

Winnunga Nimmityjah
Aboriginal Health Service

2013-2014 ANNUAL REPORT



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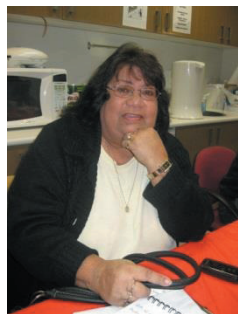
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Acknowledgement

The cover artwork was painted by Felicia Fletcher (Winnunga Capacity Development Officer). We thank Felicia for her contribution and support.

Chairperson's report

Winnunga has continued to grow from strength to strength over the 26 years of its operations, and again this year it has come as no surprise the tremendous volume and high standard of work carried out by the committed, dedicated and hardworking staff team.



For many in our community, barriers to accessing comprehensive primary health care services remain a very real daily reality. I am proud to be the Chairperson of a service which consistently responds to community need through a culturally appropriate community controlled model, providing services to over 4,100 people in the ACT and surrounding region - breaking down the barriers regarding access. To ensure people who otherwise would not be able to physically get to Winnunga, this year Winnunga provided 7,157 transport episodes, an increase of nearly 1,000 from the 2012-13 year.

Under the guidance of the CEO Julie Tongs, the Board of Directors has remained confident the organisation has competently delivered operationally across all areas of the strategic plan, meeting all contractual and legal obligations, during this period of transition and upcoming implementation phase of various Government changes. This is again demonstrated by the robust, evidence based services and programs provided daily, many of which are portrayed throughout this 2013-14 annual report.

We continued to seek additional resourcing to expand the current suite of services provided, as well as some new initiatives we would like to implement. These include the critical need for more building space, expansion of the Social Health Team, and the provision of extended clinic hours on some week nights, following the successful six month After Hours Clinic pilot conducted in this reporting year. We will keep advocating on behalf of our Community on these issues over the next twelve months and beyond.

Winnunga has continued to meet as well as exceed requirements under all areas of accreditation including standards set by the *Royal Australian College of General Practice* and the *Quality Improvement Council*. This for Winnunga is a given, as we are committed to the continued provision of services of the highest standard and quality.

This year we welcomed Craig Ritchie back on to the Board. Craig has been a long term supporter of Winnunga and his expertise is welcomed again in the role of Director. I would like to thank all the Board Directors, Ethel Baxter, Alana Harris, Lynette Goodwin, Rod Little and Craig Ritchie, for their guidance, expertise and governance throughout the year.

Finally I thank Julie for her persistent and tireless commitment. The Community and how Winnunga can best respond to ensure comprehensive primary health services remain accessible and of the highest standard to everyone, is always at the centre of all she does.

Judy Harris OAM
Chairperson

Chief Executive Officer's Report

It has been another positive year for Winnunga. Our dedicated staff team has again demonstrated a high level of commitment to their daily work, making the services and programs we continue to deliver to the community meet identified outcomes. Thank you all for your hard work this year, making Winnunga the service of choice for our clients.



We have continued to see an increased number of people access Winnunga. This year on average 129 people were seen to daily, with 43,585 occasions of service provided. This is an increase of over 10% from the 2012-13 year. 80% of clients were Aboriginal and Torres Strait Islander and 20% were either non Aboriginal and Torres Strait Islander or their Indigenous status was unknown.

Winnunga delivered services to people living right across the region from over 120 different postcodes, and continues to be the service of choice for 74% of ACT's Aboriginal and Torres Strait Islander population.

With the leadership of our recently recruited Executive Director of Clinical Services, Dr Nadeem Siddiqui, clinical processes have commenced to become further streamlined. This includes the soon to be established second reception area and refurbishment of existing rooms to become clinic rooms. These changes will in the interim address some of the space issues we have continued to experience at Winnunga for many years, including the often overflowing patient waiting areas. The changes will also see our full complement of nursing staff being able to provide more triaging and care to patients, with adequate areas for maintaining patient privacy and confidentiality.

The After Hours Pilot Program was successfully implemented for a period of six months. A total of 44 clinics were provided to 475 patients through 793 encounters. Winnunga conducted a survey of the After Hours Pilot which was provided to all patients. 100% of the people surveyed stated they would not have been able to see a private GP was it not for Winnunga, and 98% stated they had work or study commitments and hence had access limitations to see a GP during business hours. 100% of patients surveyed stated they would like to see the After Hours Clinic continue after the pilot period. Winnunga is committed to the delivery of extended clinic hours and will continue to seek resourcing to be able to provide this service in the future.

The Social Health Team continued to support individuals and families with numerous issues. This year again has seen an increase in the people presenting for support and the team has responded consistently. We continue to look at opportunities to expand the current team, as the demand is often greater than our current capacity to deliver.

The Senior Management Team remains a skilled and committed team, which has continued to support staff across all program areas in being able to achieve and maintain service excellence.

I can sincerely say I am proud of Winnunga's achievements in 2013-14, and look forward to continuing to provide the best possible comprehensive health care services in the ACT and surrounding region in 2014-15.



Julie Tongs OAM
Chief Executive Officer

Affiliate

In 2013-2014 Winnunga continued to lobby governments on behalf of the Aboriginal and Torres Strait Islander community of the ACT. The CEO, Julie Tongs, met regularly with politicians and senior bureaucrats to keep Aboriginal and Torres Strait Islander matters at the forefront of political agendas. The CEO attended the ACT Aboriginal Health Forums and other ACT and national committees, as well as actively participated in the development of a range of Aboriginal and Torres Strait Islander frameworks and plans.

The unsupported potential introduction of the Medicare Co-payment and the significant negative impacts this would have on Winnunga and the community, along with the Commonwealth funding contractual changes, have all required significant attention and advocacy.

During the 2013-14 financial year Winnunga provided input into many ACT Health policy developments and consultations, such as the ACT Chronic Disease Strategy, The ACT Primary Health Care Strategy and the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy.

The Public Health Medical Officer and Data Officer have provided extensive support in data development, collation and analysis for: Winnunga quality improvement initiatives; policy development; reporting to ACT Health, Australian Government (nKPIs, OSR, CCSS, QUMAX, New Directions) and other funders; the Winnunga CEO and Board; and the Winnunga Annual Report. We have also been involved in the national developments in reporting and IT: the Web Based Reporting Tool (Ochrestreams), National Key Performance Indicators, the on-line OSR, telehealth and the Personally Controlled Electronic Health Record. We are trying to ensure these systems are effective and function in the best possible way.

We have continued to work at nurturing and supporting networks that support Aboriginal and Torres Strait Islander people to enter and remain in the workforce, ensuring workplaces are culturally appropriate/sensitive with up to date policies; Aboriginal and Torres Strait Islander staff are respected in the workplace; and Aboriginal and Torres Strait Islander staff are up skilled and suitability trained in the workplace.

Winnunga remains a multi accredited organisation. Focus in this reporting period has included preliminary work required towards the 2015 re accreditation process (and upcoming associated changes) and ensuring over 300 policies are up to date, reflective of any legislative changes/standards and continue to be robustly implemented in practice.

Winnunga updates

Winnunga's world-wide search for new executive director of clinical services

After a near two-year long world-wide search Winnunga found a new head of clinical services. Dr Nadeem Siddiqui was appointed into the position of Executive Director of Clinical Services to succeed Dr Sharp who before his passing had worked for Winnunga for over 22 years. We widely advertised the position for months and months in Australia and then advertised internationally through a specialist medical recruitment agency – and succeeded in securing the services of Dr Siddiqui who for the previous four years had held a senior medical position in Qatar. Dr Siddiqui is a graduate of Cambridge University and before accepting the position of Medical Officer of Qatar Petroleum Medical Services was a family medicine physician in the north east of England with the Hartlepool Primary Care Trust.

Dr Siddiqui, having had medical director responsibilities for clinical governance, doctor training and appraisal, nurse training and an oversighting role for drug and alcohol services in the north east of England, was inspired by the uniqueness and inspirational nature of the health care philosophy of the community controlled Aboriginal health care system which convinced him to move to Australia.

Winnunga is delighted to have been able to secure the services of a well-qualified doctor who genuinely wants to be a part of the community controlled Aboriginal health sector.



Julie Tongs OAM and Dr Nadeem Siddiqui

AGPAL awards

Winnunga was accepted as a finalist in this year's Australia's leading general practice health awards conducted by Australian General Practice Accreditation Ltd (AGPAL). This was a big achievement as AGPAL is the leading provider of accreditation services to Australian general practice with over 80 percent of practices accredited under the AGPAL banner. It was the first time Winnunga had reached the finals since becoming a fully accredited health service provider in 2006.

AGPAL's CEO, Dr Stephen Clark, congratulated Winnunga on this outstanding achievement of making the finals.

Accredited Training Practice

Winnunga continues to be accredited as a training practice with *Coast City Country General Practice Training* and is pleased to report we had four accredited supervisors working with registrars, resident medical officers and medical students throughout the year.

Specialists and Allied Services

Specialist and allied health services continued to be provided through the provision of both in house clinical expertise as well as in-reach specialists.

These included in the disciplines of:

- Gynaecology
- Dermatology
- Endocrinology
- Diabetes
- Dietetics
- Physiotherapy
- Psychology

Dr Regina Benjamin

Dr Regina Benjamin is an American physician and a former vice admiral in the U.S. Public Health Service Commissioned Corps, who served as the 18th Surgeon General of the United States. Dr Benjamin previously directed a non-profit primary care medical clinic in Bayou La Batre, Alabama and hopes to open this health clinic up again after it was destroyed by fire and Hurricane Katrina. On her visit to Australia, Dr Benjamin stopped by Winnunga to hear from Julie and staff about the services that we offer to our Community. Dr Benjamin was very interested in our service model and work and will be taking some of Winnunga's approaches back to her health clinic in Alabama.



Julie Tongs OAM and Dr Regina Benjamin

100 most influential women awards – Westpac

Winnunga's CEO, Julie Tongs was nominated for Westpac's 2013 Local / Regional Award for women creating opportunities, building businesses and serving their communities. Westpac's CEO, Gail Kelly congratulated Julie on her outstanding career and the difference she has made to the local community.

