

ANNUAL REPORT

2013/2014



MAARI MA HEALTH
ABORIGINAL CORPORATION

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Aboriginal Corporation**

Annual Report

2013/2014





OUR VISION

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

OUR VALUES

COMMUNITY

We acknowledge the connection with community and effectively communicate regarding programs to promote awareness and knowledge of health issues impacting on the indigenous communities and their families, to work collaboratively towards healthier lifestyles and wellbeing for all indigenous people.

COMPASSION

We respect people as individuals and will be empathetic in understanding people's pasts and the issues and challenges they face. We will make no judgement in the choices people have made and will actively work with people to assist in their healing process.

CULTURE

Aboriginal people have a rich culture involving custom, lore and value system based on the sustainability of their spiritual connection, belonging, obligation and responsibility to care for their land, people and environment.

EMPOWERMENT

Empowerment of community and staff increases the capacity of people (or groups of people) to make choices and to transform those choices into actions and outcomes, to make informed choices about their health care.

QUALITY

We strive for best practice in everything we do. Our workforce is skilled, competent, confident and innovative. We demonstrate integrity and pride in our work. We encourage and recognise outstanding performance.

RESPECT

We treat others in the community and the workplace with respect, compassion, courtesy, listen and allow them to have their say and express their opinions and ideas, encouraging self-confidence and dignity, building a respectful rapport between staff and community to encourage positive attitudes and behaviours.



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OUR BOARD



Maureen O'Donnell is a Barkintji elder belonging to the Wilyakali language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked in Aboriginal affairs, tirelessly campaigning for equality for Aboriginal people. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council and is on the Mutawintji National Park Board of Management. 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 - Des is Chairperson of 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. Des is the NSW ALC Regional Councillor for the Western Region.



Gloria Murray is a Barkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council. 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 to provide 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 31 years as an Aboriginal Education Assistant 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 and a member of the Ivanhoe Health Advisory Council. 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 28 years as an Aboriginal Education Officer 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 28 years, holding positions as secretary and chairperson. Cheryl is now on the new Board of Management for 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/Barkintji elder and founding Chairperson of Maari Ma Health and is a very active member of the Wilcannia community. He is current Chairperson of the 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 on which he sits such as: Chairperson, Murdi Paaki Regional Enterprise Corporation; Director, Murdi Paaki Regional Housing Corporation Ltd.

CHAIRPERSON'S REPORT

CHAIRPERSON'S REPORT



I have always said that the quality of health services is reliant on more than the bricks and mortar of a new building. It is a highly skilled and dedicated workforce which is focused and supported by continuous quality improvement, good management and a caring attitude that enables good, quality health services. I am proud to say we will soon be having both. We established a vision three years ago to build a new facility to assist in our efforts to deliver excellent services to our people and this year

the vision became a reality with the start of a new primary health building on the Regional Office site. With an increasing number of primary health programs and corresponding staff we have simply been running out of room. The work that was involved with gaining the funding, acquiring additional buildings next to the Regional Office, designing the new facility and finding temporary office space for the regional staff was immense. The fact that it has all progressed with relative ease is testimony to the skill of those involved and the humour and good will of staff affected. It will be a very proud day for Maari Ma when we open the new building next year and a day of celebration for our clients who will have access to a facility equal to, if not better than, anything found in capital cities.

In Wilcannia we also had cause to celebrate when we completed construction of staff accommodation. The availability of suitable housing can directly affect the provision of quality services and if we want to attract and retain staff in our remote communities we recognised the need to build good accommodation. We have done that with five new units.

While still on bricks and mortar, last year we acquired the Bes Murray Community Centre in Balranald and we have been working with Mallee District Aboriginal Services (MDAS) on the delivery of services there. The Centre, which was officially opened in August 2011, was named in honour of Elder Besley Murray – a leader and mentor in the Balranald community. Maari Ma's acquisition of the building will assist in plans to enhance the delivery of services at Balranald and we are working in partnership with the Balranald Local Aboriginal Land Council to achieve that.

Nothing gives me greater pleasure than to look back on the past year to see the progress we have made on our work with children. Investing in our children today will ensure the health, wellbeing and productivity of future generations to come. In the two major Closing the Gap report cards released this year we heard that two targets, those addressing the gaps in child mortality and Year 12 attainment, are on track to be met by 2030. Three targets, those addressing the gaps in life expectancy, reading, writing and numeracy, and employment, are not on track. While there is some good news there are still significant concerns which is why I take comfort in Maari Ma's work with children that has already been embedding literacy into Healthy Start and incorporating programs such as Little Kids and Books, Playgroup, and the soon to start HIPPY (Home Interaction Program for Parents and Youngsters). Maari Ma successfully tendered for the HIPPY program last year. It is funded by the Australian Government Department of Education

and managed by the Brotherhood of St Lawrence. HIPPY develops the foundations for learning in the home in the year before a child attends school and in that first year of school; it fosters social inclusion for children and their parents and contributes to successful school participation. We have integrated HIPPY into our Early Years program which has become widely respected and is becoming increasingly significant in the development and wellbeing of Indigenous children in our region. We are incorporating areas that, while not directly related to health, are shown to have a significant impact on health outcomes in later life.

Our school partnerships in the region have also strengthened this year and I am convinced that by working together with committed partners with sound action plans and a dedication of resources that we will see continued growth in this area. We are going outside our normal boundaries and reaching children in those formative years to teach them about nutrition and healthy eating through school based nutrition programs and after school cooking groups. The link between diet and chronic disease has long been recognised and as a result, nutrition education has become a necessary and important part of our Early Years and Healthy Start programs.

After lengthy discussions and negotiations we signed our new service agreement with the Far West Local Health District. The new agreement has replaced the Lower Western Sector Agreement and signalled the closing of a significant period in Maari

Ma's history, a history which I am proud to say has spanned nearly two decades. Next year will be our 20th anniversary. If I had been told 20 years ago that Broken Hill would be the centre of a regional, progressive and innovative Aboriginal health service known throughout Australia I would not have believed it. Today as I write this report I know I will be walking the path to that occasion with anticipation and honour.

I extend my heartfelt thanks to the very good staff at Maari Ma who continue to work for our communities with enthusiasm and dedication. I also thank my fellow Board members for their work and sound efforts. To our CEO, Bob Davis, I extend my personal gratitude and appreciation that the services Maari Ma provides are done with professionalism and integrity every day. Bob's ability to also navigate through political waters and across professional boundaries helps to materialise our plans and dreams. Most importantly I thank our communities for putting their faith and trust in our organisation to care for their most precious thing in life – their health.

Maureen O'Donnell
Chairperson

CEO'S REPORT

CEO'S REPORT



The pace of change in health care delivery is moving more rapidly now than at any other time since our organisation was established almost 20 years ago. This societal pace of change will not slow down going forward as we are once again in a transition period following the Australian Government's announcement of another round of primary health care reforms which will see the replacement of Medicare Locals and the establishment of Primary Health Networks.

At the same time the Australian Government has announced the new \$4.8 billion Indigenous Advancement Strategy which amalgamates 150 programs covering some 2,000 activities. The priority areas include getting children to school, adults into work and building safer communities.

The Australian Government has agreed that the Murdi Paaki Assembly region of Far Western NSW will be a demonstration model for Indigenous advancement under the Department's new Indigenous network. Maari Ma has been supporting the development work of the Assembly under the new strategy.

Recent comments by the Indigenous Affairs Minister favouring small and emerging Indigenous organisations to deliver services under the new funding regime is comforting, as previous strategies resulted in little change on the ground for Aboriginal people generally due to lack of consultation with Aboriginal people and their communities, ill-conceived program design and ineffective execution. Surely our communities deserve better!

Aboriginal Community Controlled Health Services such as Maari Ma are the regular source of care for persons without social capital, and as recently reported they are a sound investment not only for health outcomes, but economic participation, employment and education for Aboriginal and Torres Strait Islander people. The health industry is the single largest employer of Indigenous Australians as is Maari Ma in Far Western NSW.

Maari Ma is an organisation that has built its reputation over the past 20 years on a commitment to providing services to some of the most vulnerable people in our communities. We have a shared commitment to implementing best practice services, while remembering everyone is unique with individual hopes and ambitions.

As an organisation, we provide award-winning, innovative and culturally sensitive services. We are focused on our mission, values and vision. We are working to build healthier communities and developing new partnerships, bringing healthier babies into our world and developing the next generation of local health leaders.

We have accomplished much in 20 years, but still face many unique challenges in providing the best services for our people. These challenges include access to care, broader health disparities like diabetes and obesity, and the political and financial hurdles faced by our communities. With our new partners, Maari Ma will develop new

strategies to overcome these barriers with action for the immediate future and beyond. Partnerships are central to achieving sustainable outcomes and during the year we have developed new relationships with a number of organisations including the Bila Muuji Health Services - both Maari Ma and Bila Muuji recently released a joint communique on the proposed development of a Western Primary Health Network. We have a memorandum of understanding and a Regionalisation Strategy with Mallee District Aboriginal Services, and a memorandum of understanding with the Bourke Aboriginal Health Service to collaborate on regional approaches.

In the pages of this annual report, we share some of our initiatives and achievements from the past year. The energy and enthusiasm of our staff and their commitment to improving Aboriginal health provides encouragement for all of us.

I acknowledge the support of our major funding bodies and once again to the CAGES Foundation whose contribution assists Maari Ma in the work we undertake with our children.

I express my appreciation to our Chairperson, Ms Maureen O'Donnell whose leadership is always inspiring and to her fellow Board members for their continued support.

As we head towards our 20 year milestone next year, it will be a moment to reflect and celebrate, as

well as prepare for the road ahead. I look forward to working together and continuing our efforts as well as deepening our resolve to achieve our vision.

Bob Davis
Chief Executive Officer

PRIMARY HEALTH CARE SERVICE

PRIMARY HEALTH CARE

The Broken Hill Primary Health Care Service (PHCS) is a major health care provider offering comprehensive primary and chronic disease programs. Today these programs include Healthy Start, Keeping Well, nutrition, tobacco control and primary mental health, alcohol and other drugs.

