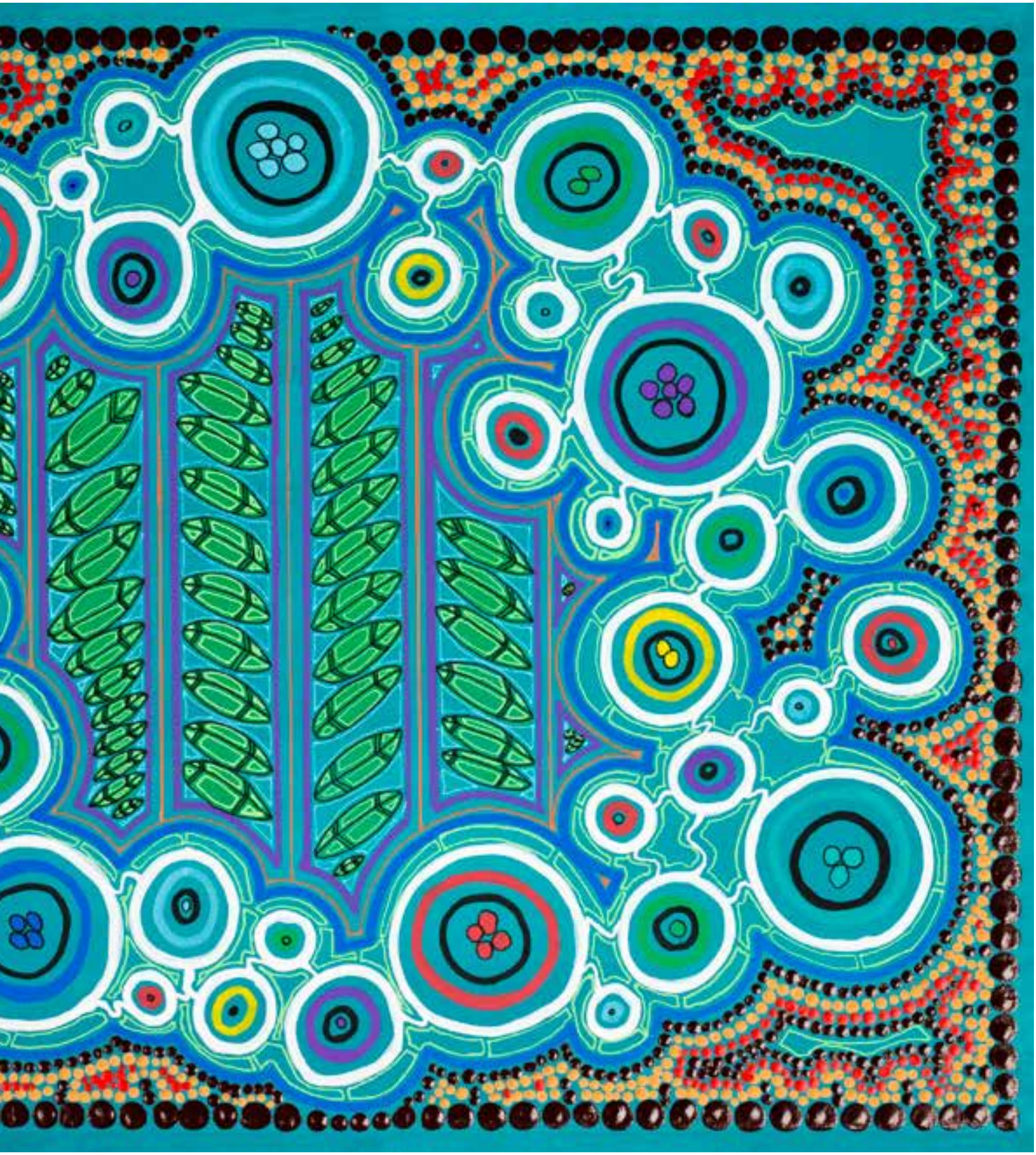
The Aboriginal Health & Medical Research Council of NSW

Annual Report 2013-14



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Cover art:

The Resistance by Jasmine Sarin

This artwork was originally used for the NSW Aboriginal Cancer Statewide Forum

About the artwork:
The painting is titled *The Resistance* and is reflective of all communities and organisations that are taking control and providing much needed support to people affected by cancer. Though each community and organisation is different, they are all connected and support each other's efforts to help address the greatest cause of death for our people. The leaves are symbolic of traditional healing and growth, and also acknowledge the use of smoking ceremonies that aim to cleanse and rid the body and place of bad spirits; this is the healing centre of the painting. To achieve any success we must be persistent and consistent and work together to keep our communities strong and healthy.

About the artist:
I am a proud Aboriginal woman and acknowledge my family and mob from Kamilaroi country and Jeringa country, both located in NSW. I have been raised mainly on the South Coast in Nowra and Wollongong but have country influences from Coonabarabran in Central West NSW. My artwork tells the story of my experiences growing up, and my aim is to bring contemporary technologies and materials to one of the oldest cultures on earth. I pay my respects to my elders both past and present and acknowledge that the land on which I work and play was, is and always will be Aboriginal land.

Edited by Matthew Rodgers
Design by Publicstyle
publicstyle.com.au

The AH&MRC wishes to advise people of Aboriginal descent that this document may contain images of persons now deceased.

Aboriginal Health & Medical Research Council of New South Wales

Aboriginal Health and Medical Research Council of New South Wales Annual Report 2013-14

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A Message from the Chairperson

It is my pleasure to present the AH&MRC's Annual Report for 2013-14.

The AH&MRC is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our Members, the Aboriginal Community Controlled Health Services that deliver culturally appropriate comprehensive primary health care to their communities.

In pursuit of our vision that Aboriginal peoples achieve physical, cultural, social and emotional wellbeing and contribute to the overall health, wellbeing and strength of their communities, we continue to advocate for the Aboriginal Community Controlled Health Services (ACCHSs) sector in NSW. To that end, it is our aim to support the ACCHS sector to be accessible, sustainable, adequately resourced, and to have a skilled workforce to meet the health needs of Aboriginal peoples.

It is the AH&MRC's aim to support the ACCHS sector to be accessible, sustainable, adequately resourced, and to have a skilled workforce to meet the health needs of Aboriginal peoples

The past year has been characterised by the high level of uncertainty and a significant reduction in funding. A new funding model for NGOs in NSW as well as a number of reviews by the Australian Government relating to expenditure generally, but also specifically on Indigenous programs, including health, have led to a degree of uncertainty around the future sustainability of the ACCHS model and reach. The widespread uncertainty in the sector beyond 2014-15 is leading to a marked reduction of capacity through the loss of valued and capable staff and the consequential inability to plan.

Adequate funding for the ACCHS sector is a pressing priority. This year the National Aboriginal Community Controlled Health Organisation (NACCHO) launched a report titled *Investing in Aboriginal Community Controlled Health makes economic sense*. It reinforces that "achievement of the CTG targets requires strengthening rather than a diminution of funding for ACCHS". It is also recognised that "an expansion of the Aboriginal health sector could do more to promote regional development than an equal expansion of other sectors". Further, that "the potential for a well-resourced Aboriginal primary health care sector to directly address determinants of the health gap is substantial".

The AH&MRC has been working closely with our Members, NACCHO and other Affiliates, to advocate for the preservation of the ACCHS sector, championing the economic value it offers as well as its inherent ability to understand and be responsive to local needs through a comprehensive approach to primary health care. Importantly, the AH&MRC has consulted comprehensively with our Membership through two *Meeting Ground* Member workshops and our annual meetings to discuss and determine current and future priorities. The development of a *Member Support Charter* was the result of these efforts, along with the development of the AH&MRC Member Portal, a new online resource for Members.

As a peak health organisation the value of our role in "making a difference" is evident in the success of programs that help to build the strength and capability of ACCHSs at the local level of service delivery. The AH&MRC is best placed to respond to requests for assistance or advice, and provide immediate support directly or indirectly as appropriate.

I would like to thank our partners who supported our work in 2013-14, including the NSW and Australian governments, whose financial support is important to us. As successful partnerships are the key to improving Aboriginal health, we acknowledge our valued partners for helping to make the work we do possible.

At the 2014 Aboriginal Health College Graduation ceremony, the AH&MRC acknowledged the Honourable Dame Marie Bashir, AD CVO for being our Vice Regal Patron. Her Excellency has indicated her intention to stay on as Patron of the Aboriginal Health College following the end of her term as Governor.

Thank you also to the Board of Directors for your attendance and reliable input. Aboriginal governance brings with it the unique lifelong experience and knowledge of its Board of Directors. I thank you for your commitment to attend and support the work of the AH&MRC and the unique Aboriginal community leadership that follows. I must also acknowledge the Member organisations that allow their staff the time to be involved on the AH&MRC Board of Directors.

Finally, the staff and management of the AH&MRC are to be commended for their hard work and also their perseverance in the face of the uncertainty. Your professionalism and ability to work as a team are greatly appreciated.

As always, the AH&MRC remains steadfast in our commitment to achieving a healthy future for Aboriginal people in NSW.

Yours in unity,

Mrs Christine Corby, OAM
Chairperson

The AH&MRC Board of Directors

Mrs Christine Corby OAM

Chairperson
North West

Christine Corby is a Gamilaraay woman from north-western New South Wales (NSW). Christine was born in Sydney but returned to her mother's country in Walgett, where she has lived for the past 39 years.

Christine was Legal Secretary for the NSW Aboriginal Legal Service for 11 years. When funding was announced in 1986 for the establishment of a local Aboriginal Medical Service in Walgett, she commenced in the role of CEO, a position she has held for 28 years. She also holds the position of CEO of Brewarrina Aboriginal Health Service Limited.

Christine is the Chairperson of the Aboriginal Health and Medical Research Council of NSW (AH&MRC) and is one of two NSW representatives on the National Aboriginal Community Controlled Health Organisation (NACCHO) Board and also attends NSW Aboriginal Health Partnership meetings and NSW Aboriginal Health Forum meetings. Her memberships of AH&MRC Committees include the Finance and Risk Management Committee (FARM) and the Standing Committee on Constitutional Reform. Christine is the former Chairperson of Bila Muuji Aboriginal Health Service Incorporated (representing eleven member services of the AH&MRC) in the (former) Greater Western Area Health Service region.

Christine was awarded the Order of Australia Medal in 2005, the Centenary Medal in 2003 and received the NSW Health Hall of Fame Award in Aboriginal Health in 2005.

Mr Roy Ah See

Central Coast Region

Roy, Ah See a proud Wiradjuri man, was born and bred on Nanima Reserve ten kilometres from the outskirts of Wellington on the banks of the Macquarie River.

Roy is currently the Deputy Chairperson of the NSW Aboriginal Land Council and Deputy Chairperson of the Eleanor Duncan Aboriginal Medical Service in Wyong. This is Roy's first year as an AH&MRC Board Member. He has a background in social welfare with a particular interest on the impact of alcohol and other drugs use on Aboriginal communities.

Mr Craig Ardler

Illawarra

Craig Ardler is the current CEO of the South Coast Medical Service Aboriginal Corporation (SCMSAC), a role he previously held from 1999-2006. He has a wealth of experience in management, policy and community development with several organisations.

During his first term as the CEO of SCMSAC, Craig helped grow the organisation from five staff and an annual turnover of $275,000 to 35 employees and a turnover of $3.7 million, and he played a key role in rolling out many new and urgently required services to the local Aboriginal community. He has also worked for the Wreck Bay Aboriginal Community Council as Policy and Liaison Manager, and he was recently employed within the Australian Public Service as a Legal and Education Officer through the Department of Sustainability, Environment, Water, Population and Communities at Booderee National Park. Craig's other board positions include Chairman of the Booderee National Park Board of Management and Chairman of the Wreck Bay Aboriginal Community Council, where he has been elected to many executive roles since 1989.

Mr Bradley Delaney

Metropolitan

Brad Delaney is an Aboriginal man and very proud descendant of the Dunghutti nation on the mid north coast of NSW and the Kamilaroi nation in the mid north west of NSW. Brad was born and raised in the Western Sydney suburbs of Mt Druitt, Penrith and Campbelltown. He is the youngest of nine children and has a large extended family.

Brad is the current AH&MRC Metropolitan Regional Director and it is his first time elected to the board. He is also a member of the AH&MRC Standing Committee on Constitutional Reform. Brad is the current Chairperson of the Aboriginal Medical Service, Western Sydney (AMSWS) a position he has held for seven years. He describes AMSWS as servicing the highest population of Aboriginal people in the country and, combined with the two other Aboriginal Medical Services in Sydney, it provides services to the biggest city in the country, making the Sydney Metro region the most diverse in NSW.

Brad has 25 years' experience working in the government sector and community controlled organisations, having worked in numerous government agencies, including the Aboriginal Torres Strait Islander Commission, the NSW Department of Aboriginal Affairs, the NSW Department of Justice and Attorney General. His experience in the Aboriginal Community Controlled sector has primarily been in Western Sydney with AMSWS, as a member of the Deerubbin Local Aboriginal Land Council and more recently at the Aboriginal Child, Family and Community Care (NSW) State Secretariat (AbSec). Recently, Brad was elected to the Board of the Western Sydney Medicare Local where he advocates for the rights of Aboriginal people in the health region. In these agencies he has worked on various projects in a number of capacities with a major focus on engaging with Aboriginal communities to develop and implement programs with positive outcomes with a priority being the right to self-determination and ensure Aboriginal Community control is maintained throughout all services.

As a Board member of AMSWS for nearly 20 years, Brad has contributed to the expansion of the number of programs at AMSWS, making AMSWS the biggest employer of Aboriginal people in the region. Brad attributes his fortunate life to his family, particularly his mother and father, and sees their legacy as a conduit to assisting all Aboriginal people to increase their opportunities by enhancing their skills and knowledge through social justice, health, education and employment.

Ms Anne Greenaway

Far South Coast

Anne Greenaway is the current CEO of Merrimans Local Aboriginal land Council and the past CEO of South Coast Medical Service Aboriginal Corporation and of Katungul Aboriginal Corporation Community and Medical Services.

Anne has been a Director of the AH&MRC for both the Far South Coast (1998-2005) and the Illawarra regions (2007-2010). She holds a Bachelor of Arts and Master of Letters (History). Ms Greenaway worked for TAFE NSW for 17 years in Aboriginal Education and Training and is a member and past Board member of: AbSec (Aboriginal Child, Family and Community Care State Secretariat NSW Inc), Cobowra CDEP (Community Development and Employment Program), ATSIEN (Aboriginal and 'Torres Strait Islander Employment Network), SEALS (South Eastern Region Aboriginal Legal Service), Oolong House, and the SESIAHS (South Eastern Sydney and Illawarra Area Health Service) Area Health Advisory Committee.

Currently, Ms Greenaway is the Deputy Chair of Katungul Aboriginal Corporation, Community &Medical Services and sits on the Advisory Committee for the Aboriginal Health and Cancer Services - Working Together (AH&CS – Project). Anne is a strong advocate for women and children's health and wellbeing issues. Anne recently became a great grandmother for the first time.

Ms Pamela Handy

Far West

Pam Handy was born in Brewarrina, NSW and moved to the lands of the Barkindji on the Murray and Darling Rivers near Dareton-Coomealla. She is currently the Chair of the Board of Directors of Coomealla Aboriginal Health Corporation.

Pam has worked in administration, education, training and welfare positions in a range of public service and community organisations, including holding positions as Chairperson, Secretary and Director with the local Aboriginal Land Council, Representative of Western Aboriginal Community Liaison Officer, Regional and State Representative NSW Police Force Committee, Regional Representative with Western Region Shire Council, Regional President of the Western College of Adult and Community Education Committee - Dubbo, Regional Representative for School Education in Riverina Committee, Riverina Region and State Representative on NSW Aboriginal Education Consultant Group Committee, Representative on the Bila Muuji Aboriginal Community Health Service Committee, and support lecturer with the University of Technology - Sydney, where she also worked as a supervisor and tutor of students. She was previously CEO of Coomealla Health Aboriginal Corporation from 1995-2002, which included administration of the Balranald Aboriginal Health Service in 2000, and she also managed Brewarrina Aboriginal Health Service Limited for a brief period in 2003.

Pam was appointed as the AH&MRC's Far West Representative in 1995-2002 and again in 2011-2013. She also represented the AH&MRC on the Board of Directors, of the National Aboriginal Community Controlled Health Organisation. Pam has served as the Aboriginal Community Liaison Officer for the Dareton, NSW Police Force from 2006-2012 and is also currently the CEO of Dareton Local Aboriginal Land Council, having previously held the position of Chairperson from 2006-2010.

Mr Tim Horan

Central West

Tim Horan is new to the health scene, having spent 20 years with the NSW Police. He has been involved in supporting local communities for many years and is committed to the people of western NSW, particularly those communities that are socially disadvantaged. Tim has been a Councillor on Walgett and Coonamble Shire Council, and served as Mayor of Coonamble Council from March 2004

until late 2012. Tim was employed by the Coonamble Aboriginal Health Service as the CEO in August 2008 and continues to drive the new service forward, guiding the organisation as it provides vital health services to the area and contributes to Closing the Gap initiatives.

Mrs Val Keed

Lower Central West

Val Keed was born in Peak Hill, NSW and is descended from a long line of proud Wiradjuri people in this area. She was a founding member of the AH&MRC since its establishment (initially as the Aboriginal Health Resource Committee) in 1985.

Val has held the position of AH&MRC Lower Central West Regional Director on many occasions over the years, most recently having been re-elected in 2009, and is currently the Chairperson of the Peak Hill Aboriginal Medical Service.

