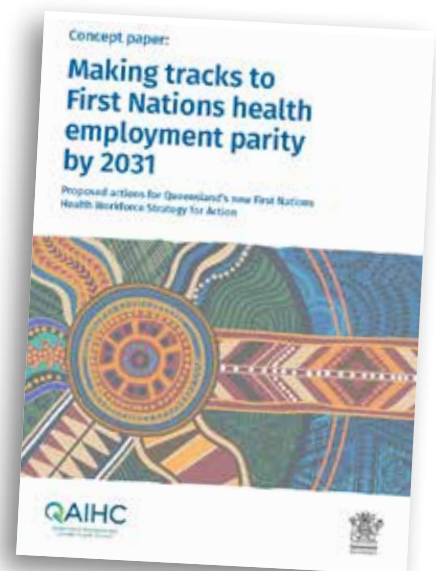
actions are not Queensland Government policy and have been developed to generate conversation about their merit, feasibility, and relevancy.

The actions have been grouped into three categories to value, invest in and grow Aboriginal and Torres Strait Islander health workforces. Some of these 35 proposed actions include:

- Reforms aimed to reshape and redesign the workforce funding and planning environment.
- Actions aimed to grow the future Aboriginal and Torres Strait Islander health workforce supply pipeline.
- Actions aimed to support the retention, career development and progression of current Aboriginal and Torres Strait Islander health workforces.

Evaluation will be developed through a co-design process with Queensland Health, QAIHC and the Workforce Tier 3 Group, which is made up of agencies of relevance from across the state.

Approval of the Concept Paper was received from the Minister without changes. This will be used as the guide to promote discussion to ensure actions are relevant, additional actions may also be introduced.



Workforce Support

Beyond our work with the Queensland First Nations Health Workforce Strategy for Action, QAIHC has been supporting our Member workforce through a year filled with challenges. Mandatory COVID isolation as well as quickly-shifting changes to Medicare policies and procedures were huge but necessary burdens for Members and their clients to carry.

This year QAIHC provided a number of webinars and online supports to lessen that burden and to advocate for change in policy.

These include:

- PBS Copayment Measure — Changes to CTG Medication Program
- Medicare item education sessions
- new telehealth and changes to telehealth services
- Medicare item interpretation and updates
- new clinic set up assistance
- Australian Government Department of Health and Aged Care COVID-19 updates
- advocating for change in government programs
- clinical and non-clinical resources.

QAIHC has also supported 90 students on their journeys to gain formal qualifications in practice management fields, as well as primary health care.

Via UNE Partnerships, QAIHC facilitated students to undertake: Fundamentals of Practice Management (40), Certificate III Business (Medical Administration) in 2021 (15), Certificate III Business (Medical Administration) in 2022 (21) and Project Leadership Fundamentals (7).

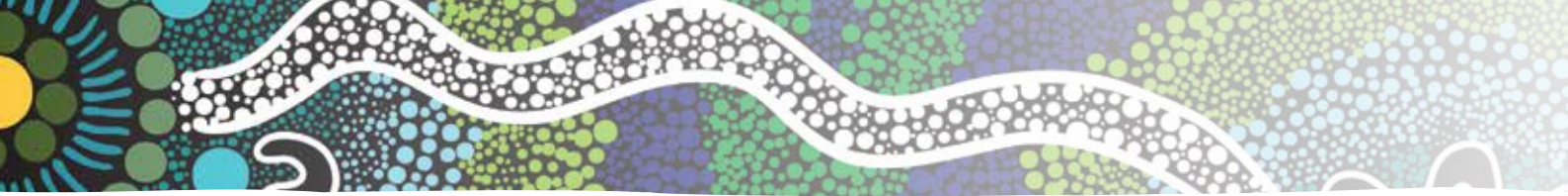
Through Central Queensland University, QAIHC is supporting students undertaking a Certificate IV in Aboriginal Torres Strait Islander Primary Health Care Practice. Seven (7) students attended a residential school in June 2022 with their qualifications expected to be completed by the end of 2022.

Finally, QAIHC assisted 40 practice nurses, Aboriginal & Torres Strait Islander Health Workers, and Aboriginal & Torres Strait Islander Health Practitioners to attend wound management training through Wound Innovations.





Our Highlights



Celebrating Engagement: QAIHC's 2022 State Member Conference

Our first Member Conference since November 2020 was a great success, which was bolstered by engagement, response, and connection across our Membership.

Held early June 2022, we aimed to restart our relationships and the way we do things – creating an environment that bridged communities, regions, voices, and goals; stimulating robust discussion, participation, and planning for the Sector for 2022-2023.

The focus of the conference was **looking forward, looking back** – exploring the lessons we've learnt during our rich history, and using it to create sustainable future impact – which is aligned with our strategic direction over the short to medium term.

QAIHC saw the retrospectivity and forward-thinking theme as vital in understanding what has worked before, to inform what we do now. This is of vital importance as we work to make a difference in our capability and capacity in the future.

We saw a great attendance with attendees from 31 Members participating. Members were given a platform to showcase their unique services and achievements. We also networked and workshopped as regional groups to share, reflect and respond to the current operating environment.

QAIHC and its Members came together with a shared focus, commitment and understanding to further the work in achieving health equity for our people and communities across the state.



Celebrating Community Campaigns: *Make the Choice*

The Make the Choice campaign was a tripartite collaboration between QAIHC, Queensland Health and the Institute of Urban Indigenous Health.

At its core, the campaign and broader working group had a singular focus... Getting Aboriginal and Torres Strait Islander people in Queensland vaccinated against COVID-19.

To do this, we leveraged expert opinion, community voices and consistent situational monitoring to socialise the COVID-19 vaccine across Queensland communities. This campaign saw QAIHC work in several new and innovative ways, drawing upon our many decades of knowledge and strength as Queensland's peak body for Aboriginal and Torres Strait Islander health.

By visiting communities and speaking to mob who had been vaccinated, the enormity of the task was broken down into manageable pieces. Yarn by yarn in each community, we got a greater understanding of what was needed. And what was needed was empowering our Sector to do what they do best: provide care, a safe place to ask questions, and plenty of time for people to make, for themselves, the best decisions for their health and wellbeing.

QAIHC engaged all our Member services and visited 18 regional communities in Queensland:

1. Yarrabah
2. Mareeba
3. Cairns
4. Bamaga
5. Thursday Island
6. Townsville
7. Palm Island
8. Mackay
9. Rockhampton
10. Gladstone
11. Charleville
12. Cunnamulla
13. Hervey Bay
14. Cherbourg
15. Toowoomba
16. Dalby
17. Sunshine Coast
18. Woorabinda

As a result of these engagement experiences:

- six regional television commercials were produced;
- we featured 42 vaccination stories on the website and social media;



- over 50 localised social media videos were produced and shared on QAIHC platforms, as well as shared with Member services for distribution through their channels;
- digital outdoor and convenience ads ran in Cairns, Townsville, Mackay, Rockhampton, Hervey Bay, Toowoomba as well as on Aboriginal Health TV through local ATSI CCHOs;
- a series of podcasts were produced and aired on the BlackStar radio network;
- Deadly Inspiring Youth Going Good (DIYDG) were contracted to create engaging youth-focused content for TikTok and Snapchat;
- our paid social media campaign garnered over 400,000 impressions and more than 5000 clicks to the Make the Choice website;
- the Make the Choice website had over 17,000 page views with 9000 total users, with an average engagement time of 30 seconds.

