WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH SERVICE

Winnunga Nimmityjah
Aboriginal Health Service

2010
2011
ANNUAL REPORT

In Memorium

Dr Peter Sharp, AM, MBBS, Medical Director Winnunga Nimmityjah Aboriginal Health Service

25 December 1958 – 18 September 2011

On the 18th of September 2011, Dr Pete Sharp, Medical Director of Winnunga Nimmityjah Aboriginal Health Service for the past 22 years, died peacefully after a short illness. Dr Pete brought skill, compassion, care and commitment to the work of Winnunga NImmityjah Aboriginal Health Service and the wider Aboriginal and Torres Strait Islander community of the ACT and surrounding areas. He shared his skills and knowledge generously with those around him.

This annual report was prepared prior to Dr Pate's death. Winnunga has decided to proceed with the publication of the annual report as it was prepared and out of respect to Dr Pete. Dr Pete prepared his contribution whilst unwell and in the knowledge that it was to be his last contribution to the annual report.

The following is a transcript of the speech given by Ms Julie Tongs, CEO of Winnunga, at a Community day held on the 10th of September 2011. The Community day paid tribute to the lifetime of contributions made by Dr Pete to Winnunga Nimmityjah Aboriginal Health Service and the community he has faithfully served. At the request of Dr Pete's family, Julie again gave the speech at the memorial service held at Boomanulla Oval on Friday 23rd September 2011.

I would like to commence by thanking our senior Midwife Carolyn Patterson for bringing Dr Pete into our lives and selflessly sharing him with us for the past 22 plus years. All of us here and many of those that are not with us that may be incarcerated or not able to be here today know who Dr Pete and Carolyn are; they are a big part of our community and they are our family.

I am sure it isn't easy being a whitefella in a blackfella organisation but for Dr Pete and Carolyn it seemed like any easy transition. They have always been involved in Aboriginal activities whether it be Winnunga, football at Boomanulla on a Saturday and looking after the men when they were injured or attending NAIDOC functions and any Aboriginal and Torres Strait Islander community days.

When Dr Pete commenced working for Winnunga he was employed by the emergency department at the Campbelltown Hospital and would travel from Campbelltown to Canberra to provide a service at the old shortcuts building at the back of the Griffin Centre in Civic.

In 1990 Winnunga was given a small space at the back of the Griffen Centre and Dr Pete commenced at Winnunga fulltime. I could say the rest is history and what I am about to say most people know but I am sure that people who haven't been around as long as us and our children and grandchildren need to hear how one person - Dr Pete, changed the lives of so many people in our community especially the vulnerable who are incarcerated and drug and alcohol affected.

Dr Pete was really shy in the early days and the Chairperson and I would drag him into meetings at Winnunga and he would always sit at the back and we would have to say come over here with us Pete.

Dr Pete is passionate about ensuring our incarcerated men, women and children are provided with the best possible health care we can provide. We all know that too many of our people are incarcerated due to underlying health issues such as mental health issues and drug and alcohol. Dr Pete has been a champion out there working with mainstream services as well as his own profession to bring his knowledge and wisdom and deep understanding of the complex health issues faced by Aboriginal and Torres Strait people in the ACT and region to his colleagues.

I recently had the privilege to attend a NAIDOC function at the AMC. It was just after Dr Pete came out of hospital and was in his wheelchair. The men and women were so happy to see him but there was also a real air of sadness as they realized that Dr Pete might not be able to look after them anymore. They said to me 'Aunt who is going to look after us now that Dr Pete is sick?' It just about tore my heart out and I assured them that Dr Pete's great work would continue.

Dr Pete's work emphasises the holistic approach to health care that is a hallmark of Winnunga Nimmityjah Aboriginal Health Service. His contributions as Medical Director interrelate seamlessly with Winnunga's other health programs and emphasise a whole of life focus in relation to Aboriginal health.

In 2004 Dr Pete was awarded the AMA ACT Presidents Award for his outstanding contribution to his profession and to the care of the ACT Aboriginal community. During NAIDOC week in 2004 Dr Pete was the recipient of the 1st non-Aboriginal person's award for his commitment to Aboriginal health. In 2008 the ACT Community as a whole recognised Dr Pete's many contributions to our community, made in both his private and professional capacities. That year he was made ACT Local Hero of the Year.

In 2009 Winnunga was awarded the LIME Award from the Deans of Medical Schools in New Zealand and Australia for Innovation in the way we trained Medical Students and in the same year Dr Pete was awarded the prestigious Australian Medical Association Excellence in Health Care Award.

In 2010 Dr Pete became a Member of the Order of Australia and in 2011 Dr Pete received another NAIDOC Award.

I would like to thank Carolyn for taking such good care of Dr Pete and for bringing him into our lives.

Contents

Introduction 3

» Objectives 3

» Current Services and Programs 4

» Target Population 5

Chair Person's Report 7

Winnunga Board members 9

Chief Executive Officer's Report 10

Clinical Services 13

About Our Clients 16

Medical Reception 24

Chronic Disease and the Practice Incentive Program 25

Aboriginal Midwifery Access Program 25

Public Health 27

Healthy for Life 30

Social Health Services 32

Home Maintenance Program 34

Boxing Club 34

Corporate Services 35

Human Resources 36

Accreditation and Health Promotion 37

Prison Health Program 38

Research 39

Workforce Development Project 40

Finance Team Report 41

Winnunga Nimmityjah Aboriginal Health Service Financial Report 2010 - 2011 43

Figures

Figure 1: Contacts by financial year and provider type, 2007-2011

Figure 2: Proportion of client contacts by financial year and provider type, 2007-2011

Figure 3: Proportion of clients by Indigenous status, 2010-11

Figure 4: State or Territory of residence for Winnunga clients, 2010-2011

Figure 5: Age distribution of Winnunga clients, 2010-11

Figure 6: Proportion of recorded clinical items by ICPC chapter group, 2011

Figure 7: Types of dental services provided, 2011

Figure 8: Winnunga prison outreach service: proportion of encounters by correctional centre, 2010-11

Tables

Table 1: Trimester of presentation of the first antenatal visit for women who gave birth through AMAP, 2010-2011

Table 2: Birthweight of babies born to women attending AMAP, 2010-2011

Table 3: Gestational age of babies born to women attending AMAP, 2010-11

Introduction

Winnunga Nimmityjah Aboriginal Health Service (Winnunga) is a community controlled primary health care service operated by the Aboriginal community of the ACT. Its primary purpose is to provide culturally safe and holistic health services to the Aboriginal and Torres Strait Islander people of the ACT and surrounding areas.

Through its commitment to best practice standards in all areas of operations, Winnunga has become a leader in the provision of primary health care services. This position was further cemented this year with the achievement of accreditation against the Quality Improvement Council of Australia accreditation standards. This is worthy recognition of the ongoing commitment Winnunga has to good governance principles, leadership, risk management strategies, data collection and analysis and evidence based care and treatment services and the principles of holistic primary health care.

This year marks a significant move forward for Winnunga in that the service has made a decision to prioritise preventative health care. For many years providing services that address the health care needs of Aboriginal and Torres Strait Islander people has meant treating immediate health care issues as they arise. Winnunga is now in a position to focus on how to prevent chronic disease, or at least manage chronic disease in order that it does not become a debilitating illness for the individual. By doing this, Winnunga hopes to alleviate the burden of poor health outcomes caused by chronic disease, increase life expectancy and importantly, increase the opportunity for enjoyment of life through good health.

Objectives

The objectives of Winnunga are:

- To provide consistent and effective services to Aboriginal communities in the region, including communities on the New South Wales side of the border, where such a service may be required.
- To work with other community organisations and where desirable to form partnerships with other organisations with the aim of promoting better health for Aboriginal people.
- To advocate the needs of Aboriginal and Torres Strait Islander peoples to appropriate organisations, including government organisations.
- To undertake holistic health care services.
- To deliver health care services in ways that are supportive of the living preferences of people.
- To support self-reliance in health care through the provision of appropriate support to Aboriginal people.
- To provide services to Aboriginal and Torres Strait Islander peoples that alleviate the social determinants of poor health without limiting the scope of the services provided.
- To auspice services and organisations that provide services to Aboriginal and Torres Strait Islander peoples of the ACT and surrounding areas.
- To promote, strengthen and maintain the social and cultural integrity of Aboriginal communities by ensuring that all programs operate in culturally appropriate and supportive ways.

Current Services and Programs

GP Services

The clinic operates Monday to Friday, 9am to 5pm under the direction of Dr Pete Sharp. The service focuses on the delivery of acute and chronic care within a primary health care framework.

Services offered include immunisations, preventative programs such as cervical screening, vaccinations and general treatments. Psychiatric and psychology services are also offered. This year we also employed a peri-natal psychologist who is able to work with mothers and families.

The team includes general practitioner, podiatrists, dieticians, practice nurses, Aboriginal health workers, reception and administration staff and the transport services.

Winnunga has the highest number of medical student placements of any Aboriginal Community Controlled Health Organisation in the country.

Aboriginal Midwifery Access Program (AMAP)

This program is a benchmark program for the delivery of culturally appropriate midwifery services to parents and new-borns. It encourages women to access treatment at an early stage in pregnancy. Comprehensive antenatal and postnatal services are provided. Each year, The Canberra Hospital, through the University of Canberra, places 4th year medical students with the staff of the AMAP program to enhance their learning in culturally appropriate holistic pre and post natal care.

Dental Services

The dental service employs a full-time dentist and two dental assistants. The program provides treatment and preventative dental and oral hygiene care. Treatments include fillings, dentures and extractions.

Hearing Health

The Hearing Health Program undertakes hearing tests on primary school aged children in public schools across the ACT annually.

Public Health

Winnunga employs a public health medical officer to provide advice and support on matters relating to population health, quality improvement, research and public health policy. The public health medical officer has played an important role in the development of Winnunga's health prevention strategy.

The Opiate Project

Winnunga employ a full-time specialist drug and alcohol nurse to provide individualised clinical care to clients dependant on opioids, amphetamines, and benzodiazepines.

Health Promotion

Winnunga continues to conduct health promotion programs within the community and has prioritised this in the past year, employing a part-time health promotion officer.

Social Health Services

The social health services are an essential element of any primary health care facility. Programs include: bringing them home, substance misuse, dual diagnosis, youth drug and alcohol support services, child and adolescent mental health, carer support, alcohol and other drug use, social and emotional wellbeing, no more bundah, housing liaison service and home maintenance, Indigenous drug action week, needle syringe program, women's gathering, parenting program, youth diversion program, medical student education program, men's group, women's group, and various research programs as approved by the board from time to time.

Healthy for Life

Healthy for Life is a national initiative, the objective of which is to help reduce the large burden of disease in Aboriginal and Torres Strait Islander mothers, babies and children and in clients developing a chronic disease such as diabetes and heart disease. The Healthy For Life Program works with all the programs of the service to integrate preventative strategies with the aim of reducing the burden of chronic disease. The Healthy for Life tram has expanded to include a podiatrist, dietician and doctor.

Workforce Development and Education

Winnunga is committed to implementing the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002-2012. Winnunga is strongly committed to workforce capacity building. We have

contributed to the establishment of the National Aboriginal Health Worker Registration Board. The Board will oversee the national registration of Aboriginal Health Workers.

Corporate Services

Corporate services includes information technology support, health data collection, analysis, interpretation and manipulation, media and public relations, finance management, contract management, human resource management and executive support.

Accreditation and quality improvement

Winnunga continues to assist other Aboriginal community controlled health services to achieve best practice standards through accreditation. For this reason Winnunga provides support to services within the region to achieve accreditation. This year Winnunga has provided support to three services who are seeking to achieve accreditation.

Target Population

The target groups for services are all Aboriginal and Torres Strait Islander people living in Canberra and the surrounding region, including infants and young people, adults and the elderly, youth, men, women, families and any other individuals or groups who deem the service to be appropriate to their needs.

Winnunga takes a lead in working in partnership with other service providers in the ACT and surrounding regions to improve the level of service and access to services by Aboriginal people to and to help make the service delivery models used more culturally appropriate.

Chair Person's Report

It is my pleasure to again present the annual report. This year has been a challenging year for a number of reasons. It has been a year where we have been provided, for one reason or another, the opportunity to reflect on the importance of the work we do and why we do it. Everyone who comes to Winnunga contributes in a different way and for different reasons. People gain employment, contribute their time freely, volunteer as patrons or board members or participate in our activities and services. One common theme is seen in all who work for and volunteer their time – to work with and for the Aboriginal community of the ACT and surrounding areas with the hope that their contribution will make a real and lasting difference to the health outcomes of the people we serve. It is my honour to serve our community and to have worked so closely with so many dedicated people.

Staff have done a fantastic job to continue to provide services around the building works which commenced last June. The renovations have provided many challenges to staff and clients and I thank all the staff for their commitment to ongoing service delivery at this time. I congratulate Julie and the staff for having the service closed for only one and a half days during this time – this is a great effort.

Last year I reported that we had provided 29,422 episodes of care. This year that has grown to 32,835. This means that Winnunga is continuing its strong growth and we continue to make plans and implement systems to meet the growing demand for services.

This year we have made huge strides in shifting from placing most resources into acute care to balancing the resources between acute care and preventative care activities. We will continue to monitor and evaluate the outcomes of this. We want to make sure that we are making a real and meaningful difference to health outcomes.

The achievement of three year funding from the ACT and Commonwealth governments cannot be overstated. The fact that we have been able to achieve this is an indication of the esteem that Winnunga is held in by funding bodies. Our continuing quality improvement program is a huge part of this and Julie is to be commended and congratulated for her determination to see Winnunga achieve best practice standards.

Winnunga continues to be one of only a handful of services with dual accreditation in Quality Improvement Council (QIC) of Australia Standards and RACGP standards. I know that many services have chosen to undertake different accreditation standards. I also know that there are many in our sector advocating that Aboriginal community controlled health services should opt for frameworks that are easier to achieve than the QIC standards. Winnunga will continue to advocate the position that Aboriginal people deserve the highest standards in the delivery of services and that this should be evidenced through the achievement of the highest standards of accreditation. Aboriginal people are amongst the sickest in our nation and we deserve the best resources, delivered to the highest standards to address this and reverse it. We are very proud to have achieved acknowledgment of the standard of care we provide through our dual accreditation.

I would like to welcome our two new board members, Rod Little and Bill Bashford. They both come with a wealth of experience in the community and at director level and we welcome them.

I would like to thank all of the board members, Ethel Baxter, Lynette Goodwin, Alana Harris and Rod and Bill for their commitment and hard work this year.

I would like to welcome and congratulate Katey Gallagher, MLC to her new role as Chief Minister. Ms Gallagher has always been a great supporter of Winnunga and we look forward to continuing our relationship with her.

I would like to thank Jon Stanhope, former Chief Minister for his contribution to Winnunga in the years he has been involved in ACT politics. Mr Stanhope has been a constant advocate for the rights of Aboriginal and Torres

Strait Islander people and he has been a great friend to Winnunga. We hope we continue our relationship with him in the future.

I would also like to thank our Patron Jim Snow for his tireless commitment to Winnunga over many years.

This year the board continues to develop a new business plan, with it due for release in the coming months. We are also undertaking a review of the constitution. This is necessary to ensure we continue to operate in an appropriate framework, providing for Winnunga's future sustainability. We will also develop a strategic plan before the end of this calendar year.

The Board of Directors remain fully committed to diligent and effective strategic planning, budgeting for new initiatives and ensuring that Winnunga's services can continue to address the needs of the Aboriginal and Torres Strait Islander people of the ACT and surrounding areas.