She is also involved in many community-based organisations in the region, including the Peak Hill Local Aboriginal Land Council, Warrainunga Aboriginal Advancement Co-operative, Mid Lachlan Aboriginal Housing Management Association, Weigelli Drug and Alcohol Centre (Cowra), and the National Parks Peak Hill/Hogan River Aboriginal Reference Group.

As an AH&MRC Director, Val also holds the Chairperson position on the AH&MRC Ethics Committee.

Ms Selena Lyons

Riverina

Selena Lyons is a proud Wiradjuri woman, originally from Narrandera within the Riverina, who has worked in management roles in both Aboriginal community controlled organisations and government agencies for the past 25 years.

Selena worked with the Department of Health and Ageing in Canberra as Manager of the Indigenous Health ACT office, Winnunga Nimmityjah Aboriginal Health Service in Canberra as Operations Manager, and Centrelink as Manager, Indigenous Services Area — South West. She is the CEO of the Riverina Medical and Dental Aboriginal Corporation, a position she has held since March 2010, and has been a Director on the AH&MRC'S Board since October 2011. She has a Diploma in Practice Management, Certificate IV in Medical Administration, Diploma in Legal Advocacy, and Certificates in Small Business Management, Office Management Skills and Project Fundamentals.

Selena is currently a Director on the Board of the Murrumbidgee Medicare Local. Selena is a nominated delegate to NACCHO.

Mr Scott Monaghan

North Coast

Scott Monaghan was born in Grafton NSW and raised in Baryulgil on Bundjalung Land. He completed schooling at Grafton High and then went onto complete further education and training to become a trade qualified builder.

Early in 1994 Scott was employed by the Baryulgil Local Aboriginal Land Council, assisting in the overseeing of the housing and infrastructure program that included 14 houses, concrete roads, water and sewage plants and removal of Asbestos contamination from the Baryulgil Asbestos mine.

Scott's employment continued with the Baryulgil Lands Council until 2005, and he was an active Board member of Bulgarr Ngaru Medical Aboriginal Corporation from 1996 to 2005.

In 2005 Scott was appointed as the Chief executive of Bulgarr Ngaru Medical Aboriginal Corporation, which included the Auspice and transition of Armajun Health service to independence from 2007 to 2013. During the period 2009-12, two buildings were purchased and refurbished by Bulgarr Ngaru to provide clinical and administrative services in Maclean and later in south Grafton, and Scott project managed the latter. In 2010 Bulgarr Ngaru commenced to provide clinical and allied health services to six communities within the Richmond Valley, including a current capital works program for a new purpose-built facility in Casino.

Scott held the position of Secretary for the Many Rivers Alliance from 2006-13.

In 2011 Scott was endorsed as an alternate director to the AH&MRC for the North Coast Region, and in 2013 he became the Director for the North Coast region for the AH&MRC.

Ms Valda Murray

Murray River

Valda Murray, born in Mooroopna, Victoria is a member of the Yorta Yorta nation.

Valda has over 25 years' experience working in health, the majority of which was spent as an Aboriginal Health Worker in a variety of roles.

In 2006 Valda was awarded the Puggy Hunter Nursing Scholarship and in 2014, she was awarded a McGrath Breast Foundation Breast Care Nurse Scholarship. She is currently working as a project officer for Hume Regional Integrated Cancer Services. This is her first time as an AH&MRC Board member.

Valda is involved with many organisations, including: Board member of the Albury Wodonga Aboriginal Health Service, a member of Woomera Aboriginal Corporation, the Mungarbareena Corporation, and a member of the Albury Lands Council.

Valda is Chair of the Albury Wodonga Aboriginal Community Working Party and is a representative on the Albury Wodonga Aboriginal Health Reference Group.

Donna Taylor

Central Tablelands

Donna Taylor is a proud Murri woman from the Kamilaroi Nation, born and raised in Moree, northern NSW.

After completing High School in Moree, Donna started her career as secretary to Mr Lyall Munro (Snr), who was an executive member of the National Aboriginal Conference (NAC) in the early 1980s.

Donna has worked for Pius X Aboriginal Corporation for the past 26 years, commencing as a trainee bookkeeper and now in the role of CEO. She has served as a representative on the Moree Health Service Advisory Committee and also participates in the AH&MRC Chronic Disease Working Party.

Donna administers the Bambaa-Ba Protecting Aboriginal Children Together (PACT) office in Moree, Toomelah Aboriginal Health Clinic, Mungindi Aboriginal Health Clinic and Kiah Preschool. She has actively been involved in the NSW Knockout Health Challenge 2013 since its inception.

Chief Executive Officer Report: Highlights 2013-14

The imperative for the AH&MRC this year has been to continue to deliver high quality programs and services that meet the needs of and have real benefits for our Member Aboriginal Community Controlled Health Services and the Aboriginal communities they serve, in a time of great uncertainty and change.

Like many other organisations the AH&MRC has operated in an environment where the future of funding has hung in the balance, particularly prior to the announcement of the Commonwealth Government Budget in May 2014.

At the State level, the implementation of the new purchaser-provider model of funding has presented challenges and changes to the way we do business.

In each instance, the unsettled funding environment has had a considerable impact on the work of the AH&MRC and the ACCHS sector more generally. How we deal with these and other challenges that confront our sector, and how the AH&MRC can best work to support our Members has been the main focus of discussions with our Members.

Based on recommendations from two *Meeting Ground* Members Workshops that were held this year and other consultation, AH&MRC has developed the *Sector Sustainability Strategy* and the *Members Service Charter*, as part of a program specifically designed to meet the needs of Member ACCHSs.

This Annual Report gives a comprehensive account of these and the many other activities undertaken by the AH&MRC and highlights some of the organisation's achievements during 2013-14.

The unsettled funding environment had a considerable impact on the work of the AH&MRC and the ACCHS sector generally

We continue also to work in the broader health system and with external partners in government and non-government agencies, to promote a better understanding of the importance of engagement with the AH&MRC and ACCHSs in policy, planning and service delivery at state, regional and local levels.

I acknowledge the invaluable contributions the AH&MRC staff have made towards these achievements.

I look forward to working closely with our Members, partners and funding bodies to build on our successes of this year in 2014-15.

Thank you,
Sandra Bailey

Chief Executive Officer

Who We Are:
The Aboriginal Health and Medical Research Council of NSW

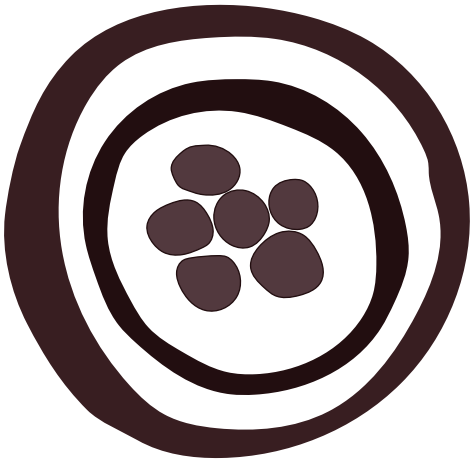
Working for a better health future

The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our members, the Aboriginal Community Controlled Health Services (ACCHSs) that deliver culturally appropriate comprehensive primary health care to their communities.

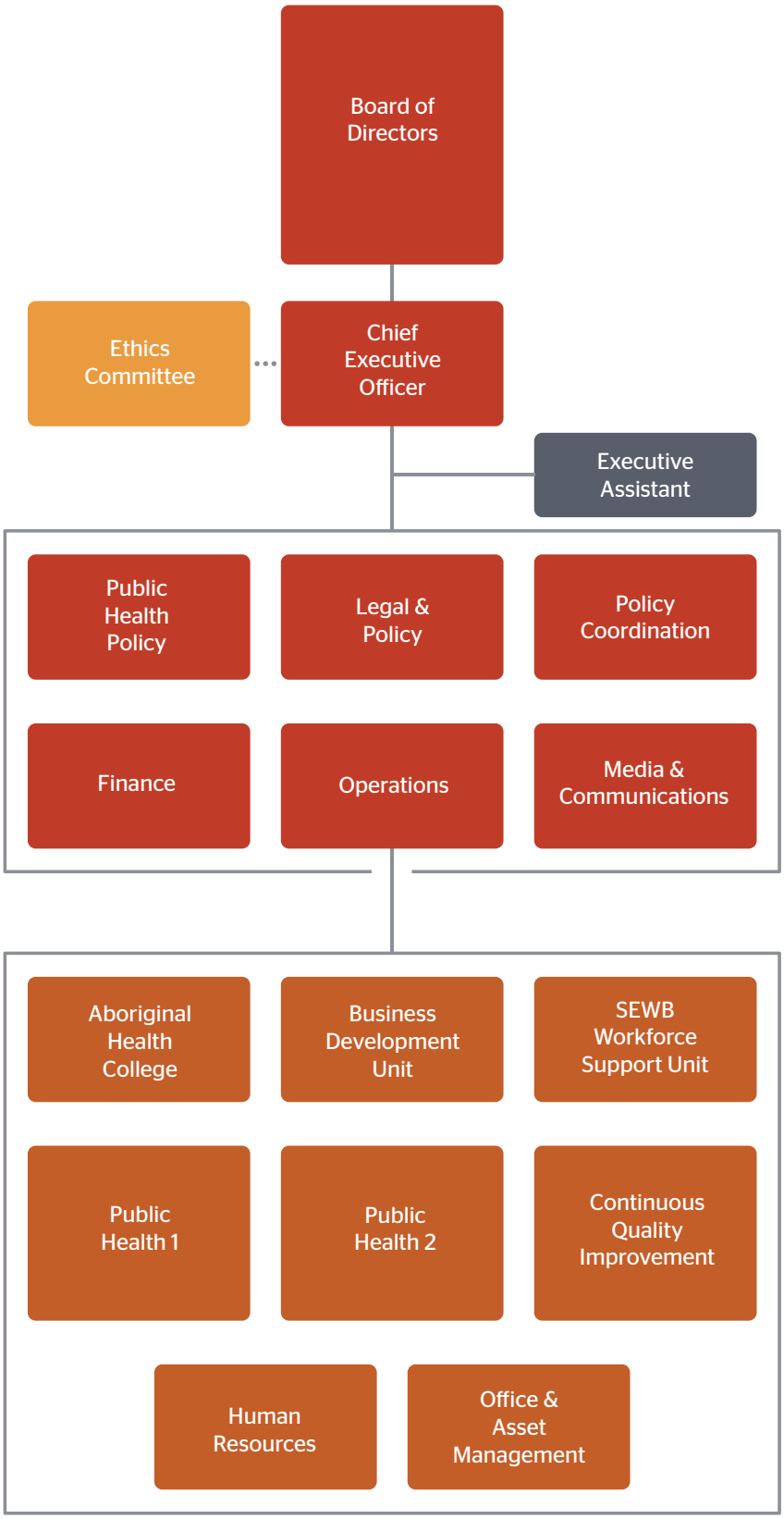
Aboriginal community control has its origins in Aboriginal people's right to self-determination, as outlined in the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*. This is the right to be involved in health service delivery and decision making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal definition of health, as stated in the 1989 *National Aboriginal Health Strategy*:

> *Aboriginal health means not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.*

The AH&MRC is governed by a Board of Directors, who are Aboriginal people elected by our members on a regional basis. We represent our members and their communities on Aboriginal health at state and national levels. ›

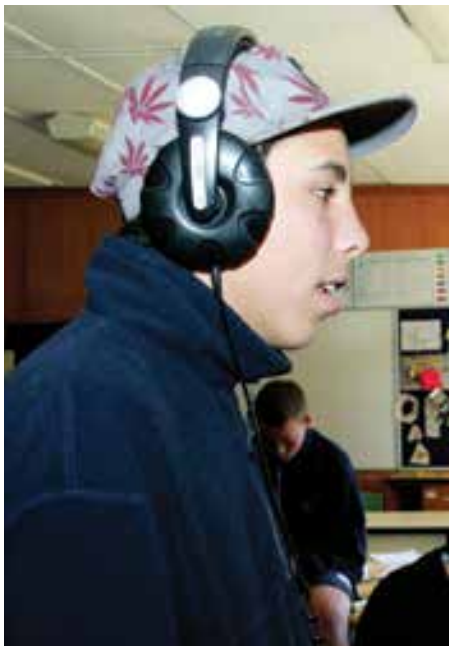


AH&MRC of NSW Organisational Structure



Our Vision for Aboriginal Health

- Aboriginal Community Controlled Health Services are accessible, sustainable, adequately resourced, have a skilled workforce, and meet the health needs and aspirations of Aboriginal people.
- Aboriginal people experience self-determination in all areas of their lives.
- Aboriginal people achieve physical, cultural, social and emotional well-being, and contribute to the overall health, wellbeing and strength of their communities.



Her Excellency The Honourable Dame Professor Marie Bashir, AD CVO, Vice-Regal Patron of the AH&MRC Aboriginal Health College with members of the AH&MRC Board at a morning tea held in her honour.

Our Purpose

- Lead the Aboriginal health agenda for better policies, programs, services and practices.
- Ensure Aboriginal knowledge informs decision-making processes.
- Support, strengthen and sustain Aboriginal Community Controlled Health Services.

Our Values

The AH&MRC values and commits to:

- Aboriginal culture and sovereignty
- Aboriginal Community Control
- Aboriginal wholistic health
- Cultural respect, integrity and inclusion
- Human rights and social justice
- Quality and accountability
- Genuine and meaningful partnership.

Our Goals

The goals of the AH&MRC are to:

1. Improve the health of Aboriginal people across NSW.
2. Improve Aboriginal people's access to culturally appropriate, high-quality, comprehensive primary health care services.
3. Increase acceptance and respect for Aboriginal Community Control as a best-practice model for achieving Aboriginal health improvement.
4. Achieve universal recognition of the AH&MRC as the lead representative organisation on Aboriginal health in NSW.
5. Strengthen the capacity of ACCHSs in NSW to deliver high-quality, comprehensive, wholistic primary health care services.

Our Focus Areas

We aim to achieve our goals by focusing on four priority areas:

- Self-determination
- Relationships
- Workforce development
- Health services and programs.

Our Objectives

The following outcome indicators will tell us how far we progress towards achieving our goals:

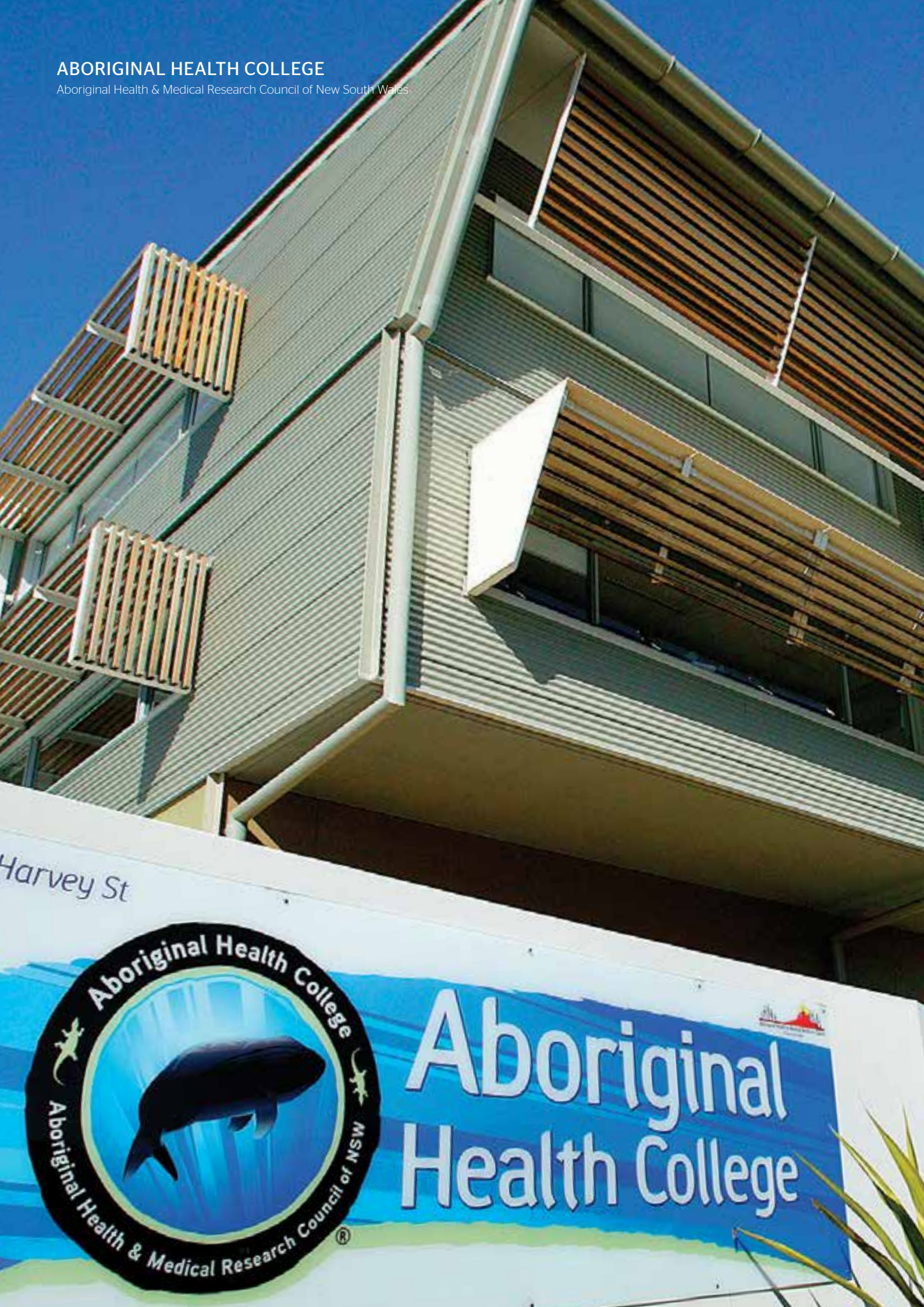
- There are improvements in health outcomes for Aboriginal people that reduce the current gap between Aboriginal and non-Aboriginal people's health outcomes in NSW.
- There is an increase in the number, scope and capacity of Aboriginal Community Controlled Health Services.
- The Aboriginal Community Controlled approach to service delivery is acknowledged and supported as a best-practice model for improving health services and outcomes for Aboriginal people.
- External stakeholders, including state and federal governments, consistently seek the AH&MRC's expertise in planning and decision making on Aboriginal health in NSW and act on the direction they are given.

