



QAIHC

Queensland Aboriginal and Islander
Health Council

Annual Report

2008-09



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“...health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.”

(Declaration of Alma Ata, first International Conference on Primary Health Care, 1978)

About QAIHC

Our Vision

The elimination of disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander peoples in Queensland.

Our Mission

To advocate for and provide effective and efficient corporate and health service support to CCHS and communities in Queensland to facilitate access to comprehensive primary health care responsive to the needs of local communities and integrated into the health system in Queensland.

Our Values

- Aboriginal & Islander Community Control
- Cultural Respect
- Intersectoral collaboration
- Leadership & integrity
- Quality & learning
- Capacity building
- Comprehensive primary health care
- Holistic approach

Our Role

QAIHCs role as the peak body for the Aboriginal & Islander Community Controlled Health Sector in Queensland comprises:

- Promotion, development and expansion of the comprehensive primary health care through Community Controlled Health Services (CCHS).
- Liaison with government, non-government and private sectors on Aboriginal and Torres Strait Islander health, including health research.
- Building the capacity of CCHS and communities in planning, development and delivery of comprehensive primary health care to their communities.
- Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified needs.

QAIHC functions as a vital link between the Community Controlled Health Sector, Government and non-Government Health Sectors.

Administration and coordination is undertaken by QAIHC Secretariat located in Brisbane.

QAIHC is the Queensland Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

QAIHC works closely with the Community Controlled Child Protection Sector in Queensland to address over-representation of Aboriginal and Torres Strait Islander children and young people in the Queensland child protection system.

QAIHC auspices the operation of the peak body for the Sector, the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP).

QAIHC also works closely with the Community Controlled Substance Misuse Sector, auspicing the operation of its peak body – the Queensland Indigenous Substance Misuse Council (QISMC).

Access to comprehensive primary health care responsive to the needs of local communities

Our Membership

Membership of QAIHC is open to Aboriginal & Islander CCHS in Queensland. CCHS are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate health care to their communities. Their Board Members are elected by local Aboriginal and Torres Strait Islander communities. The QAIHC Constitution also provides for Associate Membership status by evolving Aboriginal & Islander Community Controlled Health Committees and by health related services while they transition to full CCHS status.

QAIHC Membership currently comprises of 21 CCHS, operating throughout urban, rural, regional and remote Queensland. QAIHC also has some 11 Associate Member Organisations.

Our Board

QAIHC is governed by a Board of Management comprising of an elected representative from each of the ten QAIHC Regions, plus an Honorary Chairperson. The QAIHC Board is elected at biennial Annual General Meetings. The QAIHC Chairperson is elected by the full QAIHC Membership.

Chairperson's Report

ELIZABETH ADAMS



It is with great pleasure and pride that I present the Annual Report for the Queensland Aboriginal & Islander Health Council (QAIHC) for the 2008/2009 Year.

The 2008/2009 presented many challenges for QAIHC and the Community Controlled Health Sector. With the Council of Australian Governments (COAG) committing an historic \$1.6 billion over four (4) years to 'close the gap' in Aboriginal and Torres Strait Islander health, QAIHC and its Members were extremely disappointed to note significant proportions of Australian Government commitment appears destined to mainstream health services and our partners in the Divisions of General Practice Network. QAIHC has, however, sort to position our Sector at the centre of implementation efforts in Queensland through our work and leadership of the Queensland Aboriginal & Torres Strait Islander Health Partnership. Our work in 2008/2009 has focused on supporting engagement of our Members and Regional Aboriginal & Torres Strait Islander Health Forums in the identification of local priorities for investment, aligned to COAG commitments and funding announcements. This work has produced implementation plans for 'closing the gap' from ALL Regional Health Forums operating throughout Queensland, with Governments now required to utilize these plans to inform and align their investment decisions and strategies.

It is clear that the solutions to Aboriginal and Torres Strait Islander health reside in local communities and their health services and that circumstances and need differ significantly throughout Australia. QAIHC will therefore continue to lobby for greater flexibility in the use of new 'close the gap' funding to ensure

investment is tailored to local needs and priorities rather than the 'one size fits all' approach adopted by the Australian Government.

With COAG's 'close the gap' commitments occurring parallel to the reform of the Australian health care system via the National Health & Hospitals Reform Commission (NH&HRC), there was a significant risk that the Community Controlled Health Sector and Government would fail to effectively integrate the two, resulting in continued fragmentation of Aboriginal and Torres Strait Islander health policy and program delivery and perpetuation of existing 'ghetto' funding arrangements. QAIHC continued its work with our national body throughout 2008/2009 on the development of proposals for reform of the architecture and funding arrangements governing Aboriginal and Torres Strait Islander health in Australia and submitted a detailed proposal to the NH&HRC. This work, titled 'Investing in Community Control', was informed by two (2) National Think Tanks involving representatives from the Sector and external leaders and experts from the mainstream health system. The 'Investing in Community Control' Project provides an over-arching framework for implementation of COAG 'close the gap' commitments.

The 2008/2009 Year also saw the transition of the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership (QATSICPP) to an independent peak body.

QAIHC auspiced the QATSICPP since its establishment in the 2005/2006 Year in recognition of the fundamental link between issues of neglect in Aboriginal and Torres Strait Islander communities and their access to comprehensive primary health care. With neglect being the primary contributor to continued and increasing over-representation of Aboriginal and Torres Strait Islander children in Queensland's child protection system, there remains an urgent need to refocus the system and shift the balance of the continuum from the current 'statutory response' to prevention, early intervention and family support. There exists a unique opportunity in this 'close the gap' environment to now integrate health, child protection and broader communities portfolios and new investment via the Indigenous Health and Indigenous Early Childhood Development National Partnership Agreements, which collectively bring over \$2billion into these portfolios over the next six (6) years. Whilst QATSICPP has now separated from QAIHC, there clearly remains much work for our Sectors into 2009/2010 and beyond to protect our children and support our families and to arrest the alarming rates of over-representation.

QAIHC commenced implementation of our 'Building Business Capacity' Project in 2008/2009. This Project was identified as a key priority in the QAIHC Strategic Plan 2007-2010 and aims to strengthen service delivery systems with our Sector, while also reducing cost, through implementation of regional 'shared procurement' arrangements throughout Queensland. The Project is being implemented in Central Queensland and Far North Queensland Regions and will inform future work in this important area.

QAIHC also continued to build on our work to enhance corporate governance within our Sector, developing and commencing implementation of our 'Sustainable Governance Model' in the 2008/2009 Year with our partners at Effective Governance. The QAIHC Sustainable Governance Model provides a comprehensive approach to implementation of best practice corporate governance systems within Community Controlled Health Services, commencing with a thorough induction program for Boards and individual Directors. QAIHC will be seeking funding support from the Australian Government to expand roll-out of our 'Sustainable Governance Model' throughout our Membership in 2009/2010. To

inform development and champion roll-out of the 'Sustainable Governance Model', we established the QAIHC Chairman's Syndicate (the Syndicate). The Syndicate provides an important opportunity for Chairpersons of Member Organisations to network and share experiences, while undertaking professional development facilitated jointly by our partners at Effective Governance. The Syndicate will continue to meet on a regular basis into 2009/2010 and beyond to support strategies to strengthen the governance of our Community Controlled Health Services. This Year we established a similar forum for Chief Executive Officers (CEOs) of our Member Organisations – the QAIHC CEO Forum.

With the significance and pace of reform within the Aboriginal and Torres Strait Islander health and broader health system environments, effective communication with our Members became critical in 2008/2009.

This year saw QAIHC establish its six (6) monthly 'Members Conference', providing an opportunity to discuss with our Membership the many and various challenges confronting our Sector in this 'post apology/close the gap' environment of Aboriginal and Torres Strait Islander health. The Members Conference also provided an opportunity for Members to hear and discuss directly with senior representatives of Government and the Divisions of General Practice Network their plans for working with our Sector and 'closing the gap' in health outcomes within our communities. The success and importance of QAIHC Member Conference in 2008/2009 will see them continued into 2009/2010 as implementation of COAG's 'close the gap' agenda gathers pace and the directions in the reform of Australia's health care system become known.

The QAIHC Chairperson's Road Trip also continued through 2008/2009, with myself and QAIHC CEO meeting with the Boards and Management of several of our Member Organisations to discuss QAIHC's role and work in support of their local health service, and the Sector state-wide. The Road Trip provided valuable feedback on QAIHC's performance, identifying areas in which QAIHC needed to strengthen as we moved into the 2009/2010 Year. I am pleased to report that the feedback on QAIHC's performance was, however, overwhelmingly positive.

As we continue to meet the challenges that confront our Sector during this time of great reform, it is important that we recognize how far we have come since the establishment of the first Community Controlled Health Service in Queensland in 1973 (ATSICHS Brisbane). In 2008/2009 we acknowledged and celebrated our shared history, recognizing and honoring the pioneers of our Sector with the establishment of the QAIHC Hall of Fame. Our inaugural Hall of Fame dinner, held in November 2008, inducted six (6) of these great individuals: Mrs Pamela Mam (ATSICHS Brisbane); Ms Erica Fisher (ATSICHS Brisbane); Ms Marilyn Dillon (Kalwun Health Service); Ms Joan Seden (AICHS Mackay); Ms Amy Lester (Bidgerdii Community Health Service); and Ms Mary Martin (Yulu Burri Ba Health Service, QAIHF, QAIHC). The QAIHC Hall of Fame located at the QAIHC Secretariat Office and serves as an archive of the careers and accomplishments of those individuals chosen by QAIHC Board for induction. QAIHC will continue to induct individuals to its 'Hall of Fame' on an annual basis, coinciding with our annual Members Conference and General Meeting.

As Chairperson I would like to acknowledge the continued support of QAIHC Member Organisations. I also wish to acknowledge and thank our Board of Directors for their dedication, leadership and ongoing commitment to our peak body. I wish to make special mention of our Deputy Chairperson, Ms Sheryl Lawton, who provided constant and unwavering support throughout 2008/2009. I thank our Chief Executive Officer, Mr Justin Saunders and his team of dedicated staff at QAIHC Secretariat. I also thank our partners for their continued support, particularly the Department of Health & Ageing, Queensland Health, General Practice Queensland and Health Workforce Queensland.



CEO's Report

JUSTIN SAUNDERS

The 2008/2009 was a year of many challenges for QAIHC as we continued to adapt to the ever-changing environment of Aboriginal and Torres Strait Islander health, while also positioning the Community Controlled Health Sector within broader reforms to Australia's health care system being pursued by the Federal Government. This Year also represented my first as Chief Executive Officer (CEO) of QAIHC.

The commitments of the Council of Australian Governments (COAG) to invest an additional \$1.6 billion to 'close the gap' in Aboriginal and Torres Strait Islander health over the next four (4) years presents both opportunities and threats for the Community Controlled Health Sector. The threats are clear - with such a significant proportion of this new funding being directed to Divisions of General Practice there is a very real risk that Community Controlled Health Services will not have the opportunity to grow to meet health need within their local communities. Further, there appears limited flexibility in the implementation of the Australian Government's funding commitments to ensure investment is tailored to local needs and circumstances with the potential for significant 'waste' of these new and extremely valuable resources.

There are, however, opportunities present within the new 'close the gap' environment of Aboriginal and Torres Strait Islander health. The funding announced by COAG represents the single greatest funding commitment for Indigenous health by Government in the history of this country. The Sector needs to position itself at all levels as the leader in Indigenous health, providing leadership to Government, mainstream providers and communities to ensure these resources reach those areas of greatest need. Further, that these resources are channeled to those providers best placed to deliver improved outcomes. In some cases this will be mainstream services.

QAIHC focused significant effort over the past

twelve (12) months on its role within the Queensland Aboriginal & Torres Strait Islander Health Partnership, ensuring the engagement of Member Organisations and Regional Aboriginal & Torres Strait Islander Health Forums (Regional Health Forum) in determining local priorities and strategies for implementation of COAG commitments and initiatives. QAIHC work in the 2008/2009 Year resulted in the development of 'COAG Implementation Plans' from each of the Regional Health Forums operating throughout Queensland. These plans will inform funding decisions of Government into 2009/2010 and beyond.

In addition to COAG's 'close the gap' commitments, QAIHC was also required to influence the reform of the Australian health care system via the National Health & Hospitals Reform Commission. In response to the Interim Report of the National Health & Hospitals Reform Commission, QAIHC lodged a detailed submission. QAIHC's submission supported the establishment of the proposed National Aboriginal and Torres Strait Islander Health Authority, albeit proposed an alternative model.

QAIHC also strongly supported the Australian Government assuming full responsibility for primary health care and the Commission's Recommendations regarding greater support for Community Controlled Health Services. QAIHC proposed that NACCHO and its State and Territory Affiliates were best placed to undertake this role.

Further contributing to mainstream health system reforms, QAIHC continued work on behalf of the National Aboriginal Community Controlled Health Organisation (NACCHO) with the 'Investing in Community Control' Project (formally titled 'New Architecture Project'). In 2008/2009 QAIHC convened two (2) national 'Think Tanks', the first involving NACCHO Affiliates and the second broader representation from the Australian health care system. The 'Think Tanks' informed development of Discussion Papers and several submissions to the National Health & Hospitals Reform Commission, citing evidence from other developed nations for fundamental reform of the architecture, relationships and funding arrangements governing Aboriginal and Torres Strait Islander health. With the Commission presenting its Final Report to the Australian Government in late June 2009, QAIHC will continue with the 'Investing in Community Control' Project to ensure the Community Controlled Health Sector contributes effectively to these historic and system-wide reforms.

QAIHC continued and expanded its 'Member Support Program' in 2008/2009, providing practical assistance to Members and Associated Member Organisations in the areas of corporate governance, management support, human resource management, strategic and business/action planning, organisational reviews and improving access to the Medicare Benefits Schedule (MBS). To strengthen corporate governance within the Community Controlled Health Sector, QAIHC developed and commenced implementation of the 'QAIHC Sustainable Governance Model' (QSGM). Building on QAIHC's previous/extensive work in this field, the QSGM represents a comprehensive approach to building AND implementing good practice corporate governance systems within Community Controlled Health Services.

To inform development of the 'QAIHC Sustainable Governance Model' (QSGM) and champion its implementation, QAIHC established and convened the QAIHC Chairperson Syndicate (and CEO Forum) in June 2009. The Forum provided an opportunity for Chairpersons to network and share experiences while undertaking professional development with external experts. The QAIHC Chairperson Syndicate unanimously endorsed the SGM in June 2009 and

will continue to meet in 2009/2010 to monitor its implementation. QAIHC has sought funding from the Commonwealth Department of Health & Ageing (DoHA) to expand delivery of QSGM state-wide in 2009/2010.

QAIHC commenced implementation of the 'Building Business Capacity' Project in 2008/2009. The Project represents a key strategic priority for the Sector and aims to strengthen service delivery systems and generate savings through implementation of regional 'shared procurement' arrangements throughout Queensland.

'Building Business Quality' is being implemented in Central Queensland and Far North Queensland Regions and will inform future work in this area and throughout other Regions in Queensland.

QAIHC continued the very successful Queensland Indigenous Health Finance Network (QIHFN) Workshop Series in 2008/2009. With the aim of supporting OATSIH funded Organisations to comply with financial and other reporting and regulatory requirements, QAIHC convened two (2) workshops this year addressing: new Industrial Relations (IR) laws and what they mean for services; financial controls and risk management; and understanding Audit processes. QIHFN Workshops were well attended in 2008/2009 with Organisations expressing strong support for their continuation in 2009/2010.

The 2008/2009 Year marked the fifth and final year of National Health & Medical Research Council (NH&MRC) funding for the QAIHC Centre of Clinical Research Excellence (CCRE) in Circulatory and Associated Conditions in Urban Aboriginal and Torres Strait Islander Peoples. The past twelve (12) months saw the CCRE significantly progress and finalise a number of key projects, including the Health Information Project – a project commenced in 2006/2007 aimed at improving the quality, utility and value of clinical information systems and build capacity within the Sector for ongoing analysis, monitoring and reporting of health data. This Project has produced the 'QAIHC Performance Indicators', comprising key outcome and process indicators for measuring impact of health services and interventions. QAIHC significantly progressed implementation of the

'Indicators' this year, producing benchmarking reports for participating services on their performance relative to other/like health services. If the health system is going to achieve COAG's 'close the gap' targets it is clear that the capacity to collect, analyze and report accurate and timely data on Aboriginal and Torres Strait Islander health outcomes is critical. This capacity now exists within QAIHC and its Member Organisations as we continue to implement 'QAIHC Health Indicators' throughout Queensland in 2009/2010.

