



Winnunga Nimmityjah
Aboriginal Health Service

2008—2009

A N N U A L R E P O R T

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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. By holistic health care, Winnunga means, that care which goes directly to improving the health outcomes of Aboriginal and Torres Strait Islander people in the area.

Winnunga is now positioned as one of the strongest, most stable Aboriginal Community Controlled Health Organisations in the country. Its strength lies in its consistent achievement of improved health outcomes for clients year after year, through its commitment to delivering the highest standard of evidence based care and services. This is evidenced in its achievement of accreditation against the Royal Australian College of General Practitioners accreditation standards, its commitment to implementation of and accreditation against, the Quality Improvement Council accreditation standards, its ongoing collection and analysis of quality data including client feedback and its position of high regard and respect from the Aboriginal and Torres Strait Islander communities of the ACT and stakeholders including government and non-government agencies.

Winnunga's stability arises out of the consistent application of good governance principles including risk management strategies and foresight in strategic and

business planning. The implementation of quality strategies and systems has meant that Winnunga has consistently, over many years, delivered a high standard of performance to all stakeholders.

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 people 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 people 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. Services offered include immunisations, preventative programs such as cervical screening, vaccinations and general treatments. Psychiatric and psychology services are also offered. Practice nurses contribute to the clinical program as does the Healthy for Life Program. Transport services are also offered to clients who would otherwise not necessarily have access to Winnunga's health services. Winnunga has the highest number of medical student placements of any Aboriginal Community Controlled Health Organisation in the country.

Hearing Health

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

Aboriginal Midwifery Access Program (AMAP)

This program encourages women to access treatment at an early stage in pregnancy. Comprehensive ante natal and post natal 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.

Social Health Services

The social health services team conducts the following programs: 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.

Workforce Development and Education

In 2002, the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002-2012 was released by the Department of Health and Ageing. Winnunga is committed to workforce capacity building and employs a full time Workforce implementation policy officer to implement workforce strategies consistent with the ACT joint workforce action plans.

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.

Administration Services

The administration services required for a service such as Winnunga are extensive. They include information technology support, health data collection, analysis, interpretation and manipulation, media and public relations, finance management, contract management, human resource management and executive support.

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.

The Youth Diversion Program

This program engages young people in formal education and training with the view to provide greater employment opportunities.

The Home Maintenance Program

This program seeks to engage young people at risk. This is done through the development of life and employment skills, while providing a valuable maintenance service to Aboriginal and Torres Strait Islander people living in ACT housing.

Prison Health Program

Medical Services are provided to Aboriginal and Torres Strait Islander inmates and those on remand at The Alexander Maconochie Centre, Goulburn Correctional Centre, Cooma and Bimberi Youth Detention Centres. Prior to their closing, services were also provided to the Belconnen Remand Centre and Quamby Youth Detention Centre.

Winnunga Boxing Club

Operating out of Winnunga's gym in Fyshwick and with a full size boxing ring, the Boxing Club seeks to develop team work, participation and fitness.

Auspiced Services

Muuji Regional Centre for Social and Emotional Wellbeing

The Muuji Regional Centre for Social and Emotional Wellbeing is a consortium of three Aboriginal medical and health services,

Winnunga, Riverina Medical and Dental Aboriginal Corporation (Wagga Wagga) and Katungul Aboriginal Corporation Community and Medical Services (Narooma). The Muuji Regional Centre provides training and professional support to the social and emotional wellbeing workforce across the region covered by the consortium members.

Target Population

Target groups for the services provided by Winnunga are 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.

An important role for Winnunga is to work in partnership with other service providers in the ACT and surrounding regions to improve access by Aboriginal people to their services and to help make their approach more culturally sensitive. Winnunga also works closely with several other Aboriginal organisations in the region.

Executive Overview

Chairperson's report

I am pleased to present the 2008-2009 annual report for Winnunga Nimmityjah Aboriginal Health Service.

This year has been a busy year for Winnunga. Last year I reported that we had provided 23,246 episodes of care. This year that has grown to 27,283. Particular growth has been seen in the provision of nursing services, up from 3926 last year to 6071 this year. This can be attributed to the employment of additional practice nurses to support the increasing demand for clinical services, including preventative care services.

This year Winnunga continued to provide support to the Aboriginal and Torres Strait Islander Community Health Service in Brisbane. Julie Tongs, our CEO acted as the CEO of ATSICHS until they were able to appoint a permanent CEO in March. This has contributed to Winnunga's overall experience and insights into holistic health care service delivery. I thank Julie on behalf of the board for her continued commitment and dedication to ensuring that services meet the highest standards of quality and excellence.



The board and I would like to sincerely thank all of the staff of Winnunga who have continued to provide an outstanding level of care and services. I especially thank staff for the additional responsibilities that were taken on during Julie's absence. It is a sign of our strength as an organisation that we can undertake these type of activities without interruption to services.

Thank you to the board members, Craig Ritchie, Ethel Baxter, Lynette Goodwin, Lisa Jacques and Alana Harris. We have all worked extremely hard to imbed processes that will provide for good governance now and in the long term future.

I am also pleased to report that once again we have a small operating surplus. This is the result of continued good financial governance and careful strategic planning.



Winnunga has a cohesive and progressive leadership and governance group which enable us to continue to enjoy the support of the community, clients and stakeholders.

We work within a community that values health care and we are fortunate to be a part of such a community. The Closing the Gap initiative of the Federal Government aims to address the gap in health outcomes between Aboriginal people and the wider Australian community. This will be achieved only with the continued commitment of

Aboriginal community controlled health services and other health services working within their local communities to address the causes of poor outcomes and to provide services that achieve improved health outcomes.

I look forward to working with the whole community with a renewed commitment in the coming year to achieving this objective and all of the objectives of Winnunga.

Judy Harris OAM

Judy Harris OAM
CHAIRPERSON

Winnunga's Leadership team

Board of Directors



Judy Harris OAM
CHAIRPERSON



Craig Ritchie
DEPUTY
CHAIRPERSON



Alana Harris
SECRETARY



Lisa Jacques
TREASURER



Ethel Baxter
DIRECTOR



Lynette Goodwin
DIRECTOR

Chief Executive Officer



Julie Tongs
CHIEF EXECUTIVE
OFFICER

Chief Executive Officer's report

This year has been an extremely busy year for Winnunga.

Politically there are numerous challenges ahead in relation to the rolling out of the Closing the Gap initiatives that were announced by the Government. It is our task to embrace the new framework for improving the health outcomes of Aboriginal and Torres Strait Islander people. Winnunga has worked hard to position itself as a national leader in the delivery of health care services both within the community controlled health sector and within the primary health care sector generally. The task ahead of us is to build on that reputation by consistently delivering the highest standards of care consistent with principles of good governance, best practice standards and community participation.

To this end, the board of directors and I have spent a great deal of time in the past months reviewing policies and procedures for governance. This will provide a strong framework for Winnunga to move forward into the next decade. The next step in this process is to



roll-out these measures at the staff level. For example, this year we will introduce a formal process, within each team, for risk assessment and management. Managers will be provided training on conducting risk assessments and managing risks on various activities and issues that affect their team. I will work closely with managers on this. This is important because it helps Winnunga to plan and manage situations rather than crisis managing.

Winnunga is again up for re-accreditation with AGPAL and we anticipate achieving this. We are also expecting to be audited by QMS against the Quality Improvement Council Standards. Some of you reading this may have been asked over the past few months to provide feedback to us on the

services we provide. This is one of the ways that we ensure that the quality improvement cycle is imbedded at every level of the organisation. We take the feedback provided, along with the comments and suggestions that are made and analyse the information and then work to incorporate it to enhance and improve programs and service delivery. Thank you to everyone who takes the time to complete these evaluations and surveys – your input is greatly appreciated and does help improve the way we do things.

Winnunga, like many other Aboriginal Community Controlled Health Services across the country, has some challenges with regard to meeting our workforce needs. This has been particularly so with general practitioners this year. Whilst in Canberra we do not have to deal with the problems of being an isolated or remote community, we do live with the reality of having the most acute shortage of GPs per head of population in the country. We also have an unemployment level of about 3% which means that it can be difficult to recruit good

staff at times. I am very pleased to report though, that we now have our full complement of GPs and are currently almost at our full complement of staff across all areas. We will work this year towards recruiting two full time GPs as part of the Board's succession planning strategy. I would like to thank the doctors and all of the clinic staff for their hard work this year especially in the face of the staffing shortages.

On behalf of Winnunga I would like to congratulate our chairperson Judy Harris who this year was awarded the Order of Australia Medal for her contribution to Aboriginal and Torres Strait Islander health. It is a richly deserved recognition of years of dedication and service.

I take this opportunity to congratulate Dr Pete Sharp on being presented the Australian Medical Association's award for Excellence in Health Care. This is a particular honour for Dr Pete as it is the recognition by his peers of years of hard work, dedication and excellence in health care.



I thank all the staff who have left us this year and wish them well. For a long time Winnunga, like so many Aboriginal organisations, has been committed to building the workforce capacity of the community and the sector. We have done this in a number of ways including: providing continuing education and training; providing access to online education through HealthStaffEd; providing access to nationally accredited qualifications for staff; providing opportunities to people with no prior work experience by providing on-the-job training; providing professional development opportunities; and providing a career pathway for staff.

Winnunga has partnered with Yuarana centre CIT to rollout Aboriginal and Torres Strait Islander Mental Health training. This will provide further professional development opportunities for Winnunga staff and other people in the ACT working with Aboriginal and Torres Strait Islander people.

Each year Winnunga is asked by various governments and agencies to contribute to the development of policy and programs that impact upon Aboriginal and Torres Strait Islander people. This year we have provided input on the following:

- Managing the Risk of Suicide Two: A Suicide Prevention Strategy for the ACT 2009–2014
- Barriers to Palliative Care Discharge Project
- ACT Health Consumer & Carer Participation Framework

I continue to represent Winnunga at a number of levels. Representations include: NACCHO, ACT Health Forum; Public Health Medical Officer national meetings and research meetings and collaborations.

This year we welcomed to the service the Minister for Health, Nicola Roxon and the then president of the National AMA Dr Mukesh Haikerwal for the launch of the report card on Indigenous Health. We also welcomed the ACT Shadow Health Minister Jeremy Hanson. There was a visit from a Health Delegation from Taiwan consisting of 7 Health professionals and academics. The purpose of this visit was to enhance the current comparative research being undertaken into Indigenous health services in Australia and Taiwan. Aboriginal Community Volunteers also visited Winnunga on 2 occasions throughout the year to look at a Community controlled Aboriginal Health Service.

As you know from last year's report, I was fortunate enough to spend a few months of 2008 in the position of Acting CEO of the Brisbane Aboriginal and Torres Strait Islander Health Service. It is not often that the CEO of an Aboriginal Community Controlled Health Service has the opportunity to undertake such an appropriate professional development activity. This was both a rewarding and challenging time for me personally. It has provided me with additional insight into the various issues that face Aboriginal Community Controlled Health Services. It was a great opportunity to collaborate with people who share a vision for improved health outcomes for Aboriginal and Torres Strait Islander people. It was also a time that I was able to step back a little from Winnunga and reflect on the strengths that we have built on and nurtured throughout the years. It is not always easy being a part of a movement of people struggling to reach a goal that is achieved little by little. I found that stepping back and taking the time to look at Winnunga from a different perspective has made me even more aware of how much we have achieved together, staff, board members, clients and the community as a whole. It is about staying focussed on the end goal, while remaining committed to the day to day activities that contribute to building a strong and healthy community and it is my privilege to be a part of a community committed to this.

I would like to thank the board and funding bodies for their continued support throughout the year. I would especially like to thank the staff who have again all worked very hard to build Winnunga.