A huge point of pride for this campaign was the creation and distribution of so many resources for both community and clinicians. Over 70,000 individual pieces of Make the Choice collateral including magnets, brochures, posters, banners, and vaccine record cards were mailed to QAIHC Member services, stakeholders and regional hospital and health services.



MAKE the CHOICE TOWNSVILLE

"I made the choice to protect myself, my family and our Elders"

Leone

Have a yarn with your doctor about the COVID-19 vaccine today or visit Townsville Aboriginal and Islander Health Service

makethechoice.com.au

Get your COVID-19 vaccine here.

MAKE the CHOICE

www.makethechoice.com.au

MAKE the CHOICE CUNNAMULLA

"We need to look after each other, we are a small community"

Roselyne Thomas

makethechoice.com.au

MAKE the CHOICE MACKAY

"I wanted my job so I can travel"

Billy

Have a yarn with your doctor about the COVID-19 vaccine today or visit ATSIChS Mackay

makethechoice.com.au

MAKE the CHOICE

MAKE the CHOICE ROCKHAMPTON

"We have to live with it, so we may as well get protected now"

Kylie

Have a yarn with your doctor about the COVID-19 vaccine today or visit Bidjerridj Community Health Service

makethechoice.com.au

State-wide Support: QAIHC's ongoing response to COVID-19

QAIHC and our Member network acted incredibly early to ensure that we were able to stand up responses to COVID-19 as quickly as possible. This agility allowed us to be flexible in creating a state-wide approach and response with, and on behalf of, our Members.

QAIHC led collaboration with other key partners to provide a comprehensive and coordinated response for First Nations peoples in Queensland. QAIHC advocated for Members' local needs and local resources as well as supported Members with local planning and acquiring adequate resources and stock to manage COVID-19 outbreaks in their areas, whilst maintaining a key focus on the implementation of the vaccine rollout.

Our key partners during the 2021–2022 period included:

- NACCHO
- The Commonwealth Government
- The Department of Health
- The Queensland Government
- Queensland Health
- State-based Peak Organisations
- IUIH
- BHP
- The Aboriginal and Torres Strait Islander Health Division

The opening of the Queensland border (December 2021) meant that QAIHC and our Members had to quickly pivot and smoothly transition from business-as-usual service delivery and COVID-19 vaccination rollout to testing pandemic plans and processes, implementing them, and reviewing them, in readiness for COVID outbreaks and new variants/sub-variants.

Maximising Vaccinations

QAIHC's allocation from Queensland Health's funding for state-wide support delivered a responsive approach to Member engagement with their communities. Our teams facilitated early access to vaccinations, surge workforces, in-home care assistance for those isolating with COVID-19, purchasing rapid antigen

tests, care packages, PPE, and other items as needed.

QAIHC was also able to provide practical on-the-ground support, when requested from our Members, to collaborate with them and the region's HHS in ensuring COVID-19 responsiveness to their communities.

Building Workforce and Capacity

During the 2021–2022 reporting period, QAIHC created a dedicated COVID-19 response team with two new FTE positions:

- COVID-19 Lead
- COVID-19 Support

We also stepped-up a COVID-19 workforce within the organisation.

Further, QAIHC in partnership with Queensland Health held fortnightly and weekly meetings addressing the needs of the Sector, ensuring that our Members had access to appropriate training of their staff, including Doctors, nurses and Aboriginal and Torres Strait Islanders health practitioners.

QAIHC advocated for Members to be invited to participate in the district and local disaster management structures. We participated in the Queensland Government's Aboriginal and Torres Strait Islander Community focused COVID-19 responses to remote and discrete communities. We also participated in the Premier's State-wide Disaster Management structure that was initiated to ensure a cohesive response across all key stakeholders in Queensland.





Delivering Social Services

Further to QAIHC's strategic COVID-19 response (and separate to our participation in the Make the Choice campaign), our operational response included:

- 552 COVID-19 related social media posts were made on FB, Twitter, LinkedIn, Instagram with a total of 90,659 impressions delivered;
- over 20,000 copies of the COVID-19 Readiness Family Plan were delivered to all Members (outside the SEQ region) and other stakeholders, along with copies of COVID-19 readiness posters, vaccine record cards and home visitor records;
- a total of 1,000 care packages (including paracetamol, tissues, sanitary items, toilet paper, hand sanitiser, masks, deodorant, cleaning supplies and QAIHC's COVID-19 readiness resources) were assembled in-house for Members to distribute to communities across Queensland;



- the remaining copies of the COVID-19 readiness resources (including the Family Plan, 'STOP this household is isolating' poster, the home visitor register, vaccine record cards and home isolation fact sheet) totalling sixty-four boxes (approximately 10,000 individual resources) were distributed to our Member services;
- a total of 80 COVID-19 related e-newsletters and communiques were sent to our Members, stakeholders, and subscribers with an average open rate of 55%;
- 23,384 Rapid Antigen Tests were acquired for QAIHC Member distribution.



The critical and intensive work that was completed by QAIHC in partnership with Queensland Health and HHS services across Queensland enabled our Members to focus locally, advocate and inform on local solutions and processes, as well as participate in Local and Regional District Disaster Management Group meetings.

QAIHC continued to lead and coordinate at a regional and state level to enable our Members to be included at all levels of decision making for COVID-19 outbreak management and COVID-19 vaccinations.



Successful Health Programs

In a year of unprecedented challenges, QAIHC has continued the work of advocating for the ATSIICCHO Sector's Social and Emotional Wellbeing (SEWB)/Alcohol and Other Drugs (AOD) workers; and for reform of the business-as-usual SEWB/AOD treatment system that has failed so many mob, into a culturally safe model of care that looks after the needs of the whole person and community.

Alcohol and Other Drugs (AOD) Program

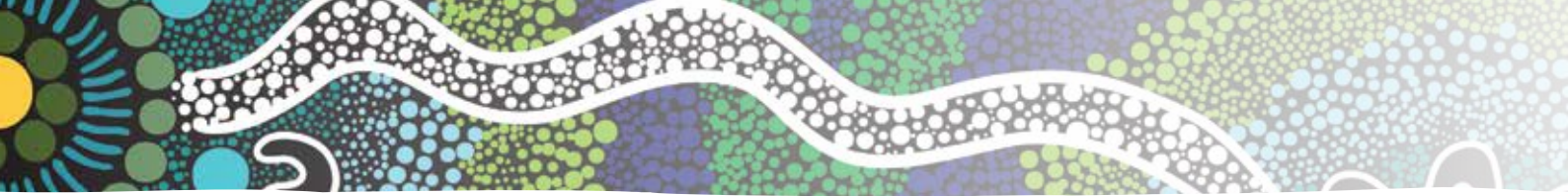
QAIHC led the consultation process for the Cairns Youth Residential Rehabilitation and Day Program from October 2021 to the end of June 2022. Consultations informed aspects of design and model of service. The process included organisations, young people and interest groups such as men's and women's groups, with over 320 individuals consulted.

