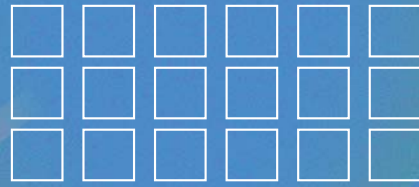


2007-06

HEALTH
ISSUES
CENTRE

HEALTH ISSUES CENTRE Annual Report



Health Issues Centre Inc.
Level 5, Health Sciences 2
LA TROBE UNIVERSITY VIC 3086

 (03) 9479 5827 **Fax:** (03) 9479 5977

Email: info@healthissuescentre.org.au

Website: www.healthissuescentre.org.au

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Between July 2006 and June 2007, Health Issues Centre:

- Published four editions of *Health Issues* journal, containing 42 articles.
- Staff served on 24 health sector committees, both state and national.
- Appointed 62 consumers to strategic participation opportunities, including nominating consumers for:
 - 12 Victorian Department of Human Services Advisory Committees;
 - 6 health sector committees;
 - 4 Victorian Department of Human Services consultations and workshops; and
 - 12 health sector consumer participation opportunities.
- Published 15 editions of *eNews*, and added a further 359 people to the distribution list.
- Held two public policy forums.
- Received 70,948 visitors to our website www.healthissuescentre.org.au, with 60,000 documents downloaded.
- Received 349,986 visitors to our website www.participateinhealth.org.au, with over 61,000 documents downloaded.
- Had 159 Members.
- Provided training to more than 500 people from around Victoria
- Undertook 14 separate funded projects: nine on participation, three on research and two on education/support.
- Designed and delivered 24 participation workshops including:
 - 12 rural workshops for consumers and health professionals;
 - 5 metropolitan workshops for consumers and health professionals;
 - 2 workshops for the Victorian Department of Human Services; and
 - 5 workshops for Southern Health managers.
- 95% of training participants indicated their expectations had been met, giving an average evaluation score of four or over out of five.
- In collaboration with Cancer Voices Victoria and The Cancer Council Victoria, held two weekend advocacy workshops with people affected by cancer who are involved in advocacy work in Victoria.
- Ran a national consultation Conversations with Australians about the future of health care in the lead-up to the National Health Reform Summit in Canberra.
- Made presentations at many national and statewide conferences and workshops.
- Documented a total of 155 enquiries for information and support (in addition to our funded projects). Requests were mainly about involving consumers in organisational processes, resources and training. Primary health and acute settings were the organisational sectors making the majority of enquiries and requests throughout the year.
- Undertook work in Adelaide, Sydney, Brisbane, Melbourne, Canberra.

Health Issues Centre has had a very active year with a breadth of projects and publications, and it has continued to make a gradual impact on Victorian health systems and services this year. The Centre's strong reputation for promoting consumer voices and researching consumer perspectives on health issues has continued to develop through a range of different projects and activities. Alongside this there has been an ongoing focus on the issues around access to timely dental health care, and national health reform towards a more coherent health system. Overall, there have been an ever-increasing number of individuals and organisations/services experiencing the work of the Health Issues Centre.

One very valuable and symbolic development for participation in Victoria has been the decision by the largest metropolitan health service project to train all its 250 middle managers on how to effectively include consumers/carers/communities in their planning and practice. Health Issues Centre has been very pleased to have undertaken this project in collaboration with Southern Health. This is a Victorian first and an example of the growing acceptance of consumer participation as a key component of our approach to health care and health systems.

Health Issues Centre is working with an increasing number of health services from many quarters of the sector in promoting such participation within their organisations, in planning and in building staff's capacity to facilitate it to maximum effect. It was gratifying to hear this breadth of work recognised when a CEO of another major Victorian health service say that, for such a small organisation, Health Issues Centre's profile across a range of activities was surprisingly high.

It has been pleasing to note the growing extent of Health Issues Centre's work in cancer services reform this year. This has included work with Victorian Department of Human Services (DHS), Southern Metropolitan Integrated Cancer Services (SMICS), Cancer Australia, North Eastern Metropolitan Integrated Cancer Services (NEMICS) and Cancer Voices.

Given our resource constraints, our policy work has continued to be highly focussed through two key alliances: the Victorian Oral Health Alliance and the Australian Health Care Reform Alliance.

Health Issues Centre has strengthened its relationships with a number of consumer organisations and an ever-growing network of consumers. Education and support around consumer participation has comprised the majority of Health Issues Centre's work this year and through increasingly diverse approaches. For example: support for consumer and carer staff in the Consumer and Carer Experiences of Care project funded by DHS Mental Health Branch; or Southern Health training; or the development of workshops for PCPs (including a 'market stall' approach) and production of associated resource materials.

Research work has continued on a couple of fronts, but our wish to do research-based policy and advocacy work is still frustrated considerably by lack of funding.

Over the year the development of a new Strategic Plan has been progressed. It is an important journey for Health Issues Centre as crucial decisions are to be made about direction and organisation this year and in the near future. A valuable part of the process has been talking with a sample of stakeholders, and we thank them for their views and insights. The Board of Governance is looking forward to the completion of the plan this month.

On the financial front, the outcomes were more disappointing with a significant loss this year. This has prompted the Board to look seriously this coming year at a range of sustainable options for the future of Health Issues Centre.

There have been some changes in the Board during the year for a variety of reasons. Thank you to Pam Dalgliesh who is resigning after five years of excellent contribution to the Board, including two as Chairperson. Her guidance and knowledge will be missed.

Mandy Leveratt took over the role and led the Board for the rest of the financial year, before deciding to step down in July. I would like to thank her for her contribution as well.

Dean Griggs stood down for work and study reasons in mid-year after several years on the Board and the Management and Finance Committee. Barry Cook joined the Board in November and was a very hard-working and insightful Treasurer for the year, but he too resigned for workload reasons at the end of the financial year, having knocked the books into shape. Both Dean and Barry made significant contributions. Ileana Guizzo's two-year term as a co-opted member has finished and her due diligence will be missed. Mike Kennedy has taken on some new roles linked to a large overseas contract and is not continuing as a Board member. Thanks Mike for your voice of experience on the Board of Governance.

This means some turnover in faces but the remainder of the Board look forward to working with new members, and their involvement in the implementation of the new Strategic Plan. The Board has grappled with a number of difficult issues this year, some of which will continue to challenge us, but we look forward to further success for Health Issues Centre.

Special mention must be made to Professor Hal Swerissen and Associate Professor Peter Foreman from La Trobe University for their ongoing support for and collaboration with Health Issues Centre. This is highly appreciated by the Board and the ongoing relationship with and support from the Australian Institute for Primary Care and Faculty of Health Sciences has been invaluable for Health Issues Centre sustainability.

A special thank you goes to Daniel Rechtman, who has stepped down after being our pro bono solicitor for many years. Daniel has been a terrific supporter of Health Issues Centre and we wish to formally thank him for all the hard work he has done on our behalf.

The work of the staff of Health Issues Centre has been wide-ranging and demanding this year. The staff has been enabled to take on more diverse projects—many outside those of the type followed in previous years, especially in consumer participation education. The Board of Governance members thank the staff members for their hard dedicated work and enthusiasm. The Deputy CEO has been able to support the CEO in a number of ways over the year. We thank the CEO, Tony McBride, for his leadership of the staff and look forward to new and exciting projects in the new year. Achieving much with a small staff is commendable!

I wish the new Board of Governance well as they move forward in their support for the new Strategic Plan to enable to achieve its goals.

Dr Pamela Williams
Chairperson

It is always a pleasure to try and sum up a year at Health Issues Centre, and this year is no different. The Chairperson has sketched the overall picture above, so I might add some colour and shading.

First, it is worth reflecting back to the 21st Birthday AGM last year, which gave us considerable inspiration and strengthened our resolve. At that wonderful occasion, many previous Health Issues Centre Board members and CEOs shared their reflections on their eras at the helm. It was very clear from their words how much the Centre has made a positive difference to the Victorian (and national) health systems over the last two decades. It also highlighted that the nature of our work has changed dramatically over that time and the need to reflect on the quite different context in which we and other consumer organisations now operate.

