

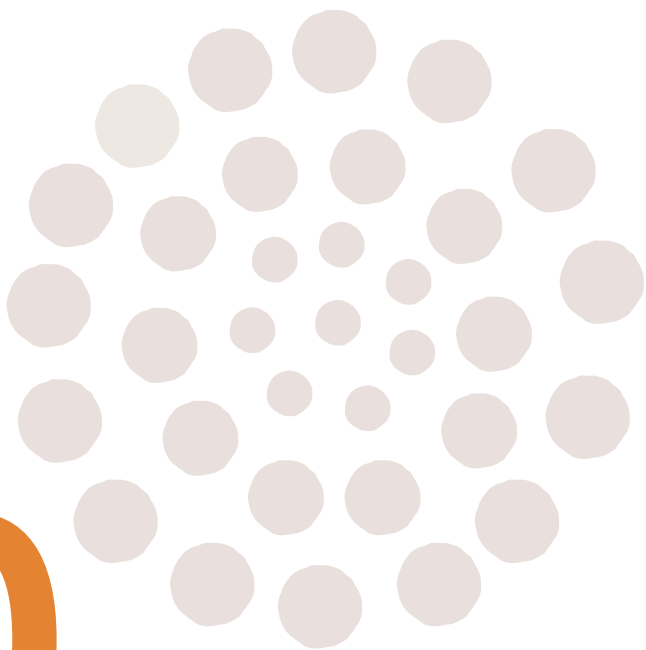


changing landscapes

Annual Report 2007



Queensland Aboriginal and Islander
Health Council



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We are all visitors
to this time, this
place. We are just
passing through.
Our purpose here is
to observe, to learn,
to grow, to love...
and then we return
home.

ABORIGINAL PROVERB

About QAIHC.

QAIHC is the state's peak body representing, advocating and supporting Queensland's Community Controlled Health Services (CCHS) sector in delivering comprehensive, primary health care solutions to their communities

The CCHS sector is made up of a number of member organisations, all sharing a passion and commitment in addressing the unique health care needs of their communities through specialised, comprehensive and culturally appropriate care.

QAIHCs commitment extends nationally through its close affiliation and board membership with the National Aboriginal Community Controlled Health Organisation (NACCHO).

The QAIHC Board is governed by a Board of Management comprising of an elected representative from each of the ten QAIHC regions, plus an Honorary Chairperson.

Our Membership is open to Aboriginal and Islander CCHS in Queensland and currently comprises of 21 services, operating throughout urban, rural, regional and remote Queensland.

QAIHC also has some 11 Associate member Organisations.

The primary role of QAIHC is to represent members of the CCHS sector to collectively promote, develop and expand the provision of health services through:

Advocacy: QAIHC is a vital link between Queensland's CCHS sector and government, non government, media and community organisations.

Representation: QAIHC is the voice of the CCHS sector, listening, responding to and actioning the needs of its members and their communities.

Support: QAIHC supports its member organisations through assistance in the planning, development and provision of comprehensive primary health care services to their communities.

Partnerships: QAIHC identifies, creates and strengthens relationships with government, corporations, community bodies and other health service providers by providing education regarding Aboriginal and Torres Strait Islander people's health issues, challenges and solutions.

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.

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 works closely with the Community Controlled Child Protection Sector in Queensland to address over-representation of Aboriginal and Torres Strait Islander children and young people in the Queensland child protection system. QAIHC auspices the operation of the peak body for the Sector, the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP).

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

Our commitment is to Aboriginal and Torres Strait Islander peoples and their health and cultural wellbeing.

Chairperson's Report.

ELIZABETH ADAMS



I am pleased to present the Annual Report for the Queensland Aboriginal & Islander Health Council (QAIHC) for the 2006/2007 Year, my first as Chairperson.

This Year was a historic year for QAIHC and Aboriginal and Torres Strait Islander peoples throughout Australia, marking the forty year (40th) Anniversary of the 1967 Referendum and ten (10) years since National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families (the Stolen Generations). The year ended with a potentially equally significant event in the history of Aboriginal and Torres Strait Islander Affairs with the Australian Government's announcement of its intent to 'intervene' in the Northern Territory to address child protection and related issues in remote Aboriginal communities. This decision represented a major policy shift and sharpened the focus of all governments on these issues, particularly in Queensland with its continued implementation of reforms to its child protection system.

The 2006/2007 proved significant also for the Community Controlled Health Sector in Queensland, with continued implementation of historic reforms to Queensland's health system. These reforms continue to drive transformation of the health system in Queensland into 2008 and represent an important opportunity for the Community Controlled Health Sector to forge a new and meaningful relationship with the Queensland Government to ensure the availability of comprehensive health care for Aboriginal and Torres Strait Islander peoples throughout Queensland.

The health problems that our communities face and the care our communities require are complex and multifaceted. Responding 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 2006/2007 year as it continued to enhance its capacity to support sector development. In response to increasing health disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Queenslanders, QAIHC commenced work with Members on development and implementation of whole of population health and disease prevention programs aimed at empowering individuals and families to adopt health lifestyle choices. These programs will go beyond the four (4) walls of our clinics to empower and positively influence individual, family and community behaviour. This work is being led by our QAIHC Population Health Unit.

QAIHC continue to develop and support evidence-based approaches to the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islander peoples, focussing increased effort and resources at supporting Members to document the impact their approaches on improving health outcomes

within their communities and translating good practice models to other health services. Building the evidence on the impact of our Sector is critical to mounting the case for the rapid and significant increase in funding required to achieve and sustain health improvement within our communities. Work on building and translating the evidence base is being supported by our Centre for Clinical Research Excellence (CCRE) and research partners.

QAIHC recognises that realization of our vision of eliminating health disparities is dependent on the combined efforts of the Sector and its partners. In 2006/2007 QAIHC therefore sought to strengthen and expand partners critical to achieving its mission. QAIHC also sharpened its policy and advocacy agenda on the systemic barriers which prevent Aboriginal and Torres Strait Islander peoples from accessing health care and other support necessary for good health and well-being.

In recognition of the importance of good corporate governance to the effective operation of Community Controlled Health Services (CCHSs), the QAIHC Board continued implementation of its governance development program. In 2006/2007 QAIHC Board undertook corporate governance training and reviewed and revised its Corporate Governance Charter. To ensure QAIHC Secretariat has the capacity to support continued growth, QAIHC Board also oversaw the review of corporate policies and procedures.

QAIHC and the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership continued throughout 2006/2007 to ensure a strong and united voice to Government on implementation of reforms to Queensland's child protection system. QAIHC continued to deliver its Member Support Program to Community Controlled Child Protection Services. Significant progress was also achieved in 2006/2007 with development of an independent peak body for the Community Controlled Child Protection Sector in Queensland and development of a plan for transition of functions from QAIHC to the new body, scheduled to occur at end December 2008.

In the 2006/2007 Year QAIHC Membership grew to 22 Community Controlled Health Organisations with Member endorsement at last year's AGM to extend QAIHC Membership to the Girudala Community Co-operative Society Ltd in Bowen, North Queensland and the 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 dedication and commitment to QAIHC and the Community Controlled Health Sector in Queensland. In particular, QAIHC Deputy Chairperson, Ms Sheryl Lawton, who provided valuable assistance and guidance during my first year as Chairperson. I would also like to take this opportunity to acknowledge the work of my predecessor, Ms Rachel Atkinson, who provided great leadership for the Sector during her term as Chairperson and oversaw considerable growth within QAIHC Secretariat. Finally, I wish to thank QAIHC Chief Executive Officer, Mr Adrian Carson, and Secretariat staff for their continued work and dedication to support our Sector to improve health outcomes for our communities.

CEO's Report.

ADRIAN CARSON

The 2006/2007 Year presented a number of challenges for QAIHC as it continued to manage growth and diversifications within QAIHC Secretariat while also responding to the significant changes within the Aboriginal and Torres Strait Islander affairs and broader health policy environments.

During this time QAIHC continued to pursue the development of a policy framework for the transfer of primary health care services delivered and managed by Queensland Health and other mainstream providers to community control. Work to date has been focussed on transition within Cape York and Yarrabah where agreements have been negotiated with both Queensland and Australian Governments to transition health services and resources to Apunipima Cape York Health Council (Cape York) and the Gurriny Yealmucka Health Service (Yarrabah). These agreements also commit governments to reform of health financing arrangements, with promises to develop and implement 'funds pooling' model to enable greatly flexibility in application of resources and services and reduce reporting burden on Community Controlled Health Services. To inform these negotiations, QAIHC commissioned the University of Wollongong to undertake a study to both determine the most appropriate funds pooling model to be applied to these Regions and calculate the level of public funding necessary to implement transition in a way that achieves both increased utilisation and improved health outcomes across the continuum of care.

QAIHC continued also to support Member Organisations with delivery of practical support spanning the development and review of strategic plans, business plans and Service Development Reporting Framework (SDRF) Action Plans; development of corporate policies and procedures; development and implementation performance management systems, including staff appraisals; business and organisational restructuring; time-bound, on-site targeted assistance in budgeting and financial management; and service development. QAIHC delivered comprehensive organisational development assistance to some twelve (12) Member Organisations in 2006/2007.

