

KATHERINE
HEALTH BOARD

2009 - 2010

WHAT
WE DO

Katherine West Annual Report

Katherine West Health Board Aboriginal Corporation

GOVERNMENT
+ ORGANIZATION
LAW

FAMILY
LAW



GENUS FATHER
GENUS MOTHER



CHARTER
OF SERVICE
AGREEMENT

COMMUNITIES

ABORIGINAL
CULTURE

Y ADDITIONAL
NEW THIS MAY BE LIFE, ...

Y ADDITIONAL
NEW THIS MAY BE LIFE, ...

GOVERNMENT BOARD

CANADIAN ACT

LEGAL
AGREEMENT

GENUS

ABORIGINAL
ROAD

THE WAYS
ARE NOT SO
DIFFERENT

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Our Dream and Mission

Our Dream

All people of the region have long, healthy and happy lives. Excellent health services under community control. All people working together to care for the health.

Our Mission

Katherine West Health Board (KWHB) is a leading Aboriginal community controlled health service. We aim to improve the health and wellbeing of all people in the Katherine West region. We provide culturally safe primary health care and we are a voice for the communities on all matters affecting their health.

Jirntangku Miyrta

'Jirntangku Miyrta' in English means 'One shield for all'.

Through our strong leadership we will grow. This growth will be driven by our people to encourage pride and empowerment within our communities.

Our Vision acknowledges the distinct and diverse identity of our people and their communities.

Our achievements will gain credibility through recognition by our communities and peers.



KWHB Strategic Plan 2010-2014

This year, the Katherine West Health Board Aboriginal Corporation developed a “road map” for the next five years. Developed by the Board, in close consultation with community members and the KWHB Leadership group, the Strategic plan outlines the future development and priorities for the health service.

All staff members will use these priorities to guide their roles within the organization in the coming five years.

Priority 1 - Standing up for our health

Katherine West supports our people to have long, healthy and happy lives. We deliver effective health services, and will speak up for all people in our region on issues affecting health. Through a community development approach, we will support our people to improve the health of their families and communities. We will involve young people in the future of our organisation, and help them grow up to be productive members of their communities.

Strategy 1.1 Being the voice for people in our region on all matters that affect their health.

Strategy 1.2 Using community development to build a pathway to better health.

Strategy 1.3 Involving young people in the future of the community and of our service.

Priority 2 - All of us working together

For Katherine West, there are ‘two roads’ to better health, the Aboriginal road and the non-Aboriginal road. Travelling along these two roads, we will work together to provide high quality and appropriate services to all people in the region. We will maintain respectful relationships with our Board members and with our communities, as the foundation for culturally safe health care. We will work with other organisations to improve the health of our region.

Our strategies for working together will be:

Strategy 2.1 Building strong relationships with our communities, so we can deliver culturally safe care.

Strategy 2.2 Respecting the role of our Board members.

Strategy 2.3 Promoting effective communication and team work across our organisation.

Strategy 2.4 Building our partnerships with government and other organisations.

Priority 3 - Delivering high quality, appropriate comprehensive primary health care

Katherine West has brought about a big increase in health services across the region. However, we are still moving towards our long-term goal of integrated, multidisciplinary comprehensive primary health care. Working at the community level, we will treat sick people as well as working to prevent people getting sick in the first place. We will continue to identify gaps in health services and work to fill them.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:

Strategy 3.1 Working towards local, community based primary health care teams.

Strategy 3.2 Balancing the need to provide sick care with the need to prevent illness.

Strategy 3.3 Filling gaps in service provision.

Priority 4 - Getting and keeping well-trained staff

Our staff are our strength. We need qualified staff to stay with us and work with our people, and we will support them with further training. We will employ and encourage Aboriginal people to work in all roles throughout our organisation, including in senior positions. We will ensure that our communities have appropriate access to doctor services.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:

- | | |
|---------------------|--|
| Strategy 4.1 | Improving retention of staff in our health centres. |
| Strategy 4.2 | Employing more Aboriginal people at all levels in the organisation. |
| Strategy 4.3 | Ensuring all communities have an appropriate level of access to general practitioner services. |
| Strategy 4.4 | Making sure that all of our staff are well-qualified and well trained. |

Priority 5 - Better buildings and equipment

We need appropriate, well maintained infrastructure to deliver high quality services. We will work to ensure that all clinic buildings are maintained, upgraded or replaced to meet the needs of our staff and our communities. Suitable and well-maintained accommodation will encourage our remote staff to stay with us. High quality and reliable Information Technology (with training and support) underpins effective health care in our region.

Our strategies for better buildings and equipment will be:

- | | |
|---------------------|--|
| Strategy 5.1 | Providing clinic buildings that meet the needs of our staff and the communities we serve. |
| Strategy 5.2 | Working towards Aboriginal and non-Aboriginal staff having suitable and well-maintained accommodation. |
| Strategy 5.3 | Continuing to improve our computer systems, especially in our remote health centres. |

Priority 6 - Safe travel and better transport

All people in the Katherine West region should be able to travel reliably and safely to access the health care they need. In the case of accidents or emergencies, timely and well-organised evacuations are critical. We need a safe, well-coordinated and efficient system for our people travelling away from their communities for health care. We will work to ensure people have more reliable access to their local community health centre, including during the Wet season.

Our strategies for safe travel and better transport will be:

- | | |
|---------------------|--|
| Strategy 6.1 | Working to ensure timely and well-organised evacuations. |
| Strategy 6.2 | Ensuring that patient travel is safe and appropriate for those who need to leave their home communities for health care. |
| Strategy 6.3 | Establishing reliable access to our health centres. |

Chairperson's Message

This is my first report to you as Chairperson of the Katherine West Health Board after entering the role in September 2009. It is a great honour to be chairperson of Katherine West, and to be telling you about the busy year we have had standing up and fighting for our communities.

NEW STRATEGIC PLAN (2010-2014)

This year the Board Members, Community People and the executive leadership group worked on a new strategic plan for the Katherine West Health Board, with help from Edward Tilton and Jeannie Devitt, for the next five years (2010-2014).

The Strategic Plan focuses on six key priorities:

Priority 1 – Standing up for our Health

This means that Katherine West supports our people to have long, healthy and happy lives. KWHB delivers effective health services, and will speak up for all people in our region on issues affecting health.

Priority 2 – All of us working together

For Katherine West, there are 'two roads' to better health, the Aboriginal road and the non-Aboriginal road. Travelling along these two roads, we will work together to provide high quality and appropriate services to all people in the region. This also means respectful relationships with our Board members and with our communities, as the foundation for culturally safe health care.

Priority 3 – Delivering high quality, appropriate comprehensive primary health care

Katherine West has brought about a big increase in health services across the region. However, we are still learning and trying to get better. Working at the community level, we will treat sick people as well as working to prevent people getting sick in the first place. We will continue to identify gaps in health services and work to fix them.

Priority 4 – Getting and keeping well-trained staff

Our staff are our strength. We need qualified staff to stay with us and work with our people, and we will support them with further training. We will employ and encourage Aboriginal people to work in all roles throughout our organisation, including in senior positions. We will ensure

that our communities have appropriate access to doctor services.

Priority 5 – Better buildings and equipment

We need appropriate, well maintained buildings and equipment to deliver high quality services. We will work to ensure that all clinic buildings are maintained, upgraded or replaced to meet the needs of our staff and our communities. Suitable and clean accommodation will encourage our remote staff to stay with us. High quality and reliable Information Technology (with training and support) underpins effective health care in our region.

Priority 6 – Safe travel and better transport

All people in the Katherine West region should be able to travel safely to access the health care they need. In the case of accidents or emergencies, timely and well-organised evacuations are critical. We need a safe, well-coordinated system for our people travelling away from their communities for health care. We will work to ensure people have more reliable access to their local community health centre, including during the Wet season.

WORKING WITH COMMUNITIES

This year we continued to have open community meetings in Timber Creek, Bulla, Yarralin, Pigeon Hole, Kalkaringi and Lajamanu. Open Community meetings are important to make sure we understand what is happening in the community, so that KWHB can respond if they need to.

WORKING TOGETHER WITH ORGANISATIONS

This year we have also worked with other organizations that are present in our communities to get better health outcomes for our people. We will continue to work with these organizations to ensure the best health possible for our people.



GOVERNANCE TRAINING

This year the board has done training in Governance with consultant Rob Burdon. Governance training guides and supports Board members in their roles as Board Members. This is an important training day, so all of our Board members know their roles.

CULTURAL ORIENTATION DVD

This year KWHB made a Cultural Orientation DVD, which is designed to help new employees to be more culturally aware when working in our communities. Cultural Safety is very important to ensure aboriginal way and non-aboriginal way can work together.

The DVD was a really good idea, and it would be great to see more DVDs made in the future. Thank you to all Board members, Staff and Health Workers who took the time to appear in the DVD. Your contribution is greatly appreciated.

FOCUS ON ABORIGINAL HEALTH WORKERS

We want to continue our focus on developing Aboriginal Health Workers in the Katherine West communities. AHWs have a very important role in our health centres, and we will keep fighting to make sure they receive the recognition they deserve in the wider health sector.

KWHB is very supportive of the Year of the Aboriginal Health Worker, which is proposed for 2011-2012. This would be well deserved recognition and an excellent way of making public the great work they do in remote health.

PATIENT TRAVEL

This year we have also kept fighting for good Patient Travel in our region. We have had discussions with the minister, the government and other organizations.

We will keep fighting for good patient travel systems, to make sure our people have access to health services at all times. A main focus in the coming year will be making sure our people are still taken care of when they come into Katherine or Darwin hospital for treatment and follow-up. It can be hard travelling into town for treatment and being away from family, so we want to help our people feel secure, safe and still "in-touch".

TAKING OVER AS CHAIRPERSON

As I said in September, "One Shield for All", our motto, is as important today as it has ever been. Working together as one, fighting together, we will continue to make KWHB a success. I want to thank outgoing Chairperson, Honorary Board Member Joseph Cox, for his help and guidance this year.

I also want to thank Jack Little for his support and guidance this year also.

I want to keep KWHB strong and to help it grow. With the help of our Board Members, and our community members, Katherine West will continue to gain in strength, fighting for our communities.

Roslyn Frith

Chairperson, KWHB.

The Board

Katherine West Health Board is governed by an 18-member Board consisting of Aboriginal representatives who are elected by their communities in the KWHB region.

The role of the Board is to represent the interests of community members and provide direction to KWHB staff. The structure of the Katherine West Health Board is based on the philosophy of Aboriginal community control.

The Board meets four times per year and has a six-member Executive that meets regularly.

In addition to attending full Board meetings and Executive Board meetings, KWHB Board Members displayed their commitment by:

- Participating in governance training (provided by an external consultant) about roles and responsibilities
- Attending open meetings in each community as part of the 'Back to the Bush' strategy
- Providing cultural safety by partnering the CEO at a wide range of other meetings.

