

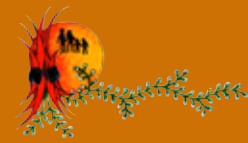


Annual Report 2009/2010



Our Vision

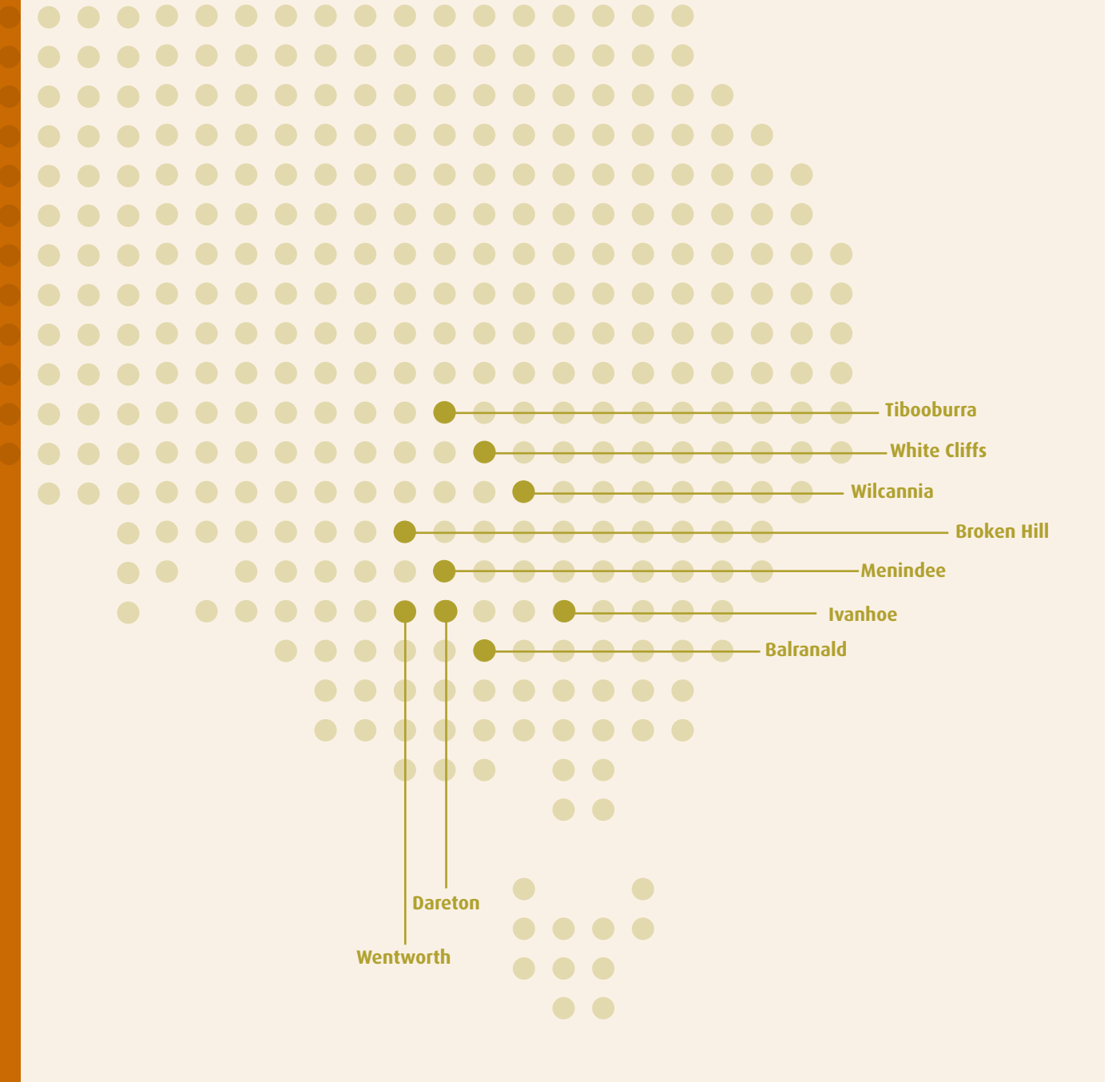
Aboriginal people live longer and close the gap – families, individuals and communities achieve good health, well-being and self-determination, supported by Maari Ma.



Contents

Our Board	2	Continuous Quality Improvement	25	Statement of Comprehensive Income	38
Chairperson's Report	3	Leadership	27	Statement of Changes in Equity	39
Chief Executive Officer's Report	4	Workforce Data	27	Statement of Cash Flows	40
Best Practice	5	Organisational Chart	28	Notes	42
Community Safety Research Project	21	Social & Community Programs	30	Director's Declaration	52
Smokers Program	22	Growth	33	Partnerships & Collaborations	53
Kanyini	24	Independent Audit Report	34	Lower Western Sector Reports	53
ABCD	25	Balance Sheet	36		

Maari Ma Health is an Aboriginal community controlled organisation dedicated to improving health outcomes in far west region of NSW.



Our Board



Maureen O'Donnell is a Barkintji elder belonging to the Wilyakli language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill and has a family of 9, she is a grandmother of 47 children and great grandmother to 19 children. Maureen has worked tirelessly in Aboriginal affairs campaigning for equality for Aboriginal people. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council and the Broken Hill Aboriginal Community Working Party, and is on the Board of Management for the Mutawintji National Park. Maureen is a past member of the Western Aboriginal Legal Service where she was the chairperson for 10 years. Maureen commenced her role with the Maari Ma Board in 1997.



Des Jones is a Mooriwarri man born in Brewarrina NSW and currently resides in Wentworth. Des is the Deputy Chairperson of Maari Ma. Des holds Board positions with other organisations as well including the Murdi Paaki Regional Housing Corporation. Des has a strong interest in Aboriginal economic development, revival of Aboriginal culture, language maintenance and sites protection. Des likes to meet and socialise with people and has a keen interest in sports, and seeing and supporting people of all ages to participate in their chosen sports. Des would also like individuals and families to benefit from better services and lead healthy lifestyles. Des commenced his role with the Maari Ma Board in 1996.



Gloria Murray is a Barkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council, Balranald Indigenous Committee and Balranald Inc. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria is also a strong campaigner in lobbying government agencies in providing suitable, appropriate and affordable accommodation for Aboriginal people. Gloria commenced her role with the Maari Ma Board in 1998.



Fay Johnstone is a Ngiyampaa – Barkintji woman residing in Ivanhoe. Fay has been employed for 28 years as an Aboriginal Education Officer with the Department of School Education and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party, a member of the Ivanhoe Health Advisory Council and is a deputy Board member of the Mount Grenfell Historic Site Management Committee. Fay is a past Director of the Murdi Paaki Regional Housing Board and of the Western Aboriginal Legal Service. Fay commenced her role with the Maari Ma Board in 1998.



Cheryl Blore is a Barkintji woman who resides in Menindee. Cheryl has been employed for 25 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 26 years, holding positions as Secretary and Chairperson. Cheryl is now on the new Board of Management for the Menindee Local Aboriginal Land Council, Menindee Health Advisory Council and the Menindee Central School Committee. Cheryl has a keen interest in education, Aboriginal culture and the health of Aboriginal people. Cheryl commenced her role with the Maari Ma Board in 2006.



William Bates is a Wanyuparlku/ Malangapa/Barkantji elder and the founding Chairperson of Maari Ma Health and is a very active member of the Wilcannia community. He is the current Chairperson of the Wilcannia Community Working Party and a member of the Murdi Paaki Regional Assembly. William has been involved in the advancement of Indigenous rights for many years and continues to make a significant contribution on the various committees he is involved with such as: Chairperson of Murdi Paaki Regional Enterprise Corporation; Director, Murdi Paaki Regional Housing Corporation Ltd; Chairperson of the Mutawintji National Park Board of Management; Chairperson of the Mutawintji Local Aboriginal Land Council; and Member of the Murdi Paaki Aboriginal Housing Committee (Western Region).

Chairperson's Report

I have been very heartened to see our organisation continuing to grow and strengthen during the past 12 months in what has been a difficult time for many during economic uncertainties. Not only have our communities been receiving our well established primary health care programs from dedicated and caring staff, we have also introduced new programs to support and nurture young children and their families. For example, the Early Years Project, which has developed from our strong strategic direction in child health, is building into a valuable service with many benefits. Community partnerships are forming and groups are working together to bring about improved health outcomes for our children. The care and development of youngsters is very close to my heart and I cannot support and promote this initiative enough.

The number of our Indigenous staff has increased to 68 per cent of our workforce and we are fostering a continuous learning environment for the bigger picture. We have a very enthusiastic and committed group of Aboriginal Health Worker Trainees studying to become health workers. I congratulate all those Trainees on their efforts and look forward to the day when they will be qualified and working in our communities, helping our people. I would also hope that they will continue to learn so that they can help lead our organisation into the future. The Board is committed to developing strong Indigenous leadership and Maari Ma will be implementing

a workforce development plan with a focus on leadership development and mentoring.

We welcomed a new Director to the Board this year, William Bates from Wilcannia. William, who was appointed following Warlpa Thompson's departure, is known to many in the region and is a strong advocate for Aboriginal people.

I would like to thank our Chief Executive Officer, Bob Davis, who has been leading the growth of our organisation for more than a year. Bob has brought with him more than 25 years experience at the Chief Executive Officer / Executive Director level in Aboriginal health in New South Wales and Queensland.

I would also like to thank once again my fellow Directors for their continued support of me and for their commitment to Maari Ma as we strive to improve health outcomes for Aboriginal people in our region. Finally, it is to the staff that we pay the most tribute, for without their day to day efforts and dedication we would not be the organisation we are today.

Maureen O'Donnell, Chairperson

Chief Executive Officer's Report



I have been Chief Executive Officer since September 2009 and only the third Chief Executive Officer since the organisation's inception almost 15 years ago. I am indebted to my two predecessors, Richard

Weston and William 'Smiley' Johnstone, whose leadership in the preceding years has provided Maari Ma with the platform to advance the Board of Directors' vision of supporting families, individuals and communities to achieve good health.

Despite adversity from some areas, Maari Ma has continued its proud history of tailoring and delivering effective programs to the diverse needs of the community.

This annual report provides evidence of Maari Ma's achievements throughout the year and demonstrates a number of examples of what can be achieved through a collaborative approach.

We continue to engage with a large number of partners including the Royal Flying Doctor Service, the Sydney University Department of Rural Health, the Greater Western Area Health Service, the Riverina Division of General Practice, the Fred Hollows Foundation, Mission Australia, University of New South Wales and Save the Children Australia. We will also continue to develop programs with other partners on common issues of interest and concern.

There are many others whose achievements have made an impact on the organisation, all of whom share a passion for improving health and quality of life. These people include our Board members, our staff and our community members throughout the Maari Ma region.

I draw encouragement from all of the extraordinary people involved with Maari Ma and have the confidence that we will meet the challenges of the changing environment.

I wish to acknowledge the Board of Directors and in particular the Chairperson, Maureen O'Donnell whose commitment to Indigenous leadership is unwavering. I would like to thank the dedicated staff for the strong support they have given the organisation and to me personally.

Much of this would not be possible without the financial support of our major funding bodies, the Department of Health and Ageing, NSW Department of Health, Department of Families, Community Services and Indigenous Affairs, Attorney Generals Department of NSW, Department of Education, Employment and Workplace Relations and the Fred Hollows Foundation.

– Bob Davis, Chief Executive Officer

“People do not decide to become extraordinary, they decide to accomplish extraordinary things.”