Our Members

The list of AH&MRC Members can be found on the AH&MRC website: http://www.ahmrc.org.au

ABORIGINAL HEALTH COLLEGE

Aboriginal Health & Medical Research Council of New South Wales



The Aboriginal Health College

What We Achieved in 2013-14:

We continued to place Aboriginal health education in Aboriginal hands.

What we do: The Aboriginal Health College is the result of a long-term vision of the AH&MRC to establish and maintain an Aboriginal community controlled educational institution to provide culturally appropriate accredited education courses in Aboriginal health. In pursuit of this vision, the AH&MRC Board endorsed the establishment of the College in 2002 and Registered Training Organisation (RTO) status was achieved in 2004. ›

ABORIGINAL HEALTH COLLEGE

Aboriginal Health & Medical Research Council of New South Wales

Since then, the Aboriginal Health College has successfully delivered accredited educational programs in several areas, including primary health care, sexual health, social and emotional wellbeing, alcohol and other drug work, management/governance, training and assessment, and cultural awareness, as well as a broad selection of short courses.

The Aboriginal Health College's small but dedicated team have worked tirelessly to produce consistent results and quality service. We continue to strive for further improvement in our efforts and to achieve all four objectives set by the Board upon the establishment of the College:

1. **Increase** the number of Aboriginal health professionals who possess qualifications relevant to the needs of clients serviced by Aboriginal Community Controlled Health Services (ACCHSs) and by the NSW Health Department. These qualifications will span entry-level qualifications (at Certificate III) through to university degrees and diplomas, for Aboriginal health workers, nurses and allied health professions.

2. **Develop** the professional skills of managers, supervisors and finance administrators working within ACCHSs. These employees have to respond to the new and emerging requirements relating to business management, information management, accountability, planning, and external linkages and coordination.

3. **Strengthen** the governance capabilities of elected Aboriginal community controlled boards and governing committees. There are tangible pressures on elected Aboriginal community members to respond to legislative, regulatory and contractual obligations; to provide strategic leadership to their organisations; and to articulate community needs and expectations.

4. **Provide** professional development opportunities to non-Aboriginal health professionals working with Aboriginal clients, families and communities. The principal occupational categories are general practitioners, nurses and allied health professionals.

The Aboriginal Health College's small but dedicated team have worked tirelessly to produce consistent results and quality service

Key activities and accomplishments

The Aboriginal Health College added all of the new Aboriginal and/or Torres Strait Islander Primary Health Care qualifications to our scope in 2013-14. We have begun to "upskill" Aboriginal Health Workers in the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice through an HWA funded project in NSW and neighbouring states and regions. The Aboriginal Health College won this tender against a very competitive field and it is a credit to its status and previous project history that these efforts were successful.

In 2013-14, the Aboriginal Health College received licensed endorsement for the Diploma of Nursing (Enrolled Division 2 course) for five-years from the Australian Nursing and Midwifery Council and added the course to our scope with the national regulator, the Australian Skills Quality Authority.

In June 2014 the Aboriginal Health College honoured 146 graduates from 2012-2013 Certificate III, IV, Diploma and Advanced Diploma qualifications, as well as 55 students with related Statements of Attainment. The Graduation ceremonies were held in the presence of Her Excellency the Honourable Professor Marie Bashir AC CVO, Governor of New South Wales and several other honoured guests, with 200 people attending the ceremony.

Her Excellency the Honourable Professor Marie Bashir AC CVO, Governor of New South Wales has agreed to stay on as patron after her tenure as Governor was completed.

The Aboriginal Health College currently has over 400 student enrolments within the financial year 2013-14 in both short courses and courses which offer full qualifications. This year we again reached enrolment capacity for the year for Certificate III and Certificate IV Aboriginal and Torres Strait Islander Primary ›

ABORIGINAL HEALTH COLLEGE

Aboriginal Health & Medical Research Council of New South Wales

Health Care Practice courses. Enrolment for courses in Social and Emotional Well-being, Alcohol and Other Drug work, Primary Health Care, which includes sexual health work, and also our Diploma of Counselling remain strong. We also had an excellent response and take-up rate for our Training and Assessment qualification enrolments. Interest in management courses improved from the previous year and we ran two courses in the BSB40910 Certificate IV in Business (Governance) qualification.

In 2013-14 the Aboriginal Health College successfully delivered short courses covering Smoking Cessation and Tobacco Control, and Eye Health. These courses were extensively monitored and evaluated for continuous quality improvement and received some very favourable feedback. We expect to run these courses again in the future.

The Aboriginal Health College continued its national roll-out of the Certificate IV in Training and Assessment, funded by Health Workforce Australia (HWA). The course has been run across Australia with

Her Excellency The Honourable Dame Professor Marie Bashir, AD CVO, Vice-Regal Patron of the AH&MRC Aboriginal Health College with AH&MRC CEO Sandra Bailey

great success and has over 80 graduates so far. There was strong interest in this course and the funding body was extremely satisfied with both the delivery and outcomes. This prestigious project has helped us to build the Aboriginal Health College's status and reputation as a quality-assured Registered Training Organisation.

The Aboriginal Health College maintained its quality assurance and accountability processes through continuous improvement checks, internal audit processes and professional development. We successfully engaged with the NSW Department of Education and Communities Approved Provider List (APL) to fund a number of our courses.

The Aboriginal Health College now has streamlined processes in place for processing ABSTUDY's Away from Base (AFB) program.

The Aboriginal Health College maintained and re-affirmed its relationship with the Health Sciences faculty at the University of Wollongong with Advanced Diploma graduates progressing through articulation arrangements to complete a degree at the University at the end of July 2013.

Staff from the Aboriginal Health College networked effectively with affiliate RTOs in NSW and other states through the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) and maintained an elected seat on the ATSIHRTONN Executive.

The Aboriginal Health College team provided key input into the review of national learning resources and the development of the registration process for Aboriginal primary health workers. In addition, experts from the Aboriginal Health College also contributed to key consultations regarding the Aboriginal primary healthcare workforce, particularly in relation to education and training.

Representatives from the Aboriginal Health College provided advice to Ear and Hearing Health; Good Medicines Better Health; and Eye Health course development and rollouts, as well as to the Continuous Quality Improvement (CQI) and Cancer Awareness projects managed more broadly by the AH&MRC.

Educators at the Aboriginal Health College taught and assessed students in a range of courses, including: Primary Health Care, Health Organisational and Line Management and Governance; Counselling; Alcohol and Other Drug Work; Mental Health and Social and Emotional Wellbeing Work; Eye Heath; Ear and Hearing Health; and Training and Assessment.

Cultural Awareness education was a popular course in 2013-14, with the Aboriginal Health College delivering this training to several industry partners and other organisations, both public and private. The course was well-received by all who attended.

Student satisfaction surveys for 2013-14 rated the Aboriginal Health College as "very high" on quality, relevance, assessment, resources and support. The overall student satisfaction rating was 79 per cent for the largest ever cohort of students surveyed; employer's satisfaction with education of their workforce was also high at 72 per cent.

The Aboriginal Health College increased its student intake and the number of courses delivered to the Aboriginal Social and Emotional Wellbeing (SEWB) and Alcohol and Other Drug (AOD) sector of the workforce. Staff from the College continued to work closely with SEWB/AOD Workforce Support Units and ran a number of specific short courses for this group.

As a venue, the Aboriginal Health College hosted a range of important national, state and local meetings and collaborations in 2013-14.

Business Development Unit

What We Achieved in 2013-14:

We responded to and advocated for our Member Services requests in providing support and resources to enhance their system, services and standards, thereby improving their service delivery to Aboriginal clients, families and communities.

What we do: The AH&MRC Business Development Unit (BDU) provides core support to our Member Services to further enhance their capacity and capabilities to improve their internal processes by working either individually with our Member Services or collectively within any specific program area or location.

Commonwealth Funded Programs

Information Communication Technology and Information Management
The AH&MRC Information and Communication Technology/Information Management (ICT/IM) program aims to increase efficiency at AH&MRC Member Aboriginal Community Controlled Health Services (ACCHSs) through improvements in technical IT operations, specifically by delivering services faster, more cheaply and more reliably, thus reducing the time management staff is required to devote to operational IT issues.

Establishing Quality Health Standards (EQHS-C)
The Business Development Unit's Accreditation Team continued to support eligible services in seeking both clinical and organisational accreditation under the Establishing Quality Health Standards Continuation (EQHS-C) measure, a Commonwealth initiative which provided support in achieving accreditation/certification under specified healthcare standards. The measure closed on 30 June 2014.

New South Wales Recognition and Development Workshop
The Recognition and Development Workshop was created to recognise the contribution of services undertaking and achieving accreditation as part of EQHS Budget Measures 2007-2011 and 2011-2015. The aim of the workshop is to provide professional development courses across organisational accreditation frameworks and to enable officers to learn and then provide support on the processes involved in accreditation.

AH&MRC Workforce Initiatives Project Officer James Porter and representatives from the Tackling Smoking and Healthy Lifestyles Roadshow

Accreditation support was provided to AH&MRC Member ACCHSs by the Business Development Unit's Accreditation Team in the form of site visits, mock audits/reviews, telephone and email consultations, liaison with accreditation licenced providers, provision of resources and one-on-one activities. Support, guidance and advice were provided to ACCHSs across all stages on their accreditation journeys, across both clinical and organisational accreditation frameworks.

Fee for Service Programs

Facilitation Support
As part of the EQHS C Budget Measure, Facilitation Support was available for eligible services where our Member Services had chosen the AH&MRC for Facilitation Support under this element of the measure.

The AH&MRC had to submit quotes and was assessed successfully on a number of Member Services in gaining the contract to provide facilitation support. Most of these services completed Stage 1, Gap Analysis and the development of an Accreditation Workplan; however, not all were successful in getting their applications for Accreditation Support Funding accepted or reviewed due to this element of the budget measure being closed.

Workforce Information Policy Officer
The WIPO works to achieve outcomes based on the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015)*.

The aim of the Framework is to ensure that Aboriginal and Torres Strait Islander peoples are strongly represented across all health disciplines and that representation of Aboriginal and Torres Strait Islander peoples in the health workforce more than matches the proportional composition of the total population.

Governance and Business Improvement
BDU had the opportunity to work closely with a number of Member Services in developing projects to review and implement processes to enhance and strengthening their management systems. This process involved various mechanisms, either an individual requests with appropriate action or actions followed up by BDU or AH&MRC Staff.

Another mechanism was the development of an engagement agreement between the AH&MRC and our Member Services with specific actions and outcomes required to be undertaken through this partnership.

This initiative is now being incorporated into the AH&MRC Organisational Health Check through the four Service Streams, which will be a major focus by BDU in 2014 -2015. ›

AH&MRC Meeting Ground 2013

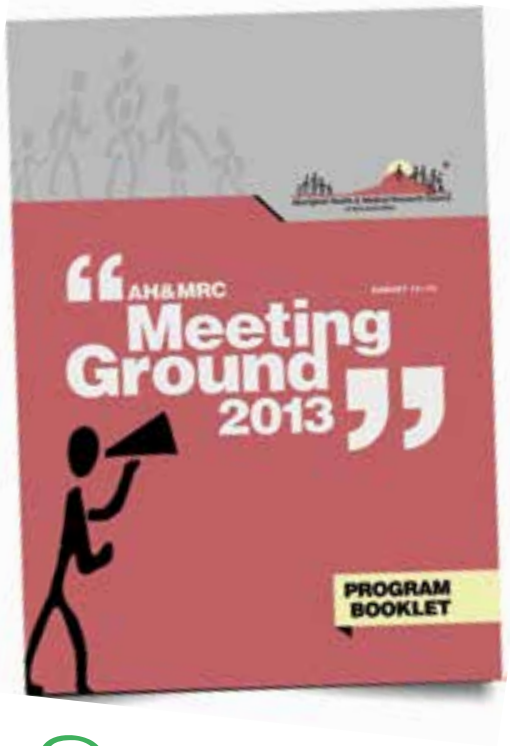
BDU facilitated and coordinated AH&MRC *Meeting Ground 2013* based on our Member Services' requirements for the AH&MRC to conduct workshops/forums in specific areas. *Meeting Ground 2013* created a safe and culturally appropriate space to have these important discussions, thereby providing an opportunity to reflect on the AH&MRC journey and our vision for the future.

Members were also given the opportunity to raise specific issues, concerns and ideas prior to the Workshop to help shape the program. It resulted in several relevant topics that provided invaluable feedback, which has been crucial to guide the ongoing work of the AH&MRC, BDU in particular.

BDU has since realigned all service activity being provided to our Member Services into the three Key Focus Areas resulting from *Meeting Ground 2013*. These are:

1. Support and Development
2. Resource and Information
3. Engagement and Involvement

The tables on these pages provide an overview of key actions and outcomes developed and delivered by BDU during 2013-14 and the areas in which we performed activities on behalf of our Member Services in past year.



AH&MRC CEO Sandra Bailey launched *Be the Change that Makes a Difference – the AH&MRC Aboriginal Employment Program Report* at *Meeting Ground 2013*

Key Focus Areas: Actions and Outcomes 2013-14

Support and Development

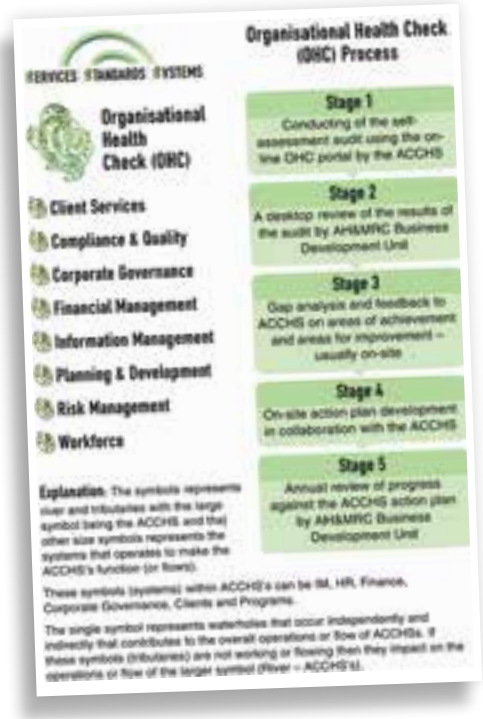
Key Action	Key Outcome
• Consulted with Member Services regarding management of corporate information	• Development of Corporate Information Register Database (CIRD)
• Assist Member Services in identifying areas for improvement in line with accreditation requirements	• Conducted mock audits • Undertook risk assessments • Assisted in developing Accreditation Workplan
• Review recruitment and retention issues within NSW ACCHSs	• Development of the *NSW Aboriginal Employment Strategy*, launched at *Meeting Ground* 2013
• Proposal submitted to DEEWR	• Transferred from DEEWR to PM&C

Resources and Information

Key Action	Key Outcome
• Identified and developed tools and resources to enhance service delivery	• Medicare Audit Tool • ICT Audits
• Work in partnership with VACCHO and Member Services to promote Accreditation.	• Development of an Accreditation DVD
• Collate information from ACCHSs relating to Accreditation Standards	• Information available FOR Member Services
• Career Promotion Events: Tackling Smoking & Healthy Lifestyle Roadshow.	• 9 regional sites
• Webcast: Australian Health Practitioners Registration Agency	• Nationally to 60 Services

Accreditation DVD produced by AH&MRC's business development unit

Organisational Health Check Project



Organisational Health Check Process
Stage 1: Conducting of the self-assessment audit using the online OHC portal by the ACCHS.
Stage 2: A desktop review of the results of the audit by AH&MRC Business Development Unit staff.
Stage 3: Gap analysis and feedback to ACCHS on areas of achievement and areas for improvement – usually onsite.
Stage 4: Onsite action plan development in collaboration with the ACCHS.
Stage 5: Annual review of progress against the ACCHS action plan by AH&MRC Business Development Unit.

Logo explanation: The symbols represent river and tributaries with the large symbol being the ACCHS and the other size symbols represents the systems that operates to make the ACCHSs function (or flows). These symbols (systems) within ACCHSs can be IT, HR, Finance, Governance, Clinical and Programs.

The single symbol represents waterholes that occur independently and indirectly that contributes to the overall operations or flow of ACCHSs. If these symbols (tributaries) are not working or flowing then they impact on the operations or flow of the larger symbol (River – ACCHSs).

Key Focus Areas 2013-14: Engagement and Involvement

Key Action	Key Outcome
• ACCHSs and Stakeholders in relation to workforce requirements and partnerships	• Succession planning sessions at AH&MRC Recognition and Development Workshop
• Liaise with key accreditation stakeholders on behalf of ACCHSs	• Service Level Agreement with QIP
• Supporting ACCHSs and Vendors: Patient Information Management Systems	• Vendors working with BDU to provide better solutions towards best practice and beneficial for Member Services
• Participation and leadership across IT Environment including NACCHO, Affiliates and Commonwealth Department of Health	• Formation of National ICT Advisory Committee

Information Technology and Management

Clinical Audit Tool (CAT)
Description: Developed by Pen Computers Pty Ltd, is a health informatics software product that extracts, analyses and graphically presents clinical data stored in Member ACCHS's Patient Information Management Systems (PIMS).
Purpose: Provide Member ACCHSs with assistance in the use of CAT to assist with continuous improvement in the accuracy and completeness of patient clinical data held in their PIMS.