Maintenance and expansion of these programs is only possible due to the experienced and dedicated team of professionals, including those clinical staff who work face to face with our clients, and the support team who work behind the scenes but are just as important to achieving our end results.

In 2013/2014 we were very fortunate to maintain our team of general practitioners which includes Drs Stephen Gaggin, Elaine Powell, Marion Christie, Penny Roberts-Thompson, Michael Nugent, Vic Carroll, and Muzaffar Karimov. Dr Paige Thompson joined the team in 2014 as a GP Registrar.

Episodes of care continue to increase, reflecting the availability of GPs and the additional services offered by the team. In 2013/2014 episodes of care increased by almost 2,500 contacts.

Episodes Of Care	12/13	13/14
Broken Hill	30,894	33,278
Wilcannia	2,466	3,038

Number Of Patients	12/13		13/14	
	ATSI	TOTAL	ATSI	TOTAL
Broken Hill	1,225	1,533	1,685	2,064
Wilcannia	527	650	489	597

One of the most exciting events occurring this year has been the planning for the new PHCS. Work on the new building has commenced and the PHCS staff avidly watch progress as the new building takes shape. While it is inconvenient to have lost easy access to the Regional Office staff during this period the excitement is growing and the staff are already planning the move.

Keeping Well/Chronic Disease

The aim of the Keeping Well program is to increase the rate of health improvement in Indigenous adults in the far west region. Keeping Well focuses on early intervention for people at high risk of vascular disease and diabetes to help them modify their lifestyle, and provide treatment for reversible risk factors such as high blood pressure and high cholesterol.

The Keeping Well team achieves their goals in partnership with the client. They visit clients at home to deliver the services in the cycle of care, provide education and support, and facilitate client attendance at appointments with other health care professionals. This care coordination role ensures a comprehensive approach to achieving continuity of care for our clients, and that care is delivered in a logical, connected and timely manner so that the medical and personal needs of the client are met. A variety of different health care professionals make up the Keeping Well team. Registered nurses and Aboriginal health workers are mainly responsible for the care coordination and client assessment role. A clinical nurse consultant specialises in the care of patients with diabetes and also works in close collaboration with the Outback Vascular Health team from Sydney.

Other Maari Ma employees work with the Keeping Well team to provide specific advice and client services in areas such as nutrition, smoking cessation, mental health and drug and alcohol problems. We also access specialist expertise from a range of external providers such as the Outback Vascular Health team.

The Keeping Well team is actively involved in health promotion and community development, presenting at activities such as NAIDOC Day, the local Rugby League Grand Final day, Closing the Gap day, as well as participation in radio and newspaper articles.

New initiatives this year included regular spirometry (lung capacity) clinics, community information sessions on the role of the Keeping Well team, and implementation of the MEDSCOMM system in conjunction with Outback Pharmacy for clients receiving their medications in Webster packs.

Pharmacy

Maari Ma is fortunate to have a strong relationship with the Outback Pharmacy group which supplies the majority of Webster packs for our clients and general pharmacy supplies for our clinics. Maari Ma contracts Alex Page from Outback Pharmacy on a part time basis. Alex works across Broken Hill, Wilcannia and Menindee. In conjunction with one of the Aboriginal health practitioners he completes Home Medication Reviews for patients with a chronic illness. These reviews ensure the patient has a better understanding of the medications they are taking and what they are for. They can also detect any potential drug interactions or problems and if this occurs the pharmacist makes recommendations

to the GP. This process contributes to a quality framework for medication management with Maari Ma clients.

Oral Health

The Dental team went through a number of staff changes during the past 12 months, with the resignation of Tayla Dwyer (dental assistant) and Jessica Li (oral health therapist), and the return of Erin Commins as team leader. We were very fortunate to recruit Abilhasha Srishanmuganathan as a dental therapist in February 2014 and Penny Billings as a dental assistant in March 2014.

This year Maari Ma chose to participate in a newly available dental accreditation program: the National Safety and Quality Health Service Standards for Introductory Dental Practice Accreditation.

In February this year we met with members of the Filling the Gap volunteer dentist program to finalise an agreement for volunteer dentists and dental assistants to work in Broken Hill for periods of up to 2 weeks each. Since then, Filling the Gap provided one volunteer dentist and dental assistant for one week from the 5th May 2014. There were 44 dental treatments provided by this team over 4 days. Volunteer placements will be ongoing over the next 12 months.

In May this year Abilhasha Srishanmuganathan was fortunate to spend a week in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in the remote north west of South Australia gaining experience in preventative oral health care and Silver Fluoride research. Abi went with Maari Ma consultant dentist, Sandra Meihubers and Nganampa Health dentist, Simon Wooley.

Oral health promotion continued this year, including the school tooth brushing program and dental screening at Wilcannia schools. This program will be a huge focus in the next 12 months.

Healthy Start

The Healthy Start program is designed to improve the health of pregnant women, newborn babies and children, and their families. Our aim over the past 12 months has been to increase immunisation rates, decrease rates of smoking in pregnancy, increase the number of children undergoing ATSI Health Checks, maintain the lead testing program, and improve nutrition and healthy lifestyle education and support.

Midwifery and child and family health clinics are held in Broken Hill 4 days per week and GP clinics are available 3 days a week. We also provide outreach clinics and home visits in Wilcannia in conjunction with the local Healthy Start workers. Aboriginal health practitioners and midwives work together in the Aboriginal Maternal Infant Health Service (AMIHS). These Aboriginal health practitioners support pregnant women throughout their pregnancy, during labour and delivery, and post discharge from hospital.

The AMIHS team provides antenatal and postnatal care up to and including the 6 week ATSI health check for mum and baby. After this period, the management of the child is handed over to the Child & Family Health team.

Some of the team's achievements this year include organisation of a 'Girls Night In' with presentations of the Core of Life program and sexual health education session, NAIDOC day participation and World Breastfeeding Week "Kicking Goals for Breastfeeding".

A major goal was achieved with the extension of the Healthy Start program from 0 - 5 years to now include up to 8 year olds, which has resulted in an increased number of ATSI health checks for this age group.

The Healthy Start team welcomed the appointment of a speech pathologist who worked with Maari Ma for 4 months. Early work included the speech pathology clinic structure and client management.

Aboriginal health practitioner, Stevie Kemp was the first recipient of the Alison Bush Memorial Scholarship which provided her with a 2 week placement at The Royal Prince Alfred Maternity unit in Sydney.

The Healthy Start team is fortunate to work with 3 dedicated GPs in Dr Marion Christie, Dr Penny Roberts-Thompson and Dr Elaine Powell, who are very supportive and encouraging. The midwifery team receives excellent support from GP/Obstetrician, Dr Vic Carroll.

Consultant paediatrician, Dr Garth Alperstein, has worked with the Healthy Start team since 2008. He remains actively involved and informs future initiatives and services.

Primary Care Specialist Services

Tobacco

Maari Ma's Regional Tackling Smoking and Healthy Lifestyle program aims to increase community awareness regarding the impacts of tobacco smoking and its direct link to chronic disease, and to further reduce the rates of tobacco smoking and uptake of smoking within the community.

To achieve this aim, tobacco workers hold weekly clinics and also provide a weekly Smokers Program clinic to Wilcannia. These clinics have been very successful and are well attended.

Throughout the past twelve months there has been a significant focus on raising awareness in Maari Ma's communities of the impacts of tobacco smoking through community programs and health promotion activities. These have included carbon monoxide screening at Menindee, World No Tobacco day held in collaboration with the Country Rugby League and Outback Rugby League, Wilcannia Health Expo, YMCA Living Desert Dash with more than 200 community members participating, and the Festival of Respect - an excellent collaborative event with other local services to promote kindness and respect to others. Health promotion messages presented at all community events include tobacco cessation and prevention. These cover the Maari Ma Smokers Program, AMIHS Quit for New Life program with the Smoking Suzie Doll, and visual displays of the impact smoking has on health.

Regional site visits continued to Tibooburra, White Cliffs and Ivanhoe with a focus on healthy lifestyle, nutrition and the effects of smoking.

Healthy Lifestyle Worker, Shannon Oates presented at the first National Smoking Cessation conference. Shannon was one of three recipients awarded an Indigenous Scholarship to attend the conference held at the University of Sydney. Shannon presented on the current dynamics of the Maari Ma Smokers Program. The feedback from the conference was very positive, and confirms Maari Ma's Smokers Program is evidence based and consistent with both national and international clinical guidelines.



The ongoing collaborative partnership with the University of Sydney to enhance staff education via the Outback Vascular Health Service agreement is clearly an additional advantage in ensuring our service delivery related to tobacco cessation involves the most up to date clinical research and practices.

All community events supported or initiated by the Regional Tackling Smoking and Healthy Lifestyle program are supported by our Community Engagement Officer, Kaylene Kemp, who manages the social marketing aspect of Maari Ma's health promotion programs. This includes Facebook, radio advertising, short films featuring staff and community members to promote our services, and film clips featuring young community members rapping about chronic disease and staying healthy.

Nutrition

The Maari Ma nutrition program aims to increase community awareness regarding the impacts of healthy lifestyle choices to reduce the risk of chronic disease.

The team has a strong focus on promoting diet and nutrition in pregnancy and children's early years by working within the community schools, pre-schools and with the Healthy Start AMIHS team.

This has included exposing children to new fruit and vegetables, and using strategies to increase food range and tackle fussy eating.

The nutrition team has provided preschool touch and taste sessions, nutrition education and cooking at the schools, and weekly nutrition support at Playgroup and Cooking Group. The team also

provides one-on-one dietetics consults across the region including Broken Hill, Menindee, Wilcannia, Ivanhoe and Tibooburra.