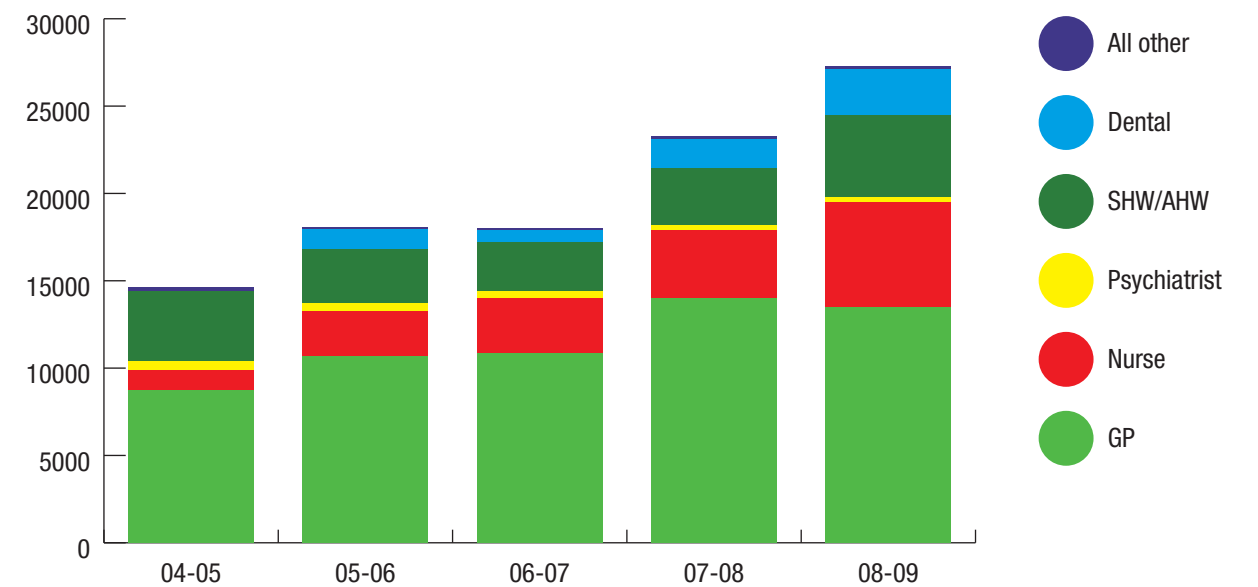
I am not only proud to be the CEO of Winnunga, I am also a proud client of Winnunga. I would like to thank the thousands of fellow clients who walk through the doors of Winnunga every year seeking better health outcomes for ourselves and our families.

Julie Tongs
CHIEF EXECUTIVE OFFICER

Occasions of service

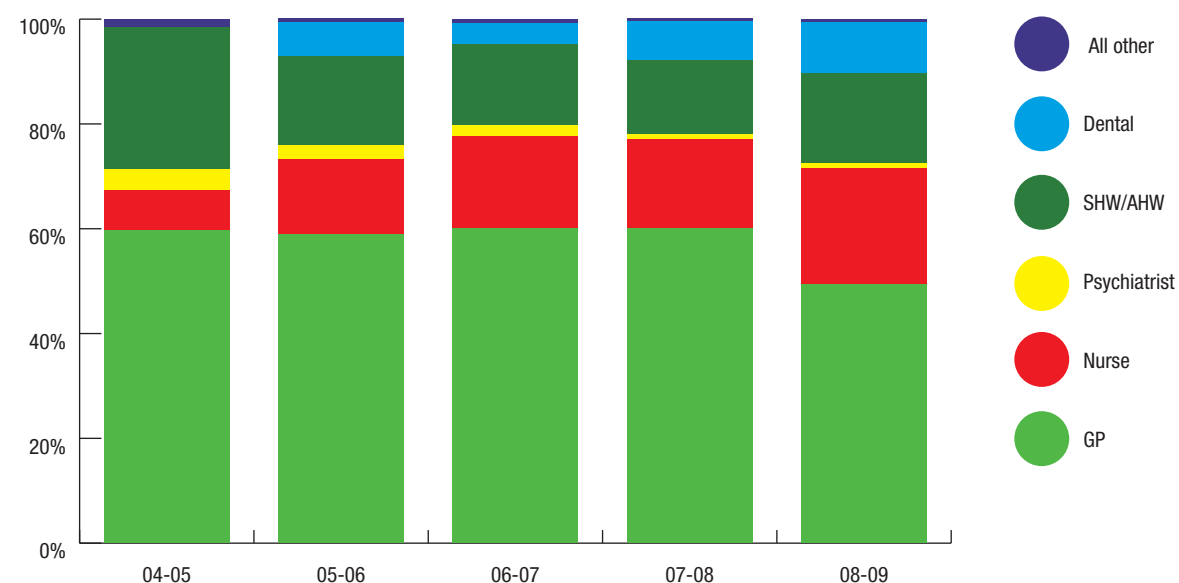
In 2008-2009 there were 27,283 occasions of service at Winnunga Nimmityjah Aboriginal Health Service (excluding transport and telephone consultations). This was an increase in occasions of service of 17% over the 2007-2008 year (Figure 1). The numbers of client contacts with general practitioners remained similar to previous years, while contacts with nurses, Aboriginal Health Workers and Dental services increased. The changes in client contacts reflected staffing levels in the respective clinical teams – while GP numbers were down, an additional nurse meant more consultations in the nursing team.

Figure 1: Number of client contacts by financial year and provider type, 2004-2009



Forty-nine percent of client contacts in the 2008- 2009 year were with general practitioners, 22% with nurses, 17% 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, 2004–2009



Transport

In addition to the client contacts shown above, there were more than 6,000 transport episodes recorded, with the majority (92%) being between Winnunga Nimmitjiah Aboriginal Health Service and the client's home or other health care related appointment.

Medical Director's report

This year has again been a busy year for the clinical services team. We have had a steady flow of clients accessing the service with an increase noted in the winter months.

Winnunga was well prepared for any potential outbreak of H1N1 influenza (more commonly known as swine flu). Very early on, we prepared an emergency response protocol in the event that there was to be an outbreak within the community. Fortunately for everyone there was no need to initiate the emergency response however, we did see a large number of people with confirmed H1N1 flu virus. I encourage anyone who has not received their vaccination for this virus to come to Winnunga to receive it.

Whilst Winnunga has been luckier than many health services in being able to recruit and retain medical staff, this year has seen a shortage of general practitioners for most of the year. In fact, we were down approximately one third of our full GP complement. It was through the collaborative team effort of all staff and especially the medical staff who had to work extremely hard to keep up with demand, that Winnunga GPs provided more than 13,000 episodes of care to clients. This is remarkable especially when considering that there is also a shortage of GP registrars, meaning that for most of the year we have not had a registrar. In the face of this, Winnunga could have opted to limit the number of clients accessing the service, however I am pleased to report that while some clients may have noticed shorter consultation times, we were able to accommodate all clients presenting for a consultation. I am especially pleased that Winnunga has been successful in recruiting new GPs and we currently have our full complement of GPs on board.

This year we farewelled Dr Susie Begbie and Dr David Forster. They both made a great contribution to Winnunga and I thank them and wish them well in the future.

In the 2009-2010 year, we will develop a plan for the recruitment of full time doctors. This will help Winnunga to move forward with planning into the future.

The reception staff are the face of Winnunga for all of the people accessing our services. They perform a very important role in providing immediate access to services, providing information, making people feel welcome and making sure that the experience of clients



accessing our service is as positive as possible. I thank all the reception staff for their work. I would also like to thank Jodie Longford, our Practice Manager for her support and congratulate her on recently commencing the Practice Manager's course.

More than 6000 episodes of transport services were provided to clients which emphasises the important role this service has in providing access to culturally appropriate health care services for community members.

As well as the day to day management of acute illness, doctors, Aboriginal health workers and nurses have played an important role in chronic disease management. This is largely through programs such as the OATSIH funded Healthy for Life program and the newly implemented case management policy, Walan Girri.



The Australian National University continues to draw on the experience and expertise of Winnunga staff. This is through our regular lectures to medical students and the placement of medical students at Winnunga. We now accommodate one medical student every fortnight.

Dental services have continued to grow and have in fact grown by 30% this year. We are extremely fortunate to have Dr Padma and her dental team, Iris and Danielle, based at

Winnunga and funded by ACT Health. Dental and oral hygiene play a very important part in health prevention activities and I am sure that the community will see the health benefits of being able to access dental care through Winnunga, not only in the immediate future, but in years to come. I note that 28% of all dental services were for preventative dental services and the community should be congratulated for taking the time and making the effort to participate in such a worthwhile preventative health care activity. I hope that this service continues to grow in the future.

The nursing team has expanded and there are now 3 full time practice nurses. This means that Winnunga has been able to expand its clinical services through the nursing program. I welcome Chrissi Arthur to the team full time as the Nurse Manager and Malcolm Bennett as a practice nurse.

Carolyn Patterson, Debbie Howroyd and Pam Yealland are all commended for continuing to set the highest standards for the delivery of services to women and babies through the Aboriginal Midwifery Access Program.

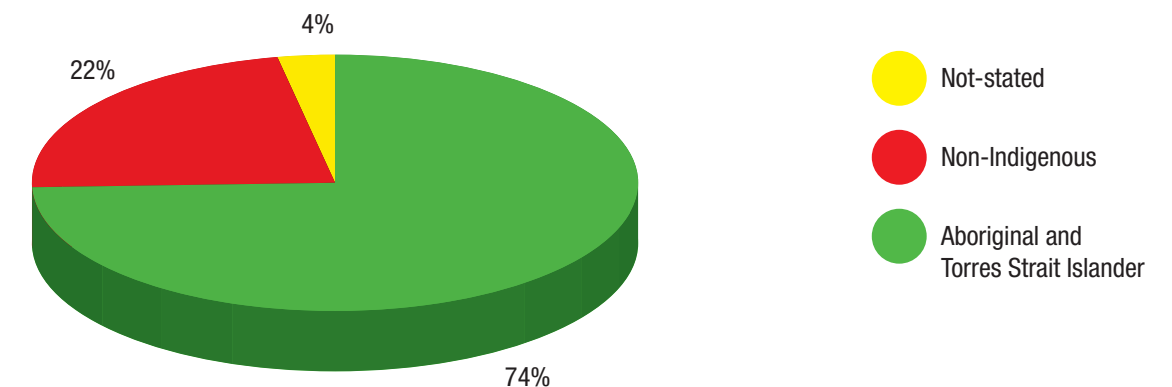
I continue to look forward to each new year at Winnunga and as always, I look forward to being a part of Winnunga providing an essential link between the provision of holistic health services and the building of a stronger community.

Dr Pete Sharp
MEDICAL DIRECTOR

Clients

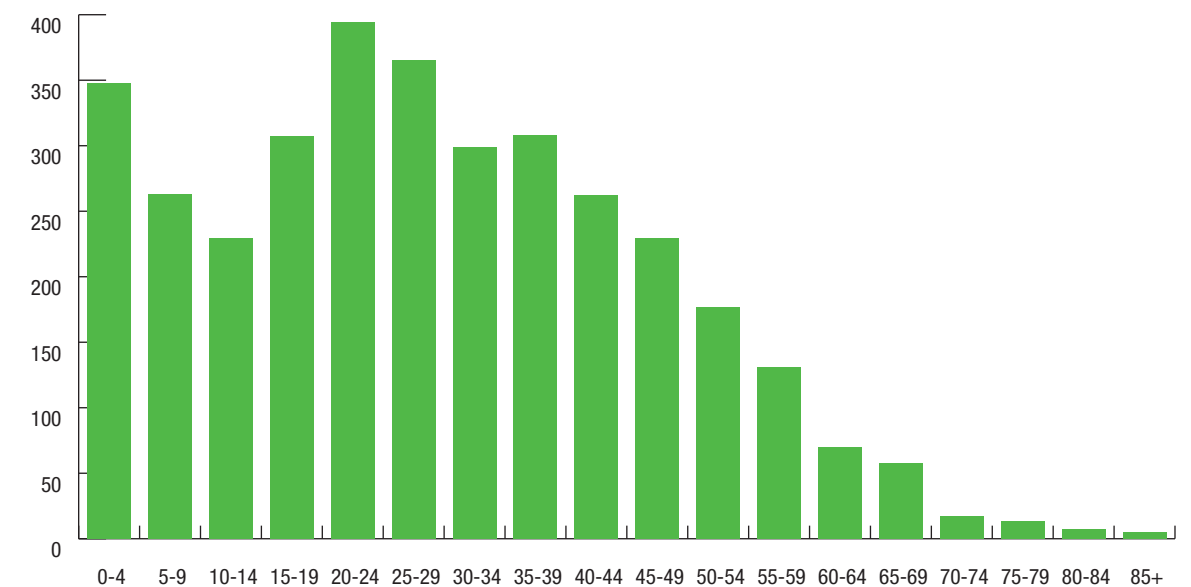
In 2008 – 2009 there were 3482 individual clients seen at Winnunga Nimmitjyah Aboriginal Health Service. Of these, 74% were Aboriginal and Torres Strait Islander, 22% were non-Indigenous and for 4% of clients, Indigenous status was unknown (Figure 3).

Figure 3: Proportion of clients by Aboriginal and Torres Strait Islander status, 2008 – 2009



The age distribution of clients in 2008 – 2009 reflected the Aboriginal and Torres Strait Islander population, with the majority of patients being young (Figure 4). Fifty percent of clients were female and 50% were male.