From December 2021 to June 2022, QAIHC was contracted by Western Queensland Primary Health Network (WQPHN) to deliver training in the WQPHN region. As part of the WQPHN contract, QAIHC developed an e-learning version of the training to ensure access if plans change due to COVID-19 and/or weather events to allow access to the training after the project ended.

QAIHC and the community-controlled AOD services strongly represented at the Queensland AOD Conference, Australian

Winter School 2022: Brave New World: Innovation in the AOD sector. Australian Winter School is an opportunity to catch up with colleagues from across the AOD and related sectors. Winter School provides an opportunity to review evidence-informed treatment, policy, and system reform. Gindaja's "Don't Make Me Wild" session was standing room only. QAIHC's Eddie Fewings delivered a keynote presentation in place of Bevan Ah Kee on Health Equity and what it means for the AOD sector. The presentation was co-delivered by Jasmyn Adams from Aboriginal and Torres Strait Islander Health – Queensland Government.





Social and Emotional Wellbeing (SEWB) Workforce Development Unit

National Indigenous Australians Agency (NIAA) funds a number of SEWB positions in Queensland. QAIHC is contracted to support and facilitate both accredited and professional development training for this workforce.

After a long, COVID-caused break, a successful face to face State Gathering was held in Brisbane in June 2022. The State Gathering theme was “Staying Strong for Our Mob”. The delegates participated in workshops addressing conflict resolution and “Recreating the Circle of Wellbeing”.



Indigenous Health Workforce Traineeship Program

Over financial year 2021/22, QAIHC facilitated and continues to support the placement of 30 trainee workers in Member organisations to increase the number of skilled Aboriginal and Torres Strait Islander people working in the primary health care sector. The goal is to create viable career pathways in health and build the capacity of ATSI CCHOs to provide culturally appropriate health care to community and clients.



Overcoming Barriers to Deliver Better Programs

My health for life

The original goal of the My Health for Life (MH4L) program both in an Aboriginal and Torres Strait Islander and mainstream context is to:

- Identify people at risk and provide intervention.
- Increase health literacy and manage risk factors.
- Increase community awareness, knowledge, and attitude to health and to make healthy choices.

The program aims to prevent the onset of Type 2 Diabetes, cardiovascular diseases, and stroke by making sustainable changes in the lives of the participants. Through motivational interviewing, participants are encouraged to make healthy choices, become more physically active, eat healthier, decrease the use of alcohol and tobacco, sleep more, etc. The program's goals and objectives have been extended for Aboriginal and Torres Strait Islander peoples to also include the management of already existing lifestyle diseases.

Unfortunately, the mainstream MH4L program found little success. Despite being rolled out in Aboriginal and Torres Strait Islander communities through ATSI CCHOs across Australia, it suffered low retention rates, and low program sustainability.

Through semi-structured consultations with Members across Queensland, consultations with Aboriginal and Torres Strait Islander staff working within the field, and other relevant

organisations and experts, an evaluation of the MH4L program in an ATSI CCHO context was drafted and submitted by QAIHC. This report built upon QAIHC's MH4L Aboriginal and Torres Strait Islander Community Controlled Health Organisation Strategy submitted to the MH4L team in March 2022.

Results from the consultations delved into quantitative and qualitative reasons as to why the MH4L program faced challenges to implement and sustain in some rural and remote Aboriginal and Torres Strait Islander communities.

- Addressing this, QAIHC and the team at MH4L collaborated closely and co-designed a modified MH4L program strategy.

The modified program intends to further consider the differences in perception of health and well-being, lifestyle, environment, economic, social, and cultural determinants of health, possibilities, needs, and wishes between Aboriginal and Torres Strait Islander and non-Indigenous groups.



The goals of the modified version of the MH4L program will be similar to the goals presented above, but also include increased program sustainability and increased participant retention rate.

The biggest change and win for the Sector is that MH4L is now willing to fund ATSI CCHOs that are implementing the revised program.

Ongoing reporting, research and negotiations have been conducted between Member services, Diabetes Australia, Health and Wellbeing QLD and QAIHC—we expect these co-designed discussions to continue into the 2022-2023 financial year.



End of Life

QAIHC's advocacy is not only focused on ensuring mob live long and healthy lives; but can also rest assured of a comfortable and dignified death. We have continued to advocate to Queensland Health the needs and circumstances of mob in this stage of life.

One of the most important issues is for mob to receive end of life care where they wish; whether on Country, with family or in a palliative care ward. Being forced to travel long distances, away from community and Country, is neither a dignified nor comfortable passing.

With the passing of Queensland's Voluntary Assisted Dying Act 2021 part of our job was to understand the implications for Members and our communities, with voluntary assisted dying being available from 1 January 2023.

QAIHC's key outcomes for the 2021-22 period:

- working with Queensland Health to realise the Palaszczuk Government's election commitment of greater investment in palliative and end of life care, and that funds be quarantined for ATSI/CHO-led models of community based palliative care;
- co-development with Queensland Health of a workshop on 17 March 2022 on community based palliative care for Aboriginal and Torres Strait Islander peoples. The workshop identified key elements for caring for our mob and how we can support a better level of service;
- ongoing membership of the First Nations Engagement Advisory Group for voluntary assisted dying to identify appropriate opportunities and material for engaging with Member services and Aboriginal and Torres Strait Islander peoples around the difficult topic of death and dying.



TORCH Project

The Torres and Cape Health Commissioning Fund (TORCH) Project is a new approach to health investment and outcomes across the Torres Strait and Cape York regional areas.

The TORCH Project is the first of its ilk in the health reform space. It is ground-breaking and unlike anything in any other jurisdiction across Australia.

The TORCH Project has been agreed between the former Commonwealth Minister for Health, Minister Hunt and the current State Minister for Health, Minister D'Ath to explore new partnerships and new opportunities for closing the gap in life expectancy. There is a bilateral agreement in place between both the Commonwealth Department of Health and Queensland Health. With a project steering committee leading high-level dialogue for the project and ensuring that all aspects are considered in the new approach.



"I want to emphasise that this reform is a way to give voice to Aboriginal and Torres Strait Islander peoples in the region and an opportunity for a strengthened role for the community-controlled health sector."
Minister D'Ath (June 2022)

The Commonwealth remains committed to working with Queensland to improve health outcomes in the Torres and Cape region through the TORCH project, noting it represents an important proof of concept that could help improve community needs-based health service delivery, and address serious health disparities for Aboriginal and Torres Strait Islander people in the region.
Minister Hunt (March 2022)

QAIHC continues to lead and advocate on behalf of our Members and Aboriginal and Torres Strait Islander peoples within the region.