I would like to take this opportunity to thank Dr Pete Sharp. Dr Pete has become unwell in the past few months. Dr Pete has been our Medical Director for more than 20 years. Like many people reading this, he has been my doctor for that period of time. A more committed and dedicated doctor Winnunga could not hope for. Dr Pete has committed his career to Winnunga and Winnunga is so much better for it. Even whilst sick, Dr Pete has continued to come to work. This is a true demonstration of the man he is and the level of commitment he has to all of us. He has been a champion for Aboriginal and Torres Strait Islander people, always advocating for self-determination and better health outcomes. He has always provided sound advice and counsel and I value him as a confidant. I congratulate him on being awarded the Australia Medal this year and no more worthy person could have received this honour.

I look forward this year to continuing our work with members, clients, the community, staff and all stakeholders to achieve our goal of improving health outcomes for all Aboriginal and Torres Strait Islander people.

Judy Harris
CHAIRPERSON

Winnunga Board members

Judy Harris, Chairperson, Ethel Baxter, Deputy Chairperson, Alana Harris, Secretary, Bill Bashford, Treasurer, Lynette Goodwin, Director, Rod Little, Director

Group photo

Chief Executive Officer's Report

I would again like to start my report by thanking all staff and clients for their tremendous efforts throughout the year under trying circumstances. We have continued with the renovations and we are proud to report that through all the work being undertaken we only had to close the service for a total of one and a half days. This is a credit to all the staff involved and I sincerely thank them for their commitment to maintaining client services.

This year there has been some changes within OATSIH and the ACT office has closed. This has meant that the NSW office now oversees Winnunga. This transition has been smooth and Winnunga is in the fortunate position, through years of hard work, of being strong and stable. We have signed three-year funding agreements with OATSIH and ACT Health which is a great milestone to have reached. I thank all of our stakeholders for their continued support and their recognition of the work Winnunga does to achieve best practice in all areas of operations.

This year has also seen the appointment of a new CEO to NACCHO, Donna AhChee. I have known Donna for almost 10 years and warmly welcome her in her new role. Donna recently visited Winnunga and was impressed by the breadth of the services we provide.

We continue to lobby government on behalf of the Aboriginal and Torres Strait Islander community of the ACT. I have met with Katey Gallagher, Chief Minister, ACT; Warren Snowden, Federal Minister for Indigenous Health; Andrew Barr, Deputy Chief Minister and Minister for Education and Training, ACT; Simon Corbell, Attorney-General ACT; and Senators Gai Brockman and Kate Lundy. I meet regularly with politicians to ensure that the needs of the community remain at the forefront of the political agenda.

I have been lobbying the Australian and ACT Government to seek support for a trial to streamline reporting. This would mean that we would trial the provision of one consistent report to both the ACT and the Commonwealth. We would provide feedback on the process and would assist to improve the process. This in turn will help reduce the burden on all Aboriginal health services in reporting.

I am pleased to advise that the AMAP has received recognition for its work with an article published in *The Australian and New Zealand Journal of Obstetrics and Gynaecology* in July 2011. The publication was based on an independent study conducted on the AMAP program. The study concluded that the Aboriginal Midwifery Access Program provides high-quality antenatal care in a trusted environment to a population at risk of poor pregnancy outcomes. It found that the high rate of smoking in pregnancy needs to be addressed. We will continue to work with expectant mothers to provide education on this issue and support in reducing or quitting smoking.

Winnunga presented a paper at the Royal Australasian College of Physicians Annual Congress in Darwin in May 2011. The paper was on the prevalence and patterns of smoking and exposure to environmental tobacco smoke in general practice patients at Winnunga Nimmityjah Aboriginal Health Service. This paper was extremely well received and Winnunga continues to find ways to promote healthy life-style choices.

In the coming year we will be submitting an application for funding to the GP Super Clinic Primary Health Care Infrastructure Fund. We are hoping to gain additional funding to build more clinic rooms and a training and education room that would include a kitchen for nutritional training.

I am pleased to see that Winnunga continues to grow, providing almost 33,000 occasions of service this year, the highest we have ever recorded. This is particularly pleasing given our limited space this year.

Our client numbers have grown and I note that 80% of our clients are Aboriginal or Torres Strait Islander people. This year Winnunga has provided services to almost 3000 Aboriginal and Torres Strait Islander people, making us the biggest health service provider to Aboriginal and Torres Strait Islander people in the ACT.

I would like to acknowledge and thank the Board of directors for their continuing support throughout the year. I would especially like to thank Judy Harris our chairperson. Judy has been unwell this year and has had a number of hospital admissions. We look forward to Judy's full recovery in the coming year.

I would like to take this opportunity to pay tribute to our Medical Director, Dr Pete Sharp. Dr Pete has been Winnunga's Medical Director since the earliest days of Winnunga. Many people may not realise that Dr Pete has made many sacrifices in pursuit of his belief in the provision of health services for Aboriginal people. When he first started at Winnunga, he was isolated from professional peers being the only doctor to be providing services. I am sure that many of his peers wondered if he was throwing his career away. None-the-less, Dr Pete remained steadfast in his commitment to Winnunga and our clients and has never waivered in his commitment. One of the things I have always admired about Dr Pete is his ability to do the hard things. He has never shied away from providing services to people in gaols, or from providing services to people with serious drug problems. This is not easy for a doctor and many, in fact most, choose not to do it. It's not that Dr Pete doesn't find it hard, because he does, but he believes in the need to provide the service and this has always been placed before his own needs. Another area that Dr Pete has contributed a huge amount to is the training of young doctors. He has committed many, many hours of his own time to this pursuit and to progressing the insight doctors have into the issues impacting upon the health outcomes of Aboriginal and Torres Strait Islander people. Because of this, doctors in Canberra have a far greater insight than they would otherwise have.

Dr Pete first became my doctor. He has become my partner in moving Winnunga forward and my friend. We have shared many, many hours together, working together, talking, sharing and planning ways to improve what we do at Winnunga. I can't think of anyone else I would rather have shared this time. Dr Pete, I thank you for what you have contributed to me personally and what you have contributed to so many individuals and the community as a whole.

I thank all those people who have participated in the life and work of Winnunga in the past year and look forward to the coming year.

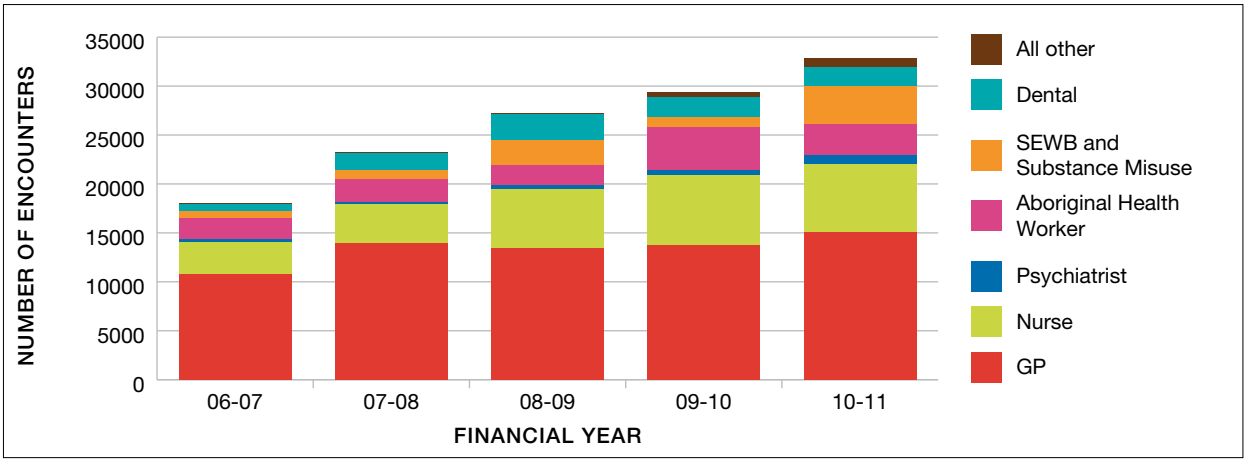
Julie Tongs
CHIEF EXECUTIVE OFFICER

Occasions of service

In 2010-2011 there were 32,835 occasions of service at Winnunga (excluding transport and telephone consultations). This was an increase in occasions of service of 12% over the 2009-2010 year. (Figure 1) There was a 10% increase in client contacts with general practitioners and a small decrease in contacts with nurses. The number of contacts with Social and Emotional Wellbeing Workers and Substance Misuse Workers more than tripled, but the number of contacts with Aboriginal Health Workers decreased by 28%. The changes in client contacts reflected staffing levels in the respective clinical teams.

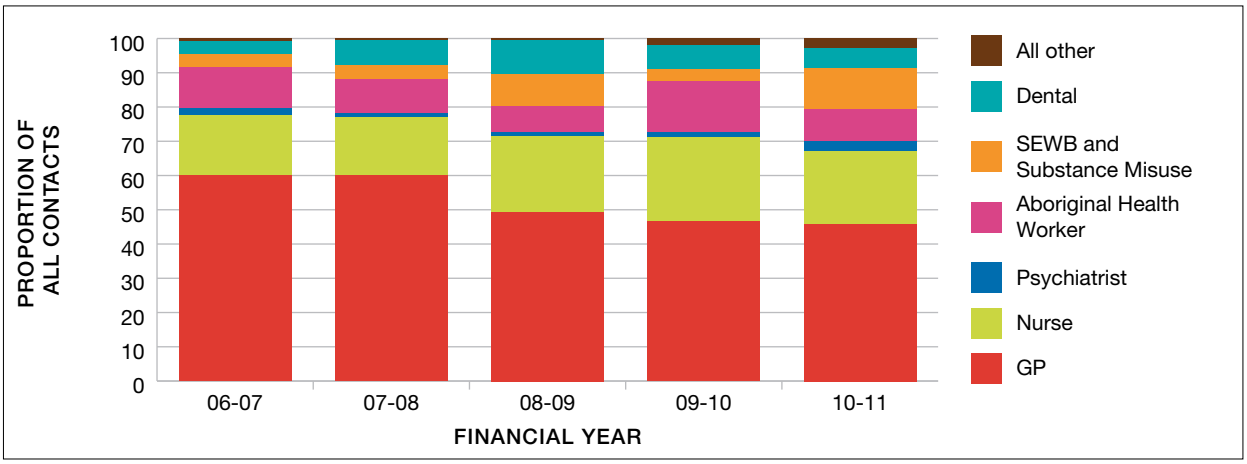
The increase in "all other" consultations reflects increasing service provision from visiting medical specialists and allied health practitioners such as audiology, physiotherapy, podiatry and dietetics.

Figure 1: Number of client contacts by financial year and provider type, 2007-2011

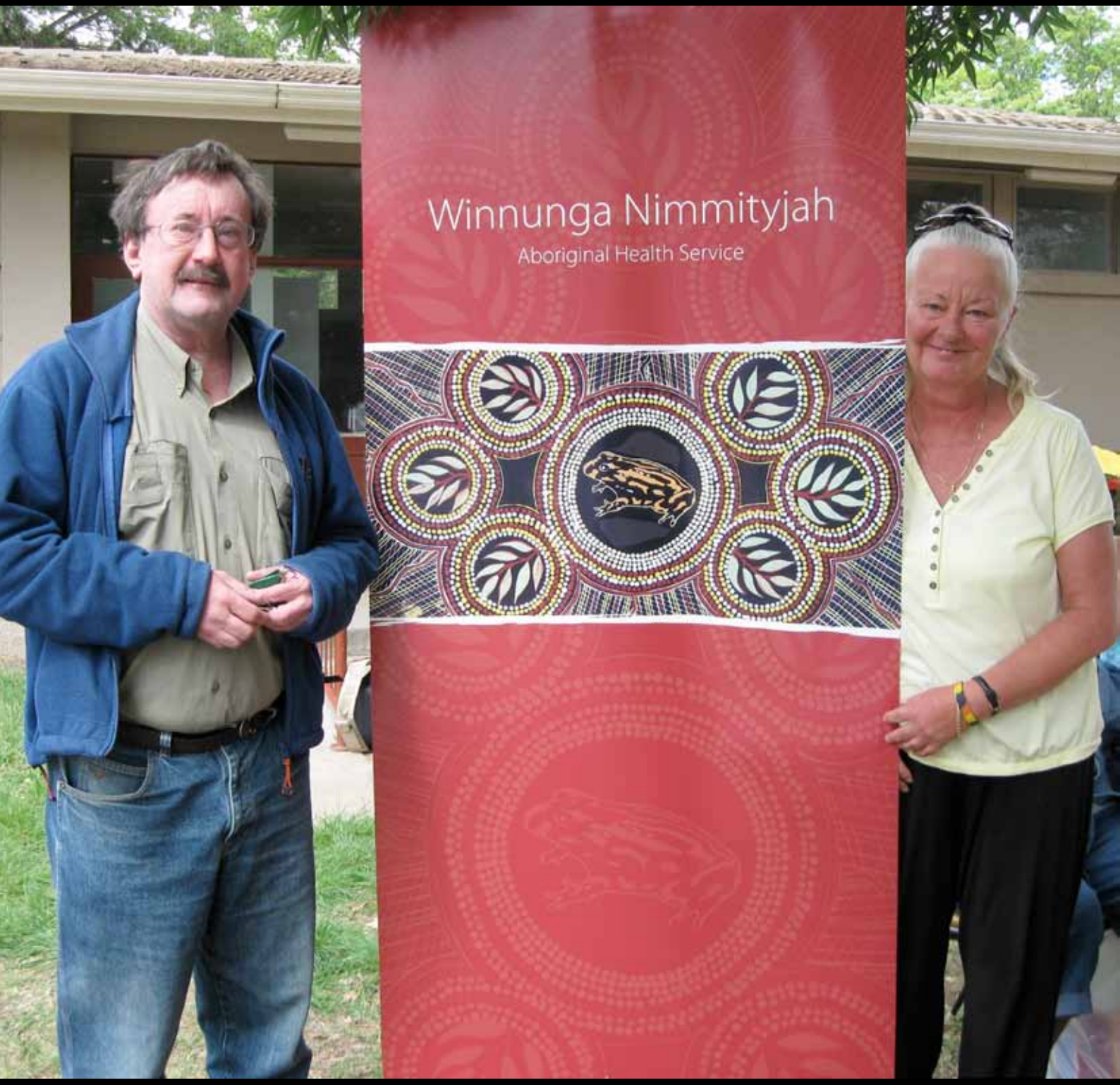


Forty-six percent of client contacts were with general practitioners, 21% with nurses, 21% with Aboriginal Health Workers and the Social Health Team, and 12% with other staff (Figure 2).

Figure 2: Proportion of client contacts by financial year and provider type, 2007-2011



In addition to the client contacts shown above, there were more than 4,700 transport episodes recorded. The majority of transport episodes were bringing clients to Winnunga (45%) or returning clients to their home (47%).


Winnunga Nimmityjah
Aboriginal Health Service

Clinical services

When I first commenced working for Winnunga, it was providing services 2 days a week. In 1991 it became a fulltime service with myself as the GP, a receptionist and two Aboriginal health workers.

So many people have contributed to the success of Winnunga in the years since 1989. Community members who have supported the view that Aboriginal people require culturally safe and appropriate services, clients who continue to work with us to achieve improved health outcomes, public servants, politicians from all sides of politics, patrons, organisations such as the AMA, universities and so many more.

I believe that our greatest strength is our capacity to see where there is need, to listen to those who have that need and to respond by establishing appropriate services. It is this strength that has made us one of the strongest, largest and quality driven Aboriginal community controlled health services in the country today.

To watch the organisation blossom and grow to where it is today has been both fascinating and exhilarating. Whilst so many people have contributed, three people stand out in their contributions.

Olive Brown, our founder, recognised the need for the ACT to have an Aboriginal health service. It was her incredible efforts and drive that pushed the government to recognise this need. Olive had to break through so many barriers and through all the resistance to this to achieve the goal of establishing the first Aboriginal health service in the ACT.

