

# Annual Report

2023

 **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 2022 to 30 June 2023



*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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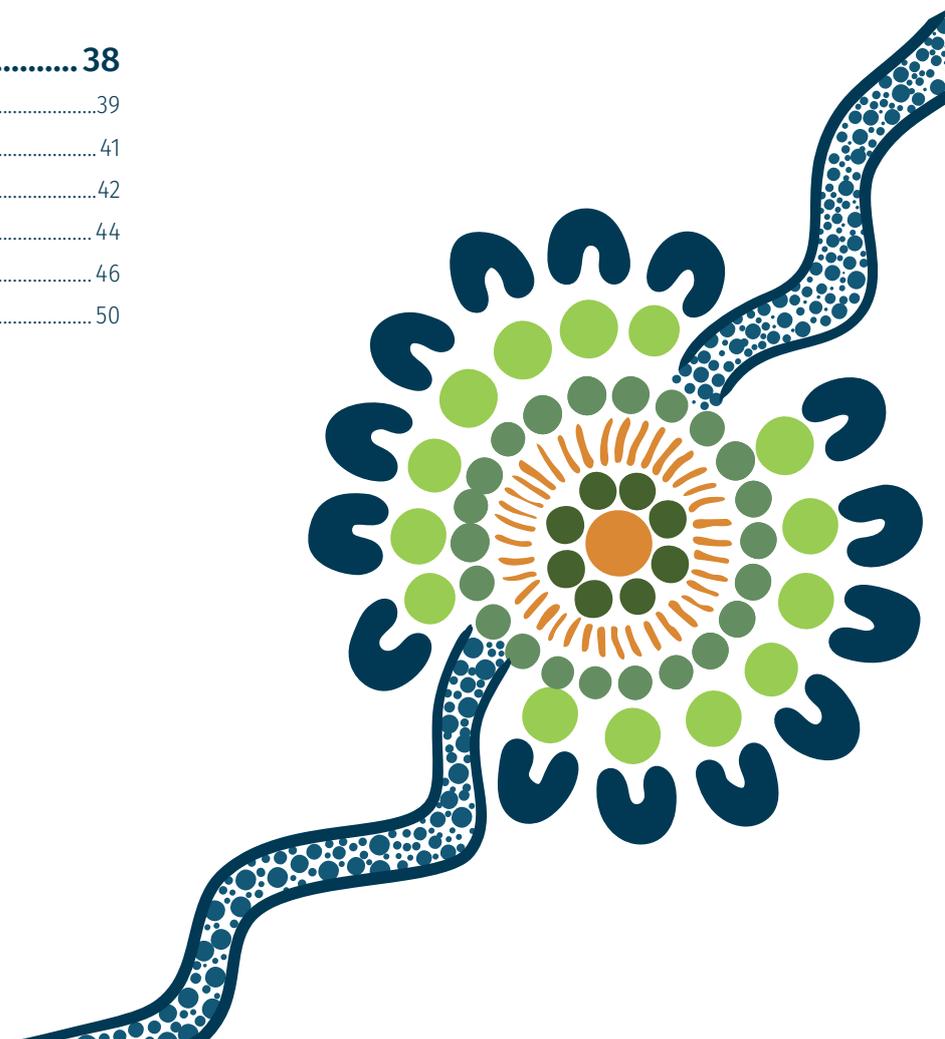
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# Our Vision

*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 and Torres Strait Islander 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 Goals

QAIHC will lead and support the Aboriginal and Torres Strait Islander Community Controlled Sector to provide better outcomes for their Communities by:

- leading health system reform across Queensland;
- engaging with Members, partners and key stakeholders to influence and shape the development of key health policy and planning reform across the sector;
- implementing Aboriginal and Torres Strait Islander self-determination within QAIHC, enabling resilient cultural identity and connection to our members and communities;
- reforming investments to support equitable access to quality comprehensive primary health care services across Queensland; and
- co-design with Members a robust framework for future pandemics and climate change impacts.

## Our Values

QAIHC's organisational values are:

- Excellence
- Cultural Practice
- Leadership
- Honesty
- Respect
- Integrity
- Innovation
- Diversity
- Uniqueness



*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.



# A Message from our Chairperson

*On behalf of the Board of Directors,  
I am pleased to present the QAIHC 2023 Annual report to our members and stakeholders.*

I extend a warm welcome to our new Board Members: Rachel Atkinson, the Deputy Chairperson; Debra Malthouse, the Regional Director for Far North Queensland; and Dorothy Smith, the Regional Director for North West and North West Queensland.

I also acknowledge our continuing Board Members Stevan Ober, Regional Director, Central Queensland; Sheryl Lawton, Regional Director South and South West Queensland; David Collins, Regional Director for South East Queensland and Adrian Carson, Skills-based Director.

Queensland's Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ACCHO) sector has had a productive year of transition to "Living with COVID". Our Member ACCHOs are at the coalface delivering

improved comprehensive and culturally appropriate primary health care to Aboriginal and Torres Strait Islanders in Queensland. Approximately 1500 staff in our network of 33 Members across Queensland delivered more than 763,000 health care episodes to more than 96,000 clients (source: nKPI and OSR Health Data Portal).

From a Board perspective we have continued to execute our three-year QAIHC Strategic Plan with a strong focus on governance, leadership, advocacy on behalf of our members and the communities they represent and building strategic partnerships. We have refreshed our Blueprint. It is now a framework for creating a future where our people enjoy true health equity. Embedding health equity requires monitoring and accountability. The Secretariat is developing tools to support local monitoring and strategies to hold Hospital and Health Services (HHSs) to their commitments to eliminate racism.



## Board Highlights 2022-2023:

We've strengthened our partnerships with Queensland Health and HHSs, and we've progressed major health reform projects including the Torres and Cape Health Care Commissioning Fund (TORCH), the Care Coordination Service Centre (CCSC) and Priority Patient Dashboard project.

### QAIHC Governance Project

We engaged Board Matters to consult members and recommend changes to our governance arrangements and Constitution so that QAIHC is better placed than ever to lead and advocate on behalf of the sector, negotiate strategically, and enter genuine partnerships that place community-control at the heart of delivering health care for our people.

## TORCH

QAIHC's strategic work on the trailblazing TORCH project has continued this year. As I write, the TORCH project team has called for expressions of interest from community leaders in the Torres and Cape region to join an interim TORCH Board. The TORCH Board will help select an interim Chief Executive Officer (CEO). Together the interim TORCH Board and CEO will lead the engagement with community about the new entity — which is set to start work from 1 July 2024 — and how it can best meet the needs of community through its health commissioning decisions. TORCH is about self-determination of the health system, not just a singular program — this is community-control in action!

### **Care Coordination Service Centre (CCSC) and the Priority Patient Dashboard (PPD) Project**

This year QAIHC, Cairns and Hinterland Hospital and Health Service and the Torres and Cape Hospital and Health service celebrated the start of the new CCSC in Draper St, Cairns.

This ground-breaking initiative will improve the health and wellbeing of people who live in rural and remote areas of Far North Queensland by supporting patients with complex health needs to navigate the health system.

The CCSC offers a range of co-located health systems and services, including travel, referral, and digital information services. It has also launched the Priority Patient Dashboard, a patient risk prioritisation tool.

As a result of this initiative, we are already seeing a decline in the number of patients requiring overnight stays in Cairns and Brisbane. Patients can receive the care and support they need without leaving home.

Our hope is this service will empower our people to access health services across Queensland.

## Thank you

On behalf of the Board and the entire organisation, I want to express our sincere thanks and appreciation to our Members for their outstanding contributions, and the sacrifices they make daily to provide essential primary health care.

I am excited about 2024. Local and State Government Elections will be held. We will have opportunities to advocate for our sector, including for new funding for sector support, workforce development, capability building and new regional approaches. We will advocate for further reforms, including to strengthen data sharing that supports population-based health approaches and local place-based solutions.

The Secretariat will continue to build its capability to support our Members, offering expert advice about governance, financial management, the aged care, disability and youth justice systems and providing support to Members as they navigate our increasingly complex health system to support their communities.

I take confidence from the fact that our Members, a community of outstanding health professionals, are committed to making a difference. Together we will continue to deliver innovative culturally appropriate health care and advocate for change.

If we are strategic in our advocacy and committed to continuous improvement we can create a health care system, that is equitable, patient centred and delivers for our people.

# A Message from our CEO

*QAIHC's 2022-23 Annual Report highlights the progression of last year's strategic realignment and the new approaches being taken as we continue to adapt to the changing environment in which we live and work.*

It was only within the last few months that we welcomed the new Minister for Health, Mental Health and Ambulance Services and Minister for Women, The Hon. Shannon Fentiman MP, to join us in a collaborative approach to addressing the needs of the Aboriginal and Torres Strait Islander health sector. This is a promising start as we continue to build this connection through our Chairman and the support of the Office of the Chief First Nations Health Officer (CFNHO) helmed by Ms Haylene Grogan.

With the foundations now in place, this year saw QAIHC looking toward strengthening partnerships with our Members and stakeholders who are critical to our forward progression. The Board has contracted and reviewed the independent reports on the Blueprint and Governance Architecture Project, along with consultations from Members. We would like to thank PricewaterhouseCoopers Indigenous Consulting and Board Matters for their involvement in these pieces of work which will have a lasting impact on how QAIHC moves forward as an organisation over the next ten (10) years.