- Edmond Hillary



Best Practice

General Practice

Our General Practice services have grown significantly over the past two years. We now have two full time and one part time doctor so many more people are being seen in the clinics. As well as the doctors, we have a health worker and a practice nurse working in the clinic. This allows us to provide a more complete health service.

When people attend clinics they first see the health worker who talks to them about their overall health. They provide information and advice about general good health and how to take advantage of any of the services we provide, for example the smoking program or the dietitian services. They can also start a complete health check for the client to then discuss with the doctor.

The practice nurse provides expert clinical nursing assessment for people with a sudden illness that don't have a doctor's appointment, for dressings, immunisations and for the ongoing management of health issues.

The doctors treat people for acute illnesses, chronic illness and, very importantly, for ways to reduce the risk of health problems.

No one likes to have to wait long to see a doctor so we have set the clinics up for people to be seen as quickly as possible. Almost every day there is a "Walk In" clinic where people just come in and wait in turn to see the doctor. There are also clinics where people book their appointment to see the doctor of their choice.

The doctors also provide outreach clinics to Wilcannia, Menindee and Ivanhoe to see people who have chronic illnesses and people who want to prevent chronic illness.

Episodes of Care	08/09	09/10
Broken Hill Primary Health	7207	6101
Wilcannia Primary Health	8680	8765

Keeping Well

The Keeping Well program is all about preventing people from developing illnesses such as diabetes and heart disease and helping people who do have these illnesses to manage their health to avoid complications.

It is a big program and has a lot of specialised staff working in it including health workers, doctors, dietitians, primary mental health counsellors, a podiatrist and eye doctor as well as a pharmacist to help people manage their medicines. The health workers are trained Diabetic Educators and are the case managers for groups of clients.

Each client in the program has one of the health workers as a case manager. The case managers work with the client to give them information about their illness, good ways of staying healthy and to organise their appointments with the doctor, and other

The doctors treat people for acute illnesses, chronic illness and, very importantly, for ways to reduce the risk of health problems.

No. of Clients	08/09		09/10	
	ATSI	Total	ATSI	Total
Broken Hill Primary Health Care	1104	1852	1525	2012
Wilcannia Primary Health Care	549	610	545	684

The clinic health worker talks to people about their overall health and can provide information and advice about general good health.



workers as needed. They also help people to stop smoking when they want to.

More people are participating in the program now. They are seeing their doctor and the other workers regularly and are having better management of their health. A lot of people have made big improvements and are feeling better. Our statistics show that there has been an overall improvement in people's blood sugar and blood pressure. Both of these are good indicators of how well people are managing their health.

Healthy Start

The Healthy Start program is designed to help families get their children off to a good start in life. It provides good antenatal care for mums during pregnancy and, after the baby is born, helps them keep up with the growth and development monitoring, immunisation, good nutrition and oral health, and any special assistance they need for the child from 0-5 years of age.

If babies are healthy, both before birth and in those first 5 years, they are much more likely to have a healthy life.

In the antenatal stage a midwife and health worker work with the mums to help them and the baby have a healthy pregnancy. Mums are seen both in the clinic and at home so they have all the right checks, and the information and support they need



If babies are healthy both before birth and in those first 5 years they are much more likely to have a healthy life.

during the antenatal period and eight weeks after the baby is born.

The earlier in the pregnancy the mum starts having antenatal checks, the better for her and bub. Our information shows that most mums are seeking antenatal services in the early stages of the pregnancy and that any problems are picked up and dealt with early so they don't become big problems. Unfortunately there are still some mums who smoke while pregnant and this causes health problems for the baby.

The next stage of Healthy Start is the 0-5 years program. There are health workers and specialist nurses who work in this program but the ones who really make a difference for the children are the mums. The mums are provided with a calendar of what checks and immunisations are due for their children and they make their appointments to see the Healthy Start team to get them done. Most of the children in our area are up to date with their health checks and immunisations because the mums and the team work so well together.

We know that children in Broken Hill have the added risk of high blood lead levels. In early 2010 Maari Ma Primary Health Care Service and the Healthy Start team started conducting lead testing for children 0-5 years. This involves washing the child's hands and getting a drop of blood with a finger prick. This goes into a machine that tells us immediately if the levels are high and need further follow up. For levels above 15 ug/dl, the children are referred to the Broken Hill Child and Family Health Centre staff for further testing.

The schedule for lead testing children in Broken Hill is 7 months, 12 months, 2 years, 3 years, 4 years and 5 years.

The earlier in the pregnancy the mum starts having antenatal checks, the better for her and bub.

Qumax

The Quality Use of Medicines Maximised by Aboriginal and Torres Straight Islander people (QUMAX) program has now entered its third year and Maari Ma Health has been successful in participating in the program at least until June 2011. The project aim is to improve the quality use of medicines for those with a chronic disease. A recent review of the project showed that those on the program had better health outcomes largely through support for cost of medicines and the provision of Webster packs. The QUMAX project has also helped in building the relationship between Maari Ma

Health and local pharmacies. Local pharmacists, Andrew Johnson (South Pharmacy) and Katrina Doherty (C.P. Peoples Chemist), have been working with the GPs, nurses and Aboriginal health workers to deliver home medicine reviews (HMR). HMRs help deliver important education to patients about their tablets and other medicines, and allows the client to ask questions about any concerns they have with their medicines. This free service has been well received by the community with many clients taking up the opportunity after speaking with their health worker or GP. In July 2010 changes were made to the financial support element of QUMAX. This has now been removed from the program and has been replaced by Co-Pay Relief.

Accreditation

Maari Ma Primary Health Care Service (PHCS) was granted three year Accreditation status in 2007 by the Australian General Practice Accreditation Limited (AGPAL). We are due to have this renewed in 2010.

Accreditation is the framework for our continuous quality improvement and acknowledges the need for primary health care providers to continually improve, upgrade and monitor the services we deliver. It includes education, management, the rights and needs of patients, as well as the physical facilities of the PHCS. We want to keep improving the quality of service and care we provide to help people have better health and we strive to deliver safe, high quality health care to enable us to do this.

The PHCS has grown considerably since the last accreditation. We have increased the number of services available, have three doctors and we deliver outreach services to Wilcannia, Menindee and Ivanhoe. These outreach services will be included in the accreditation.

Accreditation is the framework for our continuous quality improvement.



We strive to deliver safe, high quality health care in all aspects of our service.

Transportation

An important part of enabling people to attend their health appointments is to assist with transport.

We have transport officers in Broken Hill, Wilcannia and Menindee. They all stay very busy providing people with transport to appointments at our health services and to specialist appointments at the hospital.

Last year 5,578 transport trips were carried out in Broken Hill alone.

We have recently purchased larger cars to accommodate the child restraint seats needed under new laws.

Maari Ma is also a major contributor to the funding for the Community Access Buses that come into Broken Hill from Wilcannia and Menindee Monday to Friday each week. While the fares on the bus are very cheap, people needing to come into health appointments travel free on the bus.

Mental Health Drug & Alcohol

The Primary Mental Health & Alcohol & Other Drugs (PMH&AOD) team provides outreach clinics to Maari Ma Primary Health Care Service, Wilcannia Primary Health Care Service, and Menindee Health Service. We work alongside these services and provide education and role modelling to the Primary Health Care (PHC) team members for mental health and drug and alcohol issues as well as provide the community with brief treatment counselling sessions. We are Justin Files, Lisa Kickett, Graham Archer, and Peter Crossing. We have also had Chelsea Hodge and Haley King working with us in 09/10.

Primary care offers unparalleled opportunities for the prevention of mental disorders and mental health promotion, for family and community education, and for collaboration with other sectors. We need to therefore integrate PMH&AOD work into the routine

work of primary health. Integrating PMH&AOD fully means redesigning systems.

The PMH&AOD team has developed systems and processes that include documenting a clinical governance structure and processes which integrate our visiting PMH&AOD service into the local PHC teams. For most of the year the team worked to develop the systems and processes to do the service delivery work in the primary care setting.

Community engagement is an important part of the PMH&AOD team. We provided INFAD groups (information sharing program about alcohol and other drugs) in Wilcannia, Menindee and Broken Hill. The INFAD groups help communities find the best possible support available for drug and alcohol problems and are informed by up to date evidence.

Drug and Alcohol Week was another way we engaged the community. For this event we ran an art competition to design the Maari Ma PMH&AOD brief treatment workbooks. The team worked on a number of other health promotion activities that allowed us to provide education and brief interventions to the communities for mental health and drug and alcohol related issues.

Key Points to remember:

- It's a good idea to keep a check on how much you drink, how often and why
- Drinking to stop you feeling depressed or anxious doesn't work and can make things worse. It can

also make you less likely to do helpful things like exercising, or seeking the help you need through a GP or other health worker

- Low risk drinking is 2 standard drinks (per drinking session) for both men and women

Maari Ma supported the PMH&AOD Program Leader, Justin Files, to participate in a Cultural and Vocation Exchange Program offered by Rotary International. The program has given the Maari Ma PMH&AOD services insight into the way other countries approach mental health and drug and alcohol problems, and at the same time provided professional and personal growth to a senior Aboriginal employee of Maari Ma.

Increasing culturally appropriate services to address MH&AOD issues is a priority for the community and therefore Maari Ma. We are supporting senior Indigenous people in the organisation to take leadership on this issue and Indigenous leadership in this area of service delivery will be required to make real improvements.



Dental

Good teeth means good health! Maari Ma’s Dental Team has been busy providing clinical services, education and promoting good care of teeth so that children will grow into healthy adults.

The Dental Team is made up of Dental Therapist and Team Leader, Erin Commins, Senior Dental Assistant, Jo Condon, and two Dental Assistants, Shelby Cooper and Gareth Hinchey. Simon Sweet worked with us as a dentist twice during the last year - from October to January and March to June.

Services

Maari Ma staff provided clinical dental services in Broken Hill, Wilcannia, Menindee and Ivanhoe primarily to children with an emphasis on providing preventative dental treatments.

Health Promotion

Encouraging toothbrushing with fluoride toothpaste is very important in our region. While Broken Hill has had fluoridated water for many years, the rest of the communities in the Maari Ma region have not had access to fluoridation until recently. In Menindee it was introduced with the support of the local community. The Maari Ma team has continued the Clean Teeth, Wicked Smiles toothbrushing program in schools in Wilcannia, Menindee and Ivanhoe. Gareth has had the responsibility for organising the program this year and it has been implemented by Jo, Gareth and Shelby.



Services	Broken Hill	Wilcannia	Menindee	Ivanhoe
To children	164	312	107	61
To adults	29	48	45	6
Total preventative type treatments	411	1393	324	97
School screening	–	51	56	45
Oral health education	30	209	100	66

The Dental Team combined with Carly, one of the Maari Ma dietitians, to provide health promotion sessions in Wilcannia and Ivanhoe. Jo and Carly have been running cooking groups with children from Wilcannia Central School and are developing a cookbook with funding from the NSW Centre for Oral Health Strategy.

Shelby has been attending the playgroups at Broken Hill TAFE and has been responsible for the oral health component, showing children and their parents how to brush and reinforcing oral health messages. Shelby has designed a series of mini lessons for school and pre-school children with oral health messages. These have been implemented in the

schools and preschools in Broken Hill, Menindee, Wilcannia and Ivanhoe by both Gareth and Shelby.

Training

Jo has completed Certificate III in Radiography, Certificate IV in Training and Assessment and is currently completing a Certificate III in Instrument Sterilisation.