When Julie Tongs became the CEO, the organisation was not progressing. It was stagnate and could have remained stagnate but for her efforts. Where we are today is a reflection of Julie's effort, tenacity and drive to excellence.

Judy Harris demonstrates what consistent leadership and commitment can contribute to an organisation. Judy has, over so many years, contributed her knowledge and experience to the Board of Directors in a way that has ensured the continued growth, good governance and advancement through the history of the organisation. Judy's quiet leadership has contributed a continual line of governance and strength.

It has been my honour and privilege to work with these three strong women.

Looking to the future, we must plan for continued service expansion, most notably in the area of dialysis and services directed at people with hepatitis C. These are two areas of need and we will be addressing them in the near future.

So many areas of my work at Winnunga have contributed to me personally and professionally. I have a lot of personal pride in my work with people incarcerated through the various prison projects operated by Winnunga and the opioid replacement program. These programs have been going for some 13 years and will continue into the future.

It is notable that in a time of shortage of GPs all around the country and especially in the ACT, that Winnunga is able to attract sufficient doctors and we have several doctors who have been with us for more than 10 years. We are very fortunate to have doctors who are not only willing to contribute their clinical skills, but also contribute to the supervision of registrars and medical students. I thank my colleagues for this.

One of the important roles Winnunga has is to provide education and training to future doctors. The program provides doctors in training the opportunity to understand the unique issues and barriers that Aboriginal and Torres Strait Islander people have to overcome to achieve optimal health outcomes. Some of the doctors will ultimately work for an Aboriginal health service. Many others will carry with them the experience of their time at Winnunga and because of that a greater understanding and ability to assist in overcoming these barriers in the health care system.

As I write this, I reflect on how much Winnunga has become a part of the fabric of the ACT health system over the past 22 years. Its role will continue to expand. The barriers that are faced are very real but huge barriers have been overcome. Winnunga is an example of how the sum of many parts is so much greater than the sum of individuals. It is because so many people have worked together that so much has been achieved and will be achieved in the future.

I thank all of the staff for their hard work. The doctors and nurses who continue to provide excellent care to clients. The reception staff, led by Jodie Longford, are a welcoming site for anyone coming through the doors of the clinic. The social health team who are dedicated to their clients and provide an excellent service. Martha Yu for her commitment to the integrity of our data. Dr Ana Herceg for her advice and leadership in public health. To all of the administration and finance staff for ensuring that all runs smoothly. All the people working in programs like Anne-Marie, Kacey, Shannon, Kate, Chanel, Clare and Thelma. Nerelle for her excellence in research. My fellow senior managers Rae Lacey and Roxanne Brown for their ongoing support. To all staff who work together to contribute to the success that Winnunga is. My thanks to Julie Tongs for her leadership and dedication.

My thanks especially to Carolyn Patterson who first introduced me to Winnunga.

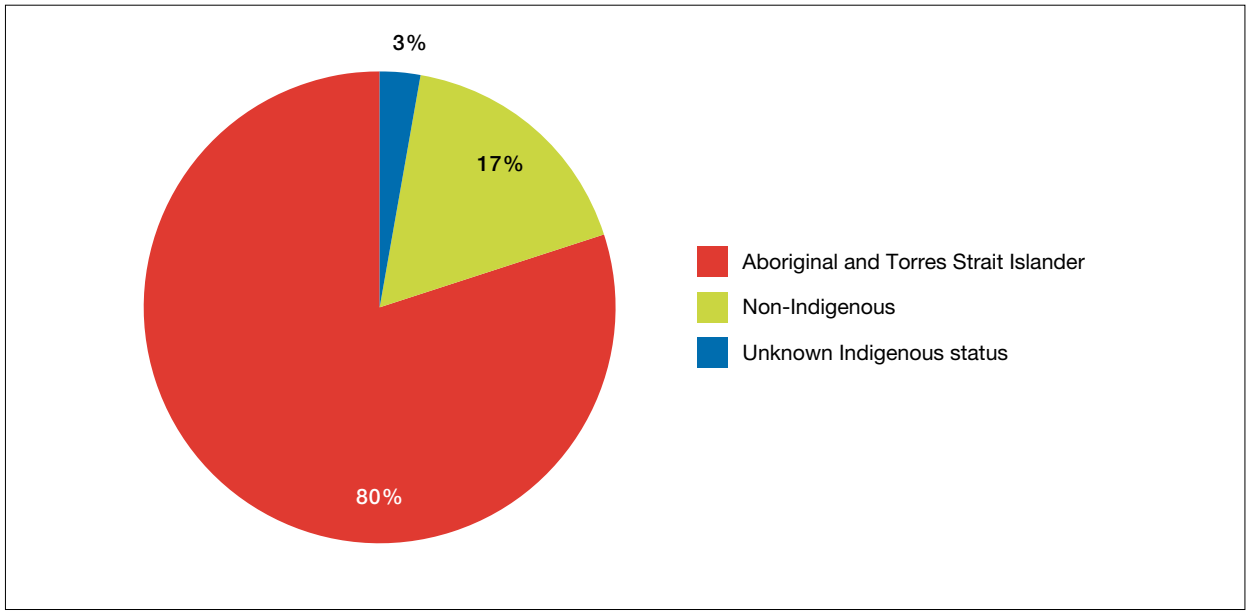
It has been my great privilege to work with the Aboriginal and Torres Strait Islander people of the region who know best the issues facing their community and with whom the solutions to those issues lay.

Dr Pete Sharp, AM
MEDICAL DIRECTOR

About Our Clients

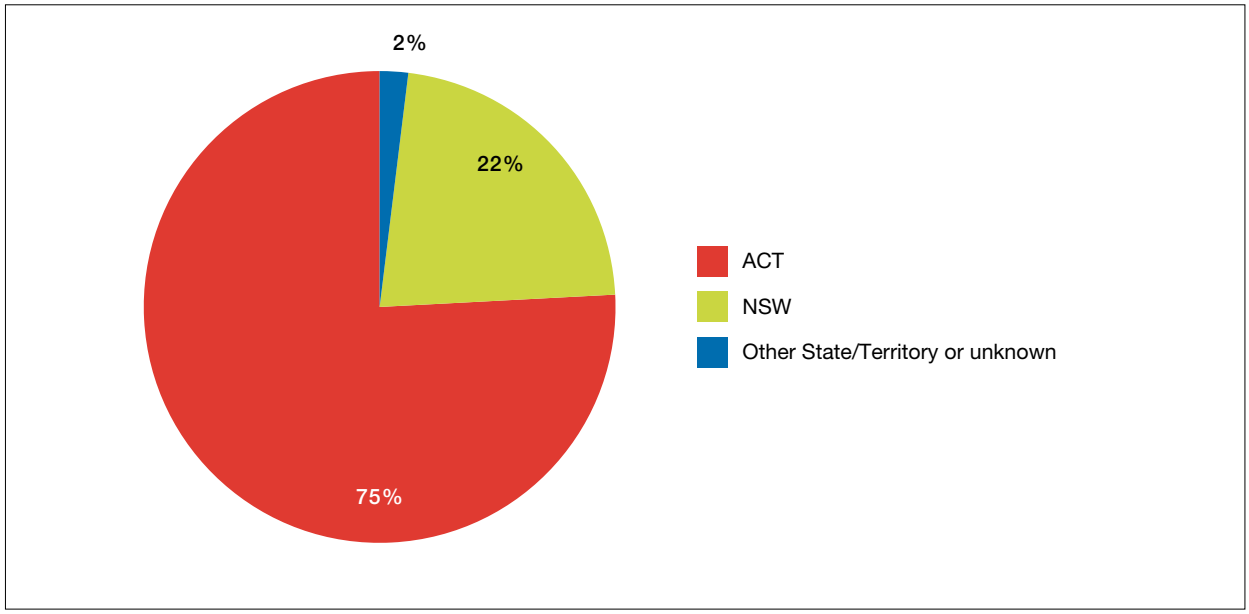
In 2010-11 there were 3639 individual clients seen at Winnunga Nimmityjah Aboriginal Health Service. Of these, 80% were Aboriginal and Torres Strait Islander, 17% were non-Indigenous and for 3% their Indigenous status was unkown. (Figure 3)

Figure 3: Proportion of clients by Indigenous status, 2010-11



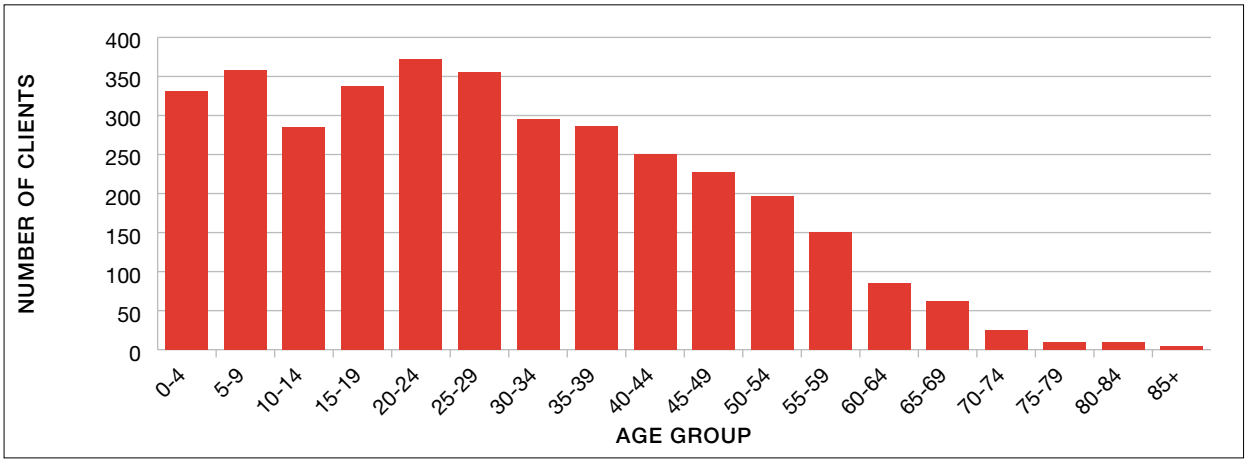
The majority of clients were ACT residents (75%), with an additional 22% living in NSW. Two percent of clients were either residents of other States or the Northern Territory, or this information was not recorded. (Figure 4)

Figure 4: State or Territory of residence for Winnunga clients, 2010-2011



The age distribution of clients in 2010-11 reflected the Aboriginal and Torres Strait Islander population, with the majority of clients being young (Figure 5). Fifty-three percent of clients were female and 47% were male.

Figure 5: Age distribution of Winnunga clients, 2010-11



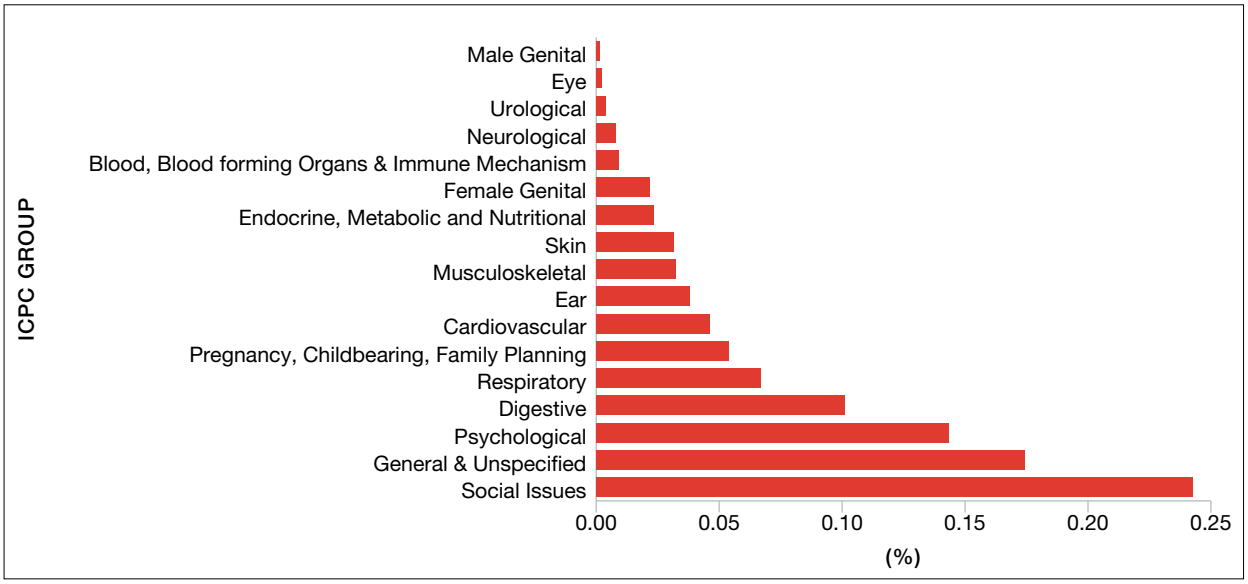
Reasons for clients attending Winnunga

Clinical items in the Winnunga patient information system describe the types of illnesses seen and types of services provided. Classification is based on the *International Classification of Primary Care*, or ICPC, which groups diseases and procedures into categories according to the affected body system. Individual patients may have more than one item recorded, and may have the same item recorded on multiple occasions. This is not a comprehensive description of the burden of diseases encountered in clients. However it does provide some indication of the reasons why clients attend Winnunga.

In 2010-2011 the largest proportion of items recorded was in the "Social issues" category. At Winnunga this includes support, advocacy and counselling provided by the Social Health Team, stolen generation issues and attendance at Men's and Women's Groups.

The second largest ICPC group was the "General and Unspecified" category. This includes health checks, childhood immunisations, referrals, having blood taken for tests and lifestyle advice. This was followed by the psychological conditions group (which includes mental health conditions, substance misuse and smoking cessation) and then the digestive system (which includes dental).

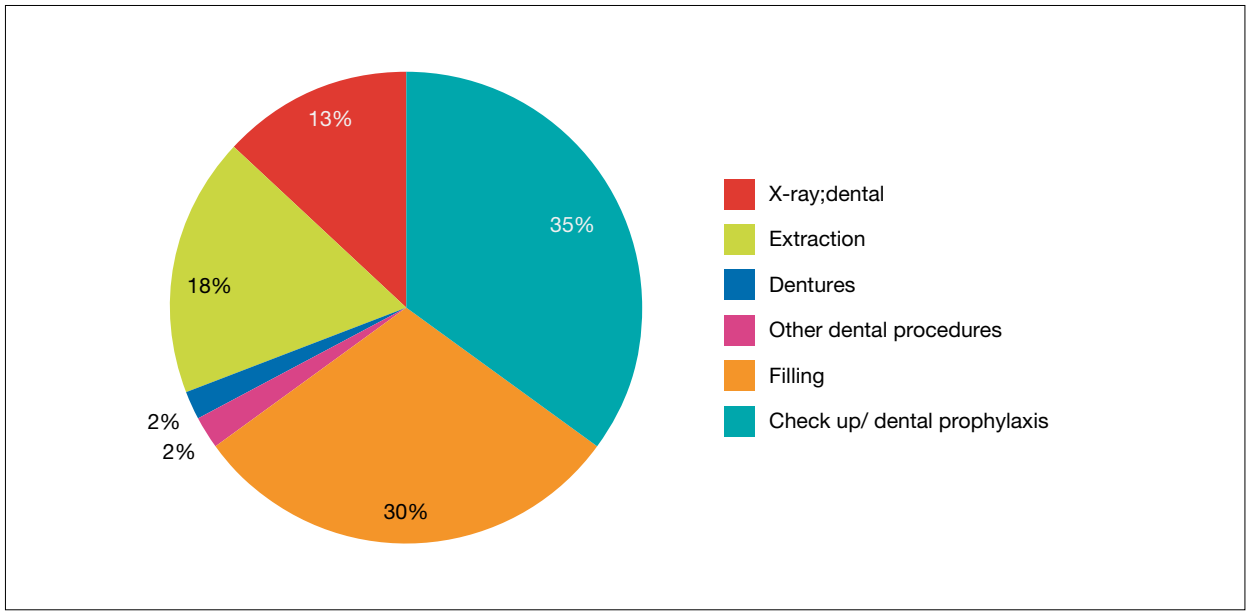
Figure 6: Proportion of recorded clinical items by ICPC chapter group, 2011



Dental services

The Winnunga dental service recorded 2004 client contacts for 587 individual clients in 2010-11. Of the recorded dental procedures, 30% were for fillings, 18% were extractions and 35% were for preventive dental including check-ups (Figure 6).