Practice Health Atlas:
Description: Is a report that provides a profile of an ACCHS based on information about local populations and health from the census and other sources, and health and Medicare information from local PIMS system.
Purpose: Generate an annual Practice Health Atlas report for each Member ACCHS by extracting clinical data using the CAT tool from their PIMS system.

ICT Benchmarking Tool
Description: The AH&MRC developed Information Communication Technology (ICT) Benchmarking Tool which has been successful in ascertaining the level of status with an Aboriginal Community Controlled Health Services.

Purpose: The benchmarking tool provides an overview of the above-mentioned components with a proven method of standardising results to identify "gaps" that need to be improved.

Medicare Audit Tool
Description: The AH&MRC is developing a Medicare Audit Tool (with the collaboration of Health Care Networks and Communicare) to:

- Provide a method of analysing the Medicare Claiming within an ACCHS
- Identify possible "gaps" within Medicare Claiming (e.g. MBS items not being claimed).

Purpose: The benchmarking tool provides intensive information regarding a breakdown of MBS items across a wide array of variables.

AH&MRC Ethics Committee (EC) and staff members. Back Row (l-r): Aideen McGarrigle (EC), Shireen Malamoo (EC), Victoria Jones (EC Secretariat), Rebecca Hancock (EC Secretariat), Daniel Jeffries (EC), Joyce Williams (EC), Professor Jennifer Reath (EC), Rochelle Patten (EC). Front row (l-r): Ray Dennison (EC), Val Keed (Chair, EC), Daniel Kelly (Deputy Chair EC). Absent EC members: Professor Ngiare Brown & Dr John Gilroy.

The AH&MRC Ethics Committee

What We Achieved in 2013-14:

We continued to assess research proposals affecting the health and wellbeing of Aboriginal people and communities in NSW, and to monitor the collection of data on Aboriginal health to ensure these activities were conducted in an ethical manner.

What we do: The AH&MRC Ethics Committee reviews research proposals affecting the health of Aboriginal people across a broad range of fields, gives ethical approval for the conduct of such research in NSW and provides advice to researchers on the ethical conduct of health research affecting Aboriginal people. The Committee has operated since 1996. It is an official Human Research Ethics Committee (HREC) under the Commonwealth National Health and Medical Research Council (NHMRC) legislation.

The Committee currently has 11 members, of whom nine are Aboriginal. Six of the members live outside of Sydney. A majority of the positions on the Committee are designated for representatives of Aboriginal Community Controlled Health Services (ACCHSs), including three members of the AH&MRC Board of Directors.

The other positions on the Committee are designated to be held by at least one person from each of the following groups: Aboriginal Elder, lay member, medical researcher, medical practitioner/clinician and lawyer.

The Committee is supported in its work by an External Reference Panel made up of specialist experts from a diverse range of health and medical fields. Many eminent Aboriginal and non-Aboriginal professors and doctors provided independent review of research projects that were related to their field of expertise, such as cardiac care, diabetes, SEWB and mental health, child and youth health, drug and alcohol use, sexual health and childhood immunisation. The Committee is also supported by a Secretariat consisting of one full time and one part time staff.

The Ethics Committee continued to operate very effectively and efficiently during 2013-14 and maintained its commitment to make ongoing improvements. Current priorities include continuing to promote the role of the Committee, reviewing activities and processes to meet the growing demand for ethical review of Aboriginal health-related research, and participating in national initiatives to enhance ethical review of research. We also continued to work with other Human Research Ethics Committees to promote appropriate Aboriginal research practices throughout the sector.

In this financial year, the Committee welcomed a new member, Dr John Gilroy. John is a Koori man from the Yuin Nation and is a sociologist in Indigenous health, specialising in disability and ageing. John has worked in disability and ageing research and community development in government and non-government agencies for over ten years. Having completed his PhD in 2013, John is involved in a range of projects involving Aboriginal people with disabilities, their Elders and communities. John is also the founding Chairperson of the National Aboriginal and Torres Strait Islander Disability Research Network. John currently works as a Lecturer/Bachelor of Health Sciences Coordinator, Faculty of Health Sciences, Indigenous Health, at the University of Sydney.

It was with great sadness that in 2014 the Committee farewelled Rebecca Hancock, who has decided to move on from her position as Executive Officer of the

Ethics Committee Secretariat to continue other pursuits.

One of the most encouraging aspects of the ethical review process in 2013-14 was noting the increase in the number of research projects being initiated by ACCHSs and utilising ACCHSs data. This included research that evaluated program delivery by the local ACCHSs programs or data collection processes within their service operations.

Key activities and accomplishments

Daniel Kelly (Deputy Chair) and Victoria Jones presented on the roles and responsibilities of an Aboriginal HREC at the Australasian Ethics Network Conference 2013, held in Freemantle on the 27-29 November 2013. This also provided an opportunity to showcase the unique cultural issues associated with an ethical review process in the assessment of research projects.

The conference held sessions covering diverse topics, including:

- Ethics review processes, challenges and management of the process, including low risk reviews;
- Intercultural issues;
- Researching children and obtaining their consent;
- Privacy and legal issues;
- Ethics regulation and governance culture.

The Ethics Committee Secretariat and Professor Jenny Reath presented at the annual training day for new members of NSW Public Health Organisations HRECs on 16 May 2014. This presentation detailed the requirements for ethical review relating to research being conducted with Aboriginal participants and how it aligns with the *National Statement on Ethical Conduct in Human Research (2007)*. Feedback from the attendees was that the session was very informative and will assist them considerably in their roles as new HREC members.

Ethics Committee Member, Shireen Malamoo and Victoria Jones (Ethics Committee Secretariat) contributed to the review of the NHRMC's two key guidelines on conducting Aboriginal health research: *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003)* and *Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics (2006)*.

The Ethics Committee Secretariat facilitated a session at the AH&MRC's 2014 *Meeting Ground* members meeting, with representatives from the ACCHSs sector discussing Aboriginal community control of research and the application of the current guidelines to ensure ACCHSs support for Aboriginal health research.

The Ethics Committee Secretariat attended a Roundtable to discuss the future direction into ethical review of health research involving Aboriginal and Torres Strait Islander peoples in Queensland. This was an opportunity to present our unique model of ethical review, highlighting the processes involved and including the roles and responsibilities undertaken by the Committee and Secretariat.

As advised by the NHMRC, the Committee continued to meet the requirements of the *National Statement on Ethical Conduct in Human Research, 2007*. Meetings of the Ethics Committee are held bi-monthly and six meetings were held during 2013-14. Committee members also undertook substantial work out-of-session in the consideration and approval of applications.

The Ethics Committee Secretariat continued to work with the AH&MRC Research Unit to ensure Aboriginal community control of research projects affecting Aboriginal people. This includes establishing processes so that researchers are aware of the distinct roles of the Ethics Committee and the AH&MRC Research Unit, and working together to develop research workshops for ACCHSs, communities and researchers.

The Ethics Committee Secretariat provided advice to over 15 new researchers undertaking their first research project in the field of Aboriginal health research. This advice included creating meaningful engagement with ACCHSs and Aboriginal communities and using culturally appropriate research practices and governance arrangements to ensure high quality data collection.

2013-14 Ethics Committee Applications

The Ethics Committee approved over 200 new applications during 2013-14. This also included research projects from medical students and Aboriginal students undertaking their Masters or PhD. In addition, the Committee also considered over 160 individual requests for approval to amend or extend projects previously approved, as well for the review of reports, conference papers, presentations and journal articles arising from this research. Applications covered many different fields, including:

- Antenatal care
- Cancer outcomes
- Cardiovascular risk
- Child and family health
- Chronic disease
- Community and family resilience
- Coronary disease
- Drug and alcohol issues
- Education and training
- Ear health
- Exercise and sport
- Eye health
- GP and other health services delivery
- Health promotion
- Hepatitis
- Immunisation
- Maternal health
- Men's and women's health
- Social and emotional wellbeing & mental health
- Obstetrics
- Oral health
- Prisoner health
- Renal disease
- Road safety
- Sexual health
- Smoking cessation programs

Public Health

What We Achieved in 2013-14:

We continued to assist Aboriginal Community Controlled Health Services to deliver a range of health programs and services that are effective, sustainable and reflect local Aboriginal community needs.

In 2013-2014, AH&MRC public health programs were delivered in the following topic areas:

- Sexual and Reproductive Health
- Blood Borne Viruses and Harm Minimisation
- Social and Emotional Wellbeing
- Mental Health
- Drug and Alcohol
- Cancer
- Child and Maternal Health
- Chronic Disease
- Tobacco Resistance and Control
- Continuous Quality Improvement
- General Practitioner Forum and Clinical Update
- Public Health Medical Officer
- Public Health Training

In addition to delivering specific public health programs, in 2013-14 members of the AH&MRC Public Health Team continued to provide advice and input into a broad range of public health activities, and to work with both government and non-government organisations to inform national and NSW policy development. Aboriginal public health education and training was also supported at the AH&MRC through the provision of training placements.

Sexual and Reproductive Health

Our role: The AH&MRC Sexual Health Project supports Member Services to implement effective sexual health programs by developing and distributing resources, providing training opportunities and representing ACCHSs and Aboriginal communities at a state level. The Sexual Health Project Officer works closely with a number of non-government agencies, and the Aboriginal STI HIV Hepatitis Workers Network.

The Sexual and Reproductive Health Project Officer supported Aboriginal Sexual and Reproductive Health Workers by coordinating a network, developing and distributing resources, and representing workers at a state level. This position finished in June 2014.

Key activities and accomplishments in 2013-14

The AH&MRC launched the second edition of the *STI and BBV Manual* at the 2013 Australasian HIV/AIDS and Sexual Health Conference in Darwin. The Manual is for ACCHS clinicians and Aboriginal Sexual Health Workers, and is available in hard copy as well as on the AH&MRC website.

We also launched the "HIV Free Generation" project at Bulgarr Ngaru Medical Aboriginal Corporation's World AIDS Day event in December 2013. The first phase included commissioning and distributing a video clip by the Aboriginal hip hop band, The Last Kinection, which is available on the AH&MRC YouTube channel, website and social media sites.

The AH&MRC and Tharawal Aboriginal Cooperation then worked with nine young people on an "HIV Free Generation Dance" project. The project included interactive education sessions on HIV, sexual health and healthy relationships. The Indigenous dance group, the Beatty Clan Dance Group, assisted young people to develop a hip hop dance inspired by the "HIV Free Generation" film clip and what they learnt. The young people performed at a community event commemorating Sorry Day.

The Sexual and Reproductive Health program was funded from 2010 to 2014, and included seven Aboriginal Sexual and Reproductive Health Workers based at ACCHSs. The AH&MRC provided support and a network coordination role for the workers, and assisting with the evaluation of the program, organising the end of program 'stock take' network meeting, as well as providing individual support for workers to implement local projects. This program worked closely with Family Planning NSW and the Kirby Institute on a range of projects.

A resource called *Doin 'IT' Right* has been developed as a result of the program. This web-based resource will include activities with step-by-step instructions, information sheets and referral resources. It is aimed at Aboriginal Health Workers and others who work with young people, to discuss sexual health, healthy relationships, puberty and reproductive health.

Several of the sexual health team were involved in organising and presenting at the International Indigenous HIV Conference 2014. This was the first time this conference has been held in Australia. One of the outcomes of the conference was the Eora Action Plan, which outlines steps to reduce the impact of HIV on Aboriginal communities.

Blood Borne Viruses and Harm Minimisation

Our role: The AH&MRC Blood Borne Virus (BBV) Program this year has included two major projects:

The Harm Minimisation Project aims to support ACCHSs to strengthen and manage harm minimisation strategies, and increase access to services for Aboriginal people who inject drugs.

The Hepatitis C Project aims to support ACCHSs to deliver effective hepatitis C prevention, treatment and management programs. The project particularly focusses on prevention among young Aboriginal people.

Key activities and accomplishments in 2013-14

The AH&MRC Harm Minimisation Project provided training, support and advocacy for Member Services. Activities included: hosting an ACCHSs-specific satellite meeting in conjunction with the mainstream Needle Syringe Program (NSP) Workers Forum; site visits and support to ACCHSs in the South Coast, North Coast and Central Tablelands regions; building on partnerships with the Kirketon Road Centre and the Harm Minimisation Coordinators from the Local Health Districts; and funding ACCHS workers to attend training on suicide prevention.

The AH&MRC continued to advocate to senior management within ACCHSs about the public health benefits of NSPs within ACCHSs. This included presentations at the AH&MRC 2014 *Meeting Ground* members meeting, attending ACCHSs board meetings and liaising with CEOs on this issue.

In May 2014, the AH&MRC hosted a forum in Ballina that brought together several ACCHSs to discuss issues around injecting drug use, as well as strategies to address them. Further regional forums will be held in the next financial year.

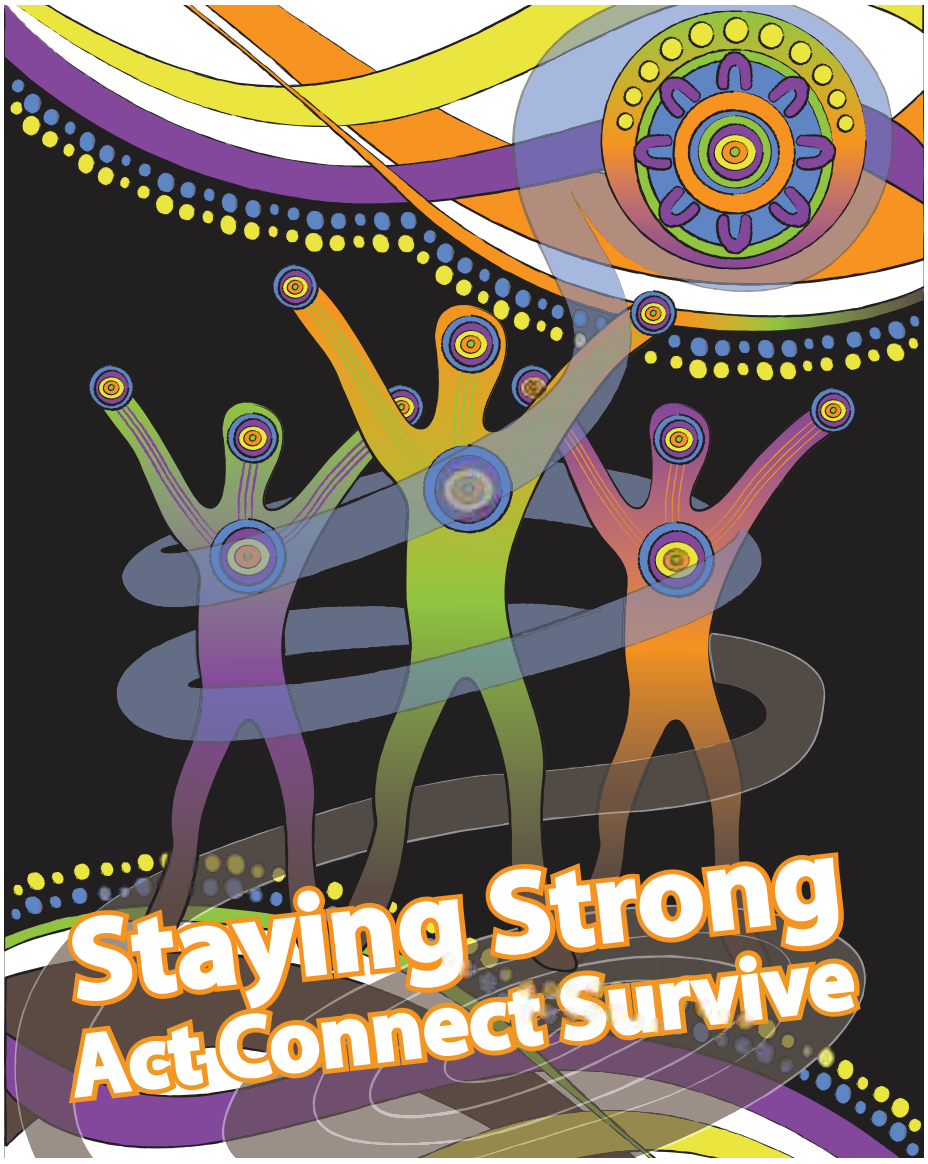
The Harm Minimisation Project Officer provided support to two newly created positions at Pius X Aboriginal Corporation, the first NSW ACCHS to employ workers to specifically address injecting drug use.

The AH&MRC completed the *Your Mob My Mob Our Mob* project in May 2014. This project, implemented in partnership with Hepatitis NSW, aimed to increase young Aboriginal peoples' knowledge and awareness of hepatitis C prevention and management.

From 2012-14, the project was delivered in partnership with three ACCHSs – Wellington Aboriginal Corporation, Yoorana Gunya Family Healing Centre (in Forbes), and Katungal Aboriginal Corporation (in Narooma), and with all five juvenile detention centres in NSW.

Over 130 young people participated, and more than 300 people attended community events. The project included training for young Aboriginal people around being hepatitis C peer educators and the development of permanent street art murals around hepatitis C. The *Your Mob My Mob Our Mob* Facebook page has photos about the project.