Shelby has completed a Certificate III in Dental Assisting and is currently completing a Certificate IV in Oral Health Education.

Gareth has completed a Certificate III in Dental Assisting.



Erin has completed a Graduate Certificate in Remote Health Practice and is currently completing a Graduate Certificate in Health Promotion.

All members of the team have completed in-house Smoking Cessation training and Driver Training. All members have completed First Aid training.

Erin has provided training to the Healthy Start teams around oral health topics and has developed a set of staff tips sheets to enable easy access to information about oral health topics which may be helpful when talking with families.

New Equipment

With the assistance of the NSW Centre of Oral Health Strategy, we recently purchased equipment to enable digital radiography. This allows us to take digital x-rays which appear on the computer screen immediately after being taken, eliminating the need to manually develop x-ray film. We are also now able to electronically store x-rays, meaning they will no longer get lost and the quality will never diminish. We have also recently purchased 1000 water bottles and 1000 sipper cups that have been distributed to the Healthy Start teams in Menindee, Wilcannia, Ivanhoe and Broken Hill.

Conferences

Jo and Erin attended the Aboriginal Oral Health Workshop in Sydney last year and Erin presented on the Clean Teeth, Wicked Smiles school toothbrushing program as part of the Workshop.

Dietitians provide opportunistic advice and tips to the parents about fussy eaters, healthy snacks and lunch box ideas and other issues.

Dietetics

Carly Pollard and Mark Lee are Maari Ma’s dietitians working in the clinical and community settings to assist people to 1) improve their health through healthy eating and 2) raise awareness of good nutrition. Carly has worked predominantly in Wilcannia, White Cliffs and Ivanhoe. Mark has worked predominantly in Broken Hill, Menindee and Tibooburra.



St Therese Community School Healthy Lunch Program – Wilcannia

Healthy lunch and fruit snacks are prepared by a community member for all students attending the school. The dietitian oversees the program by providing healthy recipes and offering training and support in the areas of nutrition, food safety and hygiene. The program has been running for five years and aims to promote childhood nutrition.

Stats: K-2 42 enrolled students, lunches offered on each school day.

Community Dinner – Wilcannia

The community dinner is held monthly at the hall and local residents get together for a healthy meal. The dietitian assists local workers to plan a menu and prepare healthy food. Recipe books are distributed to people and include recipes which can be replicated using local ingredients. The program aims to increase social participation and raise awareness about nutrition. The assistance of parents and local teachers who keep children entertained is appreciated.

Stats: Attendance ~90 people at each event; up to 150 people for special events such as NAIDOC.

Under 5s Healthy Eating and Nutrition Education – Broken Hill

The dietitian has been involved in weekly sessions at Bugdlie Preschool promoting fruit and building healthy eating habits. 80% of Bugdlie’s children are

Aboriginal. The dietitian also works closely with the Early Years Project Leader in the establishment and running of Maari Ma’s Healthy Start Playgroup at TAFE in Broken Hill. This involves preparing healthy lunches and snacks with mums and other carers and modelling healthy cooking. Dietitians provide opportunistic advice and tips to the parents about fussy eaters, healthy snacks, lunch box ideas and other issues as they are raised.

Stats: Between 2 and 15 adults attending each weekly session plus 2 – 20 children from 0 – 6 years of age, in Term 4 of 2009 and Term 2 of 2010.

Cooking Groups – Broken Hill and Menindee

The dietitian has run cooking sessions in both communities. In Broken Hill, the groups were held at the PCYC and targeted teenagers. In Menindee the groups were held in conjunction with the Menindee Walking Group and each time attracted more than 20 people. A new cooking group targeting young mums will be held at Menindee Central School.

Clinics

The dietitians provide weekly or fortnightly clinics in Wilcannia, Menindee and Broken Hill and offer client support and education about nutrition. Clinics are also offered in Ivanhoe in conjunction with the chronic disease doctor. The dietitian offers individualised dietary and lifestyle strategies to help patients manage risk factors related to chronic disease. The dietitian also provides nutrition education to pregnant women and young mothers.

Other valuable outcomes from clinic visits include instructing clients to read and understand food labels, goal setting regarding weight loss or gain, groups to do supermarket tours which look at budgeting and shopping skills, and home visits and growth assessments.

Stats~90% of referrals relate to clients with Type 2 diabetes

School Education

Education about oral health and nutrition is provided in the school setting to children. The dietitian and dental team provide this service in Ivanhoe, Wilcannia and Menindee schools once a term. The lessons aim to teach children about lifestyle-related diseases such as diabetes, healthy eating and ways to minimise the risk of dental decay.

Stats: Wilcannia 12 boys, 16 girls 90% Aboriginal; Ivanhoe (Primary- school and Pre-school) 12 boys, 15 girls 20% Aboriginal

Projects – Wilcannia Kids Cookbook

This project began in April 2010 and is led by the dietitian and a member of the dental team. Throughout the development of the cookbook, school-children help to prepare and cook healthy meals and participate in oral health and nutrition education sessions. Twenty children have taken part in the project so far, with 75% of students already able to recognise at least one cause of tooth decay.

The project aims to improve the nutritional status and reduce the levels of dental caries among Aboriginal children aged 5-15 years living in Wilcannia.

Training

Both dietitians attended the Dietitians Association of Australia National Conference in Darwin, 2009.

Both have done in-service training around smoking cessation, brief interventions and motivational interviewing.

Both are attending a Paediatrics Nutrition Update at The Children’s Hospital at Westmead in August 2010.

Mark has undertaken Cert III and IV in Fitness Training and was successful in achieving a scholarship open to allied health practitioners for this purpose.

Other Links

Break-Away: A program for young women in Wilcannia where the dietitian assists by preparing healthy snacks for school children and delivering a nutrition presentation.

School Canteen: The dietitians provide education to school staff about the ‘Fresh Tastes Canteen NSW Policy’ and offer assistance to develop current menus.

Health, Development and Wellbeing in Far Western NSW

Designed as a single information source of key indicators of childhood health, development and wellbeing, Maari Ma’s statistics and reporting team, Cath Kennedy and Ashleigh Buckland, and consulting community paediatrician Garth Alperstein wrote *Health, Development and Wellbeing in Far Western NSW, A Picture of our Children*. This important document was launched in Broken Hill at Alma Bugdlie Pre-School by Senator Mark Arbib, Federal Minister for Employment Participation and Minister Assisting the Prime Minister on Government Service Delivery.

Health, Development and Wellbeing in Far Western NSW, A Picture of our Children, contains local information and data on children in the region for those indicators the Australian Institute of Health and Welfare has determined to be ‘key indicators’ of child health, development and wellbeing.

While the document celebrates many of the areas where Aboriginal children in the Maari Ma region have similar statistics compared to their non-Aboriginal counterparts, it also highlights the work still to be done. It makes for compelling reading.

The following table shows the key indicators that will be tracked over time to monitor how successful we

Local community members get together monthly for a healthy meal prepared by local workers.

The document also highlights the work still to be done. It makes for compelling reading.

have been at closing the gap between outcomes for Aboriginal children in the Maari Ma region with NSW as a whole.

The desired outcome is for the ‘The Gap’ to be equal or less than 1 indicating that the result for the Aboriginal population in far western NSW is exactly the same as, or better than, the whole NSW population. For example, the proportion of Aboriginal pregnant women in the Maari Ma region (MM-R) who smoke is 4.11 times higher than the proportion of NSW pregnant women who smoke. Considerable work still needs to be done in this area.

This data serves as a baseline that will be used to measure progress over time. The collation of the information will be repeated every five years, and ‘The Gap’ calculated, to assess where improvements have been made and where opportunities for new strategic directions exist.

Citation:
Kennedy C, Buckland A, Alperstein G and Burke H on behalf of the Far West Aboriginal Child Development and Well-Being Management Group. *Health, development and wellbeing in far western NSW. A picture of our children.* Maari Ma Health Aboriginal Corporation, September 2009.

1 Due to the small number of perinatal deaths in far western NSW these results should be read with caution
2 Using Australian Childhood Immunisation Register coverage rates, comparing GWAHS total population with NSW population
3 Average of the three towns participating in the 2007 School Kids Health Check
4 NSW Non-Indigenous result supplied by the Australian Research Centre for Population Oral Health
5 Of students who commenced school in Year 7, the percentage that are still attending school in Year 10
6 Victims of crime who are aged under 18 years

	Period 1	Period 2			Gap closed
	The Gap	MM-R (Aboriginal)	NSW (Total)	The Gap	
Health indicators					
Smoking in pregnancy (1998-2002, 2003-2007)	4.06	78%	19%	4.11	
Perinatal mortality [per 1,000 live births] (1997-2001, 2002-2006) ¹	1.77	6.3	8.9	0.71	✓
Low birth weight (2003-2007)	–	12%	6%	2.00	
Breastfeeding (2006-2007)	–	70%	79%	1.12	
Immunisation <12 months ² (Dec 2008)	–	93%	91%	0.98	✓
Immunisation ≤ 18 months ² (Dec 2008)	–	95%	94%	0.99	✓
Immunisation 4 years ² (Dec 2008)	–	90%	87%	0.97	✓
Average number of decayed, missing and filled baby teeth (2007)	–	4.3 ³	0.9 ⁴	4.78	
Average number of decayed, missing and filled permanent teeth (2007)	–	1.73 ³	0.5 ⁴	3.40	
Education indicators					
Year 3 NAPLAN results – above minimum standard (2008)	–	44%	90%	2.01	
Year 7-10 completion rate ⁵ (2002-2004, 2005-2007)	1.39	77%	95%	1.23	
Children in out-of-home care [per 1,000 children] (30 June 2008)	–	78.4	10.0	7.87	
Children at risk of being harmed [per 1,000 children] (2007/08)	–	106.8	9.4	11.36	
Children as victims of crime ⁶ [per 1,000 children under 18] (2003- 2008)	–	72.2	13.8	5.23	



Early Years

The Early Years Project stemmed from work led by Dr Garth Alperstein who along with members of the Far West Aboriginal Child Development and Well Being Management Group created a strategic framework to improve outcomes for children living in the Maari Ma Region. The group met regularly led by Maari Ma and the Department of Education's Trish Webb. The two key activities of the group in 2009 were the launch of *The Picture of our Children* profile and a collaboration between Broken Hill TAFE and Maari Ma.

Playgroup Term 4 2009

In October 2009, Narelle Pascoe was part of a collaborative project stemming from a partnership between TAFE NSW Western Institute Broken Hill Campus Aboriginal Education Training Unit and Maari Ma. In Narelle's role as a head teacher at TAFE she delivered a 10 week educational program for Aboriginal parents and their children via a play-based program. Maari Ma dietitian, Mark Lee, partnered in the project to provide healthy snacks and lunch, develop ideas about good nutrition for young children and develop opportunities to talk with families about food ideas or concerns. Attendance statistics fluctuated weekly due to family and community events with more than 15 families and 25 children engaging in the program.

Maari Ma recruited to a new position in late 2009 – the Early Years Project Leader (EYPL) – to guide the implementation of the Child Development Group's

strategic framework across the Maari Ma region. The successful applicant was Narelle Pascoe. The role of the EYPL is to focus on the early years in a child's life and work with parents, families, communities, government agencies and community organisations to address a number of risk factors that combine to result in poor outcomes in later life. One of the key parts of the role has been assisting to improve the quality of children's services across the region by facilitating discussion among children's services regarding the national quality agenda for early childhood education and care.