QAIHC also delivered some nine (9) finance workshops in 2006/2007, attended by over 90 participants at each Workshop. These workshops were delivered in collaboration with the Office of Aboriginal & Torres Strait Islander Health (OATSIH) and involved ALL OATSIH funded Organisations in Queensland. Workshops convened in 2006/2007 addressed key issues impacting on the operation of these organisations, including changes to FBT/Tax Law, amendments to OATSIH Funding Agreement, preparation of Annual/OATSIH Budgets, changes to Employment/IR Law, new/additional requirements of Auditors, and the new Corporations (Aboriginal & Torres Strait Islander) Act 2006 (CATSI Act). In 2006/2007 QAIHC formalised the Network created at these workshops, forming the Queensland Indigenous Health Finance Network (QIHFN) – a Network of Chief Executive Officer's (CEOs), Finance Officers and other staff committed to enhancing reporting and regulatory performance and compliance of funded Organisations.

In recognition of the importance of our partners to achieving QAIHC's vision of eliminating health disparities, QAIHC focussed effort in 2006/2007 on strengthening partnerships with key organisations in Queensland, including:

- Queensland Divisions of General Practice (now General Practice Queensland);
- Queensland (GP) Aboriginal & Torres Strait Islander Health Alliance;
- Queensland AIDS and Hepatitis Councils; and
- Link Up Queensland – negotiation and execution of MoU to work collaboratively to address the needs of Stolen Generations in Queensland.

In 2006/2007 QAIHC continued to provide support to Bringing Them Home (BTH) Counsellors employed within Member and non-Member Organisations throughout Queensland. QAIHC convened Annual BTH Workshop in September

2006, attended by BTH Counsellors and Regional Centres for Emotional & Social Well-Being. It also developed an implementation plan for the National Social & Emotional Well-Being Framework 2005-2009 and utilised this plan to inform roll-out of COAG Mental Health Initiatives in Queensland in 2006/2007, in addition to findings/recommendations of a review of Mental Health AND Emotional & Social Well-Being Services provided by Member Organisations.

QAIHC continued work in 2006/2007 with consortium partners to further develop and implement the CCRE Research Program - consortium partners included: University of Queensland (UQ); Queensland University of Technology (QUT); James Cook University (JCU); National Heart Foundation; and the University of Wollongong (UW). It continued to provide support to Member Organisations with implementation of the Commonwealth's Healthy for Life Initiative. QAIHC successfully tendered to undertake the role of 'facilitator' for Health for Life sites in Queensland. This work was supported by the findings of an earlier review of child & maternal health services delivered by QAIHF/QAIHC Member Organisations undertaken by Dr Cindy Shannon and Dr Katie Panaretto to support development of Healthy for Life proposals.

In 2006/2007 QAIHC implemented the MBS Project, recruiting a dedicated an MBS Project Officer on a secondment basis from Medicare Australia in late 2006. QAIHC undertook site visits with all Members and considerably progressed implementation of MBS Improvement Plans. Data from Medicare Australia clearly demonstrates the impact of the QAIHC MBS Project on improving access to MBS, with recent figures reporting a doubling of MBS income for Indigenous specific MBS Item Numbers in Queensland in the 2006/2007 Year.

QAIHC continued to strengthen its strategic alliance with the Torres Strait Regional Health Authority (TSRA), aimed at strengthening the relationship between the mainland Partnership and the Torres Strait Health Partnership. QAIHC and the TSRA identified joint priorities and committed to working collaboratively to advocate for reform of health systems. In particular, the TSRA identified the

transfer of primary health care services (currently operated by Queensland Health) to community control as a key priority.

QAIHC secured funds for the ongoing employment of a Substance Misuse Policy Officer and a Queensland Indigenous Substance Misuse Council (QISMC) Member Support Officer within QAIHC Secretariat in 2006/2007. QAIHC and QISMC have also played a key role in implementation of the Queensland Government's Queensland Indigenous Alcohol Diversion Program (QIADP), QAIHC facilitated the development of an operational manual and secured resources to lead community engagement in the five (5) pilot sites, this work will continue into the 2007/2008 Year.

QAIHC and our partners in the Community Controlled Child Protection Sector continued our work in 2006/2007 to address over-representation of Aboriginal and Torres Strait Islander children and young peoples in Queensland's child protection system. In particular, QAIHC and the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership (QATSICPP) focussed effort on improving 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 2007/2008 and beyond, with QAIHC committed to supporting the transfer of QTSICPP to its own separate/independent peak body by the end of the 2007/2008 Year.

In closing I wish to thank the QAIHC Board for their ongoing assistance and guidance in 2006/2007. In particular, QAIHC Chairperson Ms Elizabeth Adams and QAIHC Deputy Chairperson Ms Sheryl Lawton. The continued growth of QAIHC is a testament to both the strong leadership of the QAIHC Board and the support the organisation receives from its Membership. I wish therefore to thank QAIHC Members for their continued support of QAIHC Secretariat and acknowledge their commitment and dedication to improving health outcomes within Aboriginal and Torres Strait Islander communities throughout Queensland. I wish also to thank QAIHC Secretariat staff for their tireless work and dedication throughout the 2006/2007 Year.



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)

Ms Rachel Atkinson
Chairperson

Director South West Region
Chief Executive Officer, Townsville Aboriginal &
Islander Health Service (TAIHS)

Mr David Baird
Secretary

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

Mrs Amy Lester

Director Central Region
Board Members, Bidgerii Community Health
Service

Mr Brian Riddiford

Director South West Queensland
Secretary
Chief Executive Officer Goondir Health Services

Mr Michael White

Director Central Queensland
Chief Executive Officer Bidgerdii Community
Health

Ms Valarie Craigie

Director North West Region

Mr Mark Moore

Director Metropolitan
Chief Executive Officer AICHS Brisbane



10 Board of Directors.

QAIHC Membership

QAIHC Members 30th June 2007

Gurriny Yealmucka Health Service
Goolburri Dental Service
TAIHS
Charleville & Western Districts Corp for Community Health
AICHS Brisbane Ltd
Kambu Medical Centre
Yulu Burri Ba
Kalwun Health Service
Nhulundu Wooribah
Goondir Health Service
Bidgerdii Community Health
Barambah Regional Medical Service
Apunipima Cape York Health Council
Korrawinga Aboriginal Corporation
AICHS MacKay
Yapatjarra AMS
Mudth Niyleta Corp
Injilinjji YHS
Cunnamulla PHCC
NCACCH



The focus of the QAIHC CCRE is the prevention and management of circulatory and associated diseases in urban Aboriginal and Torres Strait Islander populations.

CCRE'S Report.

Governance 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 National Health and Medical Research Council (NHMRC) grant. This Service Agreement had previously been held with the Queensland University of Technology, however was transferred over to Monash University in early 2007. The QAIHC CCRE is midway through the five-year funding grant provided by the National Health and Medical Research Council (NHMRC).

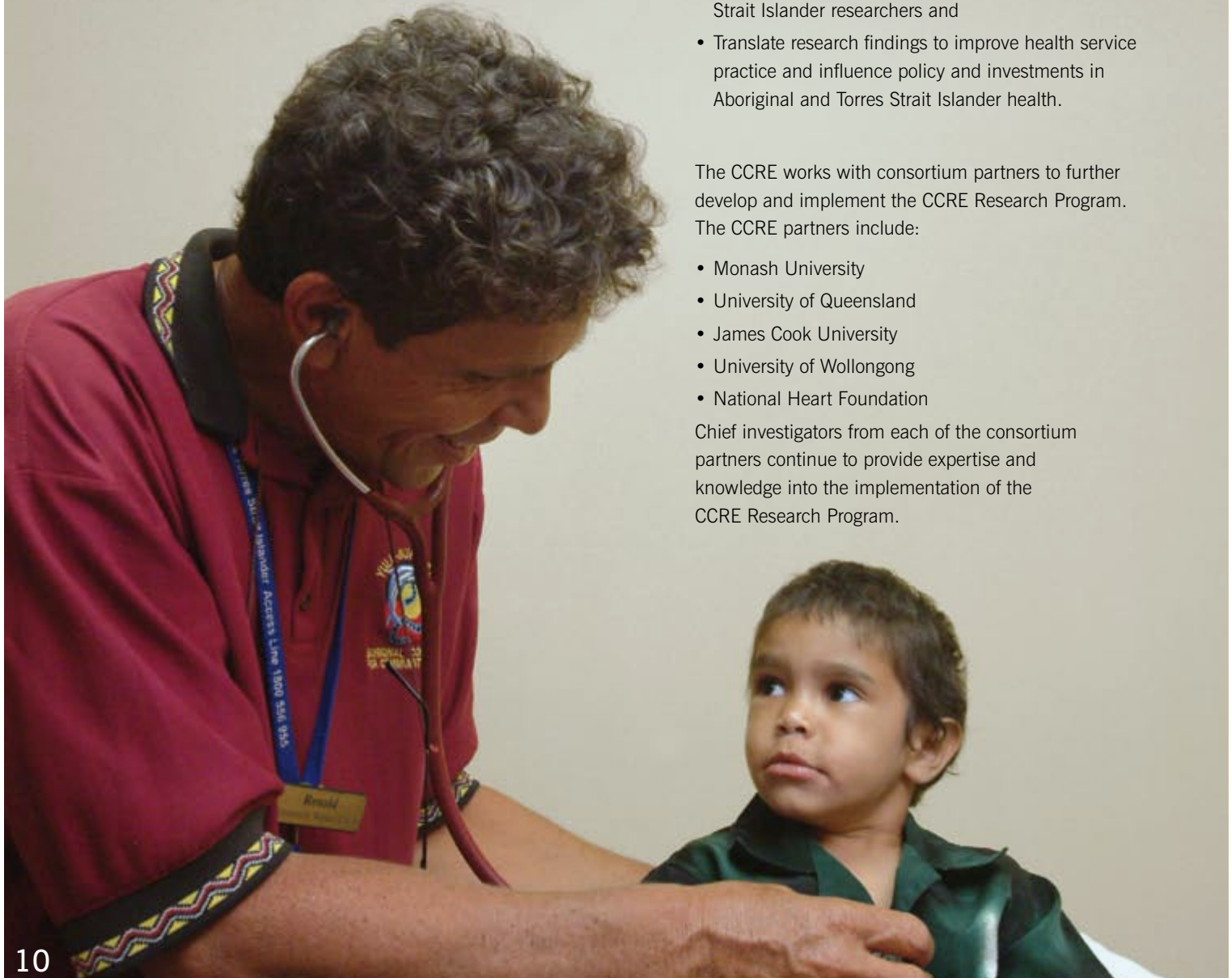
The objectives of The CCRE include:

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

The CCRE works with consortium partners to further develop and implement the CCRE Research Program. The CCRE partners include:

- Monash University
- University of Queensland
- James Cook University
- University of Wollongong
- National Heart Foundation

Chief investigators from each of the consortium partners continue to provide expertise and knowledge into the implementation of the CCRE Research Program.