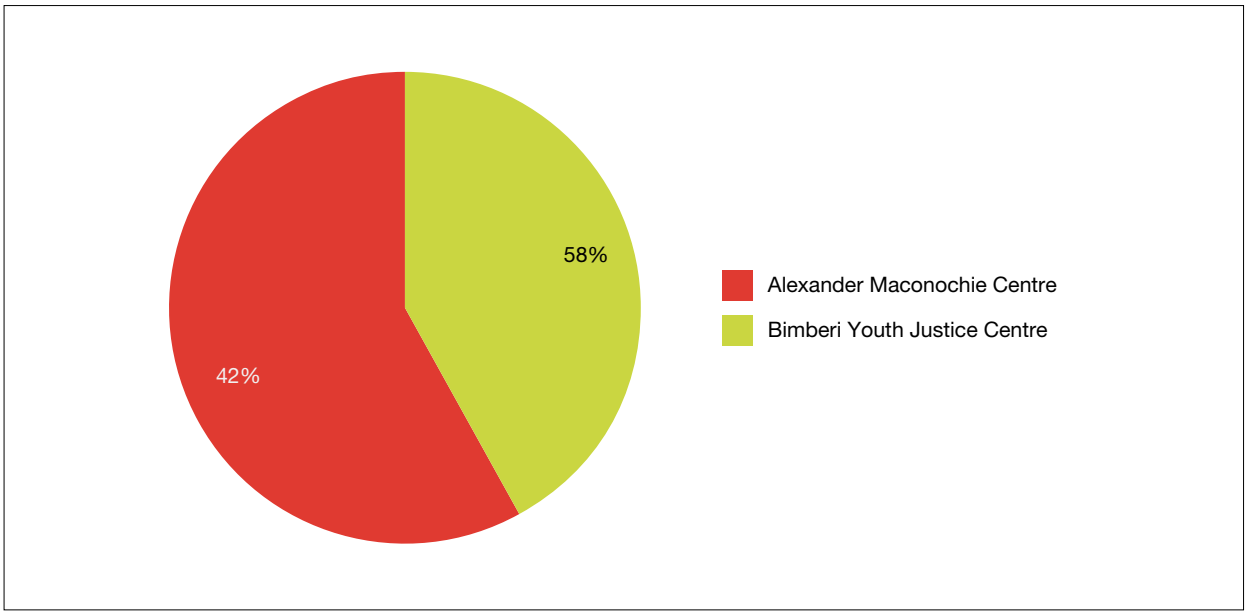
Figure 7: Types of dental services provided, 2011



Prison health visiting service

In 2010-11 there were 195 client encounters in ACT prisons recorded, at the Alexander Maconochie Centre and at Bimberi Youth Detention Centre (Figure 8). The majority of prison visits (68%) were conducted by Dr Peter Sharp. Visits to NSW prisons ceased during 2009.

Figure 8: Winnunga prison outreach service: proportion of encounters by correctional centre, 2010-11



Nursing Services

The objectives for the Nurses at Winnunga have been to provide a safe holistic caring environment to our community. This has been achieved through constant review of our environment and practices in order to ensure that the highest standard of care is provided. This has been pushed to the outer limits with all the renovations going on this year! Our thanks go out to the Community for their patience with us as we have been going through this change.

Not only has it been a year of change with the renovation's, but late last year Evelyn Sommer left Winnunga to work closer to home. Evelyn was here as part of the team for 3 years and was a great support to the clients, especially the mums and bubs as she had a great knowledge of maternal and child health. Evelyn has been missed by many of the community.

We have also said farewell to Chrissi Arthur, who has moved to the South coast (NSW) - via Perth. Chrissi will be missed and remembered for her warm smile and contribution to the clinical practice at Winnunga.

We welcome Kerin O'Brien to the team. Kerin has been seconded to us for 12 months as a Mental Health Nurse. Kerin has worked in mental health for a long time and has extensive experience in working with clients and within the ACT Mental Health Service. Kerin provides a great deal of support and services to some of our clients and assists clients accessing multiple services within Winnunga and the broader health system.

Once again we have achieved a high standard with our immunisation rates, recording a rate of 92.2%, placing us in the highest standards of immunisations in the country and higher than the ACT and national averages.

I am pleased to report that the nurses provided 21% of all client contacts at Winnunga. This means that the nurses provided 6895 episodes of care to clients which is a great achievement.

The nursing team play an important part in assisting clients to undertake health checks and working with the doctors to complete GP management plans. In the coming year we plan to improve the rate of health checks as these play an important role in identifying potential health issues early. This enables us to work closely with clients in planning preventative activities. The GP Management Plans are a very effective tool in assisting clients to access a range of services in a coordinated way. We also plan to work closely with the GPs and clients to increase the number of clients being offered access to the GP Management Plans.

Another important initiative is the diabetes clinic. This clinic brings together people with diabetes to share their experience and discuss any issues. By doing this together people have the opportunity to share their experiences and learn from each other. It is also a great opportunity to talk over issues with the podiatrist and dietician from ACT Health. The Clinics run every second Wednesday of the month and anyone with diabetes is welcome.

We have continued to provide supervision, support and education to nursing students from various campuses as well as student Doctors. These students have valued their time at Winnunga, especially their time with the patients and have walked away with a greater understanding of the issues impacting upon Aboriginal people's health.

I am pleased to have been appointed the Nurse Manager at Winnunga. The coming year will bring a new set of challenges and as always we will meet those challenges. I am pleased to be a part of Winnunga and look forward to working with all the staff and clients in the coming year.

Malcolm Bennett
NURSE MANAGER

Medical Reception

This year I would like to start by thanking all of our clients who have been so patient throughout the course of the renovations. We understand that this has been inconvenient and appreciate your persistence. I can assure you that it really will all be worthwhile in the end, with better space made available to all clinical services.

Amidst all of the renovations, staff have still achieved a great deal this year. I congratulate all staff on their participation in the professional development program. All clinic staff have completed first aid training, training on triaging clients, occupational health and safety training and fire safety training.

We have welcomed two new receptionists to the team, Jay Morrisey and Sara Gray. We welcome them and appreciate their contribution. We have also trained other staff who can provide back-up support to the reception staff. This makes it easier to manage leave.

One of our roles in reception is to ensure that all of the filing and paperwork for the clinic is maintained and up-to-date. This is a huge responsibility given that Winnunga has more than 8000 open client files. We are pleased with our efforts in having achieved this.

We also make sure that client files are kept up-to-date with contact details and Medicare information. This is essential, especially in a busy practice where we see many sick clients. It is important that all clinical staff are confident that they are able to contact someone in case of an emergency.

The Practice Incentive Program's *Tackling Indigenous Chronic Disease* has again required a huge commitment on the part of reception staff. Reception staff continue to provide support in inviting people to sign consent forms to participate in the Program. All regular adult clients of Winnunga who have a chronic disease are being invited to participate.

We welcome the Registrars who continue to work in 10 week rotational blocks. We are very pleased to have a new permanent doctor, doctor Dr Mehwish Jabeen. Dr Jabeen is a great asset to the clinical team and many clients have started asking to be seen by Dr Jabeen.

We have introduced an appointment system for health checks and chronic disease care plans. This is very popular and I urge all clients to speak to the receptionists about an appointment for a health check and/or a care plan.

The transport team continue to be extremely busy. They provide an invaluable service in assisting clients to access health care services and without them many of our clients would miss out and suffer poorer health outcomes as a result.

This has been a very productive year and I look forward to the challenges ahead. Even though this year has been busy and at times disruptive, we have continued to strive to meet client needs in a timely and effective manner. We always appreciate the patience of clients when we are busy. I thank everyone, doctors, nurses, the social health team and especially the clients who continue to come and access our services.

I look forward to the challenges that lie ahead in the New Year and especially to the clinical areas that will be finished.

I would like to especially thank the reception staff and drivers for their commitment to client service on a daily basis.

Jodie Longford
PRACTICE MANAGER

Chronic Disease and the Practice Incentive Program

The *Tackling Indigenous Chronic Disease* program has been extremely successful. In total we have had 535 people who are eligible for the program, sign up to participate. This enables the clinical team to more effectively plan services for the individual and refer to other services such as podiatry and nursing services.

The reception staff have done a great job in supporting this program.

In addition, 1297 clients have signed up to the QUMAX program providing access to the PBS co-payment scheme. This is of great benefit to all clients who are eligible to participate and we encourage clients to ask about these two programs.

Aboriginal Midwifery Access Program

The 2010-2011 financial year saw the Midwifery team continue to provide comprehensive antenatal, birthing and postnatal services to Aboriginal and Torres Strait Islander families in the ACT and surrounding region.

There were 46 children born to 45 mothers who attended antenatal care with the AMAP program this financial year. A further 38 women were provided antenatal care during the period and either moved out of the area, changed to another midwifery program, ceased being pregnant early or had not yet given birth at the end of the financial year. Postnatal care was provided to 55 families.

Clients accessing the Midwifery Program at Winnunga are predominantly ACT residents (80%), however we are still seeing a number of clients from NSW – mainly from Yass and the South Coast region. Clients travel to the ACT for obstetrics and specialist care.

The Midwifery Program continues to emphasize the importance of early presentation in pregnancy, as it provides us with an opportunity to collect an accurate personal history, provide a health assessment, and refer high risk clients to the Fetal Medicine Unit at The Canberra Hospital as necessary. This results in much better outcomes for both mothers and babies. This year 49% of women who gave birth presented in the first trimester of their pregnancy.

As a number of our clients are from the Queanbeyan area, we also work closely with Queanbeyan Hospital, referring clients to and from their Aboriginal Midwifery Program (AMIHS). Early presentation has also given us the opportunity to educate expectant mothers on high risk activities such as alcohol and drug use. Smoking in pregnancy rates are high among our clients (55%), so we have been involved in preventative health activities such as promoting either quitting or reducing smoking during pregnancy. We also work closely with Winnunga's Tobacco Cessation Workers and GPs to provide ongoing support and referral to the Winnunga quit smoking program – No More Bundah. The Midwives also refer clients to the Social Health Team for support with Care and Protection, Housing issues and Centrelink.

This year we have continued our educational program with a focus on gestational diabetes. The program has included close monitoring of women, and education on healthy eating during pregnancy and for people with gestational diabetes. We liaised with Ricky Knight, the Indigenous Worker from Diabetes Australia ACT. We continue to work to provide information on safe sleeping for babies, and Debbie continues to educate clients during pregnancy regarding safe baby equipment, and then once they go home, on checking the baby's sleeping environment.

Dr Emma Adams continues to see clients that we have referred to her. We have had wonderful feedback from clients that she was able to do home visits when they

have just come home from hospital with a new baby - this service is greatly appreciated. Pam attends the visits with Dr Emma to introduce the clients for their first visit.

A huge success for the Midwifery Program this year has been the high number of clients attending Winnunga to have their children immunised. The Midwifery Team has worked with the Practice Nurses to provide a flexible service for families, who can attend Winnunga at any time to receive immunisations. Clients are fast tracked to a Practice Nurse rather than having to wait for a GP. Clients are also contacted regarding overdue immunisations. We are very proud of the 92.2% immunisation rate we have achieved. This is higher than the ACT rate and the national rate of immunisations. Congratulations to all involved and especially the parents who have taken such a proactive role in having their children immunised.

We continue to educate mothers about the benefits of breastfeeding and we provide support through the process. Sixty-three per cent of women commenced breastfeeding when their baby was born. Breastfeeding information is also collected when children are immunised. This information showed that at 6 months of age, 34% of children were still receiving breast milk.

Due to the staffing shortage and transport issues with client access to Winnunga, the Pregnancy and Parenting Group suspended regular meetings last year. We had a special one-off breastfeeding session with a guest speaker from the Australian Breastfeeding Association and finished the year with a Christmas party. We also work with ACT Health Maternal and Child Health nurses and Marymead for referral of clients for parenting classes.

Pam has been here for eight years and has come to know a lot of the families. She continues to be a very valuable member of our team.

We would like to thank the entire Winnunga team for their support and look forward to working with everyone in the coming year.

Debbie Howroyd, Midwife and Carolyn Patterson, Senior Midwife

Table 1: Trimester of presentation of the first antenatal visit for women who gave birth through AMAP, 2010-2011

Trimester	%
First_Trimester	49%
Second_Trimester	44%
Third_Trimester	7%
Total	100%

Table 2: Birthweight of babies born to women attending AMAP, 2010-2011

Birth weight	Percentage
Weight <2500g	20%
Weight 2500-4499g	78%
Weight >=4500g	2%
Total	100%

Table 3: Gestational age of babies born to women attending AMAP, 2010-2011

Gestational age	Percentage
Pre-term <37 weeks	17%
Full-term 37-42 weeks	83%
Post-term >42 weeks	0%
Total	100%

Public Health

Public Health is concerned with protecting and improving the health and wellbeing of communities. It includes assessment and monitoring of health status, disease prevention, health promotion, policy development, research and program evaluation/

As the Public Health Medical Officer I have a number of roles, including supporting clinical staff particularly with data management and quality improvement, supervising the Data Officer (Martha Yu) and Policy Officer (Kate Wallis), supervising research, analysing data for reporting and providing advice to the CEO on public health and policy issues.

I often work with other Public Health Medical Officers in NACCHO and NACCHO Affiliates around Australia to provide consistent advice on issues that affect all of us. This year we have been trying to ensure that new reporting requirements (such as the National Key Performance Indicators) are evidence based and useful, and that the new Web Based Reporting System is robust and secure for Aboriginal Health Services. We continue to argue for better outcomes for Aboriginal Community Controlled Health Services and some of these issues remain unresolved.

Martha Yu has remained an incredibly valuable cornerstone of Winnunga. Martha continues to manage all aspects of Communicare, including updating, troubleshooting, supporting clinical staff on a daily basis and liaising with linked services such as Medicare, pathology, radiology and hospitals. Martha trains new doctors and other clinical staff on the use of Communicare when they start at Winnunga and manages users arriving and leaving. She also manages the SMS system which allows staff to send text message reminders to clients.

Communicare is the medical record system used by Winnunga and many other Aboriginal health services. It provides invaluable information that assists in training programs, identifying need and evaluating what we are doing. Martha and I have worked with new and established staff at Winnunga to ensure that Communicare is working to help record their clinic care effectively and that data required for reporting is easy to access. We have assisted the new Tobacco Control Workers, the Healthy Lifestyle Worker and the audiologist with developing data entry items that describe their work.

Another important part of our work is to extract information from Communicare for reporting against the contract requirements. Without this, Winnunga would not be able to enter into contract arrangements for the funding of programs. We have multiple reports to complete during the year and we are very fortunate that Martha has the knowledge and skills to extract the information, check for accuracy and report correctly. Martha and I are constantly working on improving data entry and extraction so that we have good information available about Winnunga services.

Some of the information we extract about Winnunga services is used internally by clinical staff and managers to assess progress and improve services. For example at the monthly doctors' meetings we have looked at data on health checks, chronic disease care plans, team care arrangements, Pap smear rates and influenza vaccination rates. The Board of Directors also regularly review data which helps them to develop the strategic and business plans.