We thank all Board Members for their commitment and dedication throughout the year, as well as proxy board

members who represented full board members at meetings in Katherine during the year.

Your contributions, wisdom and guidance are greatly appreciated by all Katherine West Health Board staff and community members.

We have also paid tribute to our Board Members by including an image of all Full and Honorary Members Board Members of the Katherine West Health Board during the 2009/2010 period.

Board Members

- | | |
|---------------------------------|-------------------------------------|
| 1. Alicia King - Yarralin | 12. Justin Paddy - Kalkarindji |
| 2. Charlie Newry - Timber Creek | 13. Laura Doolan - Lajamanu |
| 3. Clara Paddy - Gilwi | 14. Norbert Patrick - Lajamanu |
| 4. Doris Lewis - Lajamanu | 15. Riley Young - Lingara |
| 5. Geoffrey Barnes - Lajamanu | 16. Rosie Saddler - Mialuni |
| 6. Geoffrey Matthews - Lajamanu | 17. Roslyn Frith - Kalkaringi - CEO |
| 7. Jack Little - Bulla | 18. Sandra Campbell - Yarralin |
| 8. Jeremy Frith - Daguragu | 19. Sheila Hector - Pigeon Hole |
| 9. Jocelyn Victor - Pigeon Hole | 20. Sonny Victor - Bulla |
| 10. Joseph Cox - Doojoom# | 21. Steven Jones - Myaff |
| 11. Joyce Herbert - Lajamanu | 22. Willie Johnson - Lajamanu |



CEO's Report

KWHB – The Big Picture

Katherine West supports our people to have long, healthy and happy lives. We deliver effective health services, and will speak up for all people in our region on issues affecting health.

Through a community development approach, we will support our people to improve the health of their families and communities. We will involve young people in the future of our organisation, and help them grow up to be productive members of their communities (*KWHB Strategic Plan, 2010-2014*).

2009/2010 has been another year of effective health service delivery to the community members of the Katherine West Region.

Some of the key issues we have focused on this year have been:

- Continued advocacy for safe, effective, timely travel for our patients,
- Ensuring the voice and role of our Aboriginal Health Workers is respected, through education by KWHB and through advocacy of AHW's in the wider health network of the Northern Territory,
- Long term strategic planning, ensuring we keep our eyes on the main game of improving Indigenous health as we grow as an organization,
- The professional development of our staff, through education and support for general training opportunities,
- Ensuring the cultural safety of the primary healthcare we provide so that community members are comfortable in accessing our services at all times and
- Continuing to work at effective community engagement, to ensure all communities have a voice and a say in their health and in their health organisation.

FINANCIAL PERFORMANCE

KWHB recorded another solid year of financial performance with a net surplus of \$570,997. The working capital ratio on our Balance Sheet is healthy. We are well placed to consolidate and build on the strengths of the KWHB model. We plan to further expand into an increased focus on Chronic Disease Management and preventative programs into 2011.

PATIENT TRAVEL

Over the last two years we have had an intensive focus on advocating for the improvement of patient travel services through the Katherine West region. In the last year, we have continued communication with the Northern Territory Government about ensuring patient evacuations are carried out smoothly. The relationship and communication is improving and we are hopeful about the long term improvement with patient travel overall.

ABORIGINAL HEALTH WORKERS

KWHB continues to appreciate the true value of Aboriginal Health Workers, and in the coming years we will be making a concerted effort to boost recruitment and training to this critical part of the service.

STRATEGIC PLANNING

This year, after intensive community and staff consultation the Board endorsed a new Strategic Plan for 2010 -2014. The six key priorities were decided upon:

Priority 1 - Standing up for our Health

Priority 2 - All of us working together

Priority 3 - Delivering high quality, appropriate comprehensive primary health care

Priority 4 - Getting and keeping well-trained staff

Priority 5 - Better buildings and equipment

Priority 6 - Safe travel and better transport

ADVOCACY

On a more global scale, KWHB provided positive input to our sector through our peak body Aboriginal Medical Services Alliance NT (AMSANT). I also represent AMSANT on the Northern Territory Aboriginal Health Forum where the Commonwealth, NT Government and AMSANT collaborate on Aboriginal health issues.

RESEARCH

This year KWHB took part in a study by the University of Melbourne into the Support Systems we use to facilitate primary health care in remote Australia. This type of research/case study is useful in analysing our organization, and in the coming 12 months we look forward to more opportunities from research bodies across Australia. We now have a documented case study which outlines the KWHB support systems in detail. It is available on our website.

MEDIA

In August 2009, KWHB were featured on the front cover of the magazine Rural Doctor. We also had an eight-page article in the magazine under the heading "Desert Dreaming: Black and White work together to create a model health service." This article gave a comprehensive overview of the health service and provided great exposure for KWHB on a national scale. It made an excellent case for Aboriginal Community Controlled Health Service Regional model as the best way to deliver services to remote Aboriginal communities.

FUTURE DIRECTIONS:

Health Promotion and Health Literacy Focus

We plan to do more health promotional work in the coming year, and have hired a health Promotion Co-ordinator to focus on this in conjunction with our Aboriginal leadership.

We are also planning to recruit to an Aboriginal Health Promotion Officer that can assist in guiding our health promotion strategy and to be active in sharing appropriate health messages with community members.

We also have a Population Health Manager starting with us soon, and this role will be vital to increasing and coordinating health promotion and public health coordination across our organisation.

Chronic Disease Coordination

While we have seen improvements in numerous indicators in our health data, there continues to be a high burden of chronic disease throughout our region. As such, we want to improve our management of chronic disease.

We have specific funding from the Commonwealth Government to recruit Yapa Outreach Workers. These Aboriginal Outreach workers will be stationed in Lajamanu, with the main idea being to bridge the gap between community and the health centre. They will assist in encouraging community members to attend the health centre and be involved in care management planning especially for those clients with chronic disease.

Chronic Disease is a journey, over a long period of time, and we want to help community members on this journey of health.

Year of AHW

KWHB, along with other community controlled health services, helped sow the seed with AMSANT the idea for the year of the Aboriginal Health Worker, which is tentatively scheduled to be held from May 2011-April 2012.

KWHB fully supports this promotion of Aboriginal Health Workers because of the valuable contribution they make to the health of remote communities across Australia. Presently, it is very difficult for our Trainee Aboriginal Health Workers to get through their training at Batchelor College. KWHB believes that block release training doesn't work and that training needs to be closer to home and supported by local tutors. We would like to at least see Growth Town communities used for as a site for an adult education facility and tutors as a start.

Allied Health Funding

This year KWHB will receive our allocated allied health funds directly from the Commonwealth.

At this stage, we have planning for a Diabetes Educator to work in our region, using this allocation and to hire locums to meet needs as they arise eg speech therapy, physiotherapy, podiatry.

Land & Office Building

We are also looking at financial options for building a new office space in Katherine that can better suit the requirements of Katherine West Health Board. This will require more consultation in the coming 12 months and a comprehensive funding application to government bodies and a land acquisition application to the ILC.

CONCLUSION

As always, a big part of KWHB is ensuring that there is a good flow of communication between community members and the health service. In the coming 12 months, we will continue to hold Open Community Meetings, Primary Healthcare Meetings, Board Meetings, Ngumpin Reference Group Meetings and Leadership Group Meetings to ensure that all ideas and feedback are heard, and the service continues to represent the interests of our community members.

I thank all of our board members for their terrific work, especially our retiring Chairperson, Joseph Cox and all of our staff across the region for the great work they do every day in improving the health and well being of our clients.

Sean Heffernan

Chairperson, KWHB CEO

Medical Director's Report

This has been a challenging and rewarding year for our health service.

SWINE FLU (H1N1)

Early months were dominated by the 2009 H1N1 Influenza outbreak. As a result, the new Panvax vaccine was provided to most residents of the region, so we now carry a high level of immunity to this infection.

TRACHOMA SCREENING

Later in the year, as well as the annual influenza vaccination programme, we carried out trachoma screening and treatment across our communities. Both of these community-wide programmes have drawn our attention to issues of hygiene, especially around hand and face-washing, both in staff training and in health promotion resources. These programmes and messages will continue to receive special attention in the next few years.

OPENING OF KALKARINGI HEALTH CENTRE

In July of 2009 an event took place which some people thought might never happen – the new Kalkarindji Health Centre finally opened for business. We have been enjoying the new space, and are still working on making the best use of the new facility. An interesting visit in October was by an eye surgeon who performed operations at Kalkarindji on people whose eyelids had been damaged from trachoma.

STAFFING IN 2009-2010

Stable, high quality GP staffing has been a particular feature of the health service this year. Shelly Pisani joined us in August. She has had a particular focus on chronic disease management and has mainly worked in Yarralin. Marilyn Williams commenced at Lajamanu a short while later, and has provided strength and stability to the team there. In October, Donald Hogan came to Timber Creek, and we can only describe him as deadly. We were also very pleased to have Dr Iain return to Kalkarindji for his fourth year and Dr Andrew celebrated a decade with KWHB. We have also been hosting a number of great junior doctors, and enjoy their contribution.

The departure of some of our long term nursing staff members, particularly Primary Health Care Manager, Rebecca Gooley, has required some reorganization and those who stepped in to fill the gaps have done a great job.

There have been a lot of staffing changes in our remote health centres and this is an important area for us to work on, as it impacts greatly on communities. Simon and Bec Cooney moved from Timber Creek to Katherine to take up the PIRS and Child Health Coordinator roles respectively.

New Health Centre Coordinators Emma Barritt at Kalkaringi, Phillipa Simpson at Yarralin and Penny O'Connor at Lajamanu added some fresh faces and have become known in communities around the region. Reima Baker commenced as AHW Educator, and she has been working with all our health workers and particularly our two AHW trainees, Deb Jones at Timber Creek and Eunice Hector at Yarralin. Some of the new positions which have been filled or are soon to be filled, such as PIRS and AOD, add a lot of exciting new scope to the service we have been providing, and are an indication of our gaining strength.

AGPAL ACCREDITATION AND HIGH PERFORMANCE DELIVERY

Despite staffing pressures, we have managed to maintain a very high level of performance in the delivery of our health services, as measured by The Northern Territory Key Performance Indicators for Aboriginal Health Services, and by the granting and renewal of AGPAL accreditation for all our health centres. We have worked on specific health issues, such as:

- Childhood anaemia and growth faltering interventions
- More widespread introduction of insulin for managing difficult diabetes and
- As well as producing care management plans and case conferences for people with complex problems.

VISITING SERVICES

We have also seen a steady improvement in the provision of visiting services, such as optometry, dental services and specialist outreach visits. This suggests that despite the challenges of remoteness we can provide a standard of health care in our region as good as that which might be expected anywhere in Australia.

ADVOCACY OF KWHB IN THE MEDIA

The August 2009 edition of Australian Rural Doctor magazine contained an article about the success of our model so far. It reminds us that it can take a long time to do things the right way, but in 2009/2010 we seem to be continuing to build things properly on our strong foundation

Dr Louise Harwood

KWHB Medical Director

Community Development and Cultural Safety

2009-2010 has been a big year in the development of better community development and cultural safety standards for the Katherine West Health Board.