3

additional staff to build and develop CCRE research initiatives

Success Stories

In 2006/2007, the key achievements for the CCRE included securing funding from Queensland Health and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to undertake a range of research initiatives in identified priority areas, which will contribute to the current evidence base regarding chronic disease prevention and management within the CCHS.

Along with significant growth in the number of projects, the CCRE has also experienced an increase in staffing. Additional positions now include two Chronic Disease Coordinator positions (funded through the QLD Chronic Disease Strategy 2005-2015) and a Senior Research Officer (funded through the Primary Prevention and Capacity Building Project).

In addition to the staff, the CCRE now also hosts an NHMRC Post-Doctoral Research Fellow and two Postgraduate students (funded under the CCRE Scholarships Scheme), who are located in Brisbane and Cairns respectively.

Challenges

The key challenge for the CCRE in 2007/2008 is to consolidate the implementation of the current research program while continuing to support and strengthen the capacity of health services to participate in and incorporate research and quality improvement initiatives into core business areas.

The CCRE recognises health services operate within a complex environment with health service participation and ownership critical to the success of service-based research initiatives. In order to support the ongoing involvement of such services, the CCRE will commit resources to three services through the Community Practice Network (CPN). The CPN aims to develop an integrated program of clinical research, training and service delivery. It is anticipated that the CPN will be implemented and operational by late 2007.

In continuing to implement the CCRE Research Program, it is imperative for the unit to foster and maintain strong relationships with health services.

Future Directions

The future focus for the CCRE is the ongoing development and implementation of the funded research projects. These projects include:

Health Information Project

- To improve the quality, utility and value of clinical information and information systems
- To build capacity within the sector for the ongoing analysis, monitoring and reporting of health data.

Primary Prevention and Capacity Building Project

- To develop, implement and evaluate a model of primary prevention (nutrition and physical activity) care for Aboriginal and Torres Strait Islander peoples across three sites in southern Queensland, which is developed by building the capacity and sustainability of local and regional activity and service delivery.

Time to Quit

- To build on existing work within Queensland and develop and trial a sustainable quit smoking intervention program in Indigenous households with adults of child bearing age.

Clinical Guidelines Project

- To improve the prevention and management of circulatory diseases in urban Indigenous adults through the implementation, monitoring and evaluation of existing clinical guidelines.

Health Service Profiling

- To develop a profile of Health Services that includes the related chronic disease prevention and management activities and programs.
- To improve the uptake of physical activity for postnatal Aboriginal and Torres Strait Islander women (PhD Student Project)
 - To understand the factors that influence physical activity participation of postnatal women in order to inform the development, implementation and evaluation of interventions that seek to improve physical activity levels within this group.
- Preliminary evaluation of WuChopperan Health Service Social and Emotional Wellbeing Clinic (Masters Student Project)
 - To develop and conduct a preliminary evaluation of the WuChopperan Health Service Social and Emotional Wellbeing Clinic
- Understanding and improving access to and utilisation of health services relevant to the management and prevention of circulatory disease (NHMRC Post-Doctoral Fellowship Program).

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 team is funded through a range of funding grants and some key focus areas reflect the funding agencies priorities. Current positions are organised around the provision of general policy advice, substance misuse, general practice and the policy and secretariat support for the Queensland Aboriginal and Torres Strait Islander Health Partnership. Additional positions have been secured to support transition to community control project and the Medical Benefits Scheme (MBS) project implementation.

Success Stories

Queensland Aboriginal and Torres Strait Islander Health Partnership

- Heavy involvement in the implementation of the audit findings, which were endorsed at the Partnership Meeting in October 2006. The audit report recommended a comprehensive review of committees and a refocusing of partnership activities towards a more manageable number of priorities.
- Redrafting of the Strategic Directions Statement for the Partnership and was responsible for developing the Workforce Work Plan and the Improving Access to Health Services and Capacity Building Work Plan, which focuses on the Regional Health Forums
- Funding was secured from the Department of Health and Ageing for the conduct of a study by the Mt Isa Centre for Rural and Remote Health (MICRRH) at James Cook University to explore the application of the Physician Assistant Model to the CCHS.
- Working alongside partners to develop a state-wide approach to transition issues
- Commissioning of the University of Wollongong to undertake a study in Queensland of three member services. The study involved examining the funding required to adequately resource the healthcare needs of Aboriginal and Torres Strait Islander patients. Study results will inform QAIHC in its negotiations with funding bodies for appropriate support for services, and is an important contribution to the health sector's understanding of the resources required to change the health outcomes for Aboriginal and Torres Strait Islander people.

'06

audit findings

implemented and endorsed

Report.

ANNE TURNER

Supporting transition to community control and an increasing focus on advocacy and lobbying.



4 new positions

to support Queensland Indigenous Alcohol Diversion Programme (QIAD)



COAG Mental Health Reform

- Supported implementation of the COAG Mental Health Reforms in Queensland, with council participating in the COAG Working Group and the Rural and Remote Sub-committee
- Identified key issues related to the accessibility of new program opportunities to Aboriginal and Torres Strait Islander communities, and the procurement of providers for new programs
- Produced a report which assessed the current mental health program status of member services and provided a series of recommendations for service development.

Substance Misuse

- Developed the policy and procedures manual for the Queensland Indigenous Alcohol Diversion Program (QIADP) and facilitating community engagement and consultation around the program's implementation
- Secured funding for four positions to support QIADP implementation
- Continued to support the Queensland Indigenous Substance Misuse Council (QISMC) and was able to negotiate with Professor Dennis Grey of Curtin University for a best practice study of QISMC member services. This study will support QISMC members in their funding and program reform agenda. In addition, QAIHC was successful in negotiating a position to provide member support to QISMC.

General Practice

- Implementing the findings of the MBS modelling study completed by Dr Katie Panaretto in November 2005, which have concentrated on:
 - improving a range of billing practices
 - improving revenue received from HIC
- educating clinical and administrative personnel as to new items, claiming procedures, work organisation and best practice.
- Training 30 health care staff in the Australian Medical Association -Queensland Branch (AMAQ) Medical Reception Course.



Advocacy

- Profiling opportunities to position QAIHC as a reform advocate. For example, QAIHC's Chairperson presented a key-note address at the Queensland Council of Social Service (QCOSS) conference in March 2007, as well as other presentations by Board members
- Partnering with Oxfam in the national 'Close the Gap' campaign, with QAIHC hosting the Queensland launch in April 2007
- Hosting the inaugural meeting of a new coalition of Aboriginal and Torres Strait Islander human services agencies, with the team facilitating the initial workshop and securing funding from the Department of Communities for the development of a business case to support the coalition in the future
- Presenting the then Minister for Communities with a future directions statement and an action road map in June 2007 in response to the child protection issues in the Northern Territory.

Quality and Safety

- Working with the Department of Health and Ageing (DoHA) to develop a Queensland-specific initiative in this area. The team was successful in securing funding from DoHA to assess the readiness of the community controlled sector, both health services and substance misuse services, to adopt quality and accreditation regimes.

Future Directions

2007-2008 will see the Policy and Advocacy team providing support across a range of priority areas, including transition to community control, increased focus on advocacy and lobbying, a greater emphasis on supporting policy collaboration in workforce, member support, cultural safety and health reform.

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.

The Community Controlled Child Protection Sector has formed the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (the Partnership) and has been operating under the auspice of QAIHC over the past two years.

With the support of QAIHC, the Partnership has had significant input into reforms in child protection as they impact on Aboriginal and Torres Strait Islander children and young people, their families and communities.

Both QAIHC and the Partnership are striving toward ensuring the issue of child safety is linked closely to overall health and wellbeing of Aboriginal and Torres Strait Islander families and communities for children and young people to be physically safe, live in a supportive environment and cared for by their families.



Child abuse and neglect are often associated with complex social and personal factors. Neglect and abuse result in health issues such as malnutrition, social and emotional difficulties, mental health problems, substance misuse and poor child development and growth milestones.

Neglect is the main reason for child protection intervention – poor health outcomes are primary concern. Future opportunities available in Health Services include:

- Medical services offering ideal non-stigmatising ways to provide universal services focusing on child well being
- Providing health checks for all children in care
- Accessing counselling services via Medicare may ensure more children can access vital counselling to address issues arising from abuse and family breakdown
- Other linkages could possible include Bringing Them Home Counsellors and Regional Health Planning Forums

The complex needs of these children and young people must also be addressed through the child protection system and family support. The vision of both QAIHC and the Partnership is for our community to offer holistic services to those families in the Child Protection system.