Martha is still providing some outreach data support to Riverina Medical and Dental Aboriginal Corporation in Wagga Wagga. This support has helped RivMed with their use of Communicare and with their reporting. Martha has been greatly appreciated by the team at RivMed. Martha has also continued to be involved in national e-Health initiatives through the NACCHO National ICT/IM Working Group. This year the group has particularly worked on the Web Based Reporting Tool and the Personally Controlled Electronic Health Record.

I have continued to supervise a number of ANU Medical Student research projects. This year two individual student projects have been finalised. Sally Hansen was fortunate enough to have been awarded a John Snow Scholarship from the Australasian Faculty of Public Health Medicine for her smoking survey. This scholarship allowed Sally to present her work at the Royal Australasian College of Physicians Annual Congress in Darwin in May, see below. Raphael Wong also had his study of the AMAP program accepted for publication in the Australian and New Zealand Journal of Obstetrics and Gynaecology, see below.

This year we also had a group of 4th year ANU medical students doing a population health project looking at barriers to treatment of Hepatitis C for Winnunga clients. This project was very useful as it resulted in a better working relationship between Winnunga and The Canberra Hospital Liver Clinic, including a plan for a visiting outreach service and more structured shared care for clients with Hepatitis C.

QUMAX funding this year has allowed Winnunga to employ a pharmacist, Jan Chapman, for half a day a week. Jan has been excellent with providing medication reviews and discussing medicines with clients. In addition she is able to give staff advice and training on quality use of medicines.

Kate Wallis (Policy Officer) has been on maternity leave for this financial year but is due back in July.

Dr Ana Herceg
PUBLIC HEALTH MEDICAL OFFICER

Prevalence and patterns of smoking and exposure to environmental tobacco smoke in general practice patients at Winnunga Nimmityjah Aboriginal Health Service

Authors: Sally Hansen, Dr Ana Herceg, Dr Peter Sharp, Roxanne Brown & Peter Pinnington

This study was presented at the Royal Australasian College of Physicians Annual Congress in Darwin in May 2011

Abstract

The project's objective was to determine the prevalence of tobacco smoking and patterns of environmental tobacco smoke exposure in Aboriginal and Torres Strait Islander general practice patients of Winnunga Nimmityjah Aboriginal Health Service. Reception staff handed out surveys to eligible participants upon arrival at Winnunga over 10 working days in March, 2010. The survey was anonymous and asked about smoking status and exposure to smoking at home and in vehicles.

344 eligible patients visited Winnunga during the collection period. 179 eligible surveys were collected, giving a response rate of 52%. Of the 179 participants involved in the study, 150 were of Aboriginal and Torres Strait Islander origin. 56% of Aboriginal and Torres Strait Islander participants were current smokers. In 74% of households there was at least one regular smoker and 13% of Aboriginal and Torres Strait Islander households with children aged less than 14 years contained a regular smoker who smoked indoors. 52% of current smokers smoked inside a vehicle and 32% of participants travelled with someone who smoked inside a vehicle.

Compared with national and ACT figures, Winnunga patients reported a higher proportion of current smokers, a similar rate of households containing children with regular smokers and a lower rate of households containing children with regular smokers who smoked indoors. Environmental tobacco smoke exposure was higher for adults than for children, with adults exposed indoors, outdoors and in vehicles. There were low rates of smoking outside or in vehicles in the presence of children.

The low response rate to the study means this may not be the best way to measure smoking prevalence. We will look at other ways to monitor smoking status over time. Surveys are still a useful way to assess self-reported behaviour, and this study gives us information to support smoking cessation programs.

Positive impact of a long-running urban Aboriginal medical service midwifery program

Authors: Raphael WONG, Ana HERCEG, Carolyn PATTERSON, Louise FREEBAIRN, Ann BAKER, Peter SHARP, Peter PINNINGTON and Julie TONGS

This article was published in *The Australian and New Zealand Journal of Obstetrics and Gynaecology* in July 2011

Abstract

Background: This project aimed to describe the uptake and impact of the Winnunga Aboriginal Midwifery Access Program (AMAP) services on access to antenatal care, behavioural risk factors and pregnancy outcomes.

The study also aimed to compare the characteristics of AMAP client pregnancy outcomes with other women giving birth in the ACT.

Methods: This was a descriptive study of AMAP clients who gave birth in 2004–2008 based on information from electronic and paper records. Outcome measures included maternal and baby characteristics, antenatal visits, behavioural risk factors and pregnancy complications. Characteristics of AMAP clients were compared with the ACT Maternal and Perinatal Collection.

Results: Of 187 women who gave birth, 11.2% were aged <20 years, 50.3% presented in the first trimester and 94.7% attended five or more antenatal visits. Of 193 babies, 17.1% were born preterm and 18.1% had a low birthweight. Compared with all Aboriginal and Torres Strait Islander women who gave birth in the ACT, AMAP clients had a higher smoking rate (63.8 vs 49.0%), a lower caesarean delivery rate (20.0 vs 27.6%), a slightly lower proportion of preterm babies (18.8 vs 21.6%) and a slightly lower proportion of low-birthweight babies (18.8 vs 21.0%). Compared with non-Indigenous births in the ACT, AMAP clients were younger and had much higher rates of smoking. Rates of preterm birth and low birthweight babies in AMAP clients were more than twice as high as those for non-Indigenous women.

Conclusions: The Aboriginal Midwifery Access Program provides high-quality antenatal care in a trusted environment to a population at risk of poor pregnancy outcomes. The high rate of smoking in pregnancy needs to be addressed

Healthy for Life

Healthy for Life has continued to expand its preventative health care services over the past 12 months. As planned, an additional dietitian has been employed to service clients aged over 25. This is a partnership with the ACT Division of General Practice under Closing The Gap. The dietician employed is Eucale Stanes has been working with numerous clients with wide ranging health issues, being overweight and obesity are the most common concerns.

Achieving a sustainable healthy lifestyle change and weight loss is often a long journey and a trusting consistent clinician/client relationship is paramount to success. Eucale has endeavoured to take a flexible approach with clients, often conducting phone consults and tailoring consults to meet individuals' needs. This increases engagement and improves health outcomes. One-on-one appointments are available to all Winnunga clients and we welcome anyone who wishes to make an appointment.

Eucale also conducts fortnightly cooking demonstrations. These clinics aim to tackle obesity and chronic disease amongst the local community by empowering individuals to take action in relation to their health and make changes to ensure they can lead a longer and healthier life. Clients are encouraged to adopt healthy eating and healthy living practices. Eucale discusses healthy eating as the key to a healthy life and provides details on health issues such as diabetes and what people can do to reduce their chances of developing chronic diseases. There is also an emphasis on physical activity as a way to achieve good health.

An additional podiatrist, Rachell Haack, has also been recruited to provide extra podiatry services. This will compliment the work the diabetes clinic podiatrist provides our diabetics once a month and also extends this service to non-diabetics that up until now have not been able to access this service. One-on-one appointments are available on a fortnightly basis. To increase the success of our preventative health programs, we are hoping to extend this service to include educational sessions for clients and community members on foot care. Learning about how to prevent and manage chronic disease is an important step toward self-determination.

Dr Bernard Gilles has been a welcome addition to the HFL team. By recruiting Dr Gilles, we have been able to conduct health checks by appointment. This has meant that we have been able to extend access to health checks to workers. This has previously been a barrier, so we had to modify how we deliver our services to ensure it benefits the individual, the family and the community as a whole.

Health checks are used to gain baseline readings of the general health of a person. As health checks are conducted annually, any changes can be measured and compared over a period of time. Any changes can be detected early and prevent issues from developing into complications or health issues.

The Hearing Health Program is now a part of Healthy for Life. Audiologist Jeanette Scott, and trainee Otitis Media Worker, Katrina Brown provide school based screening and one-on-one reviews and follow up within Winnunga. Aboriginal and Torres Strait Islander people experience disproportionately higher levels of hearing impairment and deafness when compared with the Australian community generally. This has implications for learning in early childhood and school age children. It also has consequences for the health of the child. In turn this impacts on whole of life issues as the child grows into an adult. It can limit access to further education, employment, economic stability and participation.

One of the primary causes of hearing impairment and deafness in Aboriginal and Torres Strait Islander people is otitis media (ear infections). In its milder forms, otitis media causes temporary hearing impairment and is generally painless. For this reason, people with the infection often do not realise they have a hearing impairment. However, permanent hearing damage can result if it re-occurs regularly and becomes a chronic condition. The condition is particularly harmful when it is carried from childhood into adolescence. We are currently in the process of expanding this program into the prisons.

Dr Marianne Bookallil has continued providing medical support to the Healthy for Life Program. Dr Marianne provides orientation support to new doctors and medical students and conducts training on health checks and diabetes management. Unfortunately Paul Hingston has resigned from his position as an Aboriginal Health Worker and we continue to search for the right person for this position.

The Healthy for Life team has continued to provide part of the orientation to new medical staff in collaboration with the Social Health Team by providing education on the difference between main stream health services and the comprehensive holistic primary health care delivered at Winnunga.

I would like to thank the AMAP team, Social Health Team, doctors, nurses and specialist services staff for working in close collaboration with us. I would also like to say a special thank you to the reception staff, bus drivers and Dr Ana Herceg and Martha Yu for their ongoing support.

Anne-Marie Quinn
PROGRAM COORDINATOR

Social Health Services

The Social Health Team has undergone some changes this year. We are currently in the process of recruiting more team members who can contribute to the current team of skilled workers. Applicants have been of high quality and we are excited about the potential to compliment the vast knowledge and expertise the Social Health Team already possess.

Aboriginal clients at Jindalee Nursing home continue to be visited by Social Health Team staff regularly. This is an important service because it enables residents to maintain links with the rest of the Aboriginal community. Many older people become isolated for many different reasons. The reasons can range from family members being too busy to regularly visit, people not thinking it is important to visit, family rifts or as people get older, friends have passed away or become less able to visit that previously and so people loose contact with their usual network. We think this is an important service as it recognises the value of the most vulnerable aged people in our community and lets them know that they are still important to us.

The Social Health Team staff conduct fortnightly visits to young offenders at Bimberi Youth Detention Centre. Clients are provided with social and emotional support while being detained. This provides us with an opportunity to assess the needs of each individual so that we can put into place a plan for when the person is released. The plans may include support and mentoring, access to clinical health services, access to other services such as psychological services or counselling services and support with housing or CentreLink services. This planned approach helps reduce the chance of someone falling back into the criminal justice system and helps provide the best chance for an individual to re-establish themselves in the community and to achieve positive life outcomes.

Consultations are currently being undertaken with the Alexander Maconochie Centre senior management to enable the Social Health Team to conduct regular visits to offer clients support. Initially these visits will be fortnightly and as demand increases we will continue to tailor services to meet the needs of clients. It is our hope that we will improve engagement with people whilst detained and develop a support pathway that will promote better health outcomes.

Ted Noffs is another organisation the Social Health Team continue to visit on a weekly basis. Winnunga sees this service as a way of sharing the responsibility for the upbringing, training, education and well-being of our youth. The link between Aboriginal youth crime and the loss of cultural identity has been discussed on the world forum for many years. These programs, such as football, rock climbing and swimming, are delivered with the emphasis being placed on youth being supported by Social Health Team staff to recognise the strengths of their Aboriginality whilst re-gaining their identity. By identifying the strengths of Aboriginal culture and looking towards a positive future through exploring personal paths of growth and developing strategies to achieve goals, this will help to ensure the survival, dignity and well-being of our future generations.

The Team has coordinated the training of 6 students through Regional Group Training, at the Fyshwick workshop to obtain a certificate I in Automotive. This

will enable young people to gain entry level skills and knowledge and help them decide whether they want a career in the automotive industry. If successful in being funded again, we would like to expand the program and provide an opportunity for young Aboriginal and Torres Strait Islander youth who are at risk. Program participation and the support gained through group networking will improve life, work and practical skills while clients gain confidence and build self-esteem. All clients are offered full case management. We are pleased that over half of all clients offered this option accept the offer. This provides a great framework for developing a plan to move forward.

Looking after your mind was the theme for this year's Drug Action Day. A community barbeque was held with clients being provided with information and education on preventative health care and awareness of drug and alcohol issues. Alcohol is the second largest contributor to drug-related harm in Australia, causing harmful effects in both the short and longer-term. Communities across Australia have embraced Drug Action Week, registering more than 750 activities nationwide to promote the achievements of the frontline workers who strive to reduce drug-related harm.

A World *No Tobacco Day* stall was set up in the clinic waiting room on the 29th of May. The day was used as an opportunity for Social Health Team staff to encourage clients to stop or cut down on smoking. Information and education was provided and clients were offered a referral to the No More Bundah program.

The Breast Cancer Screening program will continue in the New Year. Participation rates in previous years have been good and the program is a great way to get women to make a day of breast screening. The Team held a breast cancer awareness morning tea in October. A morning tea was also held in November for Movember, raising awareness of prostate cancer. Funds raised were donated to the Cancer Council ACT.

Walan Giri continues to be an important element of the work the Social Health Team does. The comprehensive assessment tool is offered to all clients and case management is tailored to suit the needs of the individual client which enables better coordination and collaboration of health care providers providing care and services to each client. This ensures clients are empowered resulting in them being the ones who determine the nature of the services they require.

The Social Health Team has played an instrumental role in promoting the importance of preventative health care screening and early detection. The majority of health checks conducted are the result of referrals originated by the Social Health Team.

Both the Men's and Women's groups continue to expand. Clients are provided with a healthy lunch and education around healthy lifestyle. Clients were also offered a 12 week trial to attend gym or water aerobics.

Providing cultural safety training to ANU med students, Coast-City-Country doctors training program, Co-morbidity bus tours and new and visiting doctors is another important role the we have. It is seen as an opportunity to raise awareness of the needs of the community and discuss how historical factors continue to affect health outcomes.

The entire Social Health Team took part in Mental Health First Aid Training and received a certificate of attainment. As a result of the training needs analysis, all Social Health Team staff are currently undertaking certificate IV in Aboriginal and Torres Strait Islander Health Work Clinical. To enable staff to be assessed as competent, selected staff members undertook TAE training at the Urana Centre.

To ensure continuous quality improvement and guarantee the service provided is relevant and meets the needs of our clients, programs are monitored and evaluated on a regular basis.

I would like to thank the Social Health Team for their ongoing commitment to the clients of Winnunga and I thank all staff for their referrals into the team.

I look forward to continuing to work hard to provide the highest standard of service to clients in the coming year.

Roxanne Brown
SOCIAL HEALTH SERVICES MANAGER

Home Maintenance Program

Negotiations have taken place to commence the recruitment of low risk offenders to complete community service through the home maintenance program. Mark Roberts is a welcome addition to the team and provides a valuable home maintenance service to Aboriginal and Torres Strait Islander people who require assistance to maintain their gardens. Mark uses the opportunity to assess the needs of the clients whose yards he maintains to see if they require referrals to the Social Health Team for other services and additional support. The Home Maintenance Program provided 139 services to families in a 6 month period.

Boxing Club

The program aims to promote team participation, pride, good health through fitness, self-esteem and leadership. The Winnunga Boxing Club has a full size boxing ring as well as other fitness equipment. All are welcome and many parents come along to help support the club. This program has been going for a number years and will continue to grow in the future. The Social Health Team conduct a weekly program with the majority of the participants being at risk youth. Transport is provided and clients are offered full case management. The program has been beneficial in building rapport with not only the participants, but their parents.

Corporate Services

Many Annual reports seem to begin with; 'it's been another busy year…….' and I guess to start such a report any other way wouldn't seem quite right! However, the past year has not only been busy, but chaotic managing the logistics of keeping services running the Capital Works process.

The Corporate Services Team provides the operational and logistical support required to run an organisation such as Winnunga. The team is made up of finance, human resources, administrative support, practice management including reception, information technology and support, contract management, cleaning, needle and syringe program and transport and accreditation and health promotions.