With funding from the NH&MRC for the CCRE to cease at 31 December 2009, QAIHC determined to continue to develop and expand its research agenda and capacity to support the Community Controlled Health Sector in Queensland. QAIHC will therefore continue to undertake strategic research through existing structures, as opportunities arise. In collaboration with the University of Queensland (UQ), QAIHC has also played a lead role in the development of an application for funding to the National Health & Medical Research Council (NH&MRC) to establish a Centre for Research Excellence (CRE). The proposed CRE will build on the achievements of the QAIHC CCRE, aiming to further build capacity and support research that leads to improved Aboriginal and Torres Strait Islander health outcomes. The CRE will also have a major focus on the effective translation of research outcomes into practice.

QAIHC's Population Health Unit continued its important work in 2008/2009, aimed at building capacity of Member Organisation to implement disease prevention programs necessary to 'close the gap' in Aboriginal and Torres Strait Islander health. Building on its establishment in the 2007/2008 Year, the Population Health Unit expanded its focus on improving the health of the 'workplace' of Community Controlled Health Services to address the risk factors for chronic disease present among Indigenous staff. The rationale for QAIHC's approach here is clear – that the Community Controlled Health Sector must impact on the health behavior within its services, should it wish to seriously impact on health behaviors within Aboriginal and Torres Strait Islander communities. QAIHC's work in population health was challenged this year by the outbreak of 'swine

flu' in Australia. The significant risks associated with 'swine flu' in Indigenous populations saw QAIHC throughout its Public Health Medical Officer play a lead role in 2008/2009, effectively coordinating the Community Controlled Health Sector's response.

The 2008/2009 Year saw the establishment of the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership (QATSICPP) as an independent peak body and the transition of this function from QAIHC Secretariat in early 2009. With QAIHC auspicing the QATSICPP since its establishment in 2005/2006, the transition of former Secretariat staff to the new body represents a major milestone for both QAIHC and QATSICPP. Whilst QATSICPP operates independent of QAIHC, the two (2) Organisations and the Sectors they represent will continue to work collaboratively into the future to address the over-representation of Aboriginal and Torres Strait Islander children and young people in Queensland's child protection system.

QAIHC significantly enhanced its communication strategy with its Members in 2008/2009, convening six (6) monthly 'Member Conferences'. QAIHC Members Conference provides an opportunity for QAIHC to directly discuss with its Members the many developments in the Aboriginal and Torres Strait Islander health environment and to workshop responses to identified challenges and opportunities. With the pace of reform set to continue, QAIHC will continue to convene Member Conferences in 2009/2010.

In closing I wish to thank QAIHC Board for their support through this, my first year as QAIHC CEO. In particular, QAIHC Chairperson Ms Lizzie Adams and QAIHC Deputy Chairperson Ms Sheryl Lawton. I also thank QAIHC Members for their support throughout 2008/2009. The dedication and support of QAIHC Secretariat staff has also been critical during the past twelve (12) months.



Board of Directors

Board of Directors

Ms Elizabeth Adams **Chairperson**

Secretary South West Region
Enrolled Nurse
Cert IV in Governance Training
Diploma in Frontline Management
Diploma Primary Health
Cert IV Workplace Training & Assessment
Cert III in Primary Health Care
Cert IV in Primary Health Care
Undertaking Graduate Certificate in Health Service Management

Ms Sheryl Lawton **Vice Chairperson**

CEO – Charleville & Western District Corporation for Community Health
Cert IV in Governance Training
Diploma in Frontline Business Management
Graduate Certificate in Health Management

Mr David Baird **Treasurer**

Treasurer Far North Region
Bachelor of Science in Aboriginal Community Development & Management
Cert I Health & Community Service (Rehabilitation Counselling Drug & Alcoholism)
Undertaking Graduate Certificate in Health Service Management

Ms Janelle Collins **Secretary**

Undertaking Graduate Certificate in Health Service Management
Management of A&TSHI Health Services Latrobe University/QAIHC
Effective Governance QAIHC
Certificate Enrolled Nursing Charleville Hospital
Cert IV in Assessment & Workplace Training
Eye Health for Indigenous Health Workers & Eye Health Co-ordinators QUT

Mr Bernie Singleton

Health & Safety Officer - 8 years
Ranger Aboriginal Sites – 20 years
Government service – 32 years

Ms Coralie Ober

Representative Korrawinga Aboriginal Corporation

Mr Matthew Cooke

CEO Nhulundu
Undertaking Graduate Certificate in Health Service Management

Mr Gary White

Chairperson Goondir Health Service

Mr Stella Taylor-Johnson

CEO Kambu Medical Centre

Alternate Directors

Ms Rose Shillingsworth

Mr Billy Gorham

Mr Cleveland Fagan

Ms Rhonda Shibasaki

Ms Matilda Middleton

Ms Lillian Hopkins



QAIHC Membership

QAIHC Members

30th June 2009

Aboriginal and Islander Community Health Service Brisbane LTD
Aboriginal & Torres Strait Islander Community Health Service (Mackay Ltd)
Apunipima Cape York Health Council
Barambah Regional Medical Service (Aboriginal Corporation)
Bidgerdii Aboriginal and Torres Strait Islander Corporation
Bundaberg Indigenous Wellbeing Centre
Carbal Medical Centre
Charleville & Western Areas Aboriginal and Torres Strait Islander Corporation for Health
Cunnamulla Aboriginal Corporation for Health
Galangoor Duwalami Primary Health Care Service
Girudala Community Co-operative Society Ltd
Goolburri Health Advancement Aboriginal Corporation
Goondir Health Service
Gurriny Yealamucka Health Service Aboriginal Corporation
Injilinj Youth Health Service
Kalwun Health Service
Kambu Medical Centre Pty Ltd
Mamu Health Service
Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation
Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing
Mulungu Aboriginal Corporation
North Coast Aboriginal Corporation for Community Health
Nhulundu Wooribah Indigenous Health Organisation
Townsville Aboriginal & Islanders Health Service
Wuchopperen Health Service
Yulu Burri-Ba Aboriginal Corporation for Community Health



CCRE's Report

DALLAS LEON

The 2008/2009 Year marked the fifth and final year of National Health & Medical Research Council (NH&MRC) funding for the QAIHC Centre of Clinical Research Excellence (CCRE) in Circulatory and Associated Conditions in Urban Aboriginal and Torres Strait Islander Peoples.

The CCRE has operated over the past five (5) years in accordance with principles and philosophies of community control, with governance of the Centre vested in the QAIHC Board. Under a Service Agreement with Monash University – the Administering Institution for the NH&MRC grant - QAIHC Secretariat is responsible also for the management and day-to-day operations of the CCRE. The aims of the QAIHC CCRE include:

- Undertake and support research to improve health outcomes in the community;
- Support and foster training of Aboriginal and Torres Strait Islander health workers and professionals;
- Increase the opportunities for Aboriginal and Torres Strait Islander health researchers; and
- Translate research findings to improve health service practice, influence policy and investments in Aboriginal and Torres Strait Islander health.

CCRE research partners comprise: Monash University; University of Queensland;

James Cook University; University of Wollongong; National Heart Foundation; the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane; Kambu Medical Centre; and the Inala Indigenous Health Service.

In collaboration with our research partners in government, university and non-government sectors the CCRE has continued in 2008/2009 to implement an innovative research program aimed at supporting enhance primary health care delivery for Aboriginal and Torres Strait Islander peoples in major urban and other areas throughout Queensland.

Achievements

The 2008/2009 Year saw QAIHC CCRE complete and/or significantly progress a number of major research projects.

QAIHC Health Information Project (HIP)

QAIHC CCRE completed its Health Information Project (HIP) in 2008/2009. Commenced in 2006 and funded by the Office for Aboriginal and Torres Strait Islander Health



(OATSIH), this landmark project aimed to improve the quality, utility and value of clinical information and information systems, and to build capacity within the Sector for the ongoing analysis, monitoring and reporting of health data. Key outcomes from the Project include:

- Development of QAIHC Performance Indicators, comprising key outcome and process indicators to enable measurement of impact of health services and interventions to support local decision-making, inform regional planning and service development activities;
- Collaboration with software companies to incorporate QAIHC Performance Indicators into their health information systems; and
- Development and implementation of automated reporting capabilities for Community Controlled Health Services in Queensland.

With completion of HIP in 2008, QAIHC has continued work on the development of a comprehensive and integrated approach to health information. This important work will continue into 2009/2010 and beyond as QAIHC continues to build the key infrastructure within its Membership necessary to realise its vision of eliminating disparities in health and well-being experienced by Aboriginal and Torres Strait Islander peoples in Queensland.

Tobacco Cessation (Time to Quit)

Time to Quit (TTQ) is a comprehensive project aimed at encouraging Aboriginal and Torres Strait Islander health service staff, and their peers, to quit smoking through a combination of workplace based initiatives. This Project was commissioned by CCRE in response to research identifying smoking amongst Aboriginal and Torres Strait Islander Health Workers as a barrier to their effective engagement in delivery of tobacco cessation programs and services to Aboriginal and Torres Strait Islander peoples. The project involves three (3) key components:

1. The development of workplace non-smoking policies;
2. Intensive quit support program for staff and peer networks; and
3. Qualitative research to explore and share stories from Indigenous community members who have successfully quit smoking.

Since commencement of implementation of TTQ in late 2008, the key outcomes of the project include:

- Extensive consultations undertaken with health services staff to inform the development of comprehensive workplace free tobacco policies;

- Training for health service staff in the Cancer Council Queensland 'Quit Educator' course to facilitate local project implementation;
- Support provided to services to implement local workplace based intervention/s, and
- Support provided a number of QAIHC and other health service staff to quit smoking, including QAIHC Board whose Chairperson and Chief Executive Officer who successfully quit smoking in early 2009.

Scholarship Program

QAIHC CCRE continued to provide support for two (2) existing postgraduate scholarship holders and an NH&MRC Postdoctoral Research Fellow in 2008/2009. It is anticipated that the current postgraduate scholarship recipients will complete their respective studies in early 2010. In 2009, Mr Tom Ogwang was awarded a CCRE Postgraduate Scholarship to support his PhD candidature with the University of Queensland.

Current student and research fellow projects include:

- *Active Aboriginal Mums Project,*
- *Theory based evaluation: The Case for a Social Health Program,*
- *New methods and approaches for the management and prevention of chronic disease in Indigenous peoples, and*
- *Governance, government and self-determination: Indigenous people and chronic disease service delivery in Queensland.*

Future Directions

With current funding from the NH&MRC for the CCRE to cease at 31 December 2009, QAIHC Board has determined to continue to develop and expands its research agenda and capacity to support ongoing operations of Community Controlled Health Services in Queensland. QAIHC will continue to undertake strategic research through existing structures as opportunities arise. In collaboration with the University of Queensland (UQ), QAIHC has also played a lead role in the development of an application for funding to the National Health & Medical Research Council (NH&MRC) to establish a Centre for Research Excellence (CRE). The proposed CRE will build on the achievements of the QAIHC CCRE, aiming to further build capacity and support research that leads to improved Aboriginal and Torres Strait Islander health outcomes. The CRE will also have a major focus on the effective translation of research outcomes into practice.

The QAIHC CCRE team wishes to acknowledge and thank Chief Investigators, research partners and institutions, participating health services and other stakeholders for their support over the past five (5) years.

Policy and Advocacy Report

ANNE TURNER

The Policy & Advocacy Business Unit works to implement the policy and advocacy agenda developed by QAIHC Board.

The Business Unit expanded significantly in the 2008/2009 Year as QAIHC shifted its focus from policy development to policy application, incorporating: Health Workforce; Substance Misuse; Sexual Health and Blood Borne Viruses (BBV) and Bringing Them Home/Social & Emotional Well-Being.

In the QAIHC 2007/2008 Annual Report it was noted that the Aboriginal and Torres Strait Islander Affairs and broader Australian health care system landscapes were being shaped by the many reviews commissioned by the *then* new Australian Government and the negotiation of the Australian Health Care Agreements with States and Territories. The 2008/2009 Year saw this trend continue, with the National Health & Hospitals Reform Commission presenting its Final Report to the Australian Government at end June 2009, containing more than 100 Recommendations to transform the Australian health system. The 2008/2009 Year also saw the Council of Australian Governments (COAG) commit an additional and historic \$1.6 billion to 'close the gap' in health outcomes for Aboriginal and Torres Strait Islander Australians, amongst a plethora of other funding commitments aimed at addressing Indigenous disadvantage.

The 2008/2009 Year was therefore a challenging one for QAIHC's Policy & Advocacy Team, requiring it to formulate responses to the many new opportunities and significant threats for the Community Controlled Health Sector emerging in the turbulent policy environments of health and Indigenous Affairs. At the same time, QAIHC was required to deliver on its existing and considerable policy and advocacy program developed over the past two (2) years.

QAIHC lodged a submission to the National Health & Hospitals Reform Commission (NH&HRC) Interim Report in 2008/2009. The QAIHC submission supported the establishment of the proposed National Aboriginal and Torres Strait Islander Health Authority, although QAIHC proposed an alternative model to that proposed by the

Commission. QAIHC also strongly supported the Australian Government assuming full responsibility for primary health care and those Recommendations calling for greater support for Community Controlled Health Services, suggesting that NACCHO and its State and Territory Affiliates are best placed to deliver support this support.

QAIHC also continued its work on behalf of the NACCHO Board and with support of OXFAM Australia, undertaking project management of the 'Investing in Community Control' Project (formally titled 'New Architecture Project'). In 2008/2009 QAIHC convened two (2) national 'Think Tanks', the first involving NACCHO Affiliates and the second broader representation from the Australian health care system.

The 'Think Tanks' informed development of Discussion Papers and several submissions to the National Health & Hospitals Reform Commission (NH&HRC), citing evidence from other developed nations for fundamental reform of the architecture, relationships and funding arrangements governing Aboriginal and Torres Strait Islander health. With the NH&HRC presenting its Final Report to the Australian Government in June 2009, QAIHC will continue its work in support of our national body to ensure the Community Controlled Health Sector contributes effectively to these historic and system-wide reforms.

QAIHC formally launched its 'Access & Equity Report' in November 2008. Commissioned in 2007/2008 and undertaken by Kathy Eager of the Centre for Health Systems Development at the University of Wollongong, the Report examined funding models for 'closing the gap' in Cape York and Yarrabah. QAIHC had originally intended including a large urban site in the form of the Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Brisbane, however, the absence of accurate and reliable data for the greater Brisbane Region prevented this from occurring. The Report identified significant under-funding across both sites and highlighted the complexity of funding from Australian and Queensland Governments, particularly the mix of recurrent and non-

recurrent funding and the difficulties this creates for planning and service delivery. With the NH&HRC acknowledging that significant additional funding is required to 'close the gap', QAIHC will utilize the findings and methodology developed by 'Access & Equity' to continue to advocate for appropriate funding levels and arrangements throughout Queensland.

The Policy & Advocacy Team continued also in 2008/2009 to support QAIHC leadership of the Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership). COAG's 'close the gap' commitments brought into the focus the key role of Regional Aboriginal & Torres Strait Islander Health Forums, with ALL partners committing to utilize the Forums to determine priorities for investment of *new* COAG funding. The significance of COAG funding commitments and their associated timeframes saw the Partnership instigate monthly meetings in 2008/2009 to ensure an integrated state-wide response to COAG's 'close the gap' agenda. Work on development of COAG implementation plans from each of the eight (8) Regional Aboriginal & Torres Strait Islander Health Forums operating on Queensland's mainland was led by QAIHC Sector Development Team in 2008/2009.

In addition to participation in the Queensland Aboriginal & Torres Strait Islander Health Partnership, QAIHC continued in 2008/2009 to engage also in a number of key policy and program forums, including: Connecting Health in Communities (CHIC) Initiative led by Queensland Health; COAG Mental Health Working Group as one (1) of only three (3) non-Government Organisations (NGOs) represented on the Group; and the Aboriginal & Torres Strait Islander Eye Health Advisory Committee.