Creating opportunities to build partnerships that will unify and strengthen the role of each member, and benefit the children.

Success Stories

There have been a number of key milestones achieved over the past 12 months, especially the strategic linkages made across the non-government sectors. QAIHC initiated the discussion between the four major child protection peak bodies (the Partnership, Peakcare, Create and Foster Care Queensland) to work together and establish a formal partnership/Alliance. The formation of this partnership would create opportunities to complement and strengthen each organisation's advocacy role for improving better outcomes for children, young people, families and carers across the child protection continuum.

Member support is an integral part of the work provided by the Child Protection unit to members of the Partnership. Support is offered in many forms from regular meetings to individual visits, telephone and email support as well as encouraging input regarding policy and procedure. An E-learning tool is currently being developed to assist Partnership members to meet Child Safety Quality Assurance Standards.

In addition, an article published in 'Children Australia' (Volume 32-No 2) was based on the research of indigenous carers undertaken by QAIHC and Griffith University.

Challenges

Over-representation remains very high and intensifies as Aboriginal and Torres Strait Islander children come to the attention of the Department.

At 30 June 2006, there were 1,667 Aboriginal and Torres Strait Islander children on child protection orders. Indigenous children accounted for 25.9% of all children on orders but only 5% of all children 0-17 years. This represented 27 per 1,000 Aboriginal and Torres Strait Islander children subject to protective orders, in comparison with 5.2 per 1,000 non-Indigenous children.

Over-representation is also a problem in the Youth Justice system with the incarceration rate for Aboriginal and Torres Strait Islander children aged between 10-17 almost nine times greater than that of the general population.

Future Directions

QAIHC and the Partnership are working together on several critical areas as the roll-out of child protection reforms continues and impacts on the effectiveness of service delivery to vulnerable children and families.

A major area is the ongoing development of the Child Protection Sector services. The main focus over the next year will be to support the members. QAIHC is currently working with its Partnership members and Department of Child Safety to review the current recognised entity service delivery model. Support to members will focus on specialist child protection training programs including financial, governance, resource materials, and human resources management. Also important is the continued advocacy for intervention and prevention services, and capacity building issues for communities.

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children on child protection orders

Sector Development Report.

DIANNE HARVEY

The QAIHC Sector Development Unit incorporates Member Support Services, Regional Planning and Development, Sexual Health and Blood Borne Viruses and Bringing Them Home / Stolen Generations.



The Unit provides practical and technical support to member organisations in a range of key areas of organisational development, governance, planning and health service provision.

The objectives of the unit are to:

- Assist the Community Controlled Health Sector (CCHS) to develop and expand
- Assist the CCHS to plan, design, manage and deliver primary health care services at local and regional levels
- Enhance the organisational development capacity of the CCHS to provide high quality primary health care
- Enhance and enable quality improvement within the sector to guide investment in human resource management, information technology and primary health care and
- Enhance the CCHS capacity to engage in health system reform at the local and regional level.

Success Stories

The Sector Development Unit undertook a number of successful initiatives during 2006/07. These included:

Member Support Services

- Delivery of comprehensive member support to 12 member organisations ranging from planning and development initiatives, governance, finances, human resource management, strategic and operational planning and policies and procedures
- Finance Workshops – delivery of six finance workshops addressing international accounting standards, FBT, salary sacrifice, 07/08 funding agreements and budget/s, audit standards and Work Choices.

Sexual Health and Blood Borne Viruses (BBV):

- Regional Model of Care – Sector Development led a project designed to reorient the delivery of sexual health and BBV services to ensure they are appropriately integrated into a comprehensive primary health care model. The revised model will be rolled out in 2007-08
- Development of Memoranda of Understanding (MoU) with the Hepatitis Council of Queensland (HCQ) and the Queensland Association for Healthy Communities (QAHC) to enhance consultation, collaboration, commitment and allow for joint decision making processes across organisations to provide better coordinated initiatives for sexual health and blood borne virus issues within Aboriginal and Torres Strait Islander populations in Queensland
- Participation on the organising committee for the annual Sexual Health Workers training workshop.

Partnerships

- Development of an MoU with Link Up Queensland, which sets out a framework for cooperation and partnership between QAIHC and Link Up Queensland to work collaboratively to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in Queensland.

Bringing Them Home (BTH)/Stolen Generations

- Participation on the Steering Committee for the evaluation of the National Bringing Them Home and Indigenous Mental Health Programs.
- Development of a QAIHC Emotional & Social Well Being Policy Statement
- Review of Aboriginal and Torres Strait Islander mental health services within the sector
- Facilitation of the BTH Counsellors state-wide workshop.

Regional Planning and Development

- Participation in all Regional Health Forums, providing the lead role in four forums.

12 member organisations benefitted from QAIHC'S comprehensive planning, financial and management support

Challenges

The Sector Development Unit faced a number of challenges during 2006/07. These included:

BTH/Stolen Generations

- The national evaluation of the BTH and Indigenous Mental Health Programs identified a number of deficiencies within the program across the country. These include 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 work with our member services to address these issues within the 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 Sector Development Unit will work with partners to increase commitment and advance collaboration across the various regions.

Sexual Health and Blood Borne Viruses

- The sensitivities relating to sexual health, and particularly BBVs, require a considered approach to addressing these issues within services, particularly given the scarce resources under which services operate, coupled with competing demands on these resources. Responding to HIV and Hepatitis C within our sector remains a challenge which will hopefully be addressed through the roll out of the Regional Model of Care.

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.

Future Directions

In 2007-08, the Sector Development Unit will expand to include the Medical Benefits Scheme (MBS) Project, the QAIHC College and the QISMC Member Support Project. Our priorities for the year are:

MBS Project

- Working with the Australian Medical Association Training Services Qld to provide focused Medical Reception and Medical Terminology training to Community Controlled Health Service staff across the state
- Continued support to member services in relation to Medicare compliance, Best Practice claiming, Medicare item awareness and one-on-one training with Aboriginal Health workers, nurses, doctors and medical receptionists.

QAIHC College

- Development of training in Eye Health, Heart Health, Sexual Health and BBVs, Child Protection and BTH/ESB
- Continuation of the Executive Development Program.

QISMC Member Support

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

Member Support Services

- Assisting members with the transition to the new Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act), which was introduced on 1 July 2007
- Continuation of the finance workshops for finance officers and CEOs
- Continued individual support to members in the areas of governance and management, budgeting and financial management, human resource management strategic and operational planning, and shared procurement/cost saving arrangements.

Regional Planning and Development

- Consolidation of the Regional Health Forums and progression of agreed joint initiatives.

Sexual Health and Blood Borne Viruses

- Implementation of the Regional Model of Care.

Bringing Them Home/Stolen Generations

- Implementation of the recommendations of the national Evaluation of the BTH and Indigenous Mental Programs.



Corporate Services Report.

Through the 2006/2007 year, growth continued to be experienced within the QAIHC Secretariat as QAIHC recruited staff to its newly established Population Health Unit and further expanded operations and work with the Community Controlled Substance Misuse Sector in Queensland.

The QAIHC Secretariat currently has a staff establishment of up to 51 full time employees, a significant increase from the 2003/2004 Year when the organisation employed five full-time staff.

During this period QAIHC reviewed its recruitment practices to identify opportunities for enhancement. In addition to a review of the human resources procedures there was also a review of finance performance reports.

Population Health.

As reported to QAIHC Members in 2006, QAIHC secured funds from Queensland Health to establish a Population Health Unit utilising a regional hub model (northern and southern Queensland). The QAIHC Population Health Unit provided population health expertise and service delivery support to CCHSs at local and regional levels and ensured best use of existing and new resources to improve chronic disease in Aboriginal and Torres Strait Islander peoples in Queensland. Objectives of the QAIHC Population Health Unit in 2006/2007 included:

- Developed a regional hub model for the co-ordination, monitoring and service delivery support for chronic disease (prevention and management) initiatives in Aboriginal and Torres Strait Islander health;
- Established local level networks for collaboration in prevention, treatment, care and support initiatives in relation to Aboriginal and Torres Strait Islander chronic disease;
- Coordinated 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 service settings for Aboriginal and Torres Strait Islander people.
- Contributed efforts towards building the capacity of the Community Controlled Health Sector and mainstream services in responding to Aboriginal and Torres Strait Islander chronic disease needs; and
- Identified gaps in service provision and priority needs in relation to Aboriginal and Torres Strait Islander chronic disease.

QAIHC finalised recruitment of key personnel to the Queensland Aboriginal and Islander Population Health Hub (QAIPHH), with a Public Health Medical Adviser employed in July 2007, a Physical Activity Coordinator to commence early October 2007, a Health Promotion Manager commencing in mid November 2007, and Nutrition Coordinator commencing in January 2008. While immediate focus of QAIPHH remained on disease prevention, the Unit also sought to enhance coordination of specialist/allied health services necessary for the effective management of chronic disease within CCHS.

A main focus of the QAIPHH was the Primary Prevention project, which was a collaborative project funded by Queensland Health as part of the Australian Better Health Initiative. The Primary Prevention project built effective, multidisciplinary primary prevention capacity within the Aboriginal and Torres Strait Islander Community Controlled Health Service sector. It was achieved by developing, implementing and evaluating a model of primary prevention (nutrition and physical activity) that built the capacity of local and regional community controlled service delivery. Subsequently, the Primary Prevention project contributed to the evidence base underpinning primary prevention activity amongst urban Indigenous populations.



