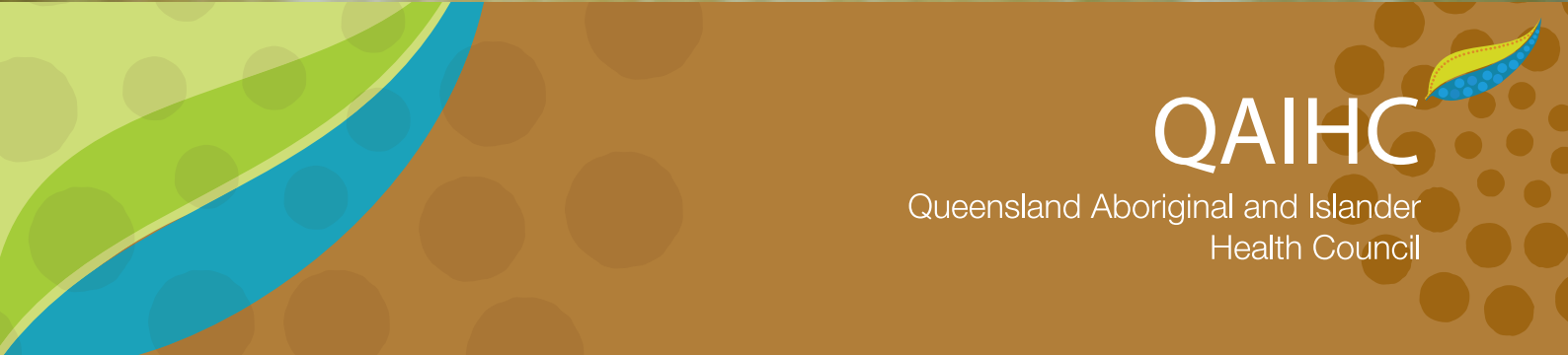


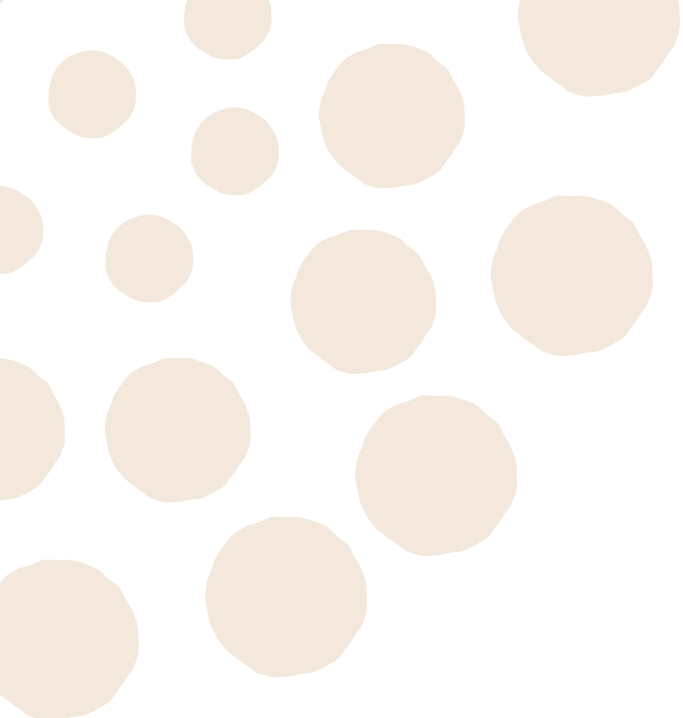


Annual Report
2007-08



QAIHC

Queensland Aboriginal and Islander
Health Council



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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 (QISMIC).

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



I am pleased and proud to present the Annual Report for the Queensland Aboriginal & Islander Health Council (QAIHC) for the 2007/2008 year.

This year was one of great turbulence in Aboriginal and Torres Strait Islander affairs and broader health policy environments, with the Australian Government's implementation of the 'Intervention' in the Northern Territory and expansion of 'welfare reform' pilots in communities of Cape York Peninsula, with the establishment of the Families Responsibilities Commission (FRC). The Year also saw a number of historic events following the election of the new Federal Government in November 2007, with the apology issued by the Prime Minister to the Stolen Generations in February 2008 and the commitment of both the Federal Government and Opposition to 'close the gap' in life expectancy and disadvantage experienced by Aboriginal and Torres Strait Islander peoples.

The 2007/2008 year was significant also for the Community Controlled Health Sector in Queensland, with continued implementation of historic reforms to Queensland's health and child protection systems. These reforms continue to drive transformation of health and child protection systems in Queensland into 2009 and beyond, representing important opportunities for Community Controlled Health and Child Protection Sectors to forge new and meaningful relationships with the Queensland and new Australian Governments to ensure the availability of comprehensive primary health care, family support and effective statutory child protection services within all Aboriginal and Torres Strait Islander communities throughout Queensland.

As I stated in the 2006/2007 Annual Report, the health problems our communities face and the care our communities require are complex and multifaceted. Responding effectively to these needs require strong Community Controlled Organisations delivering quality comprehensive primary health care services responsive to the needs of their local communities. This remained a major focus of QAIHC in the 2007/2008 Year and will continue to be into 2008/2009 and beyond as we strive to enhance our service delivery systems while also expanding our network throughout Queensland. Our efforts to empower communities and individuals to make healthy lifestyle choices aimed at preventing chronic disease gained significant pace in 2007/2008, with our QAIHC Population Health Unit commencing full operations. The support provided by our Population Health Unit will continue to build the capacity within our sector to develop and implement the whole of population health programs necessary to achieve health gain in our communities. In 2007/2008 the Population Health Unit targeted effort on key risk factors of Aboriginal and Torres Strait Islander chronic disease, including: smoking; nutrition; alcohol; and physical activity (SNAP). An increased emphasis on disease prevention was identified in our new QAIHC Strategic Plan 2007-2010 as a key priority.

Through our Centre for Clinical Research Excellence (CCRE) and research partnerships, QAIHC continued also to develop and support evidence-based approaches to the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islander peoples. In 2007/2008, the CCRE significantly progressed a

number of key research projects aimed at both documenting evidence and translating evidence across health services. In this our fourth (4th) year of operation, QAIHC and our research partners also commissioned an independent review of the CCRE to identify future priorities beyond the existing National Health & Medical Research Council (NH&MRC) grant. In an environment of increased competition for limited new/additional resources and considerable reform, building the evidence on the impact of Community Controlled Health Services on health outcomes is critical to both securing additional funding for the Community Controlled Health Sector and improving application of existing resources.

QAIHC continued to enhance partnerships and collaborations with key organisations and agencies necessary to achieve QAIHC's vision of eliminating health disparities. QAIHC also commenced implementation of a revised policy reform agenda targeting those system barriers that mitigate our best efforts to improve and sustain health outcomes within our communities, including: the reform of existing health financing models and arrangements; the reform of existing workforce models and creation of 'new' professions to expand service delivery in areas of 'workforce shortage'; reform of mental health policy and service delivery arrangements; and reform of the existing architecture which governs administration of Aboriginal and Torres Strait Islander health in Australia. To achieve reform, however, it is necessary for QAIHC to effectively advocate for change. The 2007/2008 Year saw QAIHC develop its advocacy capacity and lead implementation of the 'Close the Gap' campaign in Queensland.

QAIHC and the Queensland Aboriginal & Torres Strait Islander Child Protection Peak Ltd continued our work to address the over-representation of Aboriginal and Torres Strait Islander children and young people in Queensland's child protection system. The work in 2007/2008 focussed on improving adherence to the Aboriginal & Torres Strait Islander Child Placement Principle, supporting Community Controlled Child Protection Services to effectively deliver Recognised Entity (RE) and other statutory child protection functions, achieving more balance in the current continuum with increased emphasis and resources required for prevention and family support services, and building the capacity of the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership (QATSICPP) to operate independent of QAIHC. QAIHC's efforts into 2008/009 will now turn to transition of its Child Protection Business Unit to the newly incorporated peak body – the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership Limited. Transition of functions will occur formally on 31 December 2008.

The QAIHC Board continued to undertake governance development in 2007/2008, undertaking additional corporate governance training with Effective Governance – lead trainer for the Australian Institute of Company Directors (AICD). QAIHC Board and Senior Management Team (SMT) also developed the new QAIHC Strategic Plan 2007-2010, with 2007/2008 representing year 1 (one) of QAIHC's three-year strategic program. QAIHC Board also undertook a restructure of QAIHC Secretariat, ensuring its capacity to continue to manage growth and deliver quality support to QAIHC Board and Members.

In the 2007/2008 year QAIHC Membership stood at 23 Community Controlled Health Organisations with the resignation of the Townsville Aboriginal & Islander Health Service (TAIHS) and the addition of Girudala Community Cooperative Society and Bundaberg Burnett Region Community Development Aboriginal Corporation.

As Chairperson I would like to acknowledge the support of our Member Organisations which we continue to proudly represent. I would also like to commend our Board of Directors for their continued dedication and commitment to QAIHC and the Community Controlled Health Sector in Queensland through this, their second and final year of their current term on the Board. In particular, QAIHC Deputy Chairperson, Ms Sheryl Lawton, who has continued to provide valuable assistance and support throughout 2007/2008. I would like to thank our Chief Executive Officer, Mr Adrian Carson, who departed QAIHC at the end of June 2008 after some five (5) years. I also wish to thank our Secretariat staff for their hard work, dedication and support of our Sector and its efforts to improve health outcomes of our communities.

CEOs Report

ADRIAN CARSON

The 2007/2008 year was a year of consolidation for QAIHC as it commenced implementation of the new QAIHC Strategic Plan 2007-2010 and sharpened its focus on key strategic priorities, while continuing to adjust to the turbulence of the Aboriginal and Torres Strait Islander affairs and broader health policy environments.

Through 2007/2008 QAIHC continued to advocate for the development of a state-wide policy framework to enable transition of primary health care services to community control. The approach supported by QAIHC is modelled on arrangements in Canada with First Nation communities, jointly inspected by a delegation of QAIHC and Queensland Health representatives in August 2007. The transition of primary health care services to community control sits within a broader range of reforms sought by QAIHC aimed at reforming the health system to enable Aboriginal and Torres Strait Islander peoples' access to the range of primary health care and related services necessary to achieve health improvement. In particular, QAIHC has identified existing health financing arrangements and models as critical barriers to achieving this aim. To inform development of proposals for funding reform, QAIHC commissioned the Centre for Health Systems Development at the University of Wollongong to calculate the level of public funding required to implement transition to community control in a way that both increases utilisation and improves health outcomes across the continuum of care. The Report, to be formally launched in November 2008, clearly demonstrates significant under-funding and highlights the complexity of funding (and its cost) to Community Controlled Health Services by both Australian and Queensland Governments.

QAIHC continued to actively support service development and transition of health services and resources to community control in Cape York and Yarrabah, in partnership with our Member Organisations Apunipima Cape York Health Council and Gurriny Yealamucka Health Service (Yarrabah). With QAIHC requested by communities of the Gulf of Carpentaria to convene a Health Summit in early 2008/2009 to identify community priorities for health

service development and system reform within the Region, it is clear that momentum around transition to community control will continue to gather into 2008/2009 and beyond. It is therefore critical that both Queensland and Australian Governments commit to a single/joint state-wide policy framework to support this process.

QAIHC also commenced important work in 2007/2008 aimed at reform of the existing architecture which governs Aboriginal and Torres Strait Islander health nationally. This work is being undertaken in support of our national body – the National Aboriginal Community Controlled Health Organisation (NACCHO) and in partnership with State and Territory Affiliates and will continue into 2008/2009 with the aim of informing COAG deliberations.

QAIHC also progressed critical work in 2007/2008 aimed at both developing the workforce in Aboriginal and Torres Strait Islander health and reforming existing approaches and models which often prevent Community Controlled Health Services from delivering the full range of primary health care services to their communities. With funding support from the Commonwealth Department of Health & Ageing (DoHA), QAIHC commissioned the Mount Isa Centre for Rural and Remote Health (MICRRH) at James Cook University to undertake a review of existing literature regarding the role of Physician Assistants (PAs) and their potential contribution to Aboriginal and Torres Strait Islander health, particularly in areas of workforce shortage. The Project also details an implementation plan and scope of practice (SoP) for PAs. Finalised at the end of June 2008, this Project will inform future work of QAIHC into 2008/2009 and beyond. With predictions that workforce shortages will worsen globally over the next ten (10) years, it is vital that QAIHC continue



to explore innovative solutions to address current and future workforce needs of the Sector.

A key workforce priority identified by QAIHC Members in 2007/2008 concerned the shortage of General Practitioners (GPs), with more than half of all GP positions within Community Controlled Health Services being vacant at the end of 2007 – the majority of these positions being vacant for extended periods. While QAIHC has identified significant potential to improve recruitment and retention strategies within the Sector through shared procurement and state-wide/regional coordination, a major barrier to recruiting qualified and experienced GPs to our services remains funding. With the Queensland Government (and other States and Territories) continuing to increase salaries for GPs and other health professionals to work in the public health system, significant pressure is being placed on the Community Controlled Health Sector to compete in this increasingly volatile market. In addition to GPs playing a critical role within the primary health care model of our services, they also represent a critical 'key' to unlocking the MBS entitlement of Aboriginal and Torres Strait Islander peoples. QAIHC will therefore support the work of NACCHO and Affiliates into 2008/2009 to secure additional funding to address the shortfall in funding for GPs and other health professionals within Community Controlled Health Services.

QAIHC significantly increased its public advocacy role through 2007/2008, partnering with Oxfam Australia and Australians for Native Title and Reconciliation (ANTaR) to lead implementation of the 'Close the Gap' campaign in Queensland. This work culminated in QAIHC hosting the first Parliamentary Forum for Queensland MPs, where both the Queensland Premier and Opposition Leader signed a 'Statement of Intent', committing their parties to 'closing the gap'.