AMSANT Visit

Representatives of the Northern Territory Aboriginal Health Alliance (AMSANT) took the opportunity to come to Winnunga during a visit to Canberra. AMSANT Chairperson and former Minister for Child Protection in the previous NT Government, Marion Scrymgour (third from left) said issues discussed transcended barriers such as *urban* or *remote* as they were health issues that affected all Aboriginal people.



John Patterson (AMSANT CEO), Winnunga's CEO Julie Tongs, Marion Scrymgour, Sarah McBean and Ruby Stanley

Fun Run

For the first time Winnunga entered a team in Canberra's Fun Run to raise awareness of Aboriginal health issues. The whole team managed to finish the full 10 kilometre run. Well done!



Pictured left Ian Bateman, Winnunga's Healthy Lifestyle Worker

Uncle Joe and the Winnunga frog

Winnunga wrote a book titled *Uncle Joe and the Corroboree Frog*. It is a story about Uncle Joe – the cleaner at Winnunga – and a Corroboree frog, the symbol on Winnunga's logo. The adventures of the Corroboree frog reveal the way Winnunga cares for the Aboriginal community of Canberra and region through its holistic health care.

In the story the frog travels to different sections of the Health Service on a straw broom, as Uncle Joe moves about the building fulfilling his cleaning duties. Only one patient, Carly a little girl who comes to see a doctor, actually sees the frog. This story gives a glimpse of the different areas contained in Winnunga such as primary health care and practice nurses, the Aboriginal Social and Emotional Wellbeing Team, the Reception and the Midwifery Section. The book has a lively illustration for each page of text. It has been well received by Winnunga clients and staff, as well as those who have purchased the book.

Winnunga Tent Clinic

Doctors, nurses and midwives protested in relation to the continued Winnunga accommodation crisis by working from tents in September 2013. We remain in desperate need for funding to extend our building. Repeated efforts to secure funding, from both ACT and Commonwealth – have not been met, despite the fact the need for our services is increasing, not decreasing. From humble beginnings 26 years ago Winnunga is now one of the major health service providers in the region, employing around 66 staff. We see more than 4100 clients and deliver more than 43,000 episodes of care a year. Winnunga is an Aboriginal community controlled health service and delivers a coordinated holistic approach to health care. We not only want to continue delivering a high quality service but are eager to offer an even more comprehensive service.



Winnunga Tent Clinic

Trauma counselling for Aboriginal health workers

Winnunga has utilised the skills of two long-serving Aboriginal health specialists to run a three-day Indigenous Trauma Counselling workshop for members of its hard working Social Health Team. The workshop was conducted by Emeritus Professor Judy Atkinson and Terri-Anne Goodreid. Professor Atkinson is a Jiman (central west Queensland) and Bundjalung woman and Ms Goodreid is a Barkindji woman from western NSW, both having had a life-time of experience studying the effects of primarily violence related trauma.

The course was a success with participants commenting it was very beneficial.



Winnunga staff who attended the three-day workshop (left to right), Jordan Savage, Chanel Webb, Ian Bateman, Rose Morrissey, Winnunga psychologist Jessica Higgins, Chris Saddler, Perri Chapman with Emeritus Professor Judy Atkinson and Terri-Anne Goodreid.

Audiology

This year we continued to visit Koori preschools and schools with a high number of Aboriginal and Torres Strait Islander students. 30 schools were visited over the year with approximately 1 in 3 children found to have a hearing or middle ear condition. We have spent more time this year following up younger children, in order to prevent chronic hearing loss causing learning problems. We have seen clients of all ages who were concerned about their hearing, as well as provided referrals to Australian Hearing for hearing aid fitting.



Kale Moore carrying out audiology testing

Mums and Bubs

The Mums and Bubs group membership has increased with new babies being presented to our program for baby development check-ups. New mums are encouraged to come along and share their story, to check baby weight, measurements, blue book checks (a book all new mums receive and complete – recording immunisations and key milestones), for breast feeding assistance and general support.

ACT Health provided two maternal and child health nurses (MACH) once a week, who attended the Mums and Bubs program. Mothers and fathers are both invited to bring their children along to the group and with MACH nurses on hand, mums and dads can seek advice on anything from introducing solids to babies, to meeting milestones.

One of the Mums and Bubs Group outings this year was to Floriade.



Some of the mums and bubs who attended are left to right: Darius, Kirby, Megan, Melissa, Steph, Selana, Chloe and Jessica

Midwifery

The midwifery team provided care to 280 individuals with 3125 encounters. Antenatal care was provided to 118 women and there were 74 births recorded. Of the babies born, 84% had a normal birth weight 15% had a low birth weight (<2500g), and 1% had a high birth weight (>4500g) recorded.

We implemented early pregnancy classes which focus on education around pregnancy and antenatal care, and have successfully engaged women into these classes with extremely early gestations - being 10 weeks and under. Early pregnancy education has improved our compliance rates and we have continued to work towards reducing substance use and smoking in pregnancy.

Women accessing the AMAP (Aboriginal Midwifery Access Program) program are being empowered through early pregnancy classes and child birth classes allowing for informed decisions to be made regarding their pregnancy and birth -improving both pregnancy and birth outcomes.

The midwives continued to advocate strongly for women and their families who access Winnunga programs. We have continued to take on high risk pregnancies which differs from any other model of community care available in Canberra. Providing midwifery care for high risk pregnancies, allows us to work collaboratively within a multi-displinary team at The Canberra Hospital, often involving specialist departments such as obstetrics, endocrine and the Fetal Medicine Unit.

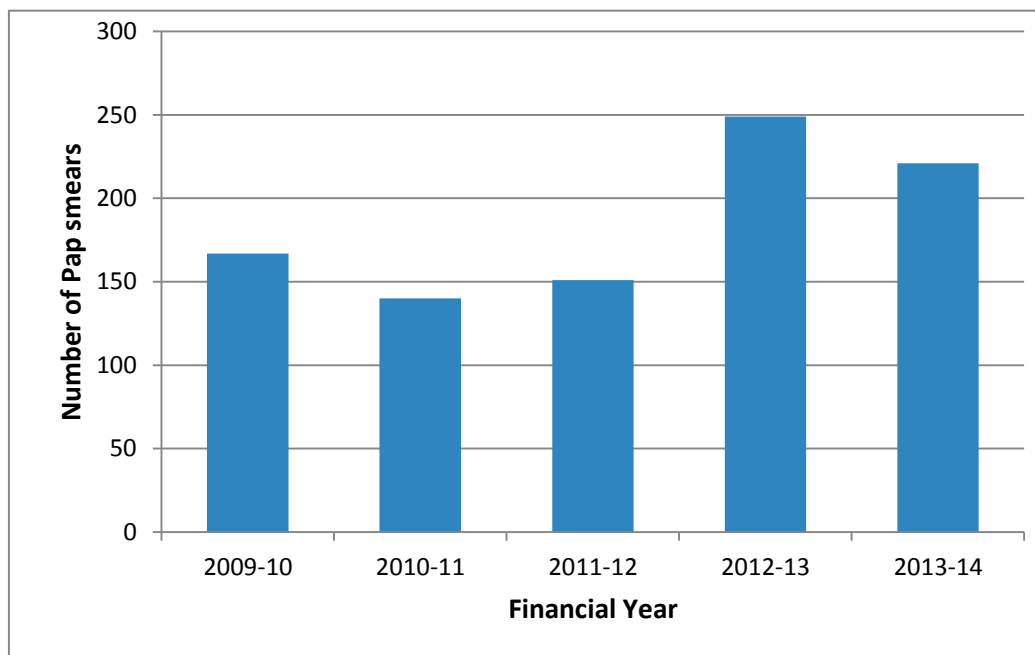
The midwives together with the Aboriginal Access Worker continued to support all pregnancies with providing transport to and from ultrasounds and necessary hospital appointments. Most hospital appointments have been attended with the women to enhance our continuity of care model. Attending these appointments also guides us with follow up care provided by the treating specialists.

The AMAP program continues to see women throughout the postnatal period for up to six weeks. Our midwives are now trained in pap smears, which we are hoping will continue to increase women undergoing their routine pap smear tests. Dr Adair has been providing clinic appointments at Winnunga for women who require gynaecology services. A midwife assists Dr Steve Adair with these clinics.

Our Women

2,184 (or 53%) of Winnunga clients were female in this reporting period.

In 2012-13 there was a 65% increase in the number of Pap smears conducted at Winnunga. This increase was largely due to a quality improvement translational research project undertaken by GP registrar Dr Melanie Dorrington. In 2013-14 the number of Pap smears decreased slightly, but remained higher than historical levels.



Women's Group

Women's group is a culturally safe space for Aboriginal and Torres Strait Islander women to come together to talk about health and wellbeing issues, receive support and engage in activities. The group operates under the principles of providing a respectful and non-judgemental environment and is open to all Aboriginal and Torres Strait Islander women.

During this year the Women's Group held a number of sessions based on healthy eating, managing mental illness, heart health and the benefits of undertaking an activity such as art and craft. Songs were written by the Women with the assistance from singer/songwriter Johnny Huckle. A number of guest speakers attended including representatives from ACT Breast Screening, Housing ACT, Centrelink Liaison Officers and the Heart Foundation. The Women's Group undertook many art and crafts projects throughout the year including candle making, painting, knitting and crocheting.

Our Men

1,960 (or 47%) of Winnunga clients were male in this reporting year.

Men's Group - *Healing the Warrior Within*

The program promotes Aboriginal men's health and wellbeing in a safe, respectful and culturally appropriate service delivery model, focusing on the mental, physical, and spiritual aspect of Aboriginal men's health.

The activities undertaken this year were predominantly directed by the group itself. We held a number of group discussions to aid participants in deciding on what it is they were looking to get out of the group and what the men's group means to each participant. During one of our first workshops this year each member was asked to come up with a name that would best represent the group. The one all the men agreed on was *Healing the Warrior Within*.

As a group in all of our gatherings we touch on the message of the importance of health and wellbeing, healing our minds, our bodies and our souls so we can stand up as Aboriginal men in our communities and take back control of our lives, our families and our communities.

At meetings we always finish with passing the message stick around to each member of the group. Each member talks uninterrupted about their journey, always keeping in mind the respect we have for our people, community and for each other.