QAIHC Financial Statements.

FOR THE YEAR ENDED 30 JUNE 2007

DIRECTORS' REPORT

Your directors submit their report on the Company for the financial year ended 30 June 2007.

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)
Mr Michael White	(Secretary)
Ms Rachel Atkinson	
Mr Darren Kennedy	
Mrs Amy Lester	
Ms Vanessa Clements	
Ms Tanya Akee	
Mr Tom Cleary	
Ms Valerie Craigie	
Ms Cassandra Gillies	
Ms Coralie Ober	
Mr Brian Riddiford	
Mr Bernie Singleton	
Mr Allan Fisher	
Mr Mark Moore	
Mr Ken Dalton	(Alternate Director)
Mr Cleveland Fagan	(Alternate Director)
Ms Patricia Lees	(Alternate Director)
Ms Janelle Murphy	(Alternate Director)
Ms Lucy Quinn	(Alternate Director)
Pastor Ernest Stafford	(Alternate Director)
Mr Jeff Timor	(Alternate Director)
Ms Raelene Ward	(Alternate Director)
Mr Desmond Illin	(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.

Liaison 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.

OPERATING RESULTS

The net deficit for the year was (\$55,661.66). Last year there was a surplus of 45,014.29. 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 OPERATIONS

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

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

No significant change in the state of affairs has 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 have been re-occupied by a department of QAIHC. An original amount of \$328,934.07 was provided to cover returning the premises to its original layout as well as for a possible payout of the lease. As the premises will be occupied until the lease ends in December 2008 the board has estimated that an amount of \$100,000.00 will be provided for to restore the building to its original layout. The balance of the provision has been reallocated to cover infrastructure upgrades in the 2008 financial year.

INFORMATION ON DIRECTORS

Directors & Qualifications:

Ms Rachel Atkinson

Associate Communal Welfare Bachelor Social Work

Ms Sheryl Lawton

CEO- Charleville & Western District Corporation for Community Health Celt 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 Celt I Health & Community
Service (Rehabilitation Counselling Drug & Alcoholism) Undertaking Graduate Certificate in Health Service
Management

Ms Elizabeth Adams

Secretary South West Region

Enrolled Nurse

Cert IV in Governance Training Diploma in Frontline Management Diploma Primary Health

Cert IV Workplace Training & Assessment Cert III in Primary Health Care

Cert IV in Primary Health Care

Undertaking Graduate Certificate in Health Service Management

Mr Michael White

Year 12 Certificate

Carpenter - fully qualified

Correctol Officer

ARL coach @ level 2

Public sector management - Qld Government Governance training

QAIHC Executive Development Program

Mr Tom Cleary

Representative Wide Bay Region

Mr Bernie Singleton

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

Ms Amy Lester

Representative Central Queensland Region CEO Bidgerdii Community Health

Ms Vanessa Clements

Representative South East Region

Bachelor of Applied Science in Aboriginal Community Development & Management Cert IV in Primary Health Care

Cert IV Hearing Health

Undertaking Master's Degree

Undertaking Graduate Certificate in Health Service Management

Mr Mark Moore

Senior Manager Commonwealth Public Sector - 15 years CEO AICHS Brisbane - 9years

Mr Darren Kennedy

Representative Northern Region

Mr Alan Fisher

Representative South East Region

Mr Brian Riddiford

Representative South West Region Year 10 Certificate

Certificate 3 Office Administration Aboriginal Affairs - 24 years

Aboriginal Health - improving aboriginal health - 13 years

Cassandra Gillies

Representative Kambu Medical Service

Ms Valerie Craigie

Representative North West Region

Ms Tanya Akee

Representative TAIHS

Ms Coralie Ober

Representative Korrawinga Aboriginal Corporation

Mr Darren Kennedy

Representative Northern Region

Mr Alan Fisher

Representative South East Region

Mr Brian Riddiford

Representative South West Region

Year 10 Certificate

Certificate 3 Office Administration Aboriginal Affairs - 24 years

Aboriginal Health - improving aboriginal health - 13 years

Cassandra Gillies

Representative Kambu Medical Service

Ms Valerie Craigie

Representative North West Region

Ms Tanya Akee

Representative TAIHS

Ms Coralie Ober

Representative Korrawinga Aboriginal Corporation

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	5
Mr David Baird	4
Mr Tom Cleary	3
Mr Bernie Singleton	5
Ms Rachel Atkinson	1
Ms Amy Lester	1
Mr Mark Moore	4
Mr Dan-en Kennedy	1
Mr Allan Fisher	3
Mr Brian Riddiford	2
Ms Valerie Craigie	0
Mr Michael White	2
Mr Desmond Illin (Alternate)	2
Ms Lucy Quinn (Alternate)	1
Mr Jeff Timor (Alternate)	1
Ms Raelene Ward (Alternate)	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

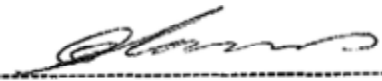
The company is not subject to any significant environmental regulation under the laws of the Commonwealth and State.

INDEMNIFYING OF OFFICERS OR AUDITOR

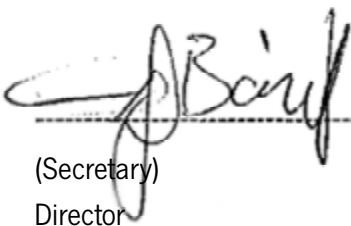
The company has not, during or since the year, in respect of any person who is or has been an officer or auditor of the company or of a related body corporate:

- 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)
Director

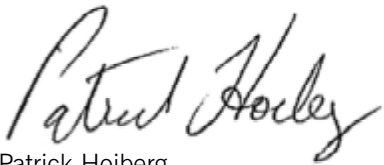


(Secretary)
Director

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 2007 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 27th day of November, 2007

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	NOTE	2007	2006
		\$	\$
INCOME			
Grants Income	9(b)		
OATSIH	5		
Administration and Secretariat Service		118,915.18	116,515.00
Bringing Them Home Coordinator		95,895.01	94,015.00
Bringing Them Home ""ESWB Workshop		18,000.00	-
Communicable Disease Education Program		45,000.00	-
Communication Strategy		-	101,750.00
Community Health Brokerage		20,000.00	-
Cunnamulla Recovery Plan		50,000.00	-
Executive Development		301,500.00	-
Finance Officer		51,002.73	32,083.00
Finance Workshop		141,900.00	107,000.00
FSW/CQ Regional Plan Analysis		125,088.95	60,000.00
GP Policy Officer (Alliance)		56,100.00	50,000.00
Governance Training		-	45,276.00
Health Information Projects		162,509.09	-
HR & People Management Workshops		48,000.00	-
ICT & IM Internal		42,082.00	-
ICT & IM -ACCHS		42,082.00	-
IR & HR Specialist Advice		25,000.00	-
Medical Indemnity Project		-	32,500.00
Medicare Benefits Project		200,000.00	-
Members Support Project Officer		76,085.00	110,000.00
Men's Health		-	20,000.00
Model for SH & BBV Qld		-	58,500.00
Mt Isa Capacity Building		125,000.00	-
Partnership Policy Officer		106,328.00	106,416.00
PHCAP Position			548,176.92
Physician's Assistant		71,030.00	-
Public Health Medical Officer		17,000.00	-
QISMIC		130,205.44	127,656.00
Regional Health Development Officer		-	110,000.00
Sexual Health/BBV Project Officer		103,784.00	-
STI/BBV Detection & Treatment		20,000.00	-
Substance Misuse Services		20,000.00	-
Workforce coordinator		-	106,048.00
Workforce Implementation Officer		108,168.00	100,000.00
Workforce Work Group Planning		53,100.00	-
Workshop/Training		-	35,412.91
		<u>2,373,775.40</u>	<u>1,196,348.83</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	NOTE	2007 \$	2006 \$
Queensland Health Department			
Administration and Secretariat Service		121,712.40	115,582.00
Chronic Disease Co-ordinator		149,249.00	-
Regional Health Planner		-	132,259.00
Regional Health Hubs		-	1,500,000.00
Scope of Practice		~	59,872.00
Partnership Audit		~	15,000.00
Alliance Policy Officer		~	27,500.00
Nutrition Activities		42,024.00	-
Physical Activities		42,024.00	-
Primary Prevention		90,000.00	-
QIADP		521,000.00	-
QLD Health Policy Officer		81,141.60	120,841.00
		<u>1,047,151.00</u>	<u>1,971,054.00</u>
Queensland Department of Child Safety			
Child Protection		606,159.00	663,612.00
Department Employment & Workplace Relations		14,000.00	-
Department of Education & Science		23,900.00	-
Department of Communities		17,500.00	-
Non Grant Income			
QDGP- Alliance Policy Officer		10,000.00	10,000.00
QRMSA- Alliance		-	22,727.27
HWQ		22,727.27	-
RACGP-GPET		-	1,400.00
National Representation		11,739.98	95,416.72
QLD University Of Technology			
Centre Clinical Research		167,170.00	419,506.00
Monash University			
Centre Clinical Research		173,004.50	-
James Cook University			
Alliance project Officer		10,000.00	10,000.00
General Practice Education & Training			
OP Education & Training		84,700.00	33,300.00
Central & Southern Qld Training			
OP Education & Training		15,513.81	12,837.17
Latrobe University		-	45,211.00
WA-QISMIC			
MCDS Training 1-2		120,533.32	101,440.00