Intensive Supported Playgroup

In late 2009 Maari Ma, in partnership with Mission Australia, won a contract from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to implement Intensive Supported Playgroups (ISP) and CentaCare Wilcannia-Forbes won the contract for Indigenous Parenting Support Service (IPSS) – both to be implemented in Wilcannia. The Early Years Project Leader has been working in close collaboration with these agencies to develop a project that combines the ISP and the IPSS for children and their families living in Wilcannia.

Maari Ma and Centacare co-ordinated two community consultations prior to commencement of both projects – they were held in June and August 2010. Information from these consultations along with feedback from parent focus groups will form the basis of what and where community wants to see playgroups,

and how the project will move forward. Through the consultation process and by mutual agreement Maari Ma changed its partner for the ISP from Mission Australia to Save the Children because of the opportunity to incorporate Save the Children's play bus into the project.

As the playgroups are established Save the Children is seeking to recruit two local workers to support the ISP. This may involve traineeships in Certificate III in Children's Services. The EYPL would support the trainees as they progress through the units of the course.

Work with Early Childhood Service Providers

Early Years Discussion Group

The Early Years Discussion group is a monthly teleconference meeting to encourage early childhood workers across the Maari Ma region to be involved in professional development. The meetings follow set agenda items to promote awareness of sector changes, share ideas on how to meet National Early Childhood Development Strategy requirements (The Early Years Learning Framework) and promote attention to inclusive practices for Aboriginal children and their families.

The discussion group provides opportunities for early childhood workers in the Maari Ma region to access professional development locally rather than having to travel to larger sites to access training.

Coordinating the Maari Ma Healthy Start Playgroup

The playgroup program promotes a holistic approach to health by bringing children and families together in a safe, culturally affirming, play-based setting. The Playgroup is operating at the Broken Hill TAFE Playhouse. It provides informal opportunities for brief interventions along with formalised spotlights for health promotion. It also capitalises on routine activities that expose children to early literacy and numeracy experiences. Staff currently involved include trainee Aboriginal primary health care workers, a dietitian, a dental assistant, and the EYPL. A weekly newsletter promotes the meal and its nutritional value, the health focus, the story that children will be hearing, a simple play experience families can make from household materials and photographs of children and families. The program commenced in term two 2010 and in this time 30 children have participated.

Specialist Services

The past 12 months has seen exciting new visiting services available to some of the communities in the Maari Ma region. At the outset, we must acknowledge the support of the Commonwealth, which provides the funding, and the specialists themselves who are all committed to improving the health of Aboriginal people within our region.

The new services incorporate a heart specialist (cardiologist: Dr Patrick Groenestein), metabolism specialist (endocrinologist, Dr Sophie Zoungas) and kidney specialist (nephrologist, Dr Paul Snelling) visiting quarterly. At each visit they see complex patients, discuss ongoing management of other chronic disease patients with the Keeping Well teams (GPs, Aboriginal health workers, nurses, dietitians and primary mental health/alcohol and other drug workers) and provide valuable formal and informal learning experiences with the teams.

Dr Rod MacQueen is an Addictions Specialist from the Lyndon Community in Orange and works at helping people stop or reduce their drinking. Rod has been working in conjunction with a Maari Ma/RFDS AOD worker, Haley King, and other frontline workers to identify people who are concerned about their own drinking, or someone else's drinking, and ways to make changes to benefit a person's health. Rod works with Lynette Bullen, a clinical nurse consultant, and both work with our Keeping Well teams to encourage clients to change their

drinking or drug taking. They provide many formal and informal education sessions across the Maari Ma region around some of the medications which assist with withdrawal from drugs, as well as the other effects from withdrawal.

Dr Kerrie Macdonald is a paediatrician who visits Broken Hill and Wilcannia. She sees a range of children requiring special intervention and also works with the GPs and the Healthy Start teams to recognise problems and work through management of other cases. Kerrie has also been linking with Garth Alperstein in the Early Years Project in discussions to support broader activities such as training for teachers and children's services in behavior and attachment issues.

We were very pleased to have been able to link up with the Outback Eye Service for a busy week in October 2009 where almost 200 people were seen in Wilcannia and Menindee by an ophthalmologist and optometrist service from Sydney. They checked the eye health of people with diabetes and high blood pressure as well as some older health service clients.

The past 12 months has seen exciting new visiting services including heart specialist, metabolism specialist and kidney specialist.



Community Safety Research Project

The Community Safety Research Project (CSRP) is looking at individual, family and community violence and is a joint project between Maari Ma, the University of NSW, and the communities of Wilcannia, Menindee and Broken Hill. The staff working on the CSRP have endeavoured to keep the community engaged and informed about the project as it has steadily progressed (Jason Gowin, Catherine Sandford, Tara Walker, Tracey Files, Eddy Harris, Monica Kerwin, Deb Brown) led by chief investigators Robert Brooks, Richard Bryant, Nola Whyman, Justin Files and Richard Weston. Our Aboriginal Community Advisory Committee (ACAC) which consists of representatives from each of the three communities, has been invaluable with the information it provides and with making sure we keep on track. The ACAC will also work with staff on putting together the foundation of a healing program which will be developed with the information gathered through 120 interviews. We would like to thank all participants from the three communities – Broken Hill, Wilcannia and Menindee – for their valuable time and knowledge.



The staff, together with the Aboriginal Community Advisory Committee, are working on the foundation of a healing program.



Smokers Program

Since 2005, when the Smokers Program was first implemented in the Maari Ma region, there have been 444 quit attempts made by people joining the Smokers Program.

The following table illustrates this:

Smokers Program Participants, Maari Ma region, 2005-2010

	# joined	# <3 visits	# 10+ visits	# completed
Aboriginal	203	108	11	11
Non-Aboriginal	241	70	43	43
TOTAL	444	178	54	54
	%	40%	12%	12%

Smokers Program Evaluation Project

For the past three years, staff across the remote sites of the Maari Ma region have assisted with the evaluation of the Smokers Program. They have opened their doors for audits to take place, offered their time to participate in interviews and focus groups, and assisted the researchers with collecting data about clients participating in the Smokers Program. Most importantly, the local staff have delivered the Smokers Program on a day-to-day basis and continue to be motivated to assist people to quit smoking. Smoking is the leading cause of preventable death in Aboriginal communities so it is imperative that we continue to deliver this fantastic program to our clients.

The PaakantjiKiira-Muuku project (a joint project between Greater Western Area Health Service and Maari Ma to evaluate the Smokers Program) is in its final stages and is due to finish at the end of 2010. The Smokers Program will continue to be implemented after the evaluation is completed.

The majority of the data has been collected and the research team is now analysing this data and preparing the final report for NSW Health, the funder of this project.

Highlights of the Research

The Audits

Documentation audits have found an increase in smoking education being provided by all staff. General practitioners have made the greatest gains. This has particularly been evident since the engagement of Maari Ma’s chronic disease GPs.

The following table highlights the improvements in smoking education across the region along with other indicators of interest:

Table: Results of Smoking Cessation Audits, Maari Ma Region, 2008-2010

	Maari Ma Region					
	2008		2009		2010	
	N	%	N	%	N	%
Smoking status						
Total audited	210	-	210	-	210	-
‘Not stated’ smoking	38	18%	52	25%	62	30%
Education						
Total smokers	95	45%	91	43%	81	39%
Education provided	50	53%	61	67%	65	80%
Education provided by PHCW	11	79%	8	73%	8	89%
Education provided by RN	16	50%	38	81%	32	78%
Education provided by GP	0	0%	11	58%	23	92%
Smokers Program						
Recommendations to join the Program	31	33%	39	43%	42	52%

Qualitative Data Collection

The qualitative data collection has been informative and has led to an improvement in the delivery of the Smokers Program. Improvements to the documentation have been implemented and local sites now have greater control over the

documentation needing to be kept. Overall, the qualitative data collected reports that the Smokers Program is accepted by the community and is delivered effectively by the staff but is time-consuming for workers. The high proportion of people who do not complete the 12 weeks of the Smokers Program is disheartening for the staff but the successes ensure that enthusiasm amongst the case managers is sustained.

Client Surveys

Client surveys have provided an insight into the Smokers Program from a community perspective. Overall, clients are impressed by the Smokers Program and would recommend it to their family and friends. They particularly like having the support of their case manager, stating that the case managers are very helpful, happy to source further information and do not force the client to quit smoking or judge them if they relapse. This safe and non-judgmental environment has seen many people come back for repeat attempts on the Smokers Program.

Client Quit Status

Currently, the researchers are auditing every person who has ever been on the Smokers Program to determine their current smoking status. While the data collection is not yet complete, the results look promising with a high proportion of people now recorded as ‘ex-smokers’ in their medical records. This is a fantastic result and staff involved with the delivery of the Smokers Program should be very proud of this.

Case managers are very helpful. They do not force clients to quit smoking or judge them if they relapse.

Kanyini

Cardiovascular diseases are heart, stroke or blood vessels diseases which are the leading causes of ill-health and premature death among our community. We know that there are good treatments that can help to delay the onset of these diseases and to reduce their devastating effects. Unfortunately, many of these good treatments involve taking lots of tablets.

The Kanyini GAP study is a national study which will involve 600 Aboriginal and/or Torres Strait Islander people. It is designed by doctors and medical researchers at The George Institute for International

Health at the University of Sydney and is being trialed with the cooperation of health service sites across the country – one of which is Maari Ma Health. The aim of the study is to assess a combination cardiovascular medicine called the “polypill”.

The polypill has four different types of medicine in the one capsule. All four medicines have been available in Australia for a long time and are known to be very safe; the only difference is that they have been put into one capsule rather than four separate tablets. The study aims to test whether the polypill helps more people take their cardiovascular

medicine and, as a result, has a better effect on blood pressure and cholesterol. We think that by making it easier for people to take their medicine every day we can reduce the risk of cardiovascular disease by doing better at lowering blood pressure and cholesterol levels.

The trial will be conducted over two years. Maari Ma is aiming for at least 40 people to be involved in the trial, with all participants needing to be enrolled by March 2011. If you are interested in being involved in the trial contact Maari Ma to make an appointment with your GP.



ABCD

Continuous Quality Improvement – ABCD

Six services across the region continued with ABCD in 2009. ABCD in the Maari Ma region began in 2005 as a way to measure the success of the newly implemented Far West Chronic Disease Strategy. Since then the annual cycle of clinical file audits, system assessment, feedback and goal setting has become embedded as standard practice in local health services.

In 2009 we assessed antenatal care provision, child health, services to well people and those with a chronic disease (diabetes, high blood pressure

[hypertension] and/or heart disease) and services to people with a mental illness. Results for the year saw some consolidation of previous year’s results and some improvements.

Sixteen staff from across the region participated as auditors. Health Service Managers, nurses, dietitians, Aboriginal health workers and data/information staff audited 720 medical records over three weeks.

The following table shows some key results. The majority key indicators have shown consistent results over the past three years.