All of the people employed in these areas provide a high standard of support and services and without them Winnunga would not function.

Having a designated Contract Manager ensures that Winnunga's contractual and reporting responsibilities are met in a timely and professional manner. During this financial year 2010 – 2011 we signed triennial contracts with the ACT and Commonwealth Governments. These funding agreements provide Winnunga with increased certainty across a three-year period rather than annual funding that operated previously. In addition to this, Winnunga has service level agreements with the ACT Division of General Practice. The two government contracts cover Winnunga core business in relation to its clinical and NACCHO roles. We also have service level agreements with the ACT Division of General Practice for chronic disease services.

The Finance Department continue to deliver a high standard service, ensuring that Winnunga's finance management needs are met in a professional and timely manner. It was a gratifying experience to be told by a professional contractor recently, that our finance department was the best they had dealt with as their accounts were always paid on time!

Winnunga's Human Resource Manager produced some impressive work during our OATSIH Risk Assessment in May. The systems in place were described as 'better than any other agency'. Medical staff registrations and insurances are maintained electronically making them easily accessible, and ensuring they are up-to-date and current. The outcome of the risk assessment was very pleasing.

In an organsition as busy and diverse as Winnunga, Information Technology is an integral part of the service delivery. Our IT staff has continued to maintain our

systems and upgrade our programs ensuring the security and privacy and efficient use of relevant information. There have been some trying situations during the refurbishment when power outages have raised serious concerns in respect to the function of our servers and caused some stress for IT staff. Because of the skill and expertise of our staff, we have managed this well without interruption to service delivery whilst maintaining the highest levels of data security consistent with the Australian Standards.

The accreditation and health promotion manager has the role of ensuring that Winnunga's dual accreditation is current and up-to-date. She will also facilitate the

promotion and awareness of the different chronic diseases within the holistic framework in which services are delivered at Winnunga on a daily basis.

The Practice Manager continues to run the practice professionally and proficiently, often under pressure with competing demands for space that doctors can use for consultations, whilst ensuring the delivery of best practice service. Managing the practice also includes ensuring that front-end staff members are equipped with the skills and confidence to deliver high quality customer service. This includes managing medical appointments and transporting patients. Our Practice Manager has excelled during the renovations, operating the medical practice from temporary reception areas, ensuring that clients have been made as comfortable as possible and managing staff security. I acknowledge staff and clients who worked in a spirit of cooperation to make the best of a challenging and often difficult situation.

The Needle Syringe Program continues to offer those using it privacy and dignity, and is accessed by a wide section of the community. Winnunga is the recipient of much positive feedback in respect to this program.

The CEO is ably supported by her hard working Executive Assistant who is responsible for managing the CEO's calendar, correspondence and the considerable documentation preparation and minute taking for Board of Management meetings.

Like many similar Aboriginal health services Winnunga has a high turnover of staff and this year has been no exception. We have had fifteen new staff members join our ranks, four of these filling newly created positions. Twelve staff members have left Winnunga, mainly to

pursue greener pastures. Most staff members have left with expanded skills and increased confidence. We are proud to be an organisation that mentors, motivates and supports staff, empowering our people to go on to seek more challenging and rewarding careers.

Rae Lacey
CORPORATE SERVICES MANAGER

Human Resources

Human resource management is always a challenge in a healthcare environment. Health has a higher than average rate of turnover of staff Australia wide. This is for a number of reasons including the stressful nature of the work and the ready availability of work. Winnunga is not immune from these forces. We are pleased though that our turnover is relatively moderate and that we have employed 15 staff which is a great achievement given the difficulty all sectors in the ACT are experiencing in recruiting staff.

Recruitment of staff is an involved process. We have improved our recruitment strategies and processes in the past few years and received commendations for our human resource management from the auditors who audited us for Quality Improvement Council accreditation. We usually advertise positions in the National Indigenous Times and Koori Mail and may advertise elsewhere depending on the position and the amount of people responding to advertisements. We have developed an induction and orientation program that ensures that new staff have an understanding of Winnunga prior to commencing their substantive duties. This provides good protection to Winnunga and our clients.

As part of our ongoing quality improvement we now offer exit interviews to all staff leaving Winnunga. This helps us to gather information about why people leave and we use that information to assist us in developing recruitment and retention strategies.

Winnunga has a comprehensive skills development program that includes online, in-house and external training courses continue to be provided. The courses undertaken include First Aid (for all staff) Needle Syringe Program, Mental Health First Aid, Communicare – Data Base, OH&S, Fire Warden, Social Health Team Aboriginal Health Worker Training, National Network of Tackling Smoking and Healthy Lifestyles, Diploma of Counselling

and Group Work, PHAA Annual Conference (making a difference) State/Territory Peak Body ICT Representatives Conference - Communicare as well as many other internal activities.

Our occupational health and safety program is extremely important and Winnunga places priority on maintaining the safety and wellbeing of staff and visitors. We have implemented a number of new safety measures as well as interim safety measures to ensure the safety of all staff and visitors during renovations. I am very pleased to report that the measures taken have been successful and staff or visitors reported no injuries during the renovations. We are currently training 7 staff members to become advanced OH&S officers. This contributes to the overall skills of our workforce and provides valuable risk management to the organisation. We have also improved our response and turnover time when incidents do occur, putting us in the best possible position to avoid repeat incidents. This is part of our overall risk management strategy.

The two yearly review of all of our human resource policies is complete although policies are reviewed on an ongoing basis.

The Human Resource Manager is also responsible for managing Winnunga's assets. This involves ensuring that all assets are logged, maintenance is carried out, staff training on new equipment is provided and assets are disposed of according to laws, in particular tax laws. We have implemented procurement policies and disposal policies.

I am looking forward to continuing our programs in the coming year. I also look forward to continuing to support new and existing staff.

Roseanne Longford
HUMAN RESOURCE MANAGER

Accreditation and Health Promotion

Accreditation is an important benchmark and Winnunga continues to work very hard to maintain our dual accreditation in RACGP and QIC standards. This means that every aspect of the organisation, from services, to governance, finance and human resources and all other services are constantly striving for ways to improve. The accreditation cycle is one of continually planning, implementing, reviewing and improving the way we do things. Each team at Winnunga undertakes this exercise on a regular basis. My role is to help support and facilitate these processes. This year we have reviewed our policies, implemented the annual training and education calendar, improved employment processes, improved our data recording and planned for the renovations to ensure minimal disruption to client services. The RACGP has released new standards for accreditation, the 4th Edition Standards and we have updated policies to reflect the changes. It is an exciting and busy job and one that constantly evolves and changes depending on which team is involved in a particular activity.

Health promotion is the other part of my role and I have enjoyed embracing this new position. It involves identifying where we can best invest resources to maximize health messages and communicate effectively with clients and the community at large. We are working on brochures and pamphlets in chronic disease. We are also working on the materials required for our community day in September.

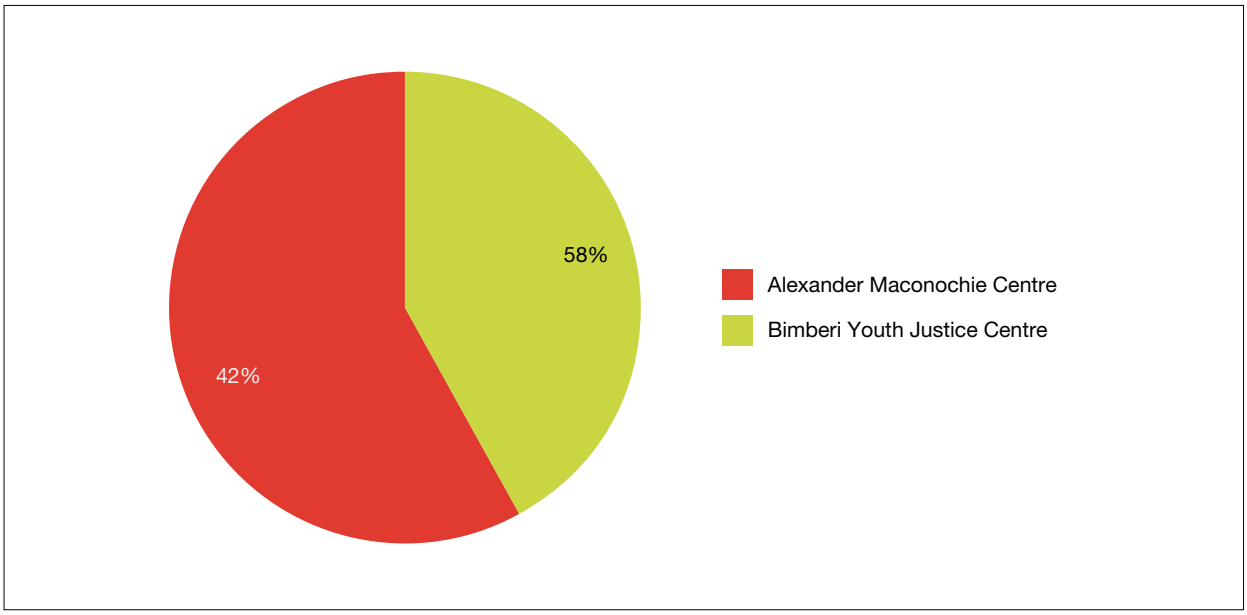
Health promotion materials come in different forms and are about raising awareness. In this way it is almost like advertising as the aim is to get people listening and remembering. With this in mind we are working on accessing products such as personal hand rubs, anti bacterial wipes, first aid kits, badges, polo shirts, hats and sunscreen. These are the types of things we look at regularly and therefore assist in providing regular prompts. We also have done pens, water bottles and memo holders which have been successful. I look forward to the challenges of the coming year and to working with all the staff.

Kacey Boyd
ACCREDITATION AND HEALTH PROMOTIONS MANAGER

Prison Health Program

In 2010-11 there were 195 client encounters in ACT prisons recorded, at the Alexander Maconochie Centre and at Bimberi Youth Detention Centre (Figure 8). The majority of prison visits (68%) were conducted by Dr Peter Sharp.

Figure 8: Winnunga prison outreach service: proportion of encounters by correctional centre, 2010-11



Research

Winnunga Nimmityjah Aboriginal Health Service's commitment to providing holistic health care for the Aboriginal and Torres Strait Islander people in the ACT and region is also found in Winnunga's ongoing research studies.

The following two studies were made possible as a result of funding received from the National Health and Medical Research Council and the former Cooperative Research Centre for Aboriginal Health (CRCAH) now the Lowitja Institute. Such studies provide an evidence base and inform the models of care which Winnunga provides to the Aboriginal and Torres Strait Islander people in the ACT, the surrounding areas and nationally.

The Reports of these studies, to be launched at Winnunga in the near future, have examined the relationship between and Aboriginal and Torres Strait Islander people's social and emotional wellbeing and the needs of Aboriginal and Torres Strait Islander people and their families in the new ACT prison.

This is Phase 2 Study of the Study. Phase 1 was undertaken in 2007 and was entitled: *You do the Crime, You Do the Time*. This was the foundation for the development of the Winnunga Holistic Health Care Prison Model.

Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review

Discussion Paper No 11 entitled *Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review* was funded by the former CRCAH. This research was lead by Winnunga Nimmityjah Aboriginal Health Service in partnership with the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) and the CRCAH.

We're Struggling in Here!

We are also pleased to report that Phase 2 of the *Study into the Needs of Aboriginal and Torres Strait Islander People in the ACT Alexander Maconochie Centre and the Needs of their Families*, funded by a National Health and Medical Research Council Capacity Building Grant awarded in 2008 has been completed. The report is entitled *We're Struggling in Here!* The aim of this study is to help improve Indigenous offenders' health and health service delivery through developing a vibrant, Australia-wide offender health research community. The findings of this report indicate that a similar study into Aboriginal and Torres Strait Islander youth in the ACT Bimberri Youth

Justice Centre and their families is required, in view the high rate of Aboriginal incarceration in Juvenile Justice Centres in Australia, and recidivism in the adult centres.

Sexual Health and Relationships in Young Indigenous People

Winnunga will carry out the first of five Sexual Health and Relationships Surveys for young Aboriginal and Torres Strait Islander people, aged between 16 to 29 years, during the Winnunga NAIDOC Day on Saturday 10 September 2011. Together with Health Departments and Aboriginal Health Organisations in each State and Territory, Winnunga is a participant in nationwide research into Sexual Health and Relationships in young people, administered by the University of New South Wales. The study, which will conclude in 2013, will advance knowledge and scholarship in the area of sexually transmitted infections and blood-borne virus transmission and prevention as well as clinical practice.

Workforce Development Project

The Workforce Development Project is an important element of Winnunga's Business Plan. Workforce Capacity is essential in any health service, and particularly so in an Aboriginal health service. It is critical that we have the capacity to provide services to our own community in a way that is culturally appropriate and respectful of the individual.

Winnunga has undertaken a Scoping Project and Training Needs Analysis. From this, workforce development needs have been identified.

In formulating a Workforce Development Plan, flexibility and sustainability are key issues. There is little point in training people if the proper resources and support are not provided to sustain the individuals throughout their education and then into their careers. For this reason, Winnunga is developing a workplace training model that will allow new members of staff to access relevant training and skills development activities.

Workplace training is the transfer of job related skills and knowledge that occurs in the workplace. It might occur from one worker to another, from a supervisor to a team member or from a trainer from a Registered Training Organisation engaged to conduct a formal learning program.

Workplace Training is based on the skills that are required in the workplace. These may be documented in a Unit of Competency, an accredited course, or even workplace policies and procedures. Competency Based Training is based on Units of Competency derived from National Training Packages and delivers an effective framework for the workplace model of training.

We are pleased that Winnunga is now implementing Stage 2 of the Workforce Development Plan.

Stage 1 involved the up-skilling of managers to ensure quality controls in the delivery and assessment of workplace training. Workplace Trainers and Assessors must meet national competency standards in order to be nationally qualified to train or to recognise competency standards. They are also expected to have expertise (if not formal qualifications) in the technical area they are training or assessing.

Eight senior staff members of Winnunga received their Statements of Attainment in Workplace Training and Assessment from Certificate IV in Training and Assessment (TAE 40110) conferred on 31 March 2011. These Statements cover the 2 skill sets necessary under the Australian Quality Training Framework (AQTF). Training was undertaken at Yurauna Centre, CIT. Completing the full TAE qualification will be available to this group at a later stage as part of the overall up-skilling program.

Stage 2 is up-skilling 10 members of the Social Health Team to the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

Winnunga has an auspicing arrangement with the Aboriginal Health Council of South Australia (AHCSA). AHCSA held an orientation day at in the training room at Southside Community Service on 7 April 2011. This was conducted by the senior educator of AHCSA, Graham Williams and the newly appointed Training Manager, Paul Ryan.

The program is divided into 4 skill sets or skills clusters made up of units of competency that are grouped to reflect an area of work. They are: Organisational requirements; Community Development; Advanced First Aid; and Clinical practice.

So far the Social Health Team members have participated in: On-line skills assessment with *Skillsbook*; Orientation with AHCSA; Self-assessment; Competency Conversation for recognition or RPL; Workshops/training; and Completing Assessment Tasks and/or workbooks.

To commence the training of the Social Health Team a one day workshop was held on 9 April This day focused on the skills recognition process for the team and Cluster 1, *Organisational Requirements*. Cluster 2 is underway and is conducted in the workplace or the Art Room. Cluster 3 is delivered externally in 2 groups by St Johns Ambulance. Cluster 4 will commence later in the year.

Participants attend 2 workshop sessions per month. These are conducted in the workplace and incorporate a variety of learning styles and methodologies. As participants work through their Assessment Tasks they can access mentoring and/or coaching from more experienced team members.

Although all members of the team achieved recognition for most or all of Clusters 1 and 2, the team is utilising the opportunity to develop an induction program for new workers. The end result will bring together the experience and knowledge of the whole team and provide insight to the roles and responsibilities individual team members and the programs they deliver.