Figure 4: Age distribution of Winnunga clients, 2008 – 2009

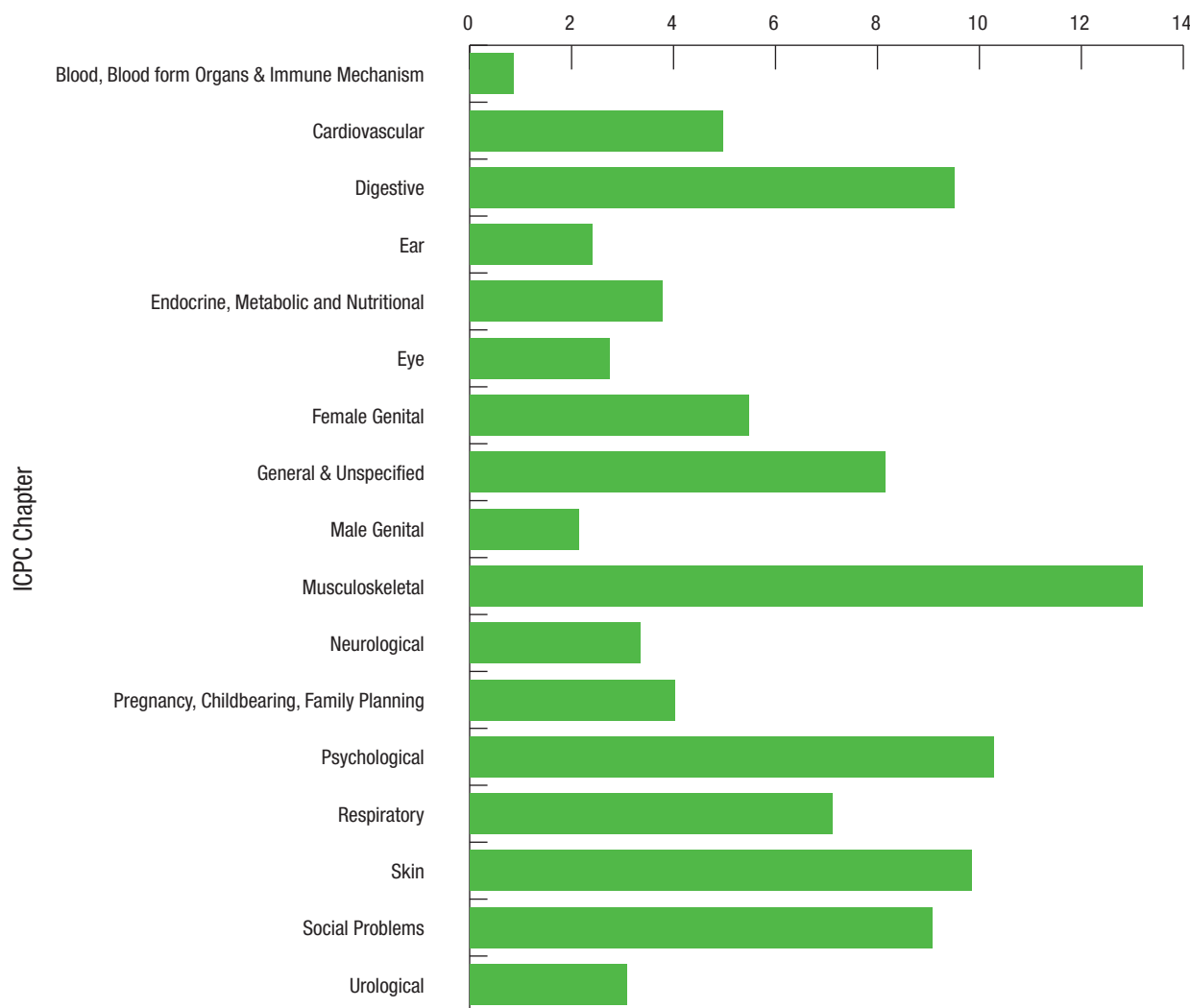


Types of conditions recorded

Conditions recorded as clinical items in the Winnunga patient information system record the types of illnesses seen at the service. This is not a comprehensive description of the burden of diseases encountered in clients. However it does provide an indication of the size of the illness groups seen (Figure 5). Classification is based on the *International Classification of Primary Care*, or ICPC, which groups diseases into categories according to the affected body system.

The largest proportion of conditions recorded was for the musculoskeletal system, followed by psychological conditions, skin conditions, digestive system conditions and social issues. It is useful to note that diagnoses of dental disease are included in the “digestive” category.

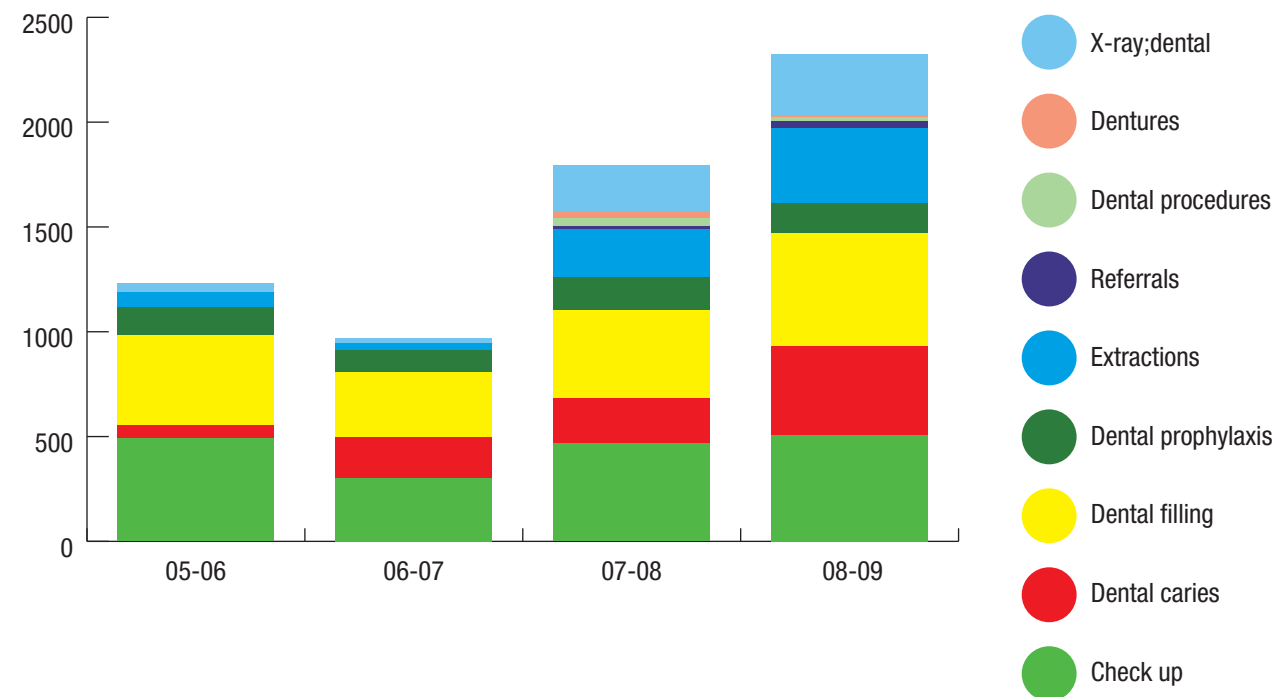
Figure 5: Proportion of recorded clinical item conditions by ICPC chapter group, 2008 – 2009



Dental services

The Winnunga dental service recorded 2636 client contacts for 712 individual clients in 2008–2009. This was an increase of 30% in client contacts over the previous year (Figure 6) and reflects increased staffing in the dental team. Twenty-eight percent of all services recorded were for preventative dental services, including dental check-ups.

Figure 6: Number and types of dental services provided by financial year, 2005 – 2009



Practice Nurse Services

Practice Nurse Manager's report

I commenced in the position of Practice Nurse Manager within the Clinical Services team of Winnunga in May 2009. There are now three full time practice nurses and one opiate program nurse which has meant that nursing services have been able to expand.

The Practice Nurses at Winnunga work with the GPs and the Healthy for Life team to provide a range of clinical support and preventative programs. The kind of services provided include wound care, immunisations and vaccinations, blood taking, chronic disease care such as asthma and diabetes care and we participate in providing health checks. At times we also support the midwives with antenatal and postnatal support for the clients. One of our great successes this year has been increasing childhood immunisation rates to over 90%. Congratulations to all the parents who have brought their children in for their immunisations.

It is great to see that nurses have provided 6027 client contacts. This was a significant increase from 3926 contacts in 2007–2008 and reflects the increased capacity of the team. Practice nurse client contacts comprise around 65% of all nurse contacts at Winnunga, with midwifery and opiate nurse contacts comprising the other 35%.

As you are aware, Winnunga has for some years now, set its benchmark at providing best practice, evidence based services.

This can be seen in Winnunga's commitment to continuing quality improvement. Winnunga is again up for AGPAL accreditation review. We expect to be audited in the next month or so and are confident that we will retain our accreditation status. The kind of activities we undertake on a regular basis in order to ensure that our standards are consistent with best practice standards and the accreditation standards are reviewing, updating and providing education on policies and procedures, reviewing client feedback and incorporating feedback into quality improvement activities, making sure that we have proper procedures in place for client referral pathways and ensuring that staff participate at every level of the continual quality improvement cycle.





This involves a lot of work as it includes monitoring legislation and laws for changes that effect Winnunga, keeping up to date with Commonwealth and ACT guidelines on such issues as infection control, keeping up to date with the advice provided by professional bodies such as the Australian Medical Association and being constantly aware of research findings that may impact on the way we provide services. It is not possible for one person to do all of this and the team effort involved in ensuring we manage all of this is fantastic.

I am very impressed with Winnunga's commitment to these processes. Winnunga provides great leadership in this area and I am very pleased to be a part of this ongoing program.

It has been an honour to be a part of the clinical team and I look forward to my continuing role as Practice Nurse Manager, and would like to thank my team for their hard work and commitment to improving the health of the Aboriginal and Torres Strait Islander Community of the ACT and surrounding region.

Chrissi Arthur
PRACTICE NURSE MANAGER

Practice Manager's report

It has been a very busy year for a number of reasons. Firstly, as Dr Pete has discussed in his report, we have not had our full complement of Doctors. This has meant that clients have had to sometimes wait longer to see a doctor than they normally would. It has also meant that during winter when we were at our busiest, some clients may have noticed that there wasn't quite the amount of time to spend with a doctor as they may be used to. Fortunately this situation has resolved with a full complement of doctors now on board.

At reception we always endeavour to have clients see the doctor of their choice, in the shortest possible time after arrival to the clinic and this is made so much easier when we have a full staff.

The other main reason for being so busy was the outbreak of the H1N1 flu virus. Fortunately, even though a lot of people did have the flu, we were able to manage the flow of patients wanting to see a doctor. I hope we become just as busy with the community coming in to be vaccinated now that we have the vaccine available!

I note that 3482 individual clients accessed Winnunga during the 2008-2009 year and that there were 6000 transport services provided. These figures emphasise how valuable the reception area is to the service and to the community. The transport and reception staff work closely together to ensure that clients have the best possible access to services. We have achieved this and these figures demonstrate Winnunga achieving this objective. Thank you to all the reception and transport staff for their hard work.

As you can see from the figures, Winnunga runs a very busy health service. For this reason we are always seeking ways to improve efficiency and outcomes. We have reviewed and revised our client flow processes so that patients are seen in order of priority based on their presenting illness. This has involved providing reception staff with training on identifying priority needs. The reception staff work very closely with the doctors and nurses on this to ensure that the process works well and that our duty of care to clients is met.

One of the issues with running a highly effective and efficient practice is ensuring that when staff are on leave or off sick, we have back-up staff who can perform the duties to the same high standard as the regular staff. I am very pleased to report that Winnunga has put a lot of effort into training back-up reception staff from other areas within the service to fill these temporary vacancies when necessary, thereby ensuring that clients have no interruption to their service.

Winnunga runs an electronic client data management system. The system is consistent with best practice standards for data management in health care and we continue to improve the system to ensure that archived files and hand written letters are fully catalogued within



the system. This enables quick access to client data when required which again helps to improve service delivery and client outcomes.

Clients may have also noticed the improved waiting area. This will be improved even more once the capital works start. We are hoping that they commence in the next few months.

Clients will also have seen an increase in the amount of feedback we request on our services. This has been implemented in all program areas. The feedback from clients helps us improve our service. I would like to thank all clients who have taken the time to provide us feedback, whether through one

of our surveys or whether on your own initiative. It is always appreciated and we always take action to improve where we can.