Key results – ABCD Audits, Maari Ma Region, 2007 – 2009	2007	2008	2009
Maternal health			
% seen before 13 weeks gestation	39%	70%	59%
% postnatal visit recorded	65%	55%	73%
Child health			
Child development checks	67%	54%	53%
Well people			
% scheduled services delivered*	38%	32%	35%
% smokers / % not stated	39% / 44%	50% / 31%	29% / 42%
Chronic disease			
% scheduled services delivered*– diabetes	67%	59%	65%
% scheduled services delivered*– hypertension	#	73%	73%
% smokers / % not stated – diabetes	25% / 12%	28% / 23%	40% / 15%

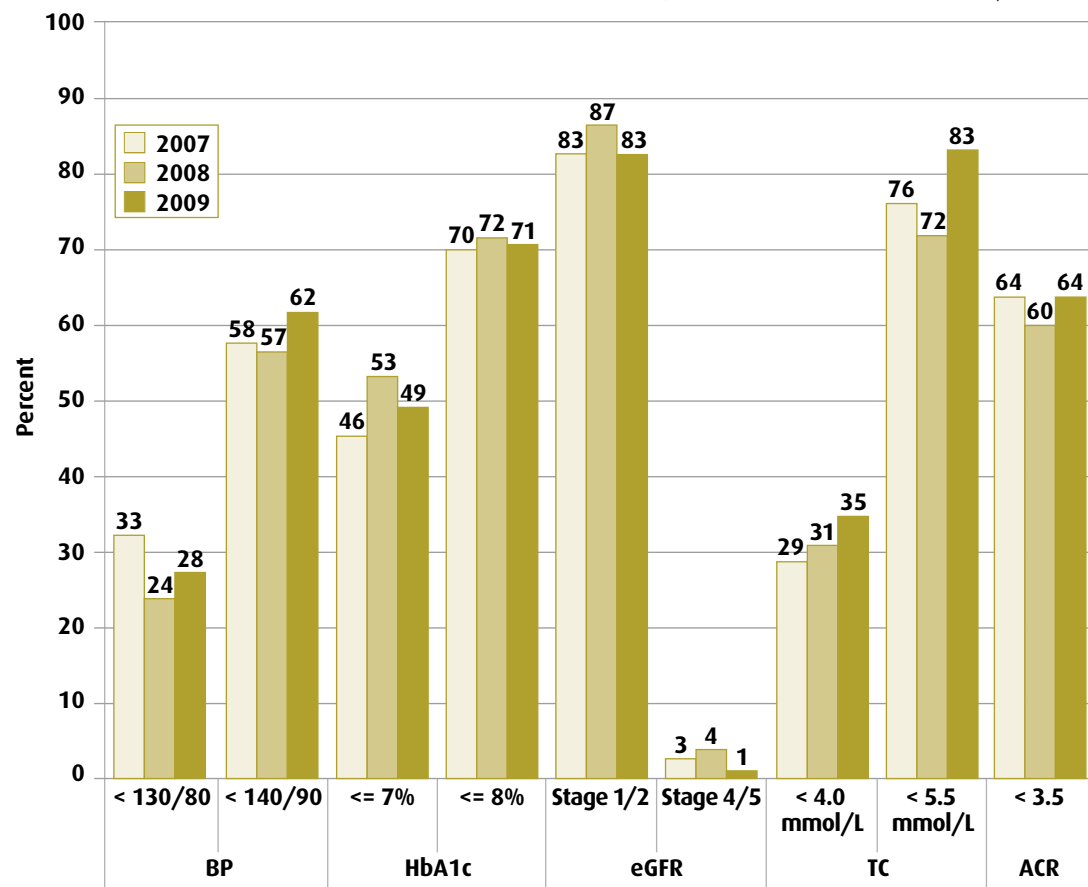
* On average the percentage of scheduled services a client receives

clinical audit of hypertension care was not done in 2007



The following chart shows the management of people with diabetes – improved blood pressure and cholesterol control and consistent results for the control of blood sugar levels (HbA1c \leq 8%).

Chart: Management of Health Outcomes, Diabetics, Maari Ma Region, 2007-2009



The second part of the cycle is the assessment of the environment which health providers work in. The System Assessment was developed initially from the World Health Organisation's Innovative Care for Chronic Conditions (2002) and has been refined by the ABCD project team for use in not only chronic disease service delivery but also for the assessment of maternal, child and mental health service provision.

Individually services score themselves between 0 and 11 for numerous components of care across five domains – organisational influence and integration, links with community and other service providers, self management support, delivery system design (how the clinic operates) and information systems and decision support.

In 2009 our work in ABCD contributed to three national journal articles – Rumbold AR, Bailie RS, Si D, Dowden MC, [Kennedy CM](#), Cox RJ, O'Donoghue L, Liddle HE, Kwedza RK, Thompson SA, [Burke HP](#), Brown ADH, Weeramanthri T, Connors CM. **Assessing the quality of maternal health care in Indigenous primary care services.** Med J Aust 2010; 192 (10): 597-598.

Si D, Bailie RS, Dowden MC, [Kennedy C](#), Cox R, O'Donoghue L, Liddle H, Kwedza R, Connors CM, Thompson S, [Burke H](#), Brown A, Weeramanthri T. **Assessing quality of diabetes care and its variation in Aboriginal community health centres in Australia.** Diabetes/Metabolism Research and Reviews [published online on 15 January 2010]

Bailie RS, Si D, Dowden MC, Selvey CE, [Kennedy C](#), Cox R, O'Donoghue L, Liddle H, Connors CM, Thompson S, [Burke H](#), Brown A. **A systems approach to improving timeliness of immunisation.** Vaccine 2009; 27(27): 3669-74

Our ABCD work was presented at ABCD National Network Meeting, Brisbane, August 2009; Healthy for Life National Conference, Brisbane, April 2010; Aboriginal Health Council of South Australia, Quality Improvement Workshop, Adelaide, May 2010

Leadership

Workforce Development

Maari Ma actively promotes and provides employment and development opportunities for Aboriginal people. We work within multi-disciplinary teams with both Indigenous and non-Indigenous people in partnership to deliver chronic disease interventions, and social and community programs.

We embarked on our most ambitious training program with a group of eleven Trainee Primary Health Workers commencing in August 2009. The group is studying Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice through the Western Institute of TAFE with funding support from the Department of Education, Employment and Workplace Relations. The traineeships run for two years providing both course work and application of the learning in the workplace. The traineeships will provide the foundation for further studies and support Maari Ma in developing a sustainable and qualified Indigenous health workforce.

One Finance Trainee is studying Certificate III in Business. Two Trainees completed Certificate III in Dental Assisting. A new position – a Workforce Training Coordinator, supports and coordinates the group while studying Certificate IV in Human Resources.

Fourteen staff from diverse professional disciplines completed Certificate IV in Workplace Training & Assessment, further enhancing a learning environment for Maari Ma.

Workforce Data	30/06/2010	30/06/2009	30/06/2008
Number of employees (headcount) (full time, part time & casual)	92	81	78
Indigenous employees	68%	63%	67%
Full time equivalent (FTE) employees	65	57	52
FTE Indigenous employees	58%	52%	55%

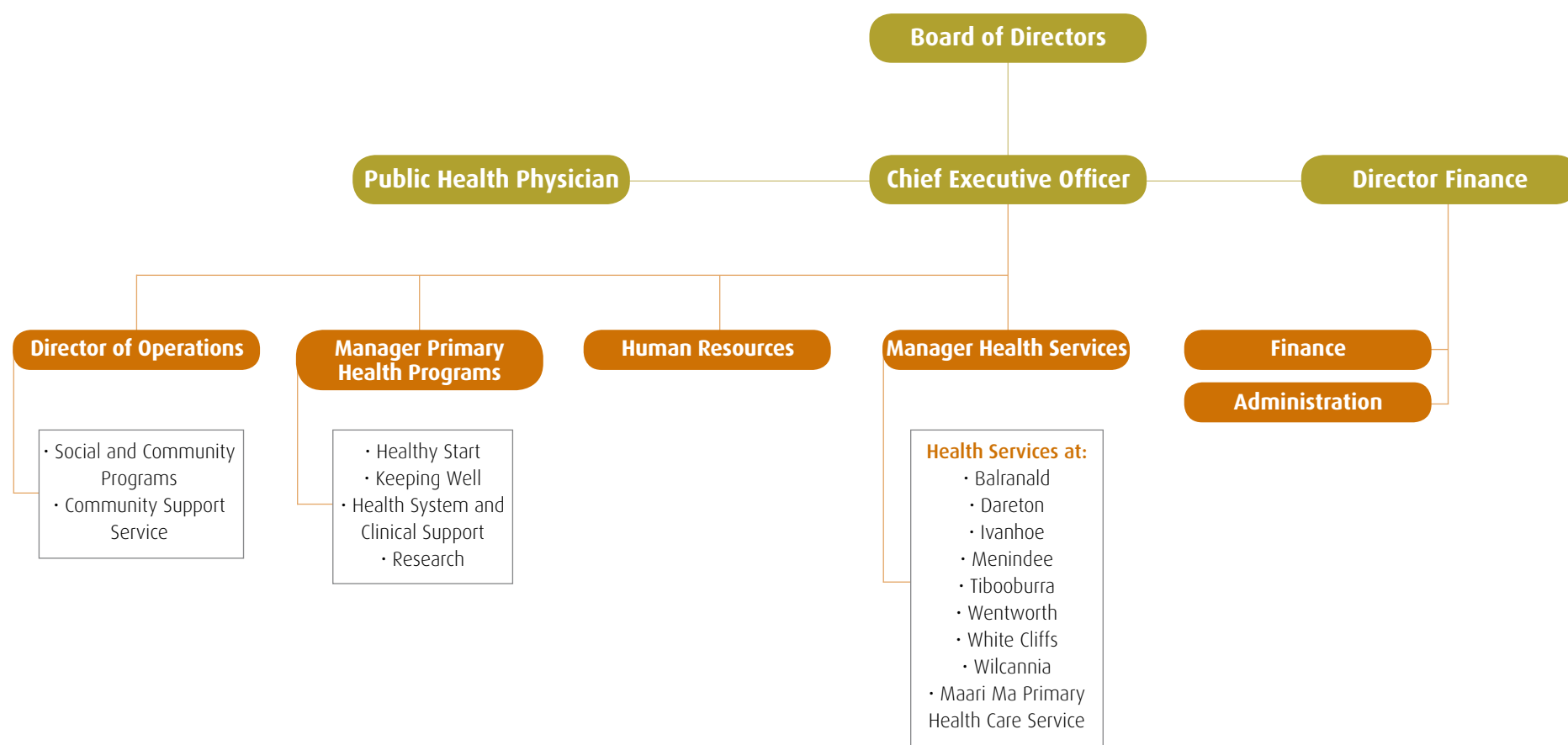
Next year the focus will be on the implementation of a documented workforce development plan particularly leadership development and mentoring, formalising systems and policies to reflect the growth

in Maari Ma's workforce, and the implementation of a structured and prioritised training calendar for corporate and chronic disease programs.



We have embarked on our most ambitious training program with a group of eleven trainee Primary Health Workers.

Organisational Chart



Health Worker Trainee Update

As Aboriginal Health Worker trainees we are finding the traineeship both very rewarding and yet frustrating at times. We are constantly being challenged and are learning new things both at TAFE and at work.

At work we have been enjoying the rotations through different programs. This has given us an insight into what we would like to study next and what career path we would like to take.

At TAFE we are continually learning new and interesting things to help us develop as Aboriginal Health Workers.

We would like to thank everyone at work for helping us along our way to become competent practicing Aboriginal Health Workers and look forward to continually helping our community to live healthy lives.

We hope that one day as highly skilled and professional Aboriginal people we will be in positions of influence which will truly 'Close the Gap' as we feel that Aboriginal clinicians are the best people to advise and consult with Aboriginal clients about the issues we face.

This is only the beginning of our journey and we will continue to pursue training opportunities which will add to our experience and expertise.