General health promotion programs include sessions on the Wilcannia River Radio featuring weekly nutrition sessions, the Menindee Knockout challenge, weekly cooking lessons at WINGS, Wilcannia's Men's Shed and Women's Safe House, Mission Australia and Playgroup.

Some of the other health promotion activities this year included involvement in National Nutrition week, Sista Speak body image and self-esteem session for years 7-10 at Broken Hill High School and Menindee Central School, Healthiest Morning Tea in Wilcannia and Broken Hill, a fruit bowl in the waiting rooms, and the publication of Maari Ma's second cookbook, 'Our Mob, Our Health, Our Tucker'.

The nutrition team continues to support the Wilcannia Community Dinners which are primarily driven by community members, including Kevin Bates and Steven Harris. The Dinners continue to run monthly using a variety of recipes and attract as many as 100 or more community members. They are a successful way for the Wilcannia community to come together and enjoy a nutritious meal while learning about the benefits of healthy lifestyle choices.

Primary Mental Health Alcohol and Other Drugs (PMH&AOD)

The PMH&AOD team has continued to work collaboratively throughout the year with Maari Ma's general practitioners and Aboriginal health practitioners to provide holistic one-on-one care for

clients experiencing issues related to substance use, trauma, grief and mental health.

There has also been a significant emphasis on the PMH&AOD team providing preventative programs to children and adolescents with the goal of building confidence and resilience in these young people to decrease risk-taking behaviours and mental health issues.

Michele Williams and Susan Jordan have provided mental health and AOD services specifically for women and their families who are clients of Aboriginal Maternal and Infant Health Service (AMIHS) with the aim of improving the social and emotional wellbeing for these women, their babies and extended families.

Both Susan and Michele work closely with the AMIHS team in Broken Hill and Wilcannia, and also work one-on-one with women in the perinatal period to build resilience and decrease the risk of mental illness and substance use during this period. To support Maari Ma patients seeking social and emotional wellbeing support, primary mental health workers provide daily clinics in Broken Hill and weekly clinics in Wilcannia.

Some of the community activities the team has been involved with include the Wilcannia Health Expo which targeted students in years 3 to 12 with a tobacco, nutrition and mental health 'brief intervention focus'; National Family Week in partnership with Centacare, with the theme "strong families, strong communities"; and Mental Health Month – Kindness: little acts.... big impact!

In Post Natal Depression week, mental health workers held events in both Broken Hill and



Wilcannia to provide information about postnatal depression, the signs and symptoms. The importance of self-care was promoted not only for mums but for dads as well, and encouraging seeking and accepting help if needed.

Child Protection Week featured simple health promotion events to increase awareness within communities and amongst Maari Ma staff on this very difficult and emotional issue.

Mental health clinicians are involved in a number of community strategies to reduce drug and alcohol use and have attended forums on issues such as 'ICE' and petrol sniffing amongst children and adolescents.

Consultant psychiatrist, Dr Guy Windsor, who has a background in Indigenous community mental health, has been visiting monthly and has been working with our mental health workers conducting clinical consultations as well as providing education.

Dr Rod McQueen, who has a background in addictions, has been visiting quarterly and has been working with our workers and providing AOD specialist clinical consults.

This year the team welcomed Taylor Degoumois who has commenced as a first year mental health trainee. Corinna Kemp is also a mental health trainee and completes the third and last year of her traineeship in 2014.

Practice Administration and Transport

The Practice Administration team welcomes clients and their families to the Maari Ma

service. Their primary roles are to register all clients, manage appointments, submit revenue claims to organisations such as Medicare and provide transport services to and from medical appointments.

Transport is one of the most important aspects of providing health care as many of our clients do not have access to reliable transportation to and from appointments.

There are currently 2 full time transport officers in Broken Hill and 1 full time transport officer in Wilcannia. However all staff assist with transport of clients as required.

As the first point of contact for the Health Service it is the responsibility of the Practice Administration team to update the details of a client's address, contact numbers and also confirm/update Medicare and Health Card numbers including the expiry date. Practice Administration includes a team leader, clinic coordinator in Broken Hill and Wilcannia, administration assistants and transport officers.

Transport 13/14	To Maari Ma Health Professionals	To Other Health Professionals
Broken Hill	7,990	1,722
Wilcannia	2,982	474
Total	10,972	2,196

Wilcannia

Wilcannia Primary Health Care Service aims to improve health outcomes for the Wilcannia

community and provide an integrated and seamless service for our clients.

Maari Ma coordinates all outpatient clinics provided from the Wilcannia Health Service, including those clinics auspiced by the Far West Local Health District (FWLHD), the RFDS and Medicare Local.

The service at Wilcannia is co-located at the Multi-Purpose Service and the staff liaise closely with the FWLHD staff on the management and responsibility of clients, many of whom receive care from both the FWLHD and Maari Ma service providers.

The Wilcannia service offers transport, education, referral to specialist clinicians and ATSI Health Checks. Registered nurses and Aboriginal health practitioners do active case management of clients with a chronic illness, which includes home visits, medication management, specialist follow up, support and information. The team is actively involved in the follow up of clients who have had an acute episode and have been discharged from an inpatient facility.

There is a Healthy Start team in Wilcannia, supported by a child and family health nurse and GPs who visit weekly from Broken Hill. This team provides the same services available to clients in Broken Hill.

Some notable achievements for the team this year include the full implementation and use of PracSoft clinic management and billing system, the employment of two community support workers in Kevin Bates and Kerry King, and the initiation of Angel Flights arranged for clients travelling to Adelaide and Sydney for specialist appointments.

A major initiative was the first use of the mobile clinic. This mobile clinic is fully equipped and supported by a doctor, nurse and Aboriginal health practitioner. The pilot run was a huge success and a plan for the use of the mobile clinic over the next 12 months has been developed.

Sadly this year saw the Wilcannia PHC Service manager, Heather Curyer transfer back to a position in Broken Hill. We were fortunate to recruit Judith Borg as the manager.

Balranald

Maari Ma negotiated the acquisition of the Bes Murray Community Centre building and the transfer of management of the primary health care staff from the Mallee District Aboriginal Services (MDAS) in November 2013. MDAS was previously the auspice organisation for these services in Balranald. From November, Maari Ma provided primary health care services by way of a manager and two Aboriginal health workers.

Services were put on hold at the end of June 2014 pending the Commonwealth's decision to fund an alternative service to either auspice or provide services to the Balranald community. The auspice for these services remains unresolved despite Maari Ma's representations to the Commonwealth on behalf of the Balranald community.



VISITING SPECIALIST SERVICES

VISITING SPECIALIST SERVICES

Clinic summary

Maari Ma continues its strong internal support for visiting specialists which include a cardiologist, renal physician, paediatrician, ophthalmologist, perinatal psychiatrist, adult psychiatrist, addictions specialist and a multi-disciplinary endocrinology team who visit Broken Hill and the remote towns. To complement the medical specialists, there have been visits by smoking cessation specialists, an optometrist, speech pathologist and pain management physiotherapist as well as improved access to exercise stress tests and echocardiographs.

Discipline	Total Visit Days	Total Patients Seen
Cardiology	9	76
Renal medicine	12	60
Endocrinology	12	142
Paediatrician	46	236
Perinatal psychiatry	14	24
Adult psychiatry	2	3
Addictions medicine	4	7
Ophthalmologist	26	125
Smoking cessation	11	25
Speech pathology	8	36
Pain management physiotherapy	9	27
Podiatrist	23	208
Optometrist	15	178
Echo technician	12	96
Stress tests	-	16



STUDENTS & PUBLIC HEALTH OFFICERS

STUDENTS & PUBLIC HEALTH OFFICERS

Maari Ma not only provides opportunities for staff to learn and develop professionally throughout the year, we also provide opportunities for students from outside the organisation to learn about Aboriginal health, culturally appropriate service delivery and multi-disciplinary team-based primary health care. Students work side by side with staff and communities and learn from them. This aligns with Maari Ma's strategic plan through both Aboriginal leadership and engagement with mainstream services. Truly two way learning.

In 2013/2014 Maari Ma hosted nursing, medical and midwifery students. These placements have been facilitated by the Broken Hill University Department of Rural Health.

In the past 12 months, six nursing students from the University of Wollongong, Southern Cross University and University of Sydney have worked alongside our staff experiencing rural nursing and Maari Ma's Indigenous community. Nursing students are allocated to work with the Keeping Well, clinic and Healthy Start teams to gain knowledge of, and exposure to, all aspects of care provided by Maari Ma.

The Healthy Start team mentored an Aboriginal student midwife, Tamara Jones, in community midwifery and acted as preceptors with her antenatal and postnatal care practice, providing her valuable experience and an opportunity to follow pregnant women from the community through to birthing.

Maari Ma also hosts two medical students, one from the University of Adelaide and one from the University of Wollongong. These two students work with Maari Ma for the whole 12 months, working

alongside the GPs and consulting with patients. During this time the medical students will learn valuable skills and training for general practice and the complexities that come with rural medicine.

We have also hosted three nursing and Aboriginal mental health students from Far West Local Health District.

The Primary Care Specialist team also hosted a social work student for a 14 week placement. Pia Brady worked with Taylor Degoumois on an electronic version of the information collated for use in the Indigenous Community Links Program. Pia also participated in numerous health promotion activities and in-service opportunities while she was with us.

An important adjunct to our GP services is the role played by our registrars (GPs in training): Dr Haneef Abdullah in 2013 and Dr Paige Thompson in 2014. While learning from our resident GPs, they build their skills in primary health care and working with Maari Ma's other clinicians.

For part of this period, Maari Ma also hosted Dr Naomi Gough, an advanced trainee from the Australasian Faculty of Public Health Medicine. During her time with us Naomi provided support on a number of public health projects: local project management of the Kanyini polypill trial, contributing to the development and support of our cultural vouchers program, contributing to improvement and support of our chronic disease program, and standardising and formalising our sexual health processes. Naomi combined her medical background and public health and information technology skills to support the

organisation's GP-led team-based chronic disease prevention and management program. With her guidance we have implemented a number of systems and tools to improve service delivery and care coordination.