Workforce

The major focus of QAIHC workforce policy in the 2008/2009 Year was development of training programs and opportunities for health and related workforce as well as providing support and advocacy for Members on national workforce policy reform agendas. Key activities and outcomes for 2008/2009 include:

- Conducting Aboriginal and Torres Strait Islander Health Worker Assessments for the transition of workers into the current Aboriginal and Torres Strait Islander Primary Health Care qualifications with support from the Aboriginal and Torres Strait Islander Corporation for Health Education and Training (ATSICHET);
- Supporting Health career promotion for Aboriginal and Torres Strait Islander students in partnership with the Queensland Catholic Education Commission;
- As part of the Health Skills Formation Strategy and Industry Leaders Group: supporting the development of Queensland's Health Worker Careers Pathways model; supporting the development of health career pathways

and a school based work readiness certificate program for rural areas; supporting Education Queensland for the facilitation of school based traineeship pathways into health careers; and supporting Health Career Promotion and the development of the Queensland career portal for health as a national website;

- National activities included: supporting the Australian Industrial Relations Commission National Award Modernisation scheme which includes the development of the Aboriginal and Torres Strait Islander Community Controlled Health Sector Award planned for 2010; supporting the development and implementation of the National Aboriginal and Torres Strait Islander Health Worker Association which is expected to be operating by late 2009; as part of the Australian Government health system reforms, supporting the development of the national health professions registration and accreditation scheme and the proposed registration of Aboriginal Health Workers in 2012; as part of the National Aboriginal and Torres Strait Islander Registered Training Organisation National Network (ATSIRTON), developing education and training initiatives ensuring an ongoing skilled health workforce; and as part of the Workforce Information Policy Officer (WIPO) National Network lobbying, advocating and supporting the development of workforce initiatives to build capacity of the Community Controlled Health Service Sector.

Substance Misuse

QAIHC continued to provide secretariat and policy support to the Queensland Indigenous Substance Misuse Council (QISMC) in 2008/2009. QISMC is the representative body for the Community Controlled Substance Misuse Sector in Queensland. QISMC Secretariat is staffed with two (2) officers, a QISMC Member Support Officer and a Substance Misuse Policy Officer.

QAIHC's work on substance misuse in 2008/2009 was driven in large part by the Review of the Aboriginal and Torres Strait Islander Community Controlled Alcohol and Other Drugs Sector in Queensland, completed by Professor Dennis Gray of the National Drug Research Institute. Released in early 2009, key findings of the Review focussed on the need for services to balance compassion and the increasing 'professionalisation' of the Sector. The role of ongoing care was also discussed, along with the challenge of measuring outcomes and effectiveness of services. The need to enhance governance and management of Community Controlled Substance Misuse Services was identified as a key priority.

In response to the 'Gray Review', QISMC developed a Strategic Plan and Annual Action Plan modeled on QAIHC's own internal strategic planning framework.

Activities and outcomes aligned to the QISMC Strategic Plan for 2008/2009 included:

- Participation of Community Controlled Substance Misuse Services in state and federal drug & alcohol programs;
- Extensive consultations and support to QISMC Member Organisations on local needs AND implementation of best practice models;
- Development of the Substance Misuse Workforce, including development of arrangements for provision of clinical support and supervision;
- Examination of wages parity and other issues impacting on the Sector's ability to recruit and retain quality staff;
- Establishment of QISMC Leadership Group to work with QISMC Secretariat on development and implementation of strategies to support QISMC Members;
- Development of communication strategy amongst and across QISMC Member Organisations and the broader health sector; and
- Establishing key strategic alliances and partnerships with both mainstream Government and non-Government Organisations (NGOs), including Queensland Health ATODS, QIADP and the Royal Flying Doctor Service (RFDS) 'Well-Being Centres' in Welfare Reform communities of Aurukun, Hopevale, Mossman Gorge and Coen.

Aboriginal and Torres Strait Islander Alcohol and Other Drugs Worker Training Program

QAIHC expanded its work in 2008/2009 to develop the substance misuse workforce in Queensland – across both Community Controlled and mainstream Substance Misuse Services. The Aboriginal and Torres Strait Islander Alcohol and Other Drugs Worker Training Program CHC30802 Certificate III is managed and coordinated in Queensland through a collaborative arrangement between the Queensland Alcohol, Drug Research and Education Centre (QADREC), Queensland Indigenous Substance Misuse Council (QISMC) and QAIHC.

Commencing in 2007/2008 as a pilot with funding from the Commonwealth Department of Health and Ageing (DoHA), 2008-2009 saw some fifteen (15) students graduate with a Certificate III in Alcohol and Other Drugs Work. A number of these graduates are currently employed by Community Controlled Substance Misuse Services and ATODS Queensland Health. With the success of the pilot, additional funding was secured to expand the program in 2008/2009 with four (4) x one (1) week blocks offered in both Cairns and Brisbane to address access issues for rural and remote communities. A total of twenty-six (26) students were enrolled during the 2008/2009 Year from a range of health and health related organizations from throughout the state. These students are scheduled to complete their studies in 2009/2010.

Performance and evaluation measures have been incorporated into the implementation of the course across the duration of the project. These measures will be useful in undertaking further workforce development within the substance misuse sector in 2009/2010 and beyond.

Bringing the Home/Social and Emotional Well Being

The 2006 evaluation of the Link Up, Bringing Them Home, Indigenous Mental Health and the Social Emotional Well Being Regional Centre Programs continued to drive QAIHC's Bringing them Home/Social and Emotional Well Being (BTH/SEWB) Program in the 2008/2009 Year. Key findings from the evaluation included:

- lack of focus on first generation Stolen Generations clients;
- recruitment and retention of appropriately qualified staff;
- inadequate program management by the Department and consequent inconsistencies in service delivery; and
- limited geographical reach of services.

In response to the Review the Commonwealth Department of Health & Ageing (DoHA) developed handbooks aimed at providing national consistency in the operation and delivery of Link-Up and BTH Counsellor services. In 2008/2009, QAIHC facilitated a workshop for the Sector in Queensland to provide input to the development of these handbooks and other strategies for improving service delivery to Stolen Generations. QAIHC also continued its support of the BTH/SEWB workforce through facilitation of a BTH and Link-Up Counsellors Workshop held in Rockhampton. This workshop focused on:

- Professional development of BTH and Link-Up Counsellors;
- Clarification of respective roles and responsibilities of BTH and Link-Up Counsellors and improving referral and other linkages between Link-Up Queensland and Community Controlled Health Services (and other organizations employing BTH Counsellors);
- Providing feedback on the Counsellors Program Manual;
- Sharing and show-casing good practice models for the delivery of BTH/SEWB programs in Queensland; and
- Developing partnerships within and throughout the BTH/ESWB and broader mental health sector.

A key development in the BTH/SEWB program in 2008-2009 was DoHA's tender for the establishment and operation of a Workforce Support Unit (WSU) to support BTH Counsellors, Link-Up Services and other SEWB/Mental Health Services in professional development, network development and peer support, management, performance reporting, evaluation and assistance with service modeling and best practice service delivery. This Tender followed the decision of DoHA to de-fund the three (3) Regional Centres

for Emotional & Social Well-Being in Queensland (and others nationally). In 2008/2009 QAIHC submitted a joint proposal with ATSICHET and hopes to secure funding to establish and deliver these important services in the 2009-2010 Year.

Sexual Health & Blood Borne Viruses

QAIHC maintained partnerships with key State and Commonwealth agencies and non-Government Organisations (NGOs) in 2008/2009 focused on collaborative projects aimed at enhancing skills development and providing direction and support for the implementation of sexual and reproductive health services to Aboriginal and Torres Strait Islander communities in Queensland.

A major achievement was the launch of the QAIHC Sexually Transmissible Infections/Blood Borne Viruses (STI/BBV) Manual in October 2008. This manual provides direction for the development of sexual health/BBV programs within communities. Additional training for workers will be conducted in 2009/2010.

The annual Deadly Sex Congress continued in 2008/2009 with approximately sixty (60) participants from across the sector and Queensland attending. The Congress remains the key training and networking opportunity for workers across Queensland. QAIHC again played an integral role in planning, conducting and facilitating the event and will be funded by OATSIH in 2009/2010 to coordinate this annual event.

QAIHC was involved in a number of Sexual Health/Blood Borne Virus national research projects in 2008/2009, with these continuing into 2009/2010 Year. Two (2) of these research projects focus on Aboriginal and Torres Strait Islander people's knowledge, attitudes and behaviors regarding STIs/BBVs and injecting drug use. The third project focuses on Chlamydia surveillance within Aboriginal and Torres Strait Islander Community Controlled Health Services.

QAIHC, in partnership with ATSICHET commenced the development of a Diploma of Primary Health Care focusing on Aboriginal and Torres Strait Islander Sexual Health in 2008/2009. This course will strengthen the skills base within the sector, with the first intake of students to commence early in 2010. QAIHC continued also to participate on a number of State and National committees this year, including: the World AIDS Day Alliance; Safe Sex No Regrets campaign; Queensland Aboriginal and Torres Strait Islander Sexual Health Working Group; and the NACCCHO Sexual Health Advisory Committee.

Recruitment and retention of health workers into sexual health positions with CCHS continued to be a major issue in 2008/2009, with providing significant support to a number of Member Organisations including the development of the CCHS Sexual Health Network.

A new National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy will be developed early in the 2009/2010 Year. QAIHC will be involved in the Expert Writing Reference Group, contributing significantly to the drafting of this important document.

In 2009/2010, the QAIHC Policy & Advocacy Team will continue to advocate for the interests of the sector and press for greater funding and organizational support for our Member Services. Emerging priorities for attention include: delivery of effective and integrated substance misuse issues; emotional and social well-being AND mental health service provision; the delivery of comprehensive eye health services and their integration with local primary health care services; enhanced support for addressing chronic disease issues; support for industry workforce and training initiatives; and continued input to national and state policy review, development and implementation. The major focus for 2009/2010 and beyond remains, however, implementation of COAG's commitments to 'close the gap' in Aboriginal and Torres Strait Islander health. With significant amounts of the Commonwealth's contribution being directed towards the mainstream health system, particularly Divisions of General Practice, it is critical that QAIHC is effective in both ensuring these resources reach those areas and regions of greatest need and those providers best placed to deliver improved health outcomes at the local level. QAIHC will therefore continue to work in partnership with General Practice Queensland (GPQ) in 2009/2010 to build relationships between our respective Members and provide state-wide leadership in support of implementation of COAG's 'close the gap' agenda and targets.

Sector Development Report

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The QAIHC Sector Development Business Unit comprises: Regional Planning and Member Support; Medicare Benefits Schedule (MBS) Support; Secretariat for the Queensland Aboriginal & Torres Strait Islander Health Partnership (ATSIHP); Substance Misuse Member Support; QAIHC Residential Placement Facility; Regional Accreditation Support Program; and General Practice Support. QAIHC Sector Development Business Unit functions as the core operational function of QAIHC Secretariat.



Sector Development provides practical and technical support to Member and Associate Member Organisations to strengthen their internal systems and capacities spanning a comprehensive range of areas, including: governance and management; budgeting and financial management; human resource management; strategic and business planning; local and regional planning and service development; quality improvement and accreditation; partnerships; and service delivery. The objectives of the QAIHC Sector Development Unit comprises:

- assisting Community Controlled Health Services (CCHSs) and Community Controlled Substance Misuse Services (CCSMSs) to develop and expand delivery of comprehensive primary health care and substance misuse services to Aboriginal and Torres Strait Islander communities throughout Queensland;
- assisting Organisations to plan, develop and effectively manage and commission delivery of comprehensive primary health care services, integrated into local and regional health systems throughout Queensland;
- enhancing the capacity of Organisations to effectively influence reform of mainstream health systems at local and regional levels to improve Aboriginal and Torres Strait Islander peoples access to the full range of health services necessary to achieve health improvement;
- enhancing capacity within Community Controlled and Substance Misuse Sectors to effectively guide investment of financial and human resources and information technology;
- support Community Controlled Health services to maximize MBS income; and
- developing and supporting implementation of a continuous quality improvement agenda for Community Controlled Health Services.

With the commitments of the Council of Australian Governments (COAG) to 'close the gap' in Aboriginal and Torres Strait Islander health, the Sector Development Team focused considerable effort on the coordination of regional implementation plans from Regional Aboriginal & Torres Strait Islander Health Forums during the 2008/2009 Year. QAIHC also continued to deliver a broad range of practical support to Member Organisations.

Member Support

The QAIHC Member Support Team provided comprehensive support to some thirteen (13) organisations in the 2008/2009 Year across the areas of corporate governance and management support, human resource management, strategic and business/action planning and organisational and operational reviews.

To strengthen corporate governance within the Sector QAIHC, in partnership with *Effective Governance*, developed and commenced delivering of its '*Sustainable*

Governance Model' (SGM) to Member and Associate Member Organisations. Building on previous work of QAIHC's Member Support Program, the SGM represents a comprehensive approach to building AND implementing good practice corporate governance systems within the Community Controlled Health Sector. QAIHC and *Effective Governance* delivered its new Corporate Governance Education Program as first phase of the SGM to some three (3) Organisations during the 2008/2009 Year. QAIHC has sought funding from the Commonwealth Department of Health & Ageing (DoHA) to expand delivery of SGM into 2009/2010 and beyond.

To inform development of the QAIHC Sustainable Governance Model (SGM) and champion its roll-out throughout its Membership, QAIHC established and convened the QAIHC Chairperson Syndicate (and CEO Forum) in June 2009. The Forum provided an opportunity for Chairpersons to network and share experiences while also undertaking professional development with external experts and guest speakers. Topics addressed and/or discussed at the inaugural Syndicate included: roles and responsibilities of Chairperson AND enhancing their role; maximizing relationship between Chairperson and CEO; Managing Change with both community AND staff; Governance vs Management; Improving Board Process; preparing for Annual General Meetings (AGMs). Convened at the same time was the QAIHC CEO Forum, providing a similar opportunity for CEOs of Member Organisations. The QAIHC Chairperson Syndicate unanimously endorsed the SGM in June 2009 and will continue to meet in 2009/2010 to monitor its implementation.

QAIHC continued to support OATSIH Funded Organisations to comply with financial and other reporting and regulatory requirements by convening two (2) state-wide workshops of the Queensland Indigenous Health Finance Network (QIHFN). Topics addressed in the 2008/2009 Workshop Series included: new Industrial Relations (IR) laws and what they mean for services; financial controls and risk management; and understanding Audit processes. The QIHFN workshops continued to be well attended, with feedback confirming participants gained greater knowledge and understanding of requirements for application back in their services.

Regional Planning

In response to COAG 'close the gap' commitments, QAIHC Sector Development led work on behalf of the Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership) to coordinate development of implementation plans from Regional Aboriginal & Torres Strait Islander Regional Health Forums operating throughout Queensland.

This work provided an important opportunity for QAIHC Member Organisations and partners operating at the regional level to identify priorities for investment of new funding, aligned to COAG funding commitments. Implementation plans from Regional Health Forums have since been presented to the Partnership and will inform decisions into the 2009/2010 Year.

QAIHC's continued support over the past five (5) years of the critical role of Regional Health Forums has been justified, with significant components of COAG's 'Close the Gap' commitments (particularly those of the Australian Government) requiring regional approaches. QAIHC also noted the emergence of a strong 'regional agenda' in the National Health & Hospitals Reform Commission's Report on reform of the Australian health care system, including a recommendation to establish Primary Health Care Organisations. There remains therefore an important role for Regional Health Forums and potential for these Forums to position themselves, not only as critical to implementation of 'close the gap' initiatives, as part of the broader reform of the Australian health care system.

QAIHC is continuing to provide support to Members, Associate Members and other health service providers in health service delivery and have had a particular focus on change management activities over the last year.

Regional Quality Accreditation Support Program

Since its establishment in October 2008, QAIHC's Regional Quality Assurance Support Program (RQASP) has implemented a number of activities to support QAIHC Member and Associate Member Organisations to achieve accreditation against Australian Health Care Standards. This included: service visits to all OATSIH funded ACCHS Services across the State to introduce the concepts contained in Quality Programs and outline available program support; educational workshops on Health Standards and Accreditation Program requirements; the development and distribution of a quarterly Quality Newsletter; the establishment of formal links with Quality Facilitators; the development and implementation of Cultural Safety Workshops for Accrediting Agencies; preliminary planning for the development of an e-learning package for on-line education in Quality Management and the development; and implementation of formal monthly reporting processes for OATSIH and preliminary work on developing a Quality Framework for Community Controlled Organisations in Queensland.

Progress of services towards accreditation October 2008 – June 2009:

Accredited (against at least 1 set of Healthcare Standards)	23/51	45.09%
Working Towards (against at least 1 set of Healthcare Standards)	17/51	33.32%
Not yet actively involved in a quality program	11/51	21.56%

Priorities for 2009/2010

Formal workshops across the State in ISO9001:2008 and QIC Programs. This formal education will provide staff of services with the skills and knowledge to support their organisations through dual and/or multi-accreditation processes. The workshops will be held in Brisbane, Rockhampton and Cairns.

Services will be provided with continuing support over next year as they consolidate their knowledge and enter into the implementation phase of the program. A major challenge will be servicing the diversity of support needs across the sector, both from a distance and time basis. It is anticipated that a proposed staffing increase in the program will provide the additional support requirements.