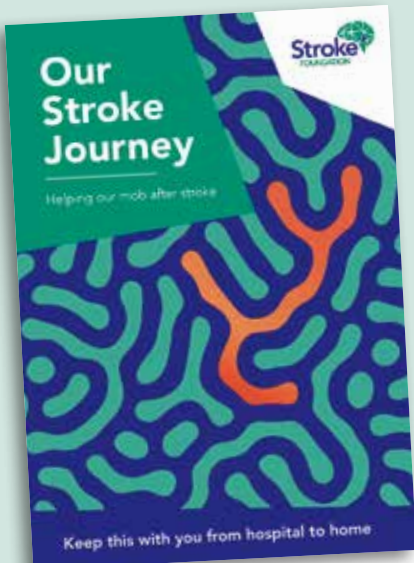
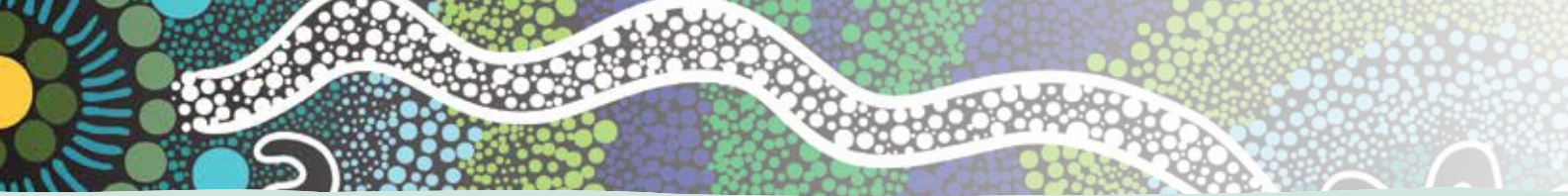
The TORCH project is underpinned by the following essential principles:

- equity of health access, outcomes, and experience;
- local and regional commissioning and decision-making;
- re-orienting local health systems to respond to population-based need.

The TORCH project is a placed-based approach, which seeks to look at the existing investment and to innovate ways in which healthcare services are funded, contracted, and provided.

Over the last year, we have strategically participated in the development and engagement of the TORCH project. Where we have mapped the strategy and engagement to be co-designed with key stakeholders such as QAIHC Members, statutory bodies, regional bodies, Queensland Government, Commonwealth Government, local government, HHSs and other providers.





Our Stroke Journey

QAIHC was engaged by the Stroke Foundation to design a contextualised resource for Aboriginal and Torres Strait Islander survivors of stroke, their families and carers.

The booklet—*Our Stroke Journey*—was launched on 4 August as part of the 2021 National Stroke Week. It contains information about what to expect when recovering from a stroke and outlines the support that is available for those in need.

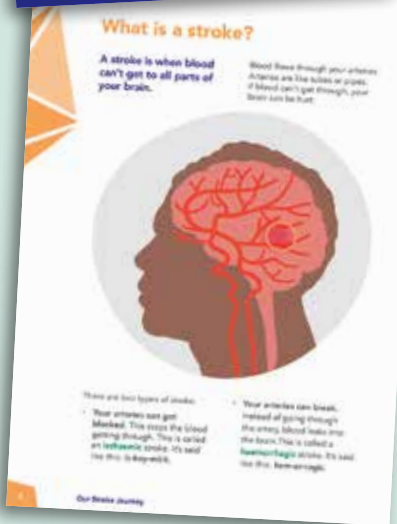
The booklet features the personal stories of people who have either had a stroke themselves or supported family through their recovery.

Its language and content were developed in close collaboration with survivors of stroke and their families, health professionals, researchers and Aboriginal and Torres Strait Islander organisations.

Stroke Foundation National Manager StrokeConnect Jude Czerenkowski said *Our Stroke Journey* is a much-needed resource. Aboriginal and Torres Strait Islander people are twice as likely to be hospitalised with stroke than non-Indigenous Australians.

“This booklet covers everything Aboriginal and Torres Strait Islander people need to know to take their place at the centre of their care, look after their health and live a good life after a stroke.”

Our Stroke Journey is available from the Stroke Foundation’s website.



Care Coordination Service Centre (CCSC) and Priority Patient Dashboard (PPD)

Cairns and Hinterland Hospital and Health Service (CHHS), Torres and Cape Hospital and Health Service (TCHHS) and QAIHC initiated a tripartite agreement to develop the CCSC and PPD with the aim to:

- improve visibility of priority patients, ensuring that health service providers can identify their health needs;
- early identification of priority patients to assist with care coordination and enable access to the right care, in the right location and at the right time to reduce the number of patients requiring acute care;
- promote equity in health outcomes with a focus on Torres and Cape as well as Cairns and Hinterland priority populations, through logistical and care coordination support;
- address challenges and complexities in accessing coordinated face-to-face health services;
- improving integration of primary, community and non-acute care around individuals and across government and non-government organisations.

At its core, the CCSC is about true co-design and partnership between Queensland Health, HHSs, and ATSI/CHOs.

CCSC enables a collaborative and mutually beneficial review and redesign of the relationship between HHSs and ATSI/CHOs to deliver respectful, informed and culturally safe services which have better and more accurate information sharing, better patient handover, better communication, and better patient outcomes.

Ultimately, our hope is that the project empowers our people to feel confident to access hospital care anywhere across Queensland and that those pathways are safe, secure, informed, and consistent to meet the needs of all Aboriginal and Torres Strait Islander patients.

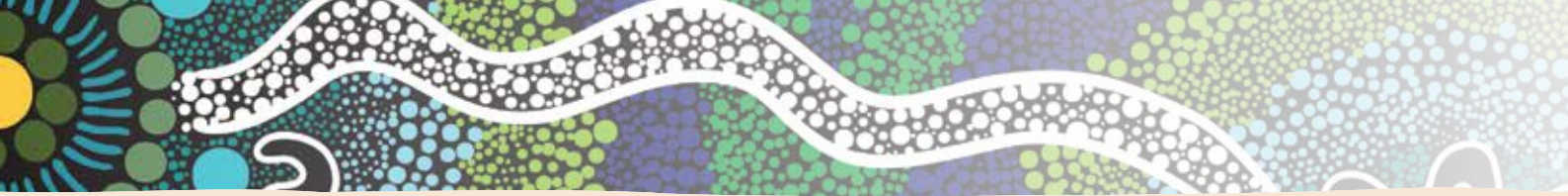
The Project Operational Model is expected to go 'live' late 2022/early 2023.



Cairns and Hinterland
Hospital and Health Service



Torres and Cape Hospital and Health Service



Murri Carnival

In 2021 and 2022 the QAIHC Queensland Murri Rugby League Carnival Study continued, surveying participants of the 2021 Murri Rugby League Carnival. Research partners included Queensland University Technology, the Arthur Beetson Foundation, Institute of Urban Indigenous Health and Deadly Choices.

Since 2019, the study has surveyed participants of Murri Carnival to explore how participation as a player, spectator or official may influence levels of access to health services, along with their knowledge and understanding of preventative health.

Importantly, the study also examined how involvement with the Murri Carnival over time may influence health-related perceptions and behaviours. Researchers surveyed teams and officials as part of a pre-carnival survey prior to the carnival in July 2021, and spectators, officials and players onsite at the Murri Carnival event at Dolphin Stadium in Redcliffe in September 2021.