We continued to work through the QAIHC Strategic Plan 2021-2024, which provides a framework for the road ahead and what we are looking to achieve. We have now reached the midway point and I see we are moving forward in the right direction. However, there are still many challenges ahead.

The Voice to Parliament referendum debate has been a topic that has been on the minds of most people, and we will ensure that our Aboriginal and Torres Strait Islander communities, through our Members, have access to resources and supports post referendum.

## Secretariat Outcomes 2022-2023:

### Health Equity Reforms

The Health Equity Reforms have had a mixed progression in relation to each Hospital and Health Service (HHS) creating their own implementation plans.



We know that there is still improvement to be made and we will continue to work with our Members and the HHSs to ensure outcomes for both parties can be met. We are focused on removing institutional racism from our health services and will continue to do this through furthering our genuine partnerships with Queensland Health, the HHSs, and Members.

### Closing the Gap & Coalition of Peaks

The Closing the Gap reform targets are far behind what was projected to be achieved by this time. QAIHC, through our leadership role in the Queensland Aboriginal and Torres Strait Islander Coalition (QATSIC), has identified the Aboriginal and Torres Strait Islander health gaps



between Queensland and the other states, and the work that needs to be achieved to be on the same level. We would like to thank the other members of the Coalition for continuing to commit to the work under QATSIC.

## Queensland Health — Systems Reforms, Q32 and First Nations Health Strategies

QAIHC has built a strong connection with the CFNHO and we look to working even more closely in relation to HEALTHQ32 and the First Nations health strategies in the next financial year. There are still strategies to be finalised, however; this is a great opportunity to employ the same collaborative approach QAIHC now has with Minister Fentiman, to QAIHC's relationship with the CFNHOs Office.

## Workforce

The workforce shortage in the sector has been a significant issue since COVID-19, and we have been working closely with the CFNHO's Office to understand and agree on strategies to improve this crisis that is deeply affecting our Members. We have developed a foundation through a Workforce unit within QAIHC, supported by the CFNHO, to assist our Members in building their capacity and increasing their workforce as

needed. We thank the CFNHO for her support and will enjoy continuing this partnership in the coming years.

## Influenza B

With the evolution of COVID-19 and the discovery of new strains, we have been working closely with Queensland Health to ensure that Aboriginal and Torres Strait Islander people in Queensland are continuing to get vaccinated. We understand that there is a lot of vaccine fatigue in the communities, however; First Nations people exceeded expectations in getting the jab and we hope this continues with the incoming Influenza B strain. Please keep up with your vaccines, both for Influenza and COVID-19.

## Staffing Confirmations

This year saw changes in the Executive Leadership Team here at QAIHC. We welcomed Paul Durante and Gregory Richards in their permanent respective roles of General Manager, Sector Development and General Manager, Policy and Research. We thank them for acting in their roles and are delighted to have them with us more permanently.

QAIHC has also welcomed Associate Professor Dr Sophia Couzos as our Public Health Medical Officer. Her level of expertise is invaluable, and we are happy to have her join our team as the clinical lead to work with Sector Development and Policy and Research.

Lastly, we welcome Robert Skeen, General Manager, Health Reform. We were able to welcome him back to Queensland and QAIHC to take the lead on the TORCH Project, Community Care Hubs, and Closing the Gap. Robert brings

a wealth of knowledge due to his previous roles as the CEO of the NSW peak body, Aboriginal Health and Medical Research Council (AH and MRC), and co-chair of the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO) and will be a wise leader directing us in the best way forward. These projects have been increasing in activity and we are glad to have Robert on board leading the way and ensuring we get these right.

## Members Gatherings and Workshops

On 1-2 August 2022, QAIHC held the Governance Review and Policy Reform Priorities Workshop with key Member CEOs and Board Matters. A further governance and health reforms Members' meeting was held from 5-6 October, where the focus was on health reform and governance. We found the Members' input to be most valuable and we appreciate the Members taking time out of their schedules to attend these important workshops.

On 6-8 December, we held our AGM and Members Conference. I would like to thank all Members for attending; it was a great turnout, and some fruitful discussions were had.

On behalf of the QAIHC Executive Team, I would like to extend my thanks to the dedicated team at QAIHC. You have all made an outstanding contribution and I thank you for your commitment towards achieving our strategic goals.

Finally, thank you to the QAIHC Board of Directors for its leadership and guidance over the past 12 months.

I look forward to building a strong future together in 2023-2024.

# 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.

## 2022-23 Board of Directors Meetings

Director attendance at QAIHC Board of Directors meetings held during the 2022-23 financial year:

### Board of Directors

**Matthew Cooke** — Chairperson reappointed at AGM on 6 December 2022  
**Rachel Atkinson** — Deputy Chairperson appointed to casual vacancy on 12 April 2023  
**Stevan Ober** — Regional Director Central Qld reappointed at AGM on 6 December 2022  
**Sheryl Lawton** — Regional Director South and South West Qld reappointed at AGM on 6 December 2022  
**David Collins** — Regional Director South East Qld reappointed by Regional Body IUIH  
**Debra Malthouse** — Regional Director Far North Queensland appointed by NATSIAH since 23 September 2022  
**Dorothy Smith** — Regional Director North & North West Qld appointed to casual vacancy on 12 April 2023  
**Adrian Carson** — Skills-based Director

### Retiring Directors

**Suzanne Andrews** — Deputy Chairperson until 2022 AGM 6 December 2022  
**James Cripps** — Regional Director North & North West Qld until 2022 AGM on 6 December 2022

Director	Eligible board meetings	Attended board meetings
Matthew Cooke	7	7
Suzanne Andrews	2	1
Sheryl Lawton	7	7
David Collins	7	7
James Cripps	2	1
Adrian Carson	7	5
Stevan Ober	7	7
Debra Malthouse	5	5
Rachel Atkinson	2	1
Dorothy Smith	2	2

# Director Biographies



**Matthew Cooke**

(BAILAI)  
CHAIRPERSON

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**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.



**Rachel Atkinson**

(YORTA YORTA)  
DEPUTY CHAIRPERSON

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**Rachel Atkinson is a proud Yorta Yorta woman who has dedicated her working life to improving the lives of Aboriginal and Torres Strait Islander people.**

Rachel has extensive lived experience in working in rural, remote and regional Aboriginal and Torres Strait Islander communities. This includes over 25 years' experience as CEO of large community-based Aboriginal and Torres Strait Islander organisations delivering health and social services. She has been CEO of PICC since its incorporation in 2007, and has overseen its growth to become the larger service provider and employer on Palm Island.

Rachel is currently Chair of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, a board member and community representative of the Queensland First Children and Families Board, Co-Chair of Family Matters Queensland and a Director of the SNAICC National Executive. She has previously served as the Board Chair of the Queensland Aboriginal and Islander Health Council (QAIHC), and is currently serving as the Deputy Chair of QAIHC.



**Debra Malthouse**

(TAGALAG/EWAMIAN/JIDDABUL)  
REGIONAL DIRECTOR FAR  
NORTH QUEENSLAND

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**Debra Malthouse was appointed to the QAIHC board in October of 2022. She joined Apunipima Cape York Health Council in the role of Executive Manager Organisation Development in August 2020.**

In January 2021, Deb was appointed the role of Chief Executive Officer. She brings a wealth of experience to her roles having worked for many years in Aboriginal and Torres Strait Islander affairs in community controlled Aboriginal and Torres Strait Islander organisations and state and commonwealth government departments.

Deb has spent the majority of her working life in Aboriginal and Torres Strait Islander health, she has also worked in the areas of child protection, legal services, native title, women's crisis services and housing. Deb is a strong advocate of the community controlled health model and is passionate about improving the health and wellbeing of Aboriginal and Torres Strait Islander people.



**Dorothy Smith**

(BIRRI GUBBA/BINDAL/MER)  
REGIONAL DIRECTOR  
NORTH & NORTH WEST QLD

**Dorothy Smith has been a director of QAIHC since April of 2023.**

She comes to QAIHC via her position as Director of the Townsville Aboriginal and Islander Health Service where she was elected to the board in July of 2020. Dorothy holds a Bachelor of Psychological Sciences from James Cook University.

Dorothy is currently the Coordinator of the Women’s Healing Service for Palm Island Community Company. She is the Vice President of Kindergarten Headstart; member of the Townsville University Hospital Indigenous Advisory Council; and founding member and Vice Chair of the First Nations Reference Group for Qld Police Service and worked in the Queensland Police Service, Queensland Health and Child Safety sector for the last 15 years. Dorothy represented Australia and Indigenous Australia in Oztag.