Jodie Longford
PRACTICE MANAGER

Program Coordinator's report

Healthy for Life is a national initiative of the Department of Health and Ageing that aims to reduce the large burden of disease in Aboriginal and Torres Strait Islander mothers, babies and children and in clients with a chronic disease such as diabetes or heart disease. Poor health in pregnancy has been linked to increased risk of early childhood sickness and hospitalisation and an increased risk of chronic disease in adulthood.

Healthy for Life therefore takes a whole of life approach to:

- improve the health of mothers, babies and children;
- reduce the incidence of adult chronic disease through prevention and early detection of diseases; and
- enhance the quality of life of people with a chronic disease.



The Healthy for Life team at Winnunga consists of Thelma Weston, an Aboriginal Health Worker, Dr Marianne Bookillil a general practitioner and myself, the coordinator and an Aboriginal Health Worker. Healthy for Life is not like other programs at Winnunga. This is because it is a program that aims to become imbedded in all programs. In other words, the aims and objectives of Healthy for Life become part of the aims and objectives of all of the programs at Winnunga that include anyone with a chronic disease or mothers and babies. In this way, Healthy for Life enhances existing services. It is about improving what we are already doing.

An example of how we do this is with the Aboriginal Midwifery Access Program. Winnunga already offers excellent antenatal and post natal services to 6 weeks of age. Healthy for Life aims to enhance this program through helping to reduce risk behaviours in pregnancy through the provision of antenatal classes and health promotion. This is one of the ways we are providing additional support to mothers/carers/parents after their babies are born. I work with the midwives on the ante natal classes at Winnunga. There has been a fantastic response to these classes which are now held every second Tuesday. On average about



10 parents attend each class. At the classes, we have guest speakers from organisations such as SIDS and KIDS, talk about health issues and have experts come and talk for example, from The Canberra Hospital.

Another initiative is that the role of the Practice Nurse will be expanded to include Maternal and Child Health activities particularly around parenting issues and regular health checks on babies and children.

In order to achieve the objectives of the program, we have identified the need to employ an additional doctor and Aboriginal

Health Worker in the program. Their role will be to provide additional resources in chronic disease management and health prevention activities.

This year we have focussed on continuing to imbed Healthy for Life into Winnunga's existing programs. We will continue to do this in the coming year.

I would like to thank Thelma Weston and Dr Marianne Bookillil for their invaluable support throughout the year and look forward to working with the Winnunga team in the New Year.

Anne-Marie Quinn
PROGRAM COORDINATOR

Senior Midwife's report

As always, this year has been a busy year for AMAP. I am pleased to report that we have had a steady flow of very healthy babies born, including one set of twins.

It is enormously gratifying to see how the AMAP program has progressed in the past few years. One of the big changes that we have noted, particularly in the past year is in the number of people coming into the program in their first trimester and some in their first six weeks of pregnancy.

Women presenting in their first trimester represented 48% of all clients. Why is this important to report? It is because when expectant mothers present early in their pregnancy we are able to identify very early on, their medical and obstetric history and put in place an individual plan that will meet the needs of that mother and that will help avoid, minimise or effectively manage foreseeable complications. I will give an example of how this improves health outcomes. This year we had a mother come in during the first six weeks of her pregnancy. Her previous baby was born at 26 weeks (that's nearly 3 months premature). By attending early, we were able to work with the mother to develop a care plan and provide the support that she needed. It was fantastic that with this pregnancy she was able to deliver a healthy baby at 34 weeks.

This means that the baby's health at birth is very good compared to a baby that is born at 26 weeks.

All of the available evidence now states that if you can have a baby with a birth weight that is within normal limits (a baby born at 26 weeks will have a low birth weight) then the long term health outcomes for that baby are usually much better than for babies born with a low birth weight.

We currently have 22 ante natal and 8 post natal clients on an ongoing basis.

Two years ago, in collaboration with the Healthy for Life team, we implemented regular ante natal classes. I am very pleased to report that these have been very successful and will continue to form part of our regular activities. The classes are held every second Tuesday between 10 am and midday (the second and fourth Tuesdays of the month). I invite all expectant and new mothers to come along.



For more than 5 years we have been providing optimal post natal care. We have done this because we have seen the improved outcomes for mothers and babies when they are given more support after the baby is born. As with our ante natal care, post natal care is a highly personalised service and the kind of care required will depend on the individual and their needs and care will last for as long as a mother requires it.

We continue to provide pathology services to all expectant and new mothers. This is a great service as it means that mothers do not have to go anywhere else to have blood tests or other tests done, such as diabetes testing. Because of the highly personalised service we provide, we also take mothers for ultrasounds and any other tests or medical appointments they may have.



I am also pleased to report that many expectant mothers are heeding health warnings about the dangers of smoking during pregnancy. I congratulate all those mothers who have made the effort to stop or dramatically reduce their smoking while pregnant.

When I look at the figures and see that there have been 38 babies born this year to women who have been clients of AMAP, I am enormously proud of how the community has worked so well with Winnunga in ensuring

that women know about our program. It has become a service that is trusted and respected and this is because of the trust and respect provided to women and families who attend.

Debbie has now completed a Pap Smear course through Sexual Health Family Planning ACT and is now performing pap smears regularly for clients.

Pam continues to assist all of our clients by providing support. Pam is widely respected within the community and we are very lucky to have her as part of our team.

I would like to thank Debbie Howroyd and Pam Yealland for their dedication to the women and babies who are our clients. I am looking forward to seeing more healthy and happy mothers and babies in the New Year!!

Carolyn Patterson
SENIOR MIDWIFE

AMAP program

During 2008–2009 there were 34 births to 33 women who attended antenatal care with the AMAP program. A further 28 women were provided antenatal care during the period and either moved out of the area or had not yet given birth at the end of the financial year. Postnatal care was provided to 38 families.

Forty-eight percent of women attended for their first antenatal visit during the first trimester of pregnancy (Table 1). Twenty-one percent of babies had a low birth weight and 79% had a normal birth weight (Table 2). Eighty percent of babies were born at full term (Table 3).

Table 1: Trimester of presentation of the first antenatal visit for pregnant women attending AMAP, 2008-9

| Trimester of Presentation | % |
|---------------------------|------|
| First Trimester | 48% |
| Second Trimester | 43% |
| Third Trimester | 9% |
| Total | 100% |

Table 2: Birth weight of babies born to women attending AMAP, 2008-9

| Birth weight | % |
|--------------|------|
| <2499g | 21% |
| 2500-4499g | 79% |
| >4500g | 0% |
| Total | 100% |

Table 3: Gestational age of babies born to women attending AMAP, 2008-9

| Gestational age | % |
|-----------------------|------|
| Pre-term <37 weeks | 20% |
| Full-term 37-42 weeks | 80% |
| Post-term >42 weeks | 0% |
| Total | 100% |

Social Health Services

Social Health Services Manager's report

This year we have had a number of staff changes and I am very pleased to report that we have been successful in recruiting experienced people to our team. I believe that the strength in our team skills and experience will progress us forward on a positive path in the coming years.

Importantly, we have implemented a number of changes to improve the way we provide services to the community and our clients. These changes are still evolving but I am happy to report that the changes are showing good signs of improved client care as a result of them.

You may recall that last year we reported on the development of the Walan-Girri (Strong Future) Care plan. Let me explain what Walan-Girri is and how we hope it will improve health outcomes for clients through improved service delivery.

Walan-Girri is a comprehensive model of care planning. It is client focused and enables the coordinated collaboration of people providing care and services to a particular client. Each client is provided with a coordinator who works with them to ensure that they have all the assistance and services they may require to facilitate care. The coordinator also makes sure that the people providing care, such as the GP, nurse and counsellor coordinate with each other. This helps to prevent overlap and gaps in service provision. Sometimes this coordinated approach may involve other services such as ACT Housing, The Canberra Hospital and other service providers. This improves services even more by making sure that everyone is working together with the client and in the best interests of the client.

Clients are asked if they would like to have a Walan-Girri plan. This means that it is the client who decides if they would like this coordinated care approach. When a client participates in Walan-Girri it formalizes a way of making sure that the client is at the centre of all the decisions about their care. In this way, clients take a more active role in their care so it becomes a partnership between Winnunga and the client to make sure that the client has the best chance of positive outcomes. Winnunga will monitor and evaluate the Walan-Girri tools as we move forward with this. The feedback from clients is central to how we monitor



the project's success. We are very encouraged by the early results and are hopeful that Walan-Girri will have a significantly positive impact on improved health outcomes well into the future.

We have continued to provide social and emotional support in the form of counselling, including drug and alcohol counselling and bereavement services to clients. This is central to the work undertaken by our team. It is interesting that many people comment on how difficult it must be to work in this area. I always respond by telling people how rewarding and

gratifying it is to see so many people with the courage to seek help and actively try and become better people for themselves, their families and their community.

This year some of our activities were affected by the H1N1 outbreak. Unfortunately this meant that the Annual Drug Action Day was postponed, however plans are in place to hold this as a part of a community family day toward the end of this year. Please check our website, www.winnunga.org.au for details.

The women's and men's groups have become key groups within Winnunga and continue to provide social, recreational and

health promotion activities. For example, the men's group held health information sessions on diabetes and men's preventative health and a legal aid information session. This year the men's group is hoping to start a community garden. This is a great initiative as it not only provides the opportunity to learn about healthy eating, it also provides an opportunity for people to come together and do something positive together for themselves, the community and the environment.

Likewise, the women's group has conducted arts and crafts sessions and cooking classes. The women's group also has yarnning circles. The yarnning circles have provided local women and women in the area for a short time, the opportunity to discuss with each other issues affecting their lives.

I encourage all the men and women of the community to participate in these activities. It doesn't matter if you don't want to come for everything, you can pick and choose what you would like to come to. Community members can find out what's going on by calling the social health team or looking on Winnunga's website at www.winnunga.org.au.

The 'No More Bundah' (smoking cessation) program continues to be a successful program for people who would like to stop smoking. It is fantastic to see how many people are taking the step to improve their health by giving up smoking. Smoking costs more than a lot of money. It has such a negative effect on our community by causing health conditions that lead to early death. I encourage any community member who is a smoker to think about making the next 12 months the time when you decide to ditch the habit. You can talk to one



of the Winnunga doctors, nurses or social health team members about this. There are lots of ways to give up and we are only too happy to help. We would also welcome you at the No More Bundah group which meets every Thursday at 11 am to 12 pm.

We are all very proud of how successful the breast screening health promotion program was. This was organised in response to women in the community raising it as an idea to encourage screening as a means to early detection and treatment. The target group was community women aged 50 years or over, although anyone of any age was welcome. A number of women participated and I can report that cancer was detected in at least one woman. I say this as a timely reminder of how important health prevention activities are and how the simplest exercise, such as having a mammogram, can make a very big difference to our lives. Winnunga now plans to conduct this program annually for all women. We are also looking at implementing a prostate cancer screening program for men.

The Social Health Team actively participates in providing cultural safety training to people working in health including the ANU medical students and combined mental health services. This is important in raising awareness of community needs, history and the circumstances that affect health outcomes.

I thank all of the staff of the team who work so hard and look forward to building the strength of our team in the coming year.

Roxanne Brown
SOCIAL HEALTH SERVICES MANAGER

Operations services

Operations Manager's report

The operations team provides the essential role of service support. We support service delivery by ensuring that the 'behind the scenes' operations continue to run smoothly such that the services that Winnunga provides can continue to be provided. This involves working with stakeholders such as funding bodies to meet our objectives in respect to service delivery. It is always challenging and rewarding to be a part of a team that has the responsibility of things like contracts, finance management and administrative services.

I am happy to report that Winnunga has continued this year to meet its contractual obligations. This is not always easy, for example, where there is a staff vacancy for an extended period of time, negotiations are required with the funding body that fund the position because objectives are linked directly with the position and the program that the position falls under.

The way a funding body articulates an objective may at times be different to the way that we at Winnunga articulate an objective. For this reason, we have worked hard over the past few years with funding bodies to establish program objectives that more closely reflect the objectives of Winnunga and the community. We are fortunate to have people in the Federal Health Department at OATSIH and at ACT Health who have understood this need. This means that this year we have been able to set program objectives that are reported against that are more aligned to the needs of Winnunga and the clients of Winnunga. I particularly appreciate the efforts made by ACT Health to improve the reporting framework and alleviate the overlapping of reporting between Federal and Territory departments. We are continuing to work together on this and it is hoped that the framework developed will greatly improve the flow of reporting requirements for Winnunga.

We have successfully negotiated new funding opportunities for programs such as expanding the Healthy for Life program. We also received additional funding for the Aboriginal Midwifery Access Program under the New Directions program. This will mean that we will be able to expand that highly successful program in the coming year.

The finance team continues to do a fantastic job in meeting all of our finance management needs. I especially thank Maxine Freeman, the manager of this team, for her continued commitment to ensuring that all the requirements are met to the highest standards.