Earlier CEOs reported some of the very strong (and vocal) opposition they faced from some health professionals; for instance, when they first voiced the need to listen to consumer voices, to establish better complaints mechanisms and follow-up processes, and to create reasonable access to medical records, and privacy legislation. All of these are now mainstream and are accepted by most health services and professional associations (if not quite yet by all their staff or members). For consumer participation, this recognition is evidenced in many ways, including: strong support for open disclosure processes within some hospitals; the existence of national accreditation standards for participation; the level of routine requests by Victorian and Commonwealth governments' health departments for consumer membership of advisory committees; Community Advisory Committees in all major Victorian health services; the new leadership program being designed by the Victorian Quality Council; the level of consumer participation built into cancer service reform processes in Victoria (through the Department of Human Services [DHS] and the Integrated Cancer Services) and nationally (through Cancer Australia's processes); and even most recently the decision by a very large Victorian health service (Southern Health) to provide training to all 250 of its middle managers in effective participation processes.

These signposts should be highly encouraging to the health consumer movement as markers of the progress we have all made. They should also strengthen us to keep working to influence decision-makers and practitioners towards making the system fairer and consumer movement more consumer-oriented. We should persevere, as previous Health Issues Centre leaders did, despite opposition or lack of enthusiasm for their ideas, and in 10 years' time our ideas too may well be mainstream.

Second, Health Issues Centre has greatly extended its networks and relationships this year with both individual professionals and consumers, and their organisations. All staff have made contributions to this through presentations, workshops, joint initiatives such as education workshops or the Consumer Nominee Program, and simply through making connections with health workers and consumers alike. This in turn is leading to increasing numbers of organisations coming to Health Issues Centre to discuss possible partnerships on projects or issues, or for advice, information or training. This breadth of relationships we hope will benefit both Health Issues Centre and our partners into the future.

Third, there have been several projects of significance for Health Issues Centre this year. The Chairperson has mentioned several briefly. For example, as you could see from her remarks, much of our work has been facilitating effective consumer participation with a diverse range of health services/organisations. The increase in organisations seeking assistance to effectively plan participation was noteworthy, as was the continuing focus on participation within cancer service reform activities. This latter work is especially pleasing for several reasons, but, significantly, it follows on directly from the earlier advocacy that Health Issues Centre undertook, as noted above, to promote participation. The key need now among government departments, health organisations and services is for capacity building to ensure they can involve consumers in a way that is effective for both organisations and a diverse

range of consumers alike. For consumer organisations, the challenge is to become more diverse, better organised and more skilled.

As an aside, the excellent commitment to participation by cancer services and organisations in Victoria and nationally, and the levels of support being built into their processes, begs the question of why this approach is not being taken up with equal enthusiasm by other condition-specific organisations within the health sector, a question we will pursue this year.

Fourth, I will mention just some of the other projects that made a difference last year. More details are given in subsequent reports.

The Consumer Nominee Program is our scheme for linking health services or government units establishing health advisory committees or consultation processes with suitably experienced and skilled consumer members. It is funded by DHS. The program has been streamlined this year and is working so well that the number of requests (mainly from DHS but also from other organisations) is growing exponentially. This growth is partly fuelled by satisfaction with our more effective processes it but also reflects the increased commitment by DHS and other organisations to consumer participation. We now have to seek extra funding to keep the growing momentum supported.

The Dental Costs Study was in full swing for most of the year. Although a surprisingly complicated project to implement, the preliminary results give a moving picture of the very concrete impact that waiting long periods for dental treatment makes on people. It adds to the compelling case for more dental services (whether funded by state or federal governments) to address it. The final results, including the costs data, will also give much richer data to DHS about how much treatment would cost if provided by the system within months, rather than years. This should be ready in early 2008.

Another study funded by DHS looked at the involvement of consumers on 25 of their Advisory Committees. The first such study ever conducted, it clearly illustrated the value of consumer voices on such committees, as well as offering some suggestions to the department about how they could make it easier for their staff to recruit and support such consumers. Another of our DHS-funded discussion papers looked at the participation of culturally and linguistically diverse (CALD) consumers and communities, and was also very well received.

We also ran a series of workshops with Primary Care Partnerships on various advanced aspects of participation, and have produced an accompanying set of resources. It focuses on three aspects of participation: how to foster greater involvement by CALD communities; how consumer participation is interlinked with broader community engagement and health promotion work; and the issue of participation of people with long-term (chronic) diseases. This important new resource will be launched at the AGM and be available on our website and in CD form.

This is but one example of our increasing education and support work, which occurred across several new projects. These included support for consumers and carer staff employed in DHS's project to involve consumers and carers more meaningfully in ongoing evaluation of services, and the Southern Health training of middle managers and other ad hoc sessions. We also organised a series of education events between January and June, advertised through our new *Calendar of Events*. We have made significant progress in improving our educational work through utilising a more empowering approach. This has led to a pleasing increase in satisfaction levels among participants.

We should not forget our ongoing information work. Our two websites continue to be valuable sources of information to the field, with over 100,000 downloads from the two sites again this year. This year we will combine the two to make it more efficient, attractive and easier to search.

Complementing this, *Health Issues* journal continues to stimulate and share consumer views and those of health staff and researchers trying to work effectively for more consumer input or for policies and practices that create a more equitable health system and society. The viability of hard copy publications such as these, though, is always difficult, and we will review the way we foster and disseminate such material this year. We will ask ourselves whether a hard copy journal is the best way to achieve our aims.

Fifth, our policy and advocacy work continues mainly through two significant alliances: the Victorian Oral Health Alliance (VOHA) and the Australian Health Care Reform Alliance (AHCRA). Both these partnerships have grown in strength this year. VOHA's work focused mainly on lobbying decision-makers and supporting the newly created National Oral Health Alliance (whose creation was stimulated by the successful Victorian model).

I would especially like to thank the Garry Pearson and the Australian Dental Association (Victoria Branch) for their exceptional contribution to the alliance, especially the informative website www.voha.org.au. We also spent considerable effort this year on working slowly towards AHCRA's goals for a national, less fragmented system which is primary health and prevention focused. As the population ages and the level of long-term conditions increases, it will become even more essential that prevention and care occur at the local community level, so that hospitals are seen as important but much more the place of last resort, not the main focus of care. AHCRA's goals are clearly long-term but to our mind crucial and worth pursuing. This year, the Alliance ran a successful Health Reform Summit in Canberra, and, in the lead-up, Health Issues Centre coordinated the efforts of a range of member organisations to run a national consultation of consumers from Far North Queensland to Perth to Melbourne. Although a modest exercise, the results were very consistent, and highlighted access and affordability issues as being central to the system.

Last, I would like to add my thanks to the Chairperson's for the terrific work done by all the Health Issues Centre staff team including the Deputy CEO Panayiota Romios, and the administrative team (Souzi Markos, Jane Schleiger, Sabrina Ranieri, Bernadette Wheeler, Liz Perry and Lorna Luke) from the Australian Institute for Primary Care. We are extremely lucky to have such a talented and committed team and it is a privilege and a pleasure to work with them.

Your committed Board continues to give their time to keep the organisation on track and effective and I thank them for their ongoing efforts this year, and especially the Management and Finance Committee (who get the more demanding and tougher jobs to grapple with!). I especially want to mention Pam Dalgliesh who stood down early this year—she has been a highly supportive Chairperson for several years. I also wish to thank her successor Mandy Leveratt.

Our various funders (around 20 last year) are also crucial elements of the Health Issues Centre picture and I would like to thank all of them for putting their trust and money into our efforts, especially DHS Quality and Safety Branch for funding the ongoing Service Agreement. There are many others to thank and although they are listed on a separate page, they are greatly appreciated nonetheless.

Here's to an equally stimulating and valuable year in 2007-08. We have started at a frightening pace! We will be finishing a large consumer participation information and support project for Cancer Australia. We are developing and running education sessions for the Queensland Health's community rehabilitation staff in consumer and community engagement, and adding to these trips a series of sessions for consumer groups in collaboration with the Queensland Consumer Alliance. We are going to try and persuade many more Victorian health services to follow the lead of Southern Health in providing education and support to their management teams to facilitate greater levels of effective participation throughout their services. We will continue our collaboration with the Victorian Oral Health Alliance and the Australian Health Care Reform Alliance.