CULTURAL ORIENTATION DVD

This year we decided to expand our Orientation and Induction program for new staff. It was discussed and decided by our Ngumpin Reference Group that a 45 Minute Cultural Orientation DVD, filmed with KWHB Staff and Community Members during 2009, would greatly benefit new staff to the region.

The DVD was designed to raise awareness in new and existing staff about cultural safety and awareness within our remote communities. The DVD gives new staff a valuable insight into community life and a reference point about the rich history of the Katherine West region.

The intention behind the DVD is to help open the minds of our staff to learning about Aboriginal culture, to ensure better communications between our staff and the community.

We think that if all our staff members are aware of culture, working with respect and developing good relationships with the community, this will go a long way to achieving better health outcomes for everybody.

Filming of the DVD included staff members being interviewed and also "Acting" on camera, and we are very grateful to all our staff members who devoted their time and talents to the project.

We launched the DVD in Darwin at the Deckchair Cinema on April 19, 2010 with a great event. KWHB Board members and executive leadership team were in attendance, and were joined by MLA Marion Scrymgour (Member for Arafura and KWHB's first CEO) and representatives from AMSANT, the Australian Government and the Northern Territory Government.

The DVD is in use currently by KWHB as an orientation tool, and has received excellent feedback both internally, and from other Community Controlled Health Services.

The entire DVD can be viewed on our website <http://www.kwhb.com.au> at all times, and is also available on youtube at <http://www.youtube.com/user/KWHBTV>.

CULTURAL ORIENTATION RESOURCES ON INTRANET

This year we have collected all of our Cultural Orientation Material, developed over the 11 years of KWHB, into the one page on the KWHB Intranet. The materials on this page provide an extensive overview of the organization for all staff members, and the page has been accessed and used many times when educating new staff members about the region.

This page has many different materials to help staff, including maps, information about working in remote communities, information about working with specific people, language resources, the collective agreement and information about dealing with the challenges that are sometimes present in remote communities.

The Cultural Orientation DVD also ties in with this page, and having this resource, along with the Cultural Orientation DVD, has greatly assisted in ensuring new staff in our communities are better prepared and more knowledgeable about the community they are working in.

SYSTEM ASSESSMENTS (SAT)

This year we made some changes to the way we assess the health service in our remote communities. For many years we have used a System Assessment Tool (SAT) as a way of evaluating how our remote clinics are functioning.

However, through the years, many of our Ngumpin staff have raised concerns that the System Assessment Tool was difficult to understand, very long, had difficult language and was hard to use.

To address these concerns, KWHB hired outside consultants to come into KWHB and work with staff and Aboriginal Health Workers to develop a Systems Assessment Tool that was easier to understand, more appropriate for our remote health clinics and had language that was easier to understand for our people.

The consultants worked intensively with our Aboriginal Health Workers, who provided excellent feedback and direction on how the tool could be better adapted for the specific purposes of KWHB.

We are looking forward to using the revised tool to assess the health service in our remote clinics in the coming year.

SYSTEM ASSESSMENT WORKSHOPS

This year we conducted System Assessment Workshops in Timber Creek, Bulla, Kalkarindji and Lajamanu. We had a System Assessment for Yarralin and Pigeon Hole that was conducted in Katherine due to bad weather.

These System Assessments always provide good feedback on the health service from our staff members and help to ensure that we provide the best level of Primary Healthcare we possible can.

ABORIGINAL HEALTH WORKER EDUCATION AND TRAINING

We fully appreciate the importance of Aboriginal Health Workers (AHWs), the great work they do in the community and the importance they have in terms of cultural safety.

This year we have been fortunate to allocate funding for a permanent AHW Educator. In our region we have six full time AHWs, as well as two Trainee AHWs.

The role of the AHW Educator is a very important one, designed to provide an extra level of support for AHWs. Raima Baker has been our permanent AHW Educator since March 2010, and part of her role included an extensive AHW in-service training program during May 2010 in Katherine.

Another part of the AHW Educator role has been to critically analyse the AHW training program and to identify challenges and gaps in AHW training. At the moment, KWHB feels there are numerous gaps in the AHW training program, and part of our planning for the next few years will be rectifying these gaps between Batchelor Institute and KWHB training.

We believe that an approach with focus, time and energy will reap benefits.

ADVOCATING FOR ABORIGINAL HEALTH WORKERS

This year we have also been advocating for better funding, training and education opportunities for AHWs. Not just in the Katherine West region, but Territory-wide, there has been a slowing down of trainee AHWs coming into the health sector, and this greatly concerns us.

KWHB have not had a new trainee AHW come through our region for some time, and we will be seeking new trainees for this critically important community based role. We will explore the possibilities of a second AHW Educator role created in the coming year as a way of supporting any new trainees that we can recruit from our communities.

We have advocated directly to the NT Health Minister about AHWs, and we support the AMSANT submission for creating "The Year of the Aboriginal Health Worker" in 2011-2012 as a way of creating further awareness about the great work AHWs do in the remote health community setting.

A main aim of KWHB is to raise the profile and awareness of AHWs throughout the health sector, to explore the challenges and barriers in education and training and to make education and training more workable and deliverable on the ground.

NGUMPIN LIAISON OFFICER POSITION

This year we created a Ngumpin Liaison Officer Position. This role was designed to:

- Strengthen cultural leadership in the organization
- Support the Ngumpin Reference Group
- Support and liaise with community clients, especially those who come into Katherine or Darwin Hospital
- Support Women's and Maternal clients who come into town for appointments or births
- Log and coordinate incidents relating to patient

travel or community issues and complaints

- Ensure voices are heard in the community, and to raise issues with executive leadership team when required.

We are currently recruiting to that role and expect to have the position filled permanently in the coming year.

UPCOMING LAUNCH OF TRACHOMA STORY RESOURCE KITS

This year we have designed and developed a Trachoma Story Resource Kit for use in our region as a health promotion tool.

The Indigenous Health Team from Melbourne University worked in conjunction with KWHB and the Ngumpin Reference Group to develop the resource, which is a story about Trachoma, a serious infection of the eye, which is a serious problem in remote Australia.

This resource is due to be officially launched in August 2010.

INCREASED FOCUS ON HEALTH PROMOTION

We have recently recruited to the Health Promotions position, so we expect an increased emphasis on creating culturally safe and accessible health promotion material for our communities.

We also expect the new Health Promotions Officer to engage in more one on one education and discussion with our community members in the coming year.

David Lines

Community Development Manager

Child Health Report

SCHOOL SCREENING

School screening was once again conducted this year throughout our region except for Lajamanu. Children had their vision, ears, hearing, eyes and growth checked. The children at Kalkarindji also had their teeth checked.

Most of the children are very healthy, although we found a high incidence of trachoma throughout the region. An additional nurse, junior GP and the Child Health Program Coordinator assisted the primary health care team to conduct school screening.

COMMUNITY TRACHOMA TREATMENT

As a high incidence of trachoma was found in the school aged children most of the KWHB communities had a community treatment of trachoma. The primary health care team worked very hard while conducting the treatment in an attempt to eradicate trachoma from our region.

CHILD HEALTH ASSESSMENTS

The primary health care teams are working very hard at completing child health checks with the majority of children receiving their health assessments. The Developmental Assessment Tool is working well and has increased referrals to allied health and pediatric specialists in our region.

Developmental issues in children that were not previously looked for are now being detected and acted upon, which is a positive step for KWHB.

ANAEMIA

There has been an increased focus on Anaemia this year. There has been an increase in education about Anaemia as well as developing new Communicare templates to assist clinic staff to treat Anaemia. This has lead to an increase in the rates of anemia treatment completion. The anaemia rates in KWHB region have fallen 10% since last financial year.

CHILD HEALTH EDUCATION

Child Health Education has been delivered to the primary health care team via teleconference or during health centre visits by the Child Health Coordinator. Topics include ear health, anaemia acute care and trachoma.

AIMS FOR NEXT YEAR

In the forthcoming year we hope to see the completion of a child health orientation manual as well as an increased focus on growth faltering and school aged children.

Environmental Health Report

This year we have again had a full-time Environmental Health Officer based in Katherine and servicing all the communities in the Katherine West region.

EMPLOYMENT OF ENVIRONMENTAL HEALTH WORKERS BY NT GOVERNMENT

There has been no progress towards employment of Environmental Health Workers (EHWs) within the KWHB area. Advocacy continues with NT Health and the Shires remain supportive if funding was made available. There is no indication from NT Health of any further funding to be put into the EHW program.

PROVIDING AN ENVIRONMENTAL HEALTH "WATCHDOG" DURING SHIRE TAKEOVER PERIOD

The Environmental Health Officer role within KWHB is to ensure issues that may affect community health are dealt with by the responsible organisation, usually the shires.

Community complaints to KWHB about environmental health issues normally reflected a problem with communication at a local level. In most situations the organisation responsible was already aware of the complaint, but was not necessarily fully aware of the severity of issue or the affect the complaint was having on a household.

In addition, in some situations the complaint was being acted upon appropriately by the organisation responsible, but what they were doing had not been relayed to the actual complainant or the community.

In following up on community complaints we have endeavoured to encourage service organisations to have better communication with individuals and the community as a whole. This is however difficult with the regular turnover of staff employed by Shires within communities.

ANIMAL CONTROL

Animal control is an ongoing issue due to Shires appearing to have funding sufficient only for each community to have several visits by a vet each year. There is a low priority given to this issue by the shires, as in day to day animal control, leaving a total reliance on the vet visits to resolve all issues.

Problems get resolved but not always in a timely manner.

This issue has been raised by KWHB with all the shires in regard to their future plans, along with issues regarding to waste management and local emergency management.

SUPPORTING EFFORTS TO IMPROVE COMMUNITY HOUSING STANDARDS

The KWHB Environmental Health Officer advocates directly to Remote Housing NT for sustainable improvements in housing repairs and maintenance and new housing construction.

There has been no discernible implementation of the Strategic Indigenous Housing and Infrastructure Program (SIHIP) within the KWHB area. The only date we have been given for commencement of refurbishments was 2010/2011.

Community meetings have however been held in communities by Remote Housing with apparent intent for refurbishments to soon commence. No details have been provided by Remote Housing to communities of any life-skills programs being instigated to coincide with completion of any refurbishments.

Surveys of communities by Remote Housing NT have designated some occupied houses as being "Beyond Economic Repair". This apparently means that no major work is planned for these houses and no indication been given on when they will be replaced. This is of major concern as in the KWHB area, most of these houses are in communities not designated in the SIHIP program as receiving any new houses.

COMPLIANCE WITH ENVIRONMENTAL HEALTH LEGISLATION

All required inspections under Environmental Health Legislation (Food Premises, Boarding Houses and Swimming Pools) have been completed. Related activity included ongoing food safety education of food premise management and employees, particularly in relation to the pre-preparation of foods.