Future planning will also be required, in conjunction with NACCHO and OATSIH, to ensure ongoing support for services to maintain their accreditation status through subsequent interim audits and requirements inherent within ongoing accreditation cycles.

Residential Care Facility

Established in 2007/2008, QAIHC continued to operate its residential placement service, providing placement and support for up to three (3) Aboriginal and Torres Strait Islander boys aged 12 to 17 years. The program provides short-term placement and intensive support focussed on the individual needs of young people with a view to realising more stable placement in the long-term through improved therapeutic outcomes, family reunification and/or transitioning to independent living.

The service received a total of fifteen (15) referrals with six (6) residents placed in the 2008/2009 Year. Resident 'stays' ranged from 4 days to 14 months, with average length being just over six (6) months. The service also conducted cultural-based camps, providing an opportunity for residents to experience various aspects of their culture – some for the first time. Activities undertaken at the camps ranged from traditional dance to spear making, culminating in a 'turtle hunt' (catch and release).

QAIHC Residential Care Facility is continuing to complete requirements for licensing, with this to be finalised early 2009/2010.

Queensland Indigenous Substance Misuse Council

Continuing to provide policy and Member Support to the Queensland Substance Misuse Council (QISMC), QAIHC convened a state-wide workshop of Community Controlled Substance Misuse Services in 2008/2009 which informed development of a three (3) year strategic plan and an annual action plan for QISMC. These documents now guide the activities of QISMC Secretariat staff (Policy Officer and Member Support Officer) and QAIHC to 2010/2011 and

beyond, at which point QISMC intends to have become incorporated and independent of QAIHC.

As identified in 2008/2009 (Annual) Action Plan, a state-wide round of visits to all member services was commenced. The purpose of these visits is to identify capacity and challenges/priorities for individual organisations. The visits will also enable the collection of data on workforce, workload and qualifications for entry into the Secure Aboriginal Medical Services Information Service (SAMSIS) system. This will provide QISMC will a comprehensive profile of the Sector to inform planning and advocacy on a state-wide basis. By gaining an in-depth knowledge and appreciation of our Member Organizations needs, QISMC secretariat will be better placed to effectively advocate, not only for individual member organizations but for the Community Controlled Substance Misuse Sector as a whole.

The visitation program has also given QISMC Members the opportunity to take advantage of the Member Support services offered by the Secretariat. Assistance in the development of Policies and Procedures Manuals and strategic and operational planning are but a few of the services available QISMC Members at no cost. Where Members require more intensive support, they can access a wide variety of highly skilled consultants through retainer arrangements with QAIHC.

Medicare Benefits Schedule (MBS) Support

QAIHC continued to provide comprehensive support to Community Controlled Health Services in Queensland to improve their access to MBS. Despite its continued success and strong support from Member Organisations, QAIHC has not been able to secure ongoing funding for this Program. QAIHC has therefore been required to fund its operation from within its existing Budget, supplemented by contributions from Member Organisations. QAIHC will continue with its attempts to secure funding for the MBS Program into 2009/2010.

With one-off funding from the Department of Health & Ageing (DoHA), QAIHC will convene workshops in regional centres throughout the State in 2009/2010 to promote update of the Aboriginal and Torres Strait Islander Health Checks and the Healthy 4 Year Old Kids Check MBS Items. Limited follow-up to services will also be undertaken.

QAIHC MBS Support has continued to publish its "Medicare Matters" newsletter, providing up to date information on Medicare Australia Program information to Member Organisations in Queensland.

To further assist with capacity building, QAIHC MBS Support sourced the University of New England (UNE) Partnerships to provide Certificate III in Business (Medical Administration) for Medical Receptionists and relief Medical Receptionists. This project resulted in some twenty-four (24) graduating in April and May 2009 with the qualification.

April 2009



May 2009



Phlebotomy Training courses were also in Rockhampton, Brisbane and Cairns in 2009 to further develop skills of Aboriginal and Torres Strait Islander Health Workers and other health professionals to take blood samples from clients. Once the participants have completed the training, clients will have the option of having blood taken at their local Health Service, ensuring comprehensive health care is available locally. This particular course was coordinated at the request of the Bidgerdii Community Health Service in Rockhampton.

General Practice Support

This key role within QAIHC Secretariat has continued to build and maintain partnerships with stakeholders in General Practice and primary care, including Queensland Health, General Practice Queensland (GPQ), and Health Workforce Queensland (HWQ). In 2008/2009 QAIHC initiated, in partnership with HWQ, a project to identify and document the projected workforce needs for the Community Controlled Health Sector. This project will be completed in 2009/2010 Year and will inform workforce planning and policy work of QAIHC into the future.

The above project followed the analysis undertaken by QAIHC in early 2008/2009 of its current GP workforce needs and associated costs, which identified the need for a state-wide recruitment campaign aimed at attracting and retaining GPs in the Sector. The project also recommended reform and innovation in relation to existing models and arrangements aimed at reducing costs and building sustainability of services, such as regional GP 'locum' arrangements across a number of services operating within a Region ('shared services') and regional rotations of GPs from major centres to regional and remote areas. QAIHC submitted a proposal to DoHA to implement the Recommendations of the Project in 2009/2010.

Through its General Practice Education and Training (GPET) Project Officer QAIHC undertook the following activities in the 2008/2009 Year: realigning its function to meet the new GPET Statement of Expectations; re-affirming its relationship with the three (3) Queensland Regional Training Providers (RTPs) as they submit their tenders for 2110 – 2012; maintaining its role at governance level on Central and Southern Queensland Training Consortium (CSQTC) and Rural and Regional Queensland Consortium (R&RQC); working with Tropical Medical Training (TMT) to bring the document '*A Framework for General Practice Training in Aboriginal and Torres Strait Islander Health*' to the attention of Members and supporting them to consider becoming a training Post for Registrars; distribution of GPET publications to promote the idea of registrar training for Member Services; delivering, monitoring and evaluating the RACGP and ACRRM Aboriginal and Torres Strait Islander Curricula to RRQC and CSQTC Registrars in Southern Queensland; and working delivery cultural awareness training to AGPAL and GPQ.

Queensland Aboriginal & Torres Strait Islander Health Partnership (QATSIHP)

The Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP) brings the Community Controlled Health Sector, the Queensland Government and the Australian Government together to work collaboratively to improve Aboriginal and Torres Strait Islander health outcomes.

In 2008/2009, membership of the Partnership was expanded to include General Practice Queensland and Health Workforce Queensland. Priorities for Partnership have been set for 2008-2010 to focus on COAG's 'close the gap' agenda.

Special Projects

Yippippi Gulf Indigenous Health Council (YGIHC)

QAIHC convened the Gulf Indigenous Health Summit on 26-27 July 2008 at Century Mine, Far North West Queensland. With representatives from Gulf communities in attendance, along with representatives of Queensland and Australian Governments the Summit endorsed the Yippippi Gulf Indigenous Health Council as the Community Controlled Health Services for the Region. The Summit also endorsed QAIHC undertaking additional work with Yippippi to develop an appropriate governance model to support delivering of primary health care services in the Gulf Region. QAIHC delivered significant support to Yippippi during 2008/2009, developing a Constitution and governance model for consideration of Members in 2009/2010. QAIHC also developed a Strategic Plan (with assistance of Consultant) for Yippippi and will continue to support the organisation into 2009/2010 and beyond to realise the vision of Gulf communities.

Building Business Capacity – Business Quality Centres

QAIHC secured funding from DoHA early 2009 to implement its Business Case for 'Building Business Capacity' within the Community Controlled Health Sector in Queensland. The Project aims to strengthen performance and reduce cost of 'non-core' functions within health services through the implementation of shared procurement arrangements in two (2) Regions. 'Non-core' functions for the purposes of this Project include: Information Technology (IT); purchasing; financial management and reporting; and human resource management. QAIHC Board determined the two (2) Regions for implementation of the 'Building Business Capacity' Project to be Central Queensland and Far North Queensland.

QAIHC and project management firm 'Communio' achieved significant progress with implementation of the Project in 2008/2009, including: establishment of project governance arrangements at state-wide and Regional/site levels; development and implementation of communications strategy; extensive consultations with participating Member Organisations with both Regions/sites; and identification of preferred arrangements for shared services in each Region. QAIHC will continue implementation of this important Project in 2009/2010, seeking to expand 'shared services' throughout the QAIHC Network.



Corporate Services Report

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Corporate Services

QAIHC Corporate Services functions to support the effective operation of QAIHC Secretariat and its various Business Units. Corporate Services is responsible for integrating support services across finance, human resource management, information technology and management and communications.

Human Resource Management (HRM)

QAIHC HRM manages the employment and retention frameworks of QAIHC Secretariat. In addition to traditional recruitment tasks, payroll operations and employee relations roles, QAIHC HRM also performs critical functions in areas of Occupational Health & Safety (OH&S), organisation and staff development, employment equity and diversity issues and workforce planning. In the 2008/2009 Year, QAIHC HRM assumed an increasingly strategic role aimed at planning and developing the QAIHC Secretariat workforce into the future.



The 2008/2009 Year was both exciting and challenging for QAIHC HRM. The role of HRM is now comprehensive with a full suite of workforce policies and procedures firmly embedded in daily operations of QAIHC Secretariat. Ongoing evaluation and subsequent refinement of these policies and procedures are planned to ensure they continue to meet the changing needs and composition of QAIHC workforce. Key activities for 2008/9 include:

- Relocation of QAIHC to new premises - relocation to West End was significant and took some six (6) months to fully complete. Feedback from staff, Board Members, Member Organisations and visitors has been extremely positive not only in relation to the facilities available at our new premises but also the astute use of building and its surrounds. The new building and its facilities has been utilised on many occasions throughout the past year by external partners for meetings, workshops and training. Following relocation, a review of QAIHC Secretariat and its IT infrastructure has been commissioned by QAIHC Board. This review will report in the 2009/2010 Year;
- Development of a Workplace Health and Safety Program – the changing legislation governing workplace health and safety presented challenges for QAIHC HRM as it continued to review and adjust policies and procedures to ensure compliance. QAIHC HRM commissioned an external risk assessment early 2009 to ensure new premises was compliant with new building regulations. As a result, identified deficiencies were addressed and plans put in place to develop and implement an enhanced OH&S system within QAIHC Secretariat;
- Development and implementation of an Induction Program - an Induction Program is now in place and new employee induction kits are available. The program is supported by the provision of QAIHC information and procedural checklists for staff and new employees. Evaluation opportunities are in place to ensure the program continues to evolve. The induction of staff changing positions within QAIHC Secretariat is to be targeted in 2009/2010 and will include the development of a database of identified skills for all QAIHC positions. This will allow a 'work skills audit' for all reassigned staff and the identification of any new skills required before appointment;
- Formalisation of recruitment, selection and retention procedures – QAIHC HRM developed a Recruitment and Selection Resource Kit for provision of advice and information to Managers Business Units when undertaking recruitment. In 2008/2009 QAIHC recruited the following positions: Finance Manager; Assistant Accountant; IT Manager; IT Support Officer; and an IT Trainee. Exit interviews continue to provide important data for management of staff movements.

Staff changes in 2008-09

Staff who left QAIHC	12
New staff inducted into QAIHC	14

Introduction of QAIHC uniform - QAIHC is exploring the introduction of corporate uniforms in 2009/2010 to provide a strong identifiable/corporate image for the organisation.

New Policy Development – QAIHC HRM reviewed/developed policies during 2008/2009 in the areas of Information and Communications Technology (ICT) Systems and mobile devices.

Staff development – QAIHC HRM is developing a DVD library. The flexible and easy to use DVD-on-demand approach provides faster, cost-effective and customised learning solutions for internal staff training. To date the library has acquired application programs on Excel and PowerPoint.

Finance

QAIHC Finance underwent a major restructure early in 2008/2009 to strengthen its capacity to effectively support the ongoing growth of QAIHC Secretariat. The restructure saw the establishment and recruitment of a new Finance Manager, an Assistant Accountant and an Administration & Asset Office to strengthen capacity and streamline reporting and compliance within QAIHC Secretariat. Priorities for further development of QAIHC Finance into 2009/2010 include:

- The creation and implementation of new Finance Policy and Procedures Manual;
- The implementation and review of new organisation reporting framework; and
- Finalisation of organisational asset review.
- Information Management and Technology Services

QAIHC Information Technology (IT) program services the system and telecommunications infrastructure of QAIHC Secretariat and Member Organisations, and develops and implements software applications and training for Business Units. Major IT activities in 2008/09 were increased efficiency of existing systems, an increased capacity through the introduction of new systems and structures and an increased effectiveness of data sharing and management by:

implementing the use of existing clinical and non-clinical software packages. All our members are using either MD3 & Pracsoft or Communicare as their clinical software. PEN computer systems has developed a clinical audit tool that reports on the quality of health care delivered for a number of aspects of chronic disease, by extracting data from Medical Director. Trials of the Pen Cat tool are commencing in December 2009.

Strengthen the health information and system infrastructure capability within Community Controlled Health Services to enable a consistent approach to the collection, analysis, monitoring, and reporting of health information to support decision making at the local, regional and state level;

Implementing joint training across services to support the common software packages as they are upgraded or introduced as necessary;

Ongoing investigations into establishing pathways for sharing clinical information across the sector to enable a better quality of care through shared medical records; and

Establishment of a Data Management Unit within QAIPHH for reporting on quality, performance and management indicators at the health service level, for individual services and other stakeholders. The Data Management Unit will allow for the monitoring and analysis of data for emerging patterns of disease or service usage to better plan for community need.

Population Health

KATIE PANARETTO

QAIHC secured funding over three (3) years late in the 2005/2006 Year from Queensland Health to establish the Queensland Aboriginal & Islander Population Health Hub (QAIPHH), with services and support delivered to Community Controlled Health Services from 'hubs' located in Brisbane and Townsville.



The 2008/2009 Year marked the second year of operation of the QAIPHH. Objectives of QAIPHH include:

- Development of a regional 'hub' model for coordination, monitoring and service delivery support for chronic disease prevention and management initiatives in Aboriginal and Torres Strait Islander health;
- Establishment of local level networks for collaboration in prevention, treatment, care and support initiatives in relation to Aboriginal and Torres Strait Islander chronic disease;
- Facilitate access to specialist and allied health services to ensure these services are enhanced within primary health care settings and coordinate chronic diseased care across a range of service settings for Aboriginal and Torres Strait Islander peoples;
- Building the capacity of the Community Controlled Health Sector and mainstream services to respond to Aboriginal and Torres Strait Islander chronic disease needs; and
- Identification of current gaps in service provision and priority needs in relation to Aboriginal and Torres Strait Islander chronic disease.

Funding for QAIPHH has been augmented by funding from the Office for Aboriginal & Torres Strait Islander Health (OATSIH) within the Commonwealth Department of Health & Ageing for QAIHC's Public Health Medical Officer (PHMO) position.

The QAIPHH was established by QAIHC to build capacity of Member Organisations to implement the whole of population health programs necessary to 'close the gap' in life expectancy and health disadvantage experienced by Aboriginal and Torres Strait Islander communities. Building effective, multi-disciplinary primary prevention capacity within Community Controlled Health Services, and increasing their preventative health activity, has been identified as a key strategic priority for QAIHC.

The 2008/2009 Year was a challenging one for the QAIPHH as it continued to implement and expand the range of primary and other prevention activities commenced in its inaugural year while coordinating the Sector's response to the outbreak of 'swine flu', which presented particular and significant risks for Aboriginal and Torres Strait Islander populations.

With the QAIPHH adopting the 'Burden of Disease' model and principles of best practice to its operations, applying these to primary prevention by considering the correlations between risk factors and burdens of disease, the Hub consolidated its focus in 2008/2009 on the 'workplace' to address the significant risk factors present amongst Aboriginal and Torres Strait Islander (and other) staff, namely: smoking; nutrition; and physical activity. The rationale for this approach is clear – that the Sector must impact on

health behavior within its services, should it seek to impact in any serious way on health behaviors within Aboriginal and Torres Strait Islander communities.

Brief Intervention Project

QAIHC continued implementation of the Brief Intervention Project with its focus on supporting awareness of brief interventions within Member Organisations relating key risk factors, including: Smoking, Nutrition, Alcohol and Physical Activity (SNAP). This involves a set of techniques including simple advice, brief counseling, goal setting and providing consultation and follow-up – these techniques are typically delivered as short, motivational interactions between health professionals and patients or participants.