A quick postscript about the format of this year's annual report: we hope you will find the new format stimulating. We have structured it around what the staff think are the major themes of our diverse work; for example, working with consumers, working with governments, working with health services, advocacy and policy. We have developed some short sharp summaries including sharing with you some of the key lessons we have gained this year from our interaction with consumers and health services/professionals. Thank you to Diane Lowther, our Publications Officer, for effectively mustering our wayward team (unfortunately the CEO was the most wayward) to bring it all together.

Tony McBride
Chief Executive Officer

12 THINGS WE HAVE LEARNT THIS YEAR

1. Health organisations can usefully take a strategic approach to involving consumers. Focussing on the most appropriate and effective way consumers can contribute to a health service, rather than taking a scatter-gun approach, makes sense and will be more meaningful for consumers too.
2. Plan for participation within your organisation—consider capacity building, partnerships, communication, relationship building, and policies and guidelines.
3. Multiple strategies at multiple levels usually work best. Not all consumers want to participate on committees: for some a survey is enough, as is a one-off focus group. Some consumers have the interest, skills and expertise for high level policy committees, others are happy to join a Saturday BBQ to provide feedback or ideas for future action.
4. Consumers increasingly want to participate in decisions about their own care and treatment, and many also about health policy. Consumers will participate if the initiative relates to an issue which directly affects them; however, they also want participation to be meaningful and valued.
5. Consumers need to be supported to participate in an ongoing way; for example, reimbursement for out-of-pocket expenses, access to training, mentoring.
6. Consumers want access to both written and verbal information and similar consent processes during their care.
7. Cochrane level evidence exists on the use of decision aids and question prompt lists in improving individual care.
8. Consumers are not being involved very routinely in the development of health information, although there is increasing evidence that it usually improves its value to future readers. Consumer groups though have developed exceptional material in some cases; for example, around breast cancer.
9. At least 25 Victorian Department of Human Services' advisory committees involved consumers last year, and department staff consider that consumers have added real value to committees' outcomes and processes.
10. Participation by people from diverse cultural and linguistic backgrounds requires the use of interpreters and translated materials and organisations need to be culturally competent, and have staff routinely use cross-cultural communication methods.
11. Health professionals can be open to significant consumer involvement in future priority and direction setting; for example, the National Health Care Reform Alliance (an alliance of professionals, services and consumers) is advocating for structured consultations with Australian citizens about the future of the Australian health system.
12. Health workers and health services however often feel unsure about how to develop partnerships with consumers and community members. There is a generalised openness to the philosophy underpinning participation but an uncertainty about its practice. On the other hand, consumers want to participate in ways that are meaningful and non-tokenistic. Mutual listening, dialogue and ongoing negotiation can work through these normal tensions.

Health Issues Centre has advocated from a wide range of platforms for consumer perspectives to be included in policy and practice debates. Staff have presented at a number of national conferences, as well as many statewide conferences, workshops and seminars. We also made submissions to a range of government processes, including submission on the proposed Access Card, where we argued that insufficient consultation had taken place with citizens/health consumers and that there were too few safeguards proposed.

Health and Human Rights Forum

On 18 April, Health Issues Centre facilitated a forum, *Why is Health a Human Right?* Through the forum, Health Issues Centre flagged our interest towards understanding how a human rights framework could help us further develop and strengthen the work in improving health and wellbeing, especially for communities and people in Australia experiencing health inequalities. Each of the forum speakers presented with passion, commitment and deep understanding and experience of human rights. Health Issues Centre, as organiser, and the audience of interested health workers, consumers and citizens, were stirred and made a commitment towards further strengthening our capacities and collaboration to integrate human rights more profoundly in our work.

Australian Health Care Reform Alliance

The Reform Alliance is made up of 43 health professional, service and consumer organisations around Australia—many of them national. The Alliance continues to push for a national, less fragmented system which is primary health and prevention focused. As the population ages and the level of long-term conditions increases, it will become even more essential that prevention and care occur at the local community level, so that hospitals are seen as the place of last resort, not the main focus of care. AHCRA's goals are clearly long term but to our mind crucial and worth pursuing.

Tony McBride has continued to be a member of the Alliance's Executive this year. It culminated in the Alliance running a successful and well publicised National Health Reform Summit in July 2007. As part of its lead-up, Tony coordinated the efforts of a range of member organisations to run a national consultation of consumers from Far North Queensland to Perth to Melbourne. Although a relatively small exercise, the results were very consistent, and highlighted access and affordability issues as being central to the system. Forty-five (45%) of participants had not accessed some element of essential health care in the previous 12 months because of cost. These results were presented at the Summit.

Victorian Oral Health Alliance

The Victorian Oral Health Alliance's (VOHA) work this year was initially focused on the Victorian election. In the lead-up, it issued a range of media statements, sought a number of delegations with the Victorian Health Minister, Shadow Minister and the Greens, and developed a significant website. This latter initiative (at www.voha.org.au) was developed for the Alliance by the Australian Dental Association Victorian Branch, and it provides current information on dental services and waiting lists throughout the state. The Alliance has also contributed to the development of a National Oral Health Alliance, and sent members to a national advocacy day at Parliament House in Canberra in March.

This campaign for better dental services will undoubtedly continue for several years. Although there is slow but positive progress being made in Victoria, and the policies of the federal parties in the upcoming election are certainly improvements on previous commitments (or lack thereof), difficulties in accessing reasonable and affordable dental services is just about the most common issue raised by consumers and community members at many events we attend. Dental health status remains the most significant indicator of socio-economic inequality in our society, and there is still a very significant chasm between what is needed (just for a basic and fair system) and what governments and oppositions are willing to provide.

Health Issues Centre is committed to working in a practical, interactive and empowering way with consumers, carers and community members. Partnerships with consumers are essential for strengthening the active involvement of consumers in decisions about their care and treatment, policy and planning and the wellbeing of themselves and their communities. Health Issues Centre works in partnership with consumers in range of ways.

Community Advisory Committees (CACs)

Health Issues Centre continues to be funded by DHS to provide support for the ongoing development of Community Advisory Committees across 19 public health services across Victoria. (Major Victorian acute health services are required by legislation to establish a CAC.)

Health Issues Centre, in consultation with all CACs, developed and carried out a program of learning and discussion about the work of the CACs during 2007. Six key themes were prioritised and workshops conducted on topics including 'Reviewing the role of the CACs and Chairs', 'Advocacy' and 'Strengthening relationships with communities'. Information and discussions for each workshop were documented and these provided insights into how consumers and community members define such crucial processes around participation.

Health Issues Centre also facilitated pre- and post-conference workshops with CAC members who attended the 5th Australasian Quality and Safety Conference. These enabled participants to gain more from their conference experience, and also enabled CAC members to make suggestions about making such conferences more consumer/community accessible, friendly and inclusive and Health Issues Centre has taken up these issues with conference organisers on their behalf.

General support to CACs was routinely provided both through direct support to individual CACs, and through the network meetings of Resource Officers and Chairs of CACs. These networks allowed discussions and sharing of common priorities across CACs. Although CACs raised diverse issues at these meetings, particular to their needs, a common issue for discussion was the development of Community Participation Plans.

Health Issues Centre also developed a standard participation self-assessment tool. This can be used by each CAC to reflect on internal and organisational relationships, and on the achievements and difficulties within each health service.

Consumer Nominee Program

The fast-growing Consumer Nominee Program continues to be a dynamic approach for linking health services and government departments with suitably experienced consumers, carers and community members. Health Issues Centre receives funding for the Program from the Quality and Safety Branch of DHS to undertake the following:

- Advertise opportunities for consumers to participate in statewide advisory committees; and other related consultation mechanisms;
- Encourage consumers to nominate for such committees and consultations;
- Make nominations of consumers for such committees and consultations;
- Provide training and support for consumers involved on committees.

The requests received for consumers are generally diverse and relate to participation in committees, forums, workshops and policy development.

