



AHCWA

Aboriginal Health Council
of Western Australia

THE PEAK BODY REPRESENTING
ABORIGINAL COMMUNITY CONTROLLED
HEALTH SERVICES IN WESTERN AUSTRALIA

ANNUAL REPORT

2013

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Who are we?

We are the peak advisory body for Aboriginal Community Controlled Health Services in Western Australia. We represent 20 Western Australian services at a State and National level.

The Aboriginal Health Council of Western Australia is here to:

- lead the development of Aboriginal health policy
- influence and monitor performance across the health sector
- advocate for and support community development and capacity building in Aboriginal communities
- support the continued development of Aboriginal Community Controlled Health Services
- build workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in Western Australia.

WHAT IS ABORIGINAL COMMUNITY CONTROLLED HEALTH?

Aboriginal Community Controlled Health Services (ACCHS) is a sector devoted to the primary healthcare of Aboriginal people.

Primary health generally means healthcare provided by a health care professional when a patient first has contact with the health system.

For Aboriginal people, primary healthcare is about a whole community working to achieve and maintain wellbeing. Because it's in a community that an individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community.

There are more than 150 ACCHSs across Australia. These range from multi-functional practices with various medical practitioners and services to small practices that rely on Aboriginal Health Workers and/or nurses to provide most of the primary care services. Often, these services have a focus on preventative and health education.



Why Aboriginal Community Controlled Health?

Primary health care is an integral part of Aboriginal life that incorporates body, mind, spirit, land, custom and socio-economic status.

Aboriginal Community Controlled Health gives Aboriginal people a mechanism to take control of their health and assures the community of culturally respectful care.

Aboriginal Community Controlled Health Organisations (ACCHOs) have been responsible for many of the health improvements achieved in the Aboriginal population since targets to Close the Gap began in 2008.

ACCHOs compare favourably to mainstream services for identifying risk factors, performing health checks, planning care and managing and treating individuals.



A message from our Chairperson

This year has been one of significant growth for our organisation. A new home was found and a new strategic direction was agreed on, which means we will be able to focus on what we do best, improving the health and wellbeing of Aboriginal people and supporting our member services.

Thank you for a busy and challenging yet rewarding year.



A place to call our own

Home is about stability and connection and for AHCWA it was really important to find that in Perth. Thanks to the generosity of Lotterywest we were able to make 450 Beaufort Street our home and set it up with a dedicated training centre and offices and I feel that this shows the world we mean business when it comes to improving the health and wellbeing of Aboriginal people.

OUR STRATEGIC DIRECTION DEFINED

The AHCWA Strategic Plan was endorsed by the membership, which is an exciting milestone for us as we now have a strong plan that sets out what we need to focus on for the next five years.

Twenty health and business priority areas were identified that broadly fell into two categories: sector driven internal priorities and externally driven priorities. A majority fell into sector driven. These included maternal and child health, oral health and dentistry, data sharing policies, risk management, leadership and youth and capacity growth.

Out of this we identified three key performance goals for AHCWA: Advancing Aboriginal Health, Doing Business Better and Influencing Policy Decisions. These will underpin everything we do.

We're here for our members

The message I continually heard this year was that AHCWA needs to really be there for our member services. I can assure you and our whole sector that we are here for you and because of you. The importance of our sector cannot be underestimated. We only have to look at the statistics and overall improvement of Aboriginal health to see that we are making a difference.

We are empowering our communities and I believe we will see even more benefits from that in the year to come.

Finally, I would like to say that I am extremely happy with our achievements this year and with a new home, a defined strategy and a growing employee base we have a lot to look forward to over the next year. There will also be a lot of hard work as we adapt to changes in our sector and health reform in general, but I'm confident that we can achieve a lot.

Vicki O'Donnell

Our Board Members

EXECUTIVE



Vicki O'Donnell
Chairperson



Sandy Davies
Deputy Chairperson

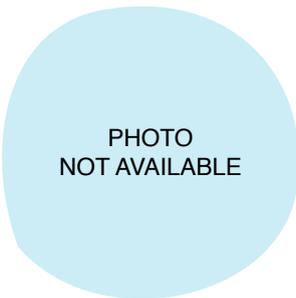


Maxine Armstrong
Secretary

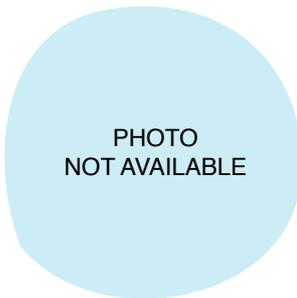


Marelda Tucker
Treasurer

REGIONAL REPRESENTATIVES



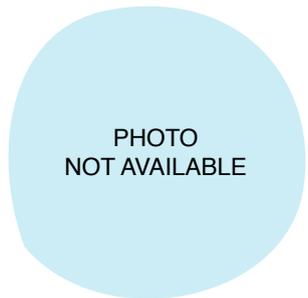
Norm Haywood
South West



Joan Hicks
Pilbara



Fabian Tucker
Goldfields



Michelle Nelson Cox
Perth Metro



Raymond Christophers
Kimberley

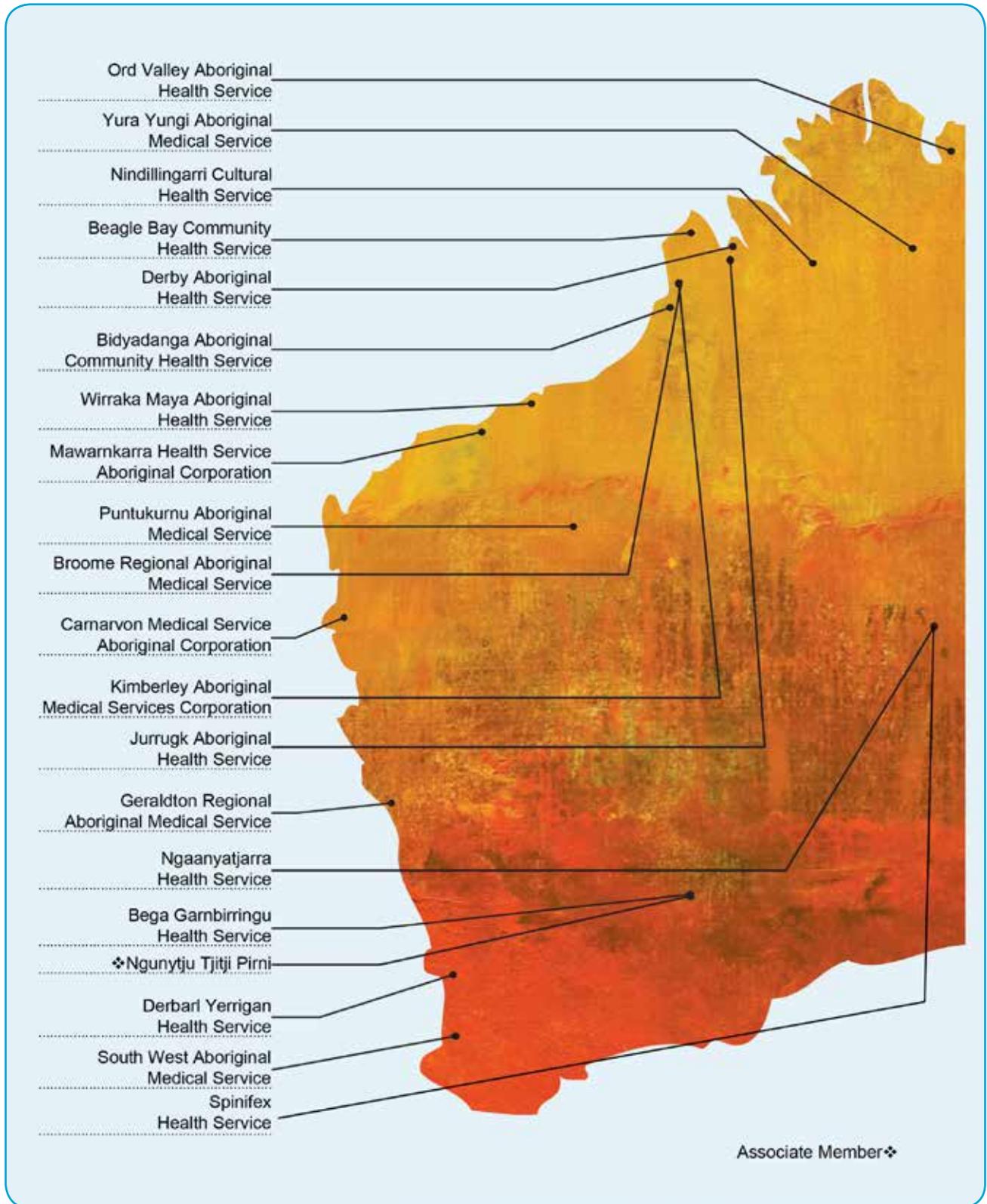


Susan Oakley
Gascoyne/Murchison



Beverley Thomas
Central Desert

AHCWA's Member Services



AHCWA Performance Goals

The AHCWA Five Year Strategic Plan was endorsed by all the membership in 2013.