We conducted group outings fortnightly to culturally significant sights and museums etc, around the Canberra region to help men connect with what's available within the region and give them a sense of belonging within this country of the Ngunnawal people.

Some other activities engaged in this year included music sessions with singer/song writer Johnny Huckle, who attended the Group on a regular basis. Together the group worked through music writing and producing.

The group organised for all the participants to have their flu shots at the Winnunga Art Room, where Dr Nadeem together with one of the nurses kindly came over and administered the shots to all the men present on the day.

We invited guest speakers to address the group always asking them to tell their story first and then talk about any number of issues that impact on Aboriginal Australians today. Guest speakers also provided information on any culturally appropriate support services they may know of or be involved with which may be of interest to our men.

Our youth and young adults

Youth Diversion in Schools

This program involves working with high school aged young people in and outside of the school setting. Activities are run such as with Lyneham High School once a week, where we mentor a group of young Aboriginal students on how to maintain a healthy lifestyle, embrace their cultural values and practices and teach the students about the benefits of looking after their social and emotional wellbeing. Over the course of the year we saw some great outcomes particularly around the young students' attitudes towards everyday activities, taking a more positive and mature direction.

Bimberi/PCYC Activity Group

Once a week PCYC and Winnunga engage with Bimberi to carry out an activity and engage with young people detained at the correction centre. The young people get to exercise for an hour in a sport of their choice including basketball, soccer, touch football and dodge ball and they are always respectful and report enjoying the exercise.

Touch Football

Winnunga had three touch football teams playing in the ACT competition. This year we had over 40 people registered across the three teams. Apart from the healthy activity of playing touch football, young people learned how to be a part of a team environment and engage with different social networks. Sport is a great tool for breaking down barriers and helps young people develop and be more confident in different social settings.



Winnunga Possums and Bilbies



Winnunga summer mixed team



Winnunga Tigers

Ted Noffs Touch Football Team

Winnunga and Ted Noffs Foundation ACT partnered up and organised to play touch football on Tuesday nights. As a lot of their young people are from socially and emotionally disadvantaged backgrounds and away from their mob and country, this joint activity makes it a little easier for some of the young people whilst they are engaged with the rehab.

Getting Healthy and Staying Healthy

Dietitians

The dietetics team have been involved in a number of activities over the past year promoting and encouraging healthy eating to the community. We have promoted healthy eating and lifestyles through running a BBQ for staff and Winnunga clients during Australia's Healthy Weight Week, showcasing healthier alternatives to foods such as the usual sausage sandwiches, assisted with the diabetes group program, and the Social Health Team with the weekly Healthy Cooking Group providing some meal suggestions and answering questions from the group including the Ted Noffs Foundation participants. The informal structure has allowed specific targeted information such as portion control and reduced salt intake to be offered in a relaxed manner allowing the group to ask questions specific to their circumstances. Individual clients were supported on a weekly basis to assist with managing their chronic diseases such as diabetes, cardiovascular disease and obesity, through education and assistance with meal planning.

Healthy Cooking Group

The Healthy Cooking Group has been running for over three years, continuing to build up momentum. This year we saw on average 15 to 30 participants weekly with the program being centred on the benefits of eating healthy food. We focussed on cooking meals in a social setting to involve everyone and ensure the food being cooked can fit into group members' weekly budgets. The Ted Noffs Youth Rehabilitation Group attended also on a weekly basis and this has continued to assist our young people engage with community and be around some of the local Elders.



Healthy Cooking Group participants

Diabetics Clinic

The diabetes clinic continued to be held on the second Wednesday of every month and was regularly attended by up to 15 people. The clinic assists the medical team to monitor the diabetic status of our clients, with the help of a podiatrist, diabetes educator and a dietician from ACT Health.

A supplementary program for a ten week period was delivered in this reporting year. The first four weeks of the program Winnunga engaged expertise from *Diabetes ACT*. This was followed by the next six weeks the program being linked in with the *Healthy Cooking Group* where clients were provided weekly demonstrations of healthy cooking techniques. Other elements of the program included guest speakers such as a Dietician (every week), The Heart Foundation, and an Exercise Physiologist.

Smoking cessation

Talking About the Smokes

Winnunga is one of 34 participating Aboriginal Community Controlled Health Services (and organisations in the Torres Strait) who are part of a large study called Talking About The Smokes (TATS). This study aims to find out what works to help Aboriginal and Torres Strait Islander people quit smoking. Two TATS surveys have been conducted at Winnunga, the second between February and April 2014. This survey found:

- We recontacted 61 smokers and 3 ex-smokers from the first survey; 20% (12/61) of the smokers had quit since the previous survey.
- We also surveyed 39 smokers for the first time. In total we surveyed 89 smokers.
- 57% of smokers want to quit smoking in the future.
- 76% of the smokers reported worrying about the effect of smoking on their health.
- 36% of smokers thought that quitting would be very hard.
- 28% of the recontacted smokers had used stop-smoking medications since the first survey.
- 45% of smokers reported total smoking bans in their homes.
- 55% of smokers knew that smoking makes diabetes worse.
- 69% of smokers knew that smoking causes low birth weight.
- Smokers' knowledge about other health risks from smoking was good, but lowest about smoking causing blindness (53%).
- Smokers' knowledge about health risks from second-hand smoke was low; only 61% knew that second-hand smoke causes heart attacks in non-smokers and 63% that it causes ear disease in children.

No More Boondah

The *No More Boondah* quit smoking program continues to assist the community with a range of support including weekly drop in sessions, telephone follow up/advice and coaching, and outreach. *No More Boondah* provides pharmacotherapy at no cost for people referred into the program and can also provide transport for clients wanting to attend the weekly session. The program aims to provide participants with the knowledge and information needed to understand their behaviours, triggers and addiction to nicotine.

A research project was conducted by medical student Danielle Dries to evaluate the Winnunga *No More Boondah* smoking cessation program. A clinical audit was undertaken for 322 clients who were referred to the *No More Boondah* program between 1 January 2011 and 31 December 2013. Information was gathered on encounters in the program, number of cigarettes, number of years smoking, and any pharmacotherapy use during the program. Those who were unable to be contacted or had <2 total encounters were excluded from the final data analysis. Outcomes included smoking cessation and reduction.

The final evaluation included 201 clients. Of these, 57 (29.8%) ceased smoking, and a further 48 (23.9%) had a reduction in smoking during the program. Those who had a greater number of total encounters in the program showed higher cessation rates, $p < 0.001$. The use of varenicline (Champix) or nicotine replacement therapy was associated with higher cessation rates compared with no pharmacotherapy, $p < 0.001$. On follow up an estimated 80.0% of quitters (95% CI 69.42 to 90.58) remained quit at two months and 39.0% (95% CI 24.30 to 53.70) at six months.

The *No More Boondah* program appears to be an effective method of smoking cessation for clients at Winnunga. Increased support combined with pharmacotherapy use increased rates of smoking cessation. Success may be attributed to best practice elements of quit programs delivered by Aboriginal people in a culturally safe environment.

Our Community

In 2013-14 Winnunga conducted 304 different group activities

Table 1: Number and types of group activities conducted by Winnunga 2013-14

Type of group	Number
Smoking cessation groups	49
Alcohol misuse treatment/prevention groups	19
Physical activity/healthy weight program activities	86
Chronic disease client support group activities	12
Cooking groups	42
Men's groups	32
Women's groups	36
Youth groups	28
Total	304

Sorry Day Bridge Walk

The Sorry Day Bridge Walk began at Regatta Point with a traditional smoking ceremony and welcome to country. Approximately 1500 to 2000 people attended made up of politicians, business people, school children, community groups and the Aboriginal and Torres Strait Islander community all walking across Commonwealth Bridge, then back again.

The event was an important reminder of the past, acknowledging people from the stolen generations, and the many Aboriginal children that were taken away. The day was also about acknowledging the past and being able to move forward together with the wider community into the future.



Sorry Day Bridge Walk participants

Our Service Reach

Occasions of service

In 2013-2014 there were 43,585 occasions of service at Winnunga Nimmitjiah AHS (excluding transport). This was an increase in occasions of service of 10% over the 2012-2013 year. Allied health encounters more than doubled this financial year.



Reception Staff

Figure 1: Number of client contacts by financial year and provider type, 2010-2014

Forty-four percent of client contacts were with general practitioners, 25% with nurses, 15% with Aboriginal Health Workers and the Social Health Team, and 16% with other staff.