COMMUNITY ENGAGEMENT & SUPPORT

COMMUNITY ENGAGEMENT & SUPPORT

Radio and TV

In 2013/14 Maari Ma received Commonwealth funding to support a significant social marketing campaign around tackling smoking and healthy lifestyles. Led by Maari Ma's Manager Community Engagement, Kaylene Kemp, a series of radio advertisements was recorded by staff from different Maari Ma teams highlighting smoking cessation, chronic disease, Healthy Start, our community midwifery program, our Playgroup and early literacy program (Little Kids + Books), women's health, mental health, nutrition, and drug & alcohol services. These ads have run throughout the year and have been very well received by our clients.

We also used this funding to produce our own in-house TV ads to be played in the waiting room at the Primary Health Care Service. Video recordings involved a large number of staff and some community members. Scripts were developed by staff and included information relating to our chronic disease and Healthy Start programs, and how these programs also work with the Smoker's program, physical activities and nutrition. The recordings will run through the day providing patients and community members with up to date information on Maari Ma's programs and services.

Youth involvement with Smoking Cessation, Nutrition, Physical activity

An exciting aspect of the Regional Tackling Smoking and Healthy Lifestyle program was the development by young people in the region of a series of videos for YouTube. The Morganics Hip Hop Team was engaged by Maari Ma to work with young people to produce a "Youth YouTube" clip relating to smoking cessation, nutrition and physical activity. Morganics engaged with children in

Broken Hill, Wilcannia and Menindee, and produced hip hop pieces that reflected their views on their town, culture, community, smoking cessation, physical activity and nutrition. Children who participated in the making of these clips were very proud of the finished product which is now highlighted on Maari Ma's website.

The four clips were:

- A Happy Home, A Healthy Heart by Menindee Central School, years 5-6
- Flashmob Superheroes by The Broken Hill crew, featuring Murray Butcher speaking in Barkintji
- Make Your Hands Clap ' Mara Ngutja Ma' by The Wilcannia Girls, featuring Murray Butcher speaking in Barkintji
- Where We Belong by Tyrone and Jamin, Wilcannia, featuring Murray Butcher speaking in Barkintji

A big thank you to all the talented children who participated in the making of these clips, they are fantastic! Well done everyone.

Facebook

Maari Ma established a Facebook page in September 2013 as a means of communicating with our clients and other interested followers. This is a good way to quickly promote our upcoming events, newsletters, changed services or other valuable community information. There is a regular flow of community accessing Maari Ma Facebook including staff. We have also promoted this and Maari Ma's updated website via wallet-sized business cards for

clients incorporating information about our various programs and services.

Community Newsletter

Maari Ma has been engaging with our communities across the far west for many years via newsletters. We have updated the format of our Broken Hill community newsletter this year. The newsletter provides information about programs, services, new staff, and background information to topics such as the chronic disease cycle of care and health programs. The monthly newsletter acknowledges celebrations such as Elders' birthdays and the arrival of bubs and it informs community members of any up and coming community activities or functions. The newsletter centres on working together and sharing information and celebrations with our community.

Other community support

Each year, Maari Ma takes a significant role in assisting our communities to celebrate NAIDOC Day. In Broken Hill a very large crowd attended the annual NAIDOC Day celebrations in Sturt Park despite the very cold and windy day. Maari Ma staff actively promoted smoking cessation, nutrition, chronic disease, Healthy Start and Playgroup, which provided a number of activities and interactions with the kids on the day. We support similar activities in Wilcannia, Menindee and Ivanhoe.

We also receive many requests for assistance and support. These can come from individuals, families or organisations. We do what we can to assist relatives when a family-member is airlifted out of the region or in assisting to prepare for funerals. We have continued to support requests from local schools to assist with the purchase of prizes for

end of year presentations as well as the provision of homework books, uniforms for local Indigenous basketball and football teams, and for a group of Broken Hill students to attend Stewart House in Sydney.

Our Indigenous Community Links Program provides information, referrals and internet access for the Indigenous community of Broken Hill and surrounding communities to access information on a range of health - and non-health-related services. We have been pleased to be able to support a number of local students studying at university via distance education through provision of this service.

EARLY YEARS PROJECT

EARLY YEARS PROJECT

It was another successful year for Maari Ma's Early Years Project - focusing on learning through play, early literacy, a safe and supportive space for parents and their children, and promoting healthy activities.

As a summary:

The Healthy Start Playgroup operates each Friday during school terms for Aboriginal children from 0-5 years of age and their families at the TAFE Playspace in Argent St. The Playgroup is facilitated by Maari Ma's Early Years Project Leader and the team includes a dietician, early childhood nurse, Aboriginal family health worker, childcare assistant, and a playgroup assistant. Transport is provided to and from Playgroup, and a healthy morning tea and lunch is provided. Another Early Years program, called Little Kids + Books, has been embedded into Playgroup this year, where a quality children's book is highlighted and made the focus of a group reading session (with related activities: a skit, a song, some play) and each family takes home a copy of the book leading to the development of a home library.

Our continuous quality improvement (CQI) framework developed for the Healthy Start Playgroup has continued to guide the focus of the Playgroup team and their activities, and we feel this has successfully led to a consistent level of engagement, growing numbers of children and families attending, and a range of linkages and referrals leading to positive and healthy outcomes.

The profile of the Healthy Start Playgroup has increased locally in the past 12 months with a number of activities putting the Playgroup in the spotlight: the Healthy Start Playgroup's float in the Broken Hill Christmas pageant, the Playgroup Christmas party in Sturt Park, and Playgroup families participating in local activities for National Children's Week.

- The Healthy Start Playgroup has attracted some small grants to supplement or add value to the CAGES Foundation's donation. Two examples of this are:

- **Transport:** Transport has to date been provided to families by means of an 8 seater vehicle. This has proved an essential feature of Playgroup operation however has often been challenging. NSW Transport was approached and approved underspend from a previous grant to be used for transport purposes for Maari Ma's Healthy Start Playgroup.
- **Books:** We successfully bid for a Parental and Community Engagement (PACE) grant through the Department of Education, Employment and Workplace Relations (DEEWR) and were able to get \$60,000 worth of books and other resources for our Little Kids + Books (LK+B) program which we then embedded into the Playgroup in Broken Hill. LK+B is also part of a pre-school program in Menindee and Wilcannia and an early years group in Ivanhoe.
- The Playgroup team continued to rely on a core team of Maari Ma staff, however the greater experience and confidence developed amongst the regular members of the Playgroup team meant that there was not the reliance on the Early Years Project Leader (EYPL) to lead the Playgroup each week. The team also developed a Playgroup Orientation Handbook which sets out the essential features of the Playgroup, its underpinning values, 'rules' and strategies to engage families and support relationships with

Maari Ma. This is an excellent example of the CQI approach to the Playgroup's operation, ensuring that any new staff are able to be introduced to Playgroup and its operation quickly without adversely impacting on staff or families.

- The Thursday cooking group which was introduced last year continues. A number of families are regulars on a Thursday enjoying learning new skills and preparing the snacks and meals for Friday's Playgroup. Our Playgroup child-care worker and dietician leading the cooking group are both strong links between the cooking group and the Playgroup.
- One of the four main focus areas in the Playgroup CQI framework is social inclusion. The Playgroup team was very excited when some Playgroup families initiated the idea of a Healthy Start Playgroup float in the Broken Hill Christmas pageant. Families worked with the team on the ideas for the float and then worked on the weekend with the team to decorate a small truck. This was widely commented on by the broad Maari Ma community as well as others.
- The Healthy Start Playgroup has enabled Maari Ma to successfully nominate Broken Hill as a Home Interaction Program for Parents and Youngsters (HIPPY) site and Maari Ma was subsequently announced as the successful

service provider for this program. Broken Hill is one of 25 new Indigenous-specific sites for HIPPY and we have used the Playgroup as a significant means of engaging with families around HIPPY; we are recruiting 25 families with a 4 year old child who will be starting school in 2015. The program employs a few part-time tutors from the enrolled families who work with other parents to learn activities that they then do with their children. The program continues into the child's first year of school and is aimed at better preparing children for school and giving parents confidence in being able to help their children transition to school.

With sadness we said farewell to Narelle Semmens in March from the EYP Leader role as she moved to Sydney to a peak NSW children's services body to lead their Indigenous training area.



RESEARCH

RESEARCH

Continuous quality improvement

Maari Ma has actively participated in formal continuous quality improvement (CQI) annual cycles for 10 years. Since beginning in 2005 we have used both the Audit and Best Practice in Chronic Disease (ABCD) suite of tools and the Kanyini Risk Assessment Tool. Embedding the annual cycle into usual practice has been the focus of the past year. We have regularly reviewed the data on a number of care processes and adapted our practice to improve results. The table shows the changes over the past year for services provided at the Primary Health Care Service.

There was an 18% increase in the number of health checks performed in the year. The largest change was in the 0-5 year olds where 81% of children had a health check.

Improvements were made in the recording of smoking and alcohol. There was a small decrease in the proportion of smokers and 'at risk' drinkers however the proportions are still high compared to national and state statistics (national Key Performance Indicators report (Aboriginal people): 54% smokers; Heart Foundation: 18% smokers; Australian Institute of Health and Welfare 'at risk' drinking: 18.2%).

More adults in the general population have had their blood pressure measured as well as their blood and urine tested as a screen for diabetes and kidney disease.

Over the year we have increased the number of diagnosed diabetics. Along with this we have also provided good quality care with more people having a management plan developed by their GP and integrated care provided by the diabetes specialists. More people have had their blood sugar measured and improvements have been seen in diabetes control; less people with high HbA1c, more people with a lower percentage demonstrating improved control.