Three key performance goals for AHCWA were identified:

ADVANCING ABORIGINAL HEALTH

We want to play an integral part in improving the health and wellbeing of Aboriginal people, their families and communities.

During strategic planning, our member services identified the following as the top three priorities to help make this happen:

MATERNAL AND CHILD HEALTH

Better outcomes for maternal and child health are key to closing the gap.

ORAL AND DENTAL HEALTH

Poor oral hygiene and health has been shown to have an impact on other health issues such as renal and heart valve disease and there has been potential links with premature births.

Outcomes in this area can be improved by working to improve oral health through education and intervention and providing better access to both urgent and non-urgent dental treatment.

MENTAL HEALTH

Reforms in the West Australian mental health system will provide potential opportunities for our sector to engage directly with the Mental Health Commission. This will give us the chance to influence plans, policies and resource allocation to strengthen mental health services for Aboriginal people.

DOING BUSINESS BETTER

We want to improve business performance within our organisation and for our member services. We are aiming to provide additional support to our member services to meet their expectations because we exist for our members and to help them provide the best service to their communities.

INFLUENCING POLICY DECISIONS

We want to improve the collaboration between government, health bodies and the ACCHO sector to make sure the sector benefits from structural reforms.

A message from our Chief Executive Officer



We have grown significantly this year, in terms of programs and staff, thanks to increased funding. We found new premises, achieved accreditation, supported our members and added a youth component to our annual State Sector Workshop.

It's been a busy year but one that has allowed us to reinforce our position as the peak body representing Aboriginal Community Controlled Health Services in Western Australia.

Much of the growth experienced was due to increased levels of core and program funding. This allowed us to secure new purpose-built premises, increase staff numbers and implement more programs and support services to the Aboriginal communities of Western Australia and our member services.

In November 2012 our organisation was assessed and gained QIC Accreditation. This was a significant milestone that took a major effort and commitment from our Board of Directors to adopt and maintain best practice standards continually.

Through maintaining our presence on relevant committees and meetings at a State and National level, we ensured that input from the Aboriginal Community Controlled Health sector was received by decision makers. This included working with the National Aboriginal Community Controlled Health Organisation to build sector capacity and lobby government to deal with any hot issues confronting our sector.

Supporting our member services is an incredibly important role for us, in fact it is the reason AHCWA exists. This period saw us provide support to some of our 20 members in the areas of: human resource management, risk assessment management and training, finance management, IT support for audits and patient information systems, corporate governance, secretariat management, accreditation support and advocacy with funding bodies and planning forums.

Our annual State Sector Conference is dedicated to the Aboriginal Community Controlled Health Sector. It is an opportunity to discuss what matters to our sector. This year was particularly special as we held the first Youth Workshop with young people from around Western Australia discussing and presenting about issues in their regions, communities and jobs.

From the AHCWA Board of Directors to Member Services and their staff and communities, to the team of staff working at AHCWA, THANK YOU for making all our achievements and services possible.

Des Martin

Office of the Chief Executive Officer

Corporate Services summary

The Office of the Chief Executive Officer (CEO) provides human resource, continuous quality improvement and control, administrative and executive support to AHCWA and its Member Services where required.

With the growth of AHCWA in the past year, along with a restructure, the Office of the CEO has expanded, bringing Human Resources into the team and the addition of two new roles: Communications Officer and Administration Co-ordinator.

This growth also brought a demand for extra administrative and executive support including: event co-ordination for workshops and conferences and secretarial services.

Our growth can be demonstrated in the increase of both positions and funding over the last three years.

This is a credible achievement for all those involved and again enhances the performance of our member services. Thank you to all AHCWA staff.

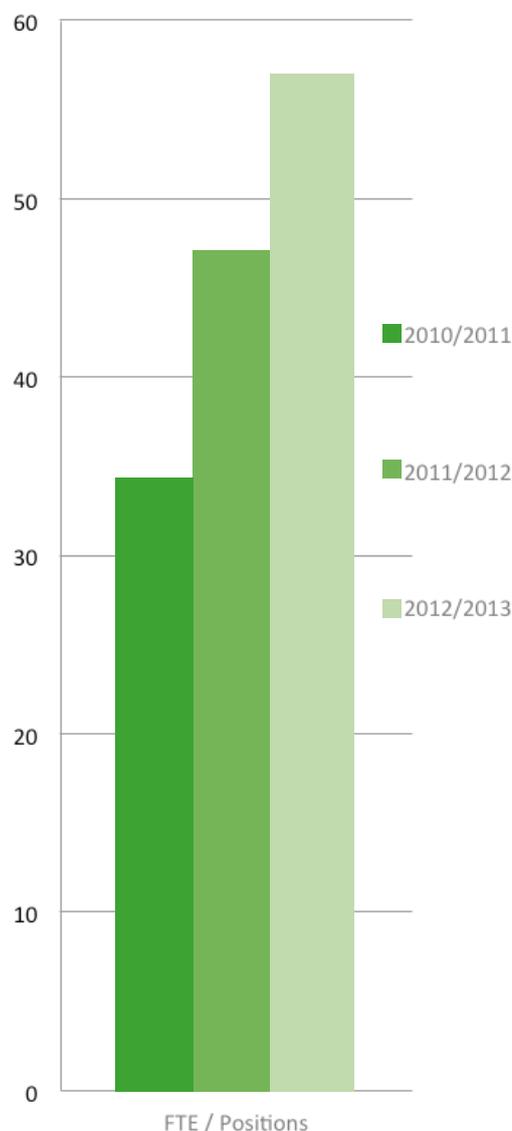
AHCWA and its member services were one of two jurisdictions in Australia to achieve a medium-low risk assessment under the Office of Aboriginal and Torres Strait Islanders Health risk assessment program. This is a credible achievement to all involved, and again enhances the profile of the performance of our member services.

Quality Control

Another major achievement for AHCWA during this time was the successful application for QIC Accreditation, which was assessed and approved in November 2012. This was a major milestone for AHCWA and is a credit to the organisation, staff, and Board of Directors for the continual endeavours to adopt and maintain best practice standards. AHCWA has also worked with Aboriginal Community Controlled Health Services in the uptake of ISO or QIC accreditation that focuses on non-clinical operations, to strengthen corporate services and systems that enhance operational management.

AHCWA has continued to maintain a strong presence on a variety of relevant committees and meetings at a national and state wide level, ensuring input from the Aboriginal Community Controlled Health Sector is received. This also includes working with the National Aboriginal Community Controlled Health Organisation to build capacity within the sector. We will continue to advocate for more inclusion into policy development and service planning but already, requests for AHCWA representation at meetings and on reference groups has increased dramatically over the past year. The establishment of the new Communications Officer position (which is to be filled towards the end 2013), will ensure the image and importance of AHCWA and our Member Services are elevated, and that issues for our communities are voiced and recognised

Growth in FTE / Positions



The table below highlights some other important achievements during this time.