We are: Nicole Hughes, Dimity Kelly, Douglas Jones, Belinda King, Katy Jasper, Chris O'Donnell, Stevie Kemp, Shannon Hinton, Codi King, Tiffany Cattermole, Kelly Williams.

What Do We Enjoy?

'Study blocks and making a difference.'

'Consolidating our clinical skills in the workplace after we have learnt them at TAFE.'

'Seeing the blood and guts especially in wound care, then cleaning them up as they eventually get better.'

'Working out in the community with our people.'

'I love it when you know the clients are satisfied with their care, you earn their trust and they ask for you.'

'Being able to answer people's questions as we learn about diseases and treatment at TAFE.'

'I do love that my community is so remote, when something happens you have to test your skills.'

'I enjoy working with the Mental Health workers and nurses as they teach you a lot. I have attended some assessments and been able to contribute and put what I have learnt into practice.'



Social and Community Programs



Our Social and Community Programs team has had a challenging time in this reporting period. Staffing issues have restricted the amount of activities delivered in the first six months but we have been able to use this time positively by building our relationship with other service providers in Wilcannia and Broken Hill. We hope this will encourage increased access to all youth-based programs for Indigenous children. Attendance to the WINGS program has increased significantly with the addition of new staff and extra support from the Night Patrol workers. The additional support from the Night Patrol staff has been a positive move and we are looking at aligning WINGS and Night Patrol activities so that the children of Wilcannia will have a more integrated and appropriate service.

YEAH

In July 2009 the YEAH Program had 34 children participate in a workshop with the CREATE Foundation from Sydney which works with Aboriginal children in care.

Older participants attended a three day workshop on leadership, team work and self-esteem and how they can use these skills in everyday life. The younger group went roller-skating at the Arena in Broken Hill where they learned some new games and how to roller limbo, which was a real challenge for them!

We were also lucky enough to have ten children involved in a cyber-writing workshop with Jen

Thompson. Ms Thompson runs a writing project for students who would like to learn to create digital stories using pictures, sounds and words. Stories are based on life events, important places and significant objects. The aim of the project is to discover ways in which life writing can be enhanced using new technologies.

Several healthy eating and cook up sessions were held with our dietitian Mark Lee for YEAH kids to encourage healthy choices in food and to help them develop into strong healthy adults.

The YEAH program organised photography classes for the children in readiness for an end of year show for the community – although the show did not eventuate, the students had a great time learning about using digital cameras and how to put their own stories to the photos.

In 2010 we welcomed Bianca Davis to the role of YEAH Coordinator. Bianca has spent time familiarising herself with the YEAH program as well as other youth programs in Broken Hill. She has met with program coordinators, and has looked at ways to work with them to increase access for Aboriginal children and youth into their programs. Bianca has also met with children and their families to get feedback about the YEAH program for evaluation. Bianca has started training on the new changes to the NSW Child Protection legislation, “Keeping Them Safe.”

WINGS Drop-In Centre

Along with Aunty Juney and Uncle Colin we welcomed Candela Alvarez and Tony Gilfoyle to the Drop-In Centre this year. This has increased our capacity to open an extra night which has increased the number of children attending. We had 840 attendances from July to December 2009 and 2,045 from January to June 2010.

A new structure and additional staff have meant the WINGS centre was able to offer activities such as arts and craft, sports, cooking and games. Youth are also recognised for their leadership and good behaviour through the Legends/Leaders reward activity.

Wings staff actively engaged with other agencies such as Safe Families, Centacare and the Safe House to facilitate a school holiday program which included a Family Fun Fair. The Family Fun Fair consisted of activities and competitions which were run throughout the day and a BBQ for children and their families. Everyone involved got to participate in some fun events like the egg and spoon race and the three-legged race as well as eating yummy johnny cakes and traditional stews. This day proved to be very successful and the Wings team would like to incorporate events like this in all holiday programs.

Wings staff also supported our youth through the junior rugby league activities which promote teamwork, health and fitness.



The Safety Patrol had over 1000 contacts with children and youth in the past year.

Safety Patrol

The Safety Patrol had over a 1000 contacts with children and youth in the last year. They have also supported the WINGS program in engaging with children and youth in activities such as discos, every day WINGS activities, the Family Fun Fair and community dinners.

Andy and Grant have been a great support to the Junior Rugby League by picking the young boys up for training and helping out by volunteering to transport the kids to games in Broken Hill.

We are looking at aligning the Safety Patrol workers' hours with activities at the Wings Centre and other positive activities in Wilcannia which support children.

Community Support Service

In 2009 the Commonwealth announced a new program, the Community Support Service (CSS), to replace the Community Development Employment Program (CDEP) in many communities across Australia. Maari Ma tendered to deliver the CSS in Broken Hill and was awarded the role in August 2009.

The CSS has three principal functions:

- 1) Providing information to Aboriginal people about mainstream services

- 2) Providing referrals for Aboriginal people to mainstream services

- 3) Providing internet access for Aboriginal people regarding services.

This was a good fit for Maari Ma's existing service delivery as we have knowledgeable and interested local staff who do whatever they can to assist Aboriginal people, and not just related to health. We had already developed service directories as part of our other activities (for referral purposes and for child and family services available across the region) so this was a reasonable extension of this work.

Haylee Rogers and Cathy Dyer attended a forum in Parkes of CSS providers from across southern and western NSW. Other attendees included representatives from Centacare in Bathurst, Orange and Wellington, Carewest in Parkes, Gateway in Albury/Wodonga, Mallee Family Care in Dareton, and Yarkuwa in Deniliquin and Balranald. As that list indicates, these are organisations which play various roles in their communities and have added CSS to their 'tool kit' to help Aboriginal people access appropriate services.

Some of the funding has gone towards re-fitting Shop 1 in the Regional Office (the old Pizza Runners building). Computers have been installed which will enable Aboriginal people to access information about mainstream services regarding aged care, family violence, housing, employment, early childhood education and care, welfare, legal services,



education and training, social and family support and other issues. We have written to many of these mainstream services in Broken Hill and asked them for a point of contact for the Aboriginal community to ensure appropriate and safe referrals.

We have already realised how many of our daily contacts with clients lead to inquiries about other services. This is the work that all Maari Ma staff do in their day to day activities – either in health, research, social or community program contexts. The next challenge is to capture this information for CSS reporting. It's all about helping Aboriginal people to access the services they need.



Community
Support
Service

Growth

Finance Report

For the year ended 30 June 2010

Maari Ma Health's operations revolve around the provision of services for a number of specifically funded projects. The seven principal projects are:

- Primary Health Care funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH);
- Finance and administration funded by OATSIH;
- Wilcannia services funded by OATSIH and the Department of Health & Ageing;
- Rural Primary Health Services funded by the Department of Health & Ageing;
- Lower Western Sector funded by the Greater Western Area Health Service;
- Social and Emotional Wellbeing Program funded by the Greater Western Area Health Service (Mental Health and Drug and Alcohol Services), and
- Social and Community Programs funded by the Fred Hollows Foundation.

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of other projects. These are detailed in note 5 to the accounts.

In the majority of instances, all funding we receive is specific to a particular project. As a result any

surpluses arising from these projects must, depending on the level of the surplus, either be returned to the funding provider or be spent on the same project in the next year. These surpluses are shown as "unexpended grants" in the attached accounts.

Maari Ma has continued to grow and the accounts show that we were in a strong position financially during 2009/10 with total revenue from operations of \$9,473,521 (after adjusting for unexpended grants) and a further \$27,270 from disposal of assets.

Expenditure for the year was \$8,734,293, resulting in a surplus of \$766,498. During 2009/10 we were also able to carry out some major capital works including the refurbishment of what was the old Pizza Runners shop, thanks to the assistance of OATSIH.

Our surplus at year end essentially represents the cost of fixed assets that were purchased using program funds but which have been capitalised for the purposes of these financial statements.

Chris Eastwood
Director of Finance

Maari Ma has continued to grow and the accounts show that we are in a strong financial position.

Independent audit report to the Directors of Maari Ma Health Aboriginal Corporation

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation (“the Corporation”), which comprises the balance sheet as at 30 June 2010, the statement of comprehensive income, the statement of changes equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the Director’s declaration.

The responsibility of the Directors for the financial report

The Directors are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the needs of the members. The responsibility of the Directors 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 judgements, 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 Corporation’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 Corporation’s internal control. An audit also includes evaluating the reasonableness

PricewaterhouseCoopers

ABN 52 780 433 757

91 King William Street
ADELAIDE SA 5000
GPO Box 418
ADELAIDE SA 5001
DX 77 Adelaide
Australia
www.pwc.com.au
Telephone +61 8 8218 7000
Facsimile +61 8 8218 7999

of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the financial reporting obligations of the Directors under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the Directors, or for any purpose other than that for which they were prepared.

Our audit did not involve an analysis of the prudence of business decisions made by Directors or management.

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

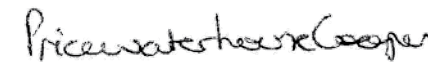
Auditor’s opinion

In our opinion, the financial report of Maari Ma Aboriginal Corporation is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

- giving a true and fair view of the Corporation’s financial position as at 30 June 2010, and of its performance for the year ended on that date in

accordance with the accounting policies described in Note 1 to the financial statements, and

- complying with Australian Accounting Standards (including the Australian Accounting Interpretations).



PricewaterhouseCoopers



MT Lojszczyk
Partner

Adelaide
31 August 2010

Maari Ma Health Aboriginal Corporation – Schedule 1/1

Balance Sheet

As at 30 June 2010

		2010	2009
	Notes	\$	\$
CURRENT ASSETS			
Cash and cash equivalents	8	3,509,926	1,707,663
Trade and other receivables	2	393,584	574,019
TOTAL CURRENT ASSETS		3,903,510	2,281,682
NON CURRENT ASSETS			
Property, plant and equipment	3	3,119,779	2,611,043
TOTAL NON CURRENT ASSETS		3,119,779	2,611,043
TOTAL ASSETS		7,023,289	4,892,725
CURRENT LIABILITIES			
Revenue received in advance		531,980	120,453
Unexpended grants	5	1,699,574	1,235,489
Trade and other payables		1,435,188	1,011,793
Bank loan		31,200	31,200
Provisions	4	703,840	613,290
TOTAL CURRENT LIABILITIES		4,401,782	3,012,225

Maari Ma Health Aboriginal Corporation – Schedule 1/2

Balance Sheet

As at 30 June 2010

		2010	2009
	Notes	\$	\$
NON CURRENT LIABILITIES			
Bank loan		130,567	147,708
Provisions	4	22,040	30,390
TOTAL NON-CURRENT LIABILITIES		152,607	178,098
TOTAL LIABILITIES		4,554,389	3,190,323
NET ASSETS		2,468,900	1,702,402
ACCUMULATED SURPLUS			
Accumulated surplus		2,468,900	1,702,402
TOTAL ACCUMULATED SURPLUS		2,468,900	1,702,402

The accompanying notes form an integral part of these financial statements.

Maari Ma Health Aboriginal Corporation – Schedule 2

Statement of Comprehensive Income

For the year ended 30 June 2010

		2010	2009
	Notes	\$	\$
REVENUE FROM CONTINUING OPERATIONS			
Grant revenue	5	8,758,501	7,744,576
Medicare and primary health revenue		343,724	268,808
Sundry revenue		284,769	196,059
Bank interest		86,527	78,043
Total Revenue from Continuing Operations		9,473,521	8,287,486
Other Income			
Net gain (loss) on disposal of assets		27,270	14,341
Less: Expenditure	6	(8,734,293)	(8,028,950)
NET SURPLUS / (DEFICIT)		766,498	272,877
Other comprehensive income			
		-	-
Total Comprehensive Income		766,498	272,877

The accompanying notes form an integral part of these financial statements.