Human resource management is always a highly stressful area of any organisation. We are very fortunate to have Rose Longford in the position of human resource manager. Rose's job includes, amongst other things, making sure that all new staff receive orientation, maintaining personnel files, reminding people of when their professional registrations are due and maintaining the accident and incident register. Rose also ensures that staff have access to continuing professional development and education. We have expanded the use of e-learning within Winnunga and the program has received a very positive response from staff. I am pleased to report that over 95% of feedback on this program is extremely positive and we plan to continue this into the next year. I thank Rose for her hard work and commitment.



Other education and training initiatives include the program for staff to complete dual qualifications. This program has 10 staff participating to achieve a Diploma of Practice Management and a Certificate IV in Medical Administration. Staff are due to complete their dual qualifications in December 2009. Two other staff members have taken the opportunity to complete their Certificate IV in Workplace Assessment. I thank all the staff who embrace continuing education and professional development.

The role Winnunga plays in capacity building of the workforce cannot be overstated. It is an essential role in building a stronger community. Continuing our commitment to capacity building in these ways, that is providing ongoing access to education and training, not only means that clients receive better services from more qualified staff, but it also means that people working at Winnunga have the opportunity to expand their knowledge and skill base which in turn builds confidence in people to be able to go out and work in a multitude of fields. We are very proud of this achievement at Winnunga and continue to be committed to providing these opportunities to staff.

I thank all the staff who are a part of the operations team at Winnunga.

Selena Lyons
OPERATIONS MANAGER

The Youth Diversion Program

The Youth Diversion program, which operates out of Fyshwick, engages young people in formal education and training with the view to providing greater employment opportunities. The program has a particular focus on skills development and personal development. The program works closely with the social health team to access the established referral support networks through Winnunga's multidisciplinary Social Health Team.

This year the youth diversion program has cemented its role in the community as a valuable resource for young people seeking assistance with issues such as substance misuse and finding a new path after contact with the criminal justice system. The program promotes social and emotional wellbeing through very practical support. The program works in partnership with the ACT Government, the Department of Education, Science and Training, the Ted Knoffs Foundation and other key stakeholders.

Specifically, the program provides:

- Diversionary activities to clients through delivering accredited training. Some of the training includes tailored pre-apprenticeship and Certificate II in Automotive courses in-house;
- Hospitality and entertainment industry training and work experience;
- Art and cultural activities;

- Structured sports and physical activities;
- Referrals to alcohol and other drug and related health and social services; and
- Support to participants transitioning into formal education, training and employment.



We are very pleased to report that this year 10 participants completed and received a Certificate II in Automotive Servicing.

Program participants also participate in health promotion activities such as health checks and dental checks provided at Winnunga.

We look forward to this program becoming a long term part of the social health team services provided by Winnunga.

Thanks go to Bill Collins (Shep) for his continued commitment to developing the program and providing support and training to participants.

The Home Maintenance Program

The Home Maintenance Program is an intense program that engages young Aboriginal and Torres Strait Islander men and women at risk. It aims to develop the life skills of the participants in home maintenance, thus increasing their self confidence and employment options. The service does this by providing a valuable home maintenance service to Aboriginal and Torres Strait Islander people who require assistance to maintain their gardens and yards.

People participating in this program participate in individual and group support to improve life skills, work skills and other skills that aim to build self esteem and confidence.

Adrian Baxter is the Program Manager. Adrian has extensive experience in providing support to young people as well as having a strong background in the building industry. Thanks to Adrian for his work in this program and within the Canberra region.

The Home Maintenance Program provided 140 services to families in the ACT in the 2008 – 2009 year.

Prison health program

The prison health program continues with Dr Pete, the Medical Director visiting Aboriginal and Torres Islander inmates weekly at the Alexander Maconochie Centre, the Goulburn Correctional Facility, the Cooma Correctional Facility and Bimberi Youth Detention Centres. Belconnen Remand Centre and Quamby Youth Detention Centres were closed during the year.

In 2008–2009 there were 591 client encounters in prisons recorded in six different correctional centres (Figure 7). The majority of prison visits were conducted by Dr Pete Sharp, with 41% being at the Belconnen Remand Centre/Alexander Maconochie Centre, 40% at Goulburn Correctional Centre, 15% at Cooma and 4% at Quamby/Bimberi Youth Detention Centres (Figure 8).

Figure 7: Winnunga prison outreach service: number of encounters by correctional centre, 2008 – 2009

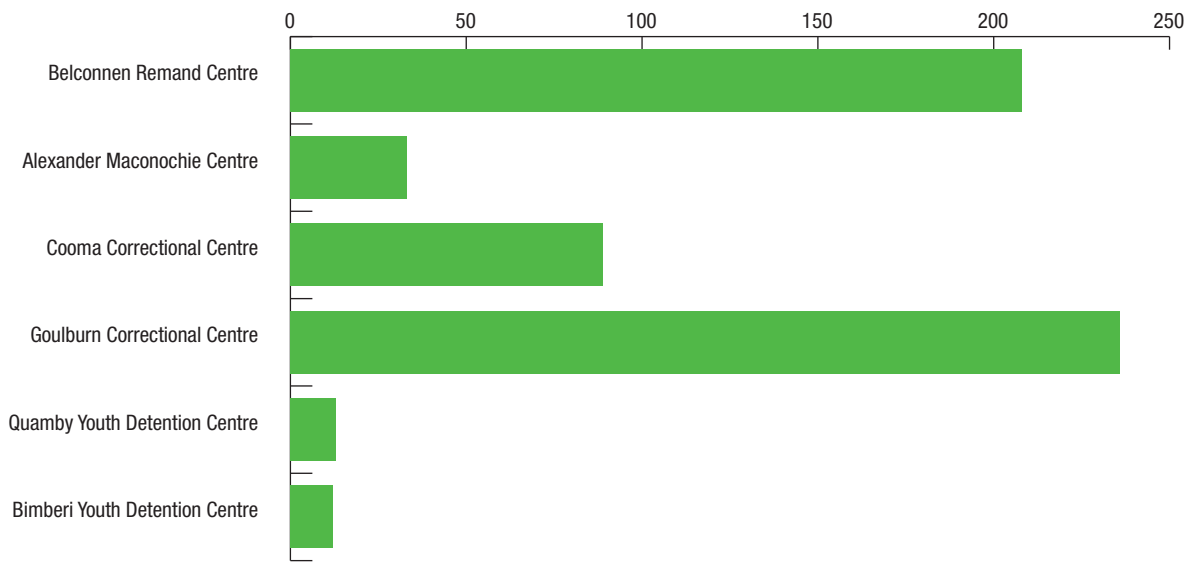
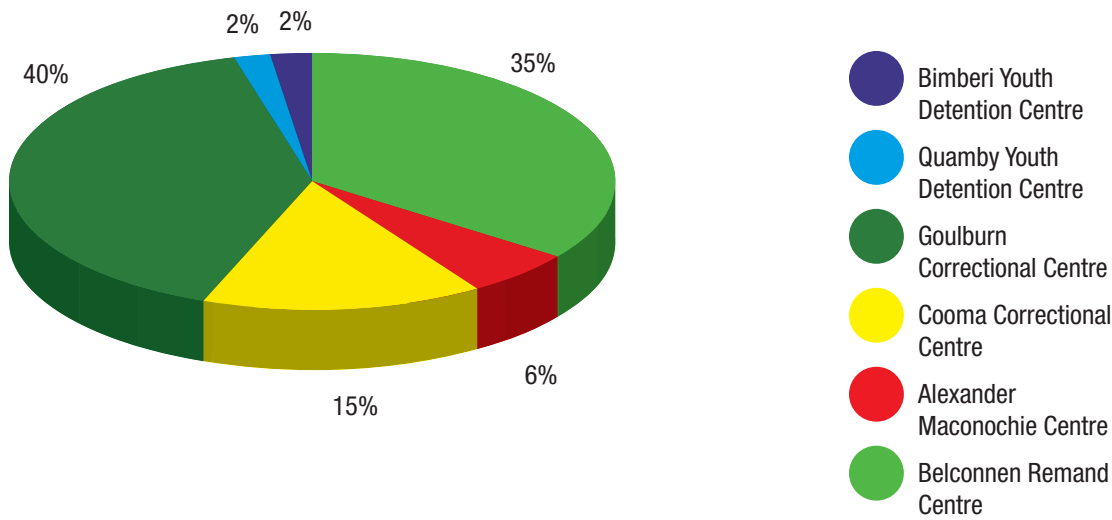


Figure 8: Winnunga prison outreach service: proportion of encounters by correctional centre, 2008 – 2009



Winnunga Boxing Club

The Winnunga Boxing Club operates out of Winnunga’s gym in Fyshwick. The program runs on Mondays, Wednesdays and Fridays between 5pm and 7pm. Greg Chapman is the head coach and he leads a team of dedicated volunteer coaches and support personnel.

The age of participants ranges from 12 to over 30 and includes females and males.

Whilst the club participates in exhibition matches as well as competition, the real focus of the program is to encourage team participation, fitness and self esteem through being part of a supportive club.

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 is a fantastic community program that has been going for some years now and no doubt will continue to do so in the future.



Muuji Regional Centre for Social and Emotional Wellbeing

In 2007, the Federal government commissioned an evaluation report on the Bringing Them Home and Indigenous Mental Health Programs. The report *Evaluation of the Bringing Them Home and Indigenous Mental Health Programs* was prepared by Urbis, Keys Young and



Muuji Regional Centre for Social and Emotional Wellbeing, Steering Committee and Staff

published in May 2007. Unfortunately, Muuji was not invited to contribute to the evaluation. This is especially disappointing as based on that evaluation, OATSIH decided that there would be a policy change. The new policy means that Regional Centres are no longer funded. Instead, OATSIH has provided funding to establish Workforce support Units. The new Workforce Support Units have no role in the delivery of education and training to the social and emotional wellbeing workforce. Instead they provide networking and support services. OATSIH now fund separately the delivery of *The Aboriginal Mental Health First Aid Training* and the *Mental Health Training for Workers in*

Aboriginal and/or Torres Strait Islander Communities Program courses through Registered Training Organisations.

Winnunga submitted a joint application with the Riverina Medical and Dental Aboriginal Corporation (Wagga Wagga, NSW) to establish a Workforce Support Unit. Unfortunately we were unsuccessful in this application.

Winnunga also submitted a joint application in collaboration with the Canberra Institute of Technology to conduct the Mental Health training courses. This application was successful and Winnunga and CIT will commence delivery of these courses in the next few months.

It has been difficult to see the closure of Muuji as it had achieved a number of key milestones not least of which was the research project into the needs of the workforce working with Aboriginal and Torres Strait Islander people of the area on issues relating to social and emotional wellbeing.

The Muuji consortium partners, Riverina Medical and Dental Aboriginal Corporation (Wagga Wagga, NSW) and Katungul Aboriginal Corporation are congratulated for all their hard work. We have worked hard over the years since Muuji was first opened in 2000 to improve the health outcomes of Aboriginal and Torres Strait Islander people through the support of workers providing social and emotional wellbeing services.

The Board of directors and CEO thank all of the staff who have contributed their time and skills to Muuji Regional Centre for Social and Emotional Wellbeing. Your work has been appreciated and we wish you all well in the future.

Public Health and policy

Public Health Medical Officer's report

As the Public Health Medical Officer, my role is to provide advice and support on matters relating to population health, quality improvement, research and public health policy. I supervise the policy officer Kate Teasdale and the health data officer Martha Yu as the areas of public health, policy and data analysis cross over considerably. We are fortunate because our work spans most areas of the organisation and this gives us the opportunity to work with everyone at Winnunga.



This year I was closely involved in the Winnunga response to the influenza A H1N1 outbreak. In late 2008 I supervised a group of year 4 ANU medical students Fiona Collier, Anna Gear, Brendan Jubb, Elizabeth Le Prince and Claire Seiffert, who produced an excellent Influenza Pandemic Plan for Winnunga as a population health project. When H1N1 flu outbreak commenced Winnunga was in the fortunate position of being able to implement this plan. Our plan was also shared with other Aboriginal Community Controlled Health Services around Australia. In Canberra I worked closely with ACT Health and the Winnunga Medical Director to quickly implement responses such as infection control and testing procedures for H1N1. In particular we were able to obtain a supply of Tamiflu to dispense on site at Winnunga prior to the peak of the outbreak in July, hopefully reducing the severity of some cases.

Part of my role is to work closely with Dr Pete and the Winnunga general practitioners on communication and quality improvement. I coordinate monthly GP meetings where many issues are discussed. Occasionally we also fit in visiting speakers and training sessions on topics the GPs are interested in. For regular meetings I provide data analysis of progress on issues such as health checks, pap smears and influenza immunisations.