**Stevan Ober**

(BUTCHULLA/BADTJALA)  
REGIONAL DIRECTOR  
CENTRAL QLD

**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.



**Sheryl Lawton**

(BIDJARA)  
REGIONAL DIRECTOR SOUTH  
AND SOUTH WEST QLD

**Sheryl Lawton has been the Chief Executive Officer of Charleville and Western Areas Aboriginal Torres Strait Islander Health Services Limited (CWAATSICH) for the past 23 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)  
REGIONAL DIRECTOR  
SOUTH EAST QLD



**Adrian Carson**  
(COBBLE COBBLE)  
SKILLS-BASED  
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.

**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 ATSICHS 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

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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 (ACCHO) using the following criteria, as reflected in the Constitution. An ACCHO:

- 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:** ACCHOs 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
- Injilnji 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
- Torres Health Indigenous Corporation
- Townsville Aboriginal and Islander Health Services
- 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
- Ngoonbi 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

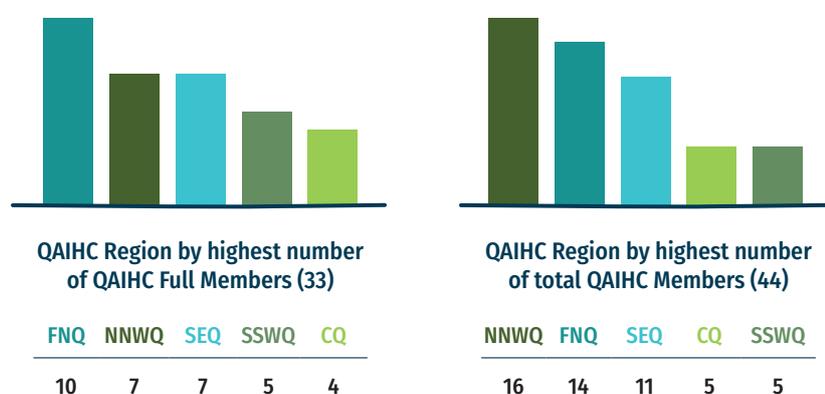


better health, better living, longer life



# 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 10 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%
<b>Sub Total</b>	<b>236,108</b>	<b>4,624,122</b>	<b>281,021</b>	<b>5,141,251</b>	<b>39.8%</b>	<b>100%</b>

*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



Gurriny Yealamucka's Kayleen Jackson enjoying the weekly activities and fellowship with community members at the Yarrabah Women's Group activities.

Photo Credit: Brooklyn Mullins, Trainee Communications and Marketing Officer GYHSAC.



A group of boys from Mareeba and surrounds try their hands at traditional dancing during the 2022 NAIDOC celebrations.



Members of Mamu Health Service Limited participating in the 2022 NAIDOC March.



Gindaja Treatment and Healing Centre — Client Support Officer Lutricia with client Leon at Gindaja NAIDOC Open Day 2022 celebrations.

# Member Highlights



## Far North Queensland



The children and young people of Poruma (Coconut Island) playing in and out with Nate Jawai from Hoops 4 Health leading a School Holiday Healthy Lifestyle activity!



NPA Family and Community Services provide continuous health promotion and health education to the communities of Northern Peninsula Area. The service offers syphilis point of care, brief intervention and awareness. The activities engage with football clubs and community members, targeting people aged 15-30 years and opportunistically screening them as they present at the clinic. Pre and post surveys have been completed which demonstrates an increase in knowledge of syphilis and preventative measures.



Mookai Rosie keeps providing ongoing support for future generations.



HAT Forum — Health Action Team (HAT) members from Cape York communities descended on Cairns for two days of intensive consultation, discussion and governance training in the first HAT Forum held in several years. The HATs are local representatives from each community and form an essential part of the community-controlled health care model in place at Apunipima.

# Member Highlights



## North and North West Queensland



Mudth-Niyleta — Sarina 2023 NAIDOC flag raising and community day, with participation and attendance for all service providers and local community members.



High School students took part in Sorry Day activities this year, assisting Elders to seating, serving food and making cuppas.



Will Blackley (Chairperson), Adrian Singh (Performance and Programs Lead), Cherrie Glasson (CEO), Jennifer Cameron (Acting Director of Primary Health, Lower Gulf), Vlad Matic (CMO) and Sandra Goodman (Clinic Manager – Mornington Island) at Gidgee Healing's Mornington Island clinic.



On 16 June 2023, TAIHS held a community vaccination day for COVID-19 and influenza. Everyone who came down and got vaccinated got the deadly "I got vaccinated @ TAIHS; whichway you?" t-shirt!

# Member Highlights

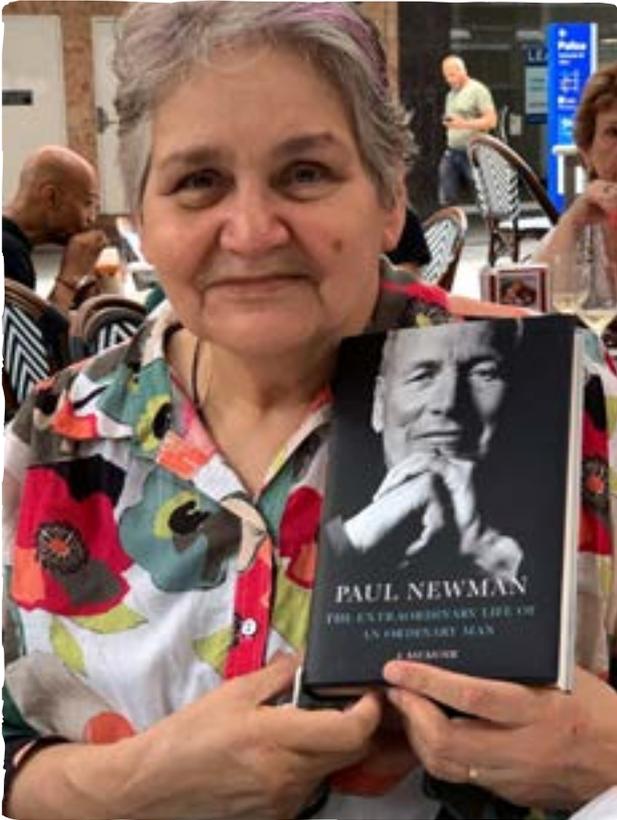


## North and North West Queensland



Girudala and Herbert Street Family Medical Centre were busy last year promoting Diabetes Week and World Hepatitis Day with health workers setting up an information table and taking obs at the front of Herbert Street Family Medical Centre. Girudala also celebrated Naidoc Day by having a community fun day and presented Naidoc Awards to Bowen community members.





Pattie Lees at Lifeline Bookfest in Mt Isa.



A Palm Island father and daughter enjoy a visit to PICC's health centre.



# Member Highlights



## Central Queensland



In January 2023, Bidgerdii opened a new clinic at Berserker, Rockhampton. Its motto is “Our Way is a Strong Way” – providing new services and keeping its communities healthy.





N hulundu Health Service welcomes community to another deadly Murri Christmas.



Collaborative Agreement signing between Galangoor Duwalami Primary Health Care Service and Wide Bay Hospital Health Service.

Left to Right: Aunty Lenore (Galangoor Board Member), Stevan Ober (Galangoor CEO), Karla Steer (WB HHS Board Member), Debbie Carroll (CE WB HHS).

# Member Highlights



## South and South West Queensland



The Far West Indigenous Family Violence Service (FWIFVS) of CACH (Cunnamulla Aboriginal corporation for Health) held a Valentine's Day stall in the local park to promote healthy relationships on 14 February. The Team invited community members to come down with a friend or loved one for a yarn and sausage sizzle.



Carbal Board members, staff and operational contractors gathered to celebrate the inaugural board/staff NAIDOC dinner.



Our CEO Floyd received the 2023 Alumnus of the Year Awards – Outstanding Alumnus in Health and Wellbeing from the University of Southern Queensland.



A group of Charleville residents taking part in a photographic imaging class for CWAATSICH's CCCOPE (CWAATSICH Community Connections Opportunities Promotional Education) Program.



NAIDOC Week celebrations.



Capturing a heartfelt moment at Ny KuByan, where CRAICCHS honours and connects with its cherished elders. Their legacy drives CRAICCHS' commitment to holistic health and deep community ties, from its youngest bubs to its revered seniors.

# Member Highlights



## South East Queensland



Staff and community members celebrating 10 years of the BiOC program – Birthing in Our Communities. Since its commencement in 2013, BiOC has reduced rates of preterm births in its communities by 50%.



In 2023 Yulu-Burri-Ba continues to grow.





Kulwun has expanded opening hours at the Miami and Coomera clinics. This allows the community to access medical services which supports the needs of working parents and individuals.



Kambu Health increased health checks among 5-14-year-olds by 80% over the last 24 months through improved and targeted outreach.

# Member Highlights



## South East Queensland



In May, ATSICHS Brisbane hosted its 50th Anniversary Gala Dinner, celebrating 50 years of dedicated service to its community. ATSICHS Brisbane honoured and acknowledged the invaluable contributions of its esteemed community members and founding members, who have played an important role in shaping the organisation into what it is today. As ATSICHS Brisbane reflect on its history, it also looks ahead with a sense of responsibility, committed to carrying on the legacy of its founding members.





Opening of the community hub.