Participants were then invited to participate in two-month and six-month follow-up surveys in December 2021 and in March/April 2022.

Overall, 239 participants completed surveys for the 2021 cohort. Data collection is now finalised for the study, with 953 respondents to the survey over the life of the study. Analysis of the data is continuing, and researchers look forward to sharing further results as they emerge.



WOMB Project

QAIHC, through Research Officer Lee Yeomans, has been actively involved in the Women's action for Mums and Bubs (WOMB) Project, in conjunction with academic research partner James Cook University. QAIHC has been providing in-kind support for the project since 2018.



In February of 2022, Ms Yeomans was a co-author of a systematic review of research into the “characteristics, contextual influences and group processes associated with the maternal and child health outcomes of women’s groups.”

The systematic review was published in BMJ Open, an open access journal published by BMJ Publishing Group Ltd, which is consistently ranked as a Q1 or first quartile journal. This means the journal is consistently in the top 25 per cent of general medicine academic journals.

The WOMB Project aims to test the effectiveness of community women’s groups to improve the quality of maternal and child health care and outcomes. There is strong evidence internationally that shows participatory women’s groups can improve maternal

and child outcomes through improved quality of care, women’s empowerment, and new learning.

Women’s empowerment can also be an outcome of participatory women’s groups, as shown in Aboriginal and Torres Strait Islander settings.

Indicators of maternal and child health (including service data about maternal and child health, group facilitators’ journals and individual and group interview data) will be analysed throughout the project to see if there are any changes in outcomes for

Aboriginal and Torres Strait Islander mums and their bubs, and how the changes might have happened.

Facilitators are funded to work with group participants to design activities for the groups to meet their own local needs. Several Members as well as other ATSI CCHOs around Australia participate in the project through formation and facilitation of women’s groups in their local areas. Facilitators and researchers collaborate as part of a research collective, building partnerships involving multiple universities and research organisations.

The WOMB Project is a partnership between:





Our Organisation

Business Divisions

Queensland Aboriginal and Islander Health Council has three well organised business divisions, each providing specialist support to our Members and the Sector.

The Sector Development Division regularly engages with Members and provides a range of services which are focused on better health outcomes through prevention and intervention. These programs and services support QAIHC Members to achieve greater service delivery outcomes across the state.

The Sector Development Division is divided into four teams.

Regional Managers

The Regional Managers work closely with Members to identify what they need, and what is relevant to overall Sector success. They engage frequently with the Sector and assist individual Members by providing independent, rigorous and practical solutions to their organisational challenges so the Sector remains strong and sustainable. These positions have strengthened engagement with Members and have enabled QAIHC to better identify and coordinate capacity and capability support and assistance.

The Regional Managers are also responsible for coordinating the QAIHC Service Delivery Statements which detail the support that is provided to each Member.

Health Programs

The Health Programs Team is responsible for supporting and delivering activities that develop the capability and capacity of the Sector. This is done through advice, support, education and/or training delivered by a team of Workforce Coordinators who focus on Cultural Capability and Education, Workforce Planning and Development, Continuous Quality Improvement, Chronic Disease and Medicare.

In addition, government funding enables the Health Programs Team to provide coordinated support and advice to Members on some specific health issues, including hearing health, sexual health, renal health, immunisation, diabetes and alcohol and other drugs.

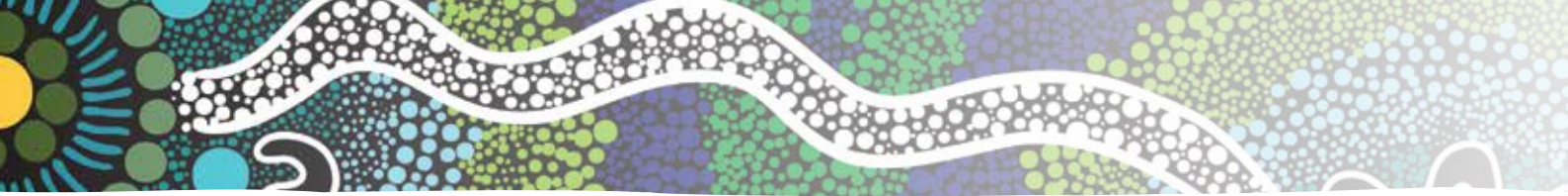
AOD

QAIHC's AOD Team liaises, consults and advocates for our Members and other service providers who work in the alcohol and other drugs arena.

QAIHC achieves this by developing, drafting and designing culturally appropriate, contextualised resources to support Aboriginal and Torres Strait Islander peoples within their communities across Queensland – focussing on individuals impacted by substance use and addiction.

We deliver training and support to ATSICCHOs by working collaboratively and sharing information in relation to activities and initiatives within the AOD space.





The Policy and Research Division is responsible for developing QAIHC policy and advising on public policy. This division assists Members by giving them the opportunity to directly contribute to the development of policies.

The Policy and Research Division is divided into two teams.

Health Policy

The Policy Team is responsible for developing high-quality policy that influences change. The Policy Team uses evidence to support QAIHC's policy positions. Policy advice is delivered through submissions, research papers, resources, campaigns, speeches, presentations and in day-to-day meetings with senior policy makers.

The Policy Team is also responsible for statewide policy campaigns that educate the public and for coordinating the QAIHC Clinical Leaders Forum, the Policy Network and the QAIHC Youth Health Network.

The Policy Team is the secretariat for the Queensland Aboriginal and Torres Strait Islander Health Partnership.

Research and Evidence

The Research and Evidence Team is responsible for the identification of Sector-wide health priorities based on evidence, the development of data sets that can be used to inform public policy development and health program commissioning, and the development of research activities that contribute to Sector and inform Sector Development activities.

SEWB

The SEWB Team provides support to the National Indigenous Australians Agency-funded SEWB workforce in Queensland. The SEWB team conducts the annual SEWB Training Needs Analysis to approximately 200 SEWB workers in Queensland, to ensure minimum skills and qualification standards are met and identifying the training and professional development needs of the Sector. In addition, the SEWB team is responsible for the annual SEWB State Conference and two Regional Forums.



Our Organisation

The Corporate Services Division provides administrative and operational support to all QAIHC business divisions. This support includes financial, facility management, information technology (ICT) systems and process management. This division is also responsible for managing all contracts, providing human resource support, legal, corporate communication and marketing and procurement activities across QAIHC.



Communication and Marketing

The Communication and Marketing Team is responsible for the development and delivery of overall strategic communication and marketing strategies and initiatives across QAIHC. This includes responsibility for all branding and coordination of QAIHC events.

Accreditation

The Accreditation Team provides professional advice, training and audit assistance to Members seeking to stay abreast of RACGP and ISO accreditations.

Executive Services

The Executive Services Team is responsible for providing coordinated administrative support and assistance to the CEO and business divisions. The team manages the smooth running of the office and is responsible for all corporate travel arrangements.

Information Communication Technology (ICT)

The ICT Team provide support to QAIHC and Member services with software, infrastructure, procurement, information, advice updates and system administration.

Business Quality Centre (BQC)

BQC is the commercial arm of QAIHC, servicing Members and non-Members at a fee-for-service for work and assistance in HR, ICT, finance, accreditation, and communication and marketing activities.