In 2008/2009 QAIHC undertook an audit of brief intervention activity and organizational capacity within Community Controlled Health Services, resulting in a number of recommendations on how to strengthen brief interventions surrounding SNAP factors. With enhanced skills and confidence reported amongst staff resulting from the various training coordinated and/or delivered by QAIPHH, the Audit also reported that the workforce felt improving their own health was a key strategy to underpin improvements in performance of their Services.

A paper on the QAIHC Brief Intervention Project will be published in the Australian and New Zealand Journal of Public Health in December 2009.

Oral Health Promotion

QAIPHH continued its important work in 2008/2009 to document existing models and arrangements for the delivery of oral health services within Community Controlled Health Services. With the clear and established link between oral health and chronic disease, it remains a priority for QAIHC and its Member Organisations to ensure access and utilization of oral health services by Aboriginal and Torres Strait Islander peoples. Building on work commenced in 2007/2008, the Project documented strengths and weakness of existing arrangements will ALL requiring some improvement. Strengths of existing arrangements include: price and affordability; culturally appropriate and safe care/service delivery; and health promotion focus of a number of services.

Weakness of oral health service delivery within QAIHC Member Organisations include: workforce availability and retention AND impact of service continuity; limited capacity to meet current and future demand; and patient transport.

The Project identified significant opportunities to improve oral health service delivery, including improved integration of chronic disease programs/care planning in primary health care clinics with oral/dental health services resulting in additional and significant MBS income for Services. Based on the experience of ATSICHS Brisbane and Griffith University, there is also significant opportunities to partner with Dental and Oral Health Schools in Universities to establish 'Teaching Centre' models and arrangements which both supplement service delivery and contribute to development of a workforce in Aboriginal and Torres Strait Islander Oral Health.

Workplace Policies

QAIPHH continued to support implementation of 'healthy workplace policies' within Member Organisations, addressing smoking, alcohol, physical activity and nutrition. In partnership with the Queensland University of Technology (QUT), QAIPHH worked in 2008/2009 to ensure staff and clients were able to make healthier choices and remain active during work hours.

Brisbane Indigenous Physical Activity Network (BIPAN)

QAIPHH continued also to support Brisbane Indigenous Physical Activity Network (BIPAN) throughout the 2008/2009 Year – a partnership established between the Department of Local Government, Sport and Recreation, Queensland Health (Population Health Unit and Health Promotion Unit), the University of Queensland and Aboriginal and Torres Strait Islander agencies and stakeholders, aimed at coordinating approaches to promoting physical activity in Brisbane. In July 2009, BIPAN conducted a Think Tank to develop a model for promoting physical activity within Indigenous populations which may be replicated throughout Queensland.

Workplace Indigenous Physical Activity Project

Established in 2007/2008, QAIPHH expanded roll-out of the Workplace Indigenous Physical Activity (WIPA) Project to an increasing number of Member Organisations throughout Queensland. The WIPA Project aims to increase physical activity amongst health service staff, with the goal of doubling the number of staff meeting the National Physical Activity Guidelines. The Project involves a twelve (12) week pedometer challenge, physical activity group counseling and weekly e-bulletins. All staff (casual, part-time and full-time) were encouraged to participate, with participants undertaking fitness assessments measuring body fat percentage, cardio-respiratory fitness, strength, flexibility, Body Mass Index (BMI), blood glucose and blood cholesterol levels as form of evaluation.

In 2008/2009 QAIPHH undertook research to establish the impact of WIPA across urban Community Controlled Health Services (including QAIHC Secretariat) in the previous (2007/2008) Year. This research, to be published in 2009/2010 Year, identified significant impacts on physical activity amongst participants and will inform future roll-out of WIPA into 2009/2010 and beyond.

In partnership with Central Queensland University (CQU), QAIPHH conducted focus groups with member services involved in the WIPA project, to help identify resources which could support other Indigenous workplaces to conduct their own workplace physical activity challenge. As a result, culturally appropriate resources have been uploaded and are now available on the 10,000 steps website.

Good Quick Tukka: Cook It, Plate It, Share It Project

To promote good nutrition and preparation of healthy meals, with a focus on fruit and vegetables, QAIPHH established the Good Quick Tukka Project. Implemented in six (6) different communities within the South East Queensland (SEQ) Region, the Project aims to increase Aboriginal and Torres Strait Islander peoples' confidence/willingness to try new vegetables and fruits, increase their ability to prepare and cook food incorporating vegetables and fruit in the home, and increase skills and access to sourcing healthy

food items. Contributing to the evidence base for urban food security within Aboriginal and Torres Strait Islander populations, noting this is where the majority of Indigenous peoples in Queensland now reside, the Good Tukka Project will be formally evaluated in 2009/2010.

Health Information & Data Management

QAIPHH contributed significantly this year to the establishment of critical 'info-structure' necessary to support decision-making, service planning and development activities and enable measurement of impact of interventions within Community Controlled Health Services on outcomes towards 'closing the gap' for Indigenous peoples. Supporting implementation of the QAIHC Health Indicators developed by QAIHC Centre for Clinical Research Excellence (CCRE), QAIPHH negotiated with software companies for the incorporation of these Indicators in products being utilized within Member Organisations.

QAIPHH also undertook significant work in 2008/2009 to streamline and improve clinical information systems, with implementation of a common solution across an increasing number of Member Organisations. QAIPHH established an Information Technology (IT) Network to support its work in this area, including the establishment of links with mainstream systems for auditing quality of primary health care and benchmarking performance across the Sector. Partnerships were established and/or strengthened this year with the Royal Australian College of General Practice (RACGP), the Improvement Foundation and PEN Systems.

Communicable Diseases

QAIPHH coordinated the Sector's response to the outbreak of 'swine flu' in 2008/2009. This involved extensive communications with Member Organisations, ensuring services were kept abreast of advice received from Queensland Health and the Commonwealth Government for treatment and management of cases of 'swine flu'. QAIPHH will continue its work into 2009/2010 to improve vaccine coverage for Indigenous specific vaccines.

Workforce Support

QAIPHH reconvened the QAIHC GP/CEO Network in 2008/2009 to provide an opportunity for networking, professional development and to inform strategies for enhancing delivery of clinical services and quality improvement within Community Controlled Health Services.

QAIPHH also provided an opportunity for Aboriginal and Torres Strait Islander Health Workers and Clinic Managers to network in 2008/2009, along with support for literacy and numeracy assessment, competency assessment, advocacy for ongoing training and career pathways.

The QAIPHH submitted a total of sixteen (16) abstracts for delivery at relevant national and state-wide conferences and workshops in Western Australia, Victoria, South Australia, NSW, the Northern Territory and Queensland.

Future Directions

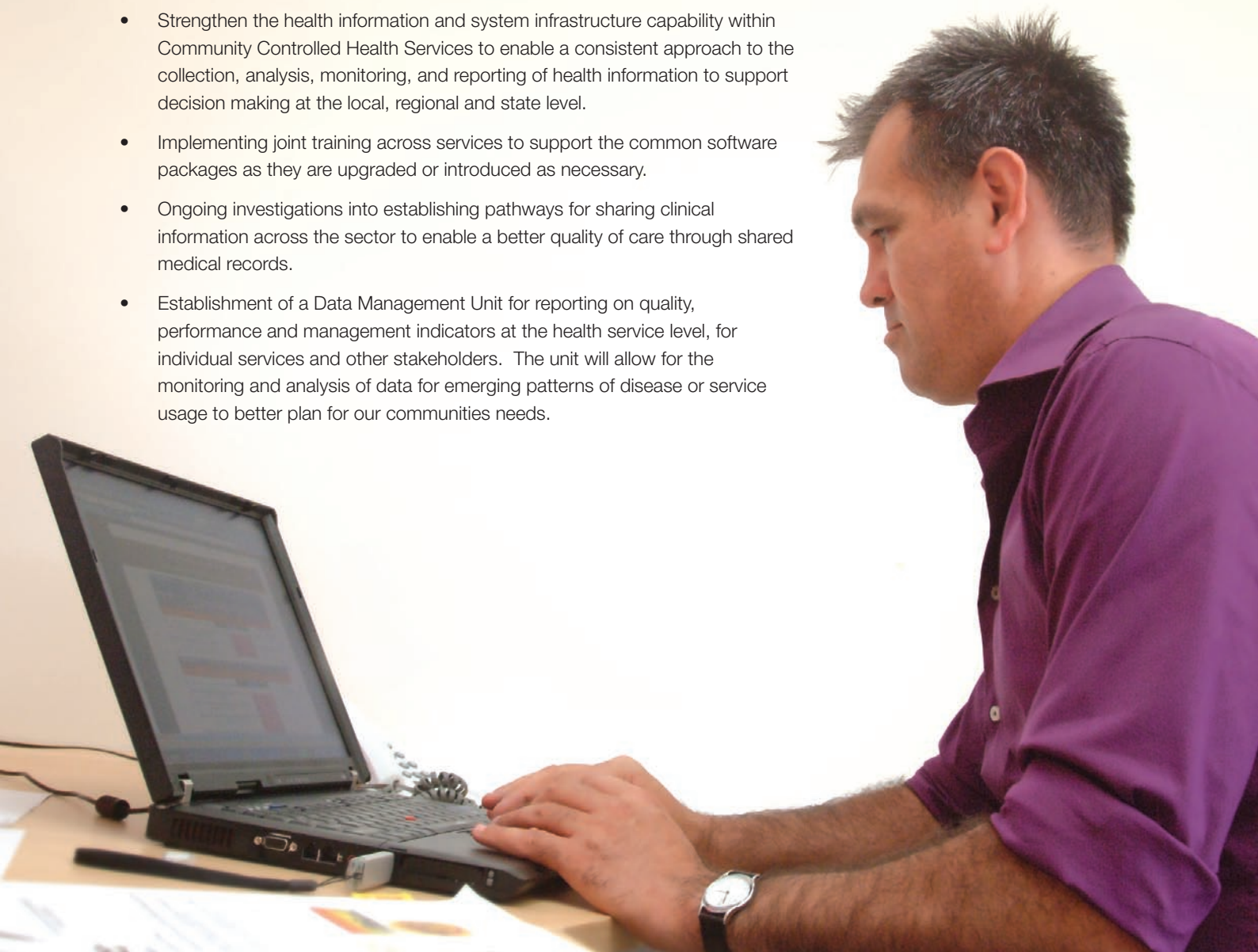
Priorities for 2009/2010 and beyond for QAIPHH include tobacco control, development of social marketing strategies and campaigns, addressing identified oral health needs and enhancing delivery of child and maternal health services.

Information Management and Technology Services

The Information Technology Department services the System and Telecommunications infrastructure of QAIHC, and develops and implements software applications and training for both work unit and administrative purposes.

Major IT activities in 2008/09 were increased efficiency of existing systems, an increased capacity through the introduction of new systems and structures and an increased effectiveness of data sharing and management by:

- implementing the use of existing clinical and non-clinical software packages. All our members are using either MD3 & Pracsoft or Communicare as their clinical software. PEN computer systems has developed a clinical audit tool that reports on the quality of health care delivered for a number of aspects of chronic disease, by extracting data from Medical Director. Trials of the Pen Cat tool are commencing in December 2009.
- Strengthen the health information and system infrastructure capability within Community Controlled Health Services to enable a consistent approach to the collection, analysis, monitoring, and reporting of health information to support decision making at the local, regional and state level.
- Implementing joint training across services to support the common software packages as they are upgraded or introduced as necessary.
- Ongoing investigations into establishing pathways for sharing clinical information across the sector to enable a better quality of care through shared medical records.
- Establishment of a Data Management Unit for reporting on quality, performance and management indicators at the health service level, for individual services and other stakeholders. The unit will allow for the monitoring and analysis of data for emerging patterns of disease or service usage to better plan for our communities needs.



Hall of Fame 2008 Inductees



Amy Lester

Amy Lester worked in the Community Controlled Health Sector in both a voluntary and paid capacity for close to 20 years. As the CEO of the Bidgerdii Community Health Service, Amy expanded the organisation

to deliver services in Rockhampton, Gracemere and Blackwater.

Through Amy's leadership, Bidgerdii were pivotal in the community around youth issues, sport and recreation, eye health, sexual health, self determination and community control. Amy's strong belief in community engagement meant making sure her staff were actively involved in community functions such as NAIDOC, Healing Days, Sorry Day and other events. She played a huge role in ensuring the highly publicised 'Vibe 3 on 3 Basketball' initiative continued to return to Rockhampton over a number of years.

Although now retired, Amy continues her involvement and interest in Aboriginal and Torres Strait Islander health.



Erica Fisher

Erica Fisher has been employed by the Aboriginal & Islander Community Health Service (AICHS) Brisbane for over 30 years, initially as a Secretary, then Bookkeeper in 1981, Finance Officer in 1987 and Finance Manager since 1998.

Erica's dedication to the service was recognised in 1998 at the 25th Anniversary celebrations where she was awarded life membership of the organisation.

Erica is an inspiration to the local Aboriginal and Torres Strait Islander community through her dedication to AICHS Brisbane. She is well respected by staff and board members and the broader community.



Joan Seden

Joan Seden commenced working for the Mackay Aboriginal and Torres Strait Islander Community Health Service in a voluntary capacity in 1975. In 1978, she took on a paid position as Administrator and, apart from a brief period when

she moved to Brisbane to access treatment for her son's leukaemia, was employed as the Chief Executive Officer until just before her passing in 2007.

Joan's involvement in Aboriginal and Torres Strait Islander health also included travelling to China, the Cook Islands, Samoa and Noumea to highlight the poor health of Aboriginal and Torres Strait Islander people.

In 1990, Joan was also instrumental in gathering people from across the state to form the state health peak body, the Queensland Aboriginal and Islander Health Forum (now QAIHC). Joan had a long involvement with QAIHC and NACCHO over the years.



Marilyn Dillon

Since 1981, Marilyn Dillon was a strong advocate for the establishment of a Community Controlled Health Service at the Gold Coast. She successfully secured funding and negotiated with the Aboriginal and Islander

Community Health Service in Brisbane to provide visiting services to clients at the Gold Coast until the Kalwun Health Service became a stand alone facility with its own staff.

Marilyn was a Director on the QAIHC Board and became heavily involved in Aboriginal and Torres Strait Islander health issues across Queensland and Australia.

Marilyn's efforts were not restricted to the health sector. She was a tireless fighter for Aboriginal and Torres Strait Islander people and their issues on the Gold Coast and through her efforts gained the respect of both the Indigenous and non-Indigenous communities.



Mary Martin

Mary Martin commenced working towards her nursing qualification in 1971 at the Mater Hospital in South Brisbane and graduated in 1974. In 1976 she began working at the Aboriginal and Islander Community Health Service (AICHS) Brisbane

until taking time off in 1978 to raise her children. In 1980 Mary returned to work part time at AICHS Brisbane and in 1984 was part of a small team who set up a one day a week clinic at Dulwich on North Stradbroke Island.

In 1989 Mary accepted the role of Registered Nurse at the North Stradbroke Island service and was involved in securing funding for the service to become fully autonomous as the Yulu-Burri-Ba Aboriginal and Islander Corporation for Health.

Mary was the inaugural Chairperson of the Queensland Aboriginal and Islander Health Forum (now QAIHC) in 1993 and was involved in establishing the Aboriginal and Torres Strait Islander Corporation for Health Education and Training (ATSICHET). She also co-wrote the book titled 'Binan Goonj – Bridging Cultures in Aboriginal Health' and represented QAIHF and NACCHO on the Joint Consultative Committee for the development of a Royal Australian College of General Practitioners national Aboriginal Health Curriculum for GPs.

Mary was QAIHF's first official employee, employed as the Workforce Recruitment and Promotion Office in 1996. From 2002 to 2007 she was also the Chairperson of the General Practice Education and Training Aboriginal and Torres Strait Islander Health Training Reference Group.



Pamela Mam

Pamela Mam worked for four years as a Nurse Aid at the Palm Island Hospital before completing her general nurse training at Townsville Hospital between 1954 and 1959. She then went on to Midwifery at the Royal Women's Hospital.

In 1973 Pamela began work in the Raff Ward of the Royal Children's Hospital and has continued to work in the area of Aboriginal and Torres Strait Islander health for 55 years.

Pamela's greatest achievements have been the establishment of the Aboriginal and Islander Community Health Service Brisbane and Jimbelunga Nursing Home where she is currently the Manager.







QAIHC

Queensland Aboriginal and Islander
Health Council

QAIHC Financial Statements

FOR THE YEAR ENDED 30 JUNE 2009

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2009.