ACHIEVEMENT	DESCRIPTION
Registered Training Organisation (RTO) Funding	The RTO has managed to secure some funding through The Department of Training and Workforce Development for Aboriginal Health Worker Training.
AHCWA new premises	Our Finance and Contracts unit negotiated and secured the new building for AHCWA, as well as funding for office furnishings and equipment. Builders were appointed in October 2012 and renovations commenced on 26 November 2012. AHCWA moved into the new building on the 27 and 28 February 2013.
Research	Through the development of the Aboriginal Health Research Network, AHCWA has been building our research agenda in partnership with key stakeholders (ACCHOs, Universities, Government and non-Government Organisations). This will help develop the capacity of Aboriginal communities to contribute to improvements and maintenance of their own health and wellbeing.
Strategic Plan	<p>With the Development of a five year (2012 – 2017) Strategic Plan, AHCWA has a clear direction on our focus for the next five years. The three identified goals are:</p> <ol style="list-style-type: none"> 1. Aboriginal health advancement: to improve health and wellbeing in Aboriginal Communities and families 2. Doing Business Better: to improve business performance in AHCWA and for Members 3. Influence Policy Decisions: to improve collaborative efforts and ensure the sector benefits from structural reforms

Human Resources

Our human resources team continued to strive for improved organisational efficiency and effective people management this year. The team did this by taking a proactive approach to delivering services and the development and implementation of key management initiatives within AHCWA and our member services.

The growth AHCWA experienced this financial year meant all four organisational units: Workforce Development, Population Health, Office of the CEO and Finance and Contracts grew in capacity.

Our organisational chart can now potentially accommodate 51 funded positions, that's an increase of 10 from the same time last year.

Human Resources Achievements:

Employees

- Improved training and development opportunities for all staff to increase skills, knowledge, confidence and efficiency in their roles
- Proactive and timely approach to employee feedback and issues are dealt with professionally and effectively

Recruitment

- Improved recruitment and selection process by using new advertising and promotional avenues that are designed to target niche areas of Aboriginal health.
- Focus on how a potential employee will fit with AHCWA organisational culture
- Introduced recruitment assessment tool to make sure the best employees are not only attracted to AHCWA but also retained
- New employee handbook introduced for induction process

Organisational

- Focused on changing organisational culture to one of knowledge sharing and unity
- Team building days and a new open plan office layout has helped team cohesion and promoted a stronger team culture
- New organisational structure provided opportunities for career planning and internal progression

State sector workshop and conferences

The State Sector Conference and Workshop are an annual event hosted by AHCWA and supported by the Office of Aboriginal and Torres Strait Islander Health (OATSIH).

The conference was held from 8 – 11 April 2013 at the Esplanade Hotel in Fremantle, Western Australia. The theme was 'Building and Securing our Future' and had a distinctive focus on youth, member service needs, environmental and social determinants of health as well as future resource allocation.

Building and Securing Our Future: State Sector Conference

As with previous years the Conference program was designed around major areas of concern and interest to sector participants.

These areas of concern were:

- The Future Resource Allocation Model and capped OATSIH funding for the Aboriginal Community Controlled Health Sector
- Suicide prevention with a particular focus on the Suicide Prevention task force
- Strengthening the voice of youth
- Before the Federal election there seemed to be a lack of a specific health policy or agenda for Aboriginal people from the then Opposition party (Liberals) and general slow decision making leading up to it
- More focus needed on environmental health, social determinants of health, incarceration of Aboriginal youth and tackling smoking



CEO Des Martin talks about his vision for Aboriginal health

Youth Workshop

AHCWA's Workforce Development team along with Renee Williams from the National Aboriginal Community Controlled Health Organisation spent two days of the conference with 12 Aboriginal and Torres Strait Islander youth delegates.

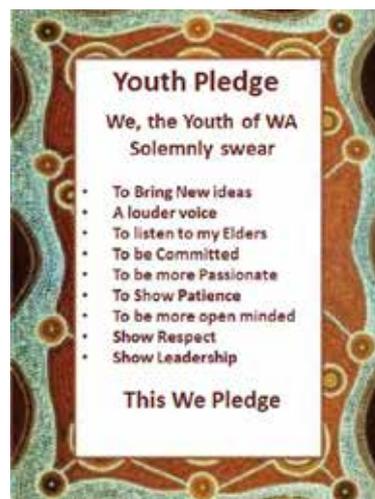
The delegates represented a cross section of roles and interests in Aboriginal health in Western Australia. We had Healthy Lifestyle and Tobacco Action Workers from Broome, reception staff from Derbarl Yerrigan Aboriginal Health Service Inc, Human Resources staff from Roebourne, students studying the Aboriginal Health Worker Certificate IV course at AHCWA, community members from Carnarvon and Perth and an Aboriginal Health Worker from Geraldton.

The first day of the workshop involved discussion sessions designed to draw out issues concerning young people, particularly training, employment, health issues facing Aboriginal people, health promotion and/or prevention messages and leadership capacity building.

The second day was a lot more hands on and involved the youth delegates creating a presentation to broadcast all of the discussions and priorities covered during the sessions on day one, as well as a pledge to be made between the youth (under 25s) and delegates over 25 years of age at the conference. The presentations were extremely well received and the youth delegation had a second chance to present on the final day of the conference when various Members of Parliament and other important stakeholders were also in attendance. The presentation generated a significant amount of discussion in the main conference.



Youth delegates discuss issues affecting them



Information and Communications Technology (ICT)

This Financial year has been exciting yet challenging as a complete technology refresh and two office moves took place.

Thanks to our ICT team and very patient AHCWA staff, we now have a brand new VOIP phone system, integrated into the AHCWA network and switching and routing equipment configured to manage the traffic that goes in and out of the AHCWA network.

New laptops and iPads were given to everyone, making connecting to the office while away a lot easier.

This meant we also had to build a virtualised server infrastructure.

We managed technology issues for a number of our member services, worked on various e-health and Telehealth initiatives and forged strong links with other state agencies, to provide a unified front when dealing with e-Health issues.

Governance

Support Services to Aboriginal Community Controlled Health Services

Under the Primary Health Care funding, we have been delivering corporate governance support to Western Australian Aboriginal Community Controlled Health Services.

Governance training was delivered to board members for Carnarvon Medical Service Aboriginal Corporation, Derbarl Yerrigan Health Service Inc, Puntukurnu Aboriginal Medical Service, Kimberley Aboriginal Medical Services Council and Broome Regional Aboriginal Medical Service. In response to requests from boards of services, AHCWA continued to roll out their template for the Board Induction Manual to Geraldton Regional Aboriginal Medical Service, Ord Valley Aboriginal Health Service and Marwarnkarra Health Service and commenced work with South West Aboriginal Medical Service. Under specific Memorandums of Understanding, the work had been expanded to assist their boards with various Industrial Relations, Conflict of Interest issues and Risk Management Strategies and preparation for the Office of Aboriginal and Torres Strait Islander Health Reconciliation Action Plan. AHCWA continues to work intensely with Wirraka Maya Health Service Aboriginal Corporation to assist delivery of courses for their Registered Training Organisation. Intense work was undertaken with MHS to conduct an organisational restructure and provide guidance and support on the outcomes of the recent forensic audit findings. In the new financial year work will begin with PAMS.

We are currently seeking to purchase a Certificate in Governance training package that would be deliverable through the AHCWA RTO. Negotiations with the QAIC affiliate have commenced. This would be a preferable method of training delivery both enhancing the capacity of the RTO network and ensuring training is tailored to the ACCHO Sector.

National Governance Project

As part of the NACCHO Governance Project AHCWA contributed to the expertise scoping exercise through which a panel was formed to evaluate the 65 consultants whose submissions were compliant, creating the preferred provider list. A subcommittee was formed of SGN officers who worked tools, templates and resources to enable sharing of tools and internal expertise across the sector.

The National Principals of Good Governance were circulated through West Australian Aboriginal Community Controlled Health Services and endorsed by the AHCWA Board. During the last six months of the Financial Year

AHCWA assisted in the Evaluation strategy which was completed on 25 June for submission to the National Aboriginal Community Controlled Health Organisation and funders as well as commenting on key documents around governance provided to NACCHO and the affiliates. AHCWA continues to support NACCHO in advocating for Board remuneration. A verbal commitment has been made to extend the program for a further 12 months pending a submission.

Grants and Submissions

After successfully securing a building, an extensive refurbishment commenced in mid-November 2012 to transform the space into a suitable space for AHCWA.