QAIHC supported the establishment of the Queensland Aboriginal & Torres Strait Islander Human Services Coalition in 2007/2008 – a network of Community Controlled Human Service Provider Organisations established to engage the Queensland and Australian Governments on whole-of-government and Council of Australian Government (COAG) reforms to address Aboriginal and Torres Strait Islander disadvantage in Queensland. After successfully securing three-year funding from the

Queensland Government, the 'auspice' of the Coalition was transferred to the Queensland Council of Social Services (QCOSS) in late 2007/2008.

QAIHC continued to deliver practical support to individual Member Organisations through 2007/2008, assisting Members with strategic and Action/business planning, development of corporate policies and procedures, development and implementation of performance management and other human resource management systems, organisational and business unit restructuring, time bound – on site targeted assistance in budgeting and financial management and reporting, governance and management support, and service development. To assess the effectiveness and to ensure the QAIHC Member Support Program has the capacity to continue to meet the changing needs of Member Organisations, QAIHC Board commissioned an independent review of the Program. This Review will be completed early 2008/2009 and will inform future operations of the Member Support Program.

A major achievement for the QAIHC Member Support Program in the 2007/2008 Year concerned the establishment of the Mount Isa Aboriginal Community Controlled Health Service (MIACCHS) and the return of primary health care services to local community control following a period of some three (3) years.

The QAIHC Member Support Program also successfully convened a joint two (2) day conference in 2007/2008 involving Member Organisations of QAIHC, the Aboriginal Medical Service Alliance of the Northern Territory (AMSANT) and Winnunga Nimmityjah focussed on business improvement and governance within the Community Controlled Health Sector. Attended by over ninety (90) delegates, the workshop proved a major success with Affiliates agreeing to convene a follow-up meeting in 2008/2009. A key outcome for QAIHC concerned Member support for additional work to be undertaken to explore the cost saving and other benefits to be realised through the establishment of regional shared procurement arrangements for common, non-core functions. This work was undertaken during 2007/2008 with assistance from Commuio and involved extensive consultations with Member Organisations. The QAIHC Board endorsed a detailed Business Case in late June 2008 for implementation of 'regional support hubs'

throughout Queensland, commencing in Central and South East Queensland Regions. QAIHC will continue to seek funding to support this important initiative into 2008/2009.

QAIHC continued to support the Queensland Indigenous Health Finance Network (QIHFN) through an expanded workshop series in 2007/2008 attended by all OATSIH funded Organisations in Queensland. The workshop series, convened in collaboration with OATSIH, addressed key changes in financial, reporting and other regulatory requirements for funded Organisations, including: GST & Accounting Pitfalls for Not-for-Profits (NFPs)- in partnership with National Institute of Accountants workshop addressed GST and ATO compliance for NFPs; Annual FBT/Tax, Human Resource Management/Payroll and Insurance Workshop – addressed changes to FBT and additional/new requirements of the Australian Tax Office (ATO), review of Employment law and existing Contracts, payroll and insurance compliance; Annual Budget Workshop – addressed compliance with OATSIH Funding Agreement and assisted Organisations with preparation of Budgets for the 2008/2009 Year; and Risk Management & Compliance – addressed introduction of OATSIH new Risk Assessment Profile (RAP) and process in Queensland and development of compliance programs within funded Organisations. QAIHC will launch the QIHFN Website in 2008/2009, containing an electronic copy of generic corporate policies and procedures for OATSIH funded Organisations. With continued positive feedback from both funded Organisations and OATSIH, QAIHC will seek to continue to support QIHFN through 2008/2009.

QAIHC continued work in 2007/2008 with consortium partners to further develop and implement the Centre for Clinical Research Excellence (CCRE) Research Program - consortium partners include: University of Queensland (UQ); Monash University; James Cook University (JCU); National Heart Foundation; and the University of Wollongong (UW). With 2007/2008 representing the fourth (4th) year of operation of the CCRE, the Centre commissioned an independent review to identify and discuss achievements, processes, barriers and opportunities met to date. Commissioned late 2007/2008, the review will be finalised early 2008/2009 and will inform future CCRE and broader research planning for the Sector.

The 2007/2008 Year also saw the QAIHC Population Health Unit become fully operational, with work

commenced in support of Member Organisations and their capacity to deliver disease prevention and other population health programs. With the leading cause of premature death and disease among Aboriginal and Torres Strait Islander peoples completely preventable, building the capacity of Community Controlled Health Services to prevent disease is critical to achieving QAIHC's vision of eliminating health disparities.

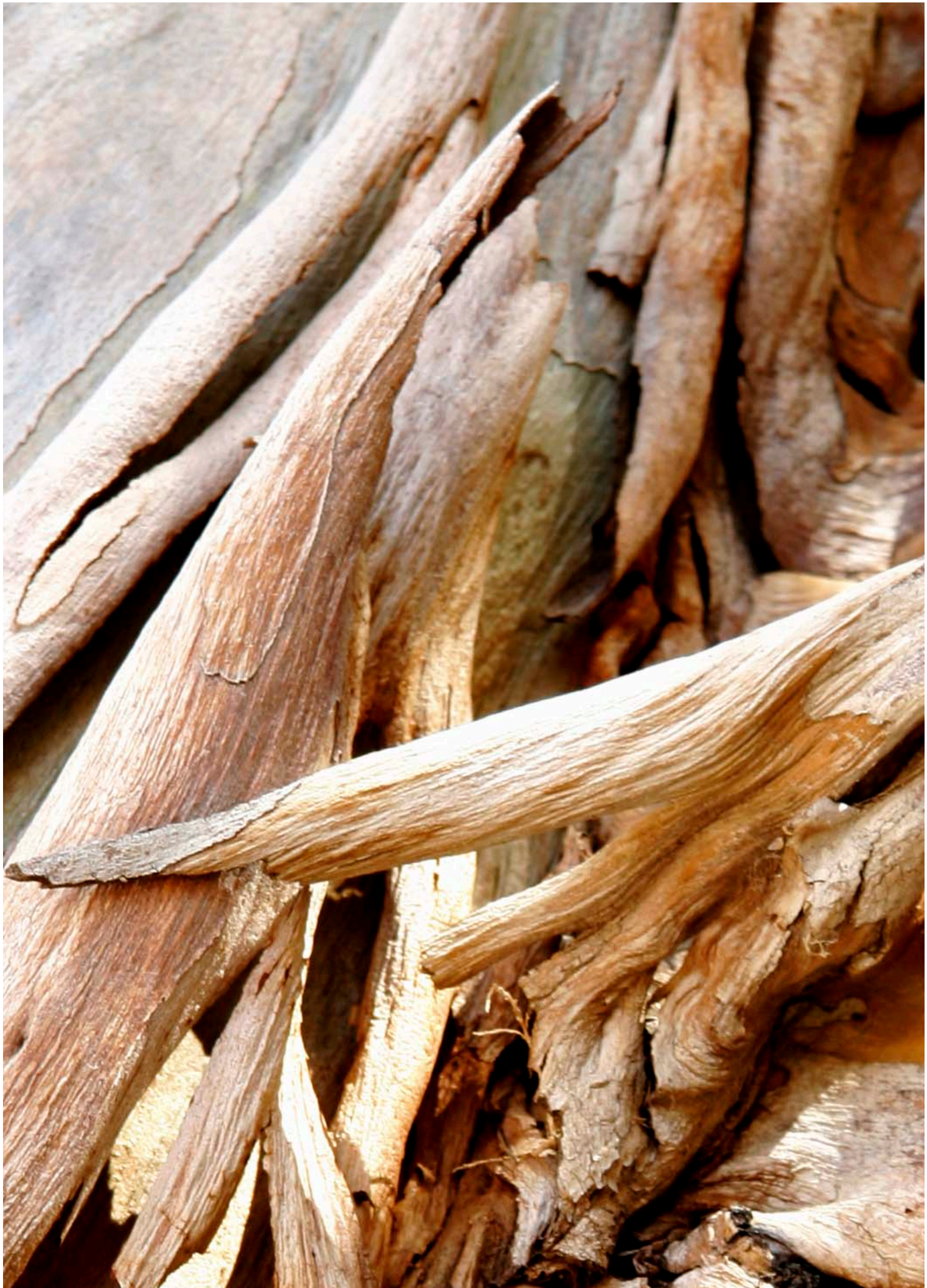
QAIHC continued its work with the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP) in 2007/2008 to address over-representation of Aboriginal and Torres Strait Islander children and young peoples in Queensland's child protection system. Again, QAIHC and QATSICPP continued to advocate for improved adherence to the Aboriginal and Torres Strait Islander Child Placement Principle and development of a more balance continuum – with greater emphasis on prevention, early intervention and family support. This important work will continue into 2008/2009 and beyond, with QAIHC and QATSICPP working to successfully transition the Child Protection Business Unit to its own separate/independent peak body at 31 December 2008.

QAIHC undertook significant work in 2007/2008 with implementation of its communication strategy, with development of a quarterly Newsletter ("A Brighter Outlook") and launch of a new website (www.qaihc.com.au).

With the 2007/2008 Year marking my final year as QAIHC Chief Executive Officer I wish to sincerely thank the QAIHC Board and Member Organisations for their support throughout the past five (5) years. In particular, I wish to acknowledge QAIHC Chairpersons Ms Rachel Atkinson and Ms Elizabeth Adams. I would also like to thank a number of key individuals for their support during my time at QAIHC, including Ms Sheryl Lawton, Ms Amy Lester, Dr Mick Adams and Mr Bernie Singleton.

I wish also to acknowledge the dedication and commitment of QAIHC Secretariat staff, in particular Ms Leilani Pearce, Mr Justin Saunders, Dr Katie Panaretto and Dr Cindy Shannon.

In closing, I wish QAIHC and the Community Controlled Health Sector well for the future and thank you again for the opportunity to work with you all during the past five years.



Board of Directors

Ms Elizabeth Adams Chairperson

Director, South West Region
Chief Executive Officer, Goolburri Dental Service

Ms Sheryl Lawton Deputy Chairperson

Director, Far South West Region
Chief Executive Officer, Charleville & Western Areas
Aboriginal Health Service (C&WAAHS)

Mr David Baird Treasurer

Director, Far North Region
Chief Executive Officer, Gurriny Yealmuchka Health
Service

Mr Bernie Singleton

Director, Cape York – Torres Straight Region
Chairperson, Apunpima Cape York Health Council

Ms Michelle Hooke

Director, North Queensland Region
Chief Executive Officer, Girudala Community Co-
Operative Society Ltd

Ms Valarie Craigie

Director, North West Region

Ms Coralie Ober

Director, Wide Bay Sunshine Coast Region
Chairperson, Galangoor Duwalami Primary Health
Care Service

Mr Matthew Cooke

Director, Central Queensland Region
Chief Executive Officer, Nhulundu Wooribah Health
Service

Mr Brian Riddiford Secretary

Director, South West Region
Chief Executive Officer, Goondir Health Service

Mr Mark Moore

Director, Metropolitan Region
Chief Executive Officer, Aboriginal and Islander
Community Health Service (AICHS) Brisbane Ltd

Alternate Directors

Mr Cleveland Fagan

Alternate Director, Cape York – Torres Straight
Region
Chief Executive Officer, Apunpima Cape York Health
Council

Ms Janelle Murphy

Alternate Director, Metropolitan Region
Chief Executive Officer, Yulu Burri Ba Health Service



Board of Directors

QAIHC Membership

QAIHC Members

30th June 2008

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
Community Health Services Central QLD Region
Bundaberg Indigenous Wellbeing Centre
Charleville & Western Areas Aboriginal and Torres Strait Islander Corporation for Health
Cunnamulla Aboriginal Corporation for Health
Nhulundu Wooribah Indigenous Health Organisation
Goolburri Health Advancement Aboriginal Corporation
Goondir Health Service
Girudala Community Co-operative Society Ltd
Gurriny Yealamucka Health Service Aboriginal Corporation
Injillinji Youth Health Service
Kalwun Health Service
Kambu Medical Centre Pty Ltd
Korrawinga Aboriginal Corporation
Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation
North Coast Aboriginal Corporation for Community Health
Yapatjarra Health Service
Yulu Burri-Ba Aboriginal Corporation for Community Health



Funded in 2005 by the National Health and Medical Research Council (NH&MRC) for five years, the QAIHC Centre for Clinical Research Excellence (CCRE) in Circulatory and Associated Conditions in Urban Aboriginal and Torres Strait Islander Peoples is now in its fourth year of operation.

CCREs Report

DALLAS LEON

Governance of the Centre rests with the QAIHC Board, with QAIHC also responsible for management of the CCRE under a Service Agreement with Monash University – the administering institution for the NH&MRC grant. The CCRE works closely with university partners, government and other non-government organisations and participating health services to realise the CCRE aims:

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

CCRE research partners include: Monash University; University of Queensland; James Cook University; University of Wollongong; National Heart Foundation; the Aboriginal & Islander Community Health Service (AICHS) Brisbane; Kambu Medical Service; and the Inala Indigenous Health Service.

Progress

In 2007/2008 the key achievements for the QAIHC CCRE have focused around the progression of individual research projects. Listed below is a brief summary of key outcomes and issues for projects being undertaken by the QAIHC CCRE.



Health Information Project (HIP)

This two-year project aims to improve the quality, utility and value of clinical information and information systems in Aboriginal and Torres Strait Islander primary health care services. The project is nearing completion and the key outcomes so far include:

The development of performance indicators for the Community Controlled Health Sector to assist with health service planning and development,

The completion of service capacity assessments including the development of recommendations to assist ongoing development within the sector.

Time to Quit (TTQ)

The Time to Quit project is an intensive smoking cessation intervention that aims to measure the effect of designated quit smoking activities in Aboriginal and Torres Strait Islander participants between 16 and 40 years of age, with follow up over 6 months. The project:

- Examines the acceptability of nicotine replacement therapy and varenicline in an Indigenous population,
- Evaluates the aspects of the intervention process such as the staff training and acceptability of the intervention to participants,
- Measures the effect and the acceptability of the intervention within two workplaces.