DIRECTORS

The names of the directors in office at any time during, or since the end of, the year are:

Ms Elizabeth Adams	(Chairperson)
Ms Sheryl Lawton	(Vice Chairperson)
Mr David Baird	(Treasurer)
Ms Janelle Collins	(Secretary)
Mr Bernie Singleton	
Ms Coralie Ober	
Mr Matthew Cooke	
Mr Gary White	
Ms Stella Taylor-Johnson	
Ms Valerie Craigie	(Resigned)
Ms Michelle Hooke	(Resigned)
Ms Rose Shillingsworth	(Alternate Director)
Mr Billy Gorham	(Alternate Director)
Mr Cleveland Fagan	(Alternate Director)
Ms Rhonda Shibasaki	(Alternate Director)
Ms Matilda Middleton	(Alternate Director)
Ms Lillian Hopkins	(Alternate Director)

PRINCIPAL ACTIVITIES

The principal activities of the company during the financial year were as follows:

Promoting, developing and expanding the provision of health services through Aboriginal and Torres Strait Islander community controlled primary health care services.

Liaisons with government, non-government and private sectors on matters relating to Aboriginal and Torres Strait Islander health and health research.

Building the capacity of member organisations and Aboriginal and Torres Strait Islander communities in relation to planning, development and provision of health services to their communities; and

Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified needs.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

OPERATING RESULTS

The net surplus for the year was \$0.00. Last year there was a surplus of \$3,344.61.

DIVIDENDS PAID OR RECOMMENDED

The company is a non-profit organisation limited by guarantee and pursuant to Section 179 of the Corporations Law and under its Constitution the payment of dividends is not permitted.

REVIEW OF OPERATIONS

The principal operation of the company is to source grants from government departments and other funding bodies to achieve the development of better Aboriginal health services.

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

No significant changes in the company's state of affairs occurred during the financial year and since the balance date.

AFTER BALANCE DATE EVENTS

No significant events have occurred since balance date.

FUTURE DEVELOPMENTS

The Board of Directors of QAIHC have approved a thorough and fundamental review of QAIHC based on the necessity to adapt and respond to the seismic shift in the external and internal operating environments caused by the Closing The Gap commitment and agenda of the Council of Australian Governments (COAG) and the implementation roll-out of that COAG commitment and agenda. "The QAIHC Review" will involve all aspects of QAIHC's strategic directions, corporate structure and governance, internal organization and capability and is taking a minimum 5-year forward perspective.

QAIHC will be seeking accreditation against the Quality Management Systems Standards over the next 12 months. The Accreditation Program, ISO 9001:2008, is an internationally recognised program supported for use in Aboriginal and Islander Community-Controlled Health Services by OATSIH's EQHS Program.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

INFORMATION ON DIRECTORS

Directors & Qualifications:

Ms Elizabeth Adams

Secretary South West Region
Enrolled Nurse
Cert IV in Governance Training
Diploma in Frontline Management
Diploma Primary Health
Cert IV Workplace Training & Assessment
Cert III in Primary Health Care
Cert IV in Primary Health Care
Undertaking Graduate Certificate in Health Service Management

Ms Sheryl Lawton

CEO – Charleville & Western District Corporation for Community Health
Cert IV in Governance Training
Diploma in Frontline Business Management
Graduate Certificate in Health Management

Mr David Baird

Treasurer Far North Region
Bachelor of Science in Aboriginal Community Development & Management
Cert I Health & Community Service (Rehabilitation Counselling Drug & Alcoholism)
Undertaking Graduate Certificate in Health Service Management

Ms Janelle Collins

Undertaking Graduate Certificate in Health Service Management
Management of A & TSHI Health Services Latrobe University/QAIHC
Effective Governance QAIHC
Certificate Enrolled Nursing Charleville Hospital
Cert IV in Assessment & Workplace Training
Eye Health for Indigenous Health Workers & Eye Health Co-ordinators QUT

Ms Coralie Ober

Representative Korrawinga Aboriginal Corporation

Mr Bernie Singleton

Health & Safety Officer - 8 years
Ranger Aboriginal Sites – 20 years
Government service – 32 years

Mr Matthew Cooke

CEO Nhulundu
Undertaking Graduate Certificate in Health Service Management

Ms Stella Taylor-Johnson

CEO Kambu Medical Centre

Mr Gary White

Chairperson Goondir Health Service

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

The Board of Directors met four times during the financial year. Attendance of directors was as follows:

Number of Board Meetings and Directors' Attendance

Number of Board Meetings and Directors' Attendance

The Board of Directors met four times during the financial year.

Attendance of directors was as follows:

Ms Elizabeth Adams	4
Ms Sheryl Lawton	4
Mr David Baird	3
Ms Janelle Collins	4
Mr Bernie Singleton	2
Ms Coralie Ober	2
Mr Matthew Cooke	3
Mr Gary White	3
Ms Stella Taylor-Johnson	1
Ms Rose Shillingsworth	0
Mr Billy Gorham	0
Mr Cleveland Fagan	1
Ms Rhonda Shibasaki	0
Ms Matilda Middleton	0
Ms Lillian Hopkins	1

INDEMNIFYING OFFICERS OR AUDITOR

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.



PROCEEDINGS ON BEHALF OF THE COMPANY

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not a party to any such proceedings during the year.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 7.

Signed in accordance with a resolution of the Board of Directors:

Director		
Name	Janelle Collins	ELIZABETH ADAMS
Dated this	14th	day of NOVEMBER 2009

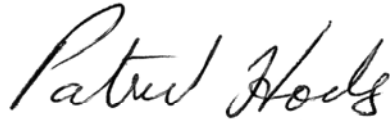
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2009 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

Name of Firm: **Patrick Hoiberg Chartered Accountant**

Signature:

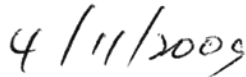


Name of Partner: **Patrick Hoiberg**

Registered Company Auditor: No. 6298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date:



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT

	NOTE	2009 \$	2008 \$
INCOME			
GRANTS INCOME	5,9(b&c)		
OATSIH		3,949,778.99	2,763,227.68
QLD Health Department		1,158,390.00	1,335,492.00
Queensland Department of Child Safety			
Child Protection		991,527.05	1,239,333.00
ALLIANCE			
QDGP		-	10,000.00
GPQ		10,000.00	-
RACP		1,227.27	909.09
James Cook University		10,000.00	10,000.00
HWQ		22,727.27	22,727.27
		<hr/> 43,954.54	<hr/> 43,636.36
CENTRE CLINICAL RESEARCH			
Monash University		346,004.55	346,009.00
WA - QISMIC		-	96,423.62
Department of Communities		55,000.00	63,000.00
AIATSIS		-	20,000.00
		<hr/> 401,004.55	<hr/> 525,432.62
GRANTS OTHER			
Link-Up QLD Retainer		-	28,181.82
General Practice Education & Training		112,833.33	104,909.09
Oxfam Aust - Close the Gap		40,000.00	60,000.00
Dept Employment & Workplace		2,500.00	-
Central & Southern Qld Training Consortium		34,052.00	-
University of Queensland		64,000.00	-
N & W Qld Primary Health Care		16,000.00	-
Disability Services Qld		75,000.00	-
QCOSS- ATSI Coalition Project		-	5,000.00
Health Workforce Queensland		-	18,181.82
		<hr/> 344,385.33	<hr/> 216,272.73
SELF GENERATED INCOME			
	9 (c) (iii)		
Miscellaneous Income		72,510.38	94,146.64
Interest Received		146,211.50	242,134.39
Members Support/RetainerFee		40,422.73	31,024.34
Facilitation Fees		75,035.50	162,578.42
Donations		10,343.43	-
Reimbursements		199,722.68	40,463.17
		<hr/> 544,246.22	<hr/> 570,346.96
		7,433,286.68	6,693,741.35
GRANTS MOVEMENT			
	5,9(b&c)		
Unused Grants @ beginning		2,467,648.15	1,299,054.68
Grants received in Advance @ beginning		-	1,069,650.17
Unused Grants/Funds @ end		<hr/> (3,245,792.90)	<hr/> (1,610,698.15)
Total Movement Grants		<hr/> (778,144.75)	<hr/> 758,006.70
Total Income		6,655,141.93	7,451,748.05

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT

	NOTE	2009 \$	2008 \$
EXPENDITURE			
Accounting Fees		13,900.00	11,200.00
Advertising		6,864.46	6,806.72
Audit Fees	4	49,840.00	25,000.00
Auspice Fund Outside Organisations		-	120,000.00
Bad Debts		-	1,694.00
Bank Charges		4,533.53	5,627.67
Brand Creation		26,234.55	-
Catering		27,791.69	19,686.73
Cleaning		22,698.87	24,693.37
Computer Expenses		80,850.18	221,755.37
Conference Registration Fees		14,301.19	24,294.50
Conferences & Meetings		57,531.07	42,386.73
Consultancy Fees		735,415.78	1,276,034.07
Contractor		205,401.26	746,936.43
Couriers		14.55	(53.30)
Depreciation	1	97,127.36	82,953.23
Donations		8,215.00	2,870.00
Doubtful Debts	7	126,742.71	6,893.22
Dues & Subscriptions		7,216.36	2,942.33
Electricity		26,424.72	18,371.46
Employee Entitlements- QATSICPP Ltd		47,532.60	-
Fringe Benefits Tax		18,440.51	1,926.96
Funding Agreements Termination		-	1,012.22
General Expenses		17,744.69	36,990.35
Household Accessories		-	2,559.10
Insurance		10,204.51	9,838.97
Interest ATO		-	8,327.27
Interest & Lease Equipment		-	3,793.08
Fees & Charges		865.00	805.49
Lease Equipment		4,099.36	-
Legal Fees		27,075.63	21,660.51
Motor Vehicle Leases		73,247.99	49,594.16
Motor Vehicle Operating		28,279.85	20,969.01
Office Equipment Minor		3,018.05	8,361.19
O H & Safety		3,796.87	-
Parking and Tolls		1,853.64	2,648.21
Payroll Outsource fee		-	2,016.00
Periodical Payment Fee		-	105.00
Postage & Freight		9,302.38	11,404.69
Printing		63,325.60	40,794.15
Program Resources		97,365.38	-
Promotions		28,150.39	62,636.87
Provision Annual Leave	1,10	19,413.09	57,720.09
Provision Long Service Leave	1,10	14,200.17	30,542.23
Provision Relocation Costs	1,10	(366,652.36)	266,652.36
Provision Scholarships	10	-	72,618.00
Rates		2,060.61	1,992.35
Recruitment Costs		56,169.71	34,947.86
Reimbursements		-	5,311.76
Relocation Costs		17,541.74	-
Removals & Storage		2,568.18	5,429.63
Sub-Total		1,690,706.87	3,400,750.04

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT

	NOTE	2009 \$	2008 \$
EXPENDITURE CONTINUED			
Sub-Total		1,690,706.87	3,400,750.04
Rent		431,320.65	274,247.57
Repair & Maintenance Building		27,966.66	9,103.03
Repair & Maintenance Office Equipment		3,814.15	769.63
Residential Care Service Expenses		28,116.95	-
Resource Library		353.06	1,753.47
Retainer Fee - Member Org		36,666.63	45,058.60
Security		2,734.15	1,957.65
Service Fee		34,674.76	2,336.76
Signage		3,991.36	3,275.00
Sponsorship		3,502.27	1,818.18
Staff Amenities		6,326.83	6,351.07
Staff Training & Development		90,233.25	38,232.93
Staff Uniforms		1,798.27	9,898.70
Stationery		28,138.11	34,521.10
Superannuation		299,313.12	263,106.59
Telephone Mobiles		9,223.04	39,795.69
Telephone, Fax, Internet		85,735.95	73,834.05
Travel, Accommodation & Meals		558,068.68	678,710.86
Travel Allowance		139,793.08	180,986.61
Venue Fees		26,456.88	29,734.33
Wages & Salaries		2,929,899.79	2,636,155.31
Waste Removal		2,206.85	-
Web Site		51,256.72	471.38
Workcover		(1,419.60)	29,336.85
Total Expenses		6,490,878.48	7,762,205.40
Operating Surplus/(Deficit)		164,263.45	(310,457.35)
NON OPERATING			
Gain/Loss on disposal of asset	1	(164,263.45)	(4,464.23)
Provision Infrastructure written back	1,10	-	228,934.07
Previously Expensed Assets Capitalised	8	-	89,332.10
Total Non-Operating		(164,263.45)	313,801.94
Net Surplus/(Deficit)		-	3,344.59
Opening Retained Surplus		163,704.28	160,359.69
CLOSING RETAINED SURPLUS		163,704.28	163,704.28

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
BALANCE SHEET

	NOTES	2009 \$	2008 \$
CURRENT ASSETS			
Cash	6	3,530,854.96	3,674,322.51
Receivables	7	790,044.27	281,718.71
Prepayments		55,715.70	-
TOTAL CURRENT ASSETS		<u>4,376,614.93</u>	<u>3,956,041.22</u>
NON CURRENT ASSETS			
Property, Plant & Equipment	8	250,380.52	420,223.54
TOTAL NON CURRENT ASSETS		<u>250,380.52</u>	<u>420,223.54</u>
TOTAL ASSETS		<u>4,626,995.45</u>	<u>4,376,264.76</u>
CURRENT LIABILITIES			
Amounts Owing to QAIHC	1(d),4,7(a),9		
Creditors & Accruals	9(a) (i)	598,603.54	793,322.50
Unexpended Grants Government Departments	9(b)	2,574,545.16	1,806,914.20
Grants/Revenue Received in Advance	9(b) (c)	173,000.00	409,858.82
Unexpended Grants Non-Government	9 (c) (i)	314,513.23	125,289.18
Unexpended Revenue Self Funded Programs	9 (c) (ii)	320,601.03	213,233.28
Unexpended Revenue Members' Support	9 (c) (ii)	36,133.48	13,008.67
Provisions	10	350,606.15	750,770.78
TOTAL CURRENT LIABILITIES		<u>4,368,002.59</u>	<u>4,112,397.43</u>
NON-CURRENT LIABILITIES			
Provisions	1, 10	95,288.58	100,163.05
TOTAL NON-CURRENT LIABILITIES		<u>95,288.58</u>	<u>100,163.05</u>
TOTAL LIABILITIES		<u>4,463,291.17</u>	<u>4,212,560.48</u>
NET ASSETS		<u>163,704.28</u>	<u>163,704.28</u>
MEMBERS FUNDS			
Retained Surplus		163,704.28	163,704.28
TOTAL MEMBERS' FUNDS		<u>163,704.28</u>	<u>163,704.28</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CHANGES IN EQUITY

NOTES	Ordinary	Retained Earnings (Accumulated Losses)	Total
	\$	\$	\$
Balance as at 30 June 2007	<u>-</u>	<u>160,359.69</u>	<u>160,359.69</u>
Net Surplus/ (Deficit)	-	3,344.59	3,344.59
Balance as at 30 June 2008	<u>-</u>	<u>163,704.28</u>	<u>163,704.28</u>
Net Surplus/ (Deficit)	-	-	-
Balance as at 30 June 2008	<u>-</u>	<u>163,704.28</u>	<u>163,704.28</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CASH FLOWS

	NOTES	2009 \$	2008 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers and funding agencies		6,091,100.67	7,512,668.01
Payments to suppliers and employees		(6,143,020.43)	(7,879,961.20)
Net Cash provided by (used) in Operating Activities		(51,919.76)	(367,293.19)
CASH FLOW FROM INVESTING ACTIVITIES			
Loan repayments to Medfin Australia		-	(33,568.87)
Proceeds from sale Property, Plant & equipment		55,572.00	-
Payments for property, plant & equipment		(147,119.79)	(214,166.47)
Net Cash provided (used in) investing activities		(91,547.79)	(247,735.34)
Net Increase/(Decrease) in cash held		(143,467.55)	(615,028.53)
Cash at Beginning of Period		3,674,322.51	4,289,351.04
Cash at end of Period		3,530,854.96	3,674,322.51
RECONCILIATION OF CASH			
For the purposes of Statement of Cash Flows, cash includes:			
i) Cash on Hand		3,530,854.96	3,674,322.51
Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		3,529,004.96	3,673,422.51
Petty Cash		1,850.00	900.00
		3,530,854.96	3,674,322.51
Reconciliation of Cash Flow from Operating Activities			
Operating Surplus/(Deficit)		164,263.45	(310,457.33)
Non Cash Flow in Operating Surplus			
Change in Grants & Revenue Recd. in Advance	9(a,b,c)	677,488.75	(758,006.70)
Provisions Operating	10	(405,039.10)	427,532.68
Depreciation	8	97,127.36	82,953.23
		369,577.01	(247,520.79)
Changes in Assets and Liabilities			
(Increase)/Decrease in Debtors and prepayments		(564,041.26)	60,919.96
Increase/(Decrease) in Creditors and Accruals		(21,718.96)	129,764.97
		(585,760.22)	190,684.93
		(51,919.76)	(367,293.19)

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. This financial report is therefore a special purpose financial report that has been prepared in order to meet the requirements of the *Corporations Act 2001*.