National Registration and Accreditation Scheme

As at I July 2011 four national boards came into existence. They are; the Aboriginal and Torres Strait Islander Health Practice Board; the Chinese Medicine Board; the Occupational Therapy Board; and the Medical Radiation Practice Board. The four new national boards will become the national regulators for the new professions.

Applications for board membership were called for in April by the Australian Health Practice Regulation Agency (AHPRA).

The Aboriginal and Torres Strait Islander Health Practice Board is made up of nine members representing the states and territories as well as having community representatives. Board members of each of these boards will be responsible for setting the professional standards, registering practitioners and investigating notifications under the National Scheme.

These are exciting times for progressing the education and professional qualifications of Aboriginal people in Aboriginal organisations and Winnunga looks forward to the coming year and the unfolding of these initiatives.

Finance Team Report

We have had yet another busy year in finance. We manage the budget for Winnunga and this includes all the contract budgets, which is currently approximately 30 contracts as well as managing all the day-to-day invoices and accounting. We also manage the payroll internally. We apply the Australian and New Zealand accounting standards. These standards are best practice standards. OATSIH recently introduced a clause into all contracts requiring that finances be managed according to these standards. I know this has caused some services to have to undertake a lot of work to move over to these standards. I am pleased to say that this was not the case for Winnunga as we have been applying these standards for a number of years and will continue to do so.

Programs are funded pursuant to contracts. With our 30 contracts, we operate 53 programs at Winnunga. Each program requires its own budget and financial report and this is then collated into each contract for reporting purposes. This requires that each and every expense is accounted for against all of the various contracts. It is a very thorough and rigorous accounting system and provides safeguards to protect both the funders and Winnunga.

There are also many hours spent preparing the relevant reports and documentation for all the processes required for the Accountant and Auditor to perform the end of year audited financial report. For example, we prepare reports for long service leave accrual, annual leave accrual, pre-payments, assets and wages. It is essential that an organisation maintain these to the highest standard of accuracy to ensure that staff entitlements are budgeted for and that creditors are paid.

This year we have participated in quality improvement initiatives. This has included updating policies and procedures. The finance staff participate in education and training. Ramya is currently undertaking a Masters of Professional Accounting at the University of Canberra. Ramya is undertaking this on a part-time basis and has completed three subjects. It is a great sign of Ramya's commitment to her job that she is undertaking further studies. So far she has completed Accounting for Managers, Accounting Systems and Practices and Company Accounting. In the second semester she will be studying business law. Because of the study that Ramya has been undertaking, she has been able to take on more responsibilities in the areas of fund allocation, cost allocation, cash flow statements, journal entries and payroll. In addition to this, it means that there is a higher level of professionalism within the finance team and this means improved work practices. Ramya is looking forward to studying business law as this will provide greater insight into contract law and business transaction law.

Chamila has participated in an employment law seminar. This is important in finance because we must be clear about our obligations to employees in terms of entitlements.

I have attended a Fringe Benefit Tax workshop conducted by Seminars Australia in March 2011. This was an important seminar as it provided a lot of information about salary sacrifice that Winnunga participates in.

We have all participated in the Winnunga continuing education and professional development program.

Given how busy we are, it is essential that we have dedicated staff who are committed to providing the highest quality service. I thank Ramya and Chamila for being so diligent and efficient in their work. Without a great team effort we would not get through the workload each week.

Maxine Freemen
FINANCE MANAGER

Financial Report

Contents

Certificate From the Board	52
Income Statement	53
Statement of Financial Position	54
Statement of Changes In Equity	55
Statement of Cash Flows	56
Notes	57
Statement By Members of the Board	65
Auditor's Independance Declaration	66
Independant Auditor's Report	67
Auditor's Compilation Statement	68
Detailed Statement of Comprehensive Income	69

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED

CERTIFICATE FROM THE BOARD

We, the undersigned, being two members of the Board of the Association state on behalf of the Board;

(i) that the Board of the Association during the year ended 30 June, 2011 were;

Judith Harris	Chairperson	
Ethel Baxter	Deputy Chairperson	
Alana Harris	Secretary	
William Bashford	Treasurer	Commenced 6th December 2010
Lynette Goodwin	Ordinary Member	
Rodney Little	Ordinary Member	Commenced 6th December 2010

(ii) the principal activities of the Association during the year was the provision of health care services to members of the Aboriginal Community. There has been no significant change in the activities during the year;

(iii) the net Surplus of the Association for the year ended 30 June, 2011 is $364,392.94 (2010 Surplus $172,604.43).

(iv) that all grants received by the Association have been or will be expended in accordance with the purposes for which they were provided.

J. A. Harris OAM
.....
Board Member

E Baxter
.....
Board Member

Dated at Canberra this 12th day of October 2011.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
Revenue from Operating Activities	7,884,659.50	6,720,124.57
Less Expenses:		
Employee Expenses	4,933,808.52	4,538,497.35
Depreciation and Amortisation	186,669.56	167,452.00
Other Expenses from Operating Activities	2,399,788.48	1,671,809.79
	7,520,266.56	6,377,759.14
Sub-Total	364,392.94	342,365.43
Less: Transfer of Capital Grants Received	0.00	-169,761.00
Net Ordinary Surplus/(Deficit) for the year	364,392.94	172,604.43

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED

STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE 2011

	Notes	2011 $	2010 $
CURRENT ASSETS			
Cash	3	2,440,354.62	2,456,819.68
Receivables	4	283,458.22	238,034.61
Other	5	104,119.80	65,725.03
TOTAL CURRENT ASSETS		2,827,932.64	2,760,579.32
NON-CURRENT ASSETS			
Property Plant & Equipment	6	636,728.20	693,204.63
TOTAL NON-CURRENT ASSETS		636,728.20	693,204.63
TOTAL ASSETS		3,464,660.84	3,453,783.95
CURRENT LIABILITIES			
Creditors & Accruals	7	441,339.69	528,357.31
Unexpended Grants	7	2,304.88	326,400.41
Provisions	8	947,247.03	923,018.95
TOTAL CURRENT LIABILITIES		1,390,891.60	1,777,776.67
NON-CURRENT LIABILITIES			
Provisions	8	118,419.08	85,050.06
TOTAL NON-CURRENT LIABILITIES		118,419.08	85,050.06
TOTAL LIABILITIES		1,509,310.68	1,862,826.73
NET ASSETS/LIABILITIES		1,955,350.16	1,590,957.22
EQUITY			
Accumulated Funds	10	1,585,209.16	1,140,289.11
Accumulated Capital Grants	10	370,141.00	450,668.11
TOTAL EQUITY		1,955,350.16	1,590,957.22

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30TH JUNE 2011

ACCUMULATED MEMBERS FUNDS

	Accumulated Surplus $	Accumulated Capital Grants $	Total $
Balance at 30th June 2009	867,047.68	381,544.11	1,248,591.79
Current Year Surplus attributable to members for 2010	172,604.43	0.00	172,604.43
ADD: New Capital Grants for 2010	0.00	169,761.00	169,761.00
Add: Transfer of Capital Grants Depreciation - 2010	91,237.00	-91,237.00	
Add: Transfer of Capital Grants Loss on Disposal - 2010	9,400.00	-9,400.00	0.00
Balance at 30th June 2010	1,140,289.11	450,668.11	1,590,957.22
Current Year Surplus attributable to members for 2011	364,392.94	0.00	364,392.94
ADD: New Capital Grants for 2011	0.00	0.00	0.00
Add: Transfer of Capital Grants Depreciation - 2011	80,527.11	-80,527.11	0.00
Balance at 30th June 2011	1,585,209.16	370,141.00	1,955,350.16

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDING 30TH JUNE 2011

	Notes	2011 $	2010 $
Cash Flows from Operating Activities:			
Grants & Other Income Received		6,683,624.64	6,266,031.43
Medicare & Medical Income		1,362,175.34	817,478.67
Interest Received		135,115.35	70,501.25
Payment to Suppliers & Employees		-8,064,227.26	-6,519,184.38
Net Cash Provided by Operating Activities	(16b)	116,688.07	634,826.97
Cash Flows from Investing Activities :			
Payment for Property Plant & Equipment		-133,153.13	-273,717.48
Sale for Property Plant & Equipment		0.00	0.00
Net Cash Provided by (Used in) Investing Activities		-133,153.13	-273,717.48
Net Increase/(Decrease) in cash held		-16,465.06	361,109.49
Cash at beginning of Financial Year		2,456,819.68	2,095,710.19
CASH AT END OF FINANCIAL YEAR	(3)	2,440,354.62	2,456,819.68

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011**

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated as an individual entity. Winnunga Nimmityjah Aboriginal Health Services (ACT) Inc. is an association incorporated in the Australian Capital Territory under the (ACT) Associations Incorporation Act 1991.

(a) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the (ACT) Associations Incorporations Act 1991.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Materiel accounting policies adopted in the preparation of these statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements were authorised for issue on 12th October 2011 by members of the association.

(b) Revenue

Revenue is measured as the fair value of the consideration or contributions received or receivable. Where revenue is received in the form of cash the fair value of the consideration is the amount received. Where revenue is received in a form other than cash, for example, equipment, it is only recognised when the value can be measured reliably. All revenue is stated net of goods and services tax (GST).

(c) Grants

Grants are brought to account as income in the year they are required to be expended.

(d) Income Tax

The board believes the Association is exempt from income tax under the Income Tax Assessment Act 1997. The association is not exempt from the Goods and Services Tax and remits 10% of sales, grants received and certain other income less 10% of payments to certain suppliers.

(e) Impairment of Assets

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

(f) Depreciation and Amortisation

Property, plant and equipment are depreciated at variable rates using either the diminishing value or straight line method based on the expected useful lives of the assets.
Additional impairment losses may be applied where they are relevant to a particular asset.

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

(g) **Leases**

Operating lease payments, where substantially all the risks and benefits of ownership remain with the lessor, are charged to expense in the periods in which they are incurred.

(h) **Employee Entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to end of the financial year. Employee entitlements from salaries, annual and long service leave which are expected to be settled within one year have been measured at current salary rates and include on-costs. Long service leave entitlements, which are not expected to be settled within one year have been measured at the present value of the estimated future payments in relation to such entitlements.

(i) **Financial Instruments**

Receivables are stated at the amount due and are normally settled within 60 days. The collectibility of debts is assessed and specific provision is made for any doubtful debt.
Cash includes deposits which are either at call or for terms of less than 3 months. They are stated at cost. Interest income is brought to account on an accruals basis.
Accounts payable are stated at the amount to be paid in the future for goods or services and are normally settled within 30 days.

(j) **Going Concern**

These financial statements have been prepared on the assumption that the Association is a going concern. In making this assumption regard has been given to all the aspects of the Association's business.

(k) **Comparative figures**

Where necessary comparative figures have been adjusted to facilitate changes in presentation and disclosure requirements in the current year.

(l) **Critical Accounting Estimates and Judgements**

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

	2011 $	2010 $
2 REVENUE & EXPENSE		
Revenue		
(a) Operating activities		
Grant Income	6,491,147.64	5,771,375.80
Medicare & Medical Income	1,222,214.46	852,438.98
Other Income	36,182.05	25,808.54
	7,749,544.15	6,649,623.32
(b) Non-operating activities		
Interest Received	135,115.35	70,501.25
	7,884,659.50	6,720,124.57
Profit from Ordinary Activities		
Profit from ordinary activities has been determined after:		
Expenses		
Remuneration of Auditors		
-audit	21,818.18	30,318.18
-other services	7,181.82	7,181.82
Depreciation of Property Plant & Equipment	186,669.56	167,452.00
Loss on Disposal of Non-Current assets	2,960.00	20,308.00
Rental Expense	19,969.23	21,818.79
Provisions:		
-Employee Leave Entitlements	54,890.78	86,876.77
-Loss on Grant Deficits	2,706.32	298,769.87
Salaries, On Costs and Contractors	4,878,917.74	4,451,620.58
Motor Vehicle Running	272,161.62	274,721.52
Consultants	191,891.01	215,777.59
Buildings & Facilities Costs	1,063,702.20	113,641.39
Equipment & Computing Running Costs	78,138.15	93,690.27
Medical Supplies	63,202.16	43,710.87
Operations & Office Costs	352,841.13	289,700.01
Travel Support & Training Costs	109,994.93	126,529.70
Workshops & Promotions Costs	146,973.90	76,276.63
Client Assistance	66,247.83	59,365.15
	7,520,266.56	6,377,759.14
3 Cash Assets		
Cash at bank		
National Australia Bank a/c no. 4459 - Core	22,130.76	298,365.83
NAB Cash Maximiser a/c	2,380,493.23	2,096,808.14
NAB Donations a/c	37,299.52	28,687.18
Petty Cash	0.00	294.75
Funds Clearing	431.11	32,663.78
	2,440,354.62	2,456,819.68

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

	2011 $	2010 $
4 Receivables		
Trade Debtors	284,458.22	215,994.72
Less Provision for Doubtful Debts	-1,000.00	-1,000.00
	283,458.22	214,994.72
Accrued Income	0.00	23,039.89
	283,458.22	238,034.61
Trade Debtors Ageing:		
- less than 30 days	172,641.14	214,023.65
- 30 to 60 days	110,806.18	840.84
- 60 to 90 days	0.00	0.00
- greater than 90 days	1,010.90	1,130.23
	284,458.22	215,994.72
5 Other Assets		
Prepayments	104,119.80	65,725.03
6 Property, Plant and Equipment		
Leasehold Improvements - Fyshwick	98,500.00	98,500.00
Less accumulated depreciation	-7,513.00	-3,573.00
	90,987.00	94,927.00
Plant & Equipment	105,712.15	95,055.42
Less accumulated depreciation	-51,381.01	-33,156.01
	54,331.14	61,899.41
Motor Vehicles	131,933.00	131,933.00
Less accumulated depreciation	-63,280.00	-47,434.79
	68,653.00	84,498.21
Office Furniture & Equipment	55,223.64	43,619.24
Less accumulated depreciation	-29,394.13	-24,092.13
	25,829.51	19,527.11
Computer Equipment	279,332.19	218,339.19
Less accumulated depreciation	-145,072.24	-119,914.24
	134,259.95	98,424.95
Medical Equipment	49,654.62	48,628.62
Less accumulated depreciation	-24,292.78	-16,054.78
	25,361.84	32,573.84
Capital Grant Equipment - Core	696,901.79	696,901.79
Less accumulated depreciation	-459,596.03	-395,547.68
	237,305.76	301,354.11
Total Plant and Equipment	636,728.20	693,204.63

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011(Cont'd)**

	2011 $	2010 $
6 Property, Plant and Equipment (Cont'd)		
(a) Movement in the carrying amounts of property, plant and equipment between the beginning and end of the current year		
Balance at start of the year	693,204.63	607,247.15
Additions	133,153.13	273,717.48
Depreciation expense	-186,669.56	-167,452.00
Ordinary Disposals	-2,960.00	-20,308.00
	636,728.20	693,204.63
7 Current Liabilities		
Trade Creditors	46,292.40	32,645.44
ATO BAS Liability	209,083.88	299,283.52
Accrued Salaries & Wages	106,187.19	79,361.07
Other Accrued Expenses	78,837.23	49,035.69
Payroll Liabilities	0.00	65,865.17
Other Creditors	938.99	2,166.42
	441,339.69	528,357.31
Trade Creditors Ageing:		
- less than 30 days	32,934.50	31,112.74
- 30 to 60 days	11,619.29	638.00
- 60 to 90 days	689.81	0.00
- greater than 90 days	1,048.80	894.70
	46,292.40	32,645.44
Unexpended Grants	2,304.88	326,400.41
8 Provisions		
Current		
Provision for Annual Leave	339,030.34	338,706.70
Provision for Long Service Leave	234,543.64	213,345.52
Provision for Losses on Grant Deficits	373,673.05	370,966.73
	947,247.03	923,018.95
Non-Current		
Provision for Long Service Leave	118,419.08	85,050.06
9 Leasing Commitments		
Finance Lease Commitments:		
Payable - minimum lease payments:		
- not later than one year	144,281.85	153,983.76
- later than one year but not later than two years	41,671.68	98,015.64
- later than two years but not later than five years	3,435.00	32,512.64

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

		2011 $	2010 $
9	**Leasing Commitments (Cont'd)**		
	Operating Lease Commitments:		
	Payable - minimum lease payments:		
	- not later than one year	19,188.20	14,889.00
	- later than one year but not later than two years	19,667.91	15,261.24
	- later than two years but not later than five years	62,003.38	48,111.28
10	**Retained Members' Funds**		
	(a) Surplus/(deficit) and Accumulated Funds		
	Retained funds at the beginning of the year	1,140,289.11	867,047.68
	Add: Transfer of Capital Grants Depreciation	80,527.11	91,237.00
	Add: Transfer of Capital Grants Loss on Disposal	0.00	9,400.00
	Net Surplus/(Deficit) for the year	364,392.94	172,604.43
	Retained funds at the end of the year	1,585,209.16	1,140,289.11
	(b) Accumulated Capital Grants		
	Accumulated Surplus/(deficit) brought forward	450,668.11	381,544.11
	Add: New Capital Grants	0.00	169,761.00
	Less: Transfer to Capital Gains Depreciation	-80,527.11	-91,237.00
	Less: Transfer of Capital Grants Loss on Disposal	0.00	-9,400.00
	Accumulated Capital Grants at end of year	370,141.00	450,668.11

11 Contingent Liabilities

The Board is aware of a two legal claims involving the Association. It is expected that current insurances will adequately cover these claims and therefore no provision has been made in these accounts for any loss.