Indicator	July 2013	July 2014
MMPHCS population		
Adults (15+) seen (% Aboriginal)	1205 (76%)	1248 (78%)
Children (0-14 years) seen (% Aboriginal)	638 (90%)	583 (91%)
Health checks done		
Adults 15+	58%	64%
Youth 6-14 years	20%	29%
Children 0-5 years	59%	81%
Risk factors and health status indicators		
Smoking recorded	88%	90%
Smokers	58%	56%
Alcohol recorded	80%	83%
'At risk' drinking	64%	63%
Blood pressure recorded in last 12 months	72%	77%
eGFR measured	27%	32%
ACR measured	8%	16%
Chronic disease management		
Adults with diabetes (% Aboriginal)	117 (75%)	148 (76%)

(eGFR = a measure of kidney function; ACR = an indicator for diabetes or hypertension; GPMP = management plan prepared by GP to assist the client to manage a chronic condition; CHD = chronic heart disease; HbA1c = an indicator for diabetes)

Kanyini Vascular Collaboration

The Kanyini Vascular Collaboration (KVC) was established in 2005 by The George Institute for Global Health in Sydney and the Baker IDI in Central Australia. Maari Ma continued its formal involvement in the KVC this year. The KVC brings together a network of leading Indigenous and non-Indigenous researchers, Aboriginal medical services and community controlled services, community members, and policy stakeholders from state and federal governments.

Kanyini is an important term used by a number of languages and can be translated as "to have, to hold and to care". In essence, Kanyini describes the principle and primacy of caring for others – an obligation to nurture, protect and care for other people, family, country and the law.

Three KVC projects have wound up this year and Maari Ma has identified two new projects from the collaboration that fit with our model of care:

- A research project that seeks to better understand the way in which chronic disease impacts on Indigenous patients and their families so that more contemporary chronic care approaches can be modified;
- Validation of a shorter depression screening tool that has been specifically developed for Aboriginal and Torres Strait Islander populations.

Silver Fluoride

Maari Ma's child dental team is participating in a research program conducted by the Australian Research Centre for Population Oral Health and funded by the National Health and Medical

Research Council. The aim of the study is to evaluate the effectiveness of Silver Fluoride solution to prevent the spread of decay. The study is also being conducted in the APY Lands by Nganampa Health Council's dental team.

The Community Safety Research Project

This reporting period has seen the successful commencement of the Adult Study and the detailed development of the Healing Program, which was informed by themes gathered during the Yarning Stories phase of the project. The Community Safety Research Project (CSRP) remains a complex project that aims to understand the precursors of violence in communities and, through a healing program, assist those affected by loss, grief and trauma to begin a journey of healing. The progress of the four components of the project follows.

The Yarning Stories

Information gathered from the Yarning Stories (qualitative) phase of the project was analysed and used in the development of a Healing Program, which was specific to our region, with issues experienced by local people and with significance to the local cultural customs.

The Adult Study

The Adult Study (quantitative) phase of the project has seen a lot of success in the reporting period with engagement and participation in the research being the major goal.

More than 100 Adult surveys have been completed in the community of Broken Hill, with a total of 260

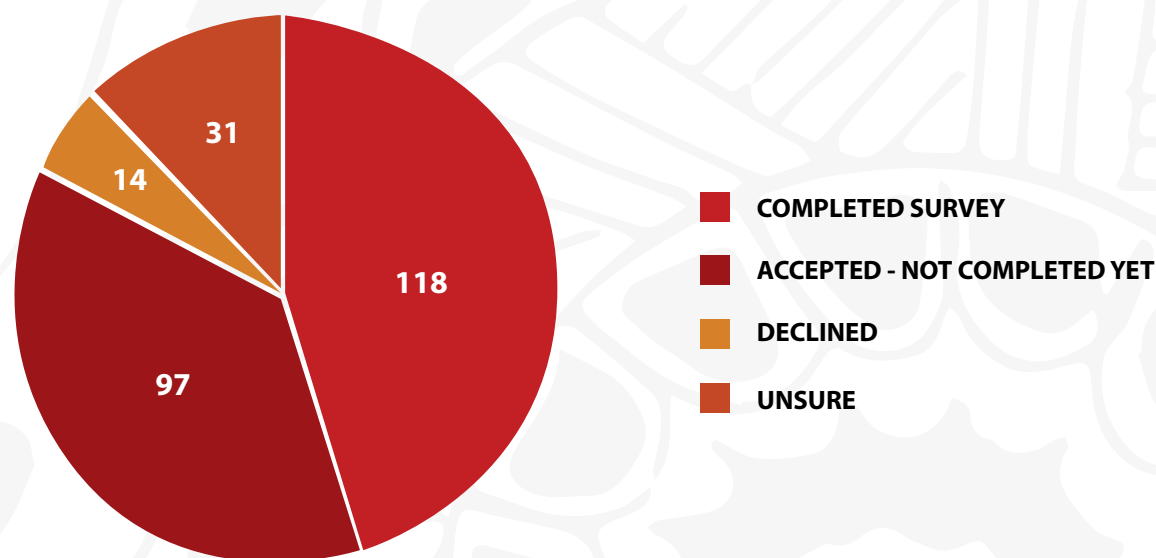


Figure 1. Survey Engagement.
Total Community Members approached n = 260.

community members engaged; only 14 people declined to participate and 31 were not sure at the time of engagement. (Please see graph above).

The Adult Study involves a very long survey tool which is designed to measure how stress and trauma relate to violence, and covers information through the lifespan. The survey can take between 1-3 hours to complete. The use of computer tablets (similar to iPads) has been very well utilised throughout the community. While they have proved to be somewhat of a novelty they have greatly assisted with keeping information confidential. Confidentiality was an issue flagged by our Aboriginal Community Advisory Committee as the main concern for researching subjects of this magnitude. While responses are confidential, the survey is set up to flag those who would

benefit from talking to a health practitioner (with permission from the participant). Staff will refer if necessary and provide follow-up after completion of the survey. This was included to ensure the safety of community members completing the survey. During this period, the project has had a number of database issues which have been, and are being, resolved.

The Kids' Studies - Childhood Resilience Study

When participating in the Adult Study, community members are asked if they would like to take part in the Kids' Study in the future. Follow-up for this will occur when the Adult Study has been completed in the respective communities.

Healing Program Development

The Healing Program has been developed through information gathered through the Yarning Stories phase of the research. Community members were given scenarios to speak to which covered a range of issues from grief and loss, peer pressure, drugs and alcohol, domestic violence, financial pressure, resilience, carers' roles, and school-based bullying. The communities gave a lot of information on these issues and also provided some ways in which to work through them. The analysis of this information took some time to ensure the team was not missing important themes indicated by the community. The team was then able to put these themes, issues and concerns into a Healing Program specific to the information shared by community members. The Healing Program uses a universal healing process which looks at culture and how it worked prior to contact, then looks at the colonisation period until now and how the community may move forward together.

It was through the generosity of community members sharing their insight into issues and concerns in the communities that the CSRP team was able to develop a program specific to our region. We thank all who participated.

What separates this Healing Program from others in Australia is that it is also part of a research program. We are doing this to understand if the program is working, and if it is, to reflect this. If it is not, then what do we need to change the program or the approaches used. This is a way of ensuring the program is tailored to the communities' needs. The program uses metaphors relevant to our Baaka (River) and includes resilience, reflection,

ripples, rocks and redirection as its metaphors, and focuses on 40,000 years of successful adaptation of Aboriginal people.

Governance

The project's Aboriginal Community Advisory Committee members in Broken Hill and Menindee guided the Healing Program's development during this period.

Staffing

There have been a lot of changes to the staffing of the project during this period: Sue Selden resigned and Marsha Files was appointed to manage the project. We welcomed Tarissa Staker, Jarred Menz, Frank Etrich and Claudett Dixon to the team. The team has participated in a range of training and professional development activities this year. Marsha Files completed a Certificate IV in Aboriginal Family Health and Catherine Sandford completed a Masters in Public Health. All staff participated in narrative therapy training. Various team members also participated in mediation training, recruitment, CPR and Work Health and Safety training.



CORPORATE SERVICES

CORPORATE SERVICES

Infrastructure

- Redevelopment: Our Broken Hill redevelopment is finally underway! This is the culmination of a long dream for Maari Ma's Broken Hill primary health care services to be provided from a purpose-designed and built facility. We are very thankful for the NSW Ministry of Health Centre for Aboriginal Health's financial assistance and its advocacy on Maari Ma's behalf to the Commonwealth for financial assistance. Our project managers, Burns Aldis, progressed development of a schedule of accommodation, preliminary drawings, discussions with Broken Hill City Council staff (in particular, the heritage advisor given our location within Council's Argent St heritage precinct), lodging of required applications and facilitating discussions with staff regarding the proposed new facility's features.

Burns Aldis managed the advertising of the construction tender and the Board approved the chosen tender application. CPM Construction took over the site in June.

While services continue at the Broken Hill Primary Health Care Service (the old Silver King Hotel) all staff and activities in the Regional Office at 443 Argent St needed to relocate. A team of Leah Daly, Haylee Rogers, Lee-Anne Philp and Michael Hanley ably managed all the details required to re-house and re-locate affected staff to either the Skillshare building at 306 Oxide St or the Main St Medical building at 427 Argent St. A successful auction of unwanted equipment and building materials to staff ensured that we maximised the old building's value before demolition and minimised waste going to landfill.

The new building is expected to be complete in early 2015.

- Wilcannia staff accommodation: We took possession of the 5 new units in Wilcannia, and staff and visiting services are appreciating their comfort and convenience. We were also funded to purchase a mobile clinic for delivery of clinical services closer to where people live. Decorated with artwork by Guy 'Smiley' Crawford, the mobile clinic was very well promoted on its inaugural week in Wilcannia and community members took the opportunity to see the Maari Ma staff; 51 people in a week, 30 of whom were not regular visitors to the health service; 43 health checks were completed. The clinic will be regularly deployed across the region.
- IT: Our absolute reliance on our IT infrastructure is brought into very sharp focus on the very few occasions when it is not working! We arranged for an external review of Maari Ma's IT environment during the year which highlighted the need for some extra resources, both human and physical. We were very lucky to receive a small grant from the national peak body, NACCHO, to enable us to purchase a replacement server. From a service perspective, it has been a busy year for Maari Ma's IT manager who undertook the challenge of relocating our datacentre, phones, internet and some 50 employees to temporary offices for the redevelopment of the new Primary Health Service, while keeping the rest of the organisation connected and functional with minimal down time. The transition was a smooth one and IT is back to the usual support and development roles.