The financial report has been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of this report are as follows:

Accounting Policies

a. **Revenue**

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the balance sheet as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

b. **Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the group and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the income statement. Each year the difference between depreciation based on the re-valued carrying amount of the asset charged to the income statement and depreciation based on the asset's original cost is transferred from the revaluation reserve to retained earnings.

Depreciation

The depreciable amount of all fixed assets including building and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over their useful lives to the consolidated group commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
-----------------------------	--------------------------

Plant and equipment	17%-40%
---------------------	---------

The assets' useful lives are reviewed, at each balance sheet date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When re-valued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

d. Impairment of Assets

At each reporting date, the company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

e. **Employee Benefits**

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

f. **Provisions**

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

g. **Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

h. **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

i. **Income Tax**

No provision for income tax has been raised, as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

j. **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

k. **Critical Accounting Estimates and Judgements**

The directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates — Impairment

The group assesses impairment at each reporting date by evaluating conditions specific to the group that may lead to impairment of assets.

l. **Economic Dependence**

The company is dependent on the Queensland Department of Employment & Industrial Relations and the Commonwealth Department of Families, Housing, Community Services & Indigenous Affairs for its revenue from grants.. At the date of this report the Board of Directors has reason to believe that these entities will continue to support the Company.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

m. New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these standards. A discussion of those future requirements and their impact on the company is as follows:

- . AASB 2008-11: Amendments to Australian Accounting Standard – Business Combinations Among Not-for-Profit Entities (applicable to annual reporting periods beginning on or after 1 July 2009). These amendments make the requirements in AASB 3: Business Combinations applicable to business combinations among not-for-profit entities (other than restructures of local governments) that are not commonly controlled, and to include specific recognition, measurement and disclosure requirements in AASB 3 for restructures of local governments.
- . AASB 101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the company. If an entity has made a prior period adjustment or reclassification, a third balance sheet as at the beginning of the comparative period will be required.
- . AASB 123: Borrowing Costs and AASB 2007-6: Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 and AASB 138 and Interpretations 1 and 12] (applicable for annual reporting periods commencing from 1 January 2009). The revised AASB 123 has removed the option to expense all borrowing costs and will therefore require the capitalisation of all borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset. Management has determined that there will be no effect on the company as a policy of capitalising qualifying borrowing costs has been maintained by the company.
- . AASB 2008-2: Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132, AASB 139 and Interpretation 2] (applicable for annual reporting periods commencing from 1 January 2009). These amendments introduce an exception to the definition of a financial liability to classify as equity instruments certain puttable financial instruments and certain other financial instruments that impose an obligation to deliver a pro-rata share of net assets only upon liquidation.
- . AASB 2008-5: Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-5) and AASB 2008-6: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-6) detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the company.
- . AASB 2008-8: Amendments to Australian Accounting Standards – Eligible Hedged Items [AASB 139] (applicable for annual reporting periods commencing from 1 July 2009). This amendment clarifies how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item should be applied in particular situations and is not expected to materially affect the company.
- . AASB 2008-13: Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 and AASB 110] (applicable for annual reporting periods commencing from 1 July 2009). This amendment requires that non-current assets held for distribution to owners to be measured at the lower of carrying value and fair value less costs to distribute.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

- . AASB Interpretation 15: Agreements for the Construction of Real Estate (applicable for annual reporting periods commencing from 1 January 2009). Under the interpretation, agreements for the construction of real estate shall be accounted for in accordance with AASB 111 where the agreement meets the definition of 'construction contract' per AASB 111 and when the significant risks and rewards of ownership of the work in progress transfer to the buyer continuously as construction progresses. Where the recognition requirements in relation to construction are satisfied but the agreement does not meet the definition of 'construction contract', revenue is to be accounted for in accordance with AASB 118. Management does not believe that this will represent a change of policy to the company.
- . AASB Interpretation 16: Hedges of a Net Investment in a Foreign Operation (applicable for annual reporting periods commencing from 1 October 2008). Interpretation 16 applies to entities that hedge foreign currency risk arising from net investments in foreign operations and that want to adopt hedge accounting. The interpretation provides clarifying guidance on several issues in accounting for the hedge of a net investment in a foreign operation and is not expected to impact the company.
- . AASB Interpretation 17: Distributions of Non-cash Assets to Owners (applicable for annual reporting periods commencing from 1 July 2009). This guidance applies prospectively only and clarifies that non-cash dividends payable should be measured at the fair value of the net assets to be distributed where the difference between the fair value and carrying value of the assets is recognised in profit or loss.
- . AASB Interpretation 18: Transfers of Assets from Customers (applicable for annual reporting periods commencing from 1 July 2009). This guidance applies prospectively to entities that receive transfers of assets, such as plant and equipment, from their customers in order to connect customers to a network and provide them with access to a supply of goods or services. The Interpretation outlines the appropriate accounting treatment in respect of such transfers.

The company does not anticipate early adoption of any of the above reporting requirements and does not expect them to have any material effect on the company's financial statements.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on page 8 to page 24, are in accordance with the *Corporations Act 2001* and:
 - a. comply with Accounting Standards and the Corporations Regulations 2001; and
 - b. give a true and fair view of the financial position as at 30 June 2009 and of the performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Signed: 

Name: Janelle Collins



ELIZABETH ADAMS

Dated this 4th

day of NOVEMBER

2009

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

Report on the financial report

I have audited the accompanying financial report of Queensland Aboriginal & Islander Health Council Ltd. (the company) which comprises the balance sheet as at 30 June 2009, and the income statement and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration of the company at the year's end or from time to time during the financial year.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. The directors' responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in note 1 are appropriate to meet the needs of members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting under the *Corporations Act 2001*. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I confirm that the Independence Declaration required by the *Corporations Act 2001*, provided to the directors of Queensland Aboriginal & Islander Health Council Ltd on 4 November 2009, would be in the same terms if provided to the directors as at the date of this auditor's report.

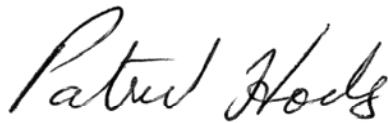
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

Auditor's opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Queensland Aboriginal & Islander Health Council Ltd. As at 30 June 2009 and its financial performance and cash flows for the year then ended in accordance with the Corporations Act 2001 and the Australian Accounting Standards (Including The Australian Accounting Interpretations)

Name Of Firm: Patrick Hoiberg Chartered Accountant

Signature:



Name Of Partner

Patrick Hoiberg

Registered Company Auditor: No. 6298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date:

4/11/2009

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
COMPILATION REPORT

The following financial data was prepared by Queensland Aboriginal & Islander Health Council Ltd as a special purpose financial report to provide additional information to company members. The Queensland Aboriginal & Islander Health Council Ltd is solely responsible for the additional information. Accounting Standards and other mandatory professional reporting requirements have not been adopted in the preparation of the additional financial information.

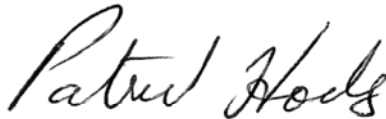
Although I have audited the preceding special purpose financial report, no audit or review of the additional information has been performed and accordingly no assurance is expressed.

To the extent permitted by law, I do not accept liability for any loss or damage, which any person, other than the company, may suffer arising from any negligence on my part. No person should rely on the following special purpose financial report without having an audit or review conducted.

The special purpose financial report was prepared for the benefit of the members of the company and I do not accept responsibility to any person for its contents.

Name of Firm: **Patrick Hoiberg Chartered Accountant**

Signature:



Name of Partner:

Patrick Hoiberg

Registered Company Auditor:

No. 6298

Address:

108 Wilkie Street YEERONGPILLY QLD 4105

Date:

4/11/2009

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 2 - COMPANY LIMITED BY GUARANTEE

The company does not have a share capital. It is a public company limited by guarantee under the Corporations Law. The amount, which is capable of being called up in the event of the winding up of the company, is not to exceed \$10 per member by virtue of the company's Constitution.

NOTE 3 - DIRECTORS REMUNERATION & RELATED PARTY TRANSACTIONS

The names of the Directors in office at any time during or since the end of the year are:

Ms Elizabeth Adams	Chairperson
Ms Sheryl Lawton	Vice Chairperson
Mr David Baird	Treasurer
Ms Janelle Collins	Secretary
Mr Bernie Singleton	
Ms Coralie Ober	
Mr Matthew Cooke	
Mr Gary White	
Ms Stella Taylor-Johnson	
Ms Valerie Craigie	(Resigned)
Ms Michelle Hooke	(Resigned)
Ms Matilda Middleton	(Alternate Director)
Ms Lillian Hopkins	(Alternate Director)
Ms Rose Shillingsworth	(Alternate Director)
Mr Billy Gorham	(Alternate Director)
Mr Cleveland Fagan	(Alternate Director)
Ms Rhonda Shibasaki	(Alternate Director)

The directors did not enter into any transactions with the company during the year.

The directors received no remuneration from the company during the year.

The Board has agreed to pay Goolburri Health Advancement an amount of \$3,333 per month to compensate for the time the CEO of Goolburri Health Advancement, Elizabeth Adams spends in her role as QAIHC Chairperson.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
NOTE 4: Income and Expenditure Statement		
(a) Auditor's Remuneration		
Audit Fees	31,600.00	25,000.00
Other Services	14,112.91	8,300.43
	45,712.91	33,300.43
(b) Aspen Medical		
Committed Expense	-	120,000.00

QAIHC arranged for Locum GP's for Townsville Aboriginal & Islander Health Service using Aspen Medical. The cost of approximately \$180,000 was to be paid by TAICHHS. The organisation was unable to pay any of the costs therefore QAIHC has agreed to pay the debt. An amount of \$61,540.78 was paid in the 2008 financial year. The outstanding balance as at 30 June 2008 of \$120,000 has been paid in full as at the date of this report.

NOTE 5: Grants Expenditure

The corporation receives government grants to fund its operations. Unspent balances are expended in the following year, subject to funding agency approval and acquittal in accordance with Terms & Conditions of Grants. Where these conditions cannot be met, the grants are subject to repayment to the agency. Unexpended grants are therefore appropriately carried as current liability.

NOTE 6: Cash

General Cheque Account	193,059.91	243,436.99
DGR Cheque Account	12,773.55	12,928.53
QAIHC Provision Account	3,026.57	2,920.30
AT Call- High Interest Savings	3,320,144.93	3,414,136.69
Petty Cash	1,850.00	900.00
	3,530,854.96	3,674,322.51

Cash at bank is a restricted asset. Amounts representing unexpended grants must be applied for purposes specified in conditions of grants.

NOTE 7: Receivables

Trade Debtors	856,805.20	274,157.46
Provision for Doubtful Debts	(133,635.93)	(6,893.22)
Other Debtor - Child Protection Program	-	654.47
Rental Bond Deposit	66,875.00	13,800.00
	790,044.27	281,718.71

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
NOTE 8: Property, Plant & Equipment		
Motor Vehicles	-	31,390.10
Less Accumulated Depreciation	-	(4,708.51)
	<u>-</u>	<u>26,681.59</u>
Plant, Equipment & Furniture	513,698.36	536,615.00
Less Accumulated Depreciation	(263,317.84)	(233,656.97)
	<u>250,380.52</u>	<u>302,958.03</u>
Plant, Equipment & Furniture- Child Protection Unit	-	121,261.21
Less Accumulated Depreciation	-	(30,677.29)
	<u>-</u>	<u>90,583.92</u>
	<u>250,380.52</u>	<u>420,223.54</u>

All fixed assets in relation to the Child Protection Unit were transferred to the Unit on 31st December 2008 for nil consideration.

NOTE 9(a) (i): Creditors

Trade Creditors	342,550.83	251,507.07
Accrued/Committed Expenses	92,502.74	381,643.27
Australian Tax Office GST	117,836.09	80,179.55
Australian Tax Office PAYG Withholding	47,133.48	30,571.91
Staff Superannuation Funds	-	31,858.93
Workcover Payable	(1,419.60)	17,561.75
	<u>598,603.54</u>	<u>793,322.48</u>

NOTE 9(b) Schedule of Grants- Government Funding Bodies

	Unexp 2008	Release 2009	Other Income	Expended 2009	c/f Unexp. 30.06.2009
GRANT Receipts					
OATSIH					
Secretariat	37,851.66	120,474.00	5,194.13	161,910.28	1,609.51
Bringing Them Home/ ESWB	18,339.01	100,161.00	-	92,327.34	26,172.67
WIPO	-	132,981.00	13,848.47	134,862.32	11,967.15
SH/BBV Policy Officer	-	108,401.00	-	97,911.89	10,489.11
Partnership Policy Officer	-	111,059.00	-	107,349.24	3,709.76
Finance Officer	-	58,596.00	-	57,683.10	912.90
GP Policy Officer *	23,842.85	60,809.00	42,727.27	105,224.24	22,154.88
Regional Planning Team Leader	-	122,435.00	-	121,403.04	1,031.96
Substance Misuse Policy	-	77,836.00	-	68,320.90	9,515.10
Substance Misuse Member Support	-	77,836.00	667.28	67,803.36	10,699.92
Sector Development	-	157,457.00	-	156,498.81	958.19
IT / ACCHS	-	227,518.00	38,420.50	212,908.00	53,030.50
Public Health Medical Officer	-	157,457.00	402.60	156,813.05	1,046.55
Regional Co-Ordinators	-	237,104.00	-	236,920.26	183.74
Shared Services Project	-	622,250.00	-	249,447.56	372,802.44
Eye Health Demonstrations	45,000.00	-	-	15,094.50	29,905.50
Finance Workshops	-	50,000.00	-	50,000.00	-
Local Accreditation Support	-	431,600.00	467.97	286,113.49	145,954.48
Members Support Project Officer	6,969.47	90,000.00	7,489.09	104,415.50	43.06
Business Management Training	6,644.00	-	-	-	6,644.00
AHW Assessors	105,033.00	-	-	25,161.14	79,871.86
Gulf Capacity Building **	-	50,000.00	50,000.00	88,017.39	11,982.61
Dip of Community Services	-	175,000.00	-	35,201.55	139,798.45
BTH Workshop 2008-09	-	20,600.00	-	20,600.00	-
QISMC Workshop Facilitation	-	8,800.00	-	8,800.00	-
STI/BBV Workshops	-	43,300.00	-	-	43,300.00
Cert III AOD Workforce	-	256,395.00	-	-	256,395.00
Inst. Of Urban Indigenous Health	-	191,500.00	-	10,159.25	181,340.75
Medicare Healthy Kids	-	47,727.27	-	-	47,727.27
Health Information Project	26,239.69	154,545.45	-	99,590.25	81,194.89
Communicable Disease Ed Program	2,590.00	-	-	-	2,590.00
Mt Isa Capacity Building	(72,223.77)	-	76,884.25	4,660.48	(0.00)
Cunnamulla Recovery Plan	1,861.33	-	-	1,861.33	-
STI/BBV Detection	7,340.87	-	-	5,237.76	2,103.11
Workforce Work Group Plan	7,309.09	-	-	42.62	7,266.47
HR & People Management	15,864.87	-	-	14,213.63	1,651.24
Physican's Assistant	9,319.38	-	-	950.00	8,369.38
Medical Benefits Project	(68,435.46)	-	68,435.46	-	-
Executive Development	166,835.66	57,937.27	127.27	148,965.97	75,934.23
	<u>340,381.65</u>	<u>3,949,778.99</u>	<u>304,664.29</u>	<u>2,946,468.25</u>	<u>1,648,356.68</u>
*Income includes Alliance					
** Other Income includes \$50,000 from Qld Health					
QLD HEALTH					
Secretariat	16,819.10	217,724.00	206.82	225,548.76	9,201.16
Population Health	1,083,098.02	-	-	771,976.75	311,121.27
Nutrition Activities	50,235.09	90,208.50	-	123,708.08	16,735.51
Physical Activities	26,731.62	90,208.50	-	97,918.38	19,021.74
Primary Prevention	78,165.73	180,000.00	-	99,258.29	158,907.44
NGO Chronic Disease	107,160.42	256,185.00	-	246,583.60	116,761.82
NGO Submission	15,890.00	-	-	15,890.00	-
Cert III Alcohol Training	-	274,064.00	88.30	213,618.14	60,534.16
HIV/HEP C & STI Strategy	10,000.00	-	-	10,000.00	-
QIADP	27,679.98	-	-	27,679.98	-
CHIC Initiative	100,000.00	-	-	20,521.82	79,478.18
Partnership- Regional Forum	105,000.00	-	-	25,187.91	79,812.09
Transition Project	1,493.31	-	14,492.33	15,985.64	-
	<u>1,622,273.27</u>	<u>1,108,390.00</u>	<u>14,787.45</u>	<u>1,893,877.35</u>	<u>851,573.37</u>
OTHER DEPARTMENTS					
QLD Child Safety Child Protection	(12,404.54)	433,408.00	167,350.06	588,353.52	-
QLD Child Safety Residential Service	89,699.20	558,119.05	743.56	628,946.70	19,615.11
		991,527.05			
Communities Human Services Coalition	-	15,000.00	-	-	15,000.00
Communities Prevent/Early Intervention	17,545.45	10,000.00	-	17,545.45	10,000.00
Communities Shared Delivery Service	17,500.00	-	-	17,500.00	-
Education & Sc. Literacy & Numeracy	650.78	-	-	650.78	-
Communities Eat Well Be Active	-	30,000.00	-	-	30,000.00
		55,000.00			
	<u>112,990.89</u>	<u>1,046,527.05</u>	<u>168,093.62</u>	<u>1,252,996.45</u>	<u>74,615.11</u>
Total carried forward to next financial year 9(b)					2,574,545.16