Maari Ma Health Aboriginal Corporation – Schedule 3

Statement of Changes in Equity

For the year ended 30 June 2010

	2010	2009
Notes	\$	\$
Accumulated surplus at the beginning of the financial year	1,702,402	1,429,525
Net surplus / (deficit) for the year	766,498	272,877
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	2,468,900	1,702,402

The accompanying notes form an integral part of these financial statements.

Maari Ma Health Aboriginal Corporation – Schedule 4/1

Statement of Cash Flows

For the year ended 30 June 2010

		2010	2009
	Notes	\$	\$
Inflows/(Outflows)			
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from funding providers and customers (inclusive of GST)		11,542,460	9,592,570
Payments to suppliers and employees (inclusive of GST)		(9,218,925)	(8,894,863)
Interest received		87,064	81,786
NET CASH FLOWS FROM OPERATING ACTIVITIES	8	2,410,599	779,493
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(666,467)	(552,901)
Proceeds from sale of property, plant and equipment		75,272	141,681
NET CASH FLOWS FROM INVESTING ACTIVITIES		(591,195)	(411,220)
CASH FLOWS FROM FINANCING ACTIVITIES			
Receipt from lender		-	-
Payments to lender		(17,141)	(13,984)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(17,141)	(13,984)

Maari Ma Health Aboriginal Corporation – Schedule 4/2

Statement of Cash Flows

For the year ended 30 June 2010

		2010	2009
	Notes	\$	\$
Inflows/(Outflows)			
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		1,802,263	354,289
Cash and cash equivalents at the beginning of the financial year		1,707,663	1,353,374
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	8	3,509,926	1,707,663

The accompanying notes form an integral part of these financial statements.

Notes to and forming part of these Financial Statements

1. Summary of Significant Accounting Policies

The principal accounting policies adopted by the Maari Ma Health Aboriginal Corporation are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except where otherwise stated.

(a) Basis of Preparation of Financial Statements

These financial statements are special purpose financial statements which have been prepared for the sole purpose of complying with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) requirement to prepare and present financial statements to the members at the Corporation's annual general meeting and must not be used for any other purpose.

The financial reporting has been prepared in accordance with AASB 101 Presentation of Financial Statements, AASB 107 Cash Flow Statements, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1031 Materiality and AASB 1048 Interpretation and Application of Standards, and other applicable Accounting Standards and Urgent Issues Group Interpretations with the exception of the disclosure requirements in the following:

AASB 2 – *Share-based Payment*

AASB 3 – *Business Combinations*

AASB 5 – *Non-current Assets Held for Sale and Discontinued Operations*

AASB 7 – *Financial Instruments Disclosures*

AASB 101 – *Presentation of Financial Statements (Para 124(a) to (c))*

AASB 114 – *Segment Reporting*

AASB 124 – *Related Party Disclosures*

AASB 137 – *Provisions, Contingent Liabilities and Contingent Assets (Para 84)*

AASB 139 – *Financial Instruments: Recognition and Measurement*

The financial report is prepared in accordance with the historical cost convention.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2010 and there is not expected to be any material impact once these Standards are adopted.

(b) Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the acquisition of the items. Subsequent costs are added to the asset's carrying amount. All other repairs and maintenance are expensed in the year the costs arise.

Assets costing less than \$5,000, except computer equipment, are expensed in the year of acquisition.

The residual value and useful lives of property,

plant and equipment, other than freehold land, are reviewed, and adjusted if appropriate, at each balance date.

Freehold land is not depreciated. Other property, plant and equipment are depreciated over their estimated useful lives using the straight-line method as follows:

Buildings	2.5%
Computer equipment	20% – 25%
Plant and equipment	10%
Motor vehicles	20%

(c) Impairment of Assets

Property, plant and equipment are reviewed for impairment whenever changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Property, plant and equipment that suffered an impairment are reviewed for possible reversal of the impairment at each reporting date.

Notes to and forming part of these Financial Statements

(d) Revenue Recognition – Grant Revenue

Grants from funding bodies are recognised at their fair value where there is a reasonable assurance that the grant will be received and the Corporation will comply with all attached conditions.

Grants from funding bodies relating to costs are deferred and recognised in the income statement over the period necessary to match them with the costs that they are intended to compensate.

Grants from funding bodies relating to the purchase of property, plant and equipment are included in the income statement for the year in which the relevant asset is purchased.

Grants received which are unexpended at balance date, are recognised as unexpended grants and disclosed as a liability. Grants received which relate to future financial periods are recognised as revenue received in advance.

Assets contributed by funding bodies are recognised at their fair value as revenue once control of the asset has been gained.

(e) Revenue Recognition – Other Income

Interest income is recognised on a time proportion basis using the effective interest method.

(f) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(g) Trade Receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful receivables is established where there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the income statement.

(h) Trade and Other Payables

Trade and other payables represent liabilities for goods and services provided to the Corporation prior

to the end of the financial year which are unpaid. These amounts are unsecured and are usually paid within 30 days of receipt of the appropriate invoice.

(i) Employee Benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave are recognised as liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

(j) Income Tax

Maari Ma Health is a public benevolent institution and, as such, is exempt from income tax.

Maari Ma Health Aboriginal Corporation – Schedule 5/3

Notes to and forming part of these Financial Statements

	2010	2009
	\$	\$
2. Trade and Other Receivables		
Current		
Trade debtors	305,599	549,907
Sundry debtors	10,332	5,543
Accrued income	16,036	7,593
Prepayments	61,617	10,976
	393,584	574,019

Maari Ma Health Aboriginal Corporation – Schedule 5/4

Notes to and forming part of these Financial Statements

3. Property, Plant and Equipment	Freehold Land	Freehold buildings	Plant & equipment	Motor vehicles	Total
	\$	\$	\$	\$	\$
At 1 July 2009					
Cost	15,000	1,715,876	736,943	990,757	3,458,576
Accumulated depreciation	-	(179,513)	(350,123)	(317,897)	(847,533)
Net book amount	15,000	1,536,363	386,820	672,860	2,611,043
Year ended 30 June 2010					
Opening net book amount	15,000	1,536,363	386,820	672,860	2,611,043
Additions	-	405,352	138,629	449,382	993,363
Disposals	-	-	(7,200)	(128,073)	(135,273)
Depreciation charge	-	(43,281)	(90,295)	(215,778)	(349,354)
Closing net book amount	15,000	1,898,434	427,954	778,391	3,119,779
At 30 June 2010					
Cost	15,000	2,121,227	827,159	1,137,341	4,100,727
Accumulated depreciation	-	(222,793)	(399,205)	(358,950)	(980,948)
Net book amount	15,000	1,898,434	427,954	778,391	3,119,779

Notes to and forming part of these Financial Statements

	2010	2009
	\$	\$
4. Provisions		
Current		
Employee entitlements	703,840	613,290
Non current		
Employee entitlements	22,040	30,390

Notes to and forming part of these Financial Statements

5. Grant Revenue	2010	2009
	\$	\$
During the year, the Corporation received the following grants:		
Australian Government – OATSIH & Dept. of Health & Ageing	6,310,607	5,290,416
Australian Rotary Research Foundation	26,665	40,000
Barwon Darling Alliance	–	86,176
Central Darling Shire	–	10,000
Centre for Rural & Remote Health	–	7,350
DEEWR	83,205	–
FaHCSIA	498,210	–
Fred Hollows Foundation	300,000	150,000
Greater Western Area Health Service	917,496	1,182,925
MSOAP	70,518	174,470
NSW Attorney General’s Dept., Crime Prevention Div.	61,017	70,160
NSW Dept. of Health	245,190	344,000
NSW Dept. Human Services (Community Services)	202,423	239,797
Pharmacy Guild	28,930	–
Regional Arts NSW	–	21,167
The George Institute	17,800	–
University of New South Wales	360,525	301,181

Maari Ma Health Aboriginal Corporation – Schedule 5/7

Notes to and forming part of these Financial Statements

5. Grant Revenue (continued)	2010	2009
	\$	\$
University of Sydney	50,000	–
University of Wollongong	50,000	–
TOTAL	9,222,586	7,917,642
Prior year unexpended grants	1,235,489	1,062,423
Unexpended grants carried forward	(1,699,574)	(1,235,489)
GRANT REVENUE FOR THE YEAR	8,758,501	7,744,576

Maari Ma Health Aboriginal Corporation – Schedule 5/8

Notes to and forming part of these Financial Statements

	2010 \$	2009 \$
6. Expenditure		
Advertising	3,479	4,658
Audit fees	54,890	48,430
Auditors – non-audit services	2,650	3,850
Bad debts	261	109
Bank charges	2,385	2,486
Cleaning & domestic supplies	61,871	57,456
Community activities	367,038	154,675
Consumables	22,677	15,477
Consultants’ fees	171,974	85,238
Depreciation	349,356	319,912
Electricity, gas & water	36,790	34,561
Health systems support	24,116	33,641
Insurance	34,484	30,847
Interest	14,087	16,725
Legal expenses	1,623	164
Medical & dental costs	1,322,532	1,246,277
Meeting expenses	32,464	24,059
Membership & subscriptions	4,811	2,227
Miscellaneous expenses	1,589	1,954

	2010 \$	2009 \$
Miscellaneous foodstuffs	16,464	37,727
Motor vehicle expenses	204,478	204,331
Patient support expenses	1,190	12,046
Peak Health Council expenses	60,825	75,199
Postage	5,007	5,887
Printing and stationery	88,153	78,119
Rates & charges	5,778	5,320
Rent of premises	34,230	35,163
Repairs & renewals	160,212	142,600
Salaries & wages and on-costs	5,007,613	4,677,308
Security services	2,371	3,117
Staff amenities	8,844	6,044
Staff recruitment	29,460	92,108
Staff training	199,996	208,940
Staff uniforms	2,551	1,169
Telephone expenses	80,514	71,459
Transcription services	5,231	5,280
Transport services	100,000	100,000
Travel & accommodation	210,782	182,949
Youth hall expenses	1,517	1,438
TOTAL EXPENDITURE	8,734,293	8,028,950

Notes to and forming part of these Financial Statements

	2010	2009
	\$	\$
7. Remuneration of auditors		
(a) Audit services		
PricewaterhouseCoopers Australian firm		
Audit and review of financial statements	54,890	48,430
(b) Non-audit services		
PricewaterhouseCoopers Australian firm		
Audit of regulatory returns	–	1,400
Tax compliance services	2,650	2,450
	2,650	3,850
8. Cash Flow Information		
Reconciliation of cash and cash equivalents		
Cash and cash equivalents at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Petty cash	2,200	2,200
Cash at bank	3,507,726	1,705,463
Balance per statement of cash flows	3,509,926	1,707,663

Notes to and forming part of these Financial Statements

9. Segment Information

Maari Ma Health receives funding, primarily from the Australian Government, for the provision of a range of services in Far West New South Wales. In addition, the Corporation is contracted by the Greater Western Area Health Service (under the Lower Western Sector Agreement) to manage Remote Health Services in the Far West Area of New South Wales. Maari Ma’s services have an emphasis on chronic disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of Indigenous people. As a result the directors have determined the Corporation operates in one segment.

10. Economic Dependency

Due to the nature of its business, the Corporation tis wholly reliant on the ongoing receipt of grants from funding bodies to enable it to continue with its activities.