Consumers' views and experiences inform the development of the Consumer Nominee Program. In response to feedback obtained from consumers, from June 2006 we affected a range of new strategies for enhancing the way we implement the Program. These mechanisms include role clarification, transparent recruitment, orientation meetings, and networking ongoing support.

Since then the Program has witnessed a dramatic increase in the number of requests for consumers and community perspectives. The majority of these requests have come from DHS, but increasingly, research centres and state-based organisations are also seeking consumers.

Historically, the Consumer Nominee Program has focused on nominating consumers for committees. However, within the past year, the number of requests for consumers to participate on panels, in consultations and in technical reviews has increased. This diversity of requests has assisted the Consumer Nominee Program to broaden its relationships with a diverse mix of consumers, carers and community members. These people have added a richness of experience and a passion for improving health outcomes.

Through the Program consumers, carers and community members have been nominated for:

- o 12 DHS Committees;
- o 6 health sector committees;
- o 4 DHS consultations and workshops; and
- o 12 health sector consumer participation opportunities.

Workshops for Consumers and Health Professionals

A diverse array of workshops for rural and regional health care professionals and consumers were run last year and this year in Bendigo, Swan Hill, Geelong, Warrnambool, Ararat, Wangaratta, Myrtleford, Bairnsdale, Leongatha, Traralgon, Horsham and Mildura. In addition, five workshops were run in the metropolitan region for both health professionals and consumers. Another five were run for middle managers at Southern Health.

The evaluations for all the rural and metropolitan sessions were very positive, with all sessions averaging more than four out of a possible five on a satisfaction rating. More than 95% of participants indicated their expectations had been met. Health Issues Centre is concentrating on innovative and interactive ways of presenting sessions to health professionals and consumers, which in turn has led to higher levels of satisfaction for participants. Wherever possible, consumer guests are included in all sessions to health professionals. Reactions to having consumers tell their participation stories have been very positive.

Education and Support for Mental Health Consumers

Health Issues Centre, in conjunction with the Victorian Mental Illness Awareness Council (VMIAC), developed and conducted a project to facilitate active consumer involvement in mental health service planning, delivery, monitoring and evaluation.

A needs assessment was carried out through consultations with: a group of consumer consultants supported by VMIAC; the Victorian Transcultural Psychiatry Unit consumers; and the Maine Connection, a consumer group in Castlemaine. Following these consultations, education and training needs of consumers were identified. The Health Issues Centre Training Coordinator and VMIAC staff, with input from key mental health educators and workers, developed content and format for the education and training for mental health consumers. A total of five educational sessions were delivered.

Documenting the Experiences of Consumers Involved in Participation Activities

Interviewing consumers involved on health service and government committees has been undertaken by students from La Trobe University's Health Information Management Course. Through these interviews, consumers have described their experiences of participating and their visions for the future involvement of consumers. This work is ongoing and will be available on our new website.

Since 2005, several Federal and Victorian government initiatives for cancer reform have been launched. Federal initiatives include the *National Service Improvement Framework for Cancer*, *Strengthening Cancer Care Initiative* and the establishment of Cancer Australia to provide national leadership in cancer control and make recommendations to the Federal Minister about cancer policy and priorities. Victorian initiatives include implementing the *Fighting Cancer* policy, developing the *Cancer Services Framework* for Victoria, establishing a *Ministerial Taskforce for Cancer* to provide advice and leadership in the implementation of the cancer reforms, and establishing nine *Integrated Cancer Services (ICS)*. These developments have seen Health Issues Centre become involved in a series of projects related to cancer reform and consumer participation.

Southern Melbourne Integrated Cancer Services

Between July 2005 and July 2007, Health Issues Centre implemented a project assisting the Southern Melbourne Integrated Cancer Services (SMICS) to plan for the strategic involvement of consumers and carers in cancer reform in three health services in the southern Melbourne area—Southern Health, Peninsula Health and Bayside Health. The project, *Optimising Consumer Participation in Cancer Services*, was developed by a team of Dr Tere Dawson, Lauren Cordwell and Tony McBride. This team assisted in the recruitment and support of consumers, and developed a *Model for Recruitment and Management of Consumers* in future SMICS activities. A *Model for Consumer Participation in Quality Improvement* was also developed to guide regional Tumour Groups in their consultation and collaborative work with consumers. As part of the project, a trial of diverse methods of consumer participation in Tumour Groups was implemented and Information Sheets about consumer participation for clinicians were developed.

North Eastern Metropolitan Integrated Cancer Service

In December 2006, Health Issues Centre successfully obtained funding from the North Eastern Metropolitan Integrated Cancer Service (NEMICS) to undertake the *Pathways of Cancer Care that Involve Public and Private Cancer Services Project*. The project team includes Panayiota Romios, Tony McBride, Lauren Cordwell, Charin Naksook and Dr Nicola Bruce. This study aims to explore the care pathways (from diagnosis to treatment completion) experienced by 40 consumers whose pathways involved both public and private cancer service providers within the NEMICS catchment. A literature review, an analysis of interviews with consumers (and some clinicians) and a range of recommendations for future service coordination will be the key outcomes of the project.

Cancer Australia

In June 2006, Health Issues Centre participated in an open tender by Cancer Australia and was successful in gaining funding to develop the *Consumer Orientation and Information Resource Project*. The project team includes Tony McBride, Dr Tere Dawson, Vanessa Lynne, Lauren Cordwell and Dr Nicola Bruce. This project forms part of the *Strengthening Cancer Care Initiative* and is funded by the Federal Government. The aims of this project are: to provide suitable and sustainable training and support mechanisms to consumer members of Cancer Australia's national advisory and reference groups; to develop a framework and principles for the establishment and management of cancer support networks around Australia; and to develop a guide for facilitators of these networks.

Cancer Voices Victoria

In late 2005, Health Issues Centre delivered training on consumer participation and advocacy for the members of the Steering Committee of Cancer Voices Victoria. As a result, Cancer Voices Victoria invited Health Issues Centre to deliver further training sessions on consumer participation and advocacy for people affected by cancer and who are consumer representatives on Integrated Cancer Services and other health service or government committees, or are facilitators of cancer support groups. These sessions were delivered in March 2007 (and later in September 2007) by Dr Tere Dawson and Vanessa Lynne and were funded by The Cancer Council Victoria.

Consumer, carer and community participation is a significant strategy in working with and meeting the health needs of our communities. Health Issues Centre has been working in a range of ways to promote consumer involvement in health care and health services, in order to improve the way that health issues are prioritised, health program and services undertaken, and health information developed, communicated and used by consumers, carers and communities.

Discussion Papers

Health Issues Centre has been involved in the development of several discussion papers to support the health sector in its work around participation.

The *Consumer Health Information Project* was funded by DHS. It followed on from earlier work by the Centre that developed the *Well-Written Health Information: A Guide* (2000). Health information is fundamental to strategies to educate consumers about health care issues (e.g. self-management after surgery, options for childbirth) and it is also the minimum requirement in the creative decision aids to allow consumers to be involving in their own health care choices. Consumer health information can influence the health outcomes for individuals and may also affect the health patterns of populations.

This Discussion Paper aimed to review the practical experiences of three health services in Victoria in producing information for consumers. It examined examples of written patient information and assessed the processes used to develop this written material including an assessment of the use of the *Well-Written Health Information: A Guide* (2000) in developing it.

The *Consumer Participation and Culturally and Linguistically Diverse Communities Discussion Paper* was intended to assist in the implementation of culturally and linguistically diverse (CALD) consumer, carer and community participation in the Victorian health care system. The paper builds on existing Victorian government policies regarding participation in health care as well as ethnic health policy.

It was written for community organisations and health services, both in the acute and primary care sectors, and DHS. First, the paper reviewed the principles of community participation in health and outlined the Victorian consumer, carer and community participation and cultural diversity policy contexts. Second, the paper examined some of the barriers and enablers to CALD consumer participation. This section included information emerging from a literature review and information included in the 2005 report written by the Centre for Culture, Ethnicity and Health, *Consumer Participation and Culturally and Linguistically Diverse Communities*. Third, the paper outlined the commonalities across Victorian Government policy on cultural diversity and participation in health care, and proposes a participation framework for CALD consumer, carer and community participation at the individual, program and organisational levels, and DHS level.