Maari Ma's intranet continues to be an important centralised resource and collaboration platform with the recent addition of a resource booking system to help manage our fleet cars, accommodation and meeting rooms. In the next financial year we are planning a major upgrade of our datacentre, bringing us up to date with the latest server, security and business collaboration technologies.

Accreditation

QIC: Maari Ma achieved organisational accreditation under the Community and Health Services standards of the Quality Improvement Council (QIC) in 2012. During this year we have continued to progress our quality improvement plan action items, in particular:

- An external review of our IT infrastructure and requirements, and
- A framework for engaging with our communities and stakeholders.

Our QIC accreditation will be externally reviewed in March 2015.

Dental

This year Maari Ma chose to participate in a newly available dental accreditation program, the National Safety and Quality Health Service Standards for Introductory Dental Practice Accreditation. Erin Commins, our Oral Health Team Leader developed some new, and updated some existing, dental standards so that all our services would be accredited. We were successful and our accreditation is for two years to mid-2016.



Drawing of new Primary Health Care Service

WORKFORCE DEVELOPMENT

WORKFORCE DEVELOPMENT

Workforce planning

The Workforce team continues to proactively recruit a diverse range of multidisciplinary and community based staff, develop policies, coordinate training, maintain records, maintain accreditation requirements and support the workforce generally.

Workforce engagement

The median retention rate for Indigenous employment has increased from 1.9 years in 2010 to 2.9 years as at June 2014. This shows a progressive and sustained improvement in retention of our Indigenous workforce.

The overall retention rate for all staff is 2.2 years which is impacted by short term contracts and the mobility of some professional groups.

Service awards

Maari Ma would like to acknowledge Chris Eastwood, Director Finance and June Jones, Youth Worker at Wings in Wilcannia who both achieved ten years of service in 2013.

Performance planning

Maari Ma is actively managing performance planning, review and development of our workforce. This process is recorded utilising an online system under licence with PeopleStreme Human Capital Management.

For the 2013 –14 period, 59% of staff have current performance plans and 45% of staff have completed the annual cycle of planning, development, review and planning.

Workforce development
In the 2013/14 period:

- 23% of Indigenous staff and 20% of all staff were studying towards a formal qualification ranging from certificate IV level to masters programs. This is less than recent years as the trainee group completed their program in early 2013.
- 68% of all staff participated in ongoing training and development including in-service education, workshops and conferences.
- Nine employees completed the Health & Safety Representative training to ensure compliance with Work, Health & Safety legislative requirements.

Workforce development continues to be a significant commitment from Maari Ma to support the delivery of quality, effective, safe services and programs.

Aboriginal health practitioners

As at 30 June 2014, Maari Ma employed 15 primary health workers with 100% achievement of registration as Aboriginal health practitioners with the Australian Health Practitioner Regulation Agency (AHPRA).

In NSW there were 36 registered AHPs of whom 15 were employed at Maari Ma representing 42% of the State's registered Aboriginal health workers. What an achievement!

Maari Ma continues to be a leader in setting and maintaining standards for local Indigenous, qualified health workers.

Business and administrative skills

Through the Indigenous Remote Service Delivery training program, Maari Ma has accessed a range of training to develop organisation capacity in business and management skills. One Advanced Diploma in Management and one Diploma in Management were achieved. Four staff completed Certificate IV in Business Administration.

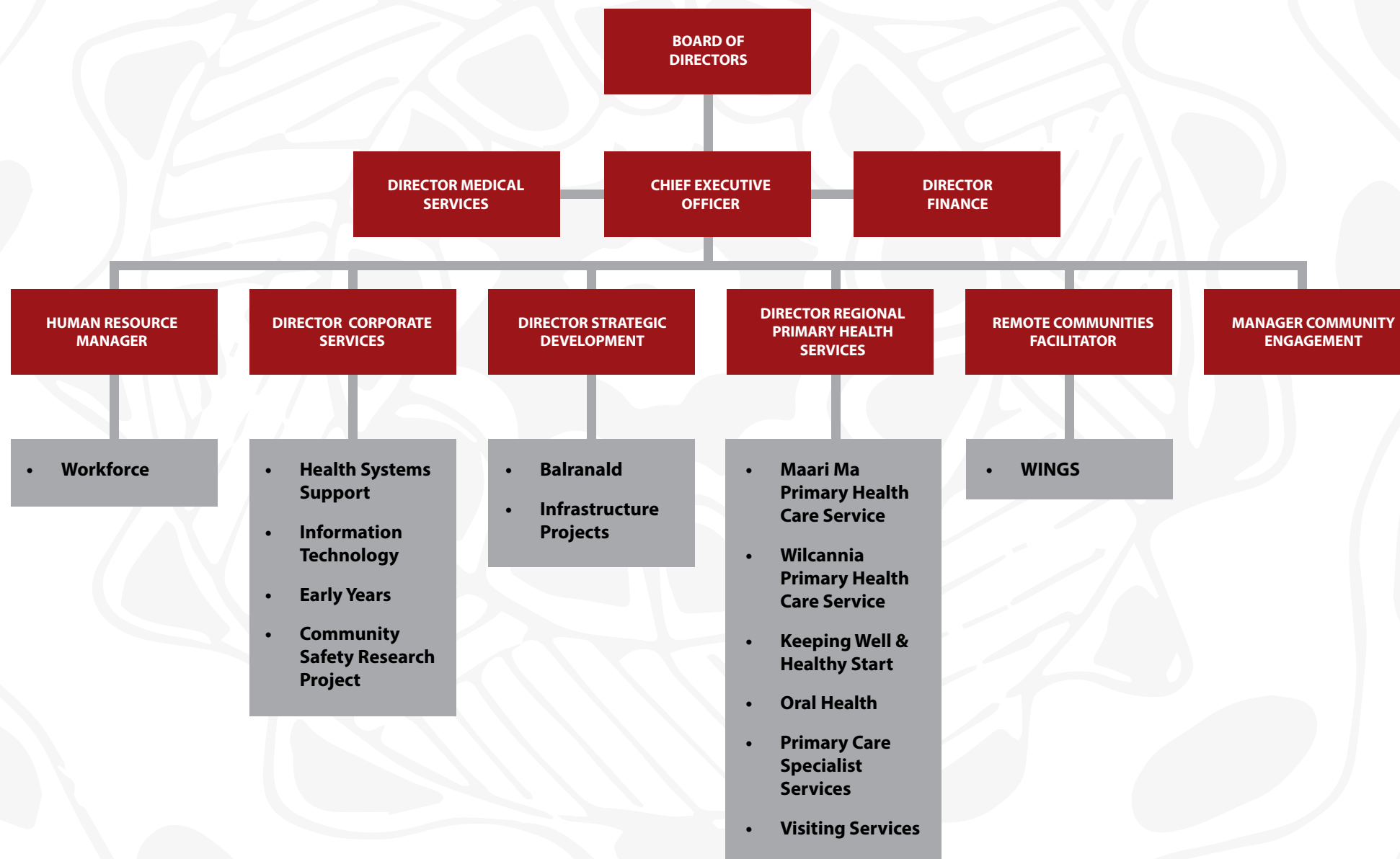
Enterprise Agreement

An Enterprise Agreement specific for Maari Ma has been developed, consulted and lodged with the Fair Work Commission for approval and registration. This is an initial Agreement for Maari Ma and consolidates the various working conditions and salaries in one document; it formalises the workplace practices and recognises the multidisciplinary nature of our workforce, and includes career pathways for progression.

Maari Ma acknowledges Sue Anderson, principal of Maramali, for consulting on the project, researching and preparing the draft agreement, and informing consultative forums.

WORKFORCE DATA	30/06/2014	30/06/2013	30/06/2012
Number of employees (headcount - full time, part time & casual)	102	108	95
Indigenous employees	56%	57%	54%
Full time equivalent (FTE) employees	89	87	77
FTE Indigenous employees	50%	52%	49%

ORGANISATIONAL CHART





WINGS

WINGS

WINGS staff facilitate a number of activities during the week including sports days, art and craft activities, bingo, kids cooking classes, active after school and Community Dinner support, and monthly discos. The discos attract more than 50 kids and are by far the most popular event run at the Drop In Centre. During the holidays, attendance numbers often reach more than 40 kids each day and WINGS staff engage kids in a variety of activities both within the Centre and outside the Centre using facilities such as the sports oval. During the holidays Save the Children staff participate in the WINGS holiday programs. WINGS staff are very grateful for the ongoing support of Save the Children in these activities.