Data analysis is an important part of quality improvement, assessing service delivery and service reporting requirements. Martha Yu, the Health Data Officer, is critical to Winnunga's capacity to do this. Martha manages all aspects of the electronic health data management system, Communicare. Martha provides ongoing education and training to staff, maintains user manuals, liaises with external organisations such as pathology laboratories and is a member of the NACCHO National ICT/IM Working Group. Importantly Martha generates

data for Winnunga reporting to funding agencies, reporting to the Board and for publications such as this annual report. Martha does everything with patience and good humour and I know her expertise is appreciated by everyone.

Martha and I work together to provide analysis on Winnunga's service population, clinical consultations and Medicare data. This information assists staff and the Board to plan for the future and achieve the best possible outcomes for clients.

Kate Teasdale, the Winnunga Policy Officer has done some excellent work this year. In particular Kate prepared a number of funding applications, some of which were successful and brought new funding to Winnunga for health assessments and staff conference attendance. Kate has worked closely with the Social Health Team on smoking cessation initiatives, including: assisting with the No More Bunda group for Winnunga staff and clients; production of culturally appropriate quit smoking brochures; and coordinating Quit Educator training and brief intervention training for Winnunga staff and external organisations in the ACT. Kate has also done some valuable work on evaluation of the No More Bunda program and components of the Healthy for Life program. Finally Kate has worked on MOUs between Winnunga and external organisations, provided assistance with research projects and prepared the Winnunga newsletter.

As a team we have a strong focus on quality improvement so Martha, Kate and I work closely with the Healthy for Life Coordinator. Healthy for Life is an integrated quality improvement program aiming to improve health outcomes in maternal and child health and chronic disease management. We support the Healthy for Life Coordinator in clinical service quality improvement, access to allied health services, data collection, reporting and evaluation.

Part of my role at Winnunga is to provide advice on research projects. This year I have also co-supervised some ANU medical student research projects, including a GP consultation survey in March and a data analysis of the Aboriginal Midwifery Access Program. Reports of these projects have been presented to the Winnunga Board.

From a public health perspective, access to medicines and the quality use of medicines is vital in helping to achieve positive health outcomes. I am pleased to report that Winnunga has implemented the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Program (QUMAX). This program has improved access to PBS medicines and we hope it has also had a positive effect on medication adherence and quality use of medicines.

My team provides information and advice as requested to the Winnunga CEO and Executive and attend meetings as required. This year I participated in the ACT Primary Health and Chronic Disease Strategy Committee, the ACT Pandemic Influenza Action Committee and the ACT Public Health Forum. I also have ongoing communication with the other Public Health Medical Officers placed in NACCHO Affiliates around Australia.

The work of my team is only successful when we work closely with all the other teams in Winnunga. I thank everyone for our productive collaboration.

I am pleased with our progress this year and I look forward to the year ahead.

Dr Ana Herceg
PUBLIC HEALTH MEDICAL OFFICER

Winnunga is committed to improving the health outcomes of Aboriginal and Torres Strait Islander people. As a part of this commitment, Winnunga contributes to the evidence base that shapes the models and frameworks for the provision of care and services to Aboriginal and Torres Strait Islander people in the ACT, surrounding areas and nationally. It is essential that care is based on the best available evidence. This gives programs and services the best chance of achieving aims and goals and results in better outcomes for clients.

Winnunga has continued to contribute in this way in the past year. The research programs we have undertaken are discussed below.

A review of the broad literature and local understanding of spirituality and the relationship between spirituality and Aboriginal and Torres Strait Islander people's social and emotional wellbeing

During 2007 the Cooperative Research Centre for Aboriginal Health (CRAH) funded a research project to review of the broad literature and local understanding of spirituality and the relationship between spirituality and Aboriginal and Torres Strait Islander people's social and emotional wellbeing. The research was lead by Winnunga Nimmityjah Aboriginal Health Service (the lead agency) in partnership with

the Australian Institute of Aboriginal and Torres Strait Islander studies (AIATSIS) and the funding body, the CRAH.

In October 2008 the review was submitted to the CRAH for peer review for future publication. Amendments were made and the report is currently being considered for publication.



In commissioning this review and future publication, the CRAH has recognised the potential of the review to make an important contribution in further understanding for the numerous service providers, support organisations, policy makers and researchers working in partnership with Aboriginal communities. This review makes an important contribution to this new area of exploration.

The Muuji Regional Centre for Social and Emotional Wellbeing: Ways Forward

During 2007 data was analysed from the Muuji Regional Centre Services Survey of mainstream organisations and the main report entitled *The Muuji Regional Centre for Social and Emotional Wellbeing: Ways Forward* was circulated in December 2008. The research partners in this study were Winnunga Nimmitjiah Aboriginal Health Service (lead agency), AIATSIS, ANU, and the CRCaH. This report is currently under peer review for possible publication by the CRCaH.



The remaining three individual regional reports were subsequently completed during the past year and circulated to the Canberra, Narooma and Wagga Wagga offices of the Muuji Regional Centre for Social and Emotional Wellbeing. The findings of these reports contribute to increased understandings of the barriers for Aboriginal and Torres Strait Islander people in accessing mainstream services. They propose ways forward in building strong partnerships between Indigenous and mainstream health and social support organisations within these regions.

Problematic Alcohol Consumption

During 2008 Winnunga Nimmitjiah Aboriginal Health Service in partnership with the National Centre for Epidemiology and Population Health (NCEPH) at The Australian National University carried out research into problematic alcohol consumption in Indigenous people. As a result of this research a case management tool called Walan Girri was developed for use by the Winnunga Social Health Team. The tool addresses brief Intervention, integrated screening and assessment, shared care, integrated care, and case management. The research was funded by the National Drug Research Institute in Perth from March 2008 to 30 June 2009 during which time Winnunga staff were trained in all aspects of case management, described above. This research partnership will continue from 2009 for three years through an NCEPH PhD candidate who will finalise the research in partnership with Winnunga and its clients, and validate the case management tool.

From Broome to Berrima: Building Australia-wide research capacity in Indigenous offender health and health care delivery – NHMRC Capacity Building Grant in Population Health and Health Services Research

In December 2008 the NHMRC Grant entitled 'From Broome to Berrima: Building Australia-wide research capacity in Indigenous offender health and health care delivery – NHMRC Capacity Building Grant in Population Health and Health Services Research' was awarded (for five years) to various participants in the grant including Winnunga Nimmitjiah Aboriginal Health Service. The first Australia-wide coordination

meeting was convened in April 2009. The Winnunga component of this research will contribute to a better understanding of the financial and emotional costs to families of Aboriginal people in prison.

You do the crime, you do the time. Best practice model of holistic health service delivery for Aboriginal and Torres Strait Islander inmates of the ACT prison

Winnunga, having completed the study entitled 'You do the crime, you do the time. Best practice model of holistic health service delivery for Aboriginal and Torres Strait Islander inmates of the ACT prison' is now looking to the future direction of this project.

Winnunga always places itself within the community and seeks positive outcomes for the community. This is why, when research is to be conducted, Winnunga always asks the question 'what benefits will flow to the participants and the community as a result of this research?' This project is no different and we want to make sure that Aboriginal and Torres Strait Islander people who are incarcerated in the Alexander Maconochie Centre in the ACT receive improved services, which will result in improved outcomes for those detained, their families and their community. Winnunga, whilst remaining committed to ongoing research in this area, will take the first step in this process by focusing on obtaining funding to implement a family and prisoners' support program for those detained and their families. The program will provide support to prisoners and their families and will continue that support once the person is released from custody. In this way, Winnunga hopes to contribute to improving the outcomes for individuals, their families and the community at large.



2008—2009
FINANCIAL REPORT

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, 2009 were;

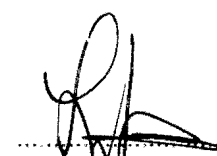
| | |
|-----------------|--------------------|
| Judith Harris | Chairperson |
| Craig Ritchie | Deputy Chairperson |
| Lisa Jacques | Treasurer |
| Alana Harris | Secretary |
| Ethel Baxter | Ordinary Member |
| Lynette Goodwin | Ordinary Member |

- (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, 2009 is \$53,027.87 (2008 Surplus \$89,602.97).

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


Board Member *Chairperson*


Board Member

Dated at Canberra this 27th day of September 2009

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|---|--------------|--------------|
| Revenue from Operating Activities | 5,795,936.24 | 5,906,702.36 |
| Less Expenses: | | |
| Employee Expenses | 4,407,510.18 | 4,270,320.93 |
| Depreciation and Amortisation | 132,410.00 | 122,518.22 |
| Other Expenses from Operating Activities | 1,202,988.19 | 1,424,260.24 |
| | 5,742,908.37 | 5,817,099.39 |
| Net Ordinary Surplus/(Deficit) for the year | 53,027.87 | 89,602.97 |

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

BALANCE SHEET
AS AT 30TH JUNE 2009

| | Notes | 2009 \$ | 2008 \$ |
|-------------------------------|-------|--------------|--------------|
| CURRENT ASSETS | | | |
| Cash | 3 | 2,095,710.19 | 1,574,408.99 |
| Receivables | 4 | 84,683.31 | 89,144.27 |
| Other | 5 | 66,039.33 | 82,797.20 |
| TOTAL CURRENT ASSETS | | 2,246,432.83 | 1,746,350.46 |
| NON-CURRENT ASSETS | | | |
| Property Plant & Equipment | 6 | 607,247.15 | 679,907.62 |
| TOTAL NON-CURRENT ASSETS | | 607,247.15 | 679,907.62 |
| TOTAL ASSETS | | 2,853,679.98 | 2,426,258.08 |
| CURRENT LIABILITIES | | | |
| Creditors & Accruals | 7 | 602,659.29 | 557,867.79 |
| Unexpended Grants | 7 | 452,203.39 | 121,347.75 |
| Provisions | 8 | 458,558.30 | 466,139.13 |
| TOTAL CURRENT LIABILITIES | | 1,513,420.98 | 1,145,354.67 |
| NON-CURRENT LIABILITIES | | | |
| Provisions | 8 | 91,667.21 | 85,339.49 |
| TOTAL NON-CURRENT LIABILITIES | | 91,667.21 | 85,339.49 |
| TOTAL LIABILITIES | | 1,605,088.19 | 1,230,694.16 |
| NET ASSETS/LIABILITIES | | 1,248,591.79 | 1,195,563.92 |
| EQUITY | | | |
| Accumulated Funds | 10 | 867,047.68 | 737,103.81 |
| Accumulated Capital Grants | 10 | 381,544.11 | 458,460.11 |
| TOTAL EQUITY | | 1,248,591.79 | 1,195,563.92 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

STATEMENT OF RECOGNISED INCOME & EXPENSE
FOR THE YEAR ENDED 30TH JUNE 2009

ACCUMULATED MEMBERS FUNDS

| | Accumulated Surplus \$ | Accumulated Capital Grants \$ | Total \$ |
|--|------------------------------|--|--------------|
| Balance at 30th June 2007 | 566,885.84 | 539,075.11 | 1,105,960.95 |
| Current Year Surplus attributable to members for 2008 | 89,602.97 | 0.00 | 89,602.97 |
| Add: Transfer of Capital Grants Depreciation - 2008 | 80,615.00 | -80,615.00 | 0.00 |
| Balance at 30th June 2008 | 737,103.81 | 458,460.11 | 1,195,563.92 |
| Current Year Surplus attributable to members for 2009 | 53,027.87 | 0.00 | 53,027.87 |
| Add: Transfer of Capital Grants Depreciation - 2009 | 76,916.00 | -76,916.00 | 0.00 |
| Balance at 30th June 2009 | 867,047.68 | 381,544.11 | 1,248,591.79 |

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

STATEMENT OF CASH FLOWS
AS AT 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|---|----------------------------|----------------------------|
| Cash Flows from Operating Activities: | | |
| Grants & Other Income Received | 5,872,048.44 | 5,252,617.76 |
| Medicare & Medical income | 690,254.42 | 724,644.26 |
| Interest Received | 88,648.87 | 126,494.11 |
| Payment to Suppliers & Employees | <u>-6,071,495.00</u> | <u>-6,019,230.71</u> |
| Net Cash Provided by Operating Activities (Note 16) | <u>579,456.73</u> | <u>84,525.42</u> |
| Cash Flows from Investing Activities : | | |
| Payment for Property Plant & Equipment | -99,973.70 | -137,193.30 |
| Sale for Property Plant & Equipment | <u>41,818.17</u> | <u>25,454.55</u> |
| Net Cash Provided by (Used in) Investing Activities | <u>-58,155.53</u> | <u>-111,738.75</u> |
| Net Increase/(Decrease) in cash held | 521,301.20 | -27,213.33 |
| Cash at beginning of Financial Year | <u>1,574,408.99</u> | <u>1,601,622.32</u> |
| CASH AT END OF FINANCIAL YEAR (Note 3) | <u><u>2,095,710.19</u></u> | <u><u>1,574,408.99</u></u> |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report covers the 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 Associations Incorporation Act of the A.C.T.