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	NOTE	2007 \$	2006 \$
INCOME CONT'D			
Self-Generated Income			
A TSICHET Grant 2005 Adjustment		-	(13,636.36)
Consulting workshops & Members' Support Services		184,636.45	180,183.66
Interest Received		173,046.28	49,670.09
QAIHC Consultancy Service		10,000.00	-
Facilitation Fees		30,000.00	-
Other Reimbursements		70,204.13	-
QAIHC Cons. Reimbursements		14,400.00	-
Miscellaneous Income		101,606.80	95,018.17
		583,893.66	311,235.56
		<u>1,860,841.54</u>	<u>5,659,088.55</u>
Grants and Revenue Received in Advance			
	5		
Unused Grants @ beginning of period		422,076.26	401,946.47
Revenue Received in Advance beginning of period		1,672,320.40	-
Unused Grants @ end of period	9(b)	(1,726,105.68)	(422,076.26)
Revenue Received in Advance @ end of period	9(c)	(1,600,205.17)	(1,672,320.40)
Movement in Grants & revenue received in Advance Accounts		<u>(1,231,914.19)</u>	<u>(1,692,450.19)</u>
Total Income		4,049,853.75	3,966,638.36

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	NOTE	2007 \$	2006 \$
EXPENDITURE			
Accounting Fees		4,037.27	-
Auditors Remuneration	4	28,000.00	34,820.00
Advertising		2,526.94	863.18
Administration Cost		975.00	
Auspice Fund Outside Organisations		-	10,000.00
Bank Charges		7,172.02	3,526.04
Doubtful Debts		(9,914.01)	12,515.54
Catering		30,629.13	10,249.37
Cleaning & Rubbish Remova1- Offices		17,943.75	17,667.73
Computer Expenses		27,508.47	10,892.78
Conferences and Meetings		18,502.04	33,044.51
Consultancy Fees		435,524.94	336,498.26
Courier		208.79	46.62
Depreciation Expense	1	67,806.00	99,527.00
Donations		-	150.00
Dues and Subscriptions		3,235.92	1,451.82
Education Material		394.55	1,290.91
Electricity		13,831.01	8,931.41
General Expenses		865.49	2,503.94
Insurance		15,390.68	23,641.15
Interest/HP Charges		7,395.79	17,679.09
Late Fees and Fines		6,392.54	435.12
Lease Equipment		7,270.76	3,846.00
Lease Payout Provision- Woolloongabba Premises		-	328,934.07
Legal Fees		22,701.40	20,908.71
Loan Brokerage Fees		-	8,124.97
Loan Stamp Duty		-	600.93
Motor Vehicle Operating		19,275.95	16,422.22
Motor Vehicle Lease		32,463.78	23,826.74
Office Equipment Minor		6,653.57	1,390.68
Parking& Tolls		1,923.57	1,985.48
Postage		6,505.72	5,371.72
Printing		1,539.73	48,816.59
Prior Year Expenses		5,500.00	-
Promotions		6,760.64	4,286.20
Provision Scholarships		138,654.00	92,436.00
Rates		1,374.13	-
Recruitment Costs		(123,662.24)	155,522.77
Registration Fees- Conferences		10,097.54	6,147.13
Rent		205,924.85	179,229.98
Repairs and Maintenance - Equipment		125.00	1,459.62
		<u>1,021,534.72</u>	<u>1,525,044.28</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	NOTE	2007	2006
		\$	\$
EXPENDITURE CONTINUED		\$	\$
Repairs and Maintenance Building		6,288.28	4,546.17
Removals & Storage		552.00	5,338.91
Resource Library		2,082.47	3,359.29
Salaries and Wages		1,947,069.79	1,448,022.75
Salaries and Wages - Accrued Leave		8,624.44	60,812.11
Security		1,485.23	2,304.01
Service Fee		2,075.54	1,720.00
Signage		1,025.00	-
Staff Amenities		6,374.79	9,198.74
Staff Uniforms		99.89	1,931.57
Stationery		20,501.40	19,235.79
Sub-Contractors		172,970.11	124,985.33
Superannuation		202,354.60	152,152.24
Telephone and Internet		35,911.11	39,455.97
Telephone Mobile		22,883.71	24,315.11
Training & Workshops- Staff		3,806.94	-
Travel Allowance		140,767.85	81,042.18
Travel and Accommodation		484,301.55	371,928.80
Venue Fees		9,260.01	39,236.22
Web Site		6,845.51	-
Work cover		4,333.33	6,994.60
Total Expenses		<u>4,101,148.27</u>	<u>3,921,624.07</u>
Operating Surplus'(Deficiency) before non-operating items		(51,294.52)	45,014.29
Loss on Disposal of Plant & Equipment		4,367.14	-
Net Surplus/(Deficiency)		(55,661.66)	45,014.29
Retained surplus at the beginning of financial year		216,021.35	171,007.06
		<u>160,359.69</u>	<u>216,021.35</u>
RETAINED SURPLUS AT END OF FINANCIAL YEAR		160,359.69	216,021.35

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD**ABN 97 111 116 762****BALANCE SHEET****AS AT 30 JUNE 2007**

	NOTES	2007	2006
		\$	\$
CURRENT ASSETS			
Cash	6	4,289,351.04	3,459,813.87
Receivables	7	342,638.67	130,770.34
TOTAL CURRENT ASSETS		4,631,989.71	3,590,584.21
NON CURRENT ASSETS			
Property, Plant & Equipment	8	254,542.43	253,964.28
TOTAL NON CURRENT ASSETS		254,542.43	253,964.28
TOTAL ASSETS		4,886,532.14	3,844,548.49
CURRENT LIABILITIES			
Creditors & Accruals	9(a)(i)	893,207.51	911,968.48
Borrowings	9 (a) (ii)	18,225.21	157,701.22
Unexpended Grants	9(b)	1,726,105.68	422,076.26
Revenue Received in Advance	9(c)	1,600,205.17	1,672,320.40
Provisions	10	420,999.11	464,460.78
TOTAL CURRENT LIABILITIES		4,658,742.68	3,628,527.14
NON-CURRENT LIABILITIES			
Borrowings	9(a)(ii)	15,343.66	-
Provisions	10	52,086.11	-
TOTAL NON-CURRENT LIABILITIES		67,429.77	-
TOTAL LIABILITIES		4,726,172.45	3,628,527.14
NET ASSETS		160,359.69	216,021.35
MEMBERS FUNDS			
Retained Surplus		160,359.69	216,021.35
TOTAL MEMBERS' FUNDS		160,359.69	216,021.35

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD**ABN 97 111 116 762****STATEMENT OF CASH FLOWS****FOR THE YEAR ENDED 30 JUNE 2007**

	2007	2006
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers and funding agencies	1,648,973.21	6,194,053.46
Payments to suppliers and employees	4,043,478.80	2,836,222.81
Net Cash provided by (used) in Operating Activities	<u>-2,394,505.59</u>	<u>3,357,830.65</u>
CASH FLOW FROM INVESTING ACTIVITIES		
Loan from Medfin Australia	23309.91	279769.76
Loan repayments to Medfin Australia	(147,442.26)	(122,068.54)
Proceeds from sale of property, plant & equipment	10,909.09	-
Payments for property, plant & equipment	(83,660.38)	(255,718.00)
Net Cash provided (used in) investing activities	<u>(196,883.64)</u>	<u>(98,016.78)</u>
Net Increase/(Decrease) in cash held	(2,591,389.23)	3,259,813.87
Cash at Beginning of Period	3,459,813.87	200,000.00
Cash at end of Period	<u>868,424.64</u>	<u>3,459,813.87</u>
RECONCILIATION OF CASH		
Cash at the end of year is shown in the Balance Sheet as:		
i) Cash	4,289,351.04	3,459,813.87
For the purposes of this Statement of Cash Flows, cash includes:		
Cash at Bank	4,288,951.04	3,459,613.87
Petty Cash	400.00	200.00
	<u>4,289,351.04</u>	<u>3,459,813.87</u>
Reconciliation of Cash Flow from Operating Activities		
Operating Surplus/(Deficit)	<u>(51,294.52)</u>	<u>45,014.29</u>
Adjust for capital Purchases	<u>-</u>	<u>-</u>
	<u>-</u>	<u>-</u>
Non Cash Flow in Operating Surplus		
Change in Grants & Revenue Reed. in Advance	1,231,914.19	1,692,450.19
Changes in Provisions	8,624.44	482,82.18
Depreciation	67,806.00	99,527.00
	<u>1,308,344.63</u>	<u>2,274,159.37</u>
Changes in Assets and Liabilities		
(Increase)/Decrease in Debtors and prepayments	(211,868.33)	534,964.91
Decrease in grants carried forward	-	-
	<u>(230,629.30)</u>	<u>1,038,656.99</u>
	<u>1,026,420.81</u>	<u>3,357,830.65</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

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 1031: Materiality

AASB 1048: Interpretation & Application of Standards

No other Accounting Standards, Urgent Issues Group Consensus Views 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 current valuations of non-current assets) except where specifically stated.