12 Events Subsequent to Reporting Date

There have been no events subsequent to the reporting date, which would have a material impact upon the financial report.

13 Related Parties

Remuneration received or receivables by members of the organisation who served on the board during the year, from the Association or any related party in connection with the management of the Association:

	2011 $ Fees	2011 $ Expenses	2010 $ Fees	2010 $ Expenses
Judith Harris	9,390.00	8,480.50	9,705.00	4994.35
Ethel Baxter	4,860.00	1,475.00	3,402.00	350.00
Lynette Goodwin	4,617.00	1,475.00	3,645.00	400.00
Alana Harris	4,617.00	1,475.00	3,645.00	375.00
William Bashford	3,159.00	325.00	0.00	0.00
Rodney Little	2,916.00	300.00	0.00	0.00
Craig Ritchie	0.00	0.00	3,751.00	4,535.40
Lisa Jacques	0.00	0.00	3,159.00	300.00
	29,559.00	13,530.50	27,307.00	10,954.75

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

14 Segment Reporting

The Association operates in the health care section providing health care to members of the Aboriginal Community in the Australian Capital Territory and surrounding region.

15 Association Details

The principal place of business of the Association is:
63 Boolimba Crescent
Narrabundah ACT 2604

16 Cash Flow Information

	2011 $	2010 $
(a) **Reconciliation of cash**		
Cash on Hand	0.00	294.75
Undeposited Funds	431.11	32,663.78
Cash at bank - National Australia Bank Accounts	2,439,923.51	2,423,861.15
	2,440,354.62	2,456,819.68
(b) **Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities**		
Operating surplus / (deficit)	364,392.94	172,604.43
Non-cash flows in surplus / (deficit) from ordinary Activities		
Profit on Sale of Non Current Assets	0.00	0.00
Loss on Sale of Non Current Assets	2,960.00	20,308.00
Depreciation expense	186,669.56	167,452.00
Capital Grants Non Current Assets Purchases	0.00	169,761.00
Changes in assets and liabilities		
Increase/(Decrease) in Receivables	-45,423.61	-153,351.30
Increase/(Decrease) in Prepayments	-38,394.77	314.30
Increase/(Decrease) in Creditors	-87,017.62	-74,301.98
Increase/(Decrease) in Unexpended Grants	-324,095.53	-125,802.98
Increase/ (Decrease) in Provisions	57,597.10	457,843.50
Net cash (used) / provided by operating activities	116,688.07	634,826.97

(c) The association has no credit stand-by or financial facilities in place other than a credit card facility with a limit of $5,000.00.

(d) There were no non-cash financing or investing activities during the period

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011 (Cont'd)**

17 FINANCIAL INSTRUMENTS

(a) **Credit risk** is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. All of the following financial assets of the company are unsecured and subject to credit risk.

	2011 $	2010 $
Financial assets		
Cash	2,440,354.62	2,456,819.68
Receivables	283,458.22	238,034.61

(b) **Interest rate risk** is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The exposure of the company to interest rate risk, repricing maturities and the effective interest rates on financial assets and liabilities at balance date is as follows.

	Weighted average effective interest rate	Variable interest rate	Fixed interest rate maturing within 1 year	Fixed interest rate maturing within 1-5 years	Non-Interest Bearing	Total carrying amount as per balance sheet
30 June 2011	%		$	$		$
Financial assets						
Cash	5.56%	2,439,923.51	0.00	0.00	431.11	2,440,354.62
Receivables		0.00	0.00	0.00	283,458.22	283,458.22
Total Financial Assets		2,439,923.51	0.00	0.00	283,889.33	2,723,812.84
Financial liabilities						
Accounts & Provisions payable		0.00	0.00	0.00	1,014,913.67	1,014,913.67
Total Financial Liabilities		0.00	0.00	0.00	1,014,913.67	1,014,913.67
Net Financial Assets/(Liabilities)		2,439,923.51	0.00	0.00	-731,024.34	1,708,899.17
30 June 2010						
Financial assets						
Cash	3.12%	2,423,861.15	0.00	0.00	32,958.53	2,456,819.68
Receivables		0.00	0.00	0.00	238,034.61	238,034.61
Total Financial Assets		2,423,861.15	0.00	0.00	270,993.14	2,694,854.29
Financial liabilities						
Accounts & Provisions payable		0.00	0.00	0.00	1,080,409.53	1,080,409.53
Total Financial Liabilities		0.00	0.00	0.00	1,080,409.53	1,080,409.53
Net Financial Assets/(Liabilities)		2,423,861.15	0.00	0.00	-809,416.39	1,614,444.76

(c) **Net Fair Values:** The net fair value of the financial assets and liabilities are not materially different from the carrying amounts shown in the Income Statement

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED

STATEMENT BY MEMBERS OF THE BOARD FOR THE YEAR ENDED 30TH JUNE 2011

In the opinion of the Board for the financial statements set out on pages 1 to 13:

(a) The Comprehensive Income Statement is drawn up so as to give a true and fair view of the result of the Association for the financial year ended 30th June 2011.

(b) The Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30th June 2011: and

(c) The accompanying accounts have been prepared and fairly presented in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board and the (ACT) Associations Incorporation Act 1991.

(d) At the date of this statement, there are reasonable grounds to believe that the Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated will be able to pay its debts as and when they fall due.

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

....

Board Member Board Member

Dated at Canberra this 12th day of October 2011.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED

AUDITOR'S INDEPENDENCE DECLARATION TO THE MEMBERS OF WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

PETER IRVING & CO
Peter Irving CA : - Principal
Chartered Accountant

Mitchell, ACT

Dated: 12th October 2011

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INC.

We have audited the accompanying financial report of Winnunga Nimmityjah Aboriginal Health Services (ACT) Inc. (the association), which comprises the statement of financial position as at 30th June 2011, the income statements, statement of changes in equity and the statement cash flow for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by members of the board.

Board's Responsibility for the Financial Report

The board of the association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the (ACT) Associations Incorporation Act 1991 and for such internal control as the board determines is necessary to enable the preparation of the financial report that is free from material misstatement whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's 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 board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion, the financial report of Winnunga Nimmityjah Aboriginal Health Services (ACT) Inc. is in accordance with the (ACT) Associations Incorporations Act 1991, including:

(i) giving a true and fair view of the Association's financial position as at 30th June 2011 and of its performance and of its cash flows for the financial year ended on that date; and

(ii) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the (ACT) Associations Incorporations Act 1991.

PETER IRVING & CO
Peter Irving CA:– Principal
Dated: 12th October 2011
Chartered Accountant

Address: 83 Lysaght Street, Mitchell, ACT.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED

COMPILATION STATEMENT FOR THE FOLLOWING DETAILED STATEMENT OF INCOME

We have compiled the accompanying special purpose financial statements for a Winnunga Nimmityjah Aboriginal Health Services (ACT) Inc., which comprise the attached detailed income statement for the year ended 30 June 2011.
The specific purpose for which the special purpose financial statements have been prepared is to provide financial information to the board of management.

The Responsibility of the Board of Management

The board of management is solely responsible for the information contained in the special purpose financial statements and has determined that the basis of accounting adopted is appropriate to meet the needs of the board of management, for the purpose of complying with the association's constitution.

Our Responsibility

On the basis of information provided by the board of management, we have compiled the accompanying special purpose financial statements in accordance with the basis of accounting and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the board of management. We do not accept responsibility to any other person for the contents of the special purpose financial statements.

PETER IRVING & CO
Peter Irving CA:- Principal
Chartered Accountant

Mitchell, ACT
Dated : 12th October 2011

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
INCOME		
Grant income	6,491,147.64	5,771,375.80
Medicare Income		
Medicare and Immunisation Income	892,565.37	675,087.07
Medical Income Other	22,991.32	27,424.85
Medical Practitioner Trainee	306,657.77	149,927.06
Total Medicare Income	1,222,214.46	852,438.98
Other Income		
Donations	2,400.00	2,870.00
Membership	218.00	20.00
Reimbursement of Expenses	30,090.78	16,864.57
Telephone Reimbursements	3,381.27	0.00
Sundry Income	92.00	6,053.97
Interest Received	135,115.35	70,501.25
Total Other Income	171,297.40	96,309.79
Total Income for Year	7,884,659.50	6,720,124.57

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
GROSS INCOME	7,884,659.50	6,720,124.57
EXPENDITURE		
Wage & Salary Expenses		
Wages & Salaries	4,135,106.53	3,748,556.89
Consultation Expense	56,437.73	43,428.00
Contract Worker	6,996.98	24,357.30
FBT Paid	204,242.58	173,072.02
Total Wage & Salary Expenses	4,402,783.82	3,989,414.21
Salary Related On Costs		
Leave Loading	56,498.90	52,469.03
Superannuation	361,235.41	331,730.00
Worker's Compensation	43,759.61	42,649.67
Recruitment Costs	0.00	19,343.34
Advertising	13,415.00	11,540.73
Leave Adjustments	54,890.78	86,876.77
Other Employer Expenses	1,225.00	4,473.60
Total Salary Related on Costs	531,024.70	549,083.14
Motor Vehicle Costs		
Vehicle Repairs, Cleaning, Parking	12,748.27	11,319.07
Fuel Expenses	54,724.65	58,959.13
Lease of Vehicle	186,337.51	190,093.74
Motor Vehicle, Insurance, Registration	18,351.19	14,349.58
Total Motor Vehicle Costs	272,161.62	274,721.52
Buildings & Facilities Costs		
Cleaning & Rubbish Removal	20,618.80	15,970.15
Security	972.53	2,187.47
Building Repairs & Maintenance	15,324.09	20,585.43
Equipment Repairs	0.00	2,290.21
Consumables & Supplies	559.27	17,699.37
Rent	19,969.23	21,818.79
Electricity & Rates	53,650.40	633.63
Total Building Costs	111,094.32	81,185.05

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
Brought forward	5,317,064.46	4,894,403.92
Equipment		
Computer Software / Other	10,951.75	7,792.36
Equipment	2,307.88	5,098.71
Computer Equipment	3,390.31	1,333.73
Equipment Repairs & Maintenance	5,910.38	7,816.64
Computer Support	40,947.33	55,341.53
Hiring Costs	2,139.58	3,816.38
Leasing	12,490.92	12,490.92
Total Equipment	78,138.15	93,690.27
Medical Expenses		
Medical Supplies & Fees	24,187.78	17,006.16
Dental - Materials	6,851.36	9,135.39
Dental - Instruments	0.00	130.91
Waste Removal	7,049.75	6,791.74
Laundry	8,612.98	7,970.88
Education Resource Purchases	0.00	121.50
Medical Practioner Trainee	14,535.90	0.00
Diabetic Clinic	1,869.84	2,028.84
Resources and Reference Materials	94.55	525.45
Total Medical Expenses	63,202.16	43,710.87
Operation Expenses		
Domestic Supplies	10,512.12	11,285.99
Internet & Website	5,352.94	7,882.82
Stationery & Office Supplies	30,198.01	32,019.19
Sponsorship	20,765.93	5,000.00
Donations	7,250.00	2,240.00
Subscriptions/Membership Fees	19,819.81	18,609.96
Telephone	61,780.95	80,791.13
Postage	1,638.82	2,435.89
Freight	1,320.41	600.47
Removals & Storage	14,506.23	6,630.00
Audit Fees	29,000.00	37,500.00
Accounting Fees	13,909.08	11,124.20
Accreditation	5,896.73	7,025.70
Interest & Late Fees	65.00	13.61
Bank Charges and Government Taxes	2,543.57	1,248.79
Directors Fees	29,559.00	27,307.00
Director's TA	1,887.15	0.00
Sub-Total Operation Expenses	256,005.75	251,714.75

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
Brought forward	5,458,404.77	5,031,805.06
Operation Expenses (C/fwd)	256,005.75	251,714.75
Business Lunches	1,042.29	984.97
Staff Activities	8,018.96	9,051.99
Insurance	57,180.17	46,773.34
Legal Consultation Fees	20,893.47	0.00
Consultation	191,891.01	215,777.59
Bereavement	6,041.58	10,869.83
Sundry Expenses	13,407.62	4,714.66
Uniforms	19,251.29	3,090.47
Total Operation Expenses	573,732.14	542,977.60
Travel Support & Training		
Accommodation	7,513.67	81.82
Conferences & Training	56,764.15	67,269.43
Travel and Meals	34,117.16	43,661.41
Meeting Expenses	11,599.95	11,677.34
Steering Committee	0.00	3,839.70
Total Training Support & Travel	109,994.93	126,529.70
Workshops & Promotion		
Research Project	30,692.00	0.00
Publicity and Promotions	10,000.00	0.00
Promotional Materials/function	49,493.62	47,827.86
Workshops/Client Programs	55,836.92	28,448.77
Cultural Awareness	951.36	0.00
Total Workshops and Promotion	146,973.90	76,276.63

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	2011 $	2010 $
Brought forward	6,289,105.74	5,777,588.99
Client Assistance		
Brokerage	24,407.55	32,260.93
Clients Travel Costs	3,169.63	1,547.55
Food	70.00	460.61
Client Assistance	1,609.64	0.00
Medical - Scripts	25,345.55	11,759.36
Bus/Taxi	11,645.46	13,336.70
Total Client Assistance	66,247.83	59,365.15
Other Expenses		
Renovations - Capital Works	972,577.11	54,275.13
Loss on Disposal of Fixed Assets	2,960.00	20,308.00
Depreciation	122,621.21	96,662.00
Depreciation - Capital Grants	64,048.35	70,790.00
Grants in Deficit Loss Provision	2,706.32	298,769.87
Total Other Expenses	1,164,912.99	540,805.00
TOTAL EXPENSES	7,520,266.56	6,377,759.14
SUB-TOTAL	364,392.94	342,365.43
Less: Transfer of Capital Grants Received	0.00	-169,761.00
SURPLUS/(DEFICIT) FOR THE YEAR	364,392.94	172,604.43

Thanks for everything Pete