Women's and Maternal Health Program

The past year focused on consolidating the work already commenced with providing sustainable, effective and safe antenatal care in the KWHB remote communities. As with previous years, the requirement to support female members of the health centre teams to feel confident in providing antenatal care is essential. The Women's and Maternal Health program is therefore supported by a Women's and Maternal Health Coordinator, the Woman's Business Manual (WBM) and remote GP's.

SUSTAINABLE "CONTINUITY OF CARE"

KWHB continues to promote a model of sustainable model of antenatal care, addressing the shortage of Remote Area Nurses with a midwifery qualification, and ensuring that people living in KWHB communities have access to best practice antenatal care.

The core business of the maternal and Women's Health Coordinator is to provide clinical leadership for RAN's and AHW's so that women living in the KWHB region have access to "Continuity of Caregiver" in the community where they live.

This dynamic model of antenatal care was presented at the annual "Healthy for Life" Conference in April. KWHB Chairperson Roslyn Frith presented her interpretation of antenatal care between Ngumpin Woman and Nurse in art. Noleen Campbell also described her role as a AHW at Yarralin Community.

ANTENATAL CARE MODEL IN COMING YEARS

The model of providing clinical leadership and support has been found to be best achieved by having a highly mobile Womens' and Maternal Health Coordinator. Developing a rapport with remote staff provides a forum where RAN's and AHWs are aware that the MWHC can be contacted to explore any issues that arise. The Senior Medical Officer also provides clinical guidance for referring high risk antenatal women, and frequently communication between RAN's, MWHC and SMO problem solves to ensure that certain pregnant women are directed to consultant care.

The KWHB model of care for antenatal women promotes a sustainability of the remote workforce with clinical support and leadership. Many of the RANs caring for the antenates can now freely discuss global issues in maternity care; there is a heightened awareness of issues that affect all women in the delivering of safe and effective care.

WEEKLY WOMEN'S & MATERNAL HEALTH COLLABORATIVES

Maternal collaboratives have continued over the course of the previous 12 months, as remote staff have continued to gain confidence providing care. This has been evidenced by the sophisticated questioning that has arisen during the course of the weekly collaboratives. Maternal collaboratives addresses gaps in service and provides some education for all new primary health staff members.

Food Supply and Nutrition

This year we have been fortunate to have a full-time Nutrition and Food Supply Officer position, based in Katherine and conducting extensive travel throughout the Katherine West region.

VEGIEMAN ON TOUR

This year KWHB conducted numerous VegieMan days with primary schools in the wider Katherine West region. These VegieMan tour days involve spending time in primary schools and doing one-on-one bush cooking demonstrations, as well as extensive nutrition education with kids and parents.

This year we conducted these 2-3 day sessions in Bulla, Timber Creek, Yarralin, Kildurk, Pigeon Hole, Kalkarindji and Lajamanu.

LIFESTYLE WEEK IN PIGEON HOLE

This year we conducted a lifestyle week in Pigeon Hole, focusing on healthy lifestyles in the community. As part of this program we conducted one-on-one nutrition and food safety education. As well as this program, Lifestyle Week also included education from regional health professionals in the field of Alcohol and Other Drugs, Sport and Recreation and Sexual Health.

INTERNATIONAL WOMEN'S DAY

As part of International Women's Day, we went to Timber Creek to do a healthy cooking demonstration involving fruit and vegetables. We organized this day with Ngaliwurru-Wuli Association.

DIABETES WEEK

This year we held some Diabetes Information sessions as part of Diabetes Week in Yarralin and Kalkarindji. Diabetes is a chronic disease that requires a balanced diet in order to remain healthy. As part of our education, we modeled the use of blood glucose testing kits, and worked on helping people to make a diet plan that is suitable for diabetics.

TIMBER CREEK FOOD SECURITY PROJECT

We received funding for this project last year, and we were able to fully implement this project in 2009-2010. The Timber Creek Food Security Project encourages healthy eating in schools, but also assists in ensuring sustained access to quality food in remote communities.

In Timber Creek, we worked with the store there to put in a new fruit and vegetable display and have continued to work with the store owners to ensure good, healthy food is provided to the community.

TUCKER BUDDIES IN BULLA

Tucker Buddies is a program that teaches good nutrition in schools. Tucker Buddies has been developed and trialled this year in the Bulla community.

This program was developed out of the VegieMan experience, which was done earlier in the year. Aboriginal Health Workers in Bulla helped devise the program after seeing what worked well during the VegieMan program.

With Tucker Buddies, we worked with the kids in schools to develop a workbook, which helps the kids plan their food and water intake every day. We developed five different characters to help the kids understand fruit and vegetables.

We are looking to expand this program into other communities in the coming year.

KWHB NUTRITION AND CATERING POLICY

This year we also finished developing and implementing the KWHB Nutrition and Catering Policy, which applies to every event that requires food and drink run by the health service.

We also supported the roll out of the policy by developing a Catering Booklet for our staff to refer to, which assists in ensuring that each event has healthy and nutritious food available. We also worked with all grocery and food providers in the region to ensure that they are aware of our policy when it comes to catering events.

ATTENDING FOOD SECURITY CONFERENCES IN CANBERRA

This year we also attended some professional development conferences in Canberra on Food Security Issues and Advocacy. Betty Laurie (AHW) also attended to learn more about Nutrition and Food Security. These conferences were linked to the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)*.

NATSINSAP provides a framework for action to improve Aboriginal and Torres Strait Islander health and wellbeing through better nutrition and was developed concurrently with the national strategic framework, *Eat Well Australia*.

DIRECTIONS FOR THE COMING YEAR

Next year we want to continue our focus on educating people about diabetes, and also incorporating a healthy bush tucker focus.

We will also be running a series of 10-week challenges for KWHB staff, aimed at educating people about balanced diet mixed with physical activity, with some tips on setting attainable goals when it comes to diet and nutrition.

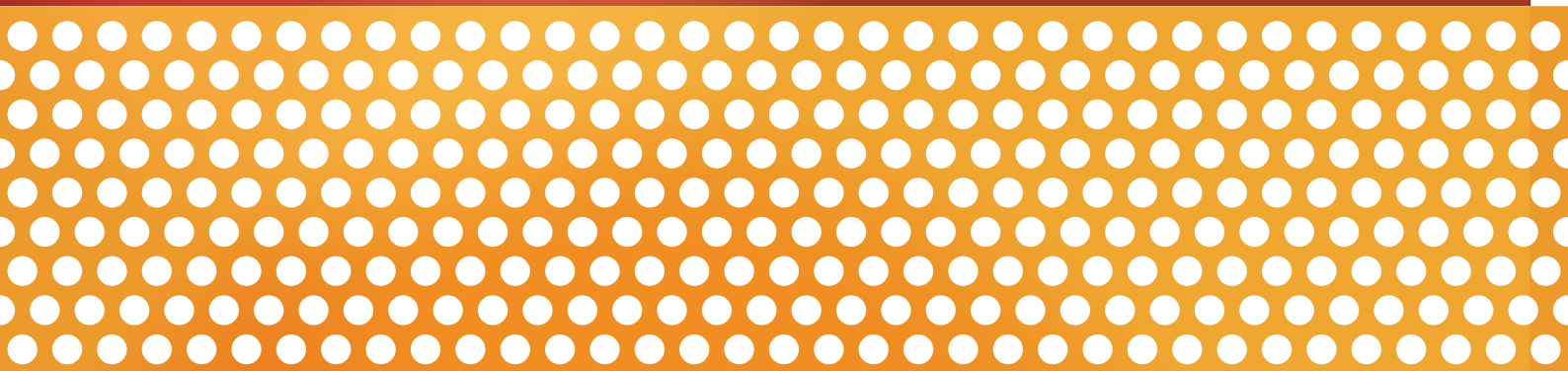
This year we will continue to work with the Environmental Health Officer on hygiene issues when it comes to food and food security. We will also continue one-on-one sessions with school kids and parents out in the community.

This year we also want to continue our educational activities with our Aboriginal Health Worker and Trainee Aboriginal Health Workers.

We are also looking at creating more health promotional material that is specific to our region, in particular around child nutrition and the Tucker Buddies program.



Year in photos



All of these photos were taken by KWHB staff in the Katherine West region during 2009 and 2010. Strong verbal consent was provided by all people who were photographed, and we have included their image in our Annual Report in good faith. We are grateful that members in our communities have agreed to be photographed by KWHB staff. If you have any issue with any of the photographs, or if you would like a copy of the photograph, please speak to a KWHB staff member at any time.





ABOVE: September 2009
Ros Frith Becomes
Chairperson of KWHB

In September 2009, Ros Frith became KWHB Chairperson, replacing Joseph Cox, who became an Honorary Board Member of KWHB.

BELOW: April 2010
Cultural Orientation DVD Launch

In April we launched the KWHB Cultural orientation DVD at the Deckchair Cinema in Darwin, with a gala evening attended by Marion Scrymgour MLA and representatives of AMSANT, the Australian Government Department of Health and Ageing and the Northern Territory Department of Health and Families

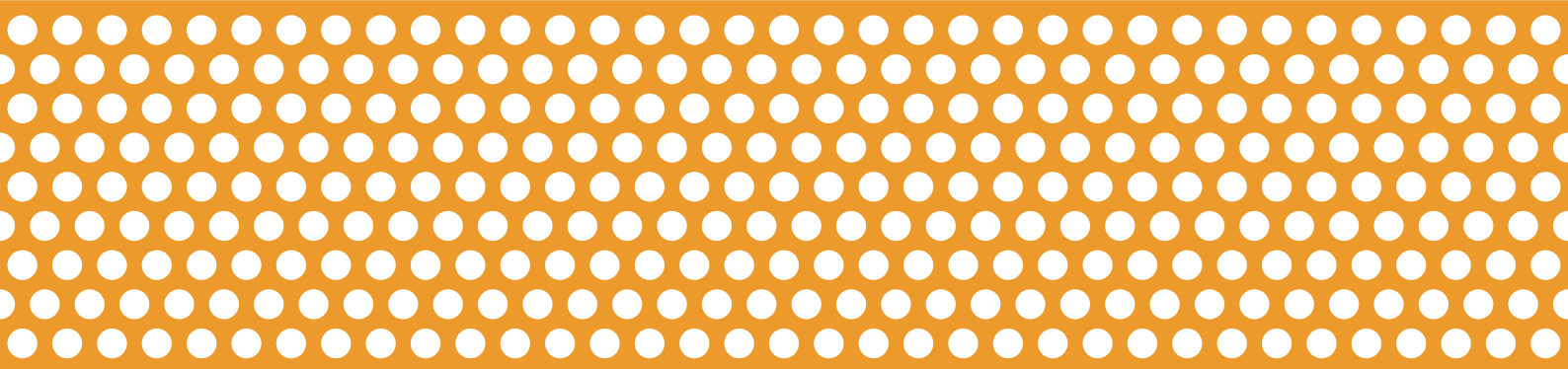




2009/2010 10 Year Anniversaries

In November 2009, Dr Andrew Bell, Honorary Board Member Joseph Cox, Aboriginal Health Worker Lorraine Johns (Pigeon Hole) and KWHB Board Member Willie Johnson celebrated their 10th Anniversary with KWHB.