In July 2013, the AH&MRC worked in partnership with Western Sydney AMS to host a healthy eating event with celebrity chef Dale Chapman as part of Hepatitis Awareness Week. A similar event was held during May 2014 in partnership with Walgett AMS and featured celebrity chef Mark Olive. The AH&MRC also played community announcements on Koori Radio to raise awareness of hepatitis C transmission, and to encourage people to get tested for hepatitis C.



GOANNA Report. The AH&MRC was recently involved in the first national study looking at the knowledge, risk practices and health service access for Sexually Transmissible Infections and Blood Borne Viruses among young Aboriginal and Torres Strait Islander people.

Almost 3000 young people (16-29 years) participated in the study, and the report provides excellent evidence of young people's use of ACCHSs, including:

- Aboriginal Medical Services were reported as the most common place where STI and BBV testing occurred (~50%)
- HIV testing occurred most commonly at Aboriginal Medical Services (44%)
- Aboriginal Medical Services were cited as the single best way for a person to get help for an STI (52%) and for help with alcohol and other drug use issues (47%).
- Of the young people to have an adult health check (55% of participants), the majority of these occurred at AMSs.

To download the report, please visit: http://www.bakeridi.edu.au/research/aboriginal_health

Staying Strong: Act Connect Survive campaign

The AH&MRC developed the *Staying Strong: Act Connect Survive* campaign to build young Aboriginal people's resilience around drug use and to raise awareness around prevention of blood borne viruses.

The *Staying Strong* campaign built on the 2012 *Where's the Shame? Love your Liver* campaign, employing a similar approach of using hip hop music, song writing, recording and video production to deliver health messages.

The rationale behind the project was based on research showing the importance of building resilience among young people to prevent diseases such as STIs and BBVs.

The campaign included interactive activities around building resilience, alcohol and other drug use, and BBVs. The AH&MRC commissioned the Aboriginal hip hop band, The Last Kinection, to hold songwriting workshops, film the young people performing and produce the website and the film clips.

The campaign was delivered in partnership with local services in 10 communities, and a total of 33 songs and music videos and nine posters were produced. There were about 160 participants, and more than 300 people attended the community events, which included a performance by The Last Kinection and the young participants.

The campaign evaluation found that using music, particularly hip hop, was a successful way to engage young Aboriginal people and inspire them.

This campaign was also significant because a juvenile justice centre and two adult correctional centre were involved in producing clips and performing in front of peers, Elders and correctional services officers.

The funding for this program has now finished.

AH&MRC Harm Minimisation Project Officer Bonny Briggs (centre) with Warren Cain (left) and Bruce Copeland (right) from Pius X AMS.

Social and Emotional Wellbeing Workforce Support Unit

Our role: The Social and Emotional Wellbeing (SEWB) Workforce Support Unit at the AH&MRC supports the SEWB workforce to deliver effective SEWB, mental health, and drug and alcohol programs to Aboriginal communities across NSW. We facilitate access to training and professional development, promote and support networks, and inform state and federal governments of the key SEWB, mental health and alcohol and other drug (AOD) issues that affect Aboriginal communities and the workforce supporting them.

The Unit consists of the SEWB Workforce Support Unit (WSU), the State Mental Health Coordinator and the Aboriginal Drug and Alcohol Network (ADAN) Senior Project Officer. This unique model combines state and federal funding to provide comprehensive professional development and support to all SEWB and AOD staff across NSW.

Key activities and accomplishments in 2013-14

Almost 90 delegates attended the 10th ADAN Symposium in October 2013. Feedback was very positive and recommendations from the Network in moving forward are strong and autonomous. Five ADAN Awards of Excellence were given out with positive recognition and flow on effects post-Symposium continuing for workers, programs and services.

In December 2013 the WSU hosted its first Bringing Them Home Forum at the Aboriginal Health College.

The WSU Aboriginal Clinical Governance Committee had their first meeting in February 2014. The Committee has been established to provide the WSU with expert clinical advice.

NARHDAN, the NSW Aboriginal Residential, Healing and Drug and Alcohol Network, has been formally established and meets quarterly. NARHDAN's core business is focusing on best practice principles and streamlined approaches towards culturally specific AOD service delivery.
The ADAN Leadership Group continues to meet quarterly. This year the ADAN Leadership Group's is focussing on rolling out IRIS training in five locations within NSW.

The WSU hosted its second State Forum in Coffs Harbour, 4-6 March 2014. The Forum was held in partnership with the Ministry of Health, Mid North Coast LHD, and the South Coast AMS WSU. The WSU launched its logo and the Orientation Package at the Forum. The Forum consisted of a one-day Trauma Workshop delivered by Dr Tracy Westerman, attended by over 80 SEWB workers, followed by a two-day forum attended by over 230 State and Federally funded SEWB and AOD workers.

The WSU logo is taken from an artwork by Stolen Generation survivor, Aunty Fay Clayton. The WSU purchased this work from Aunty Fay at its first Forum in Wagga Wagga, and Aunty Fay has given permission for the WSU to use the artwork as it chooses. Use of the artwork and design by the AH&MRC's Multimedia Officer has resulted in some beautiful and recognisable products for the WSU.

The WSU *SEWB Orientation Package* consists of a resource book for workers and a separate book for managers, as well as a USB drive with both resources and a

PowerPoint presentation to accompany them. The *SEWB Orientation Package* can be used by services as part of their induction for new workers, or WSU staff can deliver the package on site.

Supervision resources. In response to feedback from the workforce, and in line with WSU funding parameters, the WSU has been focussing on supervision this year, with the aim of promoting and facilitating workers to access supervision.

We have produced a supervision diary and DVD, and are delivering peer supervision training across the state. Also in development is a supervision policy template and a register of supervisors.

The supervision diary and DVD were launched at the National SEWB Conference in Brisbane in June 2014, and we have received praise and orders from across the country. The DVD is being used widely for training purposes.

Regional forums have been held in Dubbo, Brewarrina, Wagga Wagga, Coffs Harbour and Sydney metro including two day Peer Supervision training.

IRIS training has been delivered in Ballina, Walgett, Broken Hill, Orange and Wagga Wagga.

The Mental Health Co-ordinator continues to provide expert clinical advice; feedback on reviews and policy development; review and feedback on research applications to AH&MRC related to Aboriginal Mental Health.

The position represents the AH&MRC across a range of committees and working groups including: development and rollout of the Aboriginal Grief and Loss Training Package in conjunction with Institute of Psychiatry; Aboriginal Housing and Accommodation Support Initiative (HASI); Older Person's Mental Health; Aboriginal Mental Health Worker program evaluation report – implementation review committee; Aboriginal Mental Health Worker program advisory group; Centre for Rural and Remote Mental Health (CRRMH); Indigenous Early Childhood Development – Mental Health Drug and Alcohol Services.

The Mental Health Co-ordinator is on the Clinical Governance Committee for Social and Emotional Wellbeing and has completed train the trainer to roll out Peer SuperVision in the state. As well as this, the Co-ordinator has represented the AH&MRC and presented at local and state meetings and conferences including the regional forums arranged by the WSU.

Delegates at the 2014 NSW Aboriginal Mental Health and Wellbeing Being Workers Forum, Coffs Harbour, March 2014.

Cancer

Our role: The Aboriginal Cancer Partnership Project (ACPP) is a collaboration between the AH&MRC, the Cancer Institute NSW and Cancer Council NSW, and is funded by the NSW Ministry of Health.

The overall aim of the Cancer Project is to enhance cancer care for Aboriginal people in NSW by building Aboriginal cancer control capacity and increasing the knowledge of health professionals across the spectrum of cancer control.

Key activities and accomplishments in 2013-14

Local cancer awareness-raising workshops were held throughout NSW. These provided training and networking opportunities to more than 300 Aboriginal health professionals and community members around the state since the project began.

A Cancer Forum was held in March 2014 which brought together 40 people who had been involved in local workshops.

This provided a platform for two-way learning between Aboriginal Health Workers and mainstream providers in the areas of cancer and Aboriginal community needs. It provided insight to what is required to work toward improved Aboriginal cancer health outcomes: future networking opportunities, distributing culturally appropriate resources, and facilitating communication between different groups and helping communities to access funding.

Interest by both community members and health professionals continues to grow, with an increasing number of requests for conference presentations and AH&MRC input into the development of resources and research projects. AH&MRC-led presentations took place at the National Aboriginal Cancer Forum in Brisbane in March 2014 and the AH&MRC Chronic Disease Conference in May 2014 and were received with great interest. Advice and other contributions were also sought by a number of organisations to assist their development of both strategic and specific initiatives regarding cancer care for Aboriginal people, including Cancer Council NSW, National Breast Cancer Foundation, Cancer Institute NSW, Cancer Australia and BreastScreen.

The AH&MRC continued to support the Community Action Email Network, which provides support and information to those who attend the local workshops and others interested in Aboriginal cancer issues.

Child and Maternal Health

Our role: The AH&MRC Child and Maternal Health Program supports the planning, development, implementation and evaluation of Aboriginal child and maternal health programs. The program strives to build service capacity at ACCHSs and to enhance coordination and linkages between all sectors focused on Aboriginal child and maternal health. The AH&MRC Child and Maternal Health Program is funded by the NSW Ministry of Health.

Key activities and accomplishments in 2013-14

This program was able to be established after the Child and Maternal Health Project Officer position was successfully filled in August 2013. To establish relationships with NSW ACCHSs, 19 services have been visited by the Program Officer since August 2013.

Networking opportunities for Aboriginal child and maternal workers occurred through one-day regional workshops, which were tailored for Aboriginal Health Workers working in ACCHSs.

The *Learning about Antenatal Care* workshops were delivered by the Australian College of Nursing and provided information on anatomy and physiology, genetic tests and ultrasounds, as well as common complaints and remedies in antenatal care. Workshops were held in Wagga Wagga on 23 May 2014, and three more workshops are planned for financial year 2014-15.

Special bibs for babies were developed with the assistance of the AH&MRC's Aboriginal Tobacco Resistance and Control (A-TRAC) team and distributed to all NSW ACCHSs as part of our health promotion work for World No Tobacco Day on 31 May 2014 and disseminated to all ACCHSs.

The establishment of teleconference education sessions is planned for the future, and input and representation on committees in child and maternal health programs is an ongoing activity under the program.

Chronic Disease

Our role: The AH&MRC Chronic Disease Program aims to build capacity of NSW ACCHSs in the prevention and management of chronic disease, and to build and maintain relationships with stakeholders involved in chronic disease. This program is funded by the NSW Ministry of Health.

Key activities and accomplishments in 2013-14

The major event for the Chronic Disease Program this year was the third biennial Chronic Disease Conference, held on 6-7 May 2014.

The event brought together over 150 people from 61 organisations across NSW, including: 31 ACCHSs, 11 Medicare Locals, 5 health non -government organisations, 3 research bodies, 2 national organisations, plus state and Local Health District NSW Health staff.

A difference of this conference was holding skill based workshops run alongside presentations which was well received by delegates. Keynote speakers were from across the health and media sectors.

A Medicare Workshop for ACCHSs was held 15 October 2013. This event was organised to support ACCHSs to implement Medicare and related initiatives, and was attended by 50 participants from ACCHSs around NSW. Sessions including success stories, breakout workshops, and information and updates about the Practice Incentives Program, Indigenous Health Incentives and PBS Co-Payment initiatives.

An external evaluation of the Chronic Disease Program was finalised in April 2014. Key findings included that the Program provided or advised about support around chronic disease in culturally appropriate ways, and that it provided access to professional development opportunities that were not able to be obtained elsewhere. Other program features that were valued were network facilitation, and access to information and resources.

Suggestions for improvement were noted and future Program activities are incorporating this valuable feedback into the implementation plans. For example, it was suggested that the CDEN emailing list be kept up to date, therefore more notices about asking for new staff member details have been incorporated into these weekly emails as articles. A copy of the summary can be found on the AH&MRC website.

The AH&MRC continues to work with the Agency for Clinical Innovation, including supporting the Aboriginal Partnership Sub-Committee on Chronic Disease Prevention and Management to guide chronic disease programs and activities at the state level.

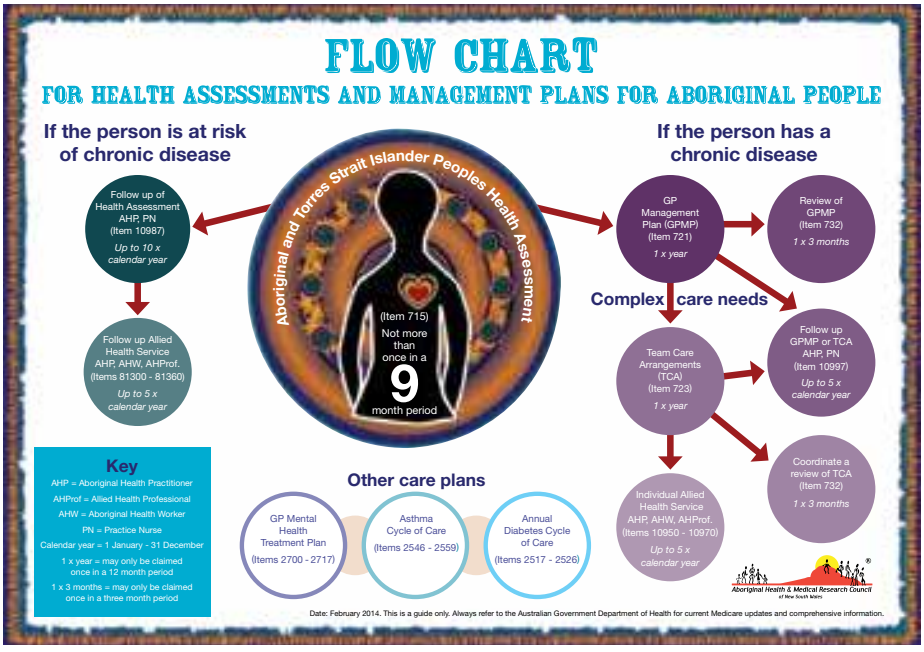
An external consultant has been working with the group, consulting with those working in Aboriginal chronic disease to develop a framework to support integration and coordination of chronic disease prevention and management activities for Aboriginal communities across NSW. AH&MRC representatives attended several NSW Health committees and groups relating to chronic disease, including the research project Social Network Analysis lead by NSW Office of Preventive Health.

The development of the *Living Longer Stronger Resource Kit* is nearing completion, guided by staff from ten ACCHSs. The kit includes a poster, booklet for health professionals and a patient tool. Also to be included in the kit is a flow chart about health assessments and management plans for Aboriginal people (see above). This resource maps out a flow of care for people at risk of chronic disease, or with more complex care needs. Copies were distributed to ACCHSs in June 2014 and are available on our website.

The site exchange program, weekly CDEN newsletter, supporting ACCHSs in research, as well as phone, email and site visit support, all continues under the program to assist ACCHSs in chronic disease prevention and management.

The 2014 Chronic Disease Conference brought together more than 150 people from 61 organisations across NSW, including 31 ACCHSs

The Living Longer Stronger Resource Kit includes a flow chart which maps out a flow of care for people at risk of chronic disease or with more complex care needs.



Tobacco Resistance and Control

Our role: The AH&MRC Tobacco Resistance and Control (A-TRAC) Program has a broad goal of reducing tobacco use among Aboriginal people by integrating tobacco control and smoking cessation activities into the ACCHSs model of comprehensive primary health care.

Key activities and accomplishments in 2013-14

The AH&MRC Tobacco Resistance and Control (A-TRAC) program is guided by the A-TRAC Advisory Group (AAG), which consists of staff members from ACCHSs across the state who guide the activities under the program. The AAG guided the 2013 A-TRAC Symposium held 26-27 September 2013, with the theme "Our Community, Your Journey". The symposium acted as an education and networking opportunity to showcase tobacco resistance and control programs in NSW ACCHSs. The Symposium is the only Aboriginal tobacco specific event in NSW and, more recently, across the country — making it a significant event in the calendars of the ACCHS workforce.

The A-TRAC team has been working in partnership with NSW Ministry of Health as part of the Aboriginal Health Partnership Sub Committee on Tobacco Resistance and Control and is in the final stages of developing a state-wide Strategic framework for Aboriginal Tobacco Resistance and Control in NSW. This framework will help to put all service providers on the same page in tackling tobacco use in Aboriginal communities.

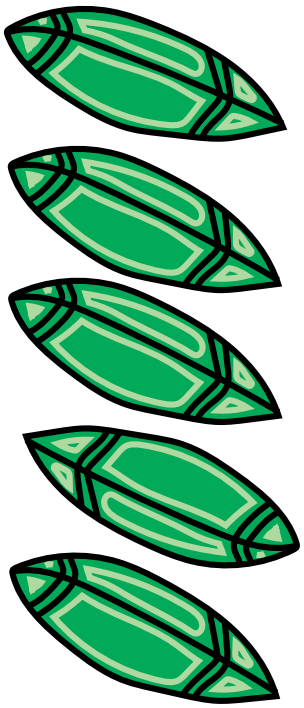
A-TRAC was also proactive in developing appropriate resources throughout the year, with the highlight being the uptake of the World No Tobacco Day Pledge Campaign – 'Save Your Dough and Say No'. Over 600 pledges were received by both individuals and organisations to either support someone quit smoking or to make a quit attempt themselves on World No Tobacco Day. Resource packs were also developed to assist ACCHSs in promoting the event with a focus on both smoke free sporting grounds and also addressing passive smoking through a mums and bubs pack.

Large banners for community events and stalls were developed and distributed to all ACCHSs promoting smoke free community events for NAIDOC Week events in 2014. The message on the banner, 'This is a smoke free community event', was developed in line with state legislation that all sporting fields are now smoke free areas.