AHCWA staff made move into the new premises over the following few days.

Prior to occupying the new premises, AHCWA was privileged to have Nyoongar Elder, Reverend Sealin Garlett perform a Smoking Ceremony of the new AHCWA head office on Wednesday 20 February with staff, board members and community members in attendance.

This important occasion was the first time a group from AHCWA had gathered at the building to view the almost completed works and played an important part in recognising AHCWA's spiritual arrival at its new home.

A significant grant of \$525,229.00 towards equipment,

furniture fit-out and information technology for the new premises was received from Lotterywest and we would like to thank them for their support of this significant project.

Plans are now being progressed to secure additional funding to support AHCWA in the purchase of our building, which will occur in June 2014.



Workforce Development Unit

Our Workforce Development Unit focuses on the training and professional development of health professionals employed within both the Aboriginal Community Controlled Health sector and mainstream health care setting.

The Unit has had a very busy 12 months supporting our member services, being part of a number of external workforce projects and delivering new programs.

The core programs the Unit deliver, at our Training and Development Centre at our Perth head office, are:

- Cultural Safety Training
- Primary Health Care

The team is made up of:

- Immunisation Co-ordinator
- Workforce Information Project Officer
- GP Education and Training Officer
- Clinical trainers

GP Education and Training Officer

During the last half of 2012, the General Practice Education and Training Officer commenced winding down their program as Australian General Practice Education and Training diverted the funding for the Affiliate positions to the state Regional Training Posts, (WAGPET).

Activities during 2012 included:

- Three sessions at WAGPET talking to General Practitioner Students about Aboriginal Health and Culture
- A lecture to General Practitioner Students at the University of Western Australia
- Finalised an information package and this was printed in the first quarter of 2013.

- Completed providing information and feedback to the Aboriginal and Torres Strait Islander Health Training Capacity Assessment Project

The contract finished 31/12/12

A new contract has been negotiated between WAGPET and AHCWA to employ an FTE (three days at WAGPET and 2 days at AHCWA). This agreement was signed April / May 2013. Two meetings have been held between WAGPET and AHCWA staff to develop a Job Description Form and fine tune management and outcomes for the project. The Job has been advertised and to date has not been filled.

Training and Development Centre update

This year, the Training and Development Centre team spent time building a strong relationship with the Health Department of Western Australia through John Smoker, Project Manager of the Aboriginal Health Worker up skilling project. This valuable partnership meant we were able to offer ear health training in four regions to 35 participants.

COURSE	ENROLLED	GRADUATES	DUE TO GRADUATE END 2013
Certificate III in ATSI Primary Health Care Work	18	5	13
Certificate IV in ATSI Primary Health Care Work	12	0	12
Ear Health Training	35	30	5

*Studied course throughout 2013 Financial year

Aboriginal Health Worker Qualification Review

Our staff at the Training and Development Centre participated in the review of the Aboriginal Health Worker qualifications by the Community Services and Health Industry Skills Council. The review of the training package was intended to bring packaging rules in line with the new national requirements and to ensure industry needs were met by the competencies included in each of the qualifications.

Cultural Safety Training

Cultural safety is about an environment where people feel safe: where there is no assault, challenge or denial of their identity, of who they are or what they need. Cultural safety is achieved through three stages: cultural awareness, sensitivity and safety which means a safe service as defined by those who receive the service.

At AHCWA we provide Cultural Safety Training (CST) to health practitioners both in the Aboriginal Community Controlled and mainstream sectors. The course is made up of two modules and is accredited through the Royal Australian College of General Practitioners (RACGP).

Despite some challenges with the popularity of online learning and introduction of Medicare Locals, the Workforce Development Team has delivered CST to 291 people from different areas of health.



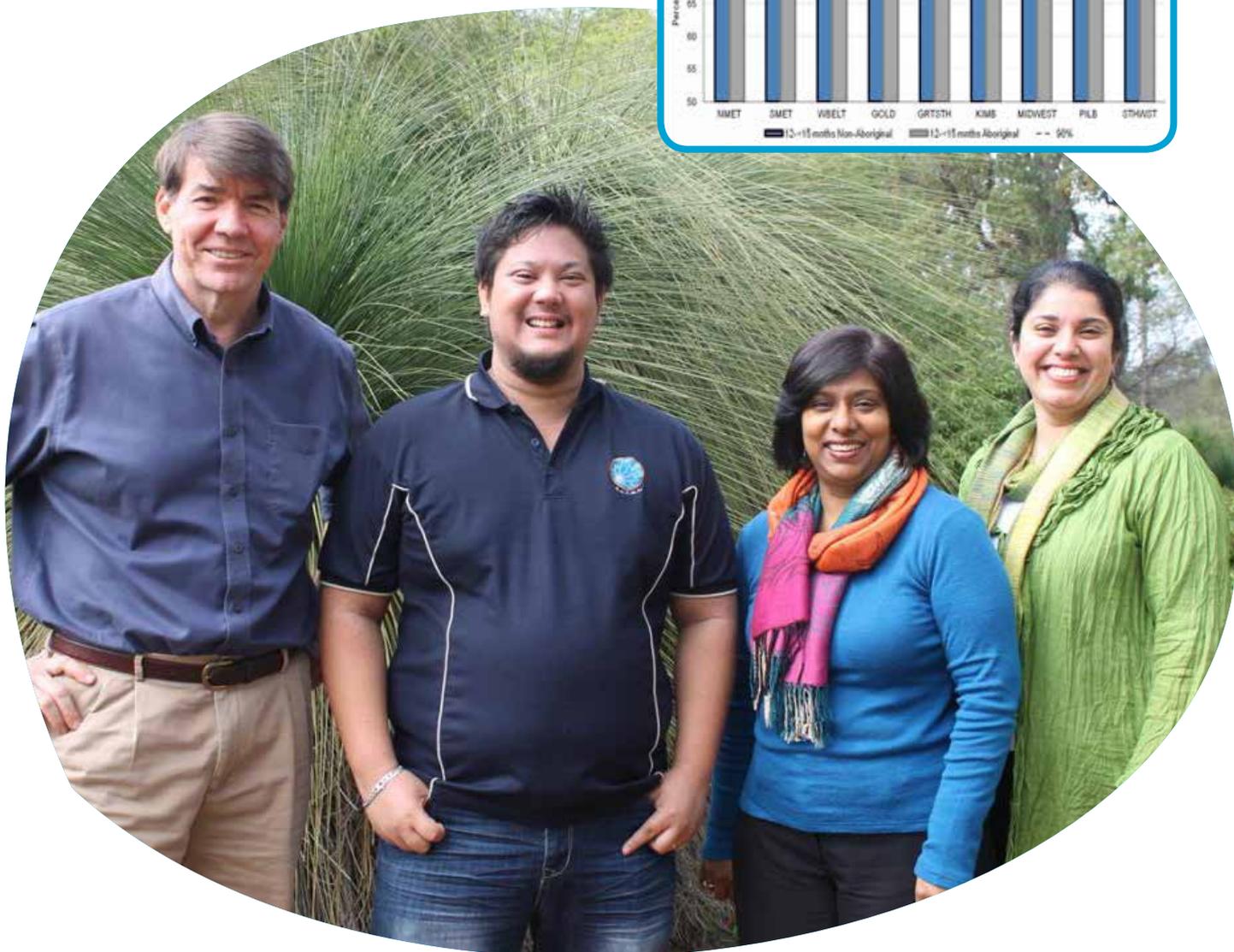
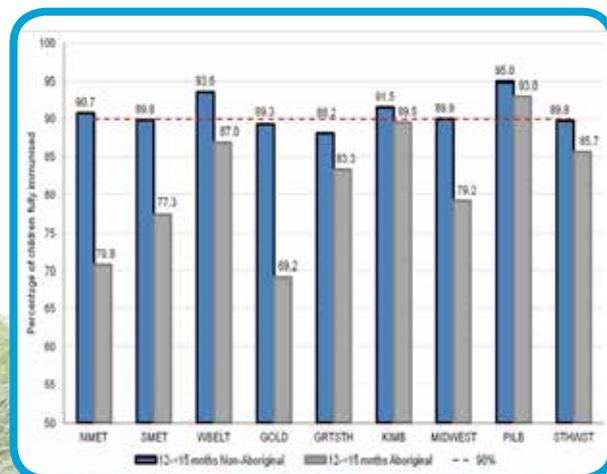
ORGANISATION	TOWN	PARTICIPANTS	MODULE/S
AHCWA Staff and Students	Perth	38	1
Ord Valley Aboriginal Health Service	Kunnunarra	88	1 & 2
Sexual Assault Referral Centre	Perth	40	1 & 2
Canning Division of General Practitioners	Bentley	125	1 & 2

Immunisation Co-Ordinator

When we looked closely at the difference between the rates of immunisation in Aboriginal children and non-Aboriginal children, it became very clear that there was a strong need to have a role dedicated to co-ordinating an immunisation program.