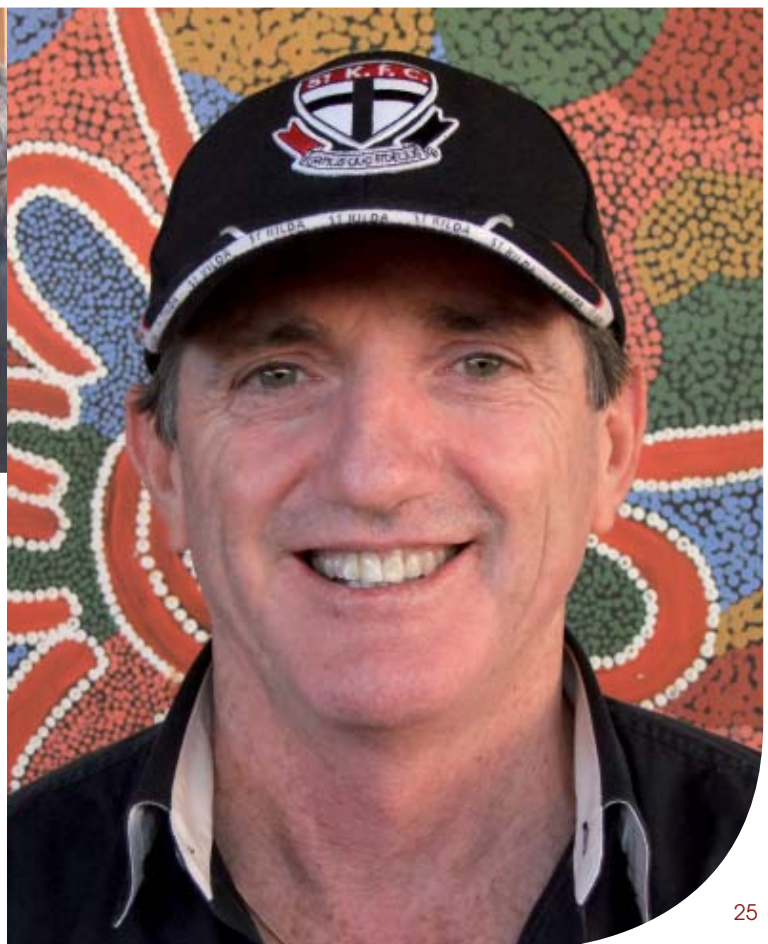


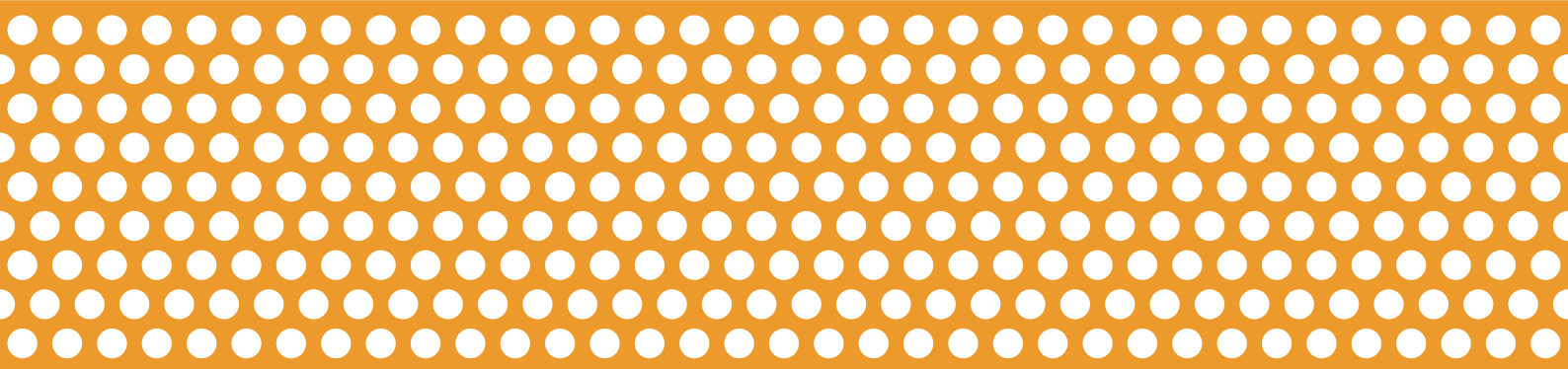




July 2009
AMSANT Meeting

AMSANT Meeting in Alice Springs



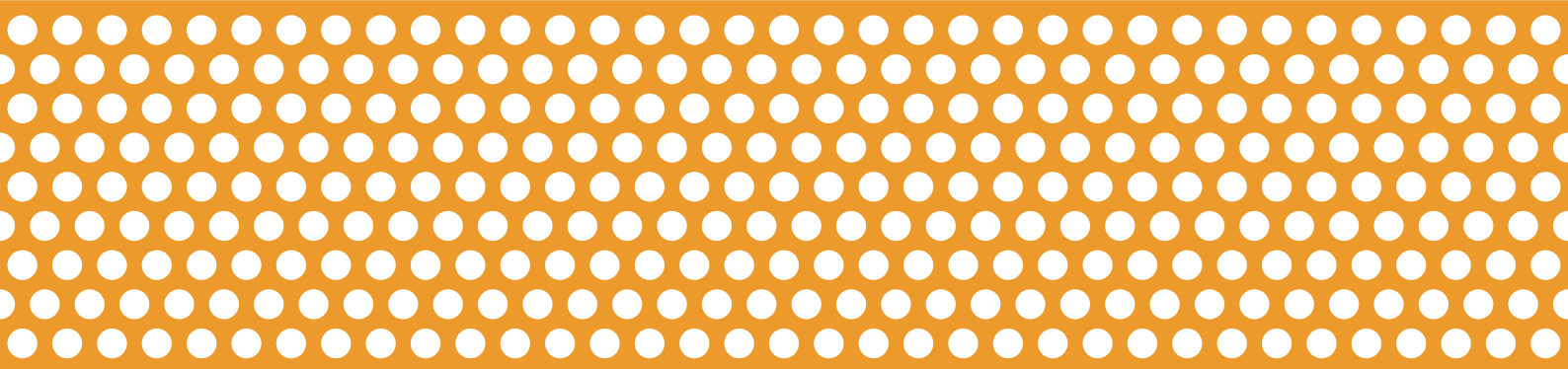




2009/2010
Child Health

Pictures from the Katherine West Region, taken by
Child Health Coordinator Bec Cooney.







2009/2010 Nutrition and Food Supply

Pictures from the Katherine West Region, taken by Nutrition and Food Supply Coordinator Carol Wynne. These pictures are from Healthy School Screening done during the last 12 months and from Pigeon Hole Healthy Lifestyle Week.





2009/2010 Nutrition and Food Supply

Pictures from the Katherine West Region,
taken by Nutrition and Food Supply
Coordinator Carol Wynne.
These pictures are from VegieMan (or
VegieLady) on tour in Kalkarindji.

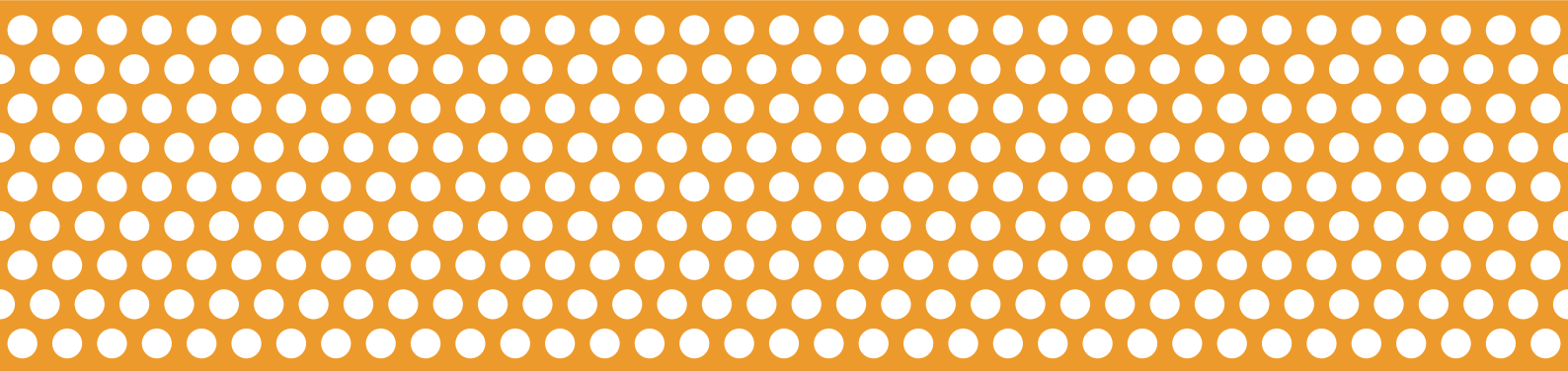




March 2010
Red Lily Interim Health Board
visit KWHB

Pictures from when the Red Lily Interim Health Board of Western Arnhem Land visited KWHB in March 2010, for a meeting about setting up their own Community Controlled Health service.



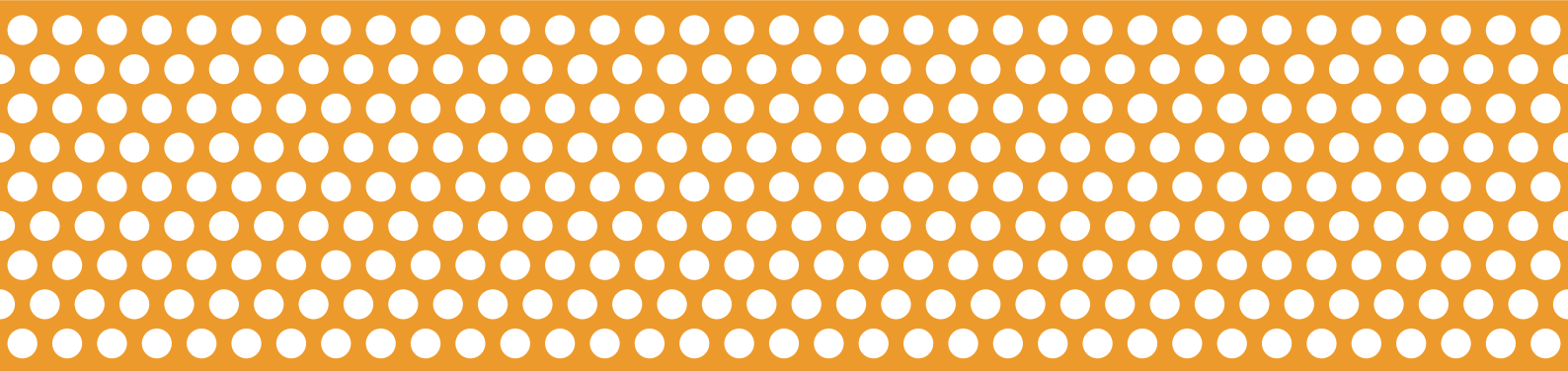




Aboriginal Health Worker Training

AHW Training occurred during 2009/2010, with many staff sharing their knowledge and expertise in order to help along our AHWs. Well done to all involved.