NOTE 9(c) (i) Schedule of Grants other Organisations

	Unexp 2008	Release 2009	Other Income	Expended 2009	c/f Unexp. 30.6.2009
Receipts (Excluding GST)					
GPET Policy	(14,877.64)	112,833.33	34,178.70	125,486.85	6,647.54
Disability Services Qld	-	75,000.00	-	14,500.00	60,500.00
Monash Uni. Central Clinical Research	9,533.27	346,004.55	8,879.32	252,107.98	112,309.16
AIATSIS History Comm Control	20,000.00	-	-	576.29	19,423.71
Oxfam Aust. Close the Gap	26,601.12	40,000.00	-	44,391.15	22,209.97
Infrastructure Upgrade	89,722.85	-	-	(3,700.00)	93,422.85
	<u>130,979.60</u>	<u>573,837.88</u>	<u>43,058.02</u>	<u>433,362.27</u>	<u>314,513.23</u>

NOTE 9(c) (ii) Self-Funded

Substance Misuse Curtin University	36,434.96	-	-	14,644.66	21,790.30
NWQPHC	36,422.98	16,000.00	-	17,530.81	34,892.17
UQ/ISSR Springfield Land	(16,800.00)	64,000.00	-	24,696.59	22,503.41
QAIHC Administration	189,065.41	-	1,537,071.19	1,507,076.45	219,060.15
ASPEN-TAIHS GP Locum	(61,540.78)	-	61,540.78	-	-
Wide Bay Forum	22,355.00	-	-	-	22,355.00
Access & Equity Project	14,545.46	-	30,909.09	45,454.55	-
Members' Support	41,190.49	-	75,690.84	80,747.85	36,133.48
	<u>261,673.52</u>	<u>80,000.00</u>	<u>1,705,211.90</u>	<u>1,690,150.91</u>	<u>356,734.51</u>

Total carried forward to next financial year 9(c)

671,247.74

**2009
\$**

**2008
\$**

NOTE 10: Provisions

refer note 1

Provisions (Current)

Provision for Annual Leave	151,663.51	132,250.42
Provision for Long Service Leave	19,074.64	-
Provision CCRE Scholarship	179,868.00	251,868.00
Provision for Relocation	-	266,652.36
Provision for Premises Woolloongabba	-	100,000.00
	<u>350,606.15</u>	<u>750,770.78</u>

Provisions (Non-Current)

Provision for Long Service Leave	95,288.58	100,163.05
	<u>95,288.58</u>	<u>100,163.05</u>

NOTE 11: Industry Segments

The corporation operates predominantly within the medical/dental health welfare of the Australian Aboriginal and Islander people in Queensland.

NOTE 12: Contingent Liabilities

No contingent liabilities exist as at the date of this report.

NOTE 13: Entity Details

The Registered Office is: Queensland Aboriginal & Islander Health Council
21 Buchanan Street, West End QLD 4101

The Principal Place of Business is: 21 Buchanan Street, West End QLD 4101

NOTE 14: Members' Guarantee

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding liabilities and obligations of the company. At 30 June 2009, the number of members was 26.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009 \$	2008 \$
INCOME		
Unused Grants- Previous Year	350,381.65	665,039.00
OATSIH Funding	3,949,778.99	2,706,977.66
Miscellaneous Income	129,213.25	(76.36)
Members Support Retainer/Fee	670.46	4,803.64
Facilitation Fees	75,035.50	6,134.56
Other Reimbursements	99,745.08	(1,357.42)
	4,604,824.93	3,381,521.08
EXPENDITURE		
Operating Expenses		
Accounting	-	-
Administration Cost	552,507.00	501,250.00
Advertising	510.00	4,394.62
Annual Leave Provision	24,213.15	20,635.87
Auspice Fund Outside Organisation	-	60,000.00
Brand Creation	23,284.55	-
Catering	12,925.15	10,105.19
Computer Maintenance	7,909.14	88,202.40
Computer Software & Access	(4,715.40)	-
Consultancy Fees	356,546.02	566,478.03
Contractor	86,276.37	216,212.65
Couriers	-	(53.30)
Depreciation Expense	-	627.25
Donations	750.00	-
Dues & Subscriptions	1,599.99	203.64
Education Expenses	355.46	-
Establishment costs	63.18	-
General Expenditure	495.82	172.73
Insurance/Registration	-	313.21
Lease Equipment	-	(263.74)
Legal Fees	5,742.36	-
Long Service Leave	13,570.95	12,652.52
Meeting Expenses	12,409.73	19,665.49
Members Reimbursement	-	872.96
Mobile Phones	8,559.55	7,379.47
Motor Vehicle Expenses	6,305.03	7,362.49
Motor Vehicle Leases	14,364.57	8,806.39
Office Equipment	-	84.54
Parking and Tolls	634.40	610.58
Postage & Freight	365.76	-
Printing	7,206.48	11,018.11
Program Resources	1,031.37	-
Promotions	7,686.50	6,392.62
Recruitment Costs	33,167.50	7,071.99
Registration Fees	4,011.07	12,945.87
Rent	2,878.78	7,916.65
Repairs & Maintenance Building	1,570.00	-
Resource Library	-	1,222.01
Retainer Fee - Member Org	18,333.26	22,097.50
Signage	347.50	-
Staff Amenities	440.04	7.30
Staff Training & Development	8,290.46	3,104.00
Staff Uniforms	49.08	1,279.70
Stationery	214.98	649.28
Superannuation	119,001.88	93,198.22
Telephone/Fax/Internet	2,549.58	290.75
Sub-Total	<u>1,331,451.26</u>	<u>1,692,906.99</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2008	2007
	\$	\$
Operating Expenses Continued		
Sub-Total	1,331,451.26	1,692,906.99
Travel Allowance	94,198.67	90,429.13
Travel, Accommodation & Meals	328,516.85	321,190.20
Venue Fees	11,330.78	17,362.50
Wages & Salaries	1,167,972.27	929,526.86
Website	5,181.82	-
Workcover	6,599.26	6,104.45
Total Operating Expense	2,945,250.91	3,057,520.13
Capital Purchases		
Computer/ Office Equipment	11,217.34	863.18
	2,956,468.25	3,058,383.31
Surplus/(Deficit)	1,648,356.68	323,137.77
•		

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
INCOME		
Unused Grants- Previous Year	1,622,273.27	1,106,819.00
QLD Health Funding	1,158,390.00	1,335,492.00
Other Reimbursements	4,787.45	2,688.75
	<u>2,785,450.72</u>	<u>2,444,999.75</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	530,672.00	499,500.00
Advertising	1,809.27	-
Annual Leave Provision	12,359.66	25,634.51
Auspice Fund Outside Organisation	-	60,000.00
Bonds Paid	-	10,500.00
Brand Creation	2,950.00	-
Catering	10,640.67	1,125.72
Cleaning	2,125.08	1,040.07
Computer Maintenance	2,857.97	1,380.45
Computer Software & Access	17,143.68	-
Consultancy Fees	31,419.03	128,642.16
Contractor	10,769.64	30,566.67
Depreciation Expense	-	627.26
Donations	5,665.00	-
Dues & Subscriptions	2,403.64	850.36
Education Expenses	3,603.14	-
Electricity	2,473.86	-
Establishment costs	63.18	-
General Expenditure	489.87	222.68
Insurance/Registration	681.82	313.20
Lease Equipment	-	(263.72)
Legal Fees	(264.32)	-
Long Service Leave	15,054.43	10,442.58
Meeting Expenses	7,400.91	6,532.19
Mobile Phones	2,212.25	2,997.75
Motor Vehicle Expenses	12,477.56	4,981.37
Motor Vehicle Leases	15,180.64	12,473.38
Office Equipment	2,958.10	3,381.63
Other Expenses	-	(1,032.38)
Parking and Tolls	875.70	786.24
Postage & Freight	393.45	360.57
Printing	12,481.93	1,263.50
Program Resources	26,334.01	-
Promotions	15,785.20	1,980.00
Recruitment Costs	-	8,101.81
Registration Fees	4,927.72	4,429.54
Rent	75,695.18	39,975.75
	<u>829,640.27</u>	<u>856,813.29</u>
Sub-Total	829,640.27	856,813.29

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
Operating Expenses Continued		
Sub-Total	829,640.27	856,813.29
Repairs & Maintenance Building	1,800.73	672.73
Resource Library	51.41	45.46
Retainer Fee - Member Org	18,333.37	20,000.00
Security	15.00	-
Signage	852.50	-
Sponsorship	3,102.27	-
Staff Amenities	626.22	103.60
Staff Training & Development	15,115.50	6,309.09
Staff Uniforms	49.02	-
Stationery	3,622.43	2,045.12
Superannuation	73,234.70	63,573.22
Telephone/Fax/Internet	14,012.80	1,502.46
Travel Allowance	38,428.25	20,951.03
Travel, Accommodation & Meals	144,298.05	99,781.35
Venue Fees	1,818.18	463.63
Wages & Salaries	729,559.07	646,285.21
Waste Removal	275.64	-
Workcover	3,229.51	3,873.78
Total Operating Expense	1,878,064.92	1,722,419.97
Capital Purchases		
Computer/ Office Equipment	5,812.43	17,835.47
	1,883,877.35	1,740,255.44
Surplus/(Deficit)	901,573.37	704,744.31

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT CHILD PROTECTION FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009 \$	2008 \$
INCOME		
Dept of Child Safety Funding	991,527.05	1,239,333.00
Interest Received	226.01	-
Reimbursement - QATSICPP Ltd	167,124.05	-
Unused Grants - Previous Year	77,294.66	-
Miscellaneous Income	743.56	-
	<u>1,236,915.33</u>	<u>1,239,333.00</u>
EXPENDITURE		
Operating Expenses		
Accounting Fees	5,500.00	-
Administration Cost	216,624.00	221,552.41
Advertising & Signage	150.00	-
Annual Leave Provision	16,240.22	18,341.26
Bonds Paid	-	3,300.00
Catering	22.27	1,271.45
Cleaning & Waste Removal	1,073.12	155.43
Computer Accessories & Software	18,973.93	-
Computer Maintenance	23,429.57	2,266.34
Consultancy Fees	360.00	112,910.31
Contractor	45,149.35	45,750.18
Dues & Subscriptions	413.64	-
Electricity	5,358.43	3,170.82
Establishment Costs	8,764.10	-
General Expenditure	17,356.25	665.70
Household Accessories	-	2,559.10
Insurance	1,457.48	-
Lease Equipment	1,895.36	-
Legal Fees	10,393.27	6,593.05
Long Service Leave	5,124.96	8,665.33
Meeting Expenses	5,088.91	2,636.07
Mobile Phones	2,422.99	3,207.06
Motor Vehicle Expenses	6,577.69	1,610.79
Motor Vehicle Leases	15,957.21	8,516.30
Office Equipment	142.14	873.00
Parking and Tolls	56.18	606.57
Postage & Freight	564.38	(1,707.31)
Printing	2,415.20	-
Promotions	252.32	-
Rates	2,060.61	-
Recruitment Costs	-	2,094.06
Registration Fees	523.64	2,863.64
Removals & Storage	2,568.18	2,395.45
Repairs & Maintenance- Building	<u>6,162.99</u>	<u>219.09</u>
	423,078.39	450,516.10

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT CHILD PROTECTION FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
Sub-Total	<u>423,078.39</u>	<u>450,516.10</u>
Rent	72,304.14	92,882.46
Residential Care Service Expenses	19,226.49	-
Resource Library	115.00	243.78
Retainer Fee - Member Org	-	80.00
Security	1,697.87	74.36
Service Fee	33,617.80	-
Staff Uniforms	21.82	-
Staff Amenities	660.13	577.10
Staff Training & Development	1,213.64	-
Stationery	4,541.37	243.94
Superannuation	53,447.71	36,357.48
Telephone/Fax/Internet	12,848.37	18,740.03
Travel Allowance	2,919.05	13,550.90
Travel, Accommodation & Meals	21,502.79	48,792.98
Venue Fees	6,592.73	-
Wages & Salaries	517,593.35	373,265.31
Website	97.68	-
Workcover	2,948.22	2,451.33
Total Operating Expense	<u>1,174,426.55</u>	<u>1,037,775.77</u>
Capital Purchases		
Computer/ Office Equipment	38,807.94	8,335.71
Furniture & Fittings	4,065.73	11,025.41
Appliances	-	4,245.45
	<u>42,873.67</u>	<u>1,061,382.34</u>
Surplus/(Deficit)	<u>19,615.11</u>	<u>177,950.66</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT DEPT COMMUNITIES FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
INCOME		
Unused Grants- Previous Year	35,045.45	17,500.00
Dept Communities Funding	55,000.00	63,000.00
	<u>90,045.45</u>	<u>80,500.00</u>
EXPENDITURE		
Operating Expenses		
Consultancy Fees	35,045.45	45,454.55
Total Operating Expense	<u>35,045.45</u>	<u>45,454.55</u>
Surplus/(Deficit)	<u>55,000.00</u>	<u>35,045.45</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CENTRE CLINICAL RESEARCH MONASH UNIVERSITY FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
INCOME		
Unused Grants- Previous Year	9,533.27	-
Miscellaneous Income	8,879.32	-
Monash University Funding	346,004.55	346,009.00
	364,417.14	346,009.00
EXPENDITURE		
Operating Expenses		
Administration Cost	26,732.00	57,165.32
Advertising	-	2,262.10
Annual Leave Provision	(6,266.29)	3,356.82
Catering	959.86	574.96
Computer Maintenance	500.02	(62.50)
Computer Software & Accessories	6,099.09	-
Consultancy Fees	21,300.00	18,914.98
Contractor	-	2,000.00
Dues & Subscriptions	1,009.10	(322.73)
Long Service Leave	82.29	1,868.91
Meeting Expenses	698.79	1,319.09
Miscellaneous	308.00	-
Mobile Phones	1,270.98	2,602.71
Motor Vehicle Expenses	793.75	4,039.01
Motor Vehicle Leases	3,651.45	8,600.97
Office Equipment	-	205.89
Parking and Tolls	(38.18)	44.55
Promotions	1,237.50	1,500.00
Provision for Scholarship	-	72,618.00
Registration Fees	1,159.09	1,945.45
Removals & Storage	-	3,034.18
Rent	26,172.34	-
Staff Training & Development	4,793.20	-
Stationery	-	114.82
Superannuation	13,915.44	11,069.21
Telephone/Fax/Internet	81.30	(327.35)
Sub-Total	104,459.73	192,524.39

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CENTRE CLINICAL RESEARCH MONASH UNIVERSITY FUNDING
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
Operating Expenses Continued		
Sub-Total	<u>104,459.73</u>	<u>192,524.39</u>
Travel Allowance	1,104.60	1,838.30
Travel, Accommodation & Meals	9,206.43	8,312.91
Wages & Salaries	136,486.83	137,513.91
Website	74.50	-
Workcover	775.89	903.09
Total Operating Expense	<u>252,107.98</u>	- 341,092.60
Capital Purchases		
Artwork	-	1,090.91
Computer/ Office Equipment	-	1,400.01
Furniture & Fittings	-	2,819.09
	-	-
	<u>-</u>	<u>346,402.61</u>
Surplus/(Deficit)	<u>112,309.16</u>	- (393.61)



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