# **Our Advocacy**

# Closing the Gap

*The Queensland Aboriginal and Islander Health Council (QAIHC) recognises the National Agreement on Closing the Gap as a targeted government commitment that enables partnering with Aboriginal Community Controlled Health Organisations (ACCHO) to progress the priority reforms.*

**The four reforms include shared decision making through genuine partnerships with ACCHOs, strengthening the ACCHO sector, transformative government business practices – embedding the shared decision making, and ensuring authority over and access to Aboriginal and Torres Strait Islander data that informs appropriate decision-making. These reforms are changes that we believe will lead to Closing the Gap regarding the Agreement's socio-economic determinants.**

Throughout this year, QAIHC worked collaboratively with other ACCHOs in the community-controlled sector and relevant government jurisdictions to progress the Closing the Gap agreement.

QAIHC worked with the [former] Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP) to secure a Senior Policy Officer that develops advice for Closing the Gap, as well as supporting QAIHC's role as the Lead Convenor of the Queensland Aboriginal and Torres Strait Islander Coalition (QATSIC) and the QATSIC Working Group.

QAIHC convened seven QATSIC meetings through the year, with an ambition to conduct monthly meetings. Some meetings were cancelled due to uncompromising schedule conflicts. Supporting the QATSIC meetings are the QATSIC Working Group meetings, which are held more frequently.

QATSIC strengthened its membership by accepting into the fold the First National Media Alliance represented by Triple A in April 2023. This important addition will shape Closing-the-Gap-related communications to Aboriginal and Torres Strait Islanders supporting a collective vision of a closed gap.

QAIHC plays a pivotal role in the relationship between QATSIC and DSDSATSIP through monthly meetings to discuss strategic priorities for Closing the Gap. QAIHC advocates, along-side the other CEOs from QATSIC membership, for the Closing the Gap deliverables that include a government expenditure review, appropriate and effective jurisdictional governance arrangements for Closing the Gap, government recognition and establishment of ACCHO peak

organisations as required by the Agreement. The Closing the Gap Priority Reforms remain a focal point to enable the embedding of systemic changes that remove structural racism and elevate self-determination for Aboriginal and/or Torres Strait Islanders.

The QATSIC Working Group supported QATSIC by working closely with DSDSATSIP to enhance the Closing the Gap template for the 2023 Closing the Gap Implementation Plan by contributing to workshops and providing advice in regular meetings. Maintaining these important working relationships provide paths for change to accelerate outcomes in the Agreement.

QAIHC attended the Closing the Gap meetings with Coalition of Peaks and other government jurisdictions throughout the year. The meetings were insightful and illuminated lessons learnt from other jurisdictions which could be as impactful for Queensland.

## QATSIC

Queensland Aboriginal and Torres Strait Islander Coalition



# TORCH Project

*This year, QAIHC has been working hard to ensure the success of the Torres and Cape Health (TORCH) Care Commissioning Fund project. The TORCH project aims to establish a regional community-controlled, whole-of-population health commissioning entity for the Torres and Cape region.*

**QAIHC has partnered with community leaders and representatives as well as the Australian and Queensland governments to progress the TORCH project.**

When established, the community-controlled TORCH Commissioning Entity will ensure self-determination over how health services are planned and commissioned to meet Torres and Cape community needs and priorities.

Aboriginal and Torres Strait Islander community leaders, representatives and our Member organisations will assist in the co-design of the project. They will provide advice and guidance on all elements of the project including legal structures, implementation, accountability frameworks, risk assessment and how the TORCH Commissioning Entity should work.

QAIHC has facilitated and will continue to lead meaningful stakeholder engagement with all elected Aboriginal and Torres Strait Islander leaders and their communities, to ensure the TORCH Commissioning Fund addresses the health issues identified by community, for the benefit of community.

The TORCH Regional Stakeholder Engagement Summit in Cairns (31 August and 1 September 2023) saw close collaboration and

partnership between elected First Nations leaders and key stakeholders.

Participants discussed the workstreams of the TORCH Project and its potential elements, including: the establishment of the entity; engagement approach; policy and legislation considerations; funding arrangements; and implementation, monitoring and evaluation processes.

The Summit was well attended and received, with discussions informing actions to keep and maintain the momentum of the TORCH Project. Both the Commonwealth and Queensland governments expressed their continued commitment to the Project through genuine co-design and engagement.

QAIHC is optimistic the TORCH Commissioning Entity will transform the way health commissioning currently operates and prove the value of community-control. It will make it easier for community to access good quality, culturally safe healthcare, help coordinate health services to provide comprehensive and integrated health care, be accountable to community, give communities greater input into which services are provided to them, and more importantly, it will be led by the diverse and unique communities of the Torres

and Cape region. In a broader context, the TORCH Project will also give effect to other key policy reforms happening across the Commonwealth and Queensland governments.

QAIHC is excited and committed to continue working collaboratively with community leaders and representatives, as well as members of the Federal and state governments over the next 10 years, to place the planning and funding of health services under Aboriginal and Torres Strait Islander-led governance.



# Healing Together —

## A Reflection on QAIHC's Role in the CCSC Project

*The 2022-2023 fiscal year marked a significant milestone for the Queensland Aboriginal and Islander Health Council (QAIHC), with the development of the Care Coordination Service Centre (CCSC) and the Priority Patient Dashboard (PPD) Project.*

**QAIHC played a pivotal role in the project's development in collaboration with Cairns and Hinterland Hospital and Health Service and Torres and Cape Hospital and Health Service (TCHHS).**

The project objectives included enhancing the visibility of priority patients, ensuring their early identification for coordinated care, addressing challenges in accessing face-to-face health services, and fostering an integrated care model across government and non-government organisations.

With the activation of the project dashboard and the launch of the operational model, significant strides were made in realising the project's objectives.

At the operational level, QAIHC fortified the project team in Cairns, dedicating both a change and engagement officer and a business analyst. These professionals played pivotal roles in translating the vision into actionable strategies.

QAIHC also enhanced member engagement, strengthening the ties

that bind our community. We invested in joint branding and procured artwork for the Care Coordination Hub at 163 Draper Street, ensuring the physical space reflected our rich cultural heritage.

Furthermore, our representatives made sure QAIHC's voice was heard during project team meetings, deliberations, and presentations.

Looking forward to 2023-2024, our strategic vision is sharply defined. Acknowledging the potential constraints of the current funding model, we proposed that the funding allocation be directly administered by TCHHS and the project team. By reallocating these resources, we believe the project can better serve our Members and their patients, through the addition of a patient experience officer or a social worker. This recommendation is a testament to our commitment to patient-centric care. Our suggestion aims to bolster the project team's ability to advocate proactively for the healthcare needs of Aboriginal and Torres Strait Islander communities.

QAIHC is committed to the CCSC project's goals and the broader FNQ community. We remain staunchly involved in the Tier 1 and Tier 2 program as well as advisory groups.

Empowered by our involvement in the CCSC project, we're eager to expand its successful model across Queensland. We're set on customising the insights garnered from this project to various regional contexts within the state. We're confident that the principles of co-design, collaboration, and patient-centred care can inspire widespread health transformations.



An initiative of



Proudly supported by



The background is a solid teal color with a repeating pattern of stylized flowers and wavy lines. The flowers have a central dark teal circle with radiating lines, surrounded by a ring of smaller dark teal circles. The wavy lines are dark teal and form a continuous, undulating path across the page. The overall effect is a textured, organic pattern.

# Our Highlights

# Annual Member's Conference

## Day 1 (7 December 2022)

*QAIHC's two-day Annual Member's Conference had a number of invited speakers who presented on many facets of the Aboriginal Community Controlled Health Organisation (ACCHO) sector, informing Members, creating discussion, and prompting ideas which would guide our future direction and the direction of the Sector.*

**Chief Executive Officer Cleveland Fagan reflected on the Close the Gap targets and how this was being progressed in Queensland through the Queensland Aboriginal and Torres Strait Islander Coalition (QATSIC) and the National Reform Agreement. He also outlined how we were working with Members to inform QAIHC's involvement in QATSIC to adequately represent the Community-Controlled Sector, ensuring we work with the Queensland Government to close the gap by 2031.**

Chairperson Matthew Cooke and former General Manager-Policy and Research Renee Williams presented on the Torres and Cape Health (TORCH) Care Commissioning Fund Project. TORCH will become a single commissioner of health services in the Torres and Cape regions that will improve co-ordination, reduce potential waste/duplication, and improve service effectiveness. QAIHC is partnering in this project with Queensland Health and the Commonwealth Government and will take a lead role in design and engagement with key stakeholders and communities.

Angela Young, Executive Director Aboriginal and Torres Strait Islander Engagement at Children's Health Queensland (CHQ) spoke about CHQ's health equity journey, its regional plan, and how it worked with the Institute For Urban Indigenous Health (IUIH) and its members in South East Queensland. CHQ's Chair and Board are enthused about this process and have taken ownership of effecting change, redoing their Institutional Racism Audit to measure progress in the five years since 2017.

Dr Fadwa Al-Yaman, lead of the First Nations Health & Welfare Group at the Australian Institute for Health and Welfare (AIHW) provided insights from Closing the Gap data. Queensland has no state-wide targets, so they are compared to the national targets. Queensland has five measures that are doing better than the national trajectory, eight that are not, and four without enough data to compare.

Paul Stewart, the Deputy Chief Executive Officer at Lowitja Institute spoke about using Lowitja data, as data from varied sources tells a larger story. The key question is:

where are the data sources and how can we work with them?