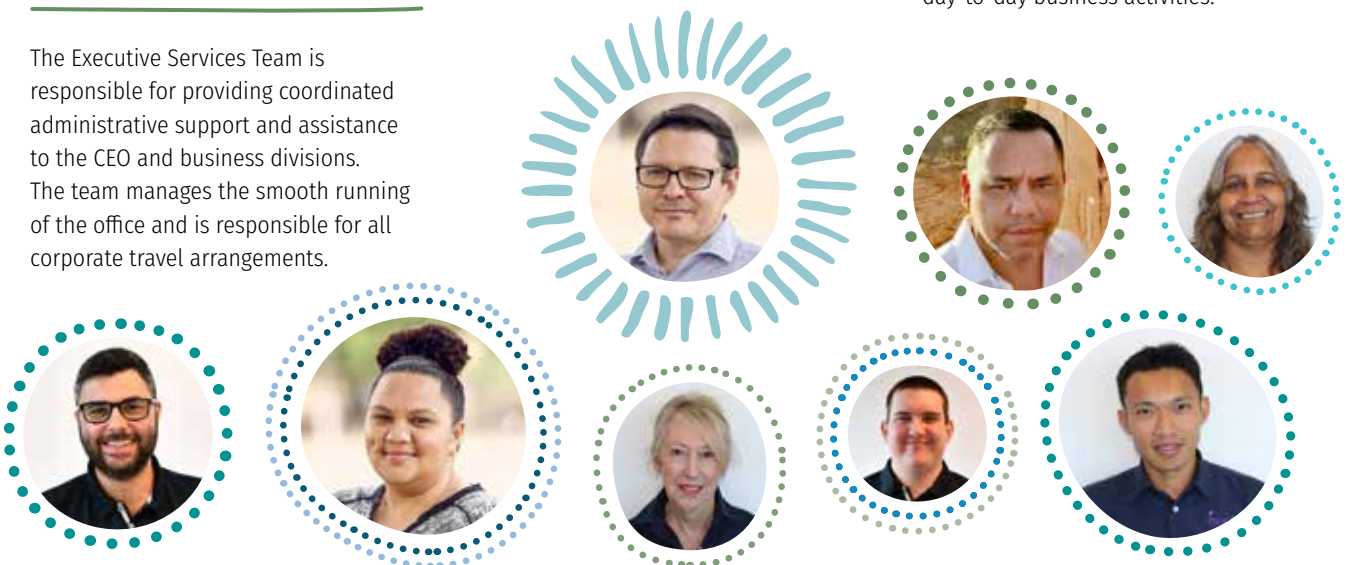
Finance

The Finance team provide financial support in the way of bookkeeping, accounting, BAS, reporting and analysis to both QAIHC and Member Services.

The Chief Financial Officer role is also in the Corporate Services business division and is held by the General Manager, Corporate Services.

Human Resources

The Human Resources (HR) Team is responsible for delivering the day-to-day human resource functions of QAIHC. The team provides professional advice on a range of strategic HR matters as they arise and general HR support for day-to-day business activities.



Member Support

QAIHC provides a range of support to Members at a regional level through their assistance with the delivery of quality, culturally and clinically safe, comprehensive primary health care services, and at a strategic level by helping the Sector through quality leadership, advocacy and partnerships.

Regional support

This support included:

- coordination of QAIHC services in each QAIHC Region
- governance support including:
 - Board skills
 - audit and evaluation
 - policy
 - strategic plan facilitation
 - operational plan development
 - SWOT and risk mitigation
 - constitution review
- clinical governance framework development
- Model of Care support
- workforce strategy, planning, policy and support
- advocacy including representation at meetings, forums, on panels and at committee meetings.

Strategic support

This support included:

- data analysis, research service mapping and service gap analysis
- linking Members and stakeholders to administrative and BQC support (professional financial, HR and IT support and services)
- Member visits and engagement with key stakeholders locally
- review of small grant applications
- outreach service transition support and advice
- sharing information between QAIHC and Members, and importantly, between Members and QAIHC.

Leadership

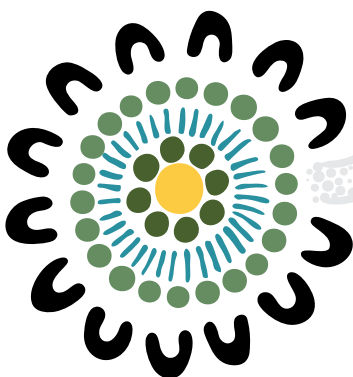
We are a professional, credible peak organisation. Our work extends beyond just building the capability and capacity of our Members. As an established organisation with a 30 year history, we provide informed leadership, strategy, insight and advice to the Sector, stakeholders and government.

Advocacy

Not all our Members have their voices heard. We regularly advocate on behalf of our Members and are constantly representing their interests so they can concentrate on delivering quality comprehensive primary health care services to their communities.

Partnerships

An improvement in Aboriginal and Torres Strait Islander health status requires strategic partnerships and alliances. QAIHC works closely with public and private sector organisations, universities and industry groups to achieve beneficial outcomes for Members and Aboriginal and Torres Strait Islander peoples.



Operational Support

At the operational level, we help the Sector through the provision of professional advice and services.

The following is a summary of the Sector support QAIHC provided in 2021–2022.

Business support

Human Resources

- Advice
- Information
- Review of policies and procedures
- Development of policies and procedures
- Recruitment support
- IR support
- Organisational structure reviews
- Salary reviews

Information and Communication Technology

- Software
- Infrastructure
- Procurement
- Information
- Advice
- Updates
- System administration

Finance

- Bookkeeping
- Accounting
- BAS
- Reporting
- Analysis

Communications and Marketing

- Media releases
- Newsletters/magazines
- Websites
- Health promotion
- Graphic design
- Social media
- Event management

Accreditation

- Audits
- Accreditation—ISO, RACGP, HSQF
- Needs/gap analysis
- Action plans
- Governance frameworks
- Advice, guidance and support
- Training, workshops, forums

Other

- Management reporting
- Business cases
- Report writing
- Governance
- Leadership
- Linkages with QH, HHS, PHN
- Strategic planning
- Operational planning
- Business planning
- Governance training
- Linkages to funding
- Linkages to tenders
- Asset management
- Property—caveats

Workforce support

Workforce

- Workforce reviews/analysis
- Salary benchmarking
- Linkages to training organisations
- National and state strategic workforce linkages
- Workforce frameworks and strategies

Cultural Education

- Training
- Cultural mentoring
- GP Registrar support
- Linkages to training organisations
- Advice
- Induction to the Sector
- Workshops/forums

CQI

- Action plans
- Advice, guidance and support
- Training

Medicare

- Training
- Advice
- Information and updates
- Workshops
- Medical reception training
- Clinical systems and procedures
- Reviews



Health Programs

AOD

- Training needs analysis
- Professional development
- Training programs, workshops and forums
- Linkages to training organisations
- Advice and guidance
- Information and updates
- Sector coordination
- Treatment frameworks
- Policies and procedures
- Program development
- Business cases