Staff undertook a range of accredited training, bolstering their knowledge and awareness of youth risk factors, warning signs and effective early interventions. Studies undertaken this year included:

- Youth Action's Survival Training for Youth Workers
- Driver training course
- Identify and Respond to Risk of Harm training
- First Aid training
- NSW Going Viral training - preventing new hepatitis C infections amongst young people
- NSW Health Education Centre Against Violence (ECAV) training - recognising and responding appropriately to domestic and family violence
- Digital Media workshop
- Work Health & Safety Representative training

Special Events:**July 2013**

NAIDOC Holiday Program
Mobile Youth Van
Mission Australia Fun Day

February 2014

Move It Mob Style

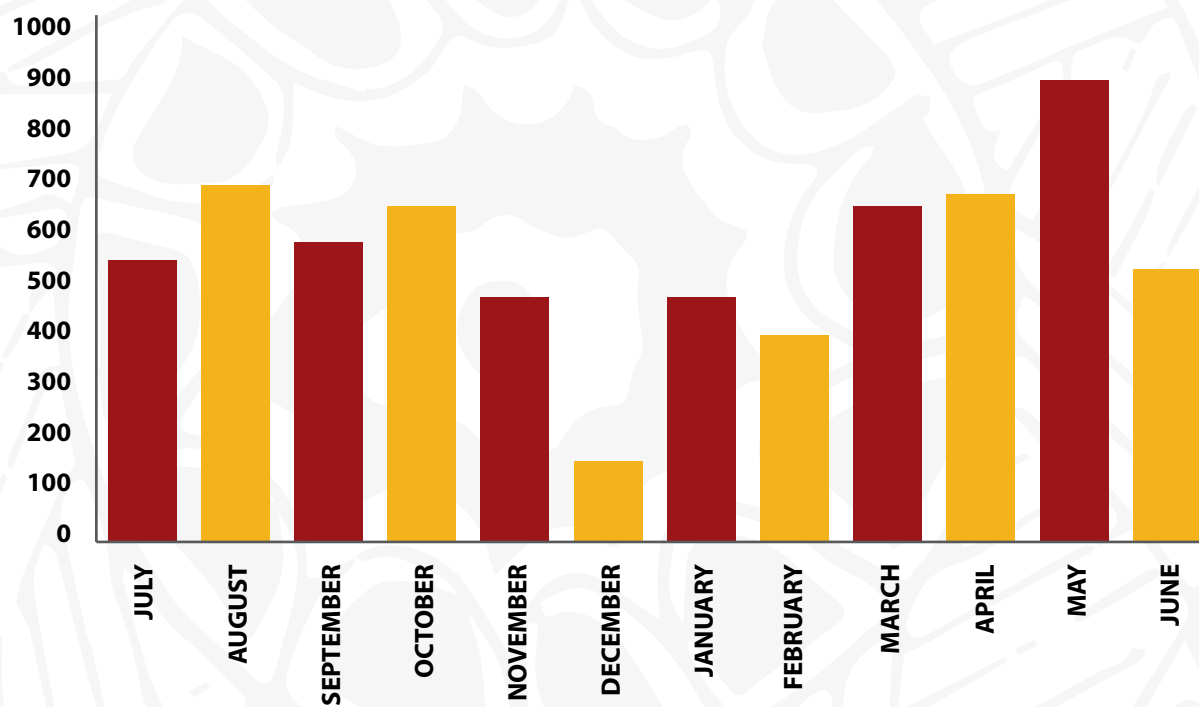
March 2014

YouTube Community
Mobile Youth Van

April 2014

Heaps Decent Music Workshop

Number of children attending WINGS 13/14



FINANCE REPORT

FINANCE REPORT

For the year ended 30 June 2014

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 Commonwealth Department of Health ("DoH");
- Finance and administration funded by DoH;
- Wilcannia services funded by DoH;
- Rural Primary Health Services funded by Far West NSW Medicare Local;
- Capital works funded by the NSW Ministry of Health;
- Services funded by the Far West Local Health District;
- Community Safety Research Project funded by the University of New South Wales.

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of different projects. These organisations are acknowledged in note 6 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 subsequent year. These surpluses are shown as "unexpended grants" in the balance sheet.

Maari Ma earned total revenue from operations of \$14,489,857 (after adjusting for unexpended grants) which is an increase of just over 13% from the previous financial year. Just over half of this increase related to the gifting to us of the Bes Murray Community Centre in Balranald.

Expenditure for the year was \$13,192,214, an increase of 8.5% over last year. After taking into account the loss on disposal of assets (which included the writing off of our old Regional Office buildings), Maari Ma's surplus for the year was \$456,168.

Chris Eastwood
Director of Finance

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Independent auditor's report to the directors of Maari Ma Health Aboriginal Corporation

Report on the financial report

We have audited the accompanying financial report of Maari Ma Health Aboriginal Corporation (the Corporation), which comprises the balance sheet as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the

Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Auditor's opinion

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

- (a) giving a true and fair view of the Corporation's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements.

PricewaterhouseCoopers

PricewaterhouseCoopers



Kevin Reid
Partner

Adelaide
5 September 2014

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DIRECTORS' REPORT

The directors present their report together with the financial report of Maari Ma Health Aboriginal Corporation ("the Corporation"), the year ended 30 June 2014 and the auditor's report thereon.

Directors

The following persons were directors of Maari Ma Health Aboriginal Corporation during the whole of the financial year and up to the date of this report:

- Maureen O'Donnell (Chair)
- William Bates
- Cheryl Blore
- Fay Johnstone
- Des Jones
- Gloria Murray

Board and committee meetings

There were 8 Board meetings held during the year. The number of meetings attended by each Board member is as follows:

- | | |
|---------------------|---|
| • Maureen O'Donnell | 8 |
| • William Bates | 4 |
| • Cheryl Blore | 7 |
| • Fay Johnstone | 6 |
| • Des Jones | 5 |
| • Gloria Murray | 7 |

There are no Board committees.

Qualifications, experience and social responsibilities of each director

Maureen O'Donnell is a Barkintji elder belonging to the Wilyakali language group. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council and is on the Board of Management for the Mutawintji National Park.

Des Jones is a Mooriwarri man and currently resides in Wentworth. Des is the Deputy Chairperson of Maari Ma. Des holds Board positions with other organisations including Chairperson of the Murdi Paaki Regional Housing Corporation. Des is the NSW ALC Regional Councillor for the Western Region.

Gloria Murray is a Barkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council.

Fay Johnstone is a Ngiyampaa/Barkintji woman residing in Ivanhoe. Fay has been employed for 31 years as an Aboriginal Education Assistant 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 and a member of the Ivanhoe Health Advisory Council.

Cheryl Blore is a Barkintji woman who resides in Menindee. Cheryl has been employed for 28 years as an Aboriginal Education Officer 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 28 years, holding positions as secretary and chairperson. Cheryl is now on the new Board of Management for Menindee Local Aboriginal Land Council, Menindee Health Advisory Council and the Menindee Central School Committee.

William Bates is a Wanyuparlku/Malangapa/Barkintji elder and founding Chairperson of Maari Ma Health. He is currently Chairperson of the Wilcannia Community Working Party, and sits on the board of Murdi Paaki Regional Enterprise Corporation, and the Mutawintji National Park Board of Management amongst others. He is also a member of the Murdi Paaki Regional Assembly.

Qualifications, experience and social responsibilities of Secretary

Bob Davis is a Dhunghutti man and has more than 25 years' experience at Chief Executive Officer / Executive Director level in Aboriginal health with government and non-government organisations in NSW and Cape York.

He has previously held positions as CEO/Director for a number of organisations including the Cape York Health Council, Partnership for Aboriginal Coordinated Care Trial and Biripi Aboriginal Medical Service. He has also held positions of Director of Aboriginal Health for the Mid North Coast Area Health Service, NSW Assistant Regional Coordinator for the former National Aboriginal and Islander

Health Organisation and Director of Land, Policy and Research Unit for the NSW Aboriginal Land Council

Principal Activities

The principal activity of the Corporation during the year was the provision of primary health care services to Aboriginal people in Far West New South Wales. There were no changes in the nature of the activities during the period.

Review of Operations

The Corporation recorded a total surplus in the period of \$465,168 (2013: \$643,962).

Distributions

The Rules of the Corporation do not allow any distributions to be made to the members of Maari Ma Health Aboriginal Corporation and, as such, none were made during the year (2013: \$nil).

Significant Changes in the State of Affairs

There were no significant changes in the state of affairs of the Corporation during the period.

Matters Subsequent to the End of the Financial Year

No matter or circumstance has arisen since 30 June 2014 that has significantly affected, or may significantly affect:

- (a) the Corporation's operations in future financial years, or
- (b) the results of those operations in future financial years, or
- (c) the Corporation's state of affairs in future financial years

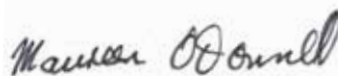
Environment Regulation

The Corporation is not subject to significant environmental regulations.

Insurance of Officers

During the year the Corporation paid a premium of \$2,990 to insure the directors and managers of the Corporation (2013: \$2,990).

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of entities in the group, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the company. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.



Maureen O'Donnell
Broken Hill
5 September 2014



BALANCE SHEET

As at 30 June 2014

	Notes	2014 \$	2013 \$
Current Assets			
Cash and cash equivalents	2	4,123,850	2,238,611
Trade and other receivables	3	295,383	336,584
Other financial cash assets	2	4,412,136	4,278,682
Total Current Assets		8,831,369	6,853,877
Non Current Assets			
Property, plant and equipment	4	4,890,571	4,255,489
Total Non Current Assets		4,890,571	4,255,489
TOTAL ASSETS		13,721,940	11,109,366
Current Liabilities			
Revenue received in advance		89,072	94,585
Unexpended grants	6	6,177,053	4,556,377
Trade and other payables		1,473,490	1,222,971
Bank loan	8	50,244	31,200
Provisions	5	972,331	908,787
Total Current Liabilities		8,762,190	6,813,920
Non Current Liabilities			
Bank loan	8	279,936	74,510
Provisions	5	82,815	89,105
Total Non Current Liabilities		362,751	163,615
TOTAL LIABILITIES		9,124,941	6,977,535
NET ASSETS		4,596,999	4,131,831
Accumulated Surplus			
Accumulated Surplus		4,596,999	4,131,831
TOTAL ACCUMULATED SURPLUS		4,596,999	4,131,831

The accompanying notes form an integral part of these financial statements

STATEMENT OF COMPREHENSIVE INCOME

As at 30 June 2014

	Notes	2014 \$	2013 \$
Revenue From Continuing Operations			
Grant revenue	6	11,925,934	11,386,696
Medicare and primary health revenue		1,195,846	908,518
Sundry revenue		466,385	343,178
Balranald clinic donation		676,209	-
Bank interest		225,483	177,372
Total Revenue From Continuing Operations		14,489,857	12,815,764
Other income			
Net gain (loss) on disposal of assets		(832,475)	(29,874)
Less: Expenditure	7	(13,192,214)	(12,141,928)
Income tax expense		-	-
Net Surplus for the Year		465,168	643,962
Other comprehensive income			
Items that may be reclassified to profit and loss		-	-
Items that will not be reclassified to profit and loss		-	-
TOTAL COMPREHENSIVE INCOME		465,168	643,962