The *Consumer Participation on DHS Advisory Committees Project* follows previous work done by DHS in developing the consumer, carer and community participation policy, *Doing it with us not for us*. The task of this paper was to explore the issues associated with the processes of working with and accessing consumers, carers and community members, representatives or nominees across the DHS. It did not include a review of the performance of individuals or committees.

The paper mapped advisory committees of the DHS that included consumer, carer, lay or community membership and described the scope of the committees in terms of their role, membership, terms and length of appointment, and how consumer, carer and community members are sourced and resourced. It also made recommendations on how to:

- improve the use and value of consumer, carer and community members to committees; and
- Involve people who are currently underrepresented on the department's committee.

Consumer Participation Plans

Health Issues Centre have worked with a number of health services to develop consumer participation plans to ensure the active involvement of the consumers in the health service. For example, in developing Calvary Health Care Bethlehem's plan, strategies for increasing consumer participation were identified through consultations with staff, consumers, carers and relevant peak bodies.

In developing a Consumer Participation Plan for Prahran Mission, a shared understanding, common agreement and a vision for service user participation at Prahran Mission was developed. The systematic model developed strategies for consumers and carers to have meaningful participation and support in the planning and implementation of the Mission's services.

Presentations and Education and Support on Consumer/Community Engagement

Health Issues Centre recognises that health workers need support knowledge or skills to enable them to become more actively involved in implementing consumer engagement. We have supported health services through a number of presentations, including at: Kingston Bayside Primary Care Partnership; Royal District Nursing Service; Rural Allied Health Conference; West Gippsland Healthcare Group; City of Port Phillip; City of Darebin; and Alpine Health.

Responded to Requests for Information and Support

Health Issues Centre continues to respond to requests from health services for information and support. Requests have included speakers, advice on consumer and community engagement, evidence and resources and invitations to contribute to committees and projects. Twenty-five requests were received from acute health services and 40 requests received from primary care services.

Southern Health Training for Managers

Throughout 2007, Health Issues Centre has been designing and delivering tailored workshops for managers at Southern Health. These workshops have aimed to build upon Southern Health's existing structures and processes that support consumer participation. The presentations, activities and materials explored during the workshops aim to enhance the skills and capacity of managers to implement consumer participation into their practice. Health Issues Centre congratulates Southern Health on this Victorian first.

The Community Participation in Community Health Services Network

Health Issues Centre actively contributed to the establishment of the *Community Participation in Community Health Services Network*. The purpose of this Network is to engage community health agencies to work together to build organisational capacity for community participation. The Network has contributed to the development of guidelines for consumer involvement in Quality of Care Reporting, and explored strategies for recruiting consumers and community members.

Older People Living Alone at Home without a Carer Project

The project was commissioned by the Aged Care Branch of DHS to investigate the care needs of older Victorians living alone at home without a carer, and potential service models or approaches to meet their needs. Health Issues Centre, in conjunction with the Council on the Ageing Victoria and the Lincoln Centre Ageing and Community Care Research, undertook the project.

The project aimed to:

- Improve understanding of what paid and unpaid care people living without a carer do access;
- Improve understanding of why and at what points in the health and care continuum older people living with and without a carer do not access care that would meet their needs, that is what factors are generic, rather than specific to people without a carer;
- Prioritise areas of greatest need for people living without a carer.

Health Issues Centre undertook a literature review to identify (from published and unpublished information) the care needs and existing paid and unpaid care service models to support older people living alone. A consultation with service providers about issues impacting on older people living alone at home without a carer and service models was also conducted.

Metropolitan Health Strategy Refresh—Consumer and Community Consultation

In September 2006, Health Issues Centre supported DHS in organising a consumer and community consultation workshop for its Metropolitan Health Strategy Refresh. The consultation aimed to: identify issues important in the next phase of planning the Metropolitan Health Strategy Refresh; identify strategies which consumers believe should be considered as part of the reforms going forward; and identify strategies which consumers believe will strengthen their participation in health service policy and planning, consistent with the Policy document, *Doing it with us not for us* (Department of Human Services 2006).

Consumer and Carer Experiences of Care Project

This project has entered its second year and the consumer and carer teams have worked with DHS and the eight pilot sites to develop a tool to survey consumers' and carers' experiences of mental health services as well as a methodology to explore their experiences in more depth. The survey will be delivered early next year and the interviews and focus groups will take place shortly afterwards, facilitated by the consumer and carer teams.

Health Issues Centre has supported these two teams and the project by responding to their education and support needs as they arise through facilitated group discussions and coaching sessions.

DHS Participate Conference

Vanessa Lynne and Jackie Mansourian both contributed to the Conference Planning Group. Health Issues Centre submitted several abstracts for this conference and five were accepted. Tony McBride also participated as a panel member at the Conference for one plenary.

At the 2007 Participate in Health Conference, Health Issues Centre's staff and consumers gave the following presentations:

Day 1 – Speakers Market, Tere Dawson and Lauren Cordwell, *"Everyone Is Doing It: Community Participation Plans"*.

Day 2 – Speakers Market, Lauren Cordwell, Alistair Kerr and Jackie Mansourian, *"Consumers on Committees: Handle with Care and Respect"*

Day 1 – Presentation, Lauren Cordwell, *"What we've learnt about Consumer Community Participation in Health: Reflections and Observations by Health Issues Centre"*

Day 1 – Presentation, Panayiota Romios and Tony McBride, *"Evaluation of Participation: What Does It Mean?"*

Day 2 – Presentation, Panayiota Romios and Jackie Mansourian, *"Participation with diversity: Taking Participation to Consumers, Community Members and Carers from Culturally and Linguistically Diverse Communities"*

Presentation to DHS Officers on Consumer Nominee Program and Consumer Participation

Two presentations were organised to promote the scheme to officers and managers at DHS. One session was held in April (30 people attended) and the second session was held in May (25 people attended). Presenters included speakers from Health Issues Centre, consumers involved in DHS committees, and Carers Victoria.

Participation on DHS Committees

Health Issues Centre staff have continued to participate in the following DHS committees:

- DHS Best Practice in Person-Centred Health Care for Older People Advisory Group
- DHS Metro Health Strategy Refresh Advisory Committee
- DHS Open Disclosure Steering Committee
- DHS Health Promotion and Equity Framework Project Advisory Group
- DHS Participation in Your Health Service System, Participation Advisory Committee
- DHS Participation in Your Health Service System, 2007 Conference Organising Committee

The Consumer Nominee Program has also facilitated the nomination of consumers to the following government committees:

- DHS Care in your Community Advisory Group
- DHS HealthConnect Steering Committee
- DHS Participation Monitoring Committee
- DHS Participation Conference Organising Committee
- DHS Patient Flow Collaboratives Expert Working Group
- DHS Outpatient Experience Sub-committee
- DHS Outpatients Improvement and Innovation Advisory Committee
- DHS Review of Cardiac Services and Development of a Service Planning Framework for Adult Cardiac Services Committee
- DHS Victorian Hospital Acquired Infection Surveillance System (VICNISS) Coordinating Centre Advisory Committee
- DHS Victorian Policy Advisory Committee on Clinical Practice and Technology
- Victorian Quality Council Stakeholder Evaluation Committee

Responded to requests from DHS for Information and Support

Telephone and formal support continues to be provided to DHS branches seeking support with consumer participation approaches (e.g. Victorian Paediatric Rehabilitation Service, VICNISS Coordinating Centre, Metropolitan Health Strategy Refresh, Outpatients Reform Unit, Primary Health Branch).

An important part of Health Issue Centre's work is communicating information about the latest developments in health policy, research and practice as well as interesting events, resources and opportunities for people to influence the health system. This communication is continuous and often occurs spontaneously in informal settings but the Centre does have three main communication strategies—*Health Issues* journal, *eNews* and our two websites.

***Health Issues* journal**

This year, *Health Issues* continued to publish articles examining the latest developments in the health sector from a consumer/carer perspective. Issue 88 concentrated on complementary medicine and Issue 91 focused on consumer participation. Issue 90 allowed us to work in partnership with the national and state carer associations to publish articles that examined some of the many issues facing carers. Issue 89 celebrated Health Issues Centre's 21st birthday and looked back over the work we have done over the years and how the health sector and consumers' levels of involvement have changed.