Progress in the 2007/08 period included:

- Implementation of workplace smoking cessation intervention at QAIHC and two other health services,
- Submission of NH&MRC grant for community wide smoking cessation intervention.

Primary Prevention Project

The Primary Prevention Project aims to develop, implement and evaluate a model of primary prevention in nutrition and physical activity for Aboriginal and Torres Strait Islander people in southern Queensland. The Queensland Aboriginal and Islander Population Health Hub (QAIPHH) and the CCRE have worked collaboratively to progress the project which has so far included the development of publications contributing to the evidence base.

CCRE Review

The CCRE is entering the final phase of its NH&MRC grant and broad reflection on the original priorities and objectives of the grant has been identified as a priority. To inform this process, the Centre is undertaking an independent review that will identify and discuss achievements, processes, barriers and opportunities met to date. The review will inform future CCRE planning and provide key stakeholders with an opportunity to offer reflection on processes and outcomes relating to CCRE projects and governance.

Students

The CCRE has continued its support of an NH&MRC Postdoctoral Research Fellow and also two postgraduate scholarship holders, undertaking work with services in Cairns and the greater Brisbane area, funded by the CCRE. Projects include:

- Active Aboriginal Mums Project,
- Theory-based evaluation: The Case for a Social Health Program, and
- New methods and approaches for the management and prevention of chronic disease in Indigenous peoples.

Challenges

The key challenges for the CCRE in the fifth and final year of funding are to continue the implementation of the current research program, ensuring that the projects contribute to enhancing service delivery for QAIHC member services and improving health outcomes for the Aboriginal and Torres Strait Islander community.

Future Directions

Along with the continuation of the existing research program, the CCRE is currently undertaking steps to consider and plan for the future beyond 2009, when the current NH&MRC research grant expires. The CCRE Review will assist to identify achievements, barriers and opportunities that will inform further considerations regarding the funding and governance structures for the QAIHC led research body.

Policy and Advocacy

The Policy and Advocacy Team is a small group of staff who work on the policy agenda formulated by the council and respond to emerging issues as they arise.

The landscape for health reform is being shaped by the many reviews commissioned by the Australian Government and the ongoing negotiations with state and territory governments regarding the Australian Health Care Agreements (AHCAS). Over the 2007/08 year the Policy and Advocacy team has focused on developing strong partnerships with the government and non government sectors to develop comprehensive primary health care models and improve the health status of Aboriginal and Torres Strait Islander peoples in Queensland.

A major emphasis was on the building of capacity across the spectrum of funding, service models, advocacy and lobbying and leveraging partnerships with other sectors. A key initiative the team was involved with included active participation in the Close the Gap campaign, co-hosting a Parliamentary Forum for Queensland MPs with OXFAM Australia and Australians for Native Title and Reconciliation (ANTaR). The team also coordinated the NACCHO Advocacy Day, participating with the record number of Queensland delegates who attended. The advocacy activities were complemented by the production of information kits including service data, regional profiles, Fact Sheets, FAQs and investment plans addressing key priorities.

The team undertook a major role in working with OXFAM Australia to develop the NACCHO project around the development of a new architecture for the delivery of Aboriginal and Torres Strait Islander health. QAIHC maintained a project management role on this for NACCHO.

On behalf of QAIHC, the team developed a submission to the National Health and Hospitals Reform Commission (NHHRC) outlining future options for funding and organising the Community Controlled Health Sector to deliver comprehensive primary health care. The submission was published on the NHHRC website. It highlighted the key role played by the Sector in providing high quality comprehensive

primary health care and the challenges faced in the current environment. The submission concluded with a number of options for structural reform for consideration.

A critical activity the Policy and Advocacy team supported was the establishment of the Queensland Aboriginal and Torres Strait Islander Human Services Coalition, a diverse group of community controlled housing, legal, health, child protection and substance misuse peak bodies which came together to explore strategies and models for improving inter-sectoral collaboration aimed at addressing the disadvantage experienced by Aboriginal and Torres Strait Islander communities in Queensland. Following a successful workshop convened by QAIHC, which produced an Action Roadmap in response to the issues raised in the Northern Territory Intervention, representations were made to the Queensland Government to both support the operation and develop a formal partnership with the Coalition. After securing funds to develop a business case, QAIHC successfully advocated for three-year funding for the Coalition. The Coalition is currently auspiced by the Queensland Council of Social Services (QCOSS).

The team successfully concluded an 18 month project for Queensland Health which produced the Manual for the Queensland Indigenous Alcohol Diversion Program (QIADP) and facilitated the initial community engagement consultation phase of the project. QAIHC played a significant role in the program, employing a statewide coordinator and three local community engagement officers in Cairns, Townsville and Rockhampton. QAIHC supported the initial delivery and initial implementation of QIADP.

The Policy and Advocacy team worked with external consultants to commission reviews of the Partnership Workforce Plan and funded with partners, a research paper on the potential role of Physicians Assistants in Indigenous health undertaken by James Cook University.

Report

ANNE TURNER



QAIHC commissioned Kathy Eagar from the Centre for Health Systems Development at the University to look at funding models for Cape York and Yarrabah. The project was jointly funded by Apunipima Cape York Health Council, Gurriny Yealamucka Health Service, Aboriginal and Islander Community Health Service Brisbane and QAIHC. The aim of the project was to calculate the level of public funding that would be required to implement the transition to community control in Cape York and Yarrabah in a way that achieves both increased utilisation and improved health outcomes across the continuum of care. The report clearly shows a significant under funding for both Cape York and Yarrabah. The report also highlights the complexity of funding for both Cape York and Yarrabah from both Australian and Queensland governments. There is a mixture of recurrent and non-recurrent funding and the difficulties this creates for planning and service delivery. The report is to be formally launched in November 2008.

The team continued to support QAIHC at interagency forums including the QATSIHP, CHIC, COAG Mental Health Working Group and the Futures Forum. These forums allowed the team to present the views of the sector and to promote the role of community controlled health services.

The team supported the transition to community control project including participating in a delegation to Canada alongside Apunipima, Gurriny and Queensland Health to assess the Canadian experience of transition to community control.

The team provided policy support to the MBS project and strategic planning and policy support to the Queensland Indigenous Substance Misuse Council (QISMC), including submission writing through the Help Desk managed by the team. In the 2007/2008 year a total of nearly \$6m was won through funding bids developed for QAIHC and QISMC members.

The team continued to support the 'best practice' study of QISMC services being undertaken by Professor Dennis Gray of the National Drug Research Institute. The report of this study will be released publicly at the end of 2008. Key findings of the report focused on the need for services to balance compassion and the increasing 'professionalisation' of the Sector. The role of ongoing care is discussed. The challenge of measuring outcomes and effectiveness and including the effectiveness of treatment programs is also raised. A cluster of issues around staffing recruitment and remuneration and funding levels are addressed in the report as well as findings regarding collaboration, governance and administration of services.

In 2008/09 the team will continue to advocate for the interests of the sector and press for greater funding and organisational support for the services. Emerging priorities for attention include substance misuse issues, mental health service provision, enhanced support for chronic disease prevention efforts, support for industry workforce and training initiatives and ensuring early childhood services are maximized. This work will be undertaken in the context of the ambitious reform agenda being pursued by the Australian Government.

Child Protection Report

DIANNE HARVEY

The QAIHC Child Protection Unit works closely with the Community Controlled Child Protection Sector through providing a secretariat, advocacy and support role to the members.



QAIHC continued to provide secretariat function and support to the Community Controlled Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (the Partnership) and the Sector to transition towards the development of an independent peak body. In January 2009, the Partnership will be formally known as the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited (QATSICP Peak Ltd) as Queensland's community controlled independent, peak body representing the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people.

Over the next few months, QATSICPP will be entering a period of change as its ties to QAIHC are reduced and its independence, achievements and position as the state-wide peak body is formally recognised and celebrated.

Member support continues to provide a range of services to a growing number of members throughout the state such as providing support, capacity building, mentoring etc. In response to the large number of new Recognised Entity services being developed in the far north and in recognition of the numbers of our existing members in north Queensland, a Cairns office has been established. The Cairns office largely provides member support services to our members north of Townsville with another officer located in Brisbane undertaking this role for the south of the state. Member support activities this year have included site visits, regular phone and email contact and a range of training sessions. Support for a number of our members' involvement in Department of Child Safety quality assurance processes has also been provided through the Quality Assurance officer.

In December 2007, QAIHC received approval of funding from the Department of Child Safety for the for the establishment/operation of a residential placement service within the Logan/Brisbane West Region, with capacity to accommodate up to four (4) including 1 emergency placement for Aboriginal and Torres Strait Islander young people aged 12 to 17 years. The program seeks to provide 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 independent living. The proposed model provides for a live-in carer model, service manager and contracted programme providers.

Current Status of Child Protection in Queensland

The overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system continues to escalate. There were 1,690 Aboriginal and Torres Strait Islander children on child protection orders at 30 June 2007. These children accounted for 27.5% of all children on orders but only 6.2% of all children 0-17 years. This compares to

figures quoted in past annual reports of 25% in 2005-06 and in 2006-07. Overrepresentation also increases with the level of contact with the child protection system. Aboriginal and Torres Strait Islander children are 2.5 times more likely to have a child protection notification, 2.9 times more likely to have a substantiated notification, 4.4 times more likely to be under a child protection order and 6 times more likely to be living away from home once in care. The most significant rise is as children enter Care.

Four years after the CMC Inquiry there is a continued deterioration for Aboriginal and Torres Strait Islander children within this system. Disturbingly, recent studies indicated that Aboriginal and Torres Strait Islander children are 2.5 times more likely to have a Child Protection Notification, 4.4 times more likely to be under a Child Protection Order and 6 times more likely to be living away from home, in care.

Advocacy

Advocacy this year has focussed on the deterioration in adherence to the Child Placement Principle. This Principle, which is incorporated in the Child Protection Act 1999, sets out the requirement that all Aboriginal Torres Strait Islander children should be maintained within their family and community. The 2007 report - "Pathway to Achieving Adherence to the Aboriginal and Torres Strait Islander Child Placement Principle in Queensland" identifies that the current levels of child removals are the highest in Queensland's history and provides an analysis of the causes and solutions for this situation. It proposes that real improvement in the level of adherence to the Child Placement Principle is possible and sets out a range of actions to address this.

QAIHC received funding from the Department of Communities, to develop an exploratory report into early intervention and prevention in South East Queensland titled *Acknowledging and Strengthening the Connections between Children, Families, Communities and Cultures* is being prepared. Early findings of this project have indicated that central to any solution to the widening gap between Aboriginal and Torres Strait Islander children in the child protection system and non-indigenous children, is an increase in the delivery of family support and child protection services by Aboriginal and Torres Strait Islander community controlled agencies. In the past AICCA services provided grassroots family supports to Aboriginal and Torres Strait Islander families in crisis. This component of the service system has been eroded by a number of factors including the establishment of the Recognised Entity network, the machinery of government changes which separated the departments into Child Safety and Communities and the refocusing of funding by the Commonwealth to more universal type services. The widening gap for Aboriginal and Torres Strait Islander children in the child protection system as shown by the results of this report card would seem to indicate that urgent action is required to rebuild this system.

Sector Development Report

DION TATOW

Established in the 2004/2005 year, the QAIHC Member Support Program, within the area of Sector Development continues to operate as the core function of QAIHC Secretariat.



The QAIHC Sector Development Unit incorporates Member Support Services; Service Planning and Development; Medicare Benefits Schedule (MBS) Support; Sexual Health and Blood Borne Viruses (BBV); Bringing Them Home (BTH)/Social and Emotional Well Being (SEWB); and Queensland Indigenous Substance Misuse Council (QISMC) Member Support.

The Unit provides practical and technical support to member and associate member organizations spanning a broad range of areas of organizational development, including: governance and management; budgeting and financial management; human resource management; strategic and business planning; local and regional service planning and development; partnerships; and service provision.

The objectives of the QAIHC Sector Development Unit comprise:

- Assisting Community Controlled Health Service (CCHS) and Community Controlled Substance Misuse Services (CCSMS) to develop and expand delivery of comprehensive primary health care services 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; and
- Enhancing the capacity within the Community Controlled Health and Substance Misuse Sectors to effectively guide investment of financial and human resources and information technology;
- Supporting Community Controlled Health Services to maximise MBS income;
- Developing and supporting implementation of a continuous quality improvement agenda for Community Controlled Health Services;
- Assisting Community Controlled Health Services with the delivery of counselling and support services to members of the Stolen Generation;
- Assisting Community Controlled Health Services with the development and delivery of comprehensive Sexual Health and Blood Borne Virus services.

The Sector Development Unit undertook a number of

successful initiatives during 2007/08. These included:

Member Support Services

Major changes in the Aboriginal and Torres Strait Islander affairs and broader health policy environments prompted QAIHC, AMSANT and Winnunga Nimmityjah to jointly convene a conference for their members focussed on Governance and Business Improvement Conference in Brisbane in August 2007. QAIHC led the planning and facilitation of this two day event, which attracted over ninety (90) participants from Member Organisations of the three (3) Affiliates. Key presentations/workshops included current models of community control, research findings on governance, business modelling and best practice service delivery. Recommendations were put forward on the future directions for the community controlled health sector, with a major focus on development of regional support hubs. The conference was extremely successful with good feedback from all in attendance. The Affiliates agreed to continue to convene annual joint Member conferences, with plans to hold a follow-up conference in 2008/2009.

Resulting from the Governance and Business Improvement Conference, the QAIHC Board endorsed a project in November 2007 to undertake a study to determine the feasibility and benefit of regional shared procurement of non-core services and establishment of 'regional support hubs' among QAIHC Members. A key deliverable for the Project was the development of a high level Shared Services Business Case for consideration of QAIHC Members and Board.

The Business Case was informed by regional based consultations with Members and examination of financial and other information. Key elements of the Business Case include the following:

- non financial and financial benefits of a shared services initiative;
- a proposed shared services structure;
- a proposed governance and service delivery model;
- schedule of project activities in recommended trial locations; and
- projected costs of a shared services trial.