In 2012 we had a series of discussions with the Communicable Disease Control Directorate. These discussions led to funding for an Immunisation Coordinator role to assist in the coordination and delivery of the programme. James Harris commenced in this role in January 2013.

Immunisation rates comparison table



From left to right: Dr Paul Effler, James Harris, Reena Reddy and Palee Kaur

The Immunisation Coordinator has a number of responsibilities that are focused on supporting the needs of those providing immunisation services, predominantly Aboriginal Health Workers, across Western Australia.

The Immunisation Coordinator is a resource to provide information about immunisation schedules, side effects and general vaccine related queries.

They are also responsible for revising and adapting the existing Immunisation Certificate through the Health Department so that it meets the needs of Aboriginal Health Workers.

And they support Aboriginal Health Workers to use the Australian Childhood immunisation register and develop promotional material that encourages and educates communities to access available immunisations.

So far the program has successfully trained five Aboriginal Health Workers so they can immunise children in their

communities. It has formed a focus group of industry experts to look at improving immunisation rates in the Aboriginal population; developed resources to spread the immunisation message at community events and formed a strong partnership with the Communicable Disease Control Directorate and been involved with the West Australian Immunisation Strategy Implementation Steering Committee.

Successfully certified to immunise:

Immunisation Certificate graduates Roz Yarran, Wendy Skellern and Joanna Clinch (front) join James Harris, Immunisation Coordinator and Rhonda Buckley from our member service, Derbarl Yerrigan.



From Left to Right: Reena Reddy (Trainer CDCD), Wendy Skellern, Roslyn Yarran, Joanna Clinch, James Harris, Rhonda Buckley (Derbarl Yerrigan Health Service Inc.) Palee Kaur (Trainer CDCD)

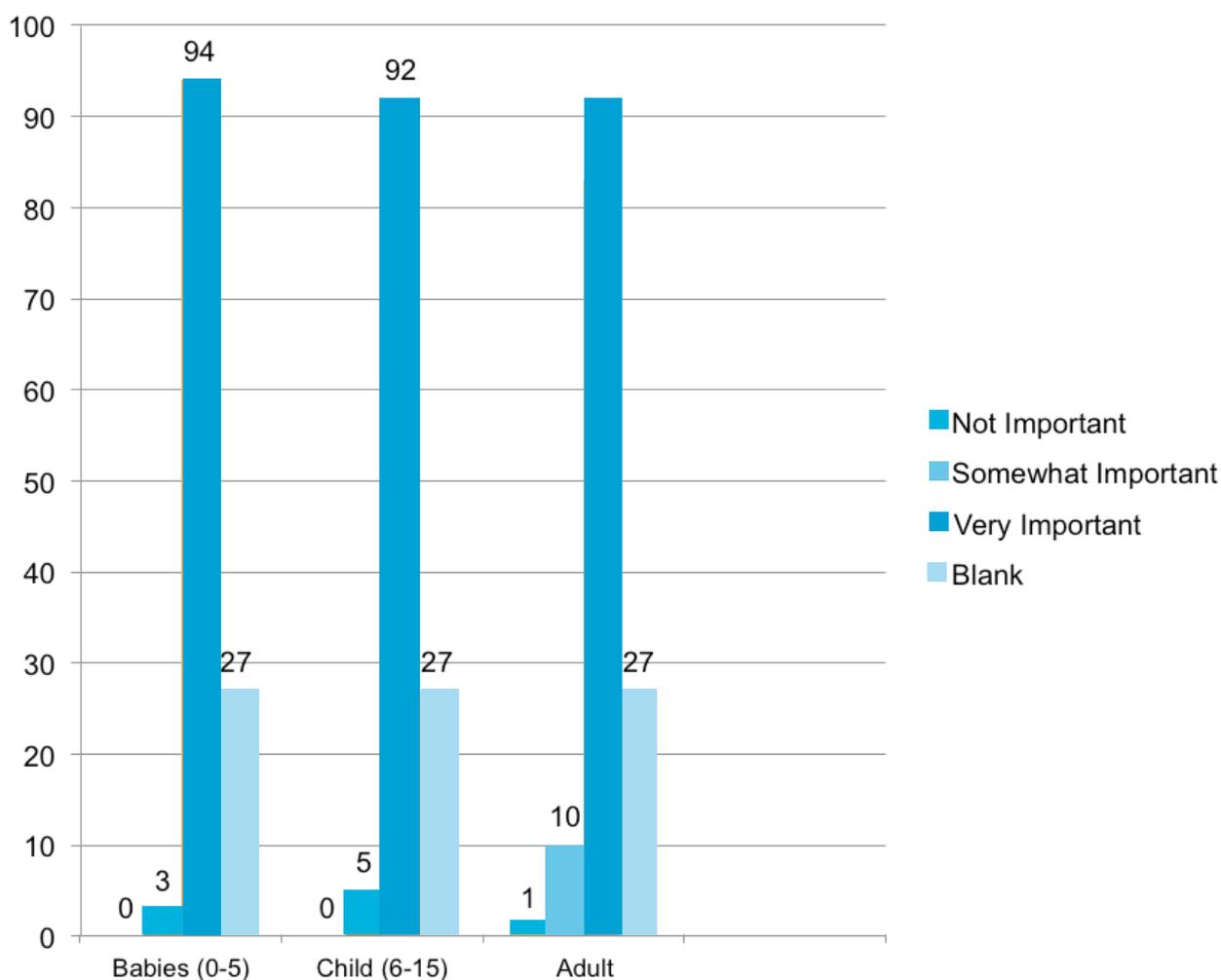
At a NAIDOC Day event in July 2013, we conducted a survey that proved just how important immunisation is, not just to us but also to our public.

Survey Respondents

124 people responded to the survey; included Aboriginal, Torres Strait Islander and others.

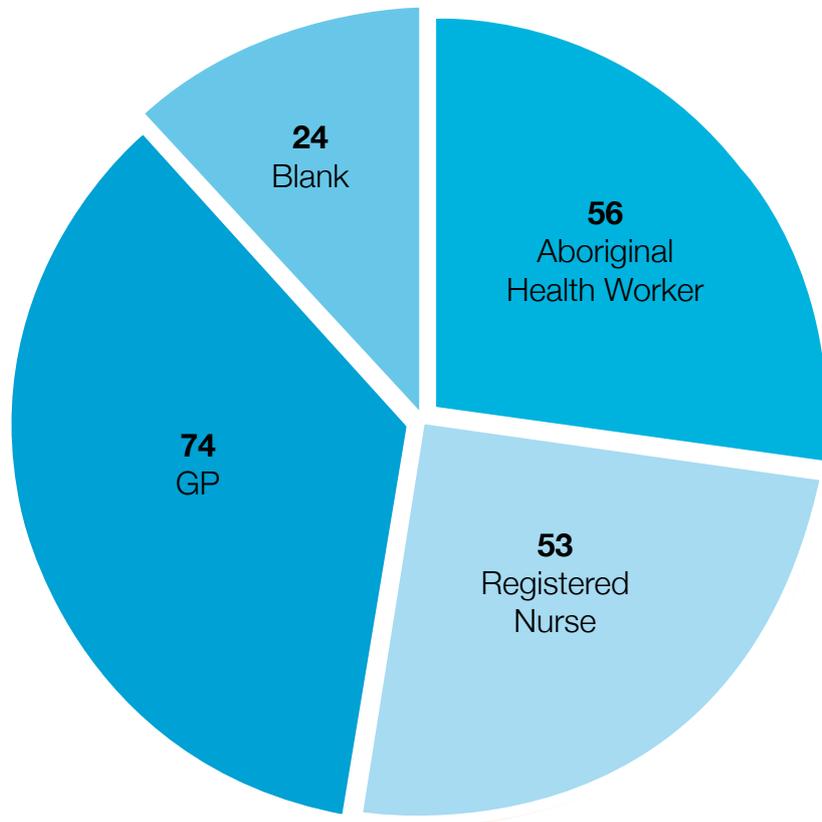
The highest proportion of respondents were Aboriginal (96) A significant amount of respondents recognised the importance of all people, particularly babies and children, being immunised.