May 2010

David Lines receives Health Award

In May 2010, David Lines received a great honour, receiving the individual health medal from the NT Administrator for all his great work on cultural safety and patient travel.





Strategic Planning during 2009/2010

This year KWHB completed their Strategic Plan for 2010-2014, with input from our communities and board members.





September 2009 Opening of New Kalkarindji Health Clinic

On Tuesday 21st Health Minister, Kon Vatskalis and the Member for Stuart, Karl Hampton officially opened the centre, which is to be run by the Katherine West Health Board. This centre is designed to effectively provide a wide range of health services to the entire region. It is to provide a culturally appropriate and respectful environment to men and women, with separate entrances and service areas. The day included the celebration of Freedom Day - 43 years since the land was handed back to the Gurindji people.





Year ended 30 June 2010

Financial Report

This is an excerpt provided from
KWHB's 2009-2010 Full Financial Report.
If you have any questions about this
report, please contact KWHB's General
Manager on (08) 8971 9300.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT

Your directors present this report on Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2010.

Directors

The names of the directors throughout the year and at the date of this report are:

| Name | Community | Qualifications / Experience | Name | Community | Qualifications / Experience |
|--|--------------|-----------------------------|---|--------------|-----------------------------|
| Jack Little | Bulla | *# | Veronica Leering (proxy) | Mialuni | * |
| Charlie Newry | Timber Creek | * | Sheila Hector | Pigeon Hole | * |
| Justin Paddy | Kalkarindji | * | Judith Donald (proxy) | Kalkarindji | * |
| Riley Young | Yarralin | * | Sandra Campbell (Resigned 12 May 2009) | Yarralin | * |
| Largut Smiler (proxy) | Gilwi | * | Claude Lewis (Resigned 23 June 2009) | Lajamanu | * |
| Peter Anzac (proxy) (Resigned 12 August 2009) | Pigeon Hole | * | Phillip Jimmy (proxy) | Kalkarindji | * |
| Joseph Cox | Doojum | * | Nina Hector (proxy) | Timber Creek | * |
| Sonny Victor | Bulla | * | Rosie Saddler | Amanbigdi | * |
| Brian Darby (proxy) | Yarralin | * | Josie Jones (Resigned 15 October 2008) | Myatt | * |
| Estelle Long (resigned 15 October 2008) (proxy thereafter) | Bulla | * | Jeremy Frith (Resigned 9 September 2009) | Kalkarindji | * |
| Clara Paddy (Appointed 15 October 2008, previously proxy) | Gilwi | * | Nellie Barbara (Resigned 15 October 2008) | Bulla | * |
| Robert George (proxy) | Lajamanu | * | Willie Johnson | Lajamanu | * |
| Geoffery Barnes (proxy) | Lajamanu | * | John Shaw (Resigned 15 October 2008) | Timber Creek | * |
| Norbert Patrick | Lajamanu | * | Steven Lewis (Resigned 15 October 2008) | Timber Creek | * |
| Tracie Patrick (proxy) | Lajamanu | * | Peter Chubb (Resigned 15 October 2008) | Yarralin | * |

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

| | | | | | |
|--|--------------|---|---|-------------|---|
| Joyce Herbert | Lajamanu | * | Jonathon Mick (Resigned 15 October 2008) | Kalkarindji | * |
| Laura Doolan | Lajamanu | * | Doris Lewis (Resigned 15 October 2008) (proxy thereafter) | Lajamanu | * |
| Steven Jones | Timber Creek | * | Sabrina Lewis (Resigned 23 June 2009) | Lajamanu | * |
| Alicia King (Appointed 12 May 2009, previously proxy) | Yarralin | * | Roslyn Frith (Resigned 12 May 2009, Re-appointed 6 October 2009) | Kalkarindji | * |

* Community Member

Honorary Member

Secretary

The following persons held the position of the Corporation's secretary at the end of the financial year:

Jeremy Frith - 12 May 2009 to 9 September 2009

Steven Jones - from 9 September 2009

Principal Activity

The principal activity of the Corporation during the financial year was:

The provision of a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.

No significant changes in the Corporation's state of affairs occurred during the financial year.

Operating Result

The surplus of the Corporation amounted to \$570,997 (2009: \$72,558)

Distribution to Members

No distributions were paid to members during the financial year. The Corporation is a public benevolent institution and is exempt from income tax. This status prevents any distribution to members.

Review of Operations

Health programs that were yet to commence or partially commenced in the prior year were completed this financial year. This can be attributed to the decline in the surplus when compared to the prior year.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the corporation, the results of those operations, or the state of affairs of the Corporation in future financial years.

Future Developments

The Corporation expects to maintain the present status and level of operations and hence there are no likely developments in the Corporation's operations.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

Environmental Issues

The Corporation's operations are not regulated by any significant environmental regulation under law of the Commonwealth or of a state or territory.

Meetings of Directors

| Name | No. of Meetings | Name | No. of Meetings |
|------------------------|-----------------|--------------------------|-----------------|
| Joseph Cox | 7 | Jeremy Frith | 3 |
| Jack Little | 7 | Riley Young | 5 |
| Charlie Newry | 6 | Justin Paddy | 4 |
| Brian Darby – Proxy | 1 | Largut Smiler – Proxy | 2 |
| Peter Anzac – Proxy | 3 | Sonny Victor | 3 |
| Estelle Long – Proxy | 2 | Nina Hector – Proxy | 1 |
| Robert George – Proxy | 2 | Geoffery Barnes – Proxy | 3 |
| Norbert Patrick | 5 | Tracie Patrick – Proxy | 2 |
| Joyce Herbert | 3 | Laura Doolan | 3 |
| Steven Jones | 5 | Alicia King – Proxy | 2* |
| Sandra Campbell | 7 | Rosie Saddler | 2 |
| Sabrina Lewis | 1 | Veronica Leering – Proxy | 2 |
| Sheila Hector | 3 | Judith Donald - Proxy | 2 |
| Clara Paddy – Proxy | 3 | Claude Lewis | 0 |
| Willie Johnson | 4 | Roslyn Frith | 2 |
| Phillip Jimmy – Proxy | 1 | John Shaw | 0 |
| Nellie Barbara – Proxy | 0 | Josie Jones | 0 |
| Doris Lewis | 3 | Rosemary Johnson | 1 |

* 1 meeting as proxy, 1 meeting as Board member

Indemnifying Officers of the Corporation

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

Proceedings on Behalf of the Corporation

No person has applied for leave of Court to bring proceedings on behalf of the corporation or to intervene in any proceedings to which the corporation is a party, for the purpose of taking responsibility on behalf of the Corporation for all or part of those proceedings.

Auditors Independence Declaration

A copy of the auditor's independence declaration is set out on page 8.

Signed in accordance with a resolution of the Board of Directors



Director

Dated this day of October 2010

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

The directors of Katherine West Health Board Aboriginal Corporation declare that:

- (i) The financial statements and notes, as set out on pages 9 to 28, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2010 and the performance for the year ended on that date of the Corporation.
- (ii) In the directors' opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the board of directors passed on October 2010.



.....
Director

Dated this day of October 2010

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2010

| | 2010 \$ | 2009 \$ |
|--------------------------------|------------|------------|
| Revenue and other income | 11,879,431 | 10,933,606 |
| Employee benefits expenses | 6,916,465 | 6,431,240 |
| Depreciation | 472,400 | 415,396 |
| Motor vehicle expenses | 197,751 | 302,951 |
| Travel and accommodation | 766,642 | 701,624 |
| Other expenses | 2,955,176 | 3,009,837 |
| | ----- | ----- |
| Surplus/(Deficit) for the year | 570,997 | 72,558 |
| Other Comprehensive Income | 0 | 0 |
| | ----- | ----- |
| Total Comprehensive Income | 570,997 | 72,558 |
| | ----- | ----- |

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010

| | Notes | 2010 \$ | 2009 \$ |
|--------------------------------|-------|------------|------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 5 | 3,823,509 | 4,069,824 |
| Trade and other receivables | 6 | 206,642 | 164,346 |
| Other current assets | 7 | 155,391 | 122,370 |
| | | ----- | ----- |
| TOTAL CURRENT ASSETS | | 4,185,542 | 4,356,540 |
| | | ----- | ----- |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 8 | 2,355,249 | 1,883,457 |
| | | ----- | ----- |
| TOTAL NON-CURRENT ASSETS | | 2,355,249 | 1,883,457 |
| | | ----- | ----- |
| TOTAL ASSETS | | 6,540,791 | 6,239,997 |
| | | ----- | ----- |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 9 | 1,122,676 | 1,393,403 |
| Provisions | 10 | 409,500 | 370,348 |
| | | ----- | ----- |
| TOTAL CURRENT LIABILITIES | | 1,532,176 | 1,763,751 |
| | | ----- | ----- |
| NON CURRENT LIABILITIES | | | |
| Provisions | 11 | 90,839 | 129,467 |
| | | ----- | ----- |
| TOTAL CURRENT LIABILITIES | | 90,839 | 129,467 |
| | | ----- | ----- |
| TOTAL LIABILITIES | | 1,623,015 | 1,893,218 |
| | | ----- | ----- |
| NET ASSETS | | 4,917,776 | 4,346,779 |
| | | ===== | ===== |
| ACCUMULATED FUNDS | | | |
| Accumulated funds | | 4,917,776 | 4,346,779 |
| | | ----- | ----- |
| TOTAL ACCUMULATED FUNDS | | 4,917,776 | 4,346,779 |
| | | ===== | ===== |

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2010

| | Accumulated Surplus \$ | Total \$ |
|--------------------------------|------------------------------|-------------|
| ACCUMULATED FUNDS | | |
| | | |
| Balance at 30 June 2008 | 4,274,221 | 4,274,221 |
| | | |
| Surplus/(Deficit) for the year | 72,558 | 72,558 |
| | | |
| Balance 30 June 2009 | 4,346,779 | 4,346,779 |
| | | |
| Surplus/(Deficit) for the year | 570,997 | 570,997 |
| | | |
| Balance 30 June 2010 | 4,917,776 | 4,917,776 |