Scott McDougall, the Queensland Human Rights Commissioner from Qld Human Rights Commission informed of the role QHRC plays in the elimination of racism across government. The finding of institutionalised racism in Cairns and Hinterland Hospital and Health Service (HHS) and subsequent findings across the state highlighted the need for change. Queensland Health has decisively acted (e.g., Chief First Nation's Health Officer Haylene Grogan's position), passing Health Equity legislation, and mandating Aboriginal and Torres Strait Islander HHS Board Membership, with initial support from QAIHC.



# Day 2 (8 December 2022)

*The second day of the Conference focussed on issues relevant to our Sector moving into 2023.*

**At the previous two Governance Workshops, Members discussed and agreed to review and update QAIHC's A Blueprint for Aboriginal and Islander Reform in Queensland (2011) (the Blueprint). Selwyn Button, Partner at PwC's Indigenous Consulting was engaged to update the Blueprint with consultation from Members.**

Professor Gail Garvey from the School of Public Health at The University of Queensland (UQ) and Dr Mark Robinson, Senior Research Fellow from the Institute of Social Science Research at UQ spoke about the work they're doing around cancer in Queensland. Data shows that 55% of the cancer cases come from three HHS regions and the current focus is on doing things differently in these regions.

Adrian Carson, Chief Executive Officer at the Institute for Urban Indigenous Health (IUIH) focused on the work IUIH is doing around health investments, which includes accessing mainstream health funding. Demand for the mainstream funding needs to be identified and an argument developed about how IUIH and its members are better suited than the HHSs. The areas that IUIH has focused on for mainstream funding are in paediatrics, post operative/pulmonary/cardiac rehabilitation and dental care.

Kerrin Anderson from KA Lawyers illuminated the difference between being under the CATSI Act versus the Corporations Act. The talk provided information to Members, enabling them to make informed decisions about which regulations they should be incorporated under. The discussion was prompted by ORIC targeting some of the Members for large scale reviews.

Michael Anderson from Laminar spoke about cyber-attacks and what Members could experience or are experiencing and what they could be doing to prepare for or detect cyber-attacks.



# Supporting our Members

*QAIHC's Sector Development division regularly engages with our Members across Queensland, delivering projects that are focused on supporting the Aboriginal Community Controlled Health Organisation (ACCHO) Sector to deliver the best health and wellbeing care to its communities.*

## **In 2022/23, Sector Development division was responsible for the delivery of the following:**

- Capacity enhancement support through regional engagement and Member support (QAIHC Regional Managers)
- Social Health Program support including:
  - Social and emotional wellbeing (SEWB) workforce development support unit
  - Mental health, alcohol and other drugs program support
    - Breakthrough Our Way
    - Eyez on Ice
  - Culture Care Connect — Suicide Prevention Program
- Improving immunisation coverage among Indigenous Queenslanders
- Ear Health Coordination program
- Indigenous Health Workforce Training program
- Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STI) program
- My Health 4 Life healthy lifestyle program
- Member service workforce development with a particular focus on Medicare systems support and continuous quality improvement.

In 2022/23, QAIHC and the Sector Development division worked in partnership with Members to ensure they were engaged with and contributing to QAIHC priority projects including:

- QAIHC Blueprint Review (conducted by PwC Indigenous Consulting) and
- QAIHC Independent Governance Review (conducted by Board Matters Ltd).

Both of these priority projects are helping shape the future direction of QAIHC and required the support of, and consultation with, our Members across Queensland.

Sector Development continues to support the Members to link with other parts of the health system in Queensland. In 2022/23, QAIHC supported our Members through the development of Queensland Health's Health Equity Strategies across the 16 Hospital and Health Services, ensuring the Members' voices are heard through the drafting and implementation of Health Equity Strategies, Health Equity Implementation Plans, and the upcoming Health Equity Investment Plans.

## **QAIHC Business Quality Centre**

The QAIHC Business Quality Centre (BQC) provides efficient and high-quality back-office business process outsourcing support to clients both within the Aboriginal Community Controlled Health (ACCHO) Sector and external to the Sector. The revenue generated by BQC is returned directly to support the Sector by allowing QAIHC the ability and flexibility to grow Member support operations.

BQC's offering of outsourcing options for non-core and administrative functions affords entities greater operational flexibility, reallocation of time and resources to core competencies results in a more efficient and competitive ACCHO Sector. BQC also offers businesses access to innovative technological resources and to partnering that they might not have otherwise.

In the 2023 Financial Year (FY) BQC has focused on its ability to provide Member support. With an eye on increasing our Member support capability, the BQC has effectively doubled its capacity, allowing QAIHC to better support Member services.

# Successful Health Programs

*Sector Development division oversees a number of projects and programs that supports the ACCHO Sector, its workforce, and the Aboriginal and Torres Strait Islander communities that receive health and wellbeing services from our Members.*

## The Regional Member Engagement and Member Support Unit

QAIHC's Regional Managers work directly with our Member ACCHOs to identify needs and opportunities both individually at the Member level and collectively as a sector. The Regional Managers frequently engage with our Members by providing independent, rigorous and practical solutions to their organisational challenges, ensuring a strong and sustainable sector. Member Engagement and Support was responsible for not only developing individual Member Support Plans but also coordinating Member engagement in QAIHC priority projects including:

- QAIHC Blueprint review — supporting and coordinating our Members' input into this process;
- Queensland Hospital and Health Services (HHS) Health Equity Strategies — advocating for and supporting our Members in this planning process;
- supporting Members in the development of HHS Health Equity Plans.



## Social Health Programs Unit — incorporating Social Emotional Wellbeing (SEWB), Mental Health, Alcohol and Other Drugs (MHA and AO) and Culture Care Connect (Suicide Prevention Programs)

In 2023, QAIHC Sector Development brought together the three existing program areas into a new Social Health Programs business unit these programs were:

- Mental Health, Alcohol and Other Drugs;
- Social and Emotional Wellbeing Workforce Development Unit;
- Culture Care Connect Suicide Prevention Program.

This allowed QAIHC to place a more strategic focus on these high priority areas for our sector, in addition to identifying efficiencies in our program management and delivery.

## Social and Emotional Wellbeing Workforce Development

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The National Indigenous Australians Agency (NIAA) funds a number of SEWB support workers across ACCHOs in Queensland. QAIHC is contracted by the NIAA to support and facilitate professional development opportunities for this SEWB workforce. This year's program culminated with an annual state-wide gathering of the SEWB workers which was held

at Royal on the Park in Brisbane in May 2023. This year's gathering theme was "Our Stories, Our Healing" with presenters including keynote speaker and rugby league great, Preston Campbell who spoke about his personal journey through professional sport and establishing the successful Preston Campbell Foundation.

## Culture Care Connect – Suicide Prevention Support Program

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In 2023, QAIHC in partnership with NACCHO, commenced the Culture Care Connect Program bringing together key streams of suicide prevention planning, coordination and activity across Queensland ACCHOs. The program aims to:

- improve Aboriginal and Torres Strait Islander mental health and suicide prevention outcomes;
- build evidence and understanding through working with Aboriginal and Torres Strait Islander experts and those with lived experience;
- support a culturally appropriate mental health system workforce;
- provide early intervention measures that contribute to improved social and emotional wellbeing outcomes.

## Health Programs Unit

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The Health Programs Unit (HPU) supports the sector through a range of workforce development and health specific programs targeted at enhancing capacity and capability. The HPU is responsible for:

- Aboriginal Health Worker workforce planning and development;
- Ear Health Program support;
- Blood Borne Virus and Sexually Transmissible Infections (BBVSTI) program support;
- Continuous Quality Improvement (CQI);
- Chronic Disease Management Systems and Medicare;
- Indigenous Health Workforce Traineeships;
- Improving Immunisations amongst Aboriginal and Torres Strait Islander Queenslanders Program.

## Improving Immunisations

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QAIHC supported the Member services to improve immunisation coverage amongst Aboriginal and Torres Strait Islander Queenslanders. Through an Immunisation Coordinator, QAIHC facilitated an ACCHO Immunisation Network which acted as a key mechanism for supporting the improvement of the ACCHO immunisation services throughout the state. The network brings together ACCHO practitioners, registered nurses, enrolled nurses and Aboriginal health workers, all of whom contribute to raising immunisation coverage rates for Aboriginal and Torres Strait Islander people.

## Indigenous Health Workforce Traineeships

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During the reporting period, QAIHC facilitated and continued to support a Department of Health and Aged Care funded program which saw the placement of 25 trainee workers across the ACCHO network in Queensland. The program continues to contribute to the Aboriginal and Torres Strait Islander health workforce in Queensland ACCHOs through supporting them with direct training and funding support for local trainees. The goal is to create viable career pathways in health and build the capacity of ACCHOs to provide culturally appropriate health care to community and clients.

# Workforce Support

*This year, the Queensland Aboriginal and Islander Health Council (QAIHC) continued to empower its Members with support structures to improve the capability and capacity of their workforces.*

**QAIHC delivered current workforce-related information, professional development prospects, and a platform for interactive learning through workshops and webinars.**

Our monthly Practice/Clinic Manager Catchups have been a popular initiative and have featured guest presentations from organisations such as the Digital Health Agency and Services Australia. An important development communicated to our Members was the modification to the Practice Incentive Program's Indigenous Health Incentive, which came into effect on 1 January 2023.