Question: How would you rate the importance of immunisation in the following groups?



Respondents indicated they would be happiest with a General Practitioner or Aboriginal Health Worker giving immunisations.

Question: How would you rate the importance of immunisation in the following groups?



Workforce Issues Project Officer (WIPO)

Over the past 12 months the following issues have been the major focus of the WIPO:

King Edward Memorial Hospital Research Project

The objective of this project was to develop formal positions for three Aboriginal Health Workers to be employed at King Edward Memorial Hospital (KEMH). We have been working in partnership with Women's and Infants Research Foundation and Aboriginal Maternity Services Support Unit to evaluate where gaps are in maternity services that AHW's could address if employed there.

The information gathered helped us develop Job Descriptions for AHW's and three of them are set to commence late 2013.

Funding for our Member Services

We worked closely with two of our member services, Wirraka Maya Aboriginal Medical Services and Bega Garribirringu Aboriginal Medical Services, to seek funding for their Registered Training Organisations (RTOs).

Both were successful in obtaining funding to up skill current Aboriginal Health Workers to the next level of qualification which is required for registration. This funding support will continue to assist with the relicensing of the RTOs and transitioning them to the new AHW qualifications.

Promoting benefits of working in Aboriginal health

We spent time promoting the benefits of working in Aboriginal health and Aboriginal Community Controlled Health Services to other health professionals. These involved presentations to medical and population health students and sitting on relevant committees such as:

Committees:

Rural Health West Education Sharing and Allied Health committees

Aboriginal Health Workers in King Edward Memorial Hospital Research Advisory

Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network Executive Committee

Western Australian Aboriginal and Torres Strait Islander Nursing and Midwifery Advisory Committee

Perth North Metro Medicare Local Closing the Gap Advisory Group, Housing Aboriginal Round Table

Population Health Unit

The role of the Population Health Unit at AHCWA is to advocate for, and strengthen the capacity of our member services to plan, manage and deliver a number of key quality public health programs.

Population Health is about preventing disease, prolonging life and promoting health at the individual, community and

population level. It is multidisciplinary in nature involving a number of clinical and non-clinical professions and approaches.

Western Australian Aboriginal Health Ethics Committee

WAAHEC is one of only three Aboriginal specific Human Research Ethics Committees recognised and registered with the National Health and Medical Research Council.

During the year WAAHEC reviewed 82 new applications for Aboriginal health research. WAAHEC now has over 500 applications and 114 currently active ones. WAAHEC

has a responsibility to ensure avenues for information about resources, documents and the Committee are easily accessible and maintained at a high standard. This along with good relationships with research professionals will only help improve research and the way it's conducted.

Tackling Smoking and promoting a Healthy Lifestyle

The Tackling Smoking and Healthy Lifestyle team is a commonwealth supported program intended to address chronic disease factors such as smoking, poor nutrition and low levels of physical activity.

The program seeks to reduce the prevalence of these risk factors by developing a tobacco action workforce, a healthy lifestyle workforce and supporting local campaign activities that enhance access to smoking cessation services.

AHCWA received funding in 2012 to develop a Regional Tackling Smoking and Healthy Lifestyle team focusing on the Perth metropolitan area and surrounds.

The team delivered culturally secure health promotion activities focussing on smoking cessation, smoke free environments and healthy lifestyles.

The 'Tomorrows Dream' Campaign

Tomorrow's Dream as a campaign, uses social media and radio to engage young people on the topic of smoking cessation and the benefits of a smoke free environment.

This year, we had radio messages on Nova FM and Noongar radio. That campaign featured Noongar actor Kylie Farmer and was very well received

The radio campaign received a lot of positive feedback from both community members and service providers.

The feedback was that the message was simple and clear, the actor familiar and respected and the novelty of an Indigenous message on mainstream radio has surprised many listeners.



Table 1: Number of research projects reviewed by geographical location of research

SUBJECT	NUMBER
Statewide	19
National	12
Kimberley	19
Metro	18
Goldfields	6
Midwest	2
Pilbara	3
Southwest	4
Central Desert	0
Western Desert	2
Total	85*

*One application covered two geographical regions

Table 1: Number of research projects reviewed by topic

LOCATION OF RESEARCH	NUMBER
Cancer	2
Cardiovascular Disease	1
Child & Maternal Health	16
Child Health	22
Chronic Disease	1
Dental Health	2
Disabilities	2
Ear Health	1
Education	5
Health Services Research	6
Health Services Research	13
Homelessness	1
Infectious Disease	2
Justice	3
Men's Health	1
Mental Health	15
Sexual Health	3
Women's Health	1
Youth	1
Total	98*

*Some research covered more than one topic

Sexual Health

This year we performed needs assessments for four of our services located in areas with some of the highest rates of Sexually Transmissible Infections in Australia. This involved interviewing 24 Aboriginal Health Workers to assess their needs in relation to screening and treating these infections. The assessment identified the need

for specific sexual health training to be developed and delivered within the Certificate IV in Aboriginal Primary Health Care course.

Aboriginal Liaison Officer and Indigenous Health Policy Officer Workshop

A joint workshop was held on 21 and 22 November 2012 for the Indigenous Outreach Workers and the Aboriginal Liaison Officers.

Participants of the Outreach Worker and Liaison Officer Workshop ranged from all over Western Australia and across the Government, Aboriginal Community Controlled

Health Sector and the mainstream Medicare Local primary care sector. Overall, there were over 60 Outreach Workers, Aboriginal Liaison Officers and Prison Liaison Officers from State Government, Aboriginal Medical Services, Medicare Locals and WA General Practice Network, both metropolitan and rural.

EQHS

The EQHS Accreditation Administrator (EAA) is the body appointed by the Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health (OATSIH) to manage and administer the Establishing Quality Health Standards Continuation (EQHS-C) measure on OATSIH's behalf.

Two jurisdictional workshops were held as part of the EQHS-C measure. These were held in May and June and were both received well with positive feedback from members.

Jurisdictional Workshop Perth May 2013

The Perth workshop had 16 participants across the 2 days that the workshop was held. Some participants attended all sessions on both days with other attendees attending only specific sessions.

Jurisdictional Workshop Broome June 2013

The Broome workshop was held at the Mangrove Resort and was attended by 25 participants across two days.

Public Health Medical Officer and Practice Manager Support

This year the PHMO provided ongoing support to our member services on a number of needs and represented AHCWA at the national level at a number of key meetings.

We were unable to fill the Practice Manager Support position. However, support was given to services by other key members in the Population Health Unit.



Highlights

- **Expanded programs with Best Start and Playgroups WA**
- **Digital marketing strategy developed**
- **Health promotion evaluation and training at Curtin University**
- **Radio Award nomination**

Activities

The team facilitated regular tackling smoking and healthy lifestyle workshops with a focus on preparing healthy meals, quitting smoking and smoke free homes and families with:

‘Best Start’ throughout Perth

Anawim Aboriginal Women’s Health Service

Kadadijiny Playgroup

Moorditj Mums Program

Coolabaroo Housing Service

After school outreach activities

Regular sessions were facilitated throughout Perth though most frequently in Beeliar, Belmont, Kwinana, Langford and Rockingham.

Primary Health Care Research Partnership

In December 2012 we signed a Memorandum of Understanding with the Australian Primary Health Care Research Institute (APHCRI) at the Australian National University that sees us partner with them until February 2015.

The partnership is based on recognition that for research to make a positive contribution to improved health outcomes for Aboriginal people, it must be undertaken in such a way that includes, informs and takes into consideration cultural perspectives and values. It must also build sustained community development and meaningful social change.