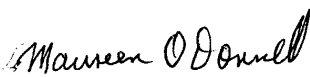
	2010	2009
	\$	\$
Reconciliation of net cash flows from operating activities to operating surplus (deficit)		
Operating surplus (deficit)	766,498	272,877
Depreciation	349,356	319,912
Increase (decrease) in unexpended grants	464,085	173,068
Net loss (surplus) on sale of non-current assets	(27,270)	(14,341)
(Increase) decrease in trade and other debtors	180,435	616,299
Increase (decrease) in trade creditors	183,768	(452,083)
Increase (decrease) in other operating liabilities	411,527	(227,396)
Increase (decrease) in provisions	82,200	91,157
Net cash flows from operating activities	2,410,599	779,493

Directors' Declaration

In the directors' opinion:

- (a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (b) the financial statements and notes set out on pages 1 to 11 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007, including:
 - (i) complying with Accounting Standards and other mandatory professional reporting requirements, and
 - (ii) giving a true and fair view of the Corporation's financial position as at 30 June 2010 and of its performance for the year ended on that date.

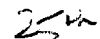
This declaration is made in accordance with a resolution of the directors dated 25 August 2010.



Maureen O'Donnell

Director

Whitecliffs

Dated this  day of August 2010

Partnerships & Collaborations

Lower Western Sector

Balranald Health Service

The major focus for Balranald Health Service has been the development of the new Multi Purpose Health Service, a project that is due for completion in September 2010. The development will see an increase in bed numbers to 8 sub-acute beds and 16 residential aged care beds. It will also see services for Balranald provided under the same roof with the Primary Health Services, Dental, General Practitioner and Home Care in the same building. The service will also boast a Self Care Renal Unit which will cater for selected clients who meet the admission criteria for self care. This will mean that some clients will no longer have to travel to Robinvale or Swan Hill for renal services.

The MPS project has been overseen by a Project Planning Group with membership from the Department of Planning and Infrastructure, the Office of Public Works, Remote Cluster Management, Planning – Business and Remote Services, Asset Services, Maari Ma and Balranald Health Service. There has also been considerable input from the community through the Health Advisory Council and the Project Control Group as well as the Change Management Group, which also has representation from the GWAHS Risk Management Unit and Renal Services, and staff representation from the Balranald Health Service.

The realisation of the new facility will see the needs of the community better met through a co-ordinated approach to medical records, more efficient support services with a new modern kitchen area and additional storage areas. The current hospital is more than 150 years old so staff and the community will certainly appreciate the new environs.

Menindee Health Service

Menindee Health Service has had a busy year with a focus on Primary Health Care. Total occasions of service were 9802 including:

RNs: 4891
PHCWs: 1541
GP / Specialists: 2244
Allied Health: 1227
Emergencies evacuated to Broken Hill / Adelaide: 121

Special programs for the year included:

Falls Prevention, Great Australian Bite (diabetes), Pedometer Challenge, Measure Up, Tandou Orchard & Farm screening and staff education, School Vaccine Program and School H1N1, and the Flu Vaccine Program.

Staff achievements included:

Four Diabetes Educators attended the National Diabetes Conference, two Diabetic Educators attended the Broken Hill Diabetes Conference, attendance at the College of Midwives Conference, successful completion of the Child and Family Health Nurse Course, Nurse Practitioner employment, Core of Life and Cardiac Rehabilitation Course.

Staff are also undertaking the following training:

Prissy Stephens – RN course and Volunteer Ambulance Officer training;

Dimity Kelly – Trainee Primary Health Care Worker;

Katrina Wilkinson – Outback Nursing Course and Volunteer Ambulance Officer training.

Over the year the service hosted Nursing Students for 13 weeks and Medical Students.



Lower Western Sector

Wilcannia MPS

An eight bed Multi-Purpose Service and two emergency trolleys continue to operate in Wilcannia. Staff also provide a 24/7 ambulance service in co-operation with New South Wales Ambulance Service. Wilcannia Health Service has very strong links with the Royal Flying Doctor Service and the Broken Hill University Department of Rural Health. Australian and international students, including nursing and medical, from a variety of universities work in Wilcannia as part of their study program. Wilcannia Health Service also participates in the Extended Clinical Placement Program for medical students.

Ivanhoe

Ivanhoe Health Service has continued to provide a high standard of quality care to help improve the health of the people of Ivanhoe and district. This is achieved with our partners in service delivery - Maari Ma Health Aboriginal Corporation and the Royal Flying Doctor Service.

Activities include:

- Population health/preventative care (including the Chronic Disease Strategy)
- First line care (including emergency and acute care)
- Specialist and Ancillary services (including visiting specialists and teams)
- Support systems (including staff related, asset and planning related activities)

Activities are aimed at:-

- Keeping people healthy
- Providing the health care people need
- Delivering high quality services
- Managing health services well

Achievements include:

- Anecdotal evidence of improved health of Chronic Disease clients
- 100% immunisation rates for children
- Two staff successfully completed the Diabetes Educators university course
- Stability of visiting Chronic Disease specialists has resulted in improved uptake of services and general community acceptance of the program
- Improved client access to specialised equipment such as the Point of Care machine
- Commencement of a Trainee Primary Health Care Worker staff member

Challenges include:

- After ten years of drought we now have to contend with rain closed roads which compromises clients' access to specialist care and appointments. It also creates difficulty with acute retrieval services through the RFDS
- Change in Health Service operating hours after consultation with community
- Staffing – including high rotation of clinical staff and managers
- Deteriorating infrastructure

- Providing services to an ageing community
- To improve Numerical Profile rating

Special thanks go to the hard working staff, Health Advisory Council and visiting services who at times have to travel eight hours each way to provide a service. Many thanks to Lesley Woolf and Marie Kelly who have helped manage the Health Service conjointly over the past 12 months. Without them all there is no Health Service in Ivanhoe.

Dareton Primary Health

Dareton provides a range of Primary Health Services across the Wentworth and Balranald Shires.

The major project for this financial year has been the building of a new dental clinic which includes one chair.

The adult dental clinic operates on Tuesdays with a visiting dentist from Balranald. A long waiting list remains.

The dental therapist is utilising the rooms one day per week (Wednesdays) seeing children up to 18 years of age.

Relocation of Mental Health services to the Early Intervention Centre is complete. Refurbishment within the Primary Health Centre to accommodate a private GP and practice nurse is near to completion.

Occasions of Service:

Total: 20,617

Indigenous: 4,911

Activities

• Healthy Start team – All families who have a new baby are offered a Universal home visit. Depending on the complexities and vulnerabilities of each family, they may require more home visits.

• The Statewide Eyesight Preschooler Screening (STEPS) is offered to all four year olds. A hearing assessment screen is offered at the same time.

• Aboriginal Maternal Infant Health Strategy continues to improve the health outcomes of women with Aboriginal babies during pregnancy and birth. In the 2009/2010 reporting period, there were 20 Aboriginal babies born and currently ten pregnant women are being seen by the team.

• AMIHS is part of the Healthy Start team and is currently developing a storyboard book called 'Moorpa's First Year'. This provides month by month information on growth and development of a baby.

• Chronic disease management remains the focus of the Keeping Well team. Smoking cessation programs continue with some good outcomes. Community physical activity programs such as Fit & Strong and Tai Chi continue to have steady numbers of participants. Community adult health checks with follow-up and diabetic complication screening services continue to address the chronic disease issues.

• There has been an increase of two days per week in Aboriginal transport. This includes dialysis transport to Mildura. Area chronic disease funding assisted here.

• The Aged Care Assessment Team provides ongoing complex case management.

• Palliative Care: An established palliative care service remains very busy with 75-80% of the client load having advanced cancer. Good links have been established with Sunraysia Community Health Service Palliative Care which provides cross-border support.

Special Programs

• Well persons checks were conducted in a variety of workplaces. These included: the Coomealla Club, Buronga Hill Winery, Country Energy and the Pooncarie Sand Mines.

• A health promotion evening was held at Pooncarie with a focus on men's health. This was well attended by many families.

• Women's International Day was celebrated at the Inland Botanic Gardens with high profile journalist, Melinda Tankard-Reist, the key note speaker. The day was well attended by approximately 150 women.

• The school vaccination program continues as per the NSW Immunisation schedule.

• There was good community uptake of H1N1 and seasonal flu vaccines. Extra clinics were scheduled to accommodate the demand for the H1N1 vaccine.

• Under-graduate nursing student placements have been facilitated at Dareton Primary Health for La Trobe University, Monash University and University of Sydney/Broken Hill University Department of Rural Health and Sunraysia TAFE (enrolled nursing students). 20 nursing students have completed placements in this reporting period.

• Three first-year medical students from Monash University have had a community placement as well as under-graduate pharmacy students.

Partnerships & Collaborations

Three new significant collaborations occurred in 2009/10, all with the community based sector. Mission Australia provides the Brighter Futures program in Broken Hill and Wilcannia, and partnered with Maari Ma to provide health support to vulnerable families. Save the Children Australia (SCA) became a partner with Maari Ma in a contract specific to Wilcannia for a mobile playgroup. This FAHCSIA-funded project is also working with Centacare, another community-based service provider contracted to deliver a parenting support service in Wilcannia.

This Wilcannia focused activity gave Maari Ma an opportunity to bring the various children's service providers in Wilcannia together to consult on how these new services should be delivered, where and by which organisation. All services agreed this was the beginning of a worthwhile Wilcannia-centred child and family interagency group.

Maari Ma continues to attend and support the Broken Hill Centre for Remote Health (CRH) alongside the other pillar agencies of the RFDS (SE Section), Sydney University Department of Rural Health (Broken Hill), Riverina Division of General Practice (incorporating Barrier Division), and GWAHS Remote Cluster. The CRH met with the Prime Minister, Kevin Rudd, and

Federal Minister for Indigenous Health and Rural Services, Warren Snowdon, in March in Broken Hill and were able to discuss the proposed national health reforms.

We have been active partners in all our relationships, attending meetings and workshops in Sydney (Kanyini cardiovascular research), Darwin (with Fred Hollows Foundation), and Dubbo (regarding various GWAHS agreements). We have also facilitated training and professional development across the region, for example around the early childhood education and care quality reform agenda through the Early Years Project in Broken Hill, Menindee, and Dareton.

Broken Hill University Department of Rural Health



THE UNIVERSITY OF
NEW SOUTH WALES



GREATER WESTERN
AREA HEALTH SERVICE
NSW HEALTH



Broken Hill Centre For Remote Health
Encompassing Far West NSW

P.O. Box 457
Broken Hill NSW 2880
Ph: 0880801468





Contact Us

Maari Ma Regional Office

443 Argent Street
PO Box 339
BROKEN HILL NSW 2880
Phone (08) 8082 9888
Fax (08) 8082 9889

Maari Ma Primary Health Care Service

428 Argent Street
PO Box 799
BROKEN HILL NSW 2880
Phone (08) 8082 9777
Fax (08) 8082 9778

www.maarima.com.au

Copyright 2010. This work is copyright and may not be reproduced in whole or part without the permission of Maari Ma Health Aboriginal Corporation. Contact the Chief Executive Officer, PO Box 339, Broken Hill, NSW 2880, phone (08) 8082 9888, fax (08) 8082 9889.

Edited by Philippa Quinn; second edit by Dreamtime Public Relations. Designed and printed by: Dreamtime Public Relations, www.dreamtimepr.com, phone (08) 8463 1904.