SEWB

- Training needs analysis
- Professional development
- Workshops/forums
- SEWB training pathways
- Information and updates
- Cultural mentoring
- Peer support
- Referrals to QAIHC services

Diabetes

- Clinical guidelines and procedures
- Models of care
- My Health for Life program
- Information and updates
- Training
- Advice
- Health promotion
- Policies and procedures

Chronic Disease

- Training
- Workshops
- Information and updates
- Health promotion

Hearing Health

- Clinical guidelines and procedures
- Models of care
- School programs
- Fact sheets
- Screening
- Information and updates
- Training
- Advice
- Health promotion
- Linkages to programs and agencies
- Needs analysis

Immunisation

- Cold chain management
- Clinical guidelines and procedures
- Vaccine management
- Data uploading and reporting through air
- Information and updates
- Training
- Advice
- Health promotion
- Needs/gap analysis

Advocacy

Policy

- Position papers
- Policy papers
- National and state strategy
- Trends, issues, advice
- Information
- Lead Clinicians Group
- Government relations advice
- Ministerial relations advice

Research and Data

Research

- Research papers
- Ethics
- Information
- Advice
- Linkages to universities/researchers

Data

- Reporting
- Information
- Advice
- Analysis



Our Financials

2021–2022 Financial Snapshot

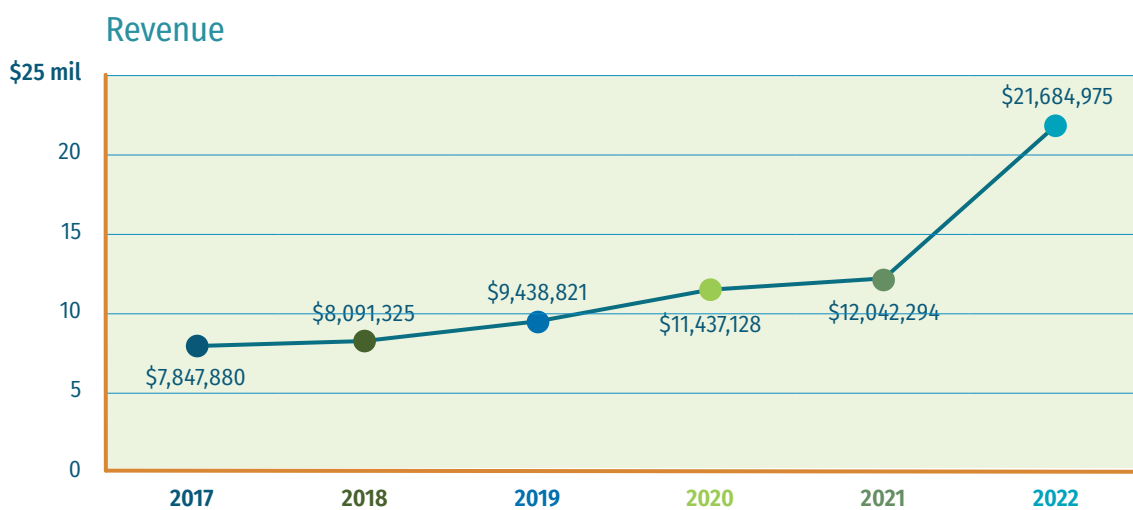
For the 2021–2022 financial year, QAIHC reported an annual revenue of \$21,684,975. This is an 80 per cent growth compared to the previous year. Net surplus for the year was \$1,501,153.

These results build on the strong equity base accumulated over the previous years and further strengthen QAIHC's financial position.

QAIHC continues to invest in its people, systems and infrastructure to further enable its ability to support the growing Queensland Aboriginal and Torres Strait Islander Community-Controlled Health Sector.

As QAIHC looks ahead toward growth and expansion, it remains committed to fiscal prudence to ensure sustainability and service delivery to this Sector.

The following audited summarised financial reports provide a snapshot of the financial performance and position of QAIHC for the 2021–2022 financial year. These reports are inclusive of the full adoption of the new Australian Accounting Standards for revenue—AASB 15, and for leases—AASB 16. For more detailed financial information please refer to the full Audited Annual Financial Report which is available on QAIHC's website.



In 2022, QAIHC recorded five consecutive years of revenue growth.

Our Funding Sources

We sincerely thank our supporters for their generous financial contributions this year. Your support has assisted the Queensland Aboriginal and Islander Health Council to deliver a range of professional advice and services to Members and the Social and Emotional Wellbeing workforce across Queensland.

In 2021–2022, QAIHC received revenue from three key funding sources. These sources included:

- self-generated income from the commercial services business division
- core funding from the National Aboriginal Community Controlled Health Organisation (NACCHO)
- multiple program grants from the Queensland and Australian Governments.

In this reporting period QAIHC managed over 30 different projects and programs.

Own source income

QAIHC has continued to maintain growth in self-generated income through the sale of financial, human resources, information communication technology, and accreditation consultancy services. This service delivery receives no grant funding.

In 2021–2022 QAIHC generated \$1,217,110 from commercial business activity to reinvest into the organisation for ongoing organisational and employee development, events, and new products and services.

NACCHO funding

QAIHC would like to thank NACCHO for financially supporting our work in the Queensland Aboriginal and Torres Strait Islander Community-Controlled Health Sector over the last year.

On 8 June 2022, QAIHC signed a three-year Aboriginal Community Controlled Health Sector Support Network funding agreement with NACCHO, with the 2025–2026 financial year being the final year of that three-year term.

In 2021–2022, QAIHC received \$3,031,825 from NACCHO in organisational funding support for the Queensland Aboriginal and Torres Strait Islander Health Sector and a further \$789,286 for specific programs.

Government funding

QAIHC would like to thank the Queensland and Australian Governments for financially supporting our work in the Queensland Aboriginal and Torres Strait Islander Community-Controlled Health Sector over the last year.

In 2021–2022, QAIHC received \$10,862,018 from Government to provide a number of targeted health programs to our Members.

The Queensland and Australian Government departments that have supported QAIHC include:

- Commonwealth Government
 - Department of Health
 - National Indigenous Australians Agency
- Queensland State Government
 - Queensland Health
 - Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Other income

In 2021–2022 QAIHC also secured other income from a mix of commercial activities as well as from generous supporters. This enabled QAIHC employment, education and research initiatives.