The QAIHC Board formally endorsed the Business Case in June 2008. At the end of the 2007/2008 year funding was being sought from the Department of Health & Ageing to commence implementation of phase 1 of the project, commencing with two (2) Regions (Central and South East Queensland) used as pilot sites.

To further support good governance and in recognition of the critical role played by Chairpersons and Chief Executive Officers (CEOs), QAIHC convened the inaugural QAIHC Leadership Development Workshop in December 2007. Facilitated by Effective Governance, leading trainers for the Australian Institute of Company Directors (AICD), the Workshop was attended by some twenty-seven (27) representatives. The Workshop focussed on the respective roles and responsibilities of the Chairperson, Board and CEO with a focus on 'separation of powers'. Held over one (1)

day, the Workshop also enabled Chairpersons and CEOs to network with their counterparts across the State and share experiences and solutions to the challenges of governance of Community Controlled Health Organisations. With good feedback received from all participants, QAIHC will convene a follow-up Workshop in 2008/2009.

The Queensland Indigenous Health Finance Network (QIHFN) continue to convene workshops in collaboration with the Office of Aboriginal & Torres Strait Islander Health (OATSIH) to raise awareness of OATSIH funded organisations of financial and other reporting and regulatory requirements throughout the 2007/2008 Year. QIHFN convened some six (6) workshops in total, addressing the new *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act), Salary Packaging and FBT, GST Compliance, the new OATSIH Risk Assessment Profile and process, Strategic Marketing/Submissions and Health Promotion, Compliance and Risk Management. With continued positive feedback from both OATSIH and funded Organisations, QAIHC will continue to support QIHFN through 2008/2009.

The QAIHC Member Support Team provided comprehensive member support to some nine (9) organisations in 2007/2009, with support ranging from governance and management support, financial management and reporting, human resource management and strategic and business/action planning. QAIHC Member Support also assisted a number of Organisations with preparation and implementation of the OATSIH Risk Assessment process.

QAIHC continued to support implementation of the QAIHC Executive Development Program, with some seventeen (17) Chief Executive Officers (CEOs) from Community Controlled Health Services throughout Queensland (including non-Member Organisations) enrolled in Graduate Certificate in Health Service Management at Griffith University.

QISMC Member Support

The QISMC Member Support Coordinator worked with several Community Controlled Substance Misuse services to develop their capacity to deliver an expanded range of substance misuse services. This work included support in developing corporate governance capacity and systems, strategic and business planning, financial management and budgeting, human resources management systems, corporate policies and procedures and service delivery/clinical policies and procedures for residential rehabilitation. QISMC Member Support also assisted Organisations to participate in the study of 'best practice' being undertaken by the National Drug Research Institute which will inform priorities for policy reform and service development into the 2008/2009 Year.

The support delivered to Community Controlled Substance Misuse Services was provided both to individual services on a one-on-one basis and via state-wide QISMC Members' workshops. These workshops focussed on financial management and reporting (including compliance), good

governance, corporate policies and procedures and SDRF Action Planning. A key achievement for the 2007/2008 Year concerned the development of a 'generic' service delivery policy and procedure manual, providing organisations with a practical tool for developing and implementing programs which meet both community and legislative requirements.

QAIHC also facilitated an annual QISMC Workshop which provided an opportunity for each of the community controlled substance misuse services to discuss priority areas affecting the strategic and/or operational service models of each organisation and the sector at a state-wide level. Agenda items included:

- Input to the Draft QISMC Strategic Plan
- Presentation on the progress and findings of the Aboriginal and Torres Strait Islander Community Control Drug and Alcohol Sector Review
- Information on the OATSIH Accreditation Project
- Input to the development of the QISMC Generic Service Delivery Policy & Procedures Manual
- Feedback on the QIADP Pilot

MBS Support

QAIHC continued to support members in relation to best practice Medicare billing. This included providing individual support to Community Controlled Health Services (CCHSs) with Medicare compliance, good practice claiming; Medicare item awareness; and one-on-one training with Aboriginal and Torres Strait Islander Health Workers, Nurses, Doctors and Medical Reception staff.

The monthly Medicare Matters newsletter was introduced to provide the most up to date information on Medicare item numbers, and educational information on claiming issues. The newsletter also provides information on other Medicare Australia programs which include Australian Childhood Immunisation Register, Pharmaceutical Benefits Scheme, Practice Incentive Program Medicare payments, Veteran Affairs claiming, Workers Compensation claiming and health related courses and conferences.

QAIHC worked with Australian Medical Association (AMA) Training Services Queensland to conduct Medical Receptionist and Medical Terminology Training to CCHS staff. Clinical Workshops were also conducted to train CCHS health professionals in Infection Control, Health Assessments and Sterilisation.

Medicare training modules have been developed to assist with on-site or training for Medical Receptionists, AHWs, Nurses, Clinic Manager and doctors within CCHS.

Sexual Health/Blood Borne Viruses

In 2007-08 QAIHC pursued a new direction for the delivery of sexual health and blood borne viruses. The Regional Model for the Delivery of Sexual Health and Blood Borne Virus services identified a number of strategies aimed at adopting a more regionally co-coordinated, primary health care focus for sexual health/BBV services. Whilst the initiative was not funded, QAIHC continues to move towards this revised model.

QAIHC is currently a major participant/partner on a skills development project with Family Planning Queensland (FPQ), providing direction and support for the development and implementation of a Sexual and Reproductive Health training program targeted at Aboriginal and Torres Strait Islander Health Workers. The funds for the project were gained through Rio Tinto and were predominantly made available as a result of QAIHC participation. The project will support at least 30 Health Workers throughout Queensland to improve their skills and confidence in addressing sexual and reproductive health. The project will achieve this through the delivery of education workshops, education and support to implement community health promotion initiatives, work placement at FPQ Regional Centres (including clinics where appropriate) and access to resources and mentoring from experienced FPQ staff. The project will be conducted in three rounds (one per year), with approximately ten health workers participating in each round.

QAIHC was funded by Queensland Health to undertake consultations with Aboriginal and Torres Strait Islander people as part of the mid-term review of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011. There was overwhelming support for the need for a separate Aboriginal and Torres Strait Islander Sexual Health/BBV Strategy, but if this is not supported, then a complementary Aboriginal and Torres Strait Islander Action Plan is needed. QAIHC's recommendations will be considered by Queensland Health for the 2009-2011 Implementation Plan.

The annual Deadly Sex Congress continued in 2008 with a record number of participants. The workshop remains one of the key training and networking opportunities for workers across the state. QAIHC again played an integral role in the planning, conducting and facilitating the event.

QAIHC successfully negotiated with OATSIH Queensland for additional Sexual Health Worker positions within CCHS. In addition, QAIHC was also successful in negotiating for standardised funding for Sexual Health Worker position across CCHSs.

Bringing Them Home/SEWB

The Prime Minister's apology to the Stolen Generations provided an opportunity for the QAIHC Bringing Them Home/Social and Emotional Well Being Coordinator to participate at a national level in negotiations leading up to this historical event.

QAIHC again facilitated the annual state-wide BTH Counsellors Workshop. The event included professional development in culturally appropriate counselling techniques, future directions of the BTH and Indigenous Mental Health Programs, debriefing/professional supervision for Counsellors, progress of issues for members of the Stolen Generations following the Prime Minister's apology, innovative approaches to service delivery/sharing best practice approaches, opportunities for collaboration across organisations involved in the delivery of BTH/SEWB programs and services and state-wide approaches to

promoting the BTH and Aboriginal and Torres Strait Islander Mental Health Programs.

Service Planning and Development

QAIHC continued to support Member Organisations and their participation in joint regional planning activities undertaken by Regional Aboriginal & Torres Strait Islander Health Forums throughout Queensland.

At the request of the QAIHC Board, a workshop of Regional Health Forum chairs was held in June to highlight the progress of Regional Health Forums across Queensland. The workshop provided a positive and healthy discussion on the Forums, on what is working well, and on what areas require further support and action to improve the operations of the Forums. Unanimous support was given for the continuation of the Forums as they have provided opportunities for all organisations to achieve collective goals and build relationships whilst focusing solely on improving Aboriginal and Torres Strait Islander health within their regions.

QAIHC has continued to work with Members in a range of areas to increase their capacity through partnerships, planning and project support. The Regional Health Forums have continued to provide opportunities for Community Controlled Health Sector to develop working partnerships with other service providers to improve the health status of Aboriginal and Torres Strait Islander people. Regional health plans have completed for the majority of the regional health forums across Queensland and work is already underway to implement the identified priorities within these plans.

Challenges

The Sector Development Unit faced a number of challenges during 2007-08. These included:

Sexual Health and Blood Borne Viruses

- QAIHC was unsuccessful in its application for funding to role out the Regional Model of Care for Sexual Health/ Blood Borne Viruses. This innovative model sought to integrate sexual health/BBV services into the delivery of comprehensive primary health care within CCHS. Given the sensitivities relating to sexual health/BBVs, alternative funding sources are now being explored so that the model can be implemented across the state.
- Currently there are 27 Sexual health positions identified within CCHS. Of these, 16 are funded through OATSIH with the remainder funded by other sources including or via allocations through globalised funding. Of the 16 positions, 8 are currently vacant. QAIHC STI/ BBV Coordinator will be working closely with those identified services, to assist with developing strategies in the recruitment and retention of Aboriginal & Torres Strait Islander people into those positions.

BTH/SEWB

The national evaluation of the BTH and Indigenous Mental Health Programs identified a number of deficiencies within the program across the country.

These included a lack of focus on first generation Stolen Generation members, a significant variation in the skills and qualifications of staff of the programs, limited geographic coverage of the programs and lack of consistency in service delivery. The Sector Development Unit will continue work with our member services to address these issues within the sector.

Member Support Services

The challenge of addressing risks within our member services has continued as a priority for the Sector Development Unit. The developmental approach adopted by the Unit seeks to put in place systems and strategies to minimise risks through the development of contingency plans.

QISMC Member Support

As the state government moved to introduce alcohol reforms in Aboriginal and Torres Strait Islander communities across the state from 1 July 2008, QISMC members prepared themselves for possible increases in the demand for their services.

As QISMC remains unincorporated, the group will need to determine its future direction so that it can position itself as a leading force within the drug and alcohol sector.

Regional Health Forums

The level of commitment by partners to Regional Health Forums varies significantly across the state resulting in inconsistencies in outcomes. The QAIHC convened state-wide workshop has provided the opportunity to re-focus attention on the importance of these forums in addressing Aboriginal and Torres Strait Islander health issues through collaboration and partnerships.

MBS Support

The MBS Support Team has continued to provide comprehensive support to both QAIHC member organizations and some non-members. Despite the success of the program, no additional funding is provided for this project. QAIHC will continue to lobby for funding so that this vital service can be continued.

Future Directions

In 2008-09, the Sector Development Unit will expand to include the Accreditation Support Program. Our priorities for the year are:

Accreditation Support Program

- Provision of accreditation advice and support to QAIHC senior management and CCHS
- Design and management of accreditation consultancy, brokers advice/training and development of interventions at the sector and service levels.

Member Support Services

- Implementation of the findings of the Member Support Review
- Facilitation of the QAIHC Members Conference
- Continuation of finance workshops

- Continued individual support to members
- Implementation of regional shared service hubs for non-core services

Sexual Health/Blood Borne Viruses

- Launch of the QAIHC STI/BBV Manual and associated training
- Finalisation of the Condom Man Returns promotional package
- Securing funding for implementation of the Regional Model of Care
- Establishment of support network for CCHS Sexual Health Workers
- Involvement in the development of accredited training in sexual health/BBV

QISMC Member Support

- Consolidation of future directions of QISMC
- Development of Member Support Action Plan for QISMC organisations

MBS Support

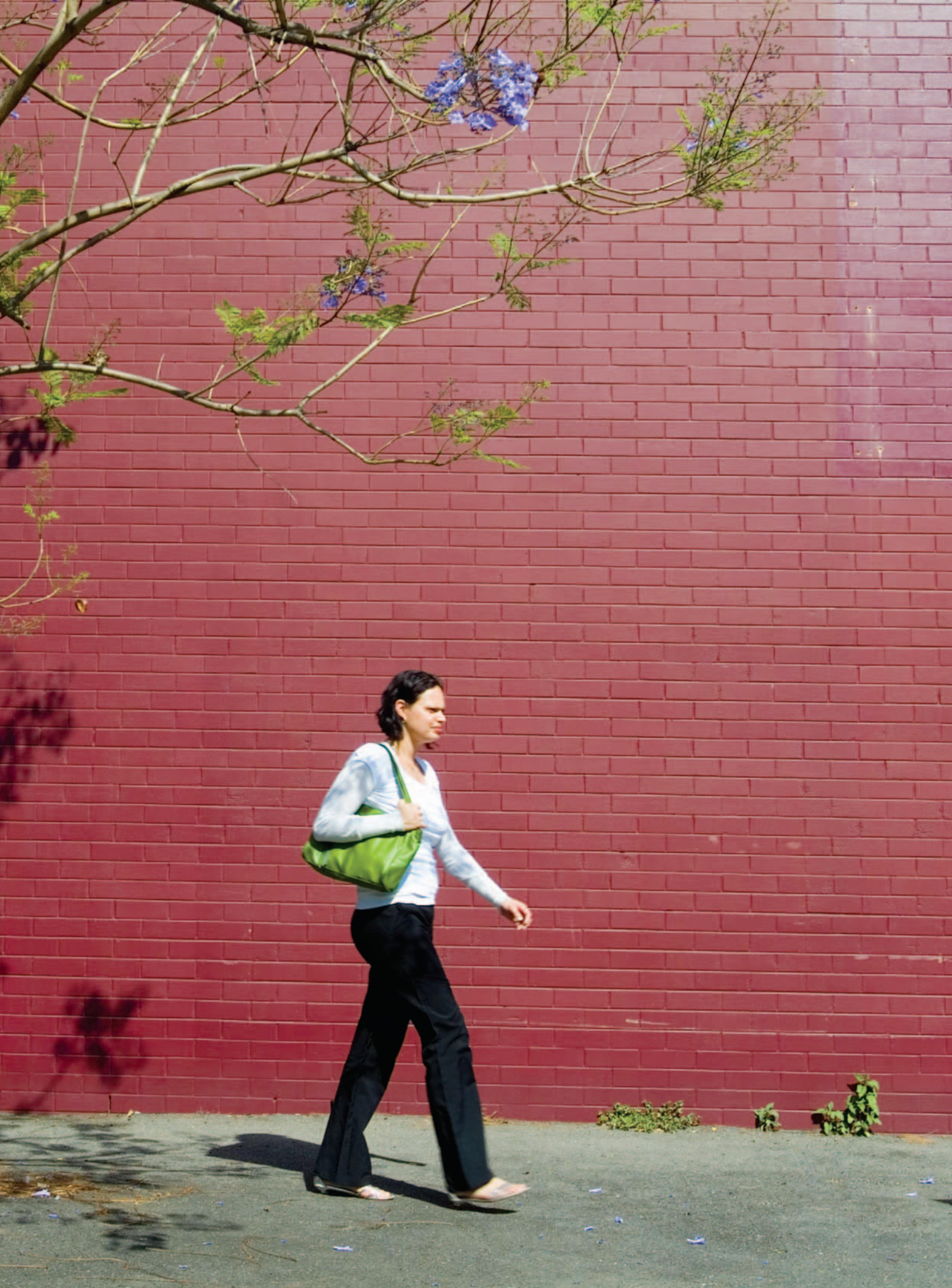
- Continuation of Medical Reception and Medical Terminology training
- Continued support to member organizations in relation to MBS
- Continuation of Medicare Matters newsletter