This partnership will expand the APHCRI's research capacity and effectiveness and in turn will provide us at AHCWA with access to high quality research and evaluation expertise.

An annual report for the partnership will be prepared in February 2014 and 2015.



Continuous Care Improvement plan funding

AHCWA, in partnership with the Australian Primary Health Care Research Institute received funding to implement and evaluate a three-year Continuous Care Improvement Demonstration Project.

The project consists of a Public Health Medical Officer, Practice Manager or Senior Nurse, Senior Health Worker, Consumer Representative and Project Manager, from AHCWA.

It will be implemented in six Aboriginal Community Controlled Health services in Western Australia and will monitor the key outcomes of: health assessments, care plans, smoking status, treatment and resolution

of otorrhoea, chlamydia and gonorrhoea infections, treatment and re-infection.

A key feature of the project will be the expanded use of e-technology for training and communicating information to staff and the community.

Financial Statements



COMMITTEE REPORT

**ABORIGINAL HEALTH COUNCIL OF WA
STATEMENT BY MEMBERS OF THE COMMITTEE
FOR THE YEAR ENDED 30 JUNE 2013**

The Association/Service is a reporting entity.

In the opinion of the committee the Financial Report as set out on pages 1 to 60.

1. Presents a true and fair view of the financial position of the Aboriginal Health Council of WA as at 30 June 2013 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

2. At the date of this statement, there are reasonable grounds to believe that the Aboriginal Health Council of WA will be able to pay its debts as and when they fall due.

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

Director F L T L Printed name FABIAN TUCKER

Director vabuen Printed name VICKI O'DONNELL

Dated this 7th day of November 2013

BALANCE SHEET

ABORIGINAL HEALTH COUNCIL OF WA BALANCE SHEET FOR THE YEAR ENDING 30 JUNE 2013

	Notes	\$ 2013	\$ 2012
ASSETS			
CURRENT ASSETS			
Cash at Bank	5	941,366	1,176,070
Accounts Receivable	6	385,254	150,945
Petty Cash		83	955
Leased Property Bond	7	61,925	75,665
Prepayments	8	242,093	343,033
		<u>1,630,721</u>	<u>1,746,668</u>
NON CURRENT ASSETS			
Building deposit		50,000	50,000
Buildings improvements at cost	9	1,753,320	6,069
Less: Depreciation		(14,991)	
Computer, Plant & Equipment	9	799,058	409,750
Less: Depreciation	4	(166,196)	(167,284)
Motor Vehicle at Cost	9	74,515	51,421
Less: Depreciation	4	(13,682)	(4,375)
		<u>2,482,023</u>	<u>345,582</u>
TOTAL ASSETS		<u>4,112,744</u>	<u>2,092,250</u>
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable	10	458,600	620,527
GST Payable		97,256	494
PAYG Withholding Tax Payable		28,296	26,446
Superannuation Payable			14,357
Provision for Employee Entitlements	13	150,451	122,224
Unexpended Grants	11	490,168	170,731
		<u>1,224,771</u>	<u>954,779</u>
NON CURRENT LIABILITIES			
IBA Mortgage		987,177	
Provision for Employee LSL Entitlements	13	151,386	127,643
		<u>1,138,563</u>	<u>127,643</u>
TOTAL LIABILITIES		<u>2,363,334</u>	<u>1,082,422</u>
NET ASSETS/LIABILITIES		<u>1,749,410</u>	<u>1,009,828</u>
EQUITY			
Start up Capital		11,020	11,020
Accumulated Surplus		998,808	525,410
Current year surplus	15	739,582	473,398
TOTAL EQUITY		<u>1,749,410</u>	<u>1,009,828</u>

**ABORIGINAL HEALTH COUNCIL OF WA
GRANT ACQUITTAL STATEMENT
FOR THE PERIOD ENDING 30 JUNE 2013**

	BALANCE 2012	RELEASE 2013	EXPENDED 2013	BALANCE 2013
	\$	\$	\$	\$
OATSIH				
OATSIH Corporate Governance	0	0	198,007	(198,007)
OATSIH Ear Health Strategy	0	0	639,747	(639,747)
OATSIH Establishing Quality Health Standards	0	0	0	-
OATSIH Establishing Quality Health Standards Part 3	0	182,125	180,338	1,787
OATSIH Hosting Sectors Engagement Workshops	0	324,225	324,467	(242)
OATSIH Hosting Sector Themed Workshop	0	0	10,000	(10,000)
OATSIH Human Resources	0	136,363	42,591	93,772
OATSIH ICT Part 2	0	21,458	21,458	-
OATSIH ICT Audit	0	141,100	159,605	(18,505)
OATSIH IHPO	0	158,750	149,876	8,874
OATSIH Public Health Officer	0	121,250	113,888	7,362
OATSIH Practice Manager Setup	0	222,821	227,589	(4,767)
OATSIH Workforce Issues Policy Officer	25,081	0	25,081	-
Office of Aboriginal Health				
Core Funding	0	0	0	-
WAAHIEC	9,484	0	0	9,484
WACHS				
COAG NPA Liaison Co-ordinators Funding	0	0	0	-
CST Training Income				
CST Training Workshops	-411	0	143,951	(144,362)
Dept of Health & Ageing Canberra				
Tobacco & Health Lifestyles	8,180	0	8,180	-
State Government Department of Health				
STI + BBV	4,130	0	91,224	(87,095)
Immunisation Co-ordinator	0	0	141,040	(141,040)
GPET 2008 GRANT	32,023	0	776,702	(744,679)
WAPGET		0	2,240,459	(2,240,459)
ARC Linkages	9,787	0	129,124	(119,337)
Medibank		0	84,000	84,000
NACCHO				
Good Medicines Better Health	-19,740	0	71,510	(91,250)
Sector Governance Network	0	0	2,203	(2,203)
EQHS 2 Training	0	0	76,639	(76,639)
New Premises	0	0	0	-
MS1 - Wirraka Maya Health Service	0	0	120,847	(120,847)
MS2 - Mawarnkarra Health Service	0	0	331,767	(331,767)
MS3 - BRAMS / OVAS / DAHS	0	0	126,585	(126,585)
TOTAL	68,533	1,308,092	6,436,877	(4,892,253)

Independent auditor's report to the members of THE ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA

We have audited the accompanying special purpose financial report of The Aboriginal Health Council of WA (AHCWA) which comprises the balance sheet as at 30th June 2013 and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for Financial Report

The directors of "AHCWA" are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members. We have conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our 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, we consider internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. 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.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the directors' financial reporting requirements under the *Corporations Act 2001*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

In conducting our audit we have met the independence requirements of the *Corporations Act 2001*. We have given to the directors of "AHCWA" a written Auditor's Independence Declaration, a copy of which is included in the directors' report. We confirm that the Auditor's Independence Declaration would be in the same terms if given to the directors as at the time of the auditor's report.

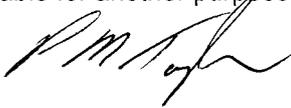
Auditor's Opinion

In my opinion the financial report of The Aboriginal Health Council of Western Australia is in accordance with the Corporations Act 2001, including:

- a) giving a true and fair view of the financial position of The Aboriginal Health Council of Western Australia as at 30th June 2013 and of its performance for the year ended on that date.
- b) complying with Australian Accounting Standards to the extent described in Note 1 to the financial statements and complying with the Corporations Regulations 2001.

Basis of accounting

Without modifying my opinion, I draw attention to Note 1a to the financial report, which describes the basis of accounting. The financial has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose.