A snapshot of other ongoing activities include:

- The Aboriginal Tobacco Resistance Network (ATRN) providing a mechanism to share information on tobacco resistance and control activities across the state to over 300 members;
- Implementation of the *Aboriginal Tobacco Resistance Toolkit* (ATRT) in ACCHSs;
- Facilitating the Aboriginal Tobacco Short Course through the Aboriginal Health College (a nationally accredited tobacco short course) with six ACCHS staff completing training in 2013/14; and
- Representation in external activities such as the:
  - Talking About The Smokes (TATS) reference group
  - NACCHO Tackling Smoking Advisory Committee (NTSAC) at a national level
  - Mental Health Tobacco Working Group – as a subcommittee of the NSW Tobacco Senior Officers' Steering Group.

Continuous Quality Improvement



Our role: The AH&MRC Continuous Quality Improvement (CQI) program was funded by the NSW Ministry of Health until 30 June 2014, and was responsible for developing a range of activities, networks, tools and resources to support and build capacity of Member ACCHSs in using data and evidence for quality improvement.

The aim of the AH&MRC CQI Program was to:

- Build ACCHSs infrastructure, skills, good practice and effective systems for data collection, management and use;
- Support ACCHSs to build sustainable and effective continuous quality improvement systems with a focus on chronic disease prevention/management;
- Document, promote and share models of good practice in data management and clinical quality improvement in an Aboriginal primary health care context.

Specific program funding to support AH&MRC CQI Program activities ceased on 30 June 2014; sources of funding to continue AH&MRC work in this area are being explored.

Key activities and accomplishments

During 2013-14, the AH&MRC CQI Program team:

Attended a two-day training workshop for implementing and interpreting the "Practise Health Atlas". The Practise Health Atlas was developed by the Adelaide Western General Practice Network (now HealthFirst Network) as a tool to support health service planning and development. The CQI team provided the Practise Health Atlas report, a summary of the detailed report and facilitated a feedback workshop to individual ACCHSs regarding their reports. To date, 18 ACCHSs have participated in the project.

Conducted work with the Aboriginal Health College to review and redesign the nationally accredited Continuous Quality Improvement unit as part of the Frontline Management course. The updated program was piloted with 12 participants from two ACCHSs. This updated unit has now been incorporated into the nationally accredited Frontline Management course.

Provided PIMS support to 11 ACCHSs; PenCAT data extraction and data quality was the main request for support. PenCAT and Medical Director training has also been provided to Aboriginal Health College and Brien Holden Institute staff.

Completed development of the *10 out 10 Deadly CQI Success Stories* resource, which showcases 10 NSW ACCHSs talking about their CQI initiatives across a range of topics. DVDs and booklets were distributed to Member ACCHSs, and made available on the AH&MRC website. This initiative was to document, share and promote models of good practice regarding improvement in an Aboriginal primary health care context.

In 2013-14, the CQI Program helped ACCHSs in NSW to document, promote and share models of good practice

Completed the development of the AH&MRC CQI website, which features CQI tools and resources, including the *10 out of 10 Deadly Health Stories – CQI* and presentations from the 2013 AH&MRC CQI Conference.

The site can be accessed via the AH&MRC Website or viewed directly at http://cqidata.org.au

Attended and/or presented at the:

- 2013 AH&MRC Medicare Workshop
- 2013 NACCHO Summit
- 2013 A-TRAC Symposium
- 2014 National Lowitja Institute CQI Conference
- 2014 AH&MRC *Meeting Ground* Members Meeting
- 2014 AH&MRC GP Forum

Completed and published a Literature Review about *Indicators and Their Uses*.

Developed an *Eye Care CQI Toolkit* project in collaboration with the Brien Holden Vision Institute. The new toolkit includes an electronic audit tool and user's guide. Six ACCHSs are contributing to the development of the indicator sets and audit tool. The toolkit is in the final stages of review and production.

Worked with the George Institute to support the 15 ACCHSs currently using the HealthTracker-CVD tools, which are a suite of electronic desktop tools that provide support to health services to improve cardiovascular disease risk management.

Coordinated a national CQI meeting for NACCHO and other Affiliates that focused on key features of an ACCHS sector model or models of best practice in CQI.

Identified ACCHS sector perspectives on CQI needs and gaps and how they might best be filled.

AH&MRC GP Forum and Clinical Update

Our role: The AH&MRC provides support to NSW ACCHS General Practitioners (GPs) and GP Registrars by hosting an annual GP Forum and Clinical Update.

Key activities and accomplishments

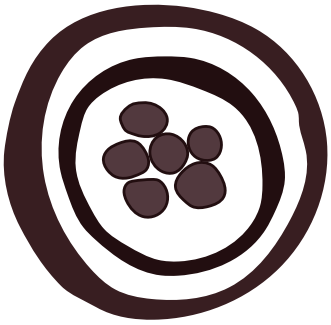
The AH&MRC hosted its eighth annual GP Forum and Clinical Update in May 2014 supported, as in previous years, by the NSW Rural Doctors Network. This year's event was attended by 42 GPs and GP registrars from 18 different ACCHSs. The program included a keynote address from Associate Professor Kelvin Kong about ear health, and sessions on health assessments, diabetes, alcohol and other drugs and outreach programs. As with previous years, participants rated sessions and the event very positively: "Great presentations, excellent sharing and networking".

Public Health Training

Our role: The AH&MRC offers placements to Australasian Faculty of Public Health Medicine trainees and has previously hosted NSW Public Health Officer trainees

Key activities and accomplishments:

In 2013-2014, two Public Health Medical Registrars had placements at the AH&MRC, undertaking a range of projects and providing support to AH&MRC public health activities. One Registrar, who has been based at AH&MRC during most of the three years of the AFPHM training program, was successful in passing her exams and qualifying as a Public Health Physician in late 2013. The AH&MRC continues to express interest and have discussions with NSW Health about the possibility of hosting NSW Public Health Officer and other NSW Health trainees in population health areas.

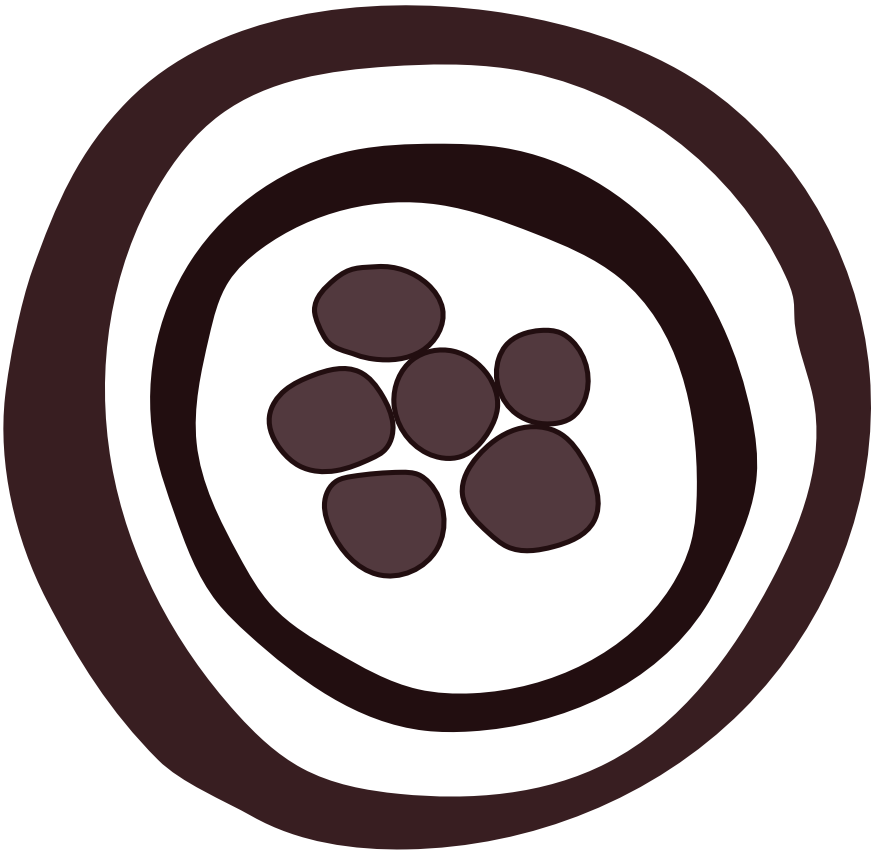


Public Health Medical Officer

About the role: The AH&MRC Public Health Medical Officer (PHMO) provides technical advice and support to Member ACCHSs, AH&MRC staff and partner organisations about a broad range of public health, medical and research issues.

In addition to supporting ACCHSs directly, and providing advice and support to a broad range of AH&MRC programs, the PHMO has:

- Represented AH&MRC and NACCHO on a range of committees and advisory groups;
- Continued to serve on the Board of Directors of the Rural Doctors Network of NSW;
- Participated in the national network and meetings of Affiliate and NACCHO Public Health Medical Officers.



Research Support Program

What We Achieved in 2013-14:

The AH&MRC continues to be involved in many research and evaluation projects, through participating in research teams and advisory groups, and providing advice to other organisations planning and implementing projects in Aboriginal health research and evaluation.

What we do: The AH&MRC Research Support Program objectives are to:

- Support the roles of the AH&MRC in research and evaluation;
- Support and build capacity of Member ACCHSs in Aboriginal health research and evaluation; and
- Support researchers to work effectively with the ACCHS sector.

Key activities and accomplishments

The AH&MRC has continued to work on developing tools to assist ACCHSs with decision making about their involvement in research. This project was initiated in response to Member ACCHSs' requests for support in this area. Several tools have been developed and piloted by Member ACCHSs, and will be finalised and distributed in late 2014.

The Research Support Program has commenced running a series of research seminars for AH&MRC staff with presentations from visiting researchers. The aim of the seminars is to provide tailored information sessions on Aboriginal health research that build knowledge and interest in research and evaluation.

The Research Support Program continues to respond to formal and informal requests for AH&MRC input, advice and support from researchers, particularly for state-wide projects using data linkage methodologies, evaluations of state-wide programs, for the NSW components of national projects, and for projects involving multiple ACCHS sites. As at June 2014, the AH&MRC is actively involved in supporting 60 different research and evaluation projects with a further 12 proposed projects under consideration.

Our Performance

Aboriginal Health and Medical Research Council of New South Wales

Financial Report for the Year Ended 30 June 2014

[ABN 66 085 654 397]

Contents

Notes to the Financial Statements

Directors' Report

Your Directors present this report on the Aboriginal Health and Medical Research Council of NSW (AH&MRC) for the financial year ended 30 June 2014.

The names of each person who has been a Director during the year and to the date of this report are:

Central Coast	Catherine Sinclair	Retired October 2013
Central Coast	Roy Ah, See	Elected October 2013
Central Tablelands	Donna Taylor	
Central West	Tim Horan	
Far South Coast	Anne Greenaway	
Far West	Pam Handy	
Illawarra	Craig Ardler	
Lower Central West	Valda Keed	
Metropolitan	Dea Delaney-Thiele	Retired October 2013
Metropolitan	Bradley Delaney	Elected October 2013
Murray River	Rochelle Patten	Retired October 2013
Murray River	Valdra Murray	Elected October 2013
North Coast	David Kennedy	Retired October 2013
North Coast	Scott Monagahan	Elected October 2013
North West	Christine Corby	
Riverina	Selena Lyons	

The Company's Principal Activities

The principal activities of the AH&MRC during the financial year were to:

- Lead the Aboriginal health agenda for better policies, programs, services and practices.
- Ensure Aboriginal knowledge informs decision-making processes.
- Support, strengthen and sustain Aboriginal Community Controlled Health Services (ACCHSs).

The company's short-term objectives are to:

- Strengthen the capacity of ACCHSs in NSW to deliver high-quality, comprehensive wholistic primary health care services.
- Consolidate growth and performance of the AH&MRC to ensure capacity to achieve our strategic objectives.
- Increase the involvement and effectiveness of the AH&MRC in decision-making regarding Aboriginal health in NSW.
- Ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs.

The company's long-term objectives are to:

- Improve the health of Aboriginal peoples across NSW;
- Increase Aboriginal people's access to ACCHSs, which provide culturally appropriate and high-quality comprehensive primary health care.
- Increase acceptance and respect for Aboriginal Community Control as a best-practice model for achieving Aboriginal health improvement.
- Achieve universal recognition of the AH&MRC as the lead representative organisation on Aboriginal health in NSW.

To achieve these objectives, the company has adopted the following strategies:

- Advocate for early and active involvement, including local level involvement, in all decision-making processes that impact on the health of Aboriginal people in NSW.
- Develop, refine and promote AH&MRC policy positions that respond to the aspirations and needs of ACCHSs and current health environment and policy agendas.
- Foster and support strong leadership, governance and management within the AH&MRC and member ACCHSs.
- Support AH&MRC member ACCHSs with high-quality practical and technical advice that helps maximise funding opportunities to develop, extend or strengthen sustainable health programs and services that reflect the priority needs of their communities.

- Establish effective continuous quality improvement processes which will strengthen the capacity of AH&MRC members to evaluate their services and programs.
- Promote and support long-term, comprehensive, needs-based, local health and state-wide planning that is linked to funding commitments.
- Strengthen the effectiveness of partnership agreements between the AH&MRC and government and non-government agencies.
- Promote Aboriginal health as a career and support the development of the Aboriginal health workforce by helping to improve the recruitment, training and retention of appropriately skilled health professionals in NSW ACCHSs.
- Advocate for, and support, the development of sustainable, evidence-informed and culturally appropriate Aboriginal health programs and services.
- Implement the AH&MRC Strategic Plan by developing detailed business plans for each of the four identified priority areas: self determination, relationships, workforce development, and health services and programs.

Key Performance Measures

Activity	Actual	2014 Benchmark
Hold quarterly meetings of the AH&MRC Board of Directors and an Annual General Meeting (AGM)	100%	100%
Hold quarterly Financial and Risk Management Committee meetings	100%	100%
All of the new AH&MRC Directors will be provided with a Directors' induction manual and orientation program	100%	100%
Hold meetings of the AH&MRC Ethics Committee every eight weeks	100%	100%
Ensure all AH&MRC annual reports to funding bodies are submitted in accordance with the Accounting and Auditing Standards	100%	100%
Ensure that quarterly Financial Statements, in accordance with the standards set by the Committee, are presented to the AH&MRC Finance and Risk Management Committee as well as the Board of Directors	100%	100%
Ensure the AH&MRC Compliance Register is current and accurate and all requirements are followed and reported to the Board of Directors	100%	100%
Comply with funding bodies' contractual and reporting requirements by producing a Business Plan	100%	100%
Achieve standards to ensure re-accreditation of the Aboriginal Health College as an RTO within the 5-year time frame	Yes	Yes
Ensure every employee will be employed against an approved position description	95%	100%
Increase percentage of Aboriginal staff working at the AH&MRC	55%	60%

Information on Directors

Mrs Christine Corby, Chairperson

Qualifications	Diploma in Health Sciences, University of Sydney; Graduate Diploma in Health Management, University of New England; Diploma of Business Management, Aboriginal Health College; Justice of the Peace.
Experience	Chief Executive Officer (CEO) of Walgett Aboriginal Medical Service Co-operative Limited; Director on the Board of the National Aboriginal Community Controlled Health Organisation (NACCHO); Committee member of the Far West NSW Medicare Local Limited (FWML) Chairperson (former) of Bila Muuji Aboriginal Health Service Incorporated; Chairperson of the Walgett Gamilaraay Aboriginal Community Working Party (WGACWP); Committee Member of Walgett School Reference Group; Committee member of NSW Health Ministerial Advisory Committee (HMAC) and NSW Kids and Families
Special Responsibilities	Chairperson, AH&MRC Board of Directors; Member of the AH&MRC Finance and Risk Management Committee (FARM); Member of the AH&MRC Standing Committee on Constitution Reform; Member of the Remuneration and Performance Appraisal Committee

Mr Craig Ardler, Illawarra

Experience	Current Chairman of the Booderee National Park (Joint Board); current Chairman of the Wreck Bay Aboriginal Community Council (WBACC); served on WBACC Executive on a number of occasions since 1989; previous member of WBACC Audit Committee; Previous Deputy Chairman of WBACC; previous ATSIC Regional Councillor

Ms Pam Handy, Far West

Qualifications	Associate Diploma in Adult Education, University of Technology, Sydney; Aboriginal Education Assistants Certificate, University of Sydney; Advanced Certificate in Koori Community Management and Development – Professional Development; Advanced Certificate in Koori Community Management & Development – Communication Skills; NSW Aboriginal Land Council Governance Training; Coomealla Health Aboriginal Corporation Governance Training.
Experience	Over thirty years' experience negotiating and advocating on behalf of the Aboriginal Communities at local, regional, state and national levels. Demonstrated active participation in Aboriginal Affairs, in particular community development.

Mr Tim Horan, Central West

Qualifications	Advanced Diploma in Business Management; Diploma of OHS; Member of the Australian Institute of Managers; Member of the Australia Institute of Company Directors
Experience	6 years' experience in the Aboriginal Community Controlled Health sector at local, regional, state and national levels; 5 years as AH&MRC Director; 9 years as Mayor of Coonamble Council
Special Responsibilities	Member of AH&MRC Remuneration and Performance Appraisal Committee.

Mrs Val Keed, Lower Central West

Qualifications	Accounting Certificate, TAFE.
Experience	Founding member of AH&MRC formerly AHRC; acted as either Director or Alternate Director for many years; founding member and current Chairperson of Peak Hill Aboriginal Medical Service; active member of a wide range of local and state Aboriginal organisations; long term participant in Aboriginal Health matters at local, regional, state and national levels
Special Responsibilities	Chairperson of AH&MRC Human Research Ethics Committee.