BTH/SEWB

- Continued support to member organizations for implementation of the recommendations of the National Evaluation of the BTH and Indigenous Mental Health Programs.
- Establishment of support network for BTH Counsellors
- Partnerships with Regional Centres

Service Planning and Development

- Undertake review of Regional Health Forums
- Implement recommendations from review





Corporate Services Report

TRISH WHITE

Corporate Services

The primary role of Corporate Services is to provide the supporting infrastructure to enable QAIHC to work efficiently and effectively. The QAIHC Corporate services team is therefore responsible for integrating support services related to finance, information management and technology, human resources, asset and facility management and administration functions

Human Resources Services (HRS)

HRS manages the employment framework and arrangements for all QAIHC staff, including contract employees. Key human resource functions include employee selection, payroll, salary packaging, policy, remuneration management, occupational health and safety, staff development, records management and employee relations. The 2007/08 period was a demanding time for human resources. The HRS reviewed and amended its roles to demonstrate more clearly the articulation between its activities and the strategic directions of QAIHC.

The key activities undertaken during this period were:

- Review and updating of the existing Policies and Procedures Manual. New policies / amendments were introduced in areas such as Performance Review and Development, Staff Car Parking, Code of Conduct, Fraud and Corruption, Study Leave, Training and Development.
- Review and revision of all Position Descriptions.
- Development and implementation of a new performance agreement pro forma.
- Assessment of performance and development of work plans.
- Implementation of workforce planning, staff turnover and retention strategies. This was part of a strategy developed to assist QAIHC to manage, develop and retain its staff, during 2008. HRS piloted an induction program and package and also conducted exit interviews with departing staff. It is expected the findings from these meetings will provide information for future staff planning issues.

Staff changes in 2007-08

Staff who left QAIHC	21
New staff inducted into QAIHC	20

- Recruitment and appointment of the Chief Executive Officer, Office Manager and Finance Manager

Administration Services

During the 2007/08 period the Administration team continued to look for improvements to ensure all its internal and external stakeholders were provided with effective and efficient service delivery.

To assist in this goal

- an employee register was developed that allowed individual contract information to remain current and easily accessible
- all administration staff completed a two day training program in Microsoft Office 2007

Investigation into new head office premises was a priority towards the end of June. It was proposed that upon moving, all business units will be housed together on the one level. It is anticipated that the move into new premises will be completed in December 2008.

Information Management and Technology Services

The Information Technology program services the computing and telecommunications infrastructure of QAIHC, and develops and implements software applications and training for both work unit and administrative purposes. Major IT activities in 2007/08 were an increase in the efficiency of existing systems by:

- Streamlining the use of existing clinical and non-clinical software packages and to invoke where agreeable the implementation of MD3 and Pracsoft3. Nine centres have been upgraded to MD3 & Pracsoft3 with the Mount Isa Aboriginal Community Controlled Health Service (MIACCHS), Bidgerdii/Blackwater to be completed by the end of 2008.
- 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

Substantial increases in clinical and business capacity were experienced through:

- Researching the deployment of a single new state-wide shared solution (including the development of a Unique Patient Identifier for each patient), and used by each service
- Establishing pathways for sharing clinical information across the sector
- Establishing a Data Management Unit (pending the outcome of the IT Audit Review and recommendations).

Population Health

KATIE PANARETTO

QAIHC secured funds late in the 2005/2006 year to establish a Population Health Unit to support Community Controlled Health Services (CCHSs) utilising a regional hub model, operating in Brisbane (Southern Queensland) and Townsville (North Queensland).



With considerable population health expertise and capacity, the Population Health Unit provides service delivery support to CCHSs at local and regional levels to ensure best use of existing and new resources to improve chronic disease and other population health priorities within Aboriginal and Torres Strait Islander communities. Objectives of the QAIHC Population Health Unit include:

- Development of a regional hub model for the 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 the primary health care setting and coordinate chronic disease care across a range of services 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.

Over the last year, the Population Health Hub have worked closely with the QAIHC Centre for Clinical Research Excellent (CCRE), other population health units (Queensland Health) across South East Queensland and various stakeholders involved in nutrition, physical activity and oral health outcomes, as well as issues relating to workforce development.

In the 2007/08 year funding was provided by Queensland Health as part of the Australian Better Health Initiative (ABHI), to build capacity within a number of Community Controlled Health Services (CCHS) by delivering, implementing and evaluating a model of primary prevention (nutrition and physical activity). The Primary Prevention Capacity Building project was coordinated by staff from the Queensland Aboriginal and Islander Health Council (QAIHC) - Population Health Hub. The aim was to work together with the member services to build capacity in working with individuals and groups to address nutrition and physical activity needs in their respective communities.

The project was trialled with Yulu-Burri-Ba, AICHS Brisbane, Kalwun Health Service and the Inala Indigenous Health Service and was overseen by an advisory group made up of representatives from Queensland Health and representatives from each of the four (4) sites. Other services such as Goolburri Health Advancement were also involved in certain aspects of the project.

Through out the 2007/08 period Population Health was involved in a number of initiatives. Details of those initiatives are as follows.

Brief Intervention

The purpose of this initiative was to support the awareness of brief interventions relating to Smoking, Nutrition, Alcohol and Physical Activity (SNAP). This encompassed a set of techniques that involved simple advice, brief counselling, goal setting and providing consultation and follow up. Typically brief intervention techniques were delivered as short, motivational interactions between health professionals and patients or participants.

Some of the main objectives in this exercise were to assess the services capacity to deliver brief interventions, plan future support and training and evaluate the impact of the initiative in 12 months time. Strategies included assessing staff capacity by reviewing practices among staff through surveys, chart audits and staff focus groups.

The results of the initiative demonstrated that good levels of activity in brief interventions were being undertaken at the services. It was found that addressing high levels of smoking amongst staff and issues leading to high staff turnover impacted on the capacity to deliver said brief interventions. Barriers to providing these initiatives included competing priorities and inadequate referral services.

Feedback on the project was provided to each of the services and a report is currently being prepared for publication in early 2009.

Workplace Indigenous Physical Activity (WIPA)

The purpose of this initiative was to increase physical activity levels among staff at QAIHC, Kalwun Development Corporation and AICHS Brisbane. The goal was to double the number of staff meeting the National Physical Activity Guidelines.

The project included a 12-week pedometer challenge, physical activity group counselling ("Talking Circles") and weekly e-bulletins. All casual, part-time and full time Aboriginal and Torres Strait Islander and non-Indigenous staff were invited to participate. Participants underwent fitness assessments measuring body fat percentage, cardio-respiratory fitness, strength, flexibility, Body Mass Index, blood glucose and blood cholesterol levels as a form of evaluation.

Organisational support, an enthusiastic invitation to participate, and providing work time for team activities were key factors in promoting WIPA involvement. Suggestions for further organisational support included having more of a worksite presence for program promotion, purchasing onsite exercise equipment such as a treadmill, access to a workplace personal trainer and development of health forums for staff. Data from the project will be finalised at the end of 2008.

Supporting Healthy Lifestyle Programs and Workshops

The purpose of this initiative was to increase the number of healthy lifestyle programs delivered in each of the health service communities of AICHS Brisbane, Inala Indigenous Health Service, Kalwun Health Service and Yulu-Burri-Ba.

The project included facilitating relevant health worker training, assistance in facilitating programs, scoping other nutrition and physical activity programs, providing on-going support to each of the services in the planning and delivery of the programs and monitoring and evaluating the successes. .

Health Workers in each site were shown how to prepare and deliver programs, community members were invited to participate and the QAIHC Population Health Hub provided support in the preparation and delivery of programs.

Workplace Policies

In 2007/08 the QAIHC Population Health Hub progressed work around the development of a set of guidelines regarding nutrition and physical activity in the workplace. A committee was established to advocate for healthy food choices available to staff, patients and clients. Guidelines surrounding physical activity were also devised. The final step in this initiative will take place further into 2008 and will involve consultation to ensure staff and clients are able to make healthier choices and remain active during work hours.

Brisbane Indigenous Physical Activity Network (BIPAN)

A partnership between the Department of Local Government, Sport and Recreation, Queensland Health (Population Health Unit and Health Promotion Unit), the University of Queensland and QAIHC Population Health Hub, was established in 2007/08 with the aim of engaging Aboriginal and Torres Strait Islander stakeholders and providing a coordinated approach to promoting physical activity.

BIPAN was facilitated by Queensland Health and a draft Terms of Reference was developed during the period of 2007/08. The intention for the future directions of the project were; to develop an action plan, engage Aboriginal and Torres Strait Islander stakeholders working in physical activity, coordinate Aboriginal and Torres Strait Islander physical activity promotion and develop a model to be shared by the whole of Queensland. These activities are expected roll out over the 2008/09 period.

Social Marketing Campaign

The main objectives of this initiative were to scope existing health messages on Indigenous radio stations, review the messages for relevance and develop and implement messages related to smoking, nutrition, alcohol and physical activity. It is intended that this initiative will continue to run into 2009.

QAIHC Population Health has been actively involved in the steering committee for the Aboriginal and Torres Strait Islander Go for 2&5 Social Marketing Campaign and continues to look for opportunities to use national campaigns to promote local initiatives.

Grants

This particular initiative was about facilitating the application of relevant grants with member services. Population Health assisted members in applying for *Eat Well Be Active*

Community Partnership Grants. This included facilitating partnerships with community stakeholders from local sporting clubs to retail outlets. Population Health has also assisted schools in applying for Stephanie Alexander grants, which focus on food and nutrition within school settings.

Community Gardens

QAIHC Population Health looked at existing community gardens and investigated the role the gardens have in influencing access to food for the community. The initiative was about establishing a community garden with the view to increase availability, accessibility and affordability of fresh vegetables.

The project required that Population Health observe when community members used the gardens and what they chose to grow. Community consultation was a fundamental step in this initiative and this will continue to progress into 2009.

Oral Health Promotion

QAIHC Population Health Hub employed an Oral Health Promotion Officer in the 2007/08 period. Although not directly funded under the Primary Prevention Project, Oral Health was distinctively linked to nutrition and physical activity outcomes.

A major initiative undertaken during this period was to scope existing models of oral health service delivery within selected CCHS and to identify strengths and weaknesses for each.

Preliminary findings identified the strengths of the oral health services included price, culturally appropriate health care solutions and the strong focus on health promotion and preventive initiatives. Some of the challenges included failure to attend rates, patient transport, workforce retention, service continuity and the capacity to meet current and unmet demand.

Future Directions

Despite some of the challenges over the last year, there have been many successes along the way. Further work is yet to be followed up in 2009, including integrating preventative dental checks with health checks, implementing quality improvement approaches (setting targets, benchmarks and measure outcomes), conducting needs assessments within the community with an aim of building capacity, helping shape the future directions of service delivery and establishing partnerships.







QAIHC

Queensland Aboriginal and Islander
Health Council

QAIHC Financial Statements

FOR THE YEAR ENDED 30 JUNE 2008

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

Your directors submit their report on the Company for the financial year ended 30 June 2008.

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 Murphy	(Secretary, appointed 18/09/2008)
Mr Brian Riddiford	(Resigned 18/09/2008, formerly Secretary)
Mr Bernie Singleton	
Ms Valerie Craigie	
Ms Coralie Ober	
Mr Matthew Cooke	
Ms Michelle Hooke	
Ms Stella Taylor-Johnson	
Mr Michael White	(Resigned)
Ms Cassandra Gillies	(Resigned)
Mr Mark Moore	(Resigned)
Mr Ken Dalton	(Alternate Director), (Resigned)
Mr Cleveland Fagan	(Alternate Director)
Ms Patricia Lees	(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 \$3,344.61. Last year there was a deficit of \$55,661.66.

DIVIDENDS

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

REVIEW OF OPERATION

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 state of affairs have occurred since the balance date.

AFTER BALANCE DATE EVENTS

No significant events have occurred since balance date.

FUTURE DEVELOPMENTS

Refer Note 10

The Premises at Woolloongabba will be occupied until the lease ends in December 2008. An amount of \$100,000.00 has been provided to restore the building to its original layout.