A readers' survey was conducted and the findings have led to changes in *Health Issues*, including the introduction of two new sections: 'HICUP-date' that lets our readers know what Health Issues Centre has been getting up to; and 'Consumers' Experiences' where people can share their experiences of working in the community to bring about positive change.

eNews

Our monthly ebulletin, *eNews*, continues to provide information about events, training, resources, opportunities for involvement in the health system's decision-making processes and news about Health issues Centre. Between July 2006 and June 2007, 15 editions of *eNews* were published. This period saw great efforts going into increasing the readership of *eNews* and, as a result, 376 people were added to the *eNews* mailing list compared to the 51 people added in the previous 12 months.

Websites

Our website www.healthissuescentre.org.au received a total of 70,948 visitors between July 2006 and June 2007—an average of 5,912 a month. One of the main reasons people came to the website was to download some of our valuable resources and publications documents: over 61,000 during the period.

Health Issues Centre also manages the consumer participation website, www.participateinhealth.org.au and over the past year we have continued to add resources, practice examples and weblinks to its *Victorian Consumers Participate in Health* page (funded by the Department of Human Services). As the number of documents on both these websites has grown, the contents have correspondingly become harder to manage and visitors have found it increasing difficult to find what they were looking for in an easy way. So the decision has been made to revamp the Health Issue Centre website—moving the Victorian Consumers Participate in Health page and other popular resources across, and introducing a new document management system. Other features include a new look improved search facilities, and online payments. The new website is expected to be launched in December 2007.

Staff

Staff at Health Issues Centre for 2006/2007 were:

Chris Atmore
Senior Project Officer

Pauline Brophy
Research Assistant
(from August to November 2006)

Nicola Bruce
Senior Project Officer
(from June 2007)

Lauren Cordwell
Senior Project Officer

Tere Dawson
Senior Project & Policy Coordinator

Dell Horey
Project Officer
(to December 2006)

Diane Lowther
Publications and Information Officer

Vanessa Lynne
Training Coordinator

Tony McBride
CEO

Jackie Mansourian
Senior Project Officer

Souzi Markos
Senior Administrative Officer

Charin Naksook
Senior Project Officer

Panayiota Romios
Deputy CEO

Jane Schleiger
Administrative Assistant

Consultant
Hider Health Evaluation & Consulting

Casual Staff

Helen Walls
Zahra Lassi

Students on placement
Abdullah Lary
Sally Kingsland
Janalee Pilcher

Board of Governance

The Centre is an independent non-government organisation incorporated as an association. The members of the Board of Governance and staff determine the direction of the Centre's work.

Lisa Allwell *(from October 2006)*
Barry Cook [Treasurer] *(from October 2006)*
Dr Pamela Dalglish
Dean Griggs [Deputy Chair] *(to June 2007)*
Ileana Guizzo
Ivan Kayne *(from October 2006)*
Mike Kennedy *(from October 2006)*
Mandy Leveratt [Chair]
Iva Steinke
Eleanor Sumner
Joe Wilder
Pamela Williams

Collaborations and Partnerships

Health Issues Centre would like to acknowledge and thank the following individuals and organisations we have worked with and/or been funded by this year.

Alpine Health
 Claire Amies, CEO, Western Region Health Centre
 Paris Aristotle, Foundation House
 Jenny Ashby, Consultant
 Austin Health including Respecting Patient Choices Project
 Australian Council of Social Services
 Australian Health Care Reform Alliance members
 Australian Institute for Primary Health Care
 Ballarat Health Services
 Annabel Barbara, Executive Manager, Centre for Culture, Ethnicity and Health
 Barwon Health
 Bayside Health
 Bendigo Health
 Evan Bichara, Victorian Transcultural Psychiatry Unit, St Vincent's Hospital
 Maria Bohan, Carer's Victoria
 Cancer Australia
 Cancer Voices Victoria
 Calvary Health Care Bethlehem
 Cardiomyopathy Association
 Centre for Ethnicity, Culture and Health
 Chronic Illness Alliance
 Isabell Collins, VMIAC
 Consumers' Health Forum of Australia
 Dental Health Services of Victoria
 Dental Health Services Victoria especially Dr Hanny Calache
 Department of Human Services Primary Health Branch
 Dianella Community Health Service
 Dianella Community Health esp. Mark Sullivan and Raju Sachidanand
 Eastern Health
 Verna Fisher, Mental Health Branch, Victorian Department of Human Services
 Michael Fleming, VMIAC Metropolitan Advocate
 Pamela Freeman, Recreation Coordinator, Munzer Community Residence
 Goulburn Valley Health
 Cath Harmer, Program Manager, Consumer Participation and Information, Quality and Safety Branch, Victorian Department of Human Services
 Health Promotion Association (Victorian Branch)
 Kim Hider (an Associate of Health Issues Centre's)
 Olga Kanitsaki, Adjunct Professor, Division of Nursing and Midwifery, RMIT University
 Kingston Bayside Primary Care Partnership
 Gillian Lang, Whitehorse Community Health Service
 Latrobe Regional Hospital
 La Trobe University, School of Public Health
 Bebe Loff, Monash University
 Harry Lovelock, The Royal Australian and New Zealand College of Psychiatrists
 Medical Practitioners Board of Victoria, including Nicole Newton
 Melbourne Health
 David Mithen, VMIAC Education Officer and Member, the Maine Connection
 National Institute of Clinical Studies
 North East Melbourne Integrated Cancer Service
 Northern Health
 North Yarra Community Health
 Peninsula Health
 People's Health Movement

Peter MacCallum Cancer Centre
Plenty Valley Community Health
Prahran Mission
Ian Roos
Royal Australasian College of Physicians
Royal Australian College of General Practice
Royal Children's Hospital, Melbourne
Royal Victorian Eye and Ear Hospital
Royal Women's Hospital
St Vincent's Hospital
Fiona Seymour, Mental Health Legal Service
Southern Health
Southern Melbourne Integrated Cancer Service
Victorian Health Care Association
Victorian Medicare Action Group members
Victorian Mental Illness Awareness Council
Victorian Oral Health Alliance members, especially the Australian Dental Association (Victorian Branch)
Jill Webb, Chairperson of Australians for Native Title and Reconciliation (ANTAR), Victoria
VicHealth
Western Health
Gai Wilson
Maria Wright

Members & Subscribers

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Lisa Allwell
Carol Andrew

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Box Hill Hospital, Library
BreastScreen Victoria
Brunswick Italian Community

C

Jo Carden
Care Connect
Caulfield General Medical Centre
Central West Gippsland Primary Care
Partnership
Chronic Illness Alliance
Kaye Cole
Vivienne Colmer
Council on the Ageing (Victoria)
Patricia Crotty

D

Pamela Dalgliesh
Gwen Daniel
Darebin Community Health Service
Penny Davies
DES Action Australia
Susan Dimopoulos
Jan Donovan

E

East Gippsland Consumer and Carer
Group
East Gippsland Primary Care
Partnership
Gillian Ednie
Steve Eicke

F

L. Fagg
Twanny Farrugia
Frank Fisher
Frankston Mornington Peninsula Primary
Care Partnership

G

Peter Geary
Taitie Gilder
Heather Grain
Grampians CHC
Dean Griggs
Marilyn Guillemain
Ileana Guizzo

H

Janet Hall
Health Services Commissioner
Hepatitis C Council of Victoria
Peter Harrison
Ken Harvey
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Sophie Hill

Dell Horey
Horsham College

I

Inner South East Partnership in
Community & Health
Inner South Community Health Services

K

Olga Kanitsaki
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Meredith Kefford
Mike Kennedy
Kerang District Health
Knox Community Health Service

L

La Trobe Regional Hospital
Leukaemia Family Support Group
Mandy Leveratt
Vivian Lin
Graham Ludecke
Lymphoedema Association of
Victoria

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Heather Michaels
Danny Millman