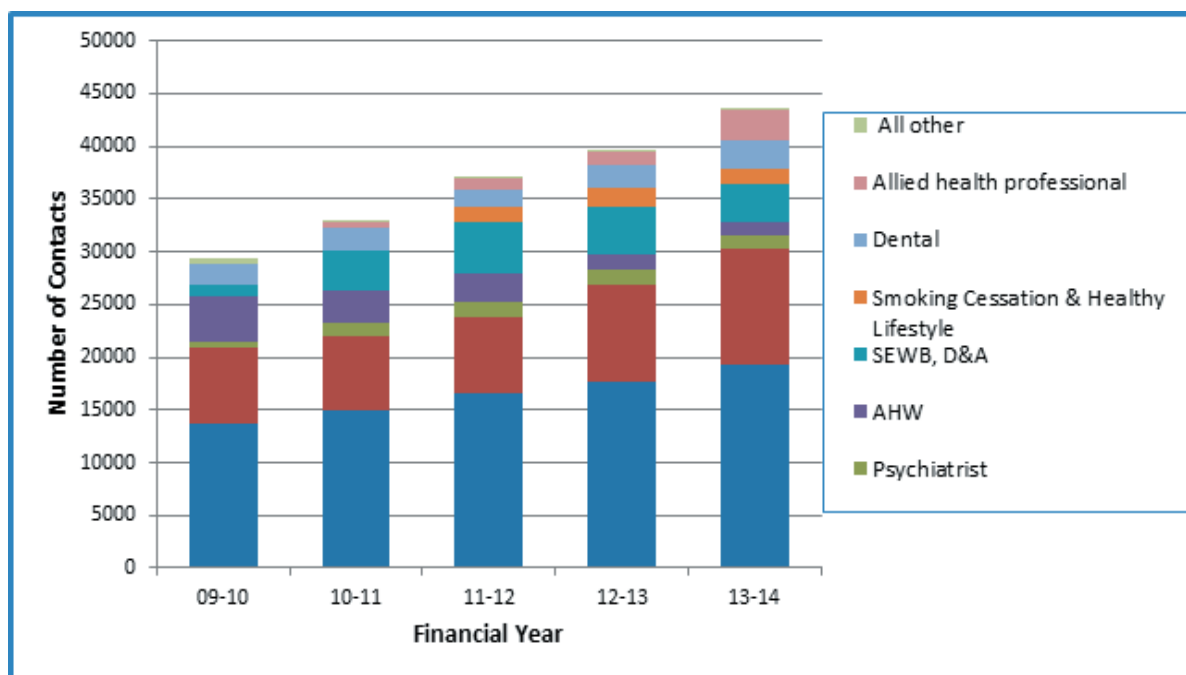


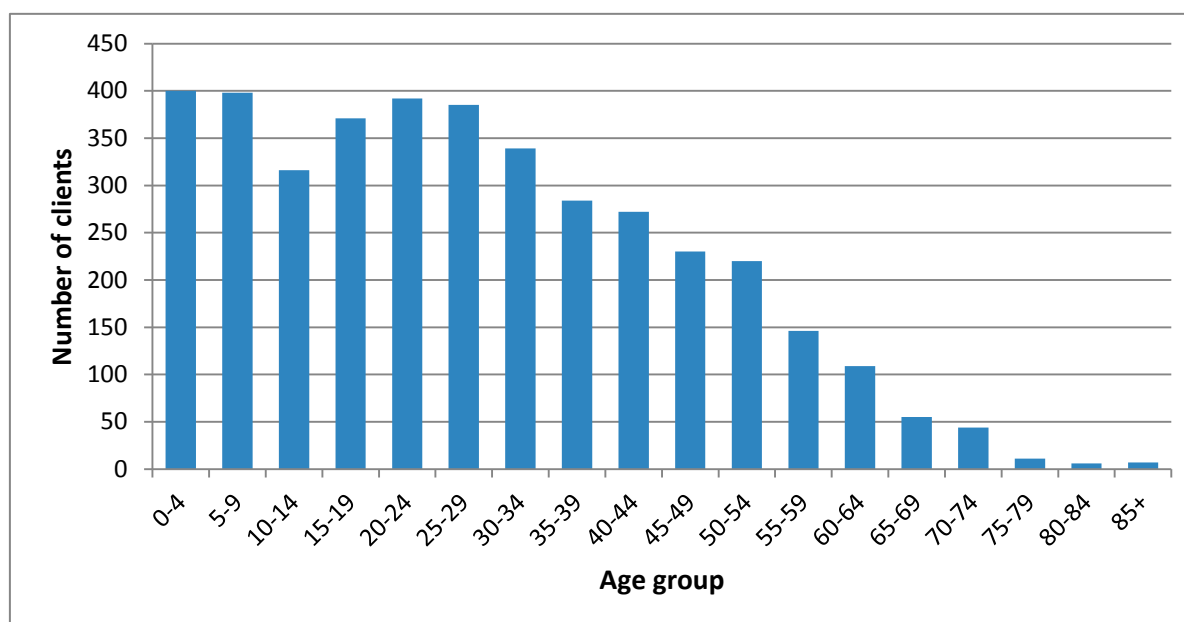
Figure 2: Client Encounters 2013-14 and 2012-13

Provider type	Encounters for 2013-14	Encounters for 2012-13
GPs	19, 286	17,669
Psychiatrist	1,338	1,326
Aboriginal Health Worker	1,224	1,515
Dental	2,639	2,191
Social and Emotional Wellbeing and Alcohol and Other Drugs	3,675	4,560
Smoking Cessation and Healthy lifestyles	1,476	1,746
Nurses	10,918	9,225
Allied health professionals	2,902 *NB encounters more than doubled this financial year	1,280
Other	127 encounters	101
Total	43,585	39,613

Age distribution

The age distribution of clients in 2013-14 reflected the Aboriginal and Torres Strait Islander population, with the majority of patients being young. Fifty-three percent of clients were female and 47% were male.

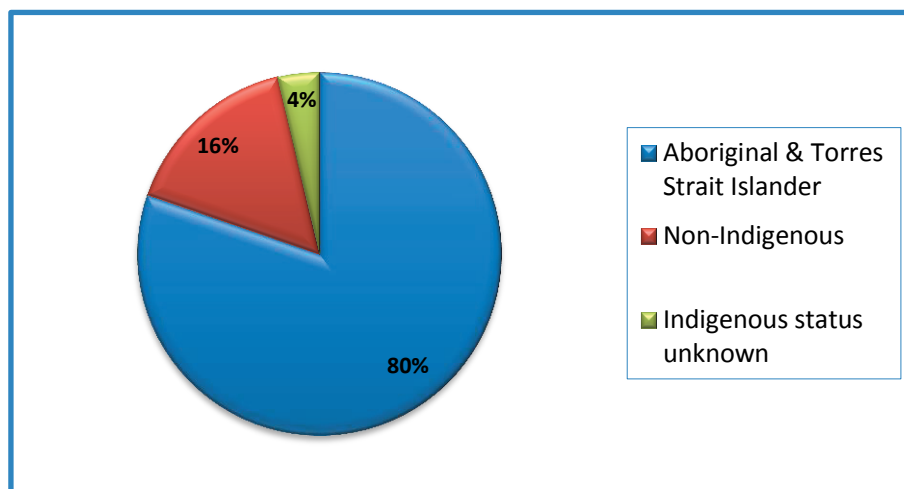
Figure 3: Age distribution of Winnunga clients, 2013-14



Aboriginal and Torres Strait Islander status

In 2013-14 there were 4,147 individual clients seen by Winnunga Nimmityjah AHS. Of these, 80% were Aboriginal and Torres Strait Islander, 16% were non-Indigenous and for 4% their Indigenous status was unknown.

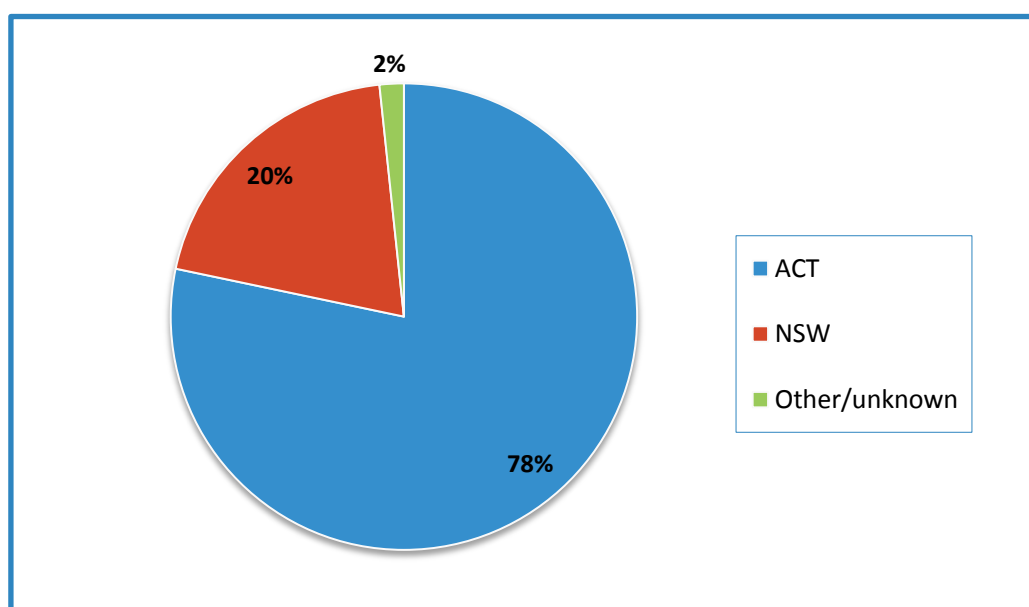
Figure 4: Proportion of clients by Aboriginal and Torres Strait Islander status, 2013-14



Location of residence

The majority of clients were ACT residents (78%), with an additional 20% living in NSW. Two percent of clients were either residents of other States or the Northern Territory, or this information was not recorded.

Figure 5: State or Territory of residence for Winnunga clients, 2013-2014

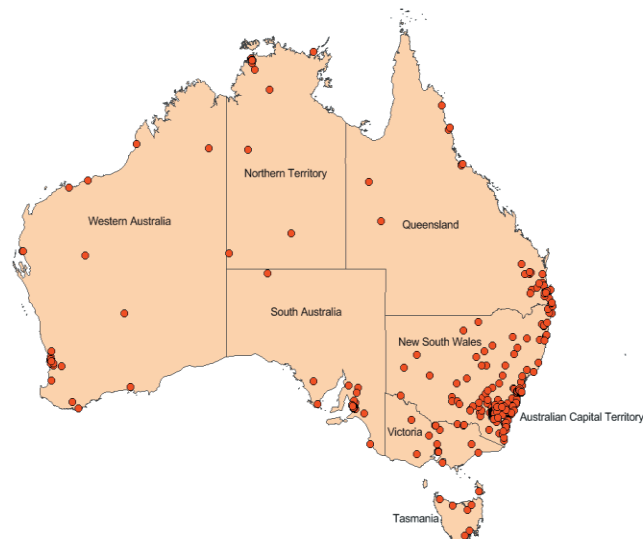


Client distribution maps

Winnunga current and transient clients come from all over Australia.