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 LIMITED
ABN 97 111 116 762
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

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	(Chairperson)
Ms Sheryl Lawton	(Vice Chairperson)
Mr David Baird	(Treasurer)
Mr Michael White	(Secretary)
Ms Tanya Akee	
Mr Tom Cleary	
Ms Valerie Craigie	
Ms Cassandra Gillies	
Ms Coralie Ober	
Mr Brian Riddiford	
Mr Bernie Singleton	
Mr Allan Fisher	
Mr Mark Moore	
Mr Ken Dalton	
Mr Cleveland Fagan Ms Patricia Lees	
Ms Janelle Murphy Ms Lucy Quinn Pastor Ernest Stafford	
Mr Jeff Timor	
Ms Raelene Ward	
Mr Desmond Illin	

(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.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LIMITED**ABN 97 111 116 762****NOTES TO AND FORMING PART OF THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007****NOTE 4: Auditors Remuneration**

	2007	2006
	\$	\$
Auditor's Remuneration	28,000.00	15,909.09
Audit	3,37.20	18,910.91
Other Services	31,37.20	34,820.00

NOTE 5: Grants Expenditure

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

NOTE 6: Cash

Cash At Bank - Operating AIC	31,166.63	2,773,640.87
Cash At Bank - Consultancy	2,443.07	361,277.96
DGR Cheque Account	13,083.49	13,238.44
QAIHC Provision Account	2,762.90	311,456.60
At Call- High Interest Savings	4,239,494.95	-
Petty Cash	400.00	200.00
	4,289,351.04	3,459,813.87

Cash at bank is a "restricted asset" in that amounts representing unexpended grants may only be applied for the purpose specified in conditions of grants.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LIMITED**ABN 97 111 116 762****NOTES TO AND FORMING PART OF THE FINANCIAL REPORT****FOR THE YEAR ENDED 30 JUNE 2007****NOTE 7: Receivables**

	2007	2006
	\$	\$
Trade Debtors	342,638.67	130,770.34
	<u>342,638.67</u>	<u>130,770.34</u>

NOTE 8: Property, Plant & Equipment

Motor Vehicles	32,166.10	20,264.23
Less Accumulated Depreciation	<u>(4,230.00)</u>	<u>(3,800.00)</u>
	27,936.10	16,464.23
Furniture & Equipment	384,721.33	333,227.05
Less Accumulated Depreciation	<u>(158,115.00)</u>	<u>(95,727.00)</u>
	226,606.33	237,500.05
	<u>254,542.43</u>	<u>253,964.28</u>

NOTE 9(a) (i): Creditors

Trade Creditors	180,258.70	85,576.91
CCRE Scholarship Provision	229,650.00	92,436.00
Accrued/Committed Expenses	132,961.20	500,636.47
Australian Tax Office GST	208,747.86	195,034.59
Australian Tax Office PAYG Withholding	112,234.10	37,772.85
Payroll Deduction Payable	2,493.96	511.66
Other Creditors	2,434.53	~
Salary Sacrifice Payable	3,000.09	~
Staff Superannuation Funds	<u>21,427.07</u>	<u>~</u>
	893,207.51	911,968.48

NOTE 9(a)(ii): Borrowings

Loan Medfin Australia Pty Ltd Equipment

Current

Gross Loan	12,704.33	153,107.52
Unexpired Interest	(59.28)	(7,395.79)
Unexpired Stamp Duty		<u>(655.56)</u>
	12,645.05	145,056.17

Non-Current

Gross Loan	-	12,704.33
Unexpired Interest	<u>-</u>	<u>(59.28)</u>
	-	12,645.05

Loan Medfin Australia Pty Ltd motor Vehicle

Current

Gross Loan	6,962.52	-
Unexpired Interest	<u>(1,382.36)</u>	<u>-</u>
	5,580.16	-

Non-Current

Gross Loan	16,826.09	-
Unexpired Interest	<u>(1,482.43)</u>	<u>-</u>
	15,343.66	-

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LIMITED
ABN 97 111 116 762
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2007

NOTE 9(b) Schedule of Grants	Unexp 2006	Release 2007	Other Income	Expended 2007	Unexp, 30.06.07	Over-exp 30.06.07
GRANT Receipts (Excluding CST)						
OATSIH Bringing Them Hamel ESWB	-	18,000	-	18,610	-	610
OATSIH ICT/IM ACCHS	-	42,082	-	4,208	37,874	-
OATSIH ICT/IM Internal	-	42,082	-	4,208	37,874	-
OATSIH Medicare Benefits Project	-	200,000	-	75,062	124,938	-
OATSIH Physician's Assistant	-	71,030	-	67,611	3,419	-
OATSIH Public Health Medical Officer	-	17,000	-	14,400	2,600	-
OATSIH Schedule A Grants	16,399	743,492	(368)	784,410	-	24,887
OATSTH Bringing them Home	1,568	95,895	-	107,814	-	10,351
QATSIH Communicable Dis. Ed.	-	45,000	-	4,500	40,500	-
QATSIH Community Health Brokerage	-	20,000	-	20,000	-	-
OATSIH Cunnamulla Recovery Plan	-	50,000	-	39,744	10,256	-
OATSIH Executive Development	-	301,500	-	46,567	254,933	-
OATSIH Finance Workshops	-	141,900	1,537	145,186	-	1,749
OATSIH Health Information Project	-	162,509	-	71,603	90,906	-
OATSIH HR & People Mgt. Workshops	-	48,000	-	23,188	24,812	-
OA TSIH IR & HR Specialist Advice	-	25,000	-	23,249	1,751	-
OATSIH Member Support Project. Officer	28,760	76,085	-	105,342	-	497
OATSIH Men's Health	4,000	-	-	2,000	2,000	-
OATSIH Mt Isa Capacity Building	-	125,000	-	108,922	116,078	-
OATSIH PHCAP Positions	229,958	-	-	222,153	7,806	-
OATSIH Regional Health Development Office	60,000	-	-	68,869	-	8,869
OATSIH STIIBBV Detection/Treatment	-	20,000	-	12,204	7,796	-
OATSIH Substance Misuse Services	-	20,000	-	20,000	-	-
OATSIH Workforce Implement. Officer	76,048	-	-	81,390	-	5,342
OATSIH Workforce/Workgroup Plan	-	53,100	-	47,850	5,250	-
MCDS 1 Training	28,186	-	-	4,742	23,444	-
MCDS 2 Training	35,484	120,533	28,834	203,518	-	18,666
QLD Health QAIHF Policy Officer	5,342	81,142	-	106,976	-	20,493
QLD Health Regional Health Co-Ord.	-	-	-	245	-	245
QLD Health Chronic Disease Co-Ord.	-	149,249	-	113,229	36,020	-
QLD Health QIADP	-	521,000	-	108,749	412,251	-
QLD Health Population Health Unit	-	500,000	-	72,949	427,051	-
QLD Health Nutrition Activities	-	42,024	-	3,500	38,524	-
QLD Health Physical Activities	-	42,024	-	3,500	38,524	-
QLD Health Primary Prevention	-	90,000	-	8,500	81,500	-
QLD Health Secretariat	-	121,712	-	123,798	-	2,086
QLD Dept Child Safety - Child Protect,"	-	606,159	180	612,689	-	6,350
	485,745	4,573,519	30,004	3,462,876	1,726,106	99,534

* Funds released in 2007 include \$202,000 of funding from 2006 year. As at 30 June 2007 a further \$404,000 of 2007 funds has not been received and is not included in the release for 2007

Unexpended Grants Carried Forward

1,726,105.68

Over Expended Grants 2007

99,534.13

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LIMITED
ABN 97 111 116 762
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2007

NOTE 9(c) Schedule of Revenue Received In Advance

	Unexp 2006	Release 2007	Other Income	Expended 2007	Unexp. 30.06.07	Over exp, 30.06.07	Closing Balance 30.06.07
Revenue Receipts (Excluding GST)							
Centre Clinical Research	55,904	340,175	645	404,280	-	7,556	(7,556)
Consortium-NT/ACT/QAIHC	-	11,740	-	11,740	-	-	-
Dept Ed.& Science- Literacy & Num.	-	23,900	-	22,237	1,663	-	1,663
Dept. Communities	-	17,500	-	-	17,500	-	17,500
DEWR NICEP Cadetship Programme	-	14,000	-	7,136	6,865	-	6,865
GP Education & Training	-	84,700	16,617	112,783	-	11,467	(11,467)
GP Policy Officer*	24,079	98,827	-	92,351	30,555	-	30,555
Population Health Unit	1,000,000	-	-	-	1,000,000	-	1,000,000
Scope of Practice Review	26,522	-	-	-	26,522	-	26,522
Consolid. Administration/Self Gen.	2,146	-	1,567,928	1,052,973	517,101	-	517,101
	<u>1,108,651</u>	<u>590,842</u>	<u>1,585,190</u>	<u>1,703,501</u>	<u>1,600,205</u>	<u>19,023</u>	<u>1,581,182</u>
Revenue Received Carried Forward					1,600,205.17		
Over Expended 2007						19,022.93	

* OATSIH Funding of \$56,100.00 is included in this programme

	2007 \$	2006 \$
NOTE 10: Provisions		
refer note 1		
Provisions (Current)		
Provision for Annual Leave	74,530.33	72,425.75
Provision for Long Service Leave	17,534.71	66,914.54
Provision for Premises Woolloongabba	100,000.00	328,934.07
Provision for Infrastructure Upgrade	228,934.07	
	<u>420,999.11</u>	<u>468,274.36</u>
Provisions (Non-Current)		
Provision for Long Service Leave	<u>52,086.11</u>	

NOTE 11: Economic Dependency

The corporation is economically dependent on the continued support of various government agencies primarily in the form of grants and subsidy income. The funding is received on period by period basis. The corporation is required to conform to conditions imposed by funding agencies in relation to individual grants, subsidies and income received. The corporation requires continued future funding support from government bodies in order to maintain its activities and commitments.

NOTE 12: Industry Segments

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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED
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 report.