QAIHC will also be moving from its present office location to new premises at some time in the 2009 financial year. The board has provided for \$420,000.00 from the current financial year to help to pay for relocation as there will be no funding provided from government grants.

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 Certificates in Health Service Management

Ms Sheryl Lawton

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

Mr David Baird

Treasurer Far North Region
Bachelor of Applied Science in Aboriginal Community Development & Management
Cert 1 Health & Community Service (Rehabilitation Counselling Drug & Alcoholism)
Undertaking Graduate Certificate in Health Service Management

Ms Janelle Murphy

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 Michael White (Resigned)

Year 12 Certificate
Carpenter – fully qualified
Correctional Officer
ARL coach @level 2
Public sector management – Qld Government
Governance training
QAIHC Executive Development Program

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

Ms Coralie Ober

Representative Korrawinga Aboriginal Corporation

Ms Valerie Craigie

Representative North West Region

Mr Bernie Singleton

Health & Safety Officer – 8 years

Ranger Aboriginal Sites – 20 years

Government service 32 years

Mr Matthew Cooke

CEO Nhulundu

Ms Michelle Hooke

CEO Girudala Community Co-operative Ltd

Ms Stella Taylor-Johnson

Acting CEO Kambu Medical Centre

Mr Brian Riddiford (Resigned)

Representative South West Region

Year 10 Certificate

Certificate 3 Office Administration

Aboriginal Affairs – 24 years

Aboriginal Health – improving aboriginal health – 13 years

Ms Cassandra Gillies (Resigned)

Representative Kambu Medical Service

Mr Mark Moore (Resigned)

Representative Metropolitan

Senior Certificate

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

Number of Board Meetings and Directors' Attendance

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

Ms Elizabeth Adams	5
Ms Sheryl Lawton	4
Mr David Baird	3
Ms Janelle Murphy	2
Mr Bernie Singleton	3
Mr Mark Moore	5
Mr Brian Riddiford	1
Mr Michael White	2
Ms Valerie Craigie	2
Mr Matthew Cooke	2
Ms Coralie Ober	3
Ms Cassandra Gillies	2
Ms Michelle Hooke	1
Ms Stella Taylor-Johnson	1

BENEFITS UNDER CONTRACTS WITH DIRECTORS

No director has received or become entitled to receive, during or since the year, a benefit because of a contract made by the company or a related body corporate with a director, a firm of which the director is a member or an entity in which the director has a substantial interest.

ENVIRONMENTAL ISSUES

The company is not subject to any significant environmental regulation under the laws of the Commonwealth and State.


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

INDEMNIFYING OF OFFICERS OR AUDITOR

The company has not, during or since the year, in respect of any person who is or has been an officer or auditor of the company or of a related body corporate:

- indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer or auditor, including costs and expenses in successfully defending legal proceedings; or
- paid or agreed to pay a premium in respect of a contract insuring against a liability incurred as an officer or auditor for the costs or expenses to defend legal proceedings.

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



(Chairperson)



(Secretary)

Dated this *25th* day of *November* 2008

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

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 2008 there have been:

- (i) no contraventions of the auditor's 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.



PATRICK HOIBERG
CHARTERED ACCOUNTANT
REGISTERED COMPANY AUDITOR - 6298

Dated this 25th day of November 2008

BRISBANE QLD

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

	NOTE	2008 \$	2007 \$
INCOME			
GRANTS INCOME			
	5,9(b&c)		
OATSIH		2,763,227.68	2,373,775.40
QLD Health Department		1,335,492.00	1,047,151.00
Queensland Department of Child Safety			
Child Protection		1,239,333.00	606,159.00
DEWR		-	14,000.00
Dept Education & Science		-	23,900.00
ALLIANCE			
QDGP		10,000.00	10,000.00
RACP		909.09	-
James Cook University		10,000.00	10,000.00
HWQ		22,727.27	22,727.27
		<u>43,636.36</u>	<u>42,727.27</u>
CENTRE CLINICAL RESEARCH			
Monash University		346,009.00	173,004.50
WA - QISMIC		96,423.62	120,533.32
Department of Communities		63,000.00	17,500.00
QUT		-	167,170.00
AIATSI		20,000.00	-
		<u>525,432.62</u>	<u>478,207.82</u>
GRANTS OTHER			
Link-Up QLD Retainer		28,181.82	-
General Practice Education & Training		104,909.09	111,953.79
Oxfam Aust - Close the Gap		60,000.00	-
QCROSS- ATSI Coalition Project		5,000.00	-
Health Workforce Queensland		18,181.82	-
		<u>216,272.73</u>	<u>111,953.79</u>
SELF GENERATED INCOME			
	9 (c) (iii)		
Miscellaneous Income		94,146.64	101,606.80
Interest Received		242,134.39	173,046.28
Members Support/RetainerFee		31,024.34	184,636.45
Facilitation Fees		162,578.42	40,000.00
Reimbursements		40,463.17	84,604.13
		<u>570,346.96</u>	<u>583,893.66</u>
		6,693,741.35	5,281,767.94
GRANTS MOVEMENT			
	5,9(b&c)		
Unused Grants @ beginning		1,299,054.68	422,076.26
Grants received in Advance @ beginning		1,069,650.17	1,672,320.40
Unused Grants/Funds @ end		(1,034,483.02)	(1,726,105.68)
Grants/Funds received in Advance @ end		(409,858.82)	(1,600,205.17)
Member Support Carryover @ end		(13,008.67)	-
Total Movement Grants		<u>911,354.34</u>	<u>(1,231,914.19)</u>
Total Income		<u>7,605,095.69</u>	<u>4,049,853.75</u>

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

EXPENDITURE

Accounting Fees		11,200.00	4,037.27
Administration Cost		-	975.00
Advertising		6,806.72	2,526.94
Audit Fees	4	25,000.00	28,000.00
Auspice Fund Outside Organisations		120,000.00	-
Bad Debts		1,694.00	-
Bank Charges		5,627.67	7,172.02
Catering		19,686.73	30,629.13
Cleaning		24,693.37	17,943.75
Computer Expenses		221,755.37	27,508.47
Conference Registration Fees		24,294.50	10,097.54
Conferences & Meetings		42,386.73	18,502.04
Consultancy Fees		1,276,034.07	435,524.94
Contractor		746,936.43	172,970.11
Couriers		(53.30)	208.79
Depreciation	1	82,953.23	67,806.00
Donations		2,870.00	-
Doubtful Debts	7	6,893.22	(9,914.01)
Dues & Subscriptions		2,942.33	3,235.92
Electricity		18,371.46	13,831.01
Fringe Benefits Tax		1,926.96	-
Funding Agreements Termination		1,012.22	-
General Expenses		36,990.35	6,760.04
Household Accessories		2,559.10	-
Insurance		9,838.97	15,390.68
Interest ATO		8,327.27	-
Interest & Lease Equipment		3,793.08	14,666.55
Fees & Charges		805.49	6,392.54
Legal Fees		21,660.51	22,701.40
Motor Vehicle Leases		49,594.16	32,463.78
Motor Vehicle Operating		20,969.01	19,275.95
Office Equipment Minor		8,361.19	6,653.57
Parking and Tolls		2,648.21	1,923.57
Payroll Outsource fee		2,016.00	-
Periodical Payment Fee		105.00	-
Postage & Freight		11,404.69	6,505.72
Printing		40,794.15	1,539.73
Promotions		62,636.87	6,760.64
Provision Annual Leave	1,10	57,720.09	8,624.44
Provision Long Service Leave	1,10	30,542.23	-
Provision Relocation Costs	1,10	420,000.00	-
Provision Scholarships	10	72,618.00	138,654.00
Rates		1,992.35	1,374.13
Recruitment Costs		34,947.86	(123,662.24)
Reimbursements		5,311.76	-
Removals & Storage		5,429.63	552.00
Sub-Total		3,554,097.68	997,631.42

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

EXPENDITURE CONTINUED

Sub-Total		3,554,097.68	1,209,969.55
Rent		274,247.57	205,924.85
Repair & Maintenance Building		9,103.03	6,288.28
Repair & Maintenance Office Equipment		769.63	125.00
Resource Library		1,753.47	2,082.47
Retainer Fee - Member Org		45,058.60	-
Security		1,957.65	1,485.23
Service Fee		2,336.76	2,075.54
Signage		3,275.00	1,025.00
Sponsorship		1,818.18	-
Staff Amenities		6,351.07	6,374.79
Staff Training & Development		38,232.93	3,806.94
Staff Uniforms		9,898.70	99.89
Stationery		34,521.10	20,501.40
Superannuation		263,106.59	202,354.60
Telephone Mobiles		39,795.69	22,883.71
Telephone, Fax, Internet		73,834.05	35,911.11
Travel, Accommodation & Meals		678,710.86	484,301.55
Travel Allowance		180,986.61	140,767.85
Venue Fees		29,734.33	9,260.01
Wages & Salaries		2,636,155.31	1,947,069.79
Web Site		471.36	6,845.51
Workcover		29,336.85	4,333.33
Total Expenses		7,915,553.02	4,313,486.40
Operating Surplus/(Deficit)		(310,457.33)	(263,632.65)
NON OPERATING			
Gain/Loss on disposal of asset		(4,464.23)	(4,367.14)
Provision Infrastructure written back	10	228,934.07	-
Previously Expensed Assets Capitalised	8	89,332.10	-
Total Non-Operating		313,801.94	(4,367.14)
Net Surplus/(Deficit)		3,344.61	(267,999.79)
Opening Retained Surplus		160,359.69	216,021.35
CLOSING RETAINED SURPLUS		163,704.30	(51,978.44)

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

	NOTES	2008 \$	2007 \$
CURRENT ASSETS			
Cash	6	3,674,322.51	4,289,351.04
Receivables	7	281,718.71	342,638.67
TOTAL CURRENT ASSETS		3,956,041.22	4,631,989.71
NON CURRENT ASSETS			
Property, Plant & Equipment	8	420,223.54	254,542.43
TOTAL NON CURRENT ASSETS		420,223.54	254,542.43
TOTAL ASSETS		4,376,264.76	4,886,532.14
CURRENT LIABILITIES			
Creditors & Accruals	9(a) (i)	793,322.48	663,557.51
Loans & Borrowings	9(a) (ii)	-	18,225.21
Unexpended Grants Government Departments	9(b)	1,570,002.64	1,726,105.68
Grants/Revenue Received in Advance	9(b) (c)	409,858.82	1,600,205.17
Unexpended Grants Non-Government	9 (c) (i)	103,199.35	-
Unexpended Revenue Self Funded Programs	9 (c) (ii)	318,887.03	-
Unexpended Revenue Members' Support	9 (c) (iii)	13,008.67	-
Provisions	10	904,118.42	650,649.11
TOTAL CURRENT LIABILITIES		4,112,397.41	4,658,742.68
NON-CURRENT LIABILITIES			
Loans & Borrowings	9 (a) (ii)	-	15,343.66
Provisions	10	100,163.05	52,086.11
TOTAL NON-CURRENT LIABILITIES		100,163.05	67,429.77
TOTAL LIABILITIES		4,212,560.46	4,726,172.45
NET ASSETS		163,704.30	160,359.69
MEMBERS FUNDS			
Retained Surplus		163,704.30	(51,978.44)
TOTAL MEMBERS' FUNDS		163,704.30	(51,978.44)

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 1 July 2006	-	216,021.35	216,021.35
Net Surplus/ (Deficit)		(55,661.66)	(55,661.66)
balance as at 30 June 2007	-	160,359.69	160,359.69
Net Surplus/ (Deficit)	-	3,344.61	3,344.61
Balance as at 30 June 2008		163,704.30	163,704.30

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

	NOTES	2008 \$	2007 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers and funding agencies		7,666,015.65	3,837,985.42
Payments to suppliers and employees		8,027,308.84	2,811,564.61
Net Cash provided by (used) in Operating Activities		(361,293.19)	1,026,420.81
 CASH FLOW FROM INVESTING ACTIVITIES			
Loan from Medfin Australia		-	23,309.91
Loan repayments to Medfin Australia		(33,568.87)	(147,442.26)
Proceeds from sale Property, Plant & equipment		-	10,909.09
Payments for property, plant & equipment		(183,046.78)	(83,660.38)
Net Cash provided (used in) investing activities		(216,615.65)	(196,883.64)
 Net Increase/(Decrease) in cash held		 (615,028.53)	 829,537.17
Cash at Beginning of Period		4,289,351.04	3,459,813.87
Cash at end of Period		3,674,322.51	4,289,351.04
 RECONCILIATION OF CASH			
		3,674,322.51	
For the purposes of this Statement of Cash Flows, cash includes:			
i) Cash on Hand		3,674,322.51	4,289,351.04
 Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		3,673,422.51	4,288,951.04
Petty Cash		900.00	400.00
		3,674,322.51	4,289,351.04
 Reconciliation of Cash Flow from Operating Activities			
Operating Surplus/(Deficit)		(310,457.33)	(51,294.52)
 Non Cash Flow in Operating Surplus			
Change in Grants & Revenue Recd. in Advance	9 (b) (c)	(911,354.34)	1,231,914.19
Changes to Provisions Operating	10	460,880.32	8,624.44
Depreciation	8	82,953.23	67,806.00
		(367,520.79)	1,308,344.63
Changes in Assets and Liabilities			
(Increase)/Decrease in Debtors and prepayments		60,919.96	(211,868.33)
Increase/(Decrease) in Creditors and Accruals		255,764.97	(18,760.97)
		316,684.93	(230,629.30)
		(361,293.19)	1,026,420.81

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2008

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Corporations Act 2001. The directors have determined that the company is not a reporting entity.

The report has been prepared in accordance with the requirements of the Corporations Act 2001 and the following applicable Accounting Standards and Urgent Issues Group Consensus Views:

AASB 101:	Presentation of Accounting Statements
AASB 107:	Cash Flow Statements
AASB 108:	Accounting Policies, Changes in Accounting Estimates & Errors
AASB 110:	Events after the Balance Sheet Date
AASB 1031:	Materiality
AASB 1048:	Interpretation & Application of Standards

No other Accounting Standards, Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is also prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

Grants

Revenue grants are disclosed in grant acquittal statements and matched against operating costs. Balances unexpended are carried to unexpended grants current liability. Capital grants are carried to Members Funds only as they are expended.