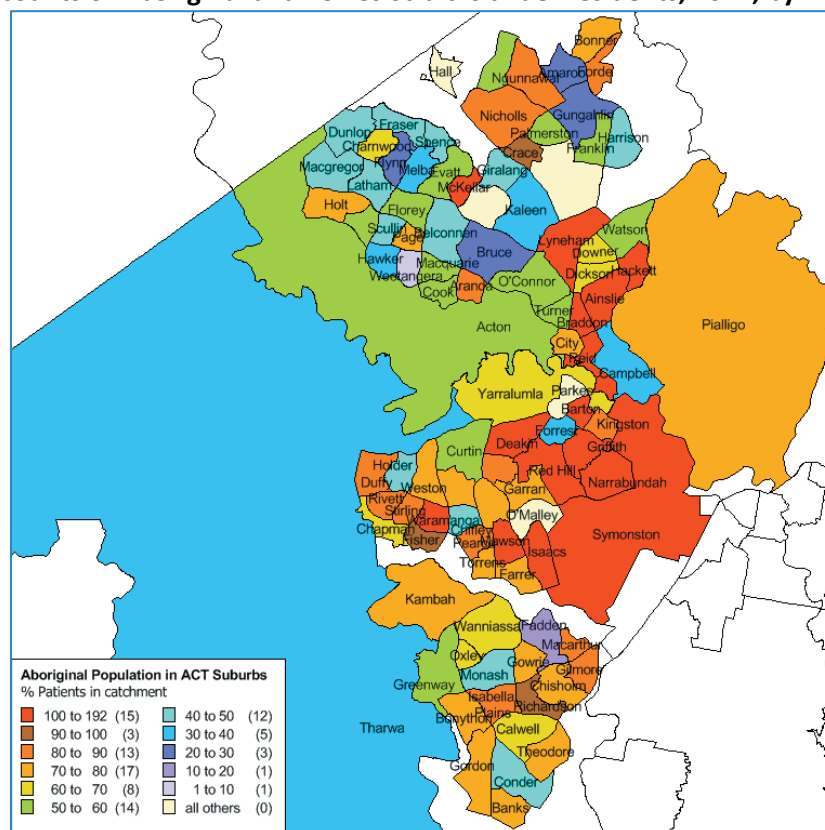
Map 1:

Home Suburb of Winnunga Current and Transient Clients



Winnunga current clients come from almost every suburb of the ACT. Map 2 shows a comparison between Winnunga Aboriginal and Torres Strait Islander current client numbers and Australian Bureau of Statistics census counts by suburb. In some suburbs (such as Narrabundah) the number of Winnunga Aboriginal and Torres Strait Islander clients far exceeds the census count. This may be because of a highly transient population, or the census figures may be an undercount.

Map 2: Winnunga Aboriginal Torres Strait Islander current clients, at 30 June 2014, as a proportion of ABS Census counts of Aboriginal and Torres Strait Islander residents, 2011, by ACT suburbs.



Health Checks

In 2013-14 there were 704 Aboriginal and Torres Strait Islander health checks (Medicare item 715) conducted at Winnunga. This was a slight decrease from the previous financial year.

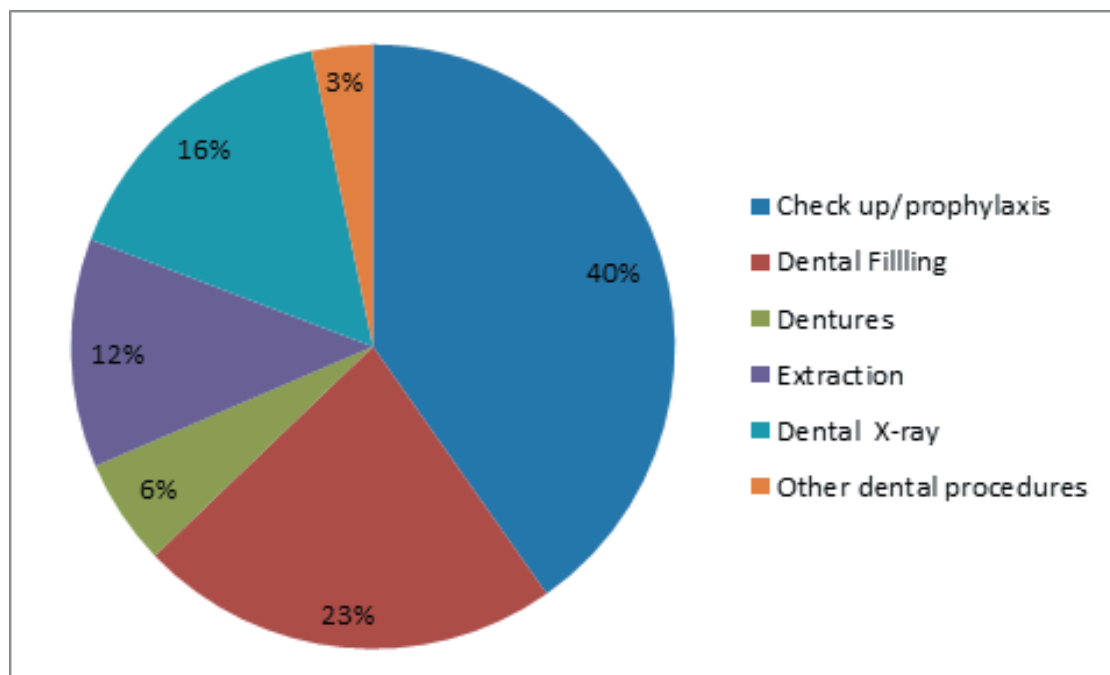
Dental

The dental service provides treatment and preventative dental and oral hygiene care. Treatments include fillings, dentures and extractions. The number of encounters has been increasing consistently and again this year we saw an increase of approximately 500 occasions of service being provided. A total of 552 patients were seen through 2639 encounters. Forty percent of services were for check-ups or prophylaxis, 23% were fillings and 12% extractions (Figure 6).



Dental Assistant Lynne with Trainees Tianah and Taeya

Figure 6: Types of dental services provided at Winnunga, 2013-2014

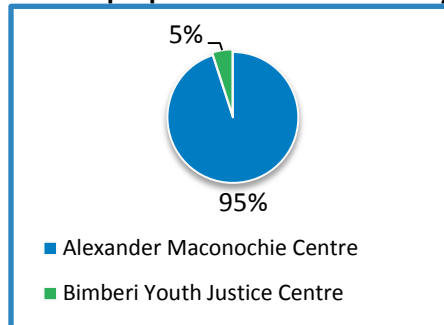


AMC

In 2013-14 there were 606 client encounters in ACT prisons recorded. 95% of these were provided at the Alexander Maconochie Centre (AMC) and 5% at Bimberi Youth Detention Centre. This is more than double the previous year.

Figure 7:

Winnunga prison outreach service: proportion of encounters by correctional centre 2013-14



The weekly Winnunga Health Clinics at the AMC continued to be held with a doctor and an Aboriginal Health Worker, as well as the monthly Clinics at Bimberi. Social Health Team workers undertook a lot of one on one work with detainees including discussions on how individuals were adjusting being away from their families and communities and to being incarcerated. An important role of our interactions continued to be assisting individuals to stay engaged with their families whilst detained and to re-engage once released. Winnunga has continued to support detainees whilst they are in prison as well as on release. This has been a part of our service delivery spanning over the last 15 years, even prior to the ACT Prison being opened people were provided health and wellbeing services in Goulburn Jail, Cooma and the Belconnen Remand Centre.

Winnunga / RGT Auto Program

Throughout the course of the year, in conjunction with RGT (Regional Group Training) Winnunga ran a Certificate 1 automotive course for young people who were already involved in formal education, or were part of the community with an interest in automotive. The program has a particular focus on skills and personal development and provides greater employment opportunities. Within this framework, the program worked closely with the Social Health Team to access the established referral support networks through Winnunga's multidisciplinary Team.

The Certificate 1 program aims to teach students the basic measures of a minor service, deliver hands on experience on working with a car and equipment and an insight in to several workshops in the Canberra area (Car dealerships, Tyre Warehouse and a spare parts warehouse). Over a 14 week component program we saw several students graduate the program in 2013 and more students continue to attend the program in 2014.



Students at RGT workshop

Road to recovery

This is a culturally safe program on alcohol and other drug misuse amongst our clients delivered in an appropriate setting. The program aims to assist clients in a holistic manner, focusing on their journey to recovery and overall health while maintaining a harm minimisation approach. Clients can opt to attend the program in a group setting or one on one. After successfully attending the 6 weeks, participants are issued with a certificate of completion and ongoing follow up as required.

Winnunga Boxing Club

The boxing club continues to provide three training classes per week each Monday, Wednesday and Friday from 5-7pm.

Our membership has risen to approximately 180 members with the majority attending for fitness classes. We continue to offer three group training sessions: Fitness; Intermediate Boxing Skills and Fitness; and Competition Squad.

Fund raising efforts in this financial year included two tournaments hosted in the 'Hangar' beside our training facility on Canberra Avenue, Fyshwick. The first was in July 2013 and was a charity event with two local high profile businessmen competing at the main event. The night attracted some 450 attendees and raised enough money to assist Winnunga boxers to a number of tournaments. The second tournament was held in May 2014 with Winnunga boxers going up against a contingent of Victorian champions. The night was a success with around 500 people attending the event.

Winnunga was successful in 2013-14 in capturing the ACT 69kg division championship with Louis Sinclair taking the title against a much more experienced opponent. We were also able to support four of the competition squad to attend the Australian championships in Perth in April. Our Junior 57kg representative, Rory Booth won the silver medal.

While we have had competition success, our fitness participants are also succeeding in reducing weight and therefore reducing their risk of health complications. One member has lost around 18 kilograms though attending the fitness classes on a regular basis and making other changes at home.

Alcohol and Other Drugs

At any one time there are approximately 100 clients on an active methadone program and often more than 35 on a buprenorphine program. Within the guidelines we approach each client as an individual and attempt to meet their needs in a holistic manner. This may mean ongoing Alcohol and Other Drugs (AoD) support from the Social Health Team, to weekly follow ups and support for dosing plans. Community pharmacies along with Winnunga have been actively promoting clients to live an independent and community based approach to life while still undergoing the required drug addiction treatment protocols.

Winnunga now has seven active prescribers for the methadone program, resulting in access for clients every day of the week, usually with a GP of their choice. Winnunga has also boosted the ability to see a client and on the very same day have a treatment protocol/plan in place, consents signed, approved or applied for and a dosing point organised for the client.

This means clients are able to start treatment, when appropriate, the day they seek medical help for their addiction. This streamlining and incredibly fast response often ensures clients are engaged in treatment within 24 hours of deciding themselves that they would like and need assistance. Easy and timely access to such medical treatment has proved to be of great benefit to the client themselves, as well as the family and community often surrounding the client.