Paul M Tayler CA
Registered Company Auditor 14122
231 Adelaide Terrace
PERTH WA 6000

Dated: *11th November 2013*

INCOME STATEMENT

ABORIGINAL HEALTH COUNCIL OF WA INCOME STATEMENT FOR THE PERIOD ENDING 30 JUNE 2013

	2013	2012
INCOME		
Bank Interest	43,791	75,652
Donations	14,270	18,533
Fee for Service Income	831,758	671,627
CST Training Delivery	27,100	(22,645)
Member Support Contractor	864,601	
RTO Course Fees	40,527	24,791
Conference Registrations	5,250	
Profit /(loss) disposal N/C Assets	(49,214)	(2,030)
GRANT INCOME		
Abstudy	0	-
ARC Linkages	0	30,000
Dept of Health & Ageing (THL)	813,529	137,390
Dept of Health WA (OAH)	932,619	889,395
GPET	91,250	91,250
Healthways	0	-
Heart Foundation	0	
Lotterywest	490,776	-
KEMH Womens & Newborns Health Service	0	-
NACCHO	295,095	136,189
Dept of Health WA (CDCD)	225,418	-
Dept of Health WA (Sexual Health & BBV)	79,166	38,750
OATSIH	1,965,764	2,147,508
Oxfam	0	75,000
TICHR	0	-
WACHS	140,149	144,782
Miscellaneous Income	214,848	10,625
WAGPET Funding	63,675	
Unexpended grants as at 30 June 2011	170,731	868,942
TOTAL INCOME	7,261,102	5,335,758
EXPENDITURE		
Salaries & Wages Expenses		
Salaries & Wages	2,520,283	1,880,475
Superannuation	214,711	156,309
Fringe Benefits Tax for Staff	7,523	3,652
Workers Compensation Insurance	15,545	13,955
Staff Training & Development	18,744	103,389
Staff Recruitment	19,221	18,663
Operating Expenses		
Accounting Fees	128,067	-
Administration Fees	834,131	671,627
Audit Fees	116,366	13,460
Advertising & Promotion	41,633	48,086
Bank Charges	1,712	1,154
Computer Equipment & Furniture	521,557	79,389
Computer Equipment Repairs and Software	16,657	89,676
Couriers and Transport (incl relocation)	15,750	7,344
Consultants Fees	1,946,524	580,794
Depreciation Building improvement	14,991	
Depreciation Furniture & Office Equipment	75,949	55,622
Depreciation Motor Vehicle	9,307	3,405
Equipment Hire	7,643	3,338
Fees and Permits	10,823	2,245
Internet/Website Costs	29,866	13,482
Interest Expense	36,948	-
Legal Expenses	207,566	13,558
Meeting Expenses	97,308	124,248

INCOME STATEMENT CONTINUED

ABORIGINAL HEALTH COUNCIL OF WA INCOME STATEMENT FOR THE PERIOD ENDING 30 JUNE 2013

	2013	2012
Insurance Costs		
Business Insurance	2,886	3,693
Directors Liability	1,189	4,227
Public Liability	4,333	5,613
Professional Indemnity	7,879	12,487
Motor Vehicle Expenses		
Car Hire	38,868	21,693
Fuel & Oil	13,192	8,839
Lease of Vehicle	37,443	49,824
Insurance	4,915	4,466
Parking	6,895	1,572
Registration	2,465	3,797
Repairs	3,725	4,586
Office Supplies and Consumables		
Office Supplies	10,382	15,681
Printing & Stationery	69,715	78,576
Postage	6,903	7,023
Publications & Books	7,042	18,959
Premises Costs		
Cleaning Expenses	18,240	18,911
Electricity	15,364	12,272
Premises - Lease and Rent Payments	264,049	379,892
Premises - Outgoings	87,360	70,212
Premises - Repairs & Maintenance	42,604	4,076
Premises - Security Monitoring	4,607	3,417
Storage Expenses	0	0
Telephone	40,771	40,814
Staff Amenities	8,213	9,097
Travel Expenses		
Plane & Train Fares	289,175	271,034
Mileage Allowance	4,451	16,336
Accommodation	211,701	153,082
Meals Allowances	87,389	96,154
Taxi Fares	23,345	16,230
TOTAL EXPENDITURE	8,223,925	5,216,434
Less: Unexpended Grants Cfd	490,168	170,731
Plus: Capitalisation of Buildings at cost	1,747,746	56,069
Plus: Capitalisation of Motor Vehicles expensed	22,597	36,421
Plus: Capitalisation of Equipment expensed	523,170	89,280
Less: Prepayments expenses	100,940	343,033
SURPLUS / (DEFICIT)	739,582	473,398

STATEMENT FROM THE CEO/BOARD

**ABORIGINAL HEALTH COUNCIL OF WA
STATEMENT BY MEMBERS OF THE COMMITTEE
OFFICE FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES
(OATSIH) DEPARTMENT OF HEALTH AND AGEING
2011/2014 FUNDING AGREEMENT
FUNDING ACQUITAL CERTIFICATE**

Schedule A Project Funding Received:

Project Name	Purpose	Recurrent/ One Off	Amount
PHCAP	Corporate Governance	Rec	\$182,125
PHCAP	Human Resources	Rec	\$141,100
PHCAP	Hosting of Sector Engagement Workshop	Rec	\$158,750
PHCAP	Hosting of Sector Themed Workshops	Rec	\$121,250
PHCAP	ICT/IM Stream 2	Rec	\$161,804
PHCAP	Ear Health Project	One-off	\$136,363
Primary Health Care Service	Public Health Officer	Rec	\$331,766
Workforce	Workforce Information Policy Officer	Rec	\$141,033
Quality & Accreditation	Establishing Quality Health Services	Rec	\$324,225
Quality & Accreditation	EQHS maintenance	Rec	\$20,000
C2 Expand outreach measure	IHPO	Rec	\$120,752
C2 Expand outreach measure	Practice Manager	Rec	\$126,596
			\$1,965,764
Sub-total		Recurrent	\$1,829,401
Sub-total		One-off	\$136,363
		Total	\$1,965,764
Total		GST	\$196,576
			\$2,162,340

Schedule B Project Funding Received:

Nil

Schedule C Auspiced Funding Received:

Nil

The committee has determined that the Aboriginal Health Council of WA is a reporting entity and that this general purpose financial report has been prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the financial report as set out on page 2 to page 3

1. Present a true and fair view of the financial position of the Aboriginal Health Council of WA as at 30 June 2013 and its performance for the year ended on that date, are based on proper books and accounts prepared in accordance with Accounting Standards and other authoritative pronouncements and audited in accordance with Auditing Standards and other authoritative pronouncements.
2. The details of assets (as defined in the clause 1.1 of the Funding Agreement) purchased and sold during the year are accurate.
3. The organisation is properly maintaining an asset register as required by clause 13.7(f) of the Funding Agreement.

STATEMENT FROM THE CEO/BOARD CONTINUED

**ABORIGINAL HEALTH COUNCIL OF WA
STATEMENT BY MEMBERS OF THE COMMITTEE
OFFICE FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES
(OATSIH) DEPARTMENT OF HEALTH AND AGEING
2011/2014 FUNDING AGREEMENT
FUNDING ACQUITAL CERTIFICATE**

4. The insurances specified in clause 18 and item H of the relevant schedule to the Funding Agreement are valid for the item of the agreement and certificates of currency for those insurances have been submitted to the qualified auditor. (See note 26.)
5. A register of all skilled and qualified experienced personnel who hold all necessary insurances and professional and registration body memberships as per clause 3.10 (e) of the Funding Agreement is being maintained.
6. The financial controls in place within the organisation are adequate. Refer to clause 5.7 (vi) of the Funding Agreement. All terms and conditions of the Agreement were complied with.
7. The administration expenses and overhead costs of the organisation were reasonably apportioned across all sources of funds.
8. The organisation has followed the purchasing procedures for assets and services set out in clause 13 of the Funding Agreement.
9. Adequate provision has been made for legitimate future statutory and other liabilities of the organisation including, but not limited to taxation liabilities, accumulated staff leave entitlements, liabilities incurred under the Superannuation Guarantee Charge Act 1992 and Depreciation of Assets.
10. The organisation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns and financial statements.
11. The organisation is able to meet its liabilities as and when they fall due.
12. All reports have been formerly endorsed at a properly constituted Board Meeting and recorded in the minutes of that meeting.

This statement has been made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by

Authorised Board Member

Name : Fabian Tucker
Signature : FLTL
Position: Director
Date : 7/11/2013

Authorised Staff Member

Name Dag Martz
Signature [Signature]
Position CEO
Date 7/11/2013

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AHCWA
Aboriginal Health Council
of Western Australia

**ANNUAL
REPORT**
2013