Ms Selena Lyons, Riverina

Qualifications	Diploma in Practice Management; Diploma in Legal Advocacy; Certificate IV in Medical Administration
Experience	CEO of Riverina Medical and Dental Aboriginal Corporation; 21 years engaged in planning and delivery of Aboriginal health programs
Special Responsibilities	Member of AH&MRC Remuneration and Performance Appraisal Committee; member of the AH&MRC Finance and Risk Management Committee (FARM).

Mrs Donna Taylor, Central Tablelands

Qualifications	Certificate IV of Business – Frontline Management
Experience	CEO Pius X Aboriginal Corporation since 2004. Over 15 years of active representation on a broad range Aboriginal issues, advocating and negotiating at local, regional, state, and national levels.

Anne Greenaway, Far South Coast

Qualifications	Bachelor of Arts, Masters of Letters (History); Diploma of Business (Management); Certificate IV Governance and Certificate IV in Training and Assessment.
Experience	Currently Deputy Chair, Katungul Aboriginal Corporation Community & Medical Services and Chief Executive Officer, Merrimans Local Aboriginal Land Council; Previous Chief Executive Officer, Katungul Aboriginal Corporation Community & Medical Services and South Coast Medical Service Aboriginal Corporation; Previous Director AH&MRC (9 Years). Over 15 year's experience in Aboriginal Community Controlled Health and active participation and representation on a wide range of Aboriginal Issues.
Special Responsibilities	Member of the AH&MRC Finance and Risk Management Committee (FARM).

Ms Valda Murray, Murray River

Qualifications	Assoc. Dip Applied Science in Aboriginal Health and Community Development Cumberland College, NSW; Graduate Certificate in Health (Diabetes Management) Flinders University SA; Certificate IV in Indigenous Community Management, Albury Wodonga Tafe, Victoria; Bachelor of Nursing, Deakin University Geelong; Certificate IV in Training and Assessment, Albury Tafe, Victoria; Governance Training for Board Members, AWAHS.
Experience	Over 25 years experience working in the area of health, the majority of which was spent as an Aboriginal Health Worker in a variety of roles; Currently Project officer for Hume Regional Integrated Cancer Services; AH&MRC Board member; Board member Albury Wodonga Aboriginal Health Service; member of Woomera Aboriginal Corporation; member Mungarbareena Corporation; member Albury Lands Council; Chair Albury Wodonga Aboriginal Community Working Party; Representative on the Albury Wodonga Aboriginal Health Reference Group.
Special Responsibilities	Elected Interim Member AH&MRC Remuneration and Performance Appraisal Committee 2014.

Mr Roy Ah See, Central Coast

Qualifications	Bachelor of Arts Degree (Social Welfare) Research Project, Newcastle University.
Experience	Deputy Chairperson, NSW Aboriginal Land Council; Deputy Chairperson of the Eleanor Duncan Aboriginal Medical Service in Wyong; AH&MRC Board Member; worked for various government and non-government organisations in the area of policy.

Mr Bradley Delaney, Metropolitan

Experience — Current Chairperson of the Aboriginal Medical Service, Western Sydney (7 Years), Board member for 18 years; Member of Deerubbin Local Aboriginal Land Council; Worked in various government and non-government roles in Aboriginal programs in health, justice and out of home care; Current Board member of the Western Sydney Medicare Local.

Special Responsibilities — Member of the AH&MRC Standing Committee on Constitution Reform.

Mr Scott Monagahan, North Coast

Experience — Active Board member of Bulgarr Ngaru Medical Aboriginal Corporation from 1996 to 2005; Appointed Chief Executive of Bulgarr Ngaru Medical Aboriginal Corporation in 2005, including Auspice and transition of Armajun Health service to independence from 2007 to 2013; Secretary, Many Rivers Alliance 2006 to 2013; 2011 endorsed as alternate director AH&MRC Board of Directors, for the North Coast Region; 2013 elected as Director, North Coast region for the AH&MRC.

Special Responsibilities — Member of the AH&MRC Standing Committee on Constitution Reform

Meetings of Directors

During the financial year, 4 meetings of directors were held. Attendances by each director were as follows:

Region	Name	Directors meetings eligible to attend	Directors meetings attended
Central Coast	Ms Catherine Sinclair*	1	1
Central Coast	Ah See, Roy**	3	1
Central Tablelands	Taylor, Donna	4	4
Central West	Horan, Tim	4	3
Far South Coast	Greenaway, Anne	4	4
Far West	Handy, Pam	4	1
Illawarra	Ardler, Craig	4	1
Lower Central West	Keed, Valda	4	4
Metropolitan	Delaney, Bradley**	3	3
Metropolitan	Delaney-Thiele, Dea*	1	0
Murray River	Murray, Valda**	3	3
Murray River	Patten, Rochelle*	1	0
North West	Corby, Christine	4	3
Riverina	Lyons, Selina	4	4
North Coast	Monagahan, Scott**	3	3
North Coast	Kennedy, David*	1	1

*Resigned as Director October 2013 (AGM)
** Elected as Director October 2013 (AGM)

Company Secretary

The following persons held the position of AH&MRC Secretary at the end of the financial year:

Ms Sandra Bailey — CEO, Aboriginal Health and Medical Research Council of NSW, has held the position of Company Secretary since 2006.

Mr John Hendry — Legal and Policy Officer, Aboriginal Health and Medical Research Council of NSW, has held the position of joint Company Secretary since May 2011.

Incorporation

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the entity. At 30 June 2014, the total amount that members of the company are liable to contribute if the company is wound up is $490 (2013: $480).

Aboriginal Health & Medical Research Council
of New South Wales

The lead auditor's independence declaration for the year ended 30 June 2014 has been received and can be found on page 42 of the financial report.

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

Mrs **Christine Corby**, OAM
Dated this 26th day of August 2014

Supported by the NSW Ministry of Health

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ABN
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A. F. WALLIS & CO. PTY LTD
ABN 90 075 605 122

Chartered Accountants

Auditor's Independence Declaration Under S 307c of the Corporations Act 2001 to the Directors of the Aboriginal Health and Medical Research Council of New South Wales

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014 there have been no contraventions:

i. of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and

ii. of any applicable code of professional conduct in relation to the audit.

A.F. Wallis & Co.
Chartered Accountants

A.F. Wallis

Dated this 26th day of August 2014

Liability limited by a scheme approved under Professional Standards Legislation

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Castle Hill
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Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2014

	NOTE	2014 $	2013 $
Revenue	2	9,258,809	10,661,633
Other income	2	809,271	949,338
Employee benefits expense		(5,165,898)	(4,934,909)
Travel and accommodation expense		(1,337,719)	(1,395,848)
Audit, legal and consultancy expense	3a	(995,100)	(1,162,627)
Rent and occupancy expense	3a	(728,597)	(674,636)
Venue expenses		(606,939)	(435,032)
Depreciation and impairment expense	3b	(371,164)	(203,842)
Repairs and maintenance expense		(288,037)	(249,930)
Program printing and promotion expenses		(224,607)	(330,309)
Printing and postage expense		(188,284)	(132,722)
Recruitment and training		(184,453)	(148,019)
Computer software and consumables expense		(134,920)	(86,170)
Other expense		(112,708)	(129,912)
Telephone expense		(43,410)	(39,929)
Motor vehicle running expense		(40,069)	(38,427)
Current year surplus/(deficit) before income tax		**(353,825)**	**1,648,659**
Tax expense	1i	-	-
Net current year surplus/(deficit)		(353,825)	1,648,659
Other comprehensive income			
Gain on revaluation of plant and equipment		-	-
Other comprehensive income for the year		-	-
Total other comprehensive surplus/(deficit) for the year		-	-
Net current year surplus/(deficit) attributable to members of the AH&MRC		(353,825)	1,648,659
Total comprehensive surplus/(deficit) attributable to members of the AH&MRC		(353,825)	1,648,659

The accompanying notes form part of these financial statements.

Statement of Financial Position as at 30 June 2014

Assets	NOTE	2014 $	2013 $
CURRENT ASSETS			
Cash on hand	4	7,755,895	7,429,134
Accounts receivable and other debtors	5	288,365	1,174,413
TOTAL CURRENT ASSETS		8,044,260	8,603,547
NON-CURRENT ASSETS			
Plant and equipment	6	435,702	323,387
Deposits		160,603	153,459
TOTAL NON-CURRENT ASSETS		596,305	476,846
TOTAL ASSETS		8,640,565	9,080,393
Liabilities			
CURRENT LIABILITIES			
Accounts payable and other payables	7	244,251	585,967
Provisions	9	1,839,236	1,586,658
TOTAL CURRENT LIABILITIES		2,083,487	2,172,625
NON-CURRENT LIABILITIES			
Provisions	9	42,819	39,684
Loan		85,000	85,000
TOTAL NON-CURRENT LIABILITIES		127,819	124,684
TOTAL LIABILITIES		2,211,306	2,297,309
NET ASSETS		6,429,259	6,783,084
Equity			
Retained surplus		6,429,259	6,783,084
TOTAL EQUITY		6,429,259	6,783,084

The accompanying notes form part of these financial statements.

Statement of Changes in Equity for the year ended 30 June 2014

	Note	Retained Surplus $	Total $
Balance at 1 July 2012		5,134,425	5,134,425
Comprehensive income			
Surplus for the year attributable to members of the AH&MRC		1,648,659	1,648,659
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to members of the AH&MRC		1,648,659	1,648,659
Balance at 30 June 2013		**6,783,084**	**6,783,084**
Balance at 1 July 2014		**6,783,084**	**6,783,084**
Comprehensive income			
Surplus for the year attributable to members of the AH&MRC		(353,825)	(353,825)
Other comprehensive income for the year		-	-
Total comprehensive income attributable to members of the AH&MRC		(353,825)	(353,825)
Balance at 30 June 2014		**6,429,259**	**6,429,259**

The accompanying notes form part of these financial statements.

Statement of Cash Flows for the year ended 30 June 2014

Cash flow from operating activities	Note	2014	2013
Receipt of grants	2	9,050,630	10,394,477
Other income	2	809,271	949,338
Payments to suppliers and employees		(9,589,466)	(10,002,254)
Interest received	2	208,179	267,156
Net cash generated from operating activities	**14**	**478,614**	**1,608,717**
Cash flow from investing activities			
Proceeds from sale of plant and equipment	3b	76,000	39,000
Payment for plant and equipment		(227,853)	(210,674)
Net cash used in investing activities		(151,853)	(171,674)
Net increase in cash held		326,761	1,437,043
Cash on hand at beginning of the financial year		7,429,134	5,992,091
Cash on hand at end the of the financial year	4	7,755,895	7,429,134

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2014

The financial statements cover the Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) as an individual entity, incorporated and domiciled in Australia. The AH&MRC is a company limited by guarantee.

The financial statements were authorised for issue by the Directors of the AH&MRC on 26 August 2014.

Note 1: Summary of Significant Accounting Policies

Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Corporations Act 2001* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The AH&MRC is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the AH&MRC obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the AH&MRC and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the AH&MRC incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

In the event that grant funding is unspent at the end of the financial year, the AH&MRC applies to have those funds rolled over into future accounting periods. If funding agencies insist on the return of unspent funds, it is generally made known to the AH&MRC after reporting deadlines. This precludes such funds being shown as deferred revenue in the financial statements.

In the event of the AH&MRC being required to return unspent grant funds, such funds are usually deducted against future grant revenue by the funding agencies. In the event of the AH&MRC being required to forward payment for unspent funds to the funding agency these payments are shown against revenue received in the year payment is made.

The AH&MRC receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised as revenue when received.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

b. Plant and Equipment

Each class of plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and impairment losses.

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(d) for details of impairment).

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the AH&MRC and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the AH&MRC commencing from the time the asset is available for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	15% - 40%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c. Leases

Leases of property, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership are transferred to the AH&MRC, are classified as financial leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the AH&MRC will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

d. Impairment of Assets

At the end of each reporting period, the AH&MRC reviews the carrying amounts of its tangible 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 amount. Any excess of the asset's carrying amount over the recoverable amount is recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the AH&MRC would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an asset's class, the AH&MRC estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

e. Employee Provisions

Short-term employee provisions
Provision is made for the AHMRC's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions
Provision is made for employees' long service leave not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. The AH&MRC's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12months after the end of the reporting period, in which case the obligations are presented as current provisions.

f. Cash on hand
Cash on hand includes cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of six months or less.

g. Accounts Receivable and Other Debtors
Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for services provided in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

h. Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax
No provision for income tax has been raised as the AH&MRC is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

j. Intangibles
Software
Software is recorded at cost. It has a finite life and is carried at cost less accumulated amortisation and any impairment losses. Software has an estimated useful life of between one and three years. It is assessed annually for impairment.

k. Provisions
Provisions are recognised when the AH&MRC has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

l. Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When the AH&MRC applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

m. Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgements incorporated into the financial statements 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 company.

Key Estimates

Impairment

The plant and equipment were independently valued at 17 June 2014 by Andrew Nock Pty Limited. The valuation was based on fair value less cost to sell.

At the 26 August 2014 meeting of the AH&MRC Board, the Directors reviewed the key assumptions made by the valuers at 17 June 2014. They have concluded that these assumptions remain materially unchanged, and are satisfied that the carrying amount does not exceed the recoverable amount of plant and equipment at 30 June 2014.

Key Judgments

Employee Benefits

For the purpose of measurement, AASB 119: *Employee Benefits* (September 2011) defines obligations for short-term employee benefits as obligations to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. The AH&MRC expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

o. Economic Dependence

The AH&MRC is dependent on the Department of Health and Ageing and the NSW Ministry of Health for the majority of it's revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe that the said Departments will not continue to support and finance the AH&MRC.

p. New Accounting Standards for Application in Future Periods

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods, some of which are relevant to the AH&MRC. The AH&MRC has decided not to early adopt any of the new and amended pronouncements. The AH&MRC's assessment of the new and amended pronouncements that are relevant to the AH&MRC but applicable in future reporting periods is set out below.

- AASB 2013-3: Amendments to *AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets* (applicable for annual report periods commencing on or after 1 January 2014).

This standard amends the disclosure requirements in AASB 136: *Impairment of Assets* pertaining to the use of fair value in impairment assessment and is not expected to significantly impact the company's financial statements.

Note 2: Revenue and Other Income

	2014 $	2013 $
Revenue from government grants and other grants		
- State/federal government grants - operating	7,328,980	7,092,399
- Other organisations - operating	1,721,650	3,302,078
	9,050,630	10,394,477
Other revenue		
- Interest received on investments	208,179	267,156
Total Revenue	9,258,809	10,661,633

Other Income

- Gain on disposal of plant and equipment	-	-
- Charitable income and fundraising	106,150	786,104
- Royalties	36,198	32,351
- College activities	647,675	130,151
- Other	19,248	732
Total Other Income	809,271	949,338
Total Revenue and Other Income	10,068,080	11,610,971

Note 3: Surplus for the Year

a) Expenses	2014 $	2013 $
Rental expense on operating leases		
- minimum lease payments	578,202	475,975
- rates, utility and service charges	150,395	198,661
Total Rental Expenses	728,597	674,636
Audit, legal and consultancy expense		
- legal and professional fees	-	1,372
- audit fee	45,000	45,000
- consultancy expense	950,100	1,116,255
Total Audit, legal and Consultancy expense	995,100	1,162,627
Consultancy expense		
Dubbo Interim Services - Wellington Aboriginal Corporation Health Service	543,240	395,103
Other consultants	406,860	721,152
Total Consultancy expense	950,100	1,116,255

b) Significant Revenue and Expenses

Plant and equipment - depreciation and amortisation	39,200	82,107
Motor vehicles - depreciation and amortisation	52,634	39,821
Plant and equipment - impairment	239,487	58,208
Motor vehicles impairment	39,843	23,706
Total Depreciation and Impairment	371,164	203,842
Plan and equipment		
Proceeds on disposal	76,000	39,000
Disposal at carrying value	(44,374)	(13,446)
Net gain on disposals	31,626	25,554

Note 4: Cash on hand

Current	2014 $	2013 $
Cash at bank - unrestricted	7,755,795	7,429,034
Cash float	100	100
Total cash on hand as stated in the statement of financial position and statement of cash flows	7,755,895	7,429,134

Note 5: Accounts Receivable and Other Debtors

Current	Note	2014 $	2013 $
Accounts receivables		287,873	1,173,876
Provision for doubtful debts		-	-
		287,873	1,173,876
Other debtors		492	537
Total current accounts and other debtors	15	288,365	1,174,413

Credit Risk – Accounts Receivable and Other Debtors

The AH&MRC has no significant concentration of credit risk with respect to any single counterparty or group of counterparties other than those receivables specifically provided for and mentioned within Note 5. The main source of credit risk to the AH&MRC is considered to relate to the class of assets described as "accounts receivable and other debtors".

The following table details the company's accounts receivable and other debtors exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be full repaid to the company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

		Past due but not impaired				
	Gross amount	< 30	31 – 60	61 – 90	> 90	Within initial trade terms
2014	$	$	$	$	$	$
Accounts receivable	287,873	251,803	4,850	2,500	28,720	251,803
Other debtors	492	492	-	-	-	492
Total	288,365	252,295	4,850	2,500	28,720	252,295
2013						
Accounts receivable	1,173,876	1,055,757	38,056	37,400	42,663	1,055,757
Other debtors	537	537	-	-		537
Total	1,174,413	1,056,294	38,056	37,400	42,663	1,056,294

Note 6: Plant and Equipment

Plant and Equipment	2014 $	2013 $
At cost	1,432,565	1,061,827
Less accumulated depreciation	(1,124,598)	(845,911)
	307,967	215,916
Motor vehicles		
At cost	255,680	257,737
Less accumulated depreciation	(127,945)	(150,266)
	127,735	107,471
Total plant and equipment	435,702	323,387

Movements in Carrying Amounts

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year.