Income Tax

No income tax is payable as the Company is an exempt organisation under Section 50-10 of the Income Tax Assessment Act 1997.

Property, Plant & Equipment

Property, plant and equipment are brought to account at cost less any accumulated depreciation. The depreciation method used is the diminishing value method of depreciation, in which the assets are depreciated over their useful life.

Employee Entitlements (Refer note 10)

Provision is made for annual leave entitlements that employees accrue each year. This entitlement is brought to account at year-end at the employee's wage at that time plus applicable leave loading entitlements. A provision has been made for Long Service Leave. In accordance with directions from the funding bodies provision for long service leave must be made from the initial date of employment of staff. Superannuation contributions are accrued and charged as wages are paid.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2008

Accumulated Funds

In the event of the winding up accumulated funds will not be distributed to members. The funds are to be distributed to another body incorporated with a similar constitution and objectives as that of the current Company. Otherwise the funds are to be returned to the relevant body, which originally granted the funds to the Company.

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

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

Ms Elizabeth Adams	(Chair Person)
Ms Sheryl Lawton	(Vice Chairperson)
Mr David Baird	(Treasurer)
Ms Janelle Murphy	(Secretary)
Mr Michael White	(Resigned)
Mr Brian Riddiford	(Resigned, formerly Secretary)
Ms Valerie Craigie	
Ms Cassandra Gillies	(Resigned)
Ms Coralie Ober	
Mr Bernie Singleton	
Mr Mark Moore	(Resigned)
Mr Matthew Cooke	
Ms Michelle Hooke	
Ms Stella Taylor-Johnson	

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

(c) The directors received no remuneration from the company during the year.

(d) The board has agreed to pay Goolburri Health Advancement an amount of \$3,333.00 per month to compensate for the time the CEO of Goolburri Health Advancement, Elizabeth Adams spends in her role as QAIHC Chairperson.

2008 **2007**
\$ \$

NOTE 4: Income and Expenditure Statement

(a) Auditor's Remuneration		
Audit Fees	25,000.00	28,000.00
Other Services	8,300.43	3,137.20
	33,300.43	31,137.20
(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	243,436.99	31,166.63
DGR Cheque Account	12,928.53	13,083.49
QAIHC Provision Account	2,920.30	2,762.90
Consultancy Cheque Account	-	2,443.07
AT Call- High Interest Savings	3,414,136.69	4,239,494.95
Petty Cash	900.00	400.00
	3,674,322.51	4,289,351.04

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	274,157.46	342,638.67
Provision for Doubtful Debts	(6,893.22)	-
Other Debtor - Child Protection Program	654.47	-
Rental Bond Deposit	13,800.00	-
	281,718.71	342,638.67

NOTE 8: Property, Plant & Equipment

Motor Vehicles	31,390.10	32,166.10
Less Accumulated Depreciation	(4,708.51)	(4,230.00)
	26,681.59	27,936.10
Plant, Equipment & Furniture	536,615.00	384,721.33
Less Accumulated Depreciation	(233,656.97)	(158,115.00)
	302,958.03	226,606.33
Plant, Equipment & Furniture- Child Protection Unit	121,261.21	-
Less Accumulated Depreciation	(30,677.29)	-
	90,583.92	-
	420,223.54	254,542.43

Property Plant & Equipment expensed in previous years has been capitalised.

	2008 \$	2007 \$
NOTE 9(a) (i): Creditors		
Trade Creditors	251,507.07	180,258.70
Accrued/Committed Expenses	381,643.27	132,961.20
Australian Tax Office GST	80,179.55	208,747.86
Australian Tax Office PAYG Withholding	30,571.91	112,234.10
Payroll Deduction Payable	-	2,493.96
Other Creditors	-	2,434.53
Salary Sacrifice Payable	-	3,000.09
Staff Superannuation Funds	31,858.93	21,427.07
Workcover Payable	17,561.75	-
	793,322.48	663,557.51

NOTE 9(a) (ii): Borrowings

Loan Medfin Australia Pty Ltd- Equipment

Current

Gross Loan	-	12,704.33
Unexpired Interest	-	(59.28)
	-	12,645.05

Loan Medfin Australia Pty Ltd- Motor Vehicle

Current

Gross Loan	-	6,962.52
Unexpired Interest	-	(1,382.36)
	-	5,580.16

Non-Current

Gross Loan	-	16,826.09
Unexpired Interest	-	(1,482.43)
	-	15,343.66

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

	Unexp 2007	Release 2008	Other Income	Expended 2008	c/f Unexp. 30.06.2008	c/f In Advance 30.06.2008	c/f Over-exp 30.06.2008	Over exp w/off 2008
GRANT Receipts								
OATSIH								
Secretariat	-	176,189.61	(76.36)	169,699.99	6,413.26			
Bringing Them Home/ ESWB	-	141,939.00	-	123,765.36	18,173.64			
WIPO	-	113,888.06	-	121,521.73			7,633.67	
SH/BBV Policy Officer	-	112,767.06	-	127,061.10			14,294.04	
Partnership Policy Officer	-	138,583.58	-	161,383.87			22,800.29	
Finance Officer	-	100,000.04	-	89,578.47	10,421.57			
Regional Planning Team Leader	-	127,500.06	-	140,937.72			13,437.66	
Substance Misuse Policy	-	84,944.04	-	90,578.25			5,634.21	
Substance Misuse Member Support	-	86,346.04	-	102,628.34			16,282.30	
Sector Development	-	150,000.08	-	159,664.64			9,664.56	
IT Internal	37,874.00	25,000.00	-	62,874.00				
IT ACCHS	37,874.00	90,000.04	-	102,991.30	24,882.74			
Public Health Medical Officer	2,600.00	160,000.10	3,540.00	175,061.21			8,921.11	
Regional Co-Ordinators	7,806.00	232,000.00	-	220,684.07	19,121.93			
Eye Health Demonstrations	-	45,000.00	-	-		45,000.00		
Finance Workshops	-	156,200.00	-	156,200.00				
AMSANT/QAIHC Workshop	-	21,364.00	-	21,364.00				
Health Service Accreditation	-	96,000.00	-	96,000.00				
Members Support Project Officer	-	110,000.00	3,134.57	106,630.94	6,503.63			
Business Management Training	-	6,644.00	-	-		6,644.00		
AHW Assessors	-	105,033.00	-	-		105,033.00		
Health Information Project	90,906.00	184,016.45	-	219,211.76	55,710.69			
Communicable Disease Education	40,500.00	-	-	37,910.00	2,590.00			
Mt Isa Capacity Building	16,077.00	-	2,999.99	91,300.76			72,223.77	
Cunnamulla Recovery Plan	10,255.00	-	-	8,393.67	1,861.33			
STI/BBV Detection	7,796.00	-	-	455.13	7,340.87			
Workforce Work Group Plan	5,250.00	-	-	(2,059.09)	7,309.09			
HR & People Management	24,812.00	-	-	8,947.13	15,864.87			
Physican's Assistant	3,418.00	-	-	(5,901.38)	9,319.38			
Medical Benefits Project	124,938.00	-	(93.78)	193,917.28			69,073.06	
Executive Development	254,933.00	243,562.50	-	331,659.84	166,835.66			
	665,039.00	2,706,977.66	9,504.42	3,112,460.09	352,348.66	156,677.00	239,964.67	-
QLD HEALTH								
Secretariat	-	198,507.28	-	181,397.93	17,109.35			
Senior Policy Officer	-	11,650.18	-	11,661.41				11.23
Population Health	500,000.00	-	-	344,132.24	155,867.76			
Regional Health Hubs	927,051.00	-	-	-	927,051.00			
Nutrition Activities	38,524.00	101,585.59	-	89,874.50	50,235.09			
Physical Activities	38,524.00	72,562.05	-	84,354.43	26,731.62			
Primary Prevention	-	180,000.00	-	101,772.13	78,227.87			
NGO Chronic Disease	36,020.00	256,186.90	-	188,532.99	103,673.91			
NGO Submission	-	75,000.00	-	59,110.00	15,890.00			
HIV/HEP C & STI Strategy	-	10,000.00	-	-	10,000.00			
QIADP	412,251.00	140,000.00	-	524,571.02	27,679.98			
CHIC Initiative	-	100,000.00	-	-		100,000.00		
Partnership- Regional Forum	-	105,000.00	-	-		105,000.00		
Transition Project	-	85,000.00	-	85,000.00				
CCRE	81,500.00	-	2,688.75	74,732.91	9,455.84			
	2,033,870.00	1,335,492.00	2,688.75	1,745,139.56	1,421,922.42	205,000.00	-	11.23
OTHER DEPARTMENTS								
QLD Child Safety Child Protection	-	904,973.00	-	941,980.56			37,007.56	
QLD Child Safety Residential Service	-	334,360.00	-	144,004.80	190,355.20			
	-	1,239,333.00	-	1,085,985.36	190,355.20		37,007.56	
Communities Human Services	-	15,000.00	-	15,000.00				
Coalition	-	48,000.00	-	30,454.55	17,545.45			
Communities Prevent/Early	-	48,000.00	-	30,454.55	17,545.45			
Intervention	17,500.00	-	-	-	17,500.00			
Communities Shared Delivery Service	17,500.00	63,000.00	-	45,454.55	35,045.45			
Education & Sc. Literacy & Numeracy	1,663.00	-	-	1,012.22	650.78			
DEWR NICP (Cadetship Programme)	5,472.50	-	-	5,472.50				
	2,723,544.50	4,105,469.66	12,193.17	4,909,538.92	1,809,967.31	361,677.00	239,964.67	11.23
Total carried forward to next financial year 9(b)					1,931,679.64			

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

The directors have determined that the Queensland Aboriginal & Islander Health Council Limited is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 10-21, in accordance with the corporations Act 2001 give a true and fair view of the company's financial position as at 30 June 2008 and its performance for the year ended on that date is in accordance with the accounting policies described in Note 1 to the financial statements.
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.

Further, the directors of the company declare that:

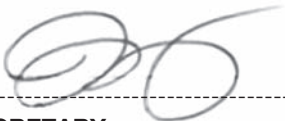
- (i) the Grant Funds provided by Funding Bodies have been used for the agreed
- (ii) purpose as outlined in the Letter of Offer;
- (iii) all terms and conditions of the Grant have been complied with; and
- (iv) where Assets costing over \$5,000 have been acquired with the Grant Funds:
 - adequate insurance cover has been arranged with an approved insurer; and
 - the Assets have been included on an Asset register.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:



CHAIRPERSON

Dated this 25th day of November 2008



SECRETARY

Dated this 25th day of November 2008

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, being a special purpose financial report of Queensland Aboriginal & Islander Health Council Limited, which comprises the balance sheet as at 30 June 2008, and the income statement, statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The company's directors 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 establishing 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 the needs of the members. My audit has been conducted in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan to perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements 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 related to any person other than the members, or for any purpose other than for which it was prepared.

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 judgement, 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.

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

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I declare that the independence declaration required by the *Corporations Act 2001* provided to the directors of Queensland Aboriginal & Islander Health Council Limited on 25 November 2008 would be in the same terms if provided to the directors at the date of this auditor's report.

Auditor's Opinion

In my opinion, the financial report of Queensland Aboriginal & Islander Health Council Limited is in accordance with the *Corporations Act 2001*, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2008 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
- ii. complying with Australian Accounting Standards to the extent described in Note 1 and the *Corporations Regulations 2001*.



PATRICK HOIBERG
CHARTERED ACCOUNTANT
REGISTERED COMPANY AUDITOR - 6298

Dated this 25th day of November 2008

BRISBANE QLD

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CERTIFICATE OF COMPLIANCE

I certify that:

- (i) the Financial Report for the projects for the year ended 30 June 2008, are a true and fair account of the financial transactions and based on proper accounting records.
- (ii) all Assets with a written down value of \$5,000 or more, acquired with Grant Funds, have been insured with an insurer recognised by the Insurance and Superannuation Commission; and
- (iii) the Grant recipient maintains a Register of Assets acquired with Grant Funds where the purchase or construction price of the Asset exceeds \$5,000.00.