We have also focused on increasing the Members' understanding of the interpretation of Medicare items, associated programs, the Pharmaceutical Benefits Scheme (PBS), as well as providing clinical and non-clinical resources for their benefit. Medicare item education sessions were delivered to Members through workshops and engagement with our Members (over 223 instances this year).

Members were informed about updates from the Australian Government Department of Health

and Aged Care and professional development opportunities available.

One of the highlights of the year was QAIHC's collaboration with UNE Partnerships, to provide formal qualifications for 34 students in medical reception roles. The students, from rural, remote, regional and urban Member services, have successfully completed or are currently studying the Certificate III in Business – Medical Administration. Health Workforce Queensland provided partial funding for this qualification to several students who were otherwise ineligible for government funding. QAIHC ensured continued support through a series of webinars offered by UNE Partnerships, which helped the students complete the qualifications.

Bi-monthly meetings between QAIHC and UNE Partnerships' CEO and relevant managers further demonstrates our dedication to advocate for and discuss future opportunities for our Members' staff.

Our collaboration with Central Queensland University (CQU) enabled us to support students undertaking a Certificate IV in Aboriginal Torres Strait Islander Primary Health Care Practice, with seven students successfully completing this qualification in December 2022.

Furthermore, QAIHC assisted the Benchmark Group in the delivery of chronic condition and hearing health workshops. These workshops provided valuable professional development opportunities for Practice Nurses, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners from our Members.

FY 2022-2023 has been a year of progressive strides for QAIHC, with our commitment to our Members and their professional development coming to the fore. We look forward to another year of creating opportunities, fostering growth, and further enhancing our services to Members.



# Health Education



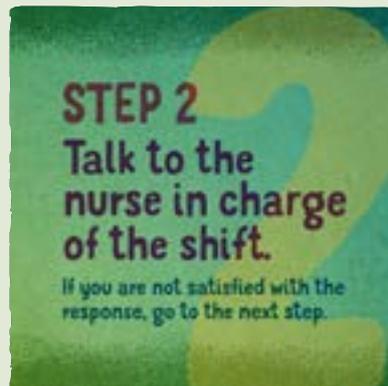
## Are your jabs up to date?

**25 July 2022** — QAIHC reminded stakeholders that booster vaccinations for COVID-19 significantly lessened chances of hospitalisation and death.



## Please wear a mask

**28 July 2022** — We reminded our audience that the best way to stop transmission of COVID-19 was to wear a mask, especially in crowded indoor settings.



## Ryan's rule

**19 August 2022** — QAIHC dropped a post talking about Ryan's Rule and how it can be invoked. Ryan's Rule is a law enabling patients or carers the right to demand a clinical review when it is perceived their condition is deteriorating or not improving as expected. This only applies to Queensland Health run facilities.



### Diphtheria vaccination resources

**January 2022** — QAIHC produced and disseminated some social media resources and fact sheets about the importance of making sure your vaccinations for diphtheria are up to date and gave helpful hints on how to avoid contracting the illness or spreading it to others.



### COVID-19 isolation reduced

**2 September 2022** — QAIHC notified our audiences about the mandatory COVID-19 isolation period being shortened from 7 days to 5 days.

### Do you know your family history of prostate cancer?

**NO.** Yarn to your doctor about starting testing at age 50. If you develop symptoms, yarn to your doctor the same day.

**YES.** Yarn to your doctor about starting testing at age 40. If you develop symptoms, yarn to your doctor the same day.

### Prostate Cancer Awareness

**13 & 19 September 2022** — To mark Prostate Cancer Awareness Month, QAIHC shared information on risk factors and when men need to see their doctor.

# Health Education



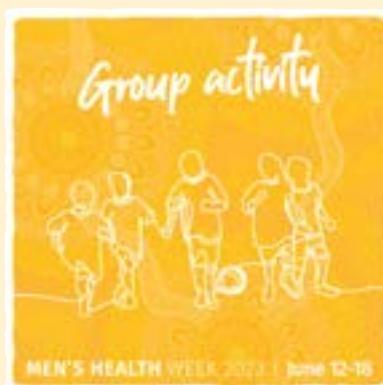
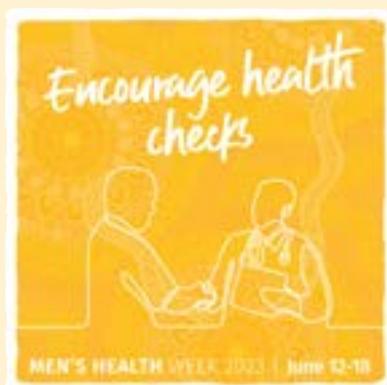
## Mental Health Week

**8-16 October 2022** — QAIHC celebrated the good works of Mental Health/Alcohol and Other Drugs workers in our Member services. In all, 11 team members were celebrated over the week.



## Happy Booster Day

**20 February 2023** — QAIHC celebrated what we call Booster Day. This was the day all Australian adults were eligible to start getting boosted for COVID-19 every 6 months.



## Men's Health Week

**12-18 June 2023** — QAIHC marked Men's Health Week with a week-long campaign giving simple tips on how men can help themselves improve their physical, mental, social, spiritual, emotional and community's health.

The traffic light is  
**GREEN**

You only need to  
**WEAR A MASK IF REQUIRED**  
by a healthcare provider,  
venue or household

### COVID-19 back in green

**2022-2023** — QAIHC instituted weekly social media posts highlighting the Queensland government's COVID traffic light colour.

**THE FLU**  
**CAN BE DEADLY**  
VACCINATION IS YOUR  
BEST PROTECTION.  
COVER COUGHS AND  
SNEEZES TO STOP THE  
SPREAD OF GERMS.

### Jab up stay strong flu campaign

**May-June 2023** — during the COVID-19 'winter wave', QAIHC put out social media messages on Mondays, Wednesdays and Fridays about staying healthy from respiratory viruses in winter.



QUEENSLAND  
**YOUTH**  
11-17 APRIL 2023 WEEK

**NCACCH**  
North Coast Aboriginal Corporation  
for Community Health

### Queensland Youth Week

**11-17 April 2023** — QAIHC highlighted the good works of young people under 28 in the ACCHO Sector through a week-long series of social media posts. In all, six team members were celebrated.



### World Immunisation Week

**24-30 April 2023** — We outlined the importance of vaccination, especially in this time of COVID-19, with highlights of immunisation practitioners in the ACCHO Sector. We also shared a 'vax fact' each day.

# Murri Carnival

*The QAIHC Queensland Murri League Carnival Study is uncovering significant health insights about Aboriginal and Torres Strait Islander players, spectators and officials participating in the Study.*

**The cohort study has been a collaboration between QAIHC, the Arthur Beetson Foundation, the Institute for Urban Indigenous Health (IUIH) and Deadly Choices, commencing in 2019.**

Attendees were surveyed about their access to health care, elements of health literacy and the impact of health messages associated with the Carnival.

Surveys were completed prior to the Carnival by participating teams and onsite by spectators as well, with follow-up surveys conducted two and six months after each event.

Over the life of the study, 953 surveys were filled out by eligible participants.

*A key finding was that over 83% of participants had a 715 health check in the 12 months previous to the survey - 74% at their local ACCHO, 7% at an out of area ACCHO and 19% at a mainstream health service.*

This means that participants were over 4 times more likely to have their 715 health check at an ACCHO (81%) than a mainstream health service (19%).

Other interesting insights from aggregate (combined) data so far include:

- Participants were more likely to feel that they could talk about anything with their doctor if they went to an ACCHO for their 715 (61.2%) than if they had their 715 at a mainstream health service (50.3%).
- There was almost perfect participation in many questions e.g. nearly all participants recorded their self-assessed health levels (approx. 99%) with 54% reporting their health as excellent or very good, 37% as good, 7% as fair, and just 1% as poor.