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2010

| | Notes | 2010 \$ | 2009 \$ |
|--|-------|--------------|--------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts from customers | | 1,070,978 | 944,044 |
| Grants received | | 10,560,679 | 9,673,900 |
| Payments to suppliers and employees | | (11,117,019) | (10,308,410) |
| Interest received | | 122,784 | 199,725 |
| | | ----- | ----- |
| NET CASH FLOWS FROM OPERATING ACTIVITIES | 12(b) | 637,422 | 509,259 |
| | | ----- | ----- |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Acquisition of property, plant and equipment | | (944,192) | (1,510,284) |
| Proceeds on sale of plant and equipment | | 60,455 | 121,999 |
| | | ----- | ----- |
| NET CASH FLOWS USED IN INVESTING ACTIVITIES | | (883,737) | (1,388,285) |
| | | ----- | ----- |
| NET INCREASE/(DECREASE)IN CASH HELD | | (246,315) | (879,026) |
| Cash at the beginning of the financial year | | 4,069,824 | 4,948,850 |
| | | ----- | ----- |
| Cash at the end of the financial year | 12(a) | 3,823,509 | 4,069,824 |
| | | ===== | ===== |

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
OATSIHS & DHCS
INCOME AND EXPENDITURE STATEMENT
YEAR ENDED 30 JUNE 2010

| | 2010 \$ |
|---|-------------------|
| OPERATING REVENUE | |
| Grants | |
| Dept. of Health and Ageing - Operational | 5,973,445 |
| - FBT | 187,000 |
| - Capital | 428,526 |
| Department of Health and Community Services | 3,414,448 |
| Bulk Billing | |
| AMSANT | 175,000 |
| Proceeds from the sale of assets | 16,818 |
| KWHB Contribution | 327,750 |
| | ----- |
| TOTAL OPERATING REVENUE | 10,522,987 |
| | ----- |
| OPERATING EXPENDITURE | |
| General operating costs | |
| Accounting fees | 36,110 |
| AMSANT | 21,589 |
| Admin fee | 317,120 |
| Advertising | 3,233 |
| Annual Report | 13,515 |
| Audit fees | 18,598 |
| Bank charges | 2,572 |
| Cleaning | 36,724 |
| Communications | 64,502 |
| Consultants | 142,041 |
| Consumables | 54 |
| Electricity | 177,335 |
| Freight | 67,524 |
| Ground maintenance | 8,610 |
| Hire of equipment | 18,719 |
| Insurance | 208,383 |
| IT Hosting | 161,449 |
| IT Computer equipment | 7,090 |
| Postage | 3,401 |
| Professional Indemnity Insurance | 14,106 |
| Professional development | 52,872 |
| Legal expenses | 7,516 |
| Library | 443 |
| Meeting costs | 17,585 |
| Rates | 4,167 |

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

OATSIHS & DHCS

INCOME AND EXPENDITURE STATEMENT (Contd)

YEAR ENDED 30 JUNE 2010

| | 2010 \$ |
|--|------------|
| OPERATING EXPENDITURE (Contd) | |
| Recruitment and relocation | 381,036 |
| Rent – office | 141,183 |
| Rent - storage | 9,647 |
| Rent – Housing | 224,396 |
| Subscriptions and membership | 3,570 |
| Telephone and facsimile | 159,447 |
| Training | 31,110 |
| Uniforms | 2,833 |
| Security | 3,268 |
| | ----- |
| | 2,361,748 |
| | ----- |
| Motor vehicle expense | |
| Fuel and oil | 102,553 |
| Repairs and maintenance | 66,923 |
| Registration | 15,215 |
| | ----- |
| | 184,691 |
| | ----- |
| Repairs and maintenance | |
| Property maintenance | |
| Repairs and Maintenance- Plant & Equipment | 7,274 |
| - Furniture & Fittings | 22,217 |
| - Medical equipment | 37,446 |
| - Buildings | 38,810 |
| | ----- |
| | 105,747 |
| | ----- |
| Supplies | |
| Pharmacy | 112,072 |
| Medical and dental supplies | 226,978 |
| Office supplies | 49,194 |
| | ----- |
| | 388,244 |
| | ----- |

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

OATSIHS & DHCS

INCOME AND EXPENDITURE STATEMENT (Contd)

YEAR ENDED 30 JUNE 2010

| | 2010 \$ |
|--|------------|
| OPERATING EXPENDITURE (Contd) | |
| Staff salaries, wages and related costs | |
| Wages and salaries | 5,103,307 |
| Overtime | 501,062 |
| Superannuation | 480,032 |
| FBT | 96,031 |
| FOIL | 50,558 |
| Other | 5,470 |
| | ----- |
| | 6,236,460 |
| | ----- |
| Other | |
| Repay unexpended grant | 26,648 |
| | ----- |
| Travel | |
| Travel and accommodation – staff | 528,694 |
| Travel and accommodation – board | 169,001 |
| Travel and accommodation – patients | 4,721 |
| Travel and accommodation – specialists | 39,980 |
| | ----- |
| | 742,396 |
| | ----- |
| Health and Other Programs | |
| SIIP | |
| Doctors Locum | 36,449 |
| THS services purchased | 22,401 |
| Health Promotions | 28,232 |
| RAHC | 202,080 |
| | ----- |
| | 289,162 |
| | ----- |
| TOTAL OPERATING EXPENDITURE | 10,335,096 |
| | ----- |
| CAPITAL PURCHASES | |
| Motor Vehicles | 153,630 |
| Computers | 21,084 |
| Medical equipment | 74,688 |
| Furniture & Fittings | 21,918 |
| Buildings | 336,580 |
| | ----- |
| TOTAL CAPITAL PURCHASES | 607,900 |
| | ----- |
| DEFICIT FOR THE YEAR | (420,009) |
| | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

MINYERRI CAPITAL

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant | 5,940 | 5,940 |
| | ----- | ----- |
| | 5,940 | 5,940 |
| | ----- | ----- |
| EXPENDITURE | | |
| Repay unexpended grant | 0 | 5,940 |
| | ----- | ----- |
| | 0 | 5,940 |
| | ----- | ----- |
| Surplus carried forward | 5,940 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

MOBILE SERVICES

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Health Strategies | 448,793 | 456,737 |
| 2009 surplus brought forward | 1,888 | 1,888 |
| | <u>450,681</u> | <u>458,625</u> |
| EXPENDITURE | | |
| Admin fee | 13,000 | 13,000 |
| Health promotions | 0 | 7,000 |
| Medical / Dental supplies | 4,604 | 7,000 |
| Services purchased | 187,385 | 187,385 |
| Travel and accommodation - staff | 18,330 | 24,102 |
| Superannuation | 12,035 | 7,013 |
| Wages and salaries | 129,134 | 175,125 |
| Professional development | 2,509 | 8,000 |
| Staff relocation | 2,050 | 3,000 |
| Staff recruitment | 16,838 | 6,000 |
| Motor Vehicle -Fuel/oil | 7,335 | 21,000 |
| | <u>393,221</u> | <u>458,625</u> |
| Surplus carried forward | <u>57,460</u> | <u>0</u> |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

GOVERNANCE TRAINING

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 1,622 | 1,622 |
| | ----- | ----- |
| | 1,622 | 1,622 |
| | ----- | ----- |
| EXPENDITURE | | |
| Consultants | 0 | 1,622 |
| | ----- | ----- |
| | 0 | 1,622 |
| | ----- | ----- |
| Surplus carried forward | 1,622 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

STI EDUCATION

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 6,127 | 6,127 |
| | ----- | ----- |
| | 6,127 | 6,127 |
| | ----- | ----- |
| EXPENDITURE | | |
| Repay unspent grant | 0 | 6,127 |
| | ----- | ----- |
| | 0 | 6,127 |
| | ----- | ----- |
| Surplus carried forward | 6,127 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

MOODITJ TRAINING AND EDUCATION

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 28,079 | 28,079 |
| | ----- | ----- |
| | 28,079 | 28,079 |
| | ----- | ----- |
| EXPENDITURE | | |
| Consultants | 0 | 28,079 |
| | ----- | ----- |
| | 0 | 28,079 |
| | ----- | ----- |
| Surplus carried forward | 28,079 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

AOD – INDIGENOUS HEALTH WORKERS

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 84,589 | 84,589 |
| OATSIHS – Operational | 15,000 | 0 |
| | ----- | ----- |
| | 99,589 | 84,589 |
| | ----- | ----- |
| EXPENDITURE | | |
| Wages and Salaries | 0 | 84,589 |
| | ----- | ----- |
| | 0 | 84,589 |
| | ----- | ----- |
| Surplus carried forward | 99,589 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

AOD - COAG

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Dept. of Health and Ageing | 80,000 | 140,000 |
| Unexpended grant brought forward | 109,633 | 109,633 |
| | ----- | ----- |
| | 189,633 | 249,633 |
| | ----- | ----- |
| EXPENDITURE | | |
| Admin Fee | 58,000 | 58,000 |
| Consultants | 9,431 | 30,000 |
| Wages and Salaries | 45,810 | 103,363 |
| Staff Training | 0 | 10,000 |
| Superannuation | 2,872 | 19,500 |
| Staff relocation | 1,030 | 0 |
| Staff recruitment | 2,420 | 0 |
| Motor vehicle hire | 0 | 7,770 |
| Motor vehicle – Fuel | 2,597 | 5,000 |
| Professional development | 950 | 5,000 |
| Travel and accommodation – Staff | 4,752 | 11,000 |
| | ----- | ----- |
| | 127,863 | 249,633 |
| | ----- | ----- |
| Surplus carried forward | 61,770 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

INTER – PHASE 2 HEARING

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 4,885 | 4,885 |
| | <u>4,885</u> | <u>4,885</u> |
| EXPENDITURE | | |
| Wages and Salaries | 0 | 4,885 |
| | <u>0</u> | <u>4,885</u> |
| Surplus | <u>4,885</u> | <u>0</u> |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

ENTER – PHASE 2 PHC

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 201,677 | 201,677 |
| | ----- | ----- |
| | 201,677 | 201,677 |
| | ----- | ----- |
| EXPENDITURE | | |
| Wages and salaries | 0 | 180,000 |
| Superannuation | 0 | 21,677 |
| Freight | 8,688 | 0 |
| | ----- | ----- |
| | 8,688 | 201,677 |
| | ----- | ----- |
| Surplus carried forward | 192,989 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – PHASE 2 DENTAL

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Dept. of Health and Ageing | 125,945 | 178,049 |
| Unexpended grant brought forward | 118,822 | 118,822 |
| | ----- | ----- |
| | 244,767 | 296,871 |
| | ----- | ----- |
| EXPENDITURE | | |
| Wages and Salaries | 42,442 | 127,549 |
| Superannuation | 3,214 | 6,322 |
| Staff recruitment | 2,332 | 5,000 |
| Travel and accommodation - staff | 25,299 | 45,000 |
| Travel and accommodation –other | 0 | 10,000 |
| Medical and dental supplies | 14,809 | 63,000 |
| RAHC | 60,670 | 40,000 |
| Motor vehicle expenses | 2,036 | 0 |
| R&M – medical equipment | 1,407 | 0 |
| | ----- | ----- |
| | 152,208 | 296,871 |
| | ----- | ----- |
| Surplus carried forward | 92,559 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
STATEMENT OF INCOME AND EXPENDITURE
THE SMITH FAMILY
YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 22,541 | 22,541 |
| The Smith Family | 36,103 | 122,959 |
| | ----- | ----- |
| | 58,644 | 145,500 |
| | ----- | ----- |
| EXPENDITURE | | |
| Consultants | 865 | 17,000 |
| Admin fee | 2,000 | 2,000 |
| Resource development | 1,855 | 14,000 |
| Wages and salaries | 39,334 | 81,000 |
| Staff training | 428 | 2,000 |
| Staff recruitment | 64 | 0 |
| Staff relocation | 2,811 | 0 |
| Superannuation | 3,798 | 9,500 |
| Professional development | 1,071 | 2,000 |
| Motor vehicle – fuel | 559 | 5,000 |
| Travel and accommodation – staff | 949 | 7,000 |
| | ----- | ----- |
| | 53,732 | 145,500 |
| | ----- | ----- |
| Surplus carried forward | 4,912 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