The accompanying notes form an integral part of these financial statements

STATEMENT OF CHANGES IN EQUITY

As at 30 June 2014

	2014	2013
Notes	\$	\$
Accumulated surplus at the beginning of the financial year	4,131,831	3,487,869
Net surplus for the year	465,168	643,962
Other comprehensive income	-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	4,596,999	4,131,831

The accompanying notes form an integral part of these financial statements

STATEMENT OF CASH FLOWS

As at 30 June 2014

	2014	2013
Notes	\$	\$
Cash Flows From Operating Activities	Inflows / (Outflows)	Inflows / (Outflows)
Receipts from funding providers and customers (inclusive of GST)	17,337,674	15,630,814
Payments to suppliers and employees (inclusive of GST)	(13,635,537)	(12,980,355)
Interest received	192,265	172,821
Net Cash Flow From Operating Activities	3,894,402	2,823,280
Cash Flows From Investing Mending		
Payments for property, plant and equipment	(2,442,830)	(1,361,123)
Proceeds from sale of property, plant and equipment	342,651	389,543
Funds invested in term deposits	(133,454)	(4,278,682)
Net Cash Flows From Investing Activities	(2,233,633)	(5,250,262)
Cash Flows From Financing Activities		
Receipts from lender	250,000	-
Payments to lender	(25,530)	(20,856)
Net Cash Flows From Investing Activities	224,470	(20,856)
Net (Decrease) / Increase in Cash and Cash Equivalents Held	1,885,239	(2,447,838)
Cash and cash equivalents at the beginning of the financial year	2,238,611	4,686,449
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	4,123,850	2,238,611

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. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

(a) Basis of Preparation of Financial Statements

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and for the sole purpose of complying with the Corporations (Aboriginal and Torres Strait Islander) Act's 2006 (CATSI Act's) 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 statements of Maari Ma Health Aboriginal Corporation comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

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

statements are presented in Australian dollars, which is the Corporations functional currency.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2014 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:

Freehold 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 impairment are reviewed for possible reversal of the impairment at each reporting date.

(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 rate 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.

Collectability 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 Aboriginal Corporation is a public benevolent institution and, as such, is exempt from income tax.

(k) Comparative Figures

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

(l) Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

Key Estimates – Impairment

The Corporation assesses impairment at each reporting date by evaluating conditions specific to the Corporation that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing

recoverable amounts incorporate a number of key estimates.

(m) Financial Instruments

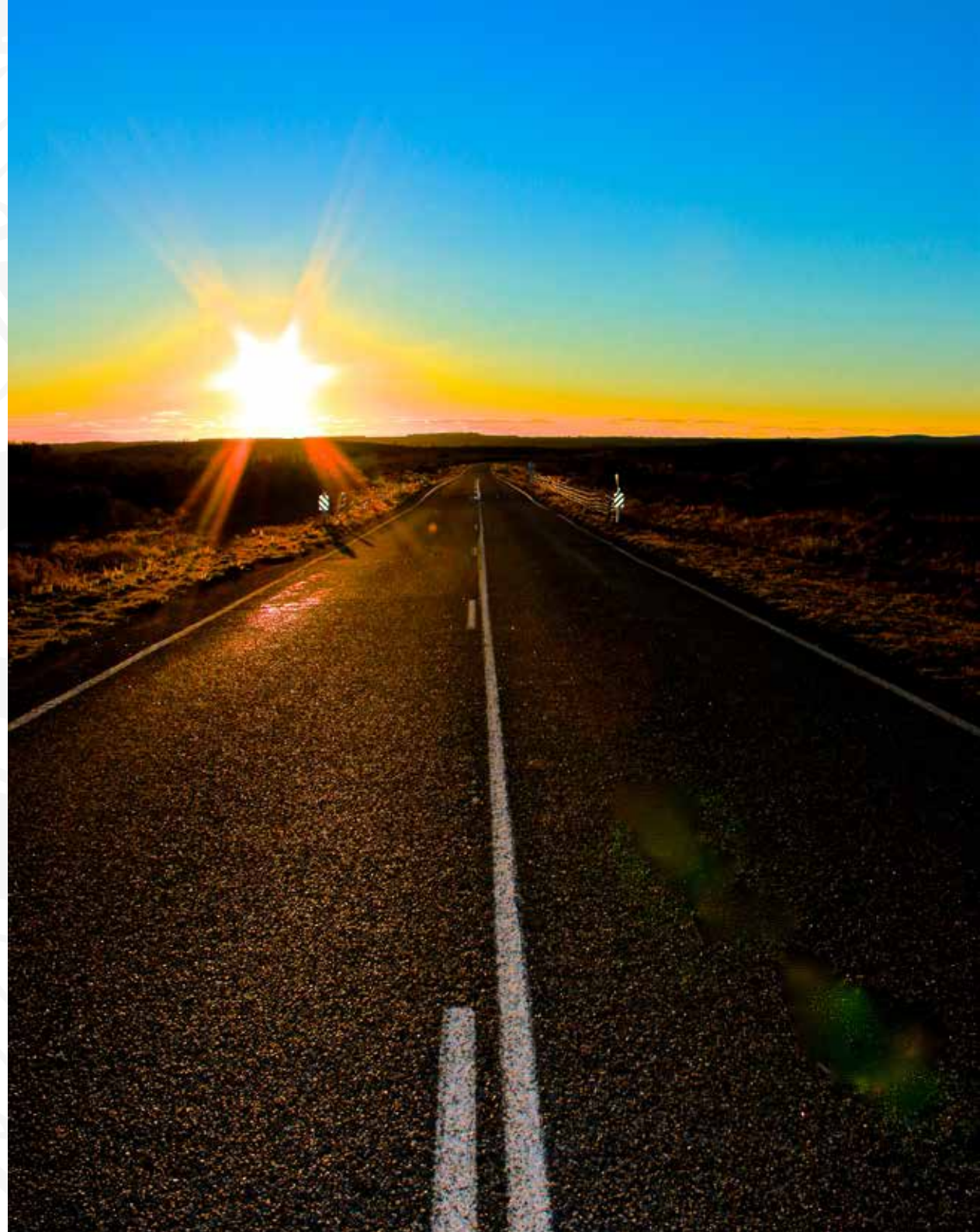
Recognition and Initial Measurement

Financial instruments, both financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provision of the instrument. Trade date accounting is adopted for financial assets that are delivered within the timeframes established by marketplace convention.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately.

Derecognition

Financial instruments are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial assets are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.



	2014	2013
	\$	\$
2. Cash and Cash Equivalents and Other Financial Cash Assets		
Cash and Cash Equivalents		
Cash at bank	4,122,250	2,237,011
Bank overdraft	(100)	(100)
Cash on hand	1,700	1,700
	4,123,850	2,238,611
Other Financial Cash Assets		
Term deposits	4,412,136	4,278,682
	4,412,136	4,287,682

Other financial cash assets are term deposits held at year end with an original maturity date greater than three months.

3. Trade and Other Receivables

Current		
Trade debtors	82,694	182,711
Sundry debtors	10,809	39,198
Accrued income	100,883	23,172
Prepayments	100,997	91,503
	295,383	336,584

As at 30 June 2014, trade receivables of \$1,489 (2013 – \$64,756) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

	Freehold Land \$	Freehold Buildings \$	Plant & Equipment \$	Motor Vehicles \$	Total \$
4. Property, Plant and Equipment					
At 1 July 2013					
Cost	56,328	3,387,451	1,015,821	1,176,358	5,635,958
Accumulated depreciation	-	(407,967)	(593,600)	(378,902)	(1,380,469)
Net Book Amount	56,328	2,979,484	422,221	797,456	4,255,489
Period Ended 30 June 2014					
Opening net book amount	56,328	2,979,484	422,221	797,456	4,255,489
Additions	88,000	1,503,067	214,350	397,721	2,203,138
Disposals	150,000	(1,074,257)	(1,789)	(53,173)	(979,219)
Depreciation charge	-	(153,607)	(135,169)	(300,061)	(588,837)
Closing Net Book Amount	294,328	3,254,687	499,613	841,943	4,890,571
At 30 June 2014					
Cost	294,328	3,643,943	1,208,692	1,316,498	6,463,461
Accumulated depreciation	-	(389,256)	(709,079)	(474,555)	(1,572,890)
Net Book Amount	294,328	3,254,687	422,221	797,456	4,255,489

During the year, buildings at 435-443 Argent St were demolished to make way for the new clinic. The land occupied by these buildings has been attributed a deemed cost of \$150,000. This amount has been re-classified from buildings to freehold land.



	2014 \$	2013 \$
5. Provisions		
Current		
Employee entitlements	972,331	908,787
Non Current		
Employee entitlements	82,815	89,105

	2014 \$	2013 \$
6. Grant Revenue		
During the year, the Corporation received the following grants:		
Australian Government – Dept. of Health	6,251,184	6,288,516
Beyond Medical	172,056	266,853
Brotherhood of St Lawrence	68,200	-
DEEWR	79,539	154,800
FaHCSIA / Prime Minister & Cabinet	269,716	503,455
Fred Hollows Foundation	-	52,500
Far West Local Health District	1,202,569	1,064,676
Far West Medicare Local	607,137	-
ISOAPS/MSOAPS	757,844	626,851
NACCHO	13,636	-
NSW Cancer Institute	33,436	57,273
NSW Dept. of Aboriginal Affairs	50,000	-
NSW Dept. of Family & Community Services	233,501	220,795
NSW Justice Dept.	115,800	56,865
NSW Ministry of Health	2,927,875	