(a) **Basis of Preparation**

This general purpose financial report has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act of the A.C.T.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted by the Council in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

Reporting Basis and Conventions:

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

(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.

(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 2009 (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 balance sheet date. 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**

The Income Statement and Balance Sheet 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.

2 REVENUE & EXPENSE

| | 2009 \$ | 2008 \$ |
|--------------------------------------|---------------------|---------------------|
| Revenue | | |
| <i>(a) Operating activities</i> | | |
| Grant Income | 4,958,507.22 | 4,915,428.50 |
| Medicare & Medical Income | 694,047.98 | 732,637.21 |
| Other Income | 52,774.17 | 132,142.54 |
| Profit on Sale of Non Current Assets | 1,958.00 | 0.00 |
| | <u>5,707,287.37</u> | <u>5,780,208.25</u> |
| <i>(b) Non-operating activities</i> | | |
| Interest Received | 88,648.87 | 126,494.11 |
| | <u>5,795,936.24</u> | <u>5,906,702.36</u> |

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009 (Cont'd)

| | 2009 \$ | 2008 \$ |
|--|---------------------|---------------------|
| 2 REVENUE & EXPENSE (Cont'd) | | |
| Profit from Ordinary Activities | | |
| Profit from ordinary activities has been determined after: | | |
| Expenses | | |
| Remuneration of Auditors | | |
| -audit | 29,090.91 | 26,227.27 |
| -other services | 0.00 | 0.00 |
| Depreciation of Property Plant & Equipment | 132,410.00 | 122,518.22 |
| Loss on Disposal of Non-Current assets | 0.00 | 0.00 |
| Rental Expenses on Operating Leases | 14,223.00 | 51,848.19 |
| Provisions: | | |
| -Annual Leave | 293,367.98 | 24,762.73 |
| -Long Service Leave | 256,857.53 | 63,298.66 |
| -Doubtful Debts | -9,000.00 | 0.00 |
| Salaries, On Costs and Consultants | 4,407,510.18 | 4,270,320.93 |
| Motor Vehicle Running | 256,479.86 | 301,714.56 |
| All Other Costs | 361,968.91 | 956,408.83 |
| | <u>5,742,908.37</u> | <u>5,817,099.39</u> |
| 3 Cash Assets | | |
| Cash at bank | | |
| National Australia Bank a/c no. 4459 - Core | 493,078.88 | 163,279.89 |
| NAB Cash Maximiser a/c | 1,576,939.91 | 1,388,295.75 |
| NAB Donations a/c | 25,188.42 | 22,466.07 |
| Petty Cash | 294.75 | 294.75 |
| Undeposited Funds Clearing | 208.23 | 72.53 |
| | <u>2,095,710.19</u> | <u>1,574,408.99</u> |
| 4 Receivables | | |
| Trade Debtors | 85,683.31 | 84,089.16 |
| Less Provision for Doubtful Debts | -1,000.00 | -10,000.00 |
| | <u>84,683.31</u> | <u>74,089.16</u> |
| Accrued Income | 0.00 | 15,055.11 |
| | <u>84,683.31</u> | <u>89,144.27</u> |
| 5 Other Assets | | |
| Prepayments | <u>66,039.33</u> | <u>82,797.20</u> |

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009 (Cont'd)

| | 2009 \$ | 2008 \$ |
|---|--------------------|--------------------|
| 6 Property, Plant and Equipment - CORE | | |
| Plant & Equipment - Core | 22,636.37 | 22,282.73 |
| Less accumulated depreciation | <u>-14,225.91</u> | <u>-12,160.91</u> |
| | <u>8,410.46</u> | <u>10,121.82</u> |
| Motor Vehicles - Core | 131,933.00 | 157,680.73 |
| Less accumulated depreciation | <u>-27,935.79</u> | <u>-54,571.41</u> |
| | <u>103,997.21</u> | <u>103,109.32</u> |
| Office Furniture & Equipment - Core | 97,577.11 | 90,437.37 |
| Less accumulated depreciation | <u>-76,118.31</u> | <u>-71,009.31</u> |
| | <u>21,458.80</u> | <u>19,428.06</u> |
| Computer Equipment - Core | 142,684.59 | 120,354.78 |
| Less accumulated depreciation | <u>-65,985.43</u> | <u>-42,700.43</u> |
| | <u>76,699.16</u> | <u>77,654.35</u> |
| Medical Equipment - Core | 37,742.10 | 33,162.74 |
| Less accumulated depreciation | <u>-23,991.78</u> | <u>-22,028.78</u> |
| | <u>13,750.32</u> | <u>11,133.96</u> |
| Capital Grant Equipment - Core | 826,388.79 | 826,388.79 |
| Less accumulated depreciation | <u>-444,844.68</u> | <u>-367,928.68</u> |
| | <u>381,544.11</u> | <u>458,460.11</u> |
| Total Core | <u>605,860.06</u> | <u>679,907.62</u> |
| - REGIONAL CENTRE | | |
| Computer Equipment - Regional | 20,392.81 | 20,392.81 |
| Less accumulated depreciation | <u>-20,392.81</u> | <u>-20,392.81</u> |
| | <u>0.00</u> | <u>0.00</u> |
| Office Equipment - Regional | 34,288.19 | 32,695.10 |
| Less accumulated depreciation | <u>-32,901.10</u> | <u>-32,695.10</u> |
| | <u>1,387.09</u> | <u>0.00</u> |
| Office Furniture & Equipment - Regional | 11,215.82 | 11,215.82 |
| Less accumulated depreciation | <u>-11,215.82</u> | <u>-11,215.82</u> |
| | <u>0.00</u> | <u>0.00</u> |
| Total Regional | <u>1,387.09</u> | <u>0.00</u> |
| Total Plant and Equipment | <u>607,247.15</u> | <u>679,907.62</u> |

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009 (Cont'd)

| | 2009 \$ | 2008 \$ |
|---|-------------------|-------------------|
| 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 | 679,907.62 | 690,687.09 |
| Additions | 99,973.70 | 137,193.30 |
| Depreciation expense | -132,410.00 | -122,518.22 |
| Ordinary Disposals | <u>-40,224.17</u> | <u>-25,454.55</u> |
| | <u>607,247.15</u> | <u>679,907.62</u> |
| 7 Current Liabilities | | |
| Trade Creditors | 59,926.47 | 147,474.55 |
| Accrued Expenses | 275,931.34 | 208,291.59 |
| Other Creditors | 266,801.48 | 202,101.65 |
| | <u>602,659.29</u> | <u>557,867.79</u> |
| Unexpended Grants | <u>452,203.39</u> | <u>121,347.75</u> |
| 8 Provisions | | |
| Current | | |
| Provision for Annual Leave | 293,367.98 | 330,948.10 |
| Provision for Long Service Leave | <u>165,190.32</u> | <u>135,191.03</u> |
| | <u>458,558.30</u> | <u>466,139.13</u> |
| Non-Current | | |
| Provision for Long Service Leave | <u>91,667.21</u> | <u>85,339.49</u> |
| 9 Leasing Commitments | | |
| Finance Lease Commitments: | | |
| Payable - minimum lease payments: | | |
| - not later than one year | 221,097.00 | 140,269.00 |
| - later than one year but not later than two years | 108,766.00 | 64,272.00 |
| - later than two years but not later than five years | 31,025.00 | 0.00 |
| Operating Lease Commitments: | | |
| Payable - minimum lease payments: | | |
| - not later than one year | 23,720.00 | 19,039.00 |
| - later than one year but not later than two years | 14,889.00 | 14,889.00 |
| - later than two years but not later than five years | 48,111.00 | 44,667.00 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009 (Cont'd)

| | 2009 \$ | 2008 \$ |
|--|-----------------------|-----------------------|
| 10 Retained Members' Funds | | |
| (a) Surplus/(deficit) and Accumulated Funds | | |
| Retained funds at the beginning of the year | 737,103.81 | 566,885.84 |
| Add: Transfer of Capital Grants Depreciation | 76,916.00 | 80,615.00 |
| Net Surplus/(Deficit) for the year | 53,027.87 | 89,602.97 |
| Retained funds at the end of the year | <u>867,047.68</u> | <u>737,103.81</u> |
| (b) Accumulated Capital Grants | | |
| Accumulated Surplus/(deficit) brought forward | 458,460.11 | 539,075.11 |
| Additions to Capital Grants Expenditures | 0.00 | 0.00 |
| Less: Transfer to Capital Gains Depreciation | -76,916.00 | -80,615.00 |
| Accumulated Capital Grants at end of year | <u>381,544.11</u> | <u>458,460.11</u> |
| 11 Contingent Liabilities | | |
| The Committee is not aware of any contingent liabilities | | |
| 12 Events Subsequent to the 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 committee during the year, from the Association or any related party in connection with the management of the Association: | | |
| | Sitting Fees \$ | Sitting Fees \$ |
| Judith Harris | 10,234.00 | 9,545.00 |
| Ethel Baxter | 5,409.00 | 5,188.00 |
| Craig Ritchie | 6,306.00 | 3,385.00 |
| Lynette Goodwin | 5,409.00 | 5,213.00 |
| Alana Harris | 5,945.00 | 3,930.00 |
| Victor Tjakamarra-Forrest | 0.00 | 1,136.00 |
| Lisa Jacques | 5,677.00 | 486.00 |
| | <u>38,980.00</u> | <u>28,883.00</u> |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2009 (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 | 2009 \$ | 2008 \$ |
| (a) Reconciliation of cash | | |
| Cash on Hand | 502.98 | 367.28 |
| Cash at bank - National Australia Bank Accounts | <u>2,095,207.21</u> | <u>1,574,041.71</u> |
| | <u>2,095,710.19</u> | <u>1,574,408.99</u> |
| (b) Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities | | |
| Operating surplus / (deficit) | 53,027.87 | 89,602.97 |
| Non-cash flows in surplus / (deficit) from ordinary Activities | | |
| Profit on Sale of Non Current Assets | -1,958.00 | 0.00 |
| Loss on Sale of Non Current Assets | 364.00 | 0.00 |
| Depreciation expense | 132,410.00 | 122,518.22 |
| Capital Grants Non Current Assets Purchases | 0.00 | 0.00 |
| Changes in assets and liabilities | | |
| Increase/(Decrease) in Receivables | 4,460.96 | -64,036.47 |
| Increase/(Decrease) in Prepayments | 16,757.87 | -28,399.67 |
| Increase/(Decrease) in Creditors | 44,791.50 | 123,123.64 |
| Increase/(Decrease) in Unexpended Grants | 330,855.64 | -246,344.66 |
| Increase/ (Decrease) in Provisions | -1,253.11 | 88,061.39 |
| Net cash (used) / provided by operating activities | <u>579,456.73</u> | <u>84,525.42</u> |
| (c) The association has no credit stand-by or financial facilities in place | | |
| (d) There were no non-cash financing or investing activities during the period | | |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2008 (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.

| | 2009 \$ | 2008 \$ |
|-------------------------|--------------|--------------|
| <u>Financial assets</u> | | |
| Cash | 2,095,710.19 | 1,574,408.99 |
| Receivables | 84,683.31 | 89,144.27 |

- (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 2009 | % | | \$ | \$ | | |
| <u>Financial assets</u> | | | | | | |
| Cash | 4.83% | 2,095,207.21 | 0.00 | 0.00 | 502.98 | 2,095,710.19 |
| Receivables | | 0.00 | 0.00 | 0.00 | 84,683.31 | 84,683.31 |
| Total Financial Assets | | 2,095,207.21 | 0.00 | 0.00 | 85,186.29 | 2,180,393.50 |
| <u>Financial liabilities</u> | | | | | | |
| Accounts & Provisions payable | | 0.00 | 0.00 | 0.00 | 1,061,217.59 | 1,061,217.59 |
| Total Financial Liabilities | | 0.00 | 0.00 | 0.00 | 1,061,217.59 | 1,061,217.59 |
| Net Financial Assets/(Liabilities) | | 2,095,207.21 | 0.00 | 0.00 | -976,031.30 | 1,119,175.91 |

30 June 2008

| | | | | | | |
|---|-------|--------------|------|------|--------------|--------------|
| <u>Financial assets</u> | | | | | | |
| Cash | 7.10% | 1,574,041.71 | 0.00 | 0.00 | 367.28 | 1,574,408.99 |
| Receivables | | 0.00 | 0.00 | 0.00 | 89,144.27 | 89,144.27 |
| Total Financial Assets | | 1,574,041.71 | 0.00 | 0.00 | 89,511.55 | 1,663,553.26 |
| <u>Financial liabilities</u> | | | | | | |
| Accounts & Provisions payable | | 0.00 | 0.00 | 0.00 | 1,024,006.92 | 1,024,006.92 |
| Total Financial Liabilities | | 0.00 | 0.00 | 0.00 | 1,024,006.92 | 1,024,006.92 |
| Net Financial Assets/(Liabilities) | | 1,574,041.71 | 0.00 | 0.00 | -934,495.37 | 639,546.34 |

- (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

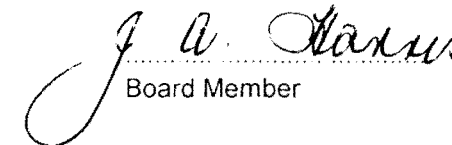
WINNUNGA NIMMITYJAH ABORIGINAL
HEALTH SERVICES (ACT) INCORPORATED

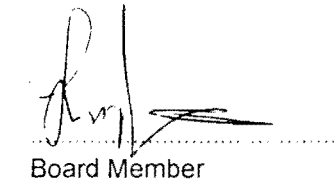
STATEMENT BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30TH JUNE 2009

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

- (a) The 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 2009.
- (b) The balance sheet is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30th June 2009; and
- (c) The accompanying accounts have been prepared and presented in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
- (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

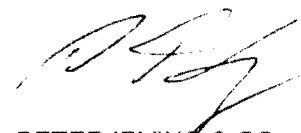
Dated at Canberra this 27th day of September 2009.