The Directors of the Company declare that:

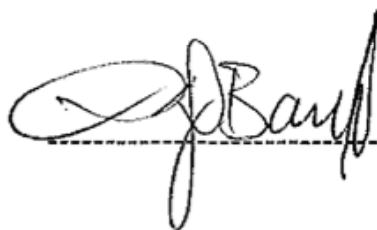
1. The financial statements and notes, as set out on pages 9-21, present fairly the company's financial position as at 30 June 2007 and its performance for the year ended on that date is in accordance with the accounting policies described in Note I to the financial report.
2. In the directors' opinion 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 purpose as outlined in the Letter of Offer;
- (ii) all terms and conditions of the Grant have been complied with; and
- (iii) where Assets costing over \$5,000 have been acquired with the Grant Funds:
 - a) adequate insurance cover has been arranged with an approved insurer; and
 - b) 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:





**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED**

Scope

I have audited the financial report, being a special purpose financial report of Queensland Aboriginal & Islander Health Council Limited for the year ended 30 June 2007, as set out on pages 3 to 22. The company's directors are responsible for the financial report and have determined that the accounting policies used and 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. I have conducted an independent audit of the financial report in order to express an opinion on it to the members of Queensland Aboriginal & Islander Health Council Limited. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

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.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with my understanding of the company's financial position, and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

Independence

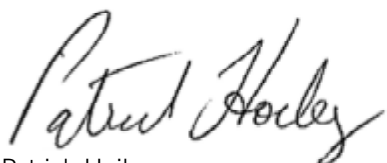
In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements and the Corporations Act 2001.

In accordance with ASIC Class Order 05/83, I declare to the best of my knowledge and belief that the auditor's independence declaration, set out on page 8 of the financial report, has not changed as at the date of providing my audit opinion.

Audit Opinion

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

- a) the Corporations Act 2001, including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2007 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 Accounting Standards in Australia to the extent described in Note 1 and the Corporations Regulations 2001; and
- b) other mandatory professional reporting requirements to the extent described in Note 1.



Patrick Hoiberg
Chartered Accountant
Registered Company Auditor 6298

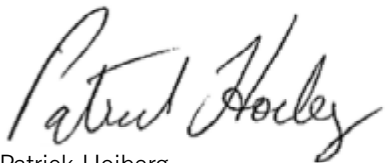
Dated this 29th day of November, 2007

Brisbane QLD

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

I certify that:

- (i) the Financial Report for the projects for the year ended 30 June 2007, 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 29th day of November, 2007

Brisbane QLD

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
FOR THE YEAR ENDED 30 JUNE 2007
INCOME STATEMENT
QAIHC CONSULTANCY

	2007	2006
	\$	\$
INCOME		
Facilitation Fees	-	1,200.00
CP Counselling	-	4,182.00
Retainers	-	55,000.00
Fee for Service	10,000.00	30,069.55
QAIHC CS Service Fee	-	30,255.00
Interest Received	1,299.62	163.46
Member Reimbursements	-	<u>26,355.03</u>
	11,299.62	147,225.04
Operating Expenses		
Administration	-	7,593.03
Bank Charges	-	104.00
Computer Maintenance	-	96.27
Consultancy Fees	0.10	17,691.37
Legal Fees	-	6,165.10
Printing	-	1,186.14
Mobile Phones	-	1,887.78
Internet	-	926.36
Meeting Expense	-	29.09
QAIHC Members Support Fee	~	<u>40,000.00</u>
	0.10	75,679.14
Conferences, Meetings & Travel		
Accommodation & Meals	-	4,936.59
Car Hire	-	1,725.60
Parking & Taxis	-	364.31
Travel	-	13,317.60
Travel Allowance	-	<u>3,850.45</u>
	-	24,194.55
Staffing Costs		
Contractor	-	9,523.75
Superannuation	-	3,003.38
Wages Paid	-	<u>27,680.54</u>
	-	40,207.67
TOTAL EXPENDITURE	0.10	<u>140,081.36</u>
SURPLVS/(DEFICIT)	11,299.52	7,143.68

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
FOR THE YEAR ENDED 30 JUNE 2007
INCOME STATEMENT
CONSOLIDATED ADMINISTRATION

	2007	2006
	\$	\$
Operating Expenses continued		
Stationery	16,321.45	17,171.17
Traffic Infringements	1,590.00	-
Telephone Mobile	6,385.89	3,767.66
Telephone	20,380.68	20,198.35
Web Site	2,363.69	1,002.15
	554,236.38	829,527.85
Conferences, Meetings & Travel		
Accommodation and Meals	1,229.16	1,758.39
Meeting Expenses	7,933.47	677.88
Parking and Tolls	644.38	217.05
Registration Fees	2,463.63	(92.63)
Taxi	1,207.71	-
Travel	60,013.37	14,937.01
Travel Allowance	35,750.10	11,992.85
Venue Fees	(11,997.28)	1,002.15
	97,244.54	30,492.70
Staffing Costs		
Provision for Annual Leave	8,308.53	24,691.23
Provision for Long Service Leave	3,065.81	50,403.77
Provision for Sick Leave	-	13,389.61
Staff Training & Development	2,911.94	-
Staff Amenities	4,677.64	3,865.02
Superannuation	34,266.08	23,234.39
Staff Uniforms	99.89	1,931.57
Recruitment Costs	(24,884.00)	2,107.35
Other Wages	-	38,743.77
Workers Compensation	4,333.33	1,242.41
Wages & Salaries	341,685.11	216,798.90
	374,464.33	376,408.02
Other Expenses	1,025,945.25	
Loss on Sale- Asset	4,367.14	-
	4,367.14	-
Capital Expenses		
Artwork	1,000.00	1,812.25
Computer Equipment	15,252.04	5,980.40
Furniture	1,119.09	3,718.00
Office Equipment	4,576.93	2,039.47
	21,948.06	18,096.29
TOTAL EXPENDITURE	1,052,260.45	1,254,524.86
SURPLUS/(DEFICIT)	517,813.75	(33,487.57)

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

2005/06

William Gorham	Aboriginal & Islander Community Health Service - Brisbane PO Box 8112 Woolloongabba Q 4102
Mitzy Jarvis	Bidgerdii Community Health PO Box 106 Rockhampton Q 4700
Sheryl Lawton	Charleville & Western Areas Aboriginal Health Service PO Box 445 Charleville Q 4 170
Sandra Grimshaw	Cunnamulla AMS PO Box 231 Cunnamulla Q 4490
Dale Mann	Goolburri Health Advancement PO Box 1198 Toowoomba Q 4350
Gary White	Goondir Health Service PO Box 559 Dalby Q 4405
Pastor Ernest Stafford	Gurriny Yealmucka Post Office Yarrabah Q 4871
Denise Lewis	Kalwun Health Service PO Box 3880 Burleigh Town Centre Q 4220
Vera Short	Kambu Medical Centre POBox 618 Ipswich Q 4305
Jeff Timor	Aboriginal & Islander Community Health Service - Mackay PO Box 1099 Mackay Q 4740
Ian Appo	Mudth Niy1eta Corporation PO Box 460 Sarina Q 4757
Torn Cleary	North Coast Aboriginal Corporation for Community Health PO Box 479 Cotton Tree Q 4558
Tanya Akee	Townsville Aboriginal & Islander Health Service PO Box 7534 Garbut Business Centre Garbut Q 4810
Rose Iles	Wuchopperen (Formerly) Yapatjarra Aboriginal Corporation for Health PO Box 39 MtIsa Q 4825

Vincent Martin	Yulu BUITi Ba Aboriginal Corporation PO Box 154 Dunwich Q 4183
Lillian Hopkins	Barambah Regional Medical Service PO Box 398 Murgon Q 4605 Gehgre Nhulundu Wooribah POBox 5158 Gladstone Q 4680
Bernie Singleton	Apunipima Cape York Regional PO Box 2797 Cairns Q 4870 Korrwainga Aboriginal Corporation PO Box 230 Hervey Bay Q 4655
Henry Craigie	Injilinj PO Box 1644 Mt Isa Q 4825 Bundaberg Burnett Region Community Development Aboriginal Corporation PO Box 1963 Bundaberg Q 4670 Girudala Community Co-Operative Society 50 George St Bowen Q 4805

ASSOCIATE MEMBERS

Kim Balle	Gumbi Gumbi Aboriginal Corp PO Box 4029 Rockhampton Q 4700 Goori House PO Box 1186 Cleveland Q 4163
William Gorham	ATSICHET PO Box 8335 Woolloongabba Q 4102 Bedourie Aboriginal Corporation C/- PO Bedourie Q 4829 Bididi Bididi Corporation PO Box 13 Atherton Q 4883 FNQ Indigenous Consortium PO Box 905 Manunda Cairns Q 4870 Gallang Place 31 Thomas St West End Q 4101 Kowrova Community Association PO Box 450 Kuranda Q 4872 Ngoombi Co-Operative Society PO Box 26 Kuranda Q 4872



QAIHC

Queensland Aboriginal and Islander
Health Council

QAIHC – Fortitude Valley

557 Gregory Tce
Fortitude Valley QLD 4006
PO Box 698
Fortitude Valley QLD 4006
P: 07 3360 8444
F: 07 3257 7455

QAIHC – Townsville

Level 2, 143 Walker St
Townsville QLD 4810
PO Box 1037
Townsville Qld 4810
P: 07 4721 0744
F: 07 4721 0310

QAIHC – Woolloongabba

24 Logan Rd
Woolloongabba QLD 4102
PO Box 698
Fortitude Valley QLD 4006
P: 07 3320 1900
F: 07 3391 0212

QAIHC – Cairns

186 Mccombe St
(c/o Apunipima Cape York
Health Council)
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