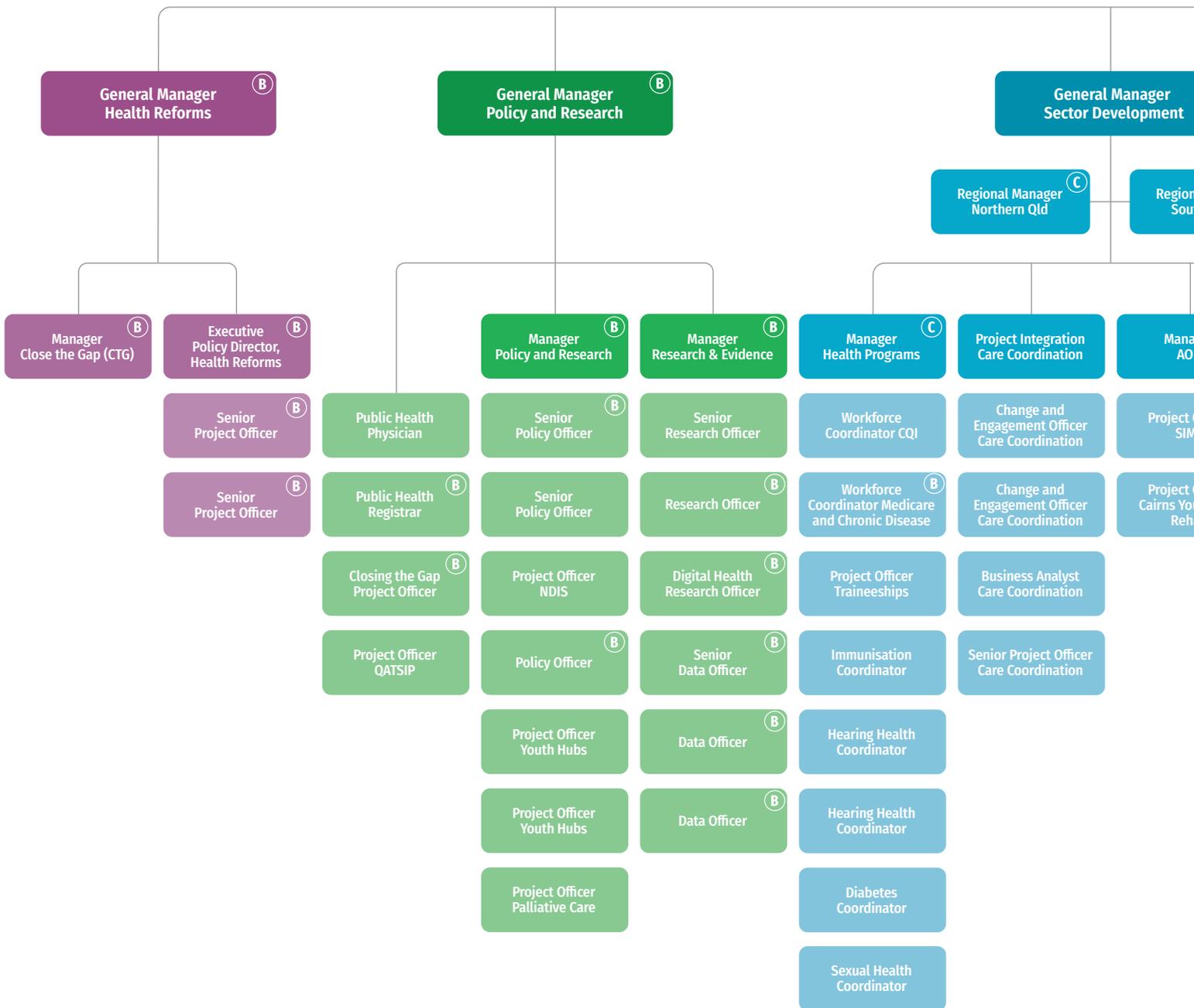


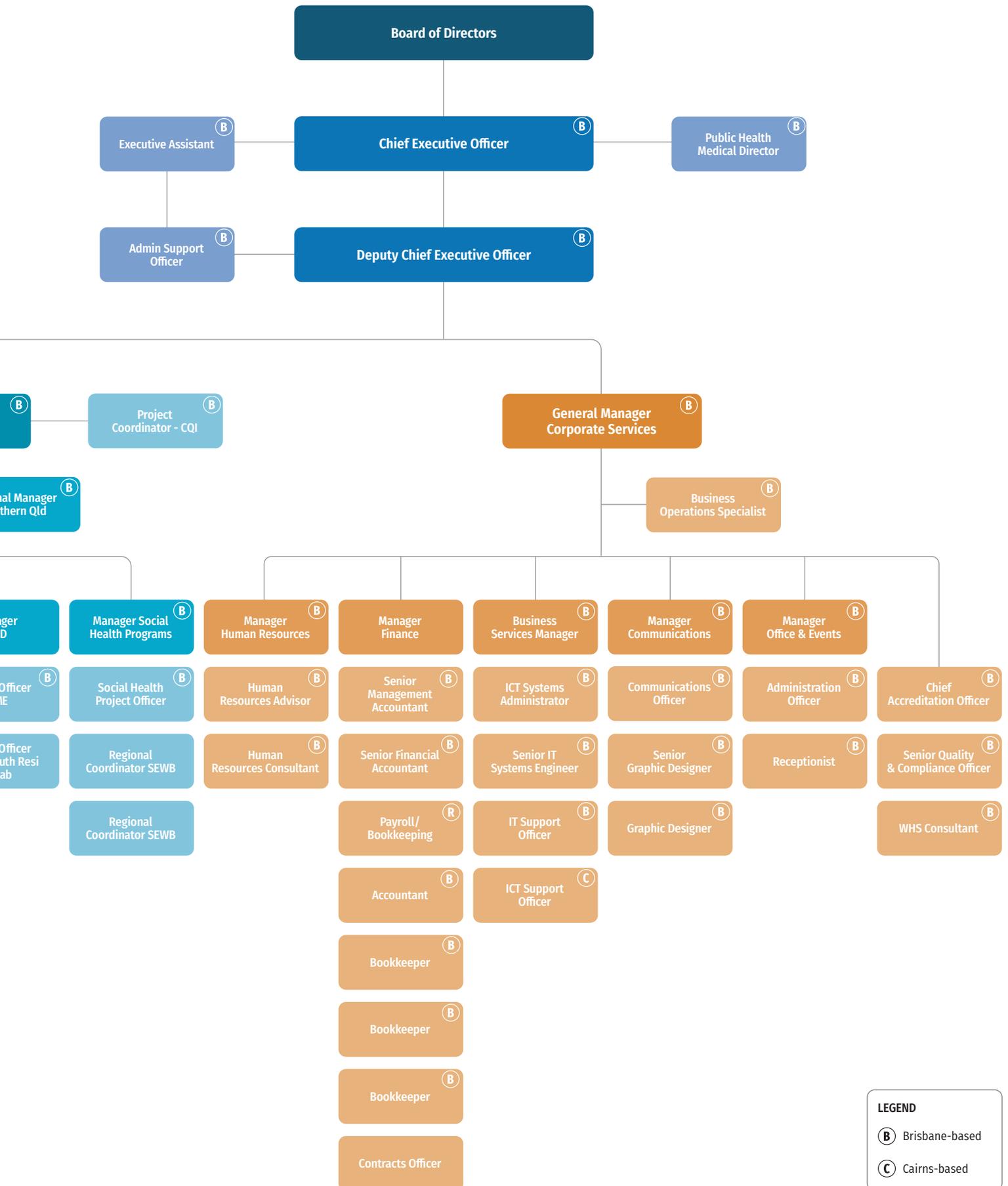
The background is a solid green color. Overlaid on this is a faint, light green map of the African continent. The map is surrounded by decorative floral and geometric patterns, including circular motifs with radiating lines and wavy, scalloped borders. The overall aesthetic is clean and modern.

# **Our Organisation**

# Organisational Structure

As at 30 June 2023.





**LEGEND**

- (B) Brisbane-based
- (C) Cairns-based

# Business Divisions

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

## Sector Development Division

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 — focusing on individuals impacted by substance use and addiction.

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



## Health Reform Division

The Health Reform division at QAIHC is a newly established team that focuses on managing and executing projects that fall outside the scope of the organisation's regular activities and core funding.

The primary objective of the Health Reform division is to oversee and coordinate projects that address specific challenges, opportunities, and strategic initiatives within the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland.

By taking on projects that require dedicated attention and specialised expertise, the Health Reform division aims to drive innovation, enhance operational efficiency, and foster positive change within the sector.



### 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.

# Corporate Services Division

The Corporate Services Division provides administrative and operational support to all QAIHC business divisions. This support includes financial, facility management, information communication 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.

## Business Quality Centre (BQC)

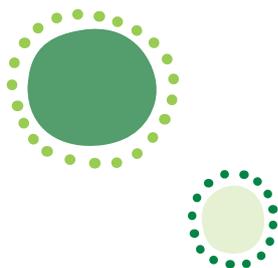
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BQC is the commercial arm of QAIHC, servicing Members and non-Members at a fee-for-service for work and assistance in HR, ICT, finance, accreditation, and communication and marketing activities. BQC also provides sector-wide support with strategic plan creation, funding submission writing, and project management.

## Contracts and Compliance

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Contracts and Compliance oversee the coordination, drafting and review of contracts, agreement documents and other ad hoc documents, such as funding proposals, for QAIHC and Members. The department works closely with finance, Members and various funding bodies to maximise agreement compliance and therefore funding opportunities for QAIHC and Members.



## Communication

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The Communications team is responsible for the development and delivery of overall strategic communication and media strategies and initiatives across QAIHC. The team also provides consultant services for drafting communications strategy, event services, issues and crisis management, and ad hoc communications support.

## Design

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The Design team provides graphic design support to QAIHC and is responsible for all branding and coordination of QAIHC events. This includes culturally aware and safe design support for Members and other third parties.

## Executive Services

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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.

## Finance

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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

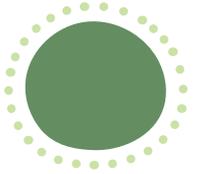
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The Human Resources (HR) team is responsible for delivering the day-to-day human resource functions of QAIHC. The team provides professional advice on a range of strategic HR matters as they arise and general HR support for day-to-day business activities.