Section 2 – Financial Report

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**WINNUNGA NIMMITYJAH ABORIGINAL
HEALTH CLINIC/HEALTH SERVICE (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 30th June 2014
were:

Judith Harris	Chairperson
Ethel Baxter	Deputy Chairperson
Ethel Baxter	Treasurer
Alana Harris	Secretary
Lynette Goodwin	Ordinary Member
Rodney Little	Ordinary Member
Craig Ritchie	Ordinary Member (appointed 6 February 2014)

- (ii) the principal activities of the Association during the year was the provision of
health care services to members of the Aboriginal and Torres Strait Islander 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 2014
is \$214,924.50 (2013: Surplus \$243,936.30).
- (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


Board Member

Dated at Canberra this 25th day of September 2014.

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

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2014

	2014 \$	2013 \$
Revenue from Operating Activities	<u>8,535,785.89</u>	<u>7,763,217.39</u>
Less Expenses:		
Employee Expenses	6,264,064.90	5,459,728.13
Depreciation and Amortisation	123,685.67	172,660.72
Other Expenses from Operating Activities	1,933,110.82	1,886,892.24
	<u>8,320,861.39</u>	<u>7,519,281.09</u>
Net Ordinary Surplus/(Deficit) for the year	<u><u>214,924.50</u></u>	<u><u>243,936.30</u></u>

The accompanying notes form part of these financial statements

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

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2014

	Notes	2014 \$	2013 \$
CURRENT ASSETS			
Cash	3	3,366,258.42	3,088,761.18
Receivables	4	21,963.50	120,869.50
Other	5	<u>83,337.67</u>	<u>113,506.55</u>
TOTAL CURRENT ASSETS		<u>3,471,559.59</u>	<u>3,323,137.23</u>
NON-CURRENT ASSETS			
Property Plant & Equipment	6	<u>1,691,001.47</u>	<u>1,679,778.59</u>
TOTAL NON-CURRENT ASSETS		<u>1,691,001.47</u>	<u>1,679,778.59</u>
TOTAL ASSETS		<u>5,162,561.06</u>	<u>5,002,915.82</u>
CURRENT LIABILITIES			
Creditors & Accruals	7	614,283.41	597,684.49
Unexpended Grants	7	40,336.44	201,565.37
Provisions	8	<u>783,267.59</u>	<u>716,725.26</u>
TOTAL CURRENT LIABILITIES		<u>1,437,887.44</u>	<u>1,515,975.12</u>
NON-CURRENT LIABILITIES			
Provisions	8	<u>131,134.00</u>	<u>108,325.58</u>
TOTAL NON-CURRENT LIABILITIES		<u>131,134.00</u>	<u>108,325.58</u>
TOTAL LIABILITIES		<u>1,569,021.44</u>	<u>1,624,300.70</u>
NET ASSETS/LIABILITIES		<u>3,593,539.62</u>	<u>3,378,615.12</u>
EQUITY			
Accumulated Funds	10	2,335,299.83	2,057,914.33
Accumulated Capital Grants	10	<u>1,258,239.79</u>	<u>1,320,700.79</u>
TOTAL EQUITY		<u>3,593,539.62</u>	<u>3,378,615.12</u>

The accompanying notes form parts of these financial statements

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

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30TH JUNE 2014

ACCUMULATED MEMBERS FUNDS

	Accumulated Surplus	Accumulated Capital Grants	Total
	\$	\$	\$
Balance at 30th June 2012	1,747,462.03	1,387,216.79	3,134,678.82
Current Year Surplus attributable to members for 2013	243,936.30	0.00	243,936.30
ADD: Capital Grant Renovations brought to account for 2013	0.00	0.00	0.00
Add: Transfer of Capital Grants Depreciation for 2013	66,516.00	-66,516.00	0.00
Balance at 30th June 2013	<u>2,057,914.33</u>	<u>1,320,700.79</u>	<u>3,378,615.12</u>
Current Year Surplus attributable to members for 2014	214,924.50	0.00	214,924.50
ADD: Capital Grant Renovations brought to account	0.00	0.00	0.00
Add: Transfer of Capital Grants Depreciation	62,461.00	-62,461.00	0.00
Balance at 30th June 2014	<u>2,335,299.83</u>	<u>1,258,239.79</u>	<u>3,593,539.62</u>

The accompanying notes form part of these financial statements

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDING 30TH JUNE 2014

	Notes	2014 \$	2013 \$
Cash Flows from Operating Activities:			
Grants & Other Income Received		9,106,764.16	8,495,554.06
Interest Received		77,220.36	92,003.96
Payments to Suppliers & Employees		<u>-8,771,578.73</u>	<u>-7,982,356.62</u>
Net Cash Provided by Operating Activities	(16b)	<u>412,405.79</u>	<u>605,201.40</u>
Cash Flows from Investing Activities :			
Payments for Property Plant & Equipment		-134,908.55	-69,185.64
Sales for Property Plant & Equipment		<u>0.00</u>	<u>27,272.73</u>
Net Cash Provided by (Used in) Investing Activities		<u>-134,908.55</u>	<u>-41,912.91</u>
Net Increase/(Decrease) in cash held		277,497.24	563,288.49
Cash at beginning of Financial Year		<u>3,088,761.18</u>	<u>2,525,472.69</u>
CASH AT END OF FINANCIAL YEAR	(3)	<u><u>3,366,258.42</u></u>	<u><u>3,088,761.18</u></u>

The accompanying notes form part of these financial statements

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

(a) Basis of Preparation

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

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

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

The financial statements were authorised for issue on 25th September 2014 by members of the Board of the Association.

(b) Revenue

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

(c) Grants

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

(d) Income Tax

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

(e) Impairment of Assets

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

(f) Depreciation and Amortisation

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)

(g) **Leases**

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

(h) **Employee Entitlements**

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

(i) **Financial Instruments**

Receivables are stated at the amount due and are normally settled within 60 days. The collectibility of debts is assessed and specific provision is made for any doubtful debt. Listed Shares and Franking Credit are stated at the fair value at the last date the dividend is declared as the Association has elected to reinvest under a Dividend Reinvestment Plan instead of receiving a cash payment. The number of shares allocated is rounded down to the nearest share and any residual cash balance is carried forward to the next share allocation date. The Dividend Reinvestment Plan share issue price and Franking credit is known at the time the dividend is declared. Cash includes deposits which are either at call or for terms of less than 3 months. They are stated at cost. Interest income is brought to account on an accruals basis. Accounts payable are stated at the amount to be paid in the future for goods or services and are normally settled within 30 days.

(j) **Going Concern**

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

(k) **Comparative figures**

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

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

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

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

	2014 \$	2013 \$
2 REVENUE & EXPENSE		
Revenue		
<i>(a) Operating activities</i>		
Grant Income	6,570,008.83	5,915,280.13
Medicare & Medical Income	1,754,569.17	1,622,138.91
Other Income	133,987.53	133,794.39
	<u>8,458,565.53</u>	<u>7,671,213.43</u>
<i>(b) Non-operating activities</i>		
Interest Received	77,220.36	92,003.96
	<u>8,535,785.89</u>	<u>7,763,217.39</u>
Profit from Ordinary Activities		
Profit from ordinary activities has been determined after:		
Expenses		
Remuneration of Auditors		
-audit	21,919.08	20,265.00
-other services	0.00	0.00
Depreciation of Property Plant & Equipment	123,685.67	172,660.72
Loss on Disposal of Non-Current assets	0.00	21,093.00
Rental Expense	14,478.05	14,840.93
Provisions:		
-Employee Leave Entitlements	121,319.41	171,545.13
-Loss on Grant Deficits	-15,612.61	-205,351.59
-Accumulated Surplus on Grants	70,774.72	0.00
Salaries, On Costs and Contractors	6,142,745.49	5,288,183.00
Motor Vehicle Running	254,356.07	260,711.10
Consultants	4,396.27	100,339.69
Buildings & Facilities Costs	145,484.94	116,727.99
Equipment & Computing Running Costs	96,590.23	109,739.27
Medical Expenses	61,330.91	57,476.64
Operations & Office Costs	305,515.32	461,423.46
Travel Support & Training Costs	168,711.63	130,650.96
Workshops & Promotions Costs	260,216.13	176,232.58
Client Assistance	173,917.81	116,992.41
All Other Expenses	371,032.27	505,750.80
	<u>8,320,861.39</u>	<u>7,519,281.09</u>
3 Cash Assets		
Cash at bank		
Westpac Everyday Account	89,188.53	0.00
Westpac Surplus Account	3,238,213.58	0.00
Westpac Donations Account	38,156.31	0.00
National Australia Bank a/c no. 4459 - Core	0.00	225,096.20
NAB Cash Maximiser a/c	0.00	2,820,999.20
NAB Donations a/c	0.00	41,965.78
Cash on Hand	700.00	700.00
	<u>3,366,258.42</u>	<u>3,088,761.18</u>

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

	2014 \$	2013 \$
4 Receivables		
Trade Debtors	12,403.45	126,891.05
Less Provision for Doubtful Debts	0.00	-10,846.25
	<u>12,403.45</u>	<u>116,044.80</u>
Accrued Income	9,560.05	4,824.70
	<u>21,963.50</u>	<u>120,869.50</u>
Trade Debtors Ageing:		
- less than 30 days	9,029.40	91,611.44
- 30 to 60 days	2,086.35	5,985.00
- 60 to 90 days	1,287.70	10,256.12
- greater than 90 days	0.00	19,038.50
	<u>12,403.45</u>	<u>126,891.06</u>
5 Other Assets		
Prepayments	74,776.23	113,506.55
Listed Shares	8,561.44	0.00
	<u>83,337.67</u>	<u>113,506.55</u>

The Association has listed shares which are classified as available for sale financial assets value. They are measured subsequent to initial recognition at fair value and grouped into levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The shares are Level 1 financial instruments and are valued at their closing price on 30 June 2014. The Association has elected to reinvest under a Dividend Reinvestment Plan instead of a receiving cash payment. The number of shares allocated are based on the Dividend Reinvestment Plan issue price which is known when the dividend is declared.