Grant funding 2021–2022

Queensland Government	Purpose	Amount (ex GST)
Queensland Health	Core/Sector Development and Support	\$318,301
Queensland Health	AOD Connecting Community	\$181,843
Queensland Health	AOD Youth Residential Rehabilitation and Treatment Service – Cairns Model of Service	\$50,000
Queensland Health	Improving Immunisation Coverage Among Indigenous Queenslanders	\$352,477
Queensland Health	Breakthrough ICE Education Program	\$121,800
Queensland Health	Sexual Health and Wellbeing Project	\$269,000
Queensland Health	A&TSICCHS Capacity to Deliver First Nation COVID-19 Vaccinations	\$8,300,000
Queensland Health	Co-design Health Equity Framework and Toolkit	\$93,574
Queensland Health	Connecting Your Care – Project Management Office	\$1,175,023
DSDSATSIP	NDIS System Review	\$200,000
DSDSATSIP	Close the Gap	\$51,000
Total		\$11,113,018
Commonwealth Government		
Department of Health	Ear Health Coordinator	\$320,000
Department of Health	Indigenous Health Workforce Administration	\$197,657
Department of Health	Indigenous Health Workforce Traineeships	\$592,972
National Indigenous Australians Agency	Safety and Wellbeing Program	\$1,167,382
Total		\$2,278,011
Funding Provider		
NACCHO	National Network Funding	\$3,031,825
NACCHO	NDIS Ready	\$195,000
NACCHO	COVID-19 Vaccine Support	\$450,000
NACCHO	BBV STI	\$120,000
NACCHO	Stolen Generations COVID-19 Resilience	\$24,286
James Cook University	SIME Project	\$134,000
James Cook University	GMT	\$103,000
RACP	Specialist Training Program	\$56,250
GPTQ	GP Registrar Training	\$108,600
Diabetes Australia (QLD)	My Health for Life	\$190,000
Australian Digital Health Agency	My Health Record	\$164,963
QIMR Berghofer	Genetic Health Referral Pathways	\$25,000
Western Queensland PHN	QAIHC AOD Our Way and Breakthrough Our Way Project	\$201,166
University of Queensland	ECHO Dementia Project	\$39,000
Total		\$4,843,090

Summary Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2022

	2022 \$	2021 \$
Revenue	20,109,698	9,737,982
Other income	1,575,277	2,304,312
Employee expense	(5,262,260)	(5,836,710)
Depreciation and amortisation expense	(877,834)	(909,298)
Interest expense on leased assets	(100,236)	(134,665)
Repairs, maintenance and vehicle running expenses	(46,434)	(27,561)
Fuel, light and power expense	(60,800)	(53,614)
Training expense	(10,551)	(159,269)
Audit, legal and consultancy fees	(930,073)	(400,328)
Marketing expenses	(420,486)	(31,572)
Bank charges & fees	(5,273)	(5,030)
Catering expense	(108,070)	(71,277)
Cleaning, waste removal & security	(87,381)	(83,514)
Computer maintenance & software expense	(151,385)	(124,632)
Dues & subscriptions expense	(10,080)	(9,886)
Fringe benefits tax expense	(2,737)	(411)
Insurance expense	(34,201)	(32,901)
Printing, postage, stationary & storage	(194,289)	(100,052)
Program expenses	(9,126,821)	(851,928)
Repairs & maintenance expense	(121,762)	(29,197)
Recruitment expenses	(33,728)	(63,822)
Staff uniforms & amenities	(49,523)	(27,846)
Seminars, conferences & venue fees	(85,109)	(90,794)
Travel, accommodation & meals	(412,323)	(432,307)
Travel – allowances	(75,162)	(110,741)
Telephone, Internet & website expense	(88,144)	(76,189)
Unexpended grants	(1,889,160)	(1,408,017)
Gain/(Loss) on disposal of asset	-	(428)
Current year surplus before income tax	1,501,153	970,307
Tax expense	-	-
Net current year surplus	1,501,153	970,307
Net current year surplus attributable to members of the entity	1,501,153	970,307

The concise financial statements are an extract from the full financial statements of Queensland Aboriginal and Islander Health Council. The financial statements and specific disclosures included in the concise financial statements have been derived from the full financial statements of Queensland Aboriginal and Islander Health Council and cannot be expected to provide a full understanding of financial performance, financial position and financing and investing activities of the company as the full financial statements.

Summary Statement of Financial Position

For the year ending 30 June 2022

	2022 \$	2021 \$
ASSETS		
CURRENT ASSETS		
Cash on hand	8,071,166	6,998,222
Trade and other receivables	585,237	107,011
Other current assets	160,033	298,777
TOTAL CURRENT ASSETS	8,816,436	7,404,010
NON-CURRENT ASSETS		
Plant and equipment	277,876	275,108
Intangibles	37,270	54,426
Right of use – leased assets	1,358,587	1,728,067
TOTAL NON-CURRENT ASSETS	1,673,733	2,057,601
TOTAL ASSETS	10,490,169	9,461,611
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	1,401,312	1,007,411
Contract liabilities	2,237,701	2,633,377
Employee provisions	432,710	486,620
Lease liabilities	859,255	760,344
TOTAL CURRENT LIABILITIES	4,930,979	4,887,752
NON-CURRENT LIABILITIES		
Employee provisions	85,068	108,122
Lease liabilities	659,027	1,151,798
TOTAL NON-CURRENT LIABILITIES	744,096	1,259,920
TOTAL LIABILITIES	5,675,075	6,147,672
NET ASSETS	4,815,094	3,313,941
EQUITY		
Retained surplus	4,815,094	3,313,941
TOTAL EQUITY	4,815,094	3,313,941

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Summary Statement of Changes In Equity

For the year ending 30 June 2022

	Retained Surplus \$	Total \$
Balance at 1 July 2020	2,343,634	2,343,634
Comprehensive Income		
Surplus for the year attributable to members of the entity	970,307	970,307
Total comprehensive income attributable to members of the entity	970,307	970,307
Balance at 30 June 2021	3,313,941	3,313,941
Balance at 1 July 2021	3,313,941	3,313,941
Comprehensive Income		
Surplus for the year attributable to members of the entity	1,501,153	1,501,153
Total comprehensive income attributable to members of the entity	1,501,153	1,501,153
Balance at 30 June 2022	4,815,094	4,815,094

The concise financial statements are an extract from the full financial statements of Queensland Aboriginal and Islander Health Council. The financial statements and specific disclosures included in the concise financial statements have been derived from the full financial statements of Queensland Aboriginal and Islander Health Council and cannot be expected to provide a full understanding of financial performance, financial position and financing and investing activities of the company as the full financial statements.

**Independent Auditor's Report to the members of
Queensland Aboriginal and Islander Health Council Ltd**

Report on the Summary Financial Report

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2022, the summary statement of comprehensive income, summary statement of changes in equity are derived from the audited financial report of Queensland Aboriginal and Islander Health Council Ltd for the year ended 30 June 2022.

Summary Financial statements

The summary financial statements do not contain all the disclosures required under the Australian Charities and Not-for-profits Commission Act 2012. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon.

The Audited Financial Report and the Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 2 December 2022. The audited financial report is included in the 2022 Financial Report.

The Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements which does not include a summary of the key financial accounting policies. Those policies should be accessed by reference to the audited financial report.

Auditor's Responsibilities

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.



Mazars Assurance Pty Limited
Authorised Audit Company: 338599



Michael Georghiou
Director
Brisbane, 2 December 2022

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We view sustainability as way of doing business. We respect the Earth and our forests as well as our staff, suppliers, local communities and our Members. This report has been printed on ecoStar+, an environmentally responsible paper. ecoStar+ has been made Carbon Neutral and the fibre source is FSC (CoC) Recycled certified. ecoStar+ is manufactured from 100% post consumer recycled paper in a process chlorine free environment under the ISO 14001 environmental management system.





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