	Motor Vehicles $	Furniture and Equipment $	Total $
2013			
Balance at the beginning of the year	85,877	244,123	330,000
Additions at cost	98,567	112,107	210,674
Disposals	(13,446)	-	(13,446)
Impairment	(23,706)	(63,434)	(87,140)
Depreciation expense	(39,821)	(76,880)	(116,701)
Carrying amount at end of year	107,471	215,916	323,387
2014			
Balance at the beginning of the year	107,471	215,916	323,387
Additions at cost	157,114	370,739	527,853
Disposals	(44,374)	-	(44,374)
Impairment	(39,843)	(239,487)	(279,330)
Depreciation expense	(52,634)	(39,200)	(91,834)
Carrying amount at end of year	127,734	307,968	435,702

Asset revaluation

The plant and equipment were independently valued at 17 June 2014 by Andrew Nock Pty Limited. The valuation was based on fair value less cost to sell.

At 26 August 2014 meeting of the AH&MRC Board, the Directors reviewed the key assumptions made by the valuers at 17 June 2014. They have concluded that these assumptions remain materially unchanged, and are satisfied that carrying value does not exceed the recoverable amount of plant and equipment at 30 June 2014.

Note 7: Accounts Payable and Other Payables

Current	Note	2014 $	2013 $
Accounts payables		84,451	412,634
Other current payables		159,800	173,333
Total Current	7a	244,251	585,967

a. Financial liabilities at amortised cost classified as trade and other payables

		2014 $	2013 $
Accounts payable and other payables			
Total current	7	244,251	585,967
Total non-current		-	-
Total current and non-current	15	244,251	585,967

Note 8: Lease Liabilities

	Note	2014 $	2013 $
Current	10	372,014	452,664
Non-current	10	323,880	695,894
Total Lease Liabilities	15	695,894	1,148,558

Note 9: Provisions

	Long-term Employee Benefits $	Leasehold Building Maintenance $	Total $
Opening balance at 1 July 2013	787,175	839,168	1,626,342
Additional provisions raised during the year	573,193	215,300	788,493
Amounts used	(532,780)	-	(532,780)
Balance at 30 June 2014	827,588	1,054,468	1,882,055

Analysis of Total Provisions	2014 $	2013 $
Current	1,839,236	1,586,658
Non-current	42,819	39,684
	1,882,055	1,626,342

Employee Provisions

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the AH&MRC does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional reight to defer the settlement of these amounts in the event employees wish to use their leave entitlements.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

Note 10: Capital and Leasing Commitments

Operating Lease Commitments	2014 $	2013 $
Non-cancellable operating leases contracted for but not recognised in the financial statements		
Payable – minimum lease payments		
- not later than 12 months	372,014	452,664
- later than 12 months but not later than 5 years	323,880	695,894
- later than 5 years	-	-
	695,894	1,148,558

The property lease commitments are non-cancellable operatng leases contracted for but not recognised in the financial statements with a five-year term. Increase in lease commitment may occur in line with the Consumer Price Index (CPI).

The AH&MRC has a commitment to finalise the installation of a new accounting/reporting system, known as SAGE. As at 30 June 2014 this commitment amounts to approximately $38,000.

Note 11: Contingent Liabilities and Contingent Assets

	2014 $	2013 $
In 2009 the Department of Education and Training reimbursed the AH&MRC an amount of $300,000 for plant and equipment associated with the fit-out of the Aboriginal Health College. Ownership of these assets vested in the AH&MRC during the current year.	-	300,000

Note 12: Events after the Reporting Period

The Directors are not aware of any significant events since the end of the reporting period.

Note 13: Related Party Transactions

a. Key Management Personnel

	2014 $	2013 $
Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.		
Key management personnel compensation		
- short-term benefits	791,087	805,647
- post-employment benefits	-	-
- other long-term benefits	-	-
	791,087	805,647

b. Other Related Parties

Other related parties include immediate family members of key management personnel, and entities that are controlled or significantly influenced by those key management personnel individually or collectively with their immediate family members.

Transactions between related parties if applicable are on normal commercial terms and conditions no more favourable than those available to persons unless otherwise stated.

There were no other related party transactions during the year.

Note 14: Cash Flow Information

Reconciliation of Cash Flow from Operating Activities with Current Year Surplus	2014 $	2013 $
Surplus/(Deficit) after income tax	(353,825)	1,648,659
Non cash flows		
Depreciation and amortisation expense	371,164	203,842
Surplus on sale of plant and equipment	(31,626)	(25,554)
Plant and equipment	(300,000)	-
Changes in assets and liabilities		
(Increase)/Decrease in trade and other receivables	886,048	(777,288)
Increase/(Decrease) in trade and other payables	(341,716)	242,705
(Increase)/Decrease in other assets	(7,144)	(6,876)
Increase/(Decrease) in provisions	255,713	323,229
	478,614	1,608,717

Note 15: Financial Risk Management

The AH&MRC's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, receivables and payables, and lease liabilities.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

Financial Assets	Note	2014 $	2013 $
Cash on hand	4	7,755,895	7,429,134
Accounts receivable and other debtors	5	288,365	1,174,413
Financial assets at fair value through profit or loss			
- investments in listed shares, held for trading		-	-
Held-to-maturity investments			
- investments in government and fixed interest securities		-	-
Available-for-sale financial assets			
- investments in listed shares, available for sale		-	-
Total Financial Assets		8,044,260	8,603,547
Financial Liabilities			
Financial liabilities at amortised cost			
- accounts payable and other payables	7	244,251	585,967
- long-term loan		85,000	85,000
Total Financial Liabilities		329,251	670,967

Financial Risk Management Policies

The AH&MRC Finance and Risk Management (FARM) Committee is responsible for monitoring and managing the AH&MRC's compliance with its risk management strategy and consists of senior board members and staff. The FARM Committee's overall risk management strategy is to assist the AH&MRC in meeting it financial targets while minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the FARM Committee on a regular basis. These include credit risk policies and future cash flow requirements.

Specific Financial Risk Exposure and Management

The main risks the AH&MRC is exposed to through its financial instrument are credit risk, liquidity risk and market risk relating to interest rate risk and other price risk.

There have been no substantive changes in the types of risks the AH&MRC is exposed to, how these risks arise, or the board's objectives, policies and processes for managing or measuring the risks from the previous period.

a. Credit risk
Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss for the AH&MRC.

The AH&MRC does not have any material credit risk exposures as its major source of revenue is the receipt of grants. Credit risk is further mitigated as over 90% of the grants being received from state and federal governments are in accordance with funding agreements which ensure regular funding for a period of three years.

Credit Risk Exposure
The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying amount and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

Accounts receivable and other debtors that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed in Note 5.

The AH&MRC has no significant concentration of credit risk exposure to any single counterparty or group of counterparties. Details with respect to credit risk of Accounts Receivable and Other Debtors are provided in Note 5.

Credit risk related to balances with banks and other financial institutions is managed by the Finance Committee in accordance with approved Board policy. Such policy requires that surplus funds are only invested with counterparties with a Standard & Poor's rate in of at least AA. The following table provides information regarding the credit risk relating to cash and money market securities based on Standard & Poor's counterparty credit ratings:

Cash on hand	Note	2014 $	2013 $
- AA rated		7,755,895	7,429,134
	4	7,755,895	7,429,134

b. Liquidity risk

Liquidity risk arises from the possibility that the AH&MRC might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The AH&MRC manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The tables below reflect an undiscounted contractual maturity analysis for non-derivative financial liabilities.
The AH&MRC does not hold directly any derivative financial liabilities.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

	Within 1 Year		1 to 5 Years		Total	
	2014 $	**2013 $**	**2014 $**	**2013 $**	**2014 $**	**2013 $**
Financial liabilities – due for payment						
Accounts payable and other payables (excluding estimated annual leave and deferred income)	244,251	585,967	85,000	85,000	329,251	670,967
Property lease liabilities	372,014	452,664	323,880	695,894	695,894	1,148,558
Total expected outflows	616,265	1,038,631	408,880	780,894	1,025,145	1,819,525
Financial assets – cash flows realisable						
Cash on hand	7,755,895	7,429,134	-	-	7,755,895	7,429,134
Accounts receivable and other debtors	288,365	1,174,413	160,603	153,459	448,968	1,327,872
Total anticipated inflows	8,044,260	8,603,547	160,603	153,459	8,204,863	8,757,006
Net (outflow)/inflow financial instruments	7,427,995	7,564,916	(248,277)	(627,435)	7,179,718	6,937,481

c. Market Risk

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

The financial instruments which expose the AH&MRC to interest rate risk are limited to government and fixed interest securities, and cash equivalents.

ii. Other Price risk

Other price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk) of securities held.

The AH&MRC's investments are held in the following sectors at the end of the reporting period:

	2014	**2013**
Banking	100%	100%

Sensitivity Analysis
The following table illustrates sensitivities to the AH&MRC's exposure to changes in interest rates and equity prices. The table indicates the impact on how surplus and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variables that management considers to be reasonably possible.

These sensitivities assume that the movement in a particular variable is independent of other variables.

	Surplus $
Year ended 30 June 2013	
`+ / - 2% in interest rates	148,583
Year ended 30 June 2014	
`+ / - 2% in interest rates	156,116

No sensitivity analysis has been performed on foreign exchange risk as the AH&MRC has no material exposures to currency risk.

Fair Values

Fair Value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying amounts as presented in the statement of financial position.

Differences between fair values and carrying amounts of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the AH&MRC. Most of these instruments, which are carried at amortised cost (i.e. accounts receivables, loan liabilities), are to be held until maturity and therefore the fair value figures calculated bear little relevance to the AH&MRC.

		2014		2013	
	Footnote	Net Carrying	Net Fair Value	Net Carrying Value	Net Fair Value
		$	$	$	$
Financial assets					
Cash on hand	(i)	7,755,895	7,755,895	7,429,134	7,429,134
Trade and other receivables	(i)	448,968	448,968	1,327,872	1,327,872
Total financial assets		8,204,863	8,204,863	8,757,006	8,757,006
Financial liabilities					
Accounts payable and other payables	(i)	244,251	244,251	585,967	585,967
Long term loan		85,000	85,000	85,000	85,000
Lease liabilities		372,014	372,014	452,664	452,664
Total financial liabilities		701,265	701,265	1,123,631	1,123,631

The fair values disclosed in the above table have been determined based on the following methodologies:

(i) Cash on hand, accounts receivable and other debtors and accounts payable and other payables are short-term instruments in nature whose carrying amount is equivalent to fair value. Trade and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 139.

Note 16: Capital Management

Management controls the capital of the AH&MRC to ensure that adequate cash flows are generated to fund its programs and that returns from investments are maximised with tolerable risk parameters. The Finance and Risk Management Committee ensures that the overall risk management strategy is in line with this objective.

The Finance and Risk Management Committee operates under policies approved by the AH&MRC Board of Directors. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

The AH&MRC's capital consists of financial liabilities, supported by financial assets.

Management effectively manages the AH&MRC's capital by assessing the AH&MRC's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the AH&MRC since the previous year. The strategy of the AH&MRC is to minimise debt, maximise returns and to manage cash flow timing to ensure that funds are available, without penalty or loss of interest, to meet the requirements of programs.

Note 17: AH&MRC Details

The registered office and principal place of business of the AH&MRC is:

Aboriginal Health & Medical Research Council of New South Wales
Level 3, 66 Wentworth Avenue
Surry Hills NSW 2010

Note 18: Members' Guarantee

The AH&MRC is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the AH&MRC is wound up, the Constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the AH&MRC. At 30 June 2014 the number of members was 49.

Aboriginal Health & Medical Research Council
of New South Wales

Directors' Declaration

In accordance with a resolution of the Directors of the AH&MRC, the Directors declare that:

1. The financial statements and notes, as set out on pages 43-64, are in accordance with the *Corporations Act 2001* and:
   a. comply with Australian Accounting Standards; and

   b. give a true and fair view of the financial position of the AH&MRC as at 30 June 2014 and of its performance for the year ended on that date.

2. In the Directors' opinion there are reasonable grounds to believe that the AH&MRC will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with an ordinary resolution of the AH&MRC Board of Directors.

Mrs **Christine Corby**, OAM
Dated this 26th day of August 2014

Supported by the NSW Ministry of Health

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A. F. WALLIS & CO. PTY LTD
ABN 90 075 605 122

Chartered Accountants

Independent Auditor's Report to the Members of the Aboriginal Health and Medical Research Council of New South Wales

Report on the Financial Report
We have audited the accompanying financial report of the Aboriginal Health and Medical Research Council of New South Wales (AH&MRC), which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report
The directors of the AH&MRC are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 judgment, 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 AH&MRC's preparation of the financial report that gives a true and fair view 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 AH&MRC's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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Chartered Accountants

Independence
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Opinion
In our opinion, the financial report of the Aboriginal Health and Medical Research Council of New South Wales is in accordance with the *Corporations Act 2001*, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

A.F. Wallis & Co.
Chartered Accountants

A.F. Wallis

Dated this 26th day of August 2014

Liability limited by a scheme approved under Professional Standards Legislation

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Donating to the AH&MRC

Help us create a better health future for Aboriginal people in NSW

The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) is the peak body for Aboriginal Health in NSW and is comprised of Aboriginal Community Controlled Health organisations from across the State, all of which provide vital health and related services to the Aboriginal communities they serve.

All donations to the AH&MRC are used to fund initiatives which aim to improve the health of Aboriginal people in NSW. You can choose from three donation types:

General donations

Every contribution, large or small, makes a difference to the health outcomes of Aboriginal people in NSW. Your donation will be added to a general fund which is dedicated to improving the health and wellbeing of Aboriginal communities throughout the State.

Bequests

You can leave a lasting legacy by including a bequest to the AH&MRC in your will.

Endowments & scholarships

Invest in a better health future for Aboriginal people today by making a substantive contribution to the education and training of new workers in the Aboriginal health sector. A range of education and training endowments and scholarships are available to support the important work of the Aboriginal Health College and other AH&MRC-affiliated training providers.

How to donate

Internet

To donate online, please visit the "Donate" page on the AH&MRC website at: **http://www.ahmrc.org.au**

Mail

Cheques or money orders, made payable to The Aboriginal Health and Medical Research Council of NSW may be sent to:

AH&MRC of NSW
PO Box 1565
Strawberry Hills NSW 2012
Australia

Telephone

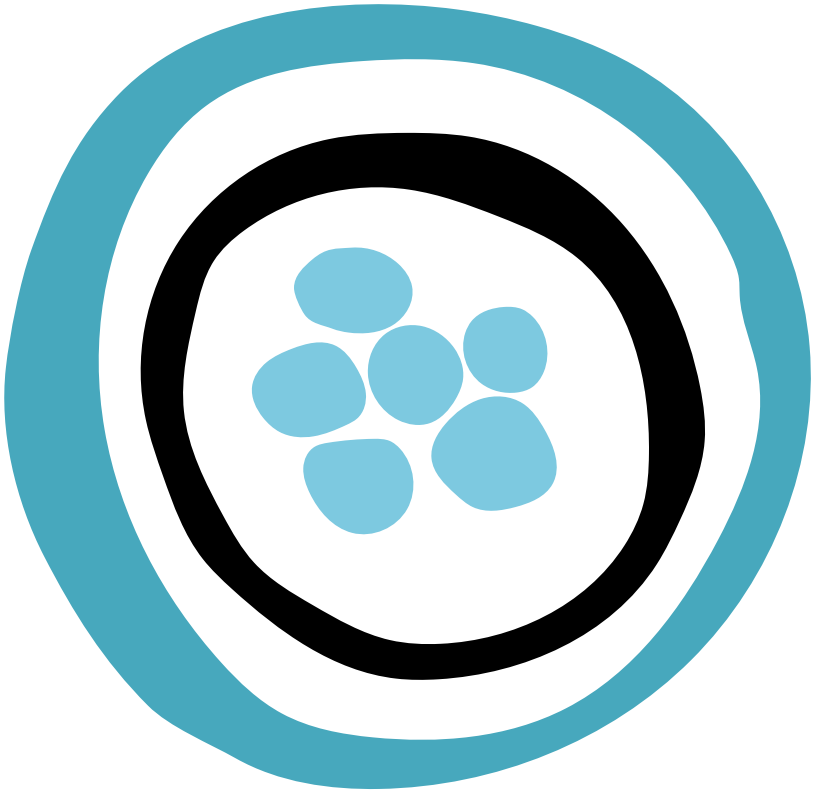
To donate via telephone, call **(02) 9212 4777**.
Please have your details on hand when you call.

Facts, Fees & Charges

- The AH&MRC is a Public Company registered with ASIC [ABN 66 085 654 397].
- The AH&MRC has a current "Endorsement as a deductible gift recipient" issued by the Australian Taxation Office.
- This may be 'cross-checked' on the ABN Lookup web site at http://www.abr.business.gov.au
- There are absolutely no management fees or charges under any spurious names.
- Bank and Audit fees are covered by the AH&MRC Secretariat
- Donations over two dollars ($2.00) are Tax Deductible.

Contact Us

If you have any questions about making a donation, please do not hesitate to contact the AH&MRC on **(02) 9212 4777**.



Aboriginal Health – the social, cultural and emotional wellbeing of the whole community, where every individual can realise their full potential

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Aboriginal Health & Medical Research Council®
of New South Wales