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

	2014 \$	2013 \$
6 Property, Plant and Equipment		
Leasehold Improvements - Narrabundah - at cost	220,353.93	203,177.38
Less accumulated depreciation	<u>-23,959.51</u>	<u>-14,583.00</u>
	<u>196,394.42</u>	<u>188,594.38</u>
Leasehold Improvements - Fyshwick - at cost	98,500.00	98,500.00
Less accumulated depreciation	<u>-18,278.00</u>	<u>-14,935.00</u>
	<u>80,222.00</u>	<u>83,565.00</u>
Plant & Equipment - at cost	83,995.27	106,864.96
Less accumulated depreciation	<u>-51,047.55</u>	<u>-72,241.96</u>
	<u>32,947.72</u>	<u>34,623.00</u>
Motor Vehicles - at cost	63,614.06	63,614.06
Less accumulated depreciation	<u>-44,422.06</u>	<u>-39,993.06</u>
	<u>19,192.00</u>	<u>23,621.00</u>
Office Furniture & Equipment - at cost	71,819.76	80,680.98
Less accumulated depreciation	<u>-7,889.76</u>	<u>-20,258.98</u>
	<u>63,930.00</u>	<u>60,422.00</u>
Computer Equipment - at cost	232,664.31	256,519.72
Less accumulated depreciation	<u>-163,066.21</u>	<u>-199,310.34</u>
	<u>69,598.10</u>	<u>57,209.38</u>
Medical Equipment - at cost	73,086.16	59,595.79
Less accumulated depreciation	<u>-30,244.57</u>	<u>-31,936.51</u>
	<u>42,841.59</u>	<u>27,659.28</u>
Capital Grant Equipment & Leasehold Improvements - at cost	\$1,770,029.88	1,794,439.58
Less accumulated depreciation	<u>-584,154.24</u>	<u>-590,355.03</u>
	<u>1,185,875.64</u>	<u>1,204,084.55</u>
Total Plant and Equipment	<u>1,691,001.47</u>	<u>1,679,778.59</u>
 (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	1,679,778.59	1,831,619.40
Additions - Current Year	134,908.55	69,185.64
Additions - Prior Years Capital Grant Renovations Completed	0.00	0.00
Proceeds of Asset Disposals	0.00	-27,272.73
Depreciation expense	-123,685.67	-172,660.72
Loss on Disposals	0.00	-21,093.00
	<u>1,691,001.47</u>	<u>1,679,778.59</u>

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

	2014 \$	2013 \$
7 Current Liabilities		
Trade Creditors	82,736.89	116,051.22
ATO BAS Liability	237,633.70	227,560.48
Accrued Salaries & Wages	160,944.90	123,175.89
Other Accrued Expenses	104,564.64	105,634.54
Other Creditors	28,403.28	25,262.36
	<u>614,283.41</u>	<u>597,684.49</u>
Trade Creditors Ageing:		
- less than 30 days	72,531.75	111,946.76
- 30 to 60 days	10,205.14	2,203.05
- 60 to 90 days	0.00	292.66
- greater than 90 days	0.00	1,608.75
	<u>82,736.89</u>	<u>116,051.22</u>
Grants		
Unexpended Grants	<u>40,336.44</u>	<u>201,565.37</u>
	<u>40,336.44</u>	<u>201,565.37</u>
8 Provisions		
Current		
Provision for Annual Leave	462,045.87	430,410.32
Provision for Long Service Leave	250,447.00	270,702.33
Repayable Grants	<u>70,774.72</u>	<u>15,612.61</u>
	<u>783,267.59</u>	<u>716,725.26</u>
Non-Current		
Provision for Long Service Leave	<u>131,134.00</u>	<u>108,325.58</u>
9 Leasing Commitments		
Finance Lease Commitments:		
Payable - minimum lease payments:		
- not later than one year	159,248.28	193,170.96
- later than one year but not later than two years	38,716.20	24,019.59
- later than two years but not later than five years	23,456.00	23,604.64

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

	2014	2013		
	\$	\$		
9				
Leasing Commitments (Cont'd)				
Operating Lease Commitments:				
Payable - minimum lease payments:				
- not later than one year	19,752.96	19,747.20		
- later than one year but not later than two years	20,321.85	20,310.00		
- later than two years but not later than five years	64,545.06	64,469.45		
Other Commitments				
Payable:				
- not later than one year	17,689.60	10,118.38		
	<u>17,689.60</u>	<u>10,118.38</u>		
10				
Retained Members' Funds				
(a) Surplus/(deficit) and Accumulated Funds				
Retained funds at the beginning of the year	2,057,914.33	1,747,462.03		
Add: Transfer of Capital Grants Depreciation	62,461.00	66,516.00		
Net Surplus/(Deficit) for the year	214,924.50	243,936.30		
Retained funds at the end of the year	<u>2,335,299.83</u>	<u>2,057,914.33</u>		
(b) Accumulated Capital Grants				
Accumulated Surplus/(deficit) brought forward	1,320,700.79	1,387,216.79		
ADD: Capital Grant Renovations brought to account	0.00	0.00		
Less: Transfer to Capital Gains Depreciation	-62,461.00	-66,516.00		
Accumulated Capital Grants at end of year	<u>1,258,239.79</u>	<u>1,320,700.79</u>		
11				
Contingent Liabilities				
The Board is not aware of any contingent liabilities involving the Association.				
12				
Events Subsequent to Reporting Date				
There have been no events subsequent to the reporting date, which would have a material impact upon the financial report.				
13				
Related Parties				
Remuneration received or receivables by members of the organisation who served on the board during the year, from the Association or any related party in connection with the management of the Association:				
	2014 \$	2014 \$	2013 \$	2013 \$
	Fees	Expenses	Fees	Expenses
Judith Harris	4,095.00	975.00	4,095.00	975.00
Ethel Baxter	3,159.00	325.00	3,159.00	325.00
Lynette Goodwin	2,673.00	275.00	2,673.00	275.00
Alana Harris	2,430.00	250.00	2,430.00	250.00
Craig Ritchie	729.00	75.00	0.00	0.00
Rodney Little	2,673.00	275.00	2,430.00	250.00
	<u>15,759.00</u>	<u>2,175.00</u>	<u>14,787.00</u>	<u>2,075.00</u>

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (Cont'd)**

14 Segment Reporting

The Association operates in the health care section providing health care to members of the Aboriginal and Torres Strait Islander 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

	2014	2013
	\$	\$
(a) Reconciliation of cash		
Cash on Hand	700.00	700.00
Cash at bank - Westpac Bank Accounts	3,365,558.42	3,088,061.18
	<u>3,366,258.42</u>	<u>3,088,761.18</u>
(b) Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities		
Operating surplus / (deficit)	214,924.50	243,936.30
Non-cash flows in surplus / (deficit) from ordinary Activities		
Profit on Sale of Non Current Assets	0.00	0.00
Loss on Sale of Non Current Assets	0.00	21,093.00
Depreciation expense	123,685.67	172,660.72
Capital Grants Non Current Assets Purchases	0.00	0.00
Changes in assets and liabilities		
Increase/(Decrease) in Receivables	98,906.00	-75,153.69
Increase/(Decrease) in Other Assets	30,168.88	-34,717.44
Increase/(Decrease) in Creditors	16,598.92	140,099.83
Increase/(Decrease) in Repayable and Unexpended Grants	-161,228.93	171,205.85
Increase/ (Decrease) in Provisions	89,350.75	-33,923.17
Net cash (used) / provided by operating activities	<u>412,405.79</u>	<u>605,201.40</u>

(c) The association has no credit stand-by or financial facilities in place other than a credit card facility with a limit of \$40,000.00.

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

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

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014 (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.

	2014	2013
	\$	\$
<u>Financial assets</u>		
Cash	3,366,258.42	3,088,761.18
Receivables	21,963.50	120,869.50

- (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 2014	%		\$	\$		\$
<u>Financial assets</u>						
Cash	2.40%	3,366,258.42	0.00	0.00	0.00	3,366,258.42
Receivables			0.00	0.00	21,963.50	21,963.50
Total Financial Assets		3,366,258.42	0.00	0.00	21,963.50	3,388,221.92
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	1,437,887.44	1,437,887.44
Total Financial Liabilities		0.00	0.00	0.00	1,437,887.44	1,437,887.44
Net Financial Assets/(Liabilities)		3,366,258.42	0.00	0.00	-1,415,923.94	1,950,334.48
30 June 2013	%		\$	\$		\$
<u>Financial assets</u>						
Cash	3.05%	3,088,761.18	0.00	0.00	0.00	3,088,761.18
Receivables			0.00	0.00	120,869.50	120,869.50
Total Financial Assets		3,088,761.18	0.00	0.00	120,869.50	3,209,630.68
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	1,407,122.72	1,407,122.72
Total Financial Liabilities		0.00	0.00	0.00	1,407,122.72	1,407,122.72
Net Financial Assets/(Liabilities)		3,088,761.18	0.00	0.00	-1,286,253.22	1,802,507.96

- (c) **Market Price Risk:** Is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all financial instruments traded in the market.

The association does not actively trade in available for sale financial instruments. It has elected to reinvest under a dividend reinvestment plan instead of receiving a cash payment. The risk associated with this investment is managed with established and approved governance guidelines and principles approved through the Board. Based on the value of the investment it is considered the risk associated with this investment would not cause any significant impact on the operations or the viability of the Association, and would result in an immaterial change in the financial result.