**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 2009 there have been:

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



PETER IRVING & CO
Peter Irving - Principal
Chartered Accountant

Mitchell, ACT

Dated: 27th September 2009

**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 balance sheet as at 30th June 2009 and the income statement, statement of recognised income and expense and cash flow statement 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 the Australian Accounting Interpretations) and the Associations Incorporation Act of the A.C.T. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

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 committee, 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 Associations Incorporations Act of the A.C.T., including:

- (i) giving a true and fair view of the Association's financial position as at 30th June 2009 and of their performance for the financial year ended on that date; and
- (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporations Act of the A.C.T.



PETER IRVING & CO
Peter Irving - Principal
Chartered Accountant

Address: 83 Lysaght Street, Mitchell, ACT.
Dated: 27th September 2009

**WINNUNGA NIMMITYJAH ABORIGINAL
HEALTH SERVICES (ACT) INCORPORATED**

COMPILATION STATEMENT

Scope

On the basis of the information provided by the Board of Management of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated we have compiled, in accordance with APS 9: Statement of Compilation of Financial Reports, the special purpose financial report of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated for the year ended 30th June 2009 comprising the attached Income & Expenditure Statement, as set out on pages 18 to 22.

The specific purpose for which the special purpose financial report has been prepared is to provide financial information to the Board. Accounting Standards and other mandatory and professional requirements have not been adopted in the preparation of the special purpose financial report.

The Board is solely responsible for the information contained in the special purpose financial report and they have determined that the accounting policies used are consistent with the financial reporting requirements of the Association's constitution and are appropriate to meet the needs of the Board of Management for the purposes of complying with the Association's constitution.

Our procedures use accounting expertise to collect, classify and summarise the financial information which the Board of Management provided, into a financial report. Our procedures do not include verification or validation. No audit or review has been performed and accordingly no assurance is expressed.

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

The special purpose financial report was prepared for the benefit of the Association and the purposes identified above. We do not accept responsibility to any other person for the contents of the special purpose financial report.



PETER IRVING & CO
Peter Irving - Principal
Chartered Accountant

Mitchell, ACT
Dated : 27th September 2009

**WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED**

**DETAILED INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009**

| | 2009 \$ | 2008 \$ |
|-------------------------------------|--------------|--------------|
| INCOME | | |
| Grant income | 4,958,507.22 | 4,915,428.50 |
| Medicare Income | | |
| Medicare and Immunisation Income | 640,199.94 | 624,004.19 |
| Medical Income Other | 52,722.44 | 50,856.07 |
| Medical Practitioner Trainee | 1,125.60 | 57,776.95 |
| Total Medicare Income | 694,047.98 | 732,637.21 |
| Other Income | | |
| Donations | 2,720.00 | 10,625.00 |
| Tariff Monash Hostel | 0.00 | 589.00 |
| Membership | 16.00 | 132.00 |
| Reimbursement of Expenses | 13,185.05 | 47,205.97 |
| 20th Anniversary Income | 0.00 | 35,660.60 |
| Sundry Income | 733.12 | 37,929.97 |
| Consultancy Fees | 36,120.00 | 0.00 |
| Interest Received | 88,648.87 | 126,494.11 |
| Profit on sale of non-current asset | 1,958.00 | 0.00 |
| Total Other Income | 143,381.04 | 258,636.65 |
| Total Income for Year | 5,795,936.24 | 5,906,702.36 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|--|--------------|--------------|
| GROSS INCOME | 5,795,936.24 | 5,906,702.36 |
| EXPENDITURE | | |
| Wage & Salary Expenses | | |
| Wages & Salaries | 3,611,241.57 | 3,218,125.99 |
| Consultation Expense | 32,310.00 | 163,025.91 |
| Contract Worker | 45,471.95 | 203,928.80 |
| Total Wage & Salary Expenses | 3,689,023.52 | 3,585,080.70 |
| Salary Related On Costs | | |
| Leave Loading | 47,241.54 | 40,597.81 |
| Superannuation | 321,049.71 | 279,148.08 |
| Worker's Compensation | 74,153.92 | 70,385.44 |
| Recruitment Costs | 7,015.61 | 12,000.48 |
| Advertising | 16,895.99 | 11,774.23 |
| Leave Adjustments | -1,253.11 | 88,061.39 |
| Other Employment Expenses | 216,753.00 | 183,272.80 |
| Total Salary Related on Costs | 681,856.66 | 685,240.23 |
| Motor Vehicle Costs | | |
| Vehicle Repairs, Cleaning, Parking | 13,475.20 | 22,901.10 |
| Fuel Expenses | 57,804.38 | 69,299.38 |
| Lease of Vehicle | 170,024.42 | 191,335.04 |
| Motor Vehicle, Insurance, Registration | 12,825.86 | 18,179.04 |
| Total Motor Vehicle Costs | 254,129.86 | 301,714.56 |
| Building Costs | | |
| Cleaning & Rubbish Removal | 14,439.92 | 13,076.34 |
| Security | 45,815.95 | 36,074.10 |
| Building Repairs & Maintenance | 1,406.35 | 2,255.05 |
| Equipment Repairs | 632.47 | 3,114.99 |
| Tools & Supplies | 6,043.09 | 6,548.03 |
| Rent | 14,223.00 | 51,848.19 |
| Electricity & Rates | 546.36 | 1,463.75 |
| Total Building Costs | 83,107.14 | 114,380.45 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|-----------------------------------|--------------|--------------|
| Brought forward | 4,708,117.18 | 4,686,415.94 |
| Equipment | | |
| Computer Software / Other | 5,987.18 | 78,297.19 |
| Equipment | 11,698.58 | 25,769.54 |
| Computer Equipment | 10,926.06 | 2,591.99 |
| Equipment Repairs & Maintenance | 9,396.99 | 9,305.56 |
| Computer Support | 45,297.42 | 19,124.13 |
| Hiring Costs | 3,122.19 | 9,798.94 |
| Total Equipment | 86,428.42 | 144,887.35 |
| Medical Supplies | | |
| Medical Supplies & Fees | 18,125.41 | 16,196.73 |
| Dental - Materials | 14,256.43 | 14,026.85 |
| Dental - Instruments | 0.00 | 1,222.00 |
| Waste Removal | 4,544.82 | 4,765.75 |
| Laundry | 8,049.30 | 6,715.19 |
| Education Resource Purchases | 612.87 | 755.20 |
| Diabetic Clinic | 1,989.53 | 2,187.09 |
| Resources and Reference Materials | 70.63 | 0.00 |
| Total Medical Supplies | 47,648.99 | 45,868.81 |
| Operation Expenses | | |
| Domestic Supplies | 12,130.38 | 9,646.28 |
| Bad Debts | 16,976.09 | 211.80 |
| Doubtful Debts Provision | -9,000.00 | 0.00 |
| Minor Equipment Mobile Phones | 0.00 | 721.91 |
| Internet & Website | 7,718.23 | 8,594.15 |
| Stationery & Office Supplies | 22,706.83 | 30,307.65 |
| Sponsorship | 1,200.00 | 4,992.63 |
| Donations | 1,198.90 | 2,483.82 |
| Subscriptions/Membership Fees | 10,991.50 | 7,076.07 |
| Telephone | 102,269.91 | 94,444.01 |
| Postage | 1,275.55 | 3,444.39 |
| Freight | 0.00 | 18.59 |
| Audit Fees | 29,090.91 | 26,227.27 |
| Accounting Fees | 15,371.38 | 0.00 |
| Accreditation | 4,371.25 | 0.00 |
| Bank Charges and Government Taxes | 1,066.53 | 1,946.49 |
| Directors Fees | 38,980.00 | 28,883.00 |
| Sub-Total Operation Expenses | 256,347.46 | 218,998.06 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|---------------------------------|-----------------------------|-----------------------------|
| Brought forward | 4,842,194.59 | 4,802,172.10 |
| Operation Expenses (C/fwd) | <u>256,347.46</u> | <u>293,998.06</u> |
| Business Lunches | 380.10 | 881.36 |
| Staff Activities | 8,563.83 | 8,286.80 |
| Insurance | 42,429.28 | 46,788.25 |
| Legal Consultation Fees | 858.00 | 69,673.35 |
| Consultation | 123,757.64 | 10,500.00 |
| Bereavement | 9,249.74 | 19,606.29 |
| Sundry Expenses | 5,998.42 | 11,735.52 |
| Uniforms | 4,940.23 | 11,400.02 |
| | <u> </u> | <u> </u> |
| Total Operation Expenses | <u>452,524.70</u> | <u>472,869.65</u> |
| Travel Support & Training | | |
| Accommodation | 1,227.26 | 4,965.31 |
| Conferences & Training | 125,060.73 | 83,949.85 |
| Travel and Meals | 31,167.22 | 34,234.12 |
| Meeting Expenses | 9,846.60 | 6,981.90 |
| Steering Committee | <u>15,789.29</u> | <u>10,931.71</u> |
| Total Training Support & Travel | <u>183,091.10</u> | <u>141,062.89</u> |
| Workshops & Promotion | | |
| Publicity & Promotions | 0.00 | 18,820.49 |
| 20th Anniversary Costs | 0.00 | 49,987.03 |
| Craft Supplies | 0.00 | 1,031.23 |
| Performers | 718.18 | 3,613.34 |
| Promotional Materials/function | 56,210.37 | 72,716.94 |
| Radio Program Research | 0.00 | 27,350.00 |
| Workshops/Client Programs | 21,629.75 | 50,382.97 |
| Cultural Awareness | <u>0.00</u> | <u>300.00</u> |
| Total Workshops and Promotion | 78,558.30 | 224,202.00 |

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES
(ACT) INCORPORATED

DETAILED INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

| | 2009 \$ | 2008 \$ |
|--------------------------------|-----------------------------|-----------------------------|
| Brought forward | 5,556,368.69 | 5,640,306.64 |
| Client Assistance | | |
| Brokerage | 30,457.92 | 30,311.55 |
| Clients Travel Costs | 1,051.42 | 2,371.16 |
| Food | 0.00 | 6,891.19 |
| Medical - Scripts | 11,736.97 | 8,029.84 |
| Bus/Taxi | <u>10,883.37</u> | <u>6,670.79</u> |
| Total Client Assistance | <u>54,129.68</u> | <u>54,274.53</u> |
| Other Expenses | | |
| Depreciation | 55,494.00 | 41,903.22 |
| Depreciation - Capital Grants | <u>76,916.00</u> | <u>80,615.00</u> |
| Total Other Expenses | <u>132,410.00</u> | <u>122,518.22</u> |
| | <u> </u> | <u> </u> |
| TOTAL EXPENSES | <u>5,742,908.37</u> | <u>5,817,099.39</u> |
| | <u> </u> | <u> </u> |
| SURPLUS/(DEFICIT) FOR THE YEAR | <u>53,027.87</u> | <u>89,602.97</u> |