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Kellie O'Callaghan
Outer Eastern Branch of Australian
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Palliative Care Victoria
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Peninsula Community Health
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Pharmacy Guild of Australia, Vic Branch
Primary Health Care in Action

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QICSA

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Self Help Addiction Resource
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Iva Steinke
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Helen Szoke

T

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Sharon Turney

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Joe Wilder
Pamela Williams
Women's Health Loddon Mallee
Women's Health Victoria

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Women's Health in the South East

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Patrick Bolton (NSW)
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Inc (QLD)

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Craze lateral Solutions (NSW)

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Margaret Furphy (WA)

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Health Rights & Community Action (SA)
Hunter Urban Network for Consumers of
Health Care (NSW)

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Pregnancy Advisory Centre (SA)
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Ombudsman (NSW)

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Royal Australasian College of
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Andrew Stanley (SA)

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Australian Federation of AIDS
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Australian Medical Association (ACT)

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Library (SA)
Department of the Parliamentary
Library (ACT)
DES Action Australia (NSW)
Doctors Reform Society (NSW)
Douglas Mawson TAFE (SA)

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Edith Cowan University, Library (WA)

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Andrew Gray (QLD)
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Campus, Library (QLD)
Griffith University, Nathan Campus,
Library (QLD)

H

Health Care Consumers' Association
(ACT)
Health Consumers' Council of WA Inc.
(WA)

J

James Cook University, Library (QLD)
Julia Farr Services (SA)

L

Peter Lloyd (NSW)

M

Julie McCrossin (NSW)
Mission Australia (NSW)

N

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C. Newell (TAS)
Northern Sydney Health Promotion
(NSW)
North West Health Region
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Community Services (NT)

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Queensland University of
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Western Institute of Self-Help (WA)
Women's Centre for Health Matters
(ACT)
Women's Health Queensland Wide
Inc. (QLD)

LIFE MEMBERS

Meredith Carter
Kay Currie
Marilyn Hage
Bill Newton
Michele Plane
Jane Sydenham-Clarke
Lois Woodward

OVERSEAS MEMBERS & SUBSCRIBERS

Ministry of Health, Information Centre
(New Zealand)

Ontario, Legislative Library
(Canada)

THANK YOU

Apart from those mentioned previously, Health Issues Centre has also been assisted by a wide number of other. This year, Health Issues Centre has also been assisted, in one way or another, by a number of individuals and organisations that we would like to thank for their help and support.

Bev Aisbett
Bruce Anderson
Ruth Azzopardi
Naomi Boyle at VHIA
Mary Caruana
Kaye Cole
Michael Dowling
Russell Fisher
Marius Foley
Maree Gill
Kelly Griffiths
Adele Hamlyn
The Infoxchange crew
Pam Kennedy
Simon Kneebone
Karen Legh at ID Yours
Elisha Riggs
Sally Rose
Janet Spink
Michael Summers
Jan Whitaker
Peter Watson and his crew at Blueprint

Speakers at last year's 21st Birthday AGM:

Gillian Ednie, Bill Newton, Sophie Hill, Mary Draper, Helen Szoke (in absentia), Charles Livingstone, Meredith Carter.

Health Issues Centre wishes to acknowledge the following consumers, carers and active community members who have contributed their experience and wisdom to improving health outcomes in Victoria.

Stephen Alomes	Pauline Hopkins
Kirra Atkinson	Val Johnstone
Sophy Athan	Keyur Kelkur
Connie Benn	Alistair Kerr
Nicola Bruce	Frank McNeil
Ian Roos	Edward Manuel
Pamela Williams	Pam Moore
Shirley Carvosso	Penelope Myers
Richard Chua	Stephanie Newell
Wal Crellin	Melanie Raymond
Paula Curotte	Peter Riley
Jan Curry	Graeme Roberts
Andrew Day	Reg Shelley
Penny Davies	Iva Steinke
Ken Falconer	Eleanor Sumner
Frank Fisher	Rimma Sverdlin
Kate Gilbert	Joanne Switserloot
Veronica Gribble	Pauline Venn
Christine Griffiths	Christine Walker
Moreno Grison	Heather Watson
Vicki Hamilton	Jan Whitaker
John Harvey	Evelyn Webster
Sue Healy	Debbie Zauder

Health Issues Centre Inc.

Financial Report

For the year ended 30 June 2007

Income Statement

For the year ended 30 June 2007

	Notes	2007 \$	2006 \$
Revenue		839,205	707,309
Employee benefits expense		(568,592)	(446,578)
Depreciation and amortisation expenses	2	(3,574)	(2,746)
Consultants expenses		(60,152)	(46,878)
Administration expenses		(140,902)	(101,741)
Consumables		(46,538)	(47,571)
Other expenses		<u>(66,868)</u>	<u>(58,444)</u>
Profit/(loss)		<u><u>(47,421)</u></u>	<u><u>3,351</u></u>

Health Issues Centre Inc.

Balance Sheet As at 30 June 2007

	Notes	2007 \$	2006 \$
CURRENT ASSETS			
Cash and cash equivalents	3	342,509	593,237
Trade and other receivables	4	<u>130,501</u>	<u>55,848</u>
TOTAL CURRENT ASSETS		<u>473,010</u>	<u>649,085</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	<u>10,864</u>	<u>10,066</u>
TOTAL NON-CURRENT ASSETS		<u>10,864</u>	<u>10,066</u>
TOTAL ASSETS		<u>483,874</u>	<u>659,151</u>
CURRENT LIABILITIES			
Trade and other payables	6	79,840	84,622
Provisions	7	49,199	53,557
Other	8	<u>138,181</u>	<u>267,955</u>
TOTAL CURRENT LIABILITIES		<u>267,220</u>	<u>406,134</u>
NON-CURRENT LIABILITIES			
Provisions	7	<u>22,697</u>	<u>11,639</u>
TOTAL NON-CURRENT LIABILITIES		<u>22,697</u>	<u>11,639</u>
TOTAL LIABILITIES		<u>289,917</u>	<u>417,773</u>
NET ASSETS		<u>193,957</u>	<u>241,378</u>
MEMBERS' FUNDS			
Retained profits		<u>193,957</u>	<u>241,378</u>
TOTAL MEMBERS' FUNDS		<u>193,957</u>	<u>241,378</u>

Health Issues Centre Inc.

Statement of Changes in Equity
For the year ended 30 June 2007

	Retained Earnings \$
Balance at 1 July 2005	238,027
Profit attributable to members of the entity	<u>3,351</u>
Balance at 30 June 2006	<u>241,378</u>
Loss attributable to members of the entity	<u>(47,421)</u>
Balance at 30 June 2007	<u>193,957</u>

Health Issues Centre Inc.

Cash Flow Statement
For the year ended 30 June 2007

	Notes	2007 \$	2006 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from grants and consultancies		641,185	740,796
Payments to suppliers and employees		(946,855)	(771,356)
Other receipts		27,814	23,069
Interest received		<u>31,500</u>	<u>27,642</u>
Net cash provided by/(used in) operating activities	10(b)	<u>(246,356)</u>	<u>20,151</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		<u>(4,372)</u>	<u>(7,380)</u>
Net cash used in investing activities		<u>(4,372)</u>	<u>(7,380)</u>
Net increase/(decrease) in cash held		(250,728)	12,771
Cash at beginning of financial year		<u>593,237</u>	<u>580,466</u>
Cash at end of financial year	10 (a)	<u>342,509</u>	<u>593,237</u>

Notes to the Financial Statements For the year ended 30 June 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Health Issues Centre Inc.

Notes to the Financial Statements For the year ended 30 June 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act of Victoria. The Board of Governance has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act of Victoria and the following applicable Accounting Standards:

AASB 101:	Presentation of Financial Statements
AASB 107:	Cash Flow Statements
AASB 108:	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110:	Events after the Balance Sheet Date
AASB 116:	Property, Plant and Equipment
AASB 117:	Leases
AASB 1031:	Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is also prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

(a) Income Tax

No provision for income tax has been raised as the association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(b) Fixed Assets

Other fixed assets are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all fixed assets are depreciated over the useful lives of the assets to the association commencing from the time the asset was held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of fixed asset	Depreciation rates/useful lives	Depreciation basis
Furniture Fixtures and Fittings	11.30 %	Diminishing Value
Computer Equipment	37.50 %	Diminishing Value

The carrying amount of fixed assets is reviewed annually by directors to ensure it is not in excess of the recoverable amount of those assets.