PATRICK HOIBERG
CHARTERED ACCOUNTANT
REGISTERED COMPANY AUDITOR - 6298

Dated this 25th day of NOVEMBER 2008

BRISBANE QLD

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
MEMBERSHIP LIST

2007/08

Sheryl Lawton	Charleville & Western District Aboriginal Health Services PO Box 445 Charleville Q 4170
Julie Tongs (Acting)	Aboriginal & Islander Community Health Service Brisbane PO Box 8112 Woolloongabba Q 4102
Merle O'Donnell	Bidgerdii Community Health PO Box 106 Rockhampton Q 4700
Anne-Marie Thompson	Cunnamulla AMS PO Box 231 Cunnamulla Q4490
Elizabeth Adams	Goolburri Health Advancement PO Box 1198 Toowoomba Q 4350
Floyd Leedie	Goondir Health Service PO Box 559 Dalby Q 4405
David Baird	Gurriny Yealmucka Post Office Yarrabah Q 4871
Matilda Middleton	Kalwun Health Service PO Box 3880 Burleigh Town Centre Q 4220
Stella Taylor-Johnson (Acting)	Kambu Medical Centre PO Box 618 Ipswich Q 4305
Rhonda Shibasaki	Aboriginal & Islander Community Health Service – Mackay PO Box 1099 Mackay Q 4740
Sam Raciti	Mudth Niyleta Corporation PO Box 460 Sarina Q 4757

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
MEMBERSHIP LIST

2007/08

Henry Craigie

Injilinj
PO Box 1644
Mt Isa Q 4825

John Spink

North Coast Aboriginal Corporation for
Community Health
PO Box 479
Cotton Tree Q 4558

Jolene Cotterell

Wuchopperen (Formerly)
Yapatjarra Aboriginal Corporation for
Health
PO Box 39
Mt Isa Q 4825

Janelle Murphy

Yulu Burri Ba Aboriginal Corporation
PO Box 154
Dunwich Q 4183

Bruce Simpson

Barambah Regional Medical Service
PO Box 398
Murgon Q 4605

Mathew Cooke

Nhulundu Wooribah
PO Box 5158
Gladstone Q 4689

Cleveland Fagan

Apunipima Cape York Regional
PO Box 2797
Cairns Q 4870

Steven Veava

Korrwainga Aboriginal Corporation
PO Box 230
Harvey Bay Q 4655

Ara Harathunian

Bundaberg Indigenous Wellbeing Centre
PO Box 1963
Bundaberg Q 4670

Michelle Hooke

Girudala Community Co-operative Ltd
PO Box 987
Bowen Q 4805

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
ASSOCIATE MEMBERS

2007/08

Patricia Thompson	AIARS PO Box 7126 Cairns Q 4870
Darryl Kaur	Gumbi Gumbi Aboriginal Corp PO Box 4029 Rockhampton Q 4700
John Close	Goori House PO Box 1186 Cleveland Q4163
Lloyd Kyle	KASH PO Box 2078 Mt Isa Q 4825
John Anderson (Manager)	Ferdy's Haven 30 Coconut Grove Palm Island Q 4816
Michelle Washer	Stagpole Street PO Box 5598 Townsville Q 4810
Lloyd Willie	Milbi Incorporated Health 193 Phillip Nth Rockhampton Q 4701
Yigezu Ergetu	Qld Aboriginal & Islander Alcohol Service PO Box 507 New Farm Q 4005
Victor Minniecon	Wunjuada Corp PO Box 278 Murgon Q 4605
Robert Salam	Yamba Corp for Men PO Box 2693 Bundaberg Q 4670
Ailsa Lively	Gindaja Aboriginal Corp Gindaja C/O Yarrabah Post Office Yarrabah Q 4871

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

**CONSOLIDATED INCOME STATEMENT OFFICE FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH
FOR THE YEAR ENDED 30 JUNE 2008**

	2008	2007
	\$	\$
INCOME		
Unused Grants- Previous Year	665,039.00	416,733.58
OATSIH Funding	2,706,977.66	2,317,675.40
Miscellaneous Income	(76.36)	(367.70)
Members Support Retainer/Fee	4,803.64	-
Facilitation Fees	6,134.56	-
Other Reimbursements	(1,357.42)	1,537.27
	3,381,521.08	2,735,578.55
EXPENDITURE		
Operating Expenses		
Accounting	-	1,537.27
Administration Cost	501,250.00	472,966.00
Advertising	4,394.62	-
Annual Leave Provision	50,439.59	(7,052.26)
Auspice Fund Outside Organisation	60,000.00	-
Catering	10,105.19	16,755.55
Computer Maintenance	88,202.40	3,127.59
Consultancy Fees	566,478.03	367,527.21
Contractor	216,212.65	52,730.97
Couriers	(53.30)	53.30
Depreciation Expense	627.25	-
Dues & Subscriptions	203.64	-
General Expenditure	172.73	5,723.02
Insurance/Registration	313.21	663.90
Lease Equipment	(263.74)	-
Long Service Leave	36,925.58	5,839.07
Meeting Expenses	19,665.49	7,055.66
Members Reimbursement	872.96	-
Mobile Phones	7,379.47	6,222.64
Motor Vehicle Expenses	7,362.49	7,588.42
Motor Vehicle Leases	8,806.39	6,184.11
Office Equipment	84.54	280.00
Parking and Tolls	610.58	532.21
Postage & Freight	-	156.78
Printing	11,018.11	1,270.88
Promotions	6,392.62	2,000.00
Recruitment Costs	7,071.99	9,400.00
Registration Fees	12,945.87	3,890.27
Rent	7,916.65	-
Resource Library	1,222.01	1,898.41
Retainer Fee - Member Org	22,097.50	-
Staff Amenities	7.30	-
Staff Training & Development	3,104.00	-
Staff Uniforms	1,279.70	-
Stationery	649.28	289.76
Superannuation	93,198.22	76,367.81
Telephone/Fax/Internet	290.75	349.68
Sub-Total	<u>1,746,983.77</u>	<u>1,043,358.25</u>
Operating Expenses Continued		
Sub-Total	1,746,983.77	1,043,358.25
Travel Allowance	90,429.13	46,211.54
Travel, Accommodation & Meals	321,190.20	267,321.39
Venue Fees	17,362.50	21,669.38
Wages & Salaries	929,526.86	731,148.86
Workcover	6,104.45	-
Total Operating Expense	3,111,596.91	2,109,709.42
Capital Purchases		
Computer/ Office Equipment	863.18	9,061.81
	<u>3,112,460.09</u>	<u>2,118,771.23</u>
Surplus/(Deficit)	<u>269,060.99</u>	<u>616,807.32</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QUEENSLAND HEALTH
FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
	\$	\$
INCOME		
Unused Grants- Previous Year	1,106,819.00	5,342.18
QLD Health Funding	1,335,492.00	1,547,151.00
Other Reimbursements	2,688.75	-
	<u>2,444,999.75</u>	<u>1,552,493.18</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	499,500.00	175,000.00
Advertising	-	-
Annual Leave Provision	31,347.12	1,536.97
Auspice Fund Outside Organisation	60,000.00	-
Bonds Paid	10,500.00	-
Catering	1,125.72	402.18
Cleaning	1,040.07	-
Computer Maintenance	1,380.45	852.50
Consultancy Fees	128,642.16	82,206.29
Contractor	30,566.67	498.86
Depreciation Expense	627.26	-
Dues & Subscriptions	850.36	622.73
General Expenditure	222.68	87.49
Insurance/Registration	313.20	281.85
Lease Equipment	(263.72)	-
Long Service Leave	9,614.09	1,083.30
Meeting Expenses	6,532.19	455.34
Mobile Phones	2,997.75	3,620.58
Motor Vehicle Expenses	4,981.37	3,704.68
Motor Vehicle Leases	12,473.38	497.12
Office Equipment	3,381.63	-
Other Expenses	(1,032.38)	-
Parking and Tolls	786.24	147.52
Postage & Freight	360.57	30.00
Printing	1,263.50	110.23
Promotions	1,980.00	-
Recruitment Costs	8,101.81	(112,359.09)
Registration Fees	4,429.54	-
Rent	39,975.75	-
Repairs & Maintenance Building	672.73	-
Resource Library	45.46	218.14
Retainer Fee - Member Org	20,000.00	-
Staff Amenities	103.60	-
Staff Training & Development	6,309.09	-
Stationery	2,045.12	-
Superannuation	63,573.22	29,041.90
Telephone/Fax/Internet	1,502.46	2,725.96
Sub-Total	<u>955,949.09</u>	<u>190,764.55</u>
Operating Expenses Continued		
Sub-Total	<u>955,949.09</u>	<u>190,764.55</u>
Travel Allowance	20,951.03	11,852.86
Travel, Accommodation & Meals	99,781.35	54,753.55
Venue Fees	463.63	-
Wages & Salaries	646,285.21	279,076.00
Workcover	3,873.78	-
Total Operating Expense	<u>1,727,304.09</u>	<u>536,446.96</u>
Capital Purchases		
Computer/ Office Equipment	17,835.47	5,000.00
	<u>1,745,139.56</u>	<u>541,446.96</u>
Surplus/(Deficit)	<u>699,860.19</u>	<u>1,011,046.22</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT CHILD PROTECTION FUNDING
FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
	\$	\$
INCOME		
Dept of Child Safety Funding	1,239,333.00	606,159.00
Members Support Retainer/Fee	-	180.00
	<u>1,239,333.00</u>	<u>606,339.00</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	221,552.41	180,000.00
Advertising & Signage	-	1,201.00
Annual Leave Provision	32,239.89	(1,412.31)
Bonds Paid	3,300.00	-
Catering	1,271.45	3,287.17
Cleaning & Waste Removal	155.43	1,760.51
Computer Maintenance	2,266.34	3,514.58
Consultancy Fees	112,910.31	4,500.00
Contractor	45,750.18	-
Dues & Subscriptions	-	500.00
Electricity	3,170.82	2,688.10
General Expenditure	665.70	383.45
Household Accessories	2,559.10	-
Lease Equipment	-	2,106.08
Legal Fees	6,593.05	1,612.45
Long Service Leave	19,369.72	(2,012.50)
Meeting Expenses	2,636.07	439.59
Mobile Phones	3,207.06	2,870.01
Motor Vehicle Expenses	1,610.79	3,483.31
Motor Vehicle Leases	8,516.30	8,426.03
Office Equipment	873.00	2,660.18
Parking and Tolls	606.57	487.46
Postage & Freight	(1,707.31)	259.90
Printing	-	353.80
Recruitment Costs	2,094.06	-
Registration Fees	2,863.64	-
Removals & Storage	2,395.45	552.00
Repairs & Maintenance- Building	219.09	2,618.28
Rent	92,882.46	46,241.19
Resource Library	243.78	-
Retainer Fee - Member Org	80.00	-
Security	74.36	577.55
Staff Amenities	577.10	1,425.33
Stationery	243.94	3,683.20
Superannuation	36,357.48	29,020.42
Telephone/Fax/Internet	18,740.03	2,745.64
Sub-Total	<u>624,318.27</u>	<u>303,972.42</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT DEPARTMENT OF COMMUNITIES
FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
	\$	\$
INCOME		
Unused Grants- Previous Year	17,500.00	-
Dept Communities Funding	63,000.00	17,500.00
	<u>80,500.00</u>	<u>17,500.00</u>
EXPENDITURE		
Operating Expenses		
Consultancy Fees	45,454.55	-
Total Operating Expense	<u>45,454.55</u>	<u>-</u>
Surplus/(Deficit)	<u>35,045.45</u>	<u>17,500.00</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT WADAO TRAINING
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
INCOME		
Unused Grants- Previous Year	23,443.66	63,669.72
WA - QISMIC Funding	96,423.62	120,533.32
Miscellaneous Income	-	1,013.29
Other Reimbursements	32,448.64	27,820.93
	152,315.92	213,037.26
EXPENDITURE		
Operating Expenses		
Accounting	-	-
Administration Cost	28,750.00	30,000.00
Annual Leave Provision	(885.25)	5,009.74
Catering	3,640.50	1,134.37
Computer Maintenance	-	1,289.08
Consultancy Fees	6,635.87	-
Contractor	-	-
Couriers	-	-
General Expenditure	190.88	-
Insurance/Registration	-	-
Long Service Leave	1,360.84	1,232.90
Meeting Expenses	-	1,297.81
Mobile Phones	-	-
Motor Vehicle Expenses	-	-
Motor Vehicle Leases	-	-
Office Equipment	83.86	625.00
Parking and Tolls	47.28	-
Postage & Freight	30.00	87.22
Printing	51.05	-
Promotions	-	-
Recruitment Costs	-	-
Registration Fees	172.73	1,172.73
Resource Library	(284.55)	1,486.83
Security	14.00	-
Staff Training	-	395.00
Stationery	103.77	85.16
Superannuation	4,773.08	7,132.92
Telephone/Fax/Internet	-	-
Travel Allowance	21,091.80	30,551.00
Travel, Accommodation & Meals	41,067.55	51,743.31
Venue Fees	500.00	5,384.27
Wages & Salaries	45,058.53	66,275.29
Total Operating Expense	152,401.94	204,902.63
Capital Purchases		
Computer/ Office Equipment	2,409.00	3,357.31
	154,810.94	208,259.94
Surplus/(Deficit)	(2,495.02)	4,777.32

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT MONASH CCRE
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
INCOME		
Unused Grants- Previous Year	-	55,904.27
Miscellaneous Income	-	645.27
Monash University Funding	346,009.00	173,004.50
QUT	-	167,170.00
	346,009.00	396,724.04
EXPENDITURE		
Operating Expenses		
Administration Cost	53,000.00	30,000.00
Advertising	2,262.10	410.00
Annual Leave Provision	5,434.27	2,520.99
Catering	574.96	863.45
Cleaning & Waste Removal	-	8.66
Computer Maintenance	(62.50)	1,159.44
Consultancy Fees	18,914.98	12,420.00
Contractor	2,000.00	2,727.27
Dues & Subscriptions	(322.73)	-
Electricity	-	231.76
General Expenditure	-	7.64
Legal Fees	-	8,188.39
Long Service Leave	3,956.78	(2,625.48)
Meeting Expenses	1,319.09	570.47
Mobile Phones	2,602.71	2,006.15
Motor Vehicle Expenses	4,039.01	1,308.59
Motor Vehicle Leases	8,600.97	5,686.92
Office Equipment	205.89	-
Parking and Tolls	44.55	87.28
Postage & Freight	-	28.68
Printing	-	222.22
Promotions	1,500.00	139.36
Provision for Scholarship	72,618.00	138,654.00
Recruitment Costs	-	4,180.85
Registration Fees	1,945.45	1,959.09
Removals & Storage	3,034.18	-
Repairs & Maintenance- Building	-	160.00
Staff Amenities	-	271.82
Stationery	114.82	102.63
Superannuation	11,069.21	14,242.12
Telephone/Fax/Internet	(327.35)	1,472.16
Sub-Total	192,524.39	227,004.46
Operating Expenses Continued		
Sub-Total	192,524.39	227,004.46
Travel Allowance	1,838.30	8,245.90
Travel, Accommodation & Meals	8,312.91	30,255.37
Wages & Salaries	137,513.91	138,774.73
Workcover	903.09	-
Total Operating Expense	341,092.60	404,280.46
Capital Purchases		
Artwork	1,090.91	-
Computer/ Office Equipment	1,400.01	-
Furniture & Fittings	2,819.09	-
	5,310.01	404,280.46
Surplus/(Deficit)	(393.61)	(7,556.42)





QAIHC

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