MENS CAMP

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| Smith Family | 35,000 | 0 |
| | ----- | ----- |
| | 35,000 | 0 |
| | ----- | ----- |
| EXPENDITURE | | |
| Wages and salaries | 0 | 0 |
| | ----- | ----- |
| | 0 | 0 |
| | ----- | ----- |
| Surplus carried forward | 35,000 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

TOBACCO CONTROL

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 26,648 | 26,648 |
| | ----- | ----- |
| | 26,648 | 26,648 |
| | ----- | ----- |
| EXPENDITURE | | |
| Repay unexpended grant | 26,648 | 26,648 |
| | ----- | ----- |
| | 26,648 | 26,648 |
| | ----- | ----- |
| Surplus carried forward | 0 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

HEALTHY FOR LIFE

YEAR ENDED 30 JUNE 2009

| | 2009 Actual \$ | 2009 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 15,930 | 15,930 |
| Dept. of Health and Ageing | 496,522 | 496,522 |
| | ----- | ----- |
| | 512,452 | 512,452 |
| | ----- | ----- |
| EXPENDITURE | | |
| Admin fee | 49,647 | 49,647 |
| Consultants | 26,146 | 0 |
| Health promotions | 23,600 | 35,600 |
| Wages & salaries | 204,270 | 322,689 |
| Staff training | 220 | 14,000 |
| Superannuation | 17,959 | 34,116 |
| Staff recruitment | 4,039 | 12,000 |
| Professional development | 0 | 10,000 |
| Motor vehicle – fuel | 2,703 | 14,400 |
| Travel & accommodation – staff | 23,713 | 20,000 |
| | ----- | ----- |
| | 352,298 | 512,452 |
| | ----- | ----- |
| Surplus carried forward | 160,154 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – AOD CAPITAL

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| Surplus brought forward | 20,807 | 20,807 |
| | ----- | ----- |
| | 20,807 | 20,807 |
| | ----- | ----- |
| EXPENDITURE | | |
| Capital - Buildings | 21,246 | 20,807 |
| Service charges | 985 | 0 |
| | ----- | ----- |
| | 22,231 | 20,807 |
| | ----- | ----- |
| Deficit | (1,424) | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE AOD (EHSOI)

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| OATSIHS | 45,000 | 0 |
| | ----- | ----- |
| | 45,000 | 0 |
| | ----- | ----- |
| EXPENDITURE | | |
| | ----- | ----- |
| | 0 | 0 |
| | ----- | ----- |
| Surplus carried forward | 45,000 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE SMOKING FOR HEALTHY LIVES

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| OATSIHS | 70,000 | 70,000 |
| | <hr/> | <hr/> |
| | 70,000 | 70,000 |
| | <hr/> | <hr/> |
| EXPENDITURE | | |
| Wages & salaries | 0 | 60,000 |
| Superannuation | 0 | 10,000 |
| | <hr/> | <hr/> |
| | 0 | 70,000 |
| | <hr/> | <hr/> |
| Surplus carried forward | 70,000 | 0 |
| | <hr/> | <hr/> |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

HEALTHY SKIN AND EYES PROJECT

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|--------------------------------|----------------------|----------------------|
| INCOME | | |
| Christian Blind Mission | 50,000 | 106,276 |
| Melbourne School of Population | 20,000 | 40,000 |
| Surplus brought forward | 18,724 | 18,724 |
| | ----- | ----- |
| | 88,724 | 165,000 |
| | ----- | ----- |
| EXPENDITURE | | |
| Audit | 0 | 27,400 |
| Consultants | 0 | 5,000 |
| Health promotions | 0 | 10,000 |
| Capital – Computers | 0 | 2,000 |
| Wages | 21,088 | 87,050 |
| Staff training | 0 | 5,000 |
| Superannuation | 2,023 | 8,550 |
| Staff recruitment | 11,594 | 0 |
| Motor Vehicle Fuel & Oil | 446 | 5,000 |
| Motor Vehicle R&M | 0 | 5,000 |
| Travel & accommodation | 783 | 10,000 |
| | ----- | ----- |
| | 35,934 | 165,000 |
| | ----- | ----- |
| Surplus carried forward | 52,790 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NEW DIRECTIONS

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|--------------------------|----------------------|----------------------|
| INCOME | | |
| OATSIHS | 403,049 | 404,567 |
| Surplus brought forward | 59,285 | 59,285 |
| | ----- | ----- |
| | 462,334 | 463,852 |
| | ----- | ----- |
| EXPENDITURE | | |
| Admin fee | 59,920 | 59,920 |
| Health promotions | 2,006 | 10,000 |
| Medical equipment | 59,545 | 59,285 |
| Wages | 156,267 | 249,622 |
| Staff training | 2,761 | 10,000 |
| Superannuation | 13,685 | 27,625 |
| Staff relocation | 1,800 | 6,000 |
| Motor vehicle fuel & oil | 4,956 | 10,800 |
| Motor vehicle lease | 0 | 10,800 |
| Travel and accommodation | 11,317 | 19,800 |
| | ----- | ----- |
| | 312,256 | 463,852 |
| | ----- | ----- |
| Surplus carried forward | 150,078 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**STATEMENT OF INCOME AND EXPENDITURE****VACCINE FRIDGES****YEAR ENDED 30 JUNE 2010**

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| OATSIHS | 27,000 | 27,000 |
| | ----- | ----- |
| | 27,000 | 27,000 |
| | ----- | ----- |
| EXPENDITURE | | |
| Medical Equipment | 0 | 27,000 |
| | ----- | ----- |
| | 0 | 27,000 |
| | ----- | ----- |
| Surplus carried forward | 27,000 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

INDIGENOUS CAPACITY BUILDING

YEAR ENDED 30 JUNE 2010

| | 2010 Actual \$ | 2010 Budget \$ |
|-------------------------|----------------------|----------------------|
| INCOME | | |
| OATSIHS –Operational | 18,903 | 18,903 |
| | ----- | ----- |
| | 18,903 | 18,903 |
| | ----- | ----- |
| EXPENDITURE | | |
| Freight | 0 | 1,000 |
| Medical Equipment | 706 | 7,903 |
| Staff Training | 9,527 | 10,000 |
| | ----- | ----- |
| | 10,234 | 18,903 |
| | ----- | ----- |
| Surplus carried forward | 8,669 | 0 |
| | ----- | ----- |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**STATEMENT OF INCOME AND EXPENDITURE****FOOD SECURITIES****YEAR ENDED 30 JUNE 2010**

| | 2010 Actual \$ | 2010 Budget \$ |
|----------------------------------|----------------------|----------------------|
| INCOME | | |
| Unexpended grant brought forward | 80,000 | 80,000 |
| | ----- | ----- |
| | 80,000 | 80,000 |
| | ----- | ----- |
| EXPENDITURE | | |
| Consumables | 0 | 3,000 |
| Health promotions | 7,675 | 18,000 |
| Capital – Furniture & Fittings | 11,318 | 22,000 |
| Wages & salaries | 0 | 24,000 |
| Professional development | 2,226 | 8,000 |
| Travel & accommodation - staff | 4,185 | 5,000 |
| | ----- | ----- |
| | 25,405 | 80,000 |
| | ----- | ----- |
| Surplus carried forward | 54,595 | 0 |
| | ===== | ===== |

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE

We hereby certify that the project funds by the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Department of Health and Community Services have been used for the agreed purpose(s) and further certify the following:

That all terms and conditions of the Letter of Offer and Funding Agreement were complied with;

That all accounts represent a true and fair record;

The Health Board has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

Funds have been used for the purpose for which they were provided;

Assets or services acquired with the funding have been acquired in fair and open competition and in accordance with the approved procurement method as described in the funding agreement;

The income and expenditure statement for the financial year is attached;

The Health Board's statutory audited financial statements are included in this financial report.



.....
Chief Executive Officer

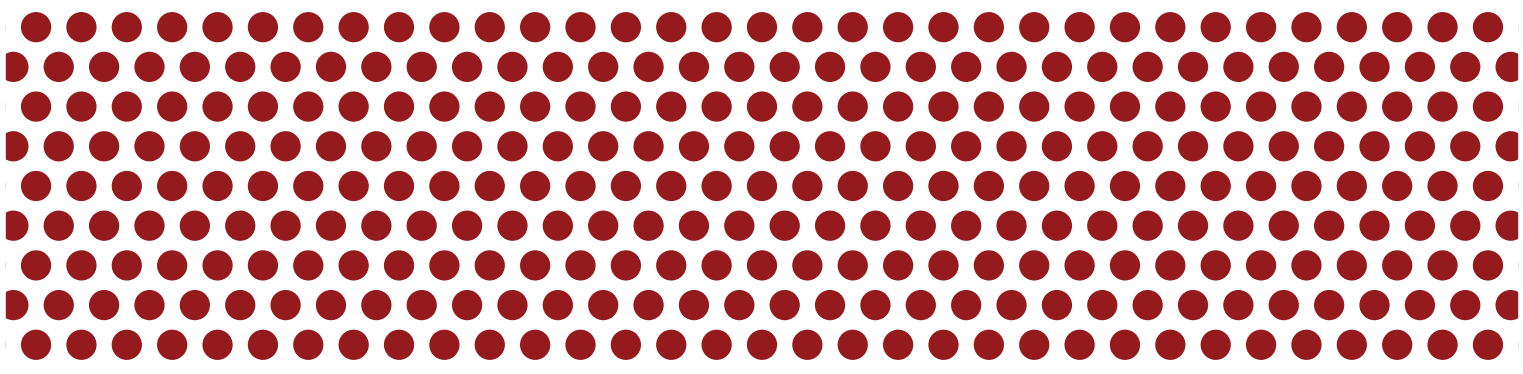


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Chairperson

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Katherine West Health Board Aboriginal Corporation

Unit 10 Riverbank Office Village
Corner O'Shea Terrace and First Street
KATHERINE
NORTHERN TERRITORY 0851

PO BOX 147
KATHERINE
NORTHERN TERRITORY 0851

P: 08 8971 9300 | F: 08 8971 9340
W: www.kwhb.com.au