## Information Communication Technology (ICT)

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The ICT team provides support to QAIHC and consults for Member services with software, infrastructure, procurement, information, advice updates and system administration. The ICT Team also provides consultant advice on cybersecurity as well as automation.



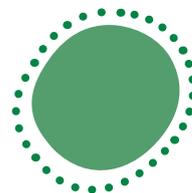
## Quality and Accreditation

The Quality and Accreditation team provides professional advice, training and audit assistance to Members seeking to stay abreast of RACGP and ISO accreditations. This includes entity-wide continuous quality improvement, clinical accreditation, corporate accreditation, quality management system review and improvements, and all associated training needs.



## Systems and Data

The Systems and Data team provides entity-wide Business Information Systems design, implementation, and maintenance to support Members to monitor, manage, report, respond and improve data quality for informed decision making. Systems and Data specialise in implementing cloud solutions as well as providing whole-of-project-lifecycle data governance, analysis and management, from design to implementation and through to evaluation.



# Policy and Research Division

The Policy and Research Division is responsible for developing QAIHC policy and building the evidence base to support a strong community controlled health sector. This division assists Members by giving them the opportunity to directly contribute to the development of policies and supporting the use of data and research to support the community controlled model of care.

The Policy and Research Division is divided into two teams.

## Health Policy

The Policy team is responsible for developing policy that advocates for a stronger positioning of the Sector in delivering health and social services to Queensland. Policy and advocacy is delivered through submissions, research papers, resources, media, speeches, presentations and in day-to-day meetings with senior policy makers.

The Policy team looks to ensure direction is influenced by Members by coordinating the QAIHC Clinical Leaders Forum, the Policy Network and the QAIHC Youth Health Network. As well the Policy team engages with NACCHO and other State and Territory affiliates via the NACCHO Policy Network.

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

## Research and Evidence

The Research and Evidence team is responsible for bringing the evidence to support statewide advocacy and responses, as well as supporting individual members to better utilise data and research. The Team takes a strong stand towards directing a more community controlled research agenda and taking steps to ensure our Members retain sovereignty over their data and evidence.

The division also works with the other parts of QAIHC to provide evidence to support CQI, program development, strategic and service planning and commissioning 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

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### 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

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

## Health Programs

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### 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

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### 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

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### Research

- Research papers
- Ethics
- Information
- Advice
- Linkages to universities/researchers
- Data
- Reporting
- Analysis

### Data

- Clinical data extraction and collection
- Governance
- Data sovereignty
- Data workshops and training
- Clinical Reports and analysis
- Data requests and advice



# Our Financials

# 2022-2023 Financial Snapshot

*For the 2022-2023 financial year, QAIHC reported an annual revenue of \$15,964,655. Net surplus for the year was \$204,050.*

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 towards 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 2022-2023 financial year. For more detailed information, please refer to the full Audited Annual Financial Report which is available on QAIHC's website.

## Revenue



**In 2023, QAIHC recorded five consecutive years of revenue growth.**

# Our Funding Sources

*We sincerely thank our supporters for their generous financial contribution 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 Social and Emotional Wellbeing workforce across Queensland.*

In 2022-2023, 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.

## Self-generated 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 2022-2023 QAIHC generated \$2,228,452 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 their continued support and contribution to the QAIHC's work in the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector over the year.

In 2022-2023, QAIHC received \$3,157,354 from NACCHO in organisational funding support for the Queensland Aboriginal and Torres Strait Islander Health Sector and a further \$970,518 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 2022-2023, QAIHC received \$6,089,438 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 2022-2023, 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 2022–2023

Funding	Purpose	Amount (ex GST)
<b>Queensland Government</b>		
Queensland Health	Core/Sector Development and Support	\$334,439
Queensland Health	AOD Connecting Community	\$191,062
Queensland Health	Improving Immunisation Coverage Among Indigenous Queenslanders	\$370,347
Queensland Health	Breakthrough ICE Education Program	\$127,975
Queensland Health	Transition and Capacity Building	\$652,365
Queensland Health	Growing Deadly Families Champions Program	\$200,000
Torres and Cape Hospital Health Service	Coordination Hub	\$410,000
DSDSATSIP	Close the Gap	\$145,000
DSDSATSIP	Youth Hubs	\$1,600,000
	<b>TOTAL</b>	<b>\$4,031,188</b>
<b>Commonwealth Government</b>		
Department of Health	\$200,808	\$200,808
Department of Health	\$602,425	\$602,425
National Indigenous Australians Agency	\$1,255,017	\$1,255,017
	<b>TOTAL</b>	<b>\$2,058,250</b>
<b>Funding Provider</b>		
NACCHO	National Network Funding	\$3,107,620
NACCHO	Ear Health Coordination Program	\$400,000
NACCHO	COVID-19 Outbreak and Response Support Grant	\$100,000
NACCHO	BBV STI	\$100,000
NACCHO	Care and Support Ready Program	\$140,568
NACCHO	Culture Care Connect Community Controlled Suicide Prevention	\$46,075
NACCHO	Trusted Indigenous Facilitators Program	\$183,875
James Cook University	GMT	\$104,000
RACP	Specialist Training Program	\$136,502
GPTQ	GP Registrar Training	\$54,300
Diabetes Australia (QLD)	My Health for Life	\$190,000
Australian Digital Health Agency	My Health Record	\$235,000
National Institute for Aboriginal and Torres Strait Islander Health Research	Research Our Way: Closing the gap in Aboriginal and Torres Strait Islander health human research	\$40,000
	<b>TOTAL</b>	<b>4,887,674</b>

## Summary Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2023

	2023 \$	2022 \$
<b>REVENUE FROM OPERATIONS</b>		
Government grants income	8,318,794	14,674,191
Non government grants income	5,335,404	4,978,108
Business Quality Centre	1,403,280	1,217,110
Other income	907,176	815,567
<b>TOTAL REVENUE FROM OPERATIONS</b>	<b>15,964,654</b>	<b>21,684,976</b>
<b>EXPENSES</b>		
Employee benefits expense	6,732,055	5,262,260
Audit, legal & consultancy expense	624,535	930,073
Travel, accommodation & meals	679,340	412,323
Depreciation expense	927,742	877,834
Other expense	6,796,932	12,701,333
<b>TOTAL EXPENSES</b>	<b>15,760,604</b>	<b>20,183,823</b>
<b>TOTAL SURPLUS</b>	<b>204,050</b>	<b>1,501,153</b>

*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 2023

	2023 \$	2022 \$
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	6,709,403	8,071,166
Receivables	2,805,857	585,236
Prepayments and other receivables	190,628	160,033
<b>Total Current Assets</b>	<b>9,705,888</b>	<b>8,816,435</b>
<b>Non-current Assets</b>		
Plant and equipment	250,013	315,146
Right of use – leased assets	806,649	1,358,587
<b>Total Non-Current Assets</b>	<b>1,056,662</b>	<b>1,673,733</b>
<b>TOTAL ASSETS</b>	<b>10,762,550</b>	<b>10,490,168</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Trade and other payables	1,296,754	1,401,313
Contract liabilities	3,038,532	2,237,701
Provisions	453,398	432,710
Lease liabilities	430,208	859,255
<b>Total Current Liabilities</b>	<b>5,218,892</b>	<b>4,930,979</b>
<b>Non-current Liabilities</b>		
Provisions	72,060	85,068
Lease liabilities	452,454	659,027
<b>Total Non-current Liabilities</b>	<b>524,514</b>	<b>744,095</b>
<b>TOTAL LIABILITIES</b>	<b>5,743,406</b>	<b>5,675,074</b>
<b>NET ASSETS</b>	<b>5,019,144</b>	<b>4,815,094</b>
<b>EQUITY</b>		
Retained earnings	5,019,144	4,815,094
<b>TOTAL EQUITY</b>	<b>5,019,144</b>	<b>4,815,094</b>

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 Changes in Equity

For the year ending 30 June 2022

	Retained Surplus \$	Total \$
<b>Balance at 1 July 2021</b>	<b>3,313,941</b>	<b>3,313,941</b>
<b>Total comprehensive income for the period</b>		
Net surplus for the year ended 30 June 2022	1,501,153	1,501,153
<b>Total comprehensive income for the period</b>	<b>1,501,153</b>	<b>1,501,153</b>
<b>Balance at 30 June 2022</b>	<b>4,815,094</b>	<b>4,815,094</b>
<b>Balance at 1 July 2022</b>	<b>4,815,094</b>	<b>4,815,094</b>
<b>Total comprehensive income for the period</b>		
Net surplus for the year ended 30 June 2023	204,050	204,050
<b>Total comprehensive income for the period</b>	<b>204,050</b>	<b>204,050</b>
<b>Balance at 30 June 2023</b>	<b>5,019,144</b>	<b>5,019,144</b>

*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 2023, the summary statement of comprehensive income and 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 2023.

#### 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 23 November 2023. The audited financial report is included in the 2023 Financial Report.

#### The Directors' Responsibility for the Summary Financial Statements

Directors are 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, 23 November 2023



**Queensland Aboriginal  
and Islander Health  
Council**

ABN 97 111 116 762

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