The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

(c) Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to

Notes to the Financial Statements
For the year ended 30 June 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave, long service leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs.

Contributions are made by the association to an employee superannuation fund and are charged as expenses when incurred.

(d) Revenue

Revenue from sale of goods is recognised upon the delivery of goods to customers.

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

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue is recognised when the right to receive the revenue has been established.

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

Notes to the Financial Statements
For the year ended 30 June 2007

	Note	2007 \$	2006 \$
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NOTE 2: PROFIT

Profit (losses) have been determined after:

(a) Expenses

Depreciation of property, plant and equipment		<u>3,574</u>	<u>2,746</u>
Remuneration of the auditors for - audit or review services		<u>4,970</u>	<u>5,027</u>

NOTE 3: CASH ASSETS

Cash on hand	-	32
Cash at bank	9,849	184,183
Deposits at call	<u>332,660</u>	<u>409,022</u>
	<u><u>342,509</u></u>	<u><u>593,237</u></u>

NOTE 4: TRADE AND OTHER RECEIVABLES

CURRENT

Trade receivables	<u>130,501</u>	<u>55,848</u>
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NOTE 5: PROPERTY, PLANT AND EQUIPMENT

PLANT AND EQUIPMENT

(a) Computer equipment

At cost	22,672	18,300
Less accumulated depreciation	<u>(12,487)</u>	<u>(8,999)</u>
	<u>10,185</u>	<u>9,301</u>

(b) Furniture, fixtures and fittings

At cost	1,140	1,140
Less accumulated depreciation	<u>(461)</u>	<u>(375)</u>
	<u>679</u>	<u>765</u>

Total property, plant and equipment	<u><u>10,864</u></u>	<u><u>10,066</u></u>
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(a) Movements in Carrying Amounts

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

	Furniture, fixtures & fittings \$	Computer equipment \$	Total \$
2007			
Balance at the beginning of the year	765	9,301	10,066
Additions	-	4,372	4,372
Depreciation expense	<u>(86)</u>	<u>(3,488)</u>	<u>(3,574)</u>
Carrying amount at end of year	<u><u>679</u></u>	<u><u>10,185</u></u>	<u><u>10,864</u></u>

Notes to the Financial Statements
For the year ended 30 June 2007

	Note	2007 \$	2006 \$
NOTE 6: TRADE AND OTHER PAYABLES			
CURRENT			
Unsecured liabilities			
Sundry creditors and accruals		<u>79,840</u>	<u>84,622</u>
NOTE 7: PROVISIONS			
CURRENT			
Employee benefits	7(a)	<u>49,199</u>	<u>53,557</u>
NON-CURRENT			
Employee benefits	7(a)	<u>22,697</u>	<u>11,639</u>
(a) Aggregate employee benefits liability		<u>71,896</u>	<u>65,196</u>
NOTE 8: OTHER LIABILITIES			
CURRENT			
Grants received in advance		<u>138,181</u>	<u>267,955</u>
		<u>138,181</u>	<u>267,955</u>
NOTE 9: CAPITAL AND LEASING COMMITMENTS			
(a) Operating lease commitments			
Non-cancellable operating leases contracted for but not capitalised in the financial statements:			
Payable - minimum lease payments			
- not longer than one year		<u>115,649</u>	<u>110,795</u>
		<u>115,649</u>	<u>110,795</u>

Notes to the Financial Statements
For the year ended 30 June 2007

	Note	2007 \$	2006 \$
NOTE 10: CASH FLOW INFORMATION			
(a) Reconciliation of cash			
Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the balance sheet as follows:			
Cash on hand		-	32
Cash at bank		9,849	184,183
At call deposits with financial institutions		<u>332,660</u>	<u>409,022</u>
		<u><u>342,509</u></u>	<u><u>593,237</u></u>
(b) Reconciliation of cash flow from operations with profit			
Surplus (Deficit)		(47,421)	3,351
Non-cash flows in profit			
Depreciation		3,574	2,746
Changes in assets and liabilities			
(Increase)/decrease in receivables		(74,653)	81,876
Decrease in grants received in advance		(129,774)	(75,787)
Increase/(decrease) in payables		(4,782)	2,752
Increase in provisions		<u>6,700</u>	<u>5,213</u>
Cash flows from operations		<u><u>(246,356)</u></u>	<u><u>20,151</u></u>

NOTE 11: ASSOCIATION DETAILS

The principal place of business of the association is:
 Health Issues Centre Inc.
 Level 5
 Health Sciences 2
 LA TROBE UNIVERSITY VIC 3086

Health Issues Centre Inc.

Statement by Members of the Board of Governance

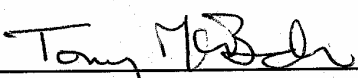
The Board of Governance have determined that the association is not a reporting entity.

The Board of Governance have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Governance the financial report as set out on pages 1 to 9:

1. Presents a true and fair view of the financial position of Health Issues Centre Inc. as at 30 June 2007 and its performance for the financial year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Health Issues Centre Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Governance and is signed for and on behalf of the Board of Governance by:



Tony McBride



Pamela Williams

Dated this 22nd day of October 2007



Independent Audit Report to the members of Health Issues Centre Inc.

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Health Issues Centre Inc., which comprises the Balance Sheet as at 30 June 2007, the Income Statement, Statement of Changes in Equity, Cash Flow Statement for the year then ended, a summary of significant accounting policies, other explanatory notes and Statement by the members of the board of governance.

Committee's Responsibility for the Financial Report

The committee of the association 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 consistent with the financial reporting requirements of the Associations Incorporation Act of Victoria and are appropriate to meet the needs of the members. The Committee's responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act of Victoria. 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 complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion the financial report of Health Issues Centre Inc. presents fairly in all material respects the financial position of Health Issues Centre Inc. as of 30 June 2007 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

DANBY BLAND PROVAN & CO
Chartered Accountants
123 Camberwell Road
HAWTHORN EAST 3123

G D WINNETT


Partner

22 October 2007

Health Issues Centre Inc.

**Disclaimer to the members of
Health Issues Centre Inc.**

The additional financial data presented on page 13 is in accordance with the books and records of the association which have been subjected to the auditing procedures applied in our statutory audit of the association for the financial year ended 30 June 2007. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Health Issues Centre Inc.) in respect of such data, including any errors of omissions therein however caused.



DANBY BLAND PROVAN & CO
Chartered Accountants
123 Camberwell Road
HAWTHORN EAST 3123



G D WINNETT
Partner

22 October 2007

Health Issues Centre Inc.

Private Information for the board of governance on the 2007 Financial Statements

Income and Expenditure Statement For the year ended 30 June 2007

	2007 \$	2006 \$
INCOME		
DHS grants	363,717	283,432
Consulting fees	416,174	373,166
Interest	31,500	27,642
Membership subscriptions	22,947	17,903
Other income	<u>4,867</u>	<u>5,166</u>
TOTAL INCOME	839,205	707,309
LESS EXPENSES		
Administration costs	140,902	101,741
Advertising	1,290	652
Audit fees	4,970	5,027
Bank charges	1,163	805
Conference/Seminar costs	11,839	5,609
Consultancy fees	60,152	46,878
Consumables	46,538	47,571
Depreciation	3,574	2,746
Holiday pay	-	4,672
Insurance	4,730	60
Operating expenses	10,710	15,037
Recruitment costs	18	2,409
Research and administration	350	-
Salaries and wages	524,473	405,796
Subscriptions	5,225	3,896
Sundry expenses	2,410	4,623
Superannuation	44,119	36,109
Travelling expenses	17,659	13,866
Website costs	4,090	4,061
Workcare/WorkCover/Workers Compensation	<u>2,414</u>	<u>2,400</u>
TOTAL EXPENSES	<u>886,626</u>	<u>703,958</u>
OPERATING PROFIT/(LOSS)	<u>(47,421)</u>	<u>3,351</u>