- (d) **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 CLINIC/HEALTH SERVICE
(ACT) INCORPORATED**


**STATEMENT BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30TH JUNE 2014**

In the opinion of the Board for the financial statements set out on pages 1 to 14:

- (a) The Comprehensive Income Statement is drawn up so as to give a true and fair view of the result of the Association for the financial year ended 30th June 2014.
- (b) The Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30th June 2014.
- (c) The accompanying accounts have been prepared and fairly presented in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board and the (ACT) Associations Incorporation Act 1991.
- (d) At the date of this statement, there are reasonable grounds to believe that the Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (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 25th day of September 2014



**Chartered
Accountant**

**INDEPENDENCE DECLARATION
TO THE MEMBERS OF
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH
SERVICES (ACT) INCORPORATED
ABN: 33 612 033 770**

Unit 2, 2 Napier Close, Deakin ACT 2600
PO Box 105 Deakin West ACT 2600

P: 02 6260 3588 F: 02 6281 7708

E: admin@mcsaccounting.com.au

W: www.mcsaudit.com.au

ASIC Authorised Audit Company No. 408893

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE ASSOCIATIONS INCORPORATION ACT 1991
TO DIRECTORS OF
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED**

I declare that, to the best of my knowledge and beliefs, during the year ended 30 June 2014 there have been:

- a. no contraventions of the auditor independence requirements as set out in the Associations Incorporations ACT 1991 in relation to the audit; and
- b. assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

**MCS Audit Pty Ltd
Chartered Accountants**

**Phillip William Miller CA
Partner**

Dated in Canberra on:

25th September 2014



**Chartered
Accountant**

Unit 2, 2 Napier Close, Deakin ACT 2600
PO Box 105 Deakin West ACT 2600

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ASIC Authorised Audit Company No. 408893

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED
ABN: 33 612 033 770**

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report, of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated, which comprises the balance sheet as at 30 June 2014, and the income statement, a summary of the significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's 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.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations under the Winnunga Nimmityjah Aboriginal Health Services

(ACT) Incorporated, I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

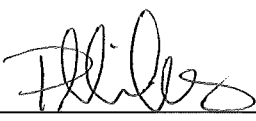
In conducting my audit, I complied with the independence requirements of Australian professional ethical pronouncements.

Auditors Opinion

In my opinion, the financial report of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated presents fairly, in all material respects the financial position of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated as of 30 June 2014 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act 1991.

Name of Firm: MCS Audit Pty Ltd
Chartered Accountants

Name of director:



Phillip W Miller CA

Address: Unit 2 / 2 Napier Close, Deakin ACT 2600

Dated:

25th September 2014

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

**COMPILATION STATEMENT FOR
THE FOLLOWING DETAILED STATEMENT OF INCOME**

We have compiled the accompanying special purpose financial statements for a Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc., which comprise the attached detailed income statement for the year ended 30 June 2014. The specific purpose for which the special purpose financial statements have been prepared is to provide financial information to the board of management.

The Responsibility of the Board of Management

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

Our Responsibility

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

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

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

MCS Audit

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

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2014

	2014 \$	2013 \$
INCOME		
Grant income	6,570,008.83	5,915,280.13
Medicare Income		
Medicare Benefits & Rebates	1,211,592.05	1,081,968.90
Medicare PIP & Other Incentives	217,718.97	207,218.58
Medical Income Other	12,312.44	6,781.82
Medical Practitioner Trainee	312,945.71	326,169.61
Total Medicare Income	1,754,569.17	1,622,138.91
Other Income		
Donations	1,350.00	400.00
Membership	76.00	72.00
Reimbursement of Expenses	35,657.09	40,769.25
Telephone Reimbursements	905.54	803.40
Sundry Income	30,550.17	46,099.39
Revaluation of Assets	742.72	0.00
Boxing Income	64,706.01	45,650.35
Interest Received	77,220.36	92,003.96
Total Other Income	211,207.89	225,798.35
Total Income for Year	8,535,785.89	7,763,217.39

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

DETAILED STATEMENT OF INCOME

	2014 \$	2013 \$
GROSS INCOME	8,535,785.89	7,763,217.39
EXPENDITURE		
Wage & Salary Expenses		
Wages & Salaries	5,140,396.28	4,590,350.37
Medical Consultants	0.00	0.00
Contract Worker	58,475.97	6,963.85
FBT Paid	<u>202,665.41</u>	<u>109,312.86</u>
Total Wage & Salary Expenses	<u>5,401,537.66</u>	<u>4,706,627.08</u>
Salary Related On Costs		
Leave Loading	64,919.33	60,233.20
Superannuation	506,024.56	405,425.13
Worker's Compensation	118,506.39	85,193.15
Recruitment Costs	24,362.05	15,242.84
Advertising	1,446.41	14,731.06
Leave Adjustments	121,319.41	171,545.13
Other Employer Expenses	<u>25,949.09</u>	<u>730.62</u>
Total Salary Related on Costs	<u>862,527.24</u>	<u>753,101.13</u>
Motor Vehicle Costs		
Vehicle Repairs, Cleaning, Parking	7,034.04	6,473.34
Fuel Expenses	52,064.34	70,631.15
Lease of Vehicle	182,429.14	169,480.96
Motor Vehicle, Insurance, Registration	12,828.55	14,125.65
Total Motor Vehicle Costs	<u>254,356.07</u>	<u>260,711.10</u>
Buildings & Facilities Costs		
Cleaning & Rubbish Removal	54,363.56	47,131.55
Security	13,530.87	10,484.66
Building Repairs & Maintenance	35,661.62	14,735.51
Consumables & Supplies	542.12	923.14
Rent	14,478.05	14,840.93
Electricity & Rates	37,619.44	40,182.44
Internet & Website	<u>3,767.33</u>	<u>3,270.69</u>
Total Building Costs	<u>159,962.99</u>	<u>131,568.92</u>

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

DETAILED STATEMENT OF INCOME

	2014 \$	2013 \$
Brought forward	6,678,383.96	5,852,008.23
Equipment		
Computer Software / Other	784.78	4,138.72
Equipment	1,980.73	5,575.87
Computer Equipment	350.32	832.00
Equipment Repairs & Maintenance	17,214.08	8,590.86
Hiring Costs	12,649.59	6,414.38
Artwork Purchase	492.52	2,095.10
Leasing	1,856.61	10,413.29
Computer Support	61,261.60	71,679.05
Total Equipment	<u>96,590.23</u>	<u>109,739.27</u>
Medical Expenses		
Medical Supplies & Fees	26,341.36	24,867.06
Dental - Materials	14,139.93	15,631.65
Waste Removal	660.50	197.92
Laundry	8,508.54	7,527.85
Medical Practitioner Trainee Salary/Levies	10,463.32	8,401.06
Education Resource Purchases	692.45	168.01
Diabetic Clinic	217.79	420.00
Resources and Reference Materials	<u>307.02</u>	<u>263.09</u>
Total Medical Expenses	<u>61,330.91</u>	<u>57,476.64</u>
Operation Expenses		
Domestic Supplies	5,842.07	6,965.58
Bad Debts	0.00	1,900.00
Doubtful Debts Provision	70.00	7,819.74
Stationery & Office Supplies	52,389.49	48,427.36
Sponsorship	7,276.31	6,752.61
Donations	3,093.39	6,768.50
Subscriptions/Membership Fees	26,851.02	33,467.17
Telephone	55,527.60	45,677.46
Postage	2,358.27	2,207.23
Freight	1,884.84	136.53
Removals & Storage	5,412.79	2,887.71
Advertising - General	26,104.59	0.00
Audit Fees	21,919.08	20,265.00
Accounting Fees	18,833.50	46,295.94
Bookkeeping	0.00	25,528.86
Accreditation	9,223.32	8,479.69
Interest & Late Fees	52.27	3,373.41
Bank Charges and Government Taxes	1,912.59	1,708.12
Directors Fees	12,907.65	9,988.64
Other Director's payments	0.00	0.00
Director's Fuel Allowances	<u>2,175.00</u>	<u>1,401.66</u>
Sub-Total Operation Expenses	<u>253,833.78</u>	<u>280,051.21</u>

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

DETAILED STATEMENT OF INCOME

	2014 \$	2013 \$
Brought forward	6,836,305.10	6,019,224.14
Operation Expenses (C/fwd)	<u>253,833.78</u>	<u>280,051.21</u>
Catering	683.57	1,041.49
Staff Activities	2,104.17	218.52
Insurance	43,069.25	57,208.66
Legal Consultation Fees	0.00	1,845.03
Consultation	4,396.27	100,339.69
Bereavement	20,591.53	11,571.06
Sundry Expenses	2,922.46	6,047.33
Uniforms	<u>4,229.64</u>	<u>3,100.47</u>
Total Operation Expenses	<u>331,830.67</u>	<u>461,423.46</u>
Travel Support & Training		
Accommodation	57,243.46	11,709.94
Conferences & Training	47,249.93	52,454.32
Travel and Meals	61,052.69	60,829.32
Meeting Expenses	3,165.55	4,746.56
Steering C'ttee	<u>0.00</u>	<u>910.82</u>
Total Training Support & Travel	<u>168,711.63</u>	<u>130,650.96</u>
Workshops & Promotion		
Research Project	400.00	270.21
Publicity and Promotions	39,711.11	40,333.03
Promotional Materials/function	146,988.67	58,774.55
Self Funded Youth Programs	0.00	8,933.33
Workshops/Client Programs	73,116.35	66,927.77
Cultural Awareness	<u>0.00</u>	<u>993.69</u>
Total Workshops and Promotion	<u>260,216.13</u>	<u>176,232.58</u>

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

DETAILED STATEMENT OF INCOME

	2014	2013
	\$	\$
Brought forward	7,597,063.53	6,787,531.14
Client Assistance		
Brokerage	34,686.05	33,757.16
Clients Travel Costs	3,630.40	302.34
Food	13,057.15	1,035.47
Client Assistance	91,026.83	49,626.95
Medical - Scripts	10,647.23	18,085.37
Bus/Taxi	20,870.15	14,185.12
Total Client Assistance	<u>173,917.81</u>	<u>116,992.41</u>
Other Expenses		
Renovations - Capital Works	0`	8,164.37
Loss on Disposal of Fixed Assets	0.00	21,093.00
Grant Funds Carried Forward	-9,727.68	0.00
Depreciation	61,224.67	106,144.72
Depreciation - Capital Grants	62,461.00	66,516.00
Management Overhead Costs	380,759.95	618,191.04
Grants in Deficit Loss Provision	-15,612.61	-205,351.59
Grants Unexpended Repayable	70,774.72	0.00
Total Other Expenses	<u>549,880.05</u>	<u>614,757.54</u>
TOTAL EXPENSES	<u>8,320,861.39</u>	<u>7,519,281.09</u>
SURPLUS/(DEFICIT) FOR THE YEAR	<u>214,924.50</u>	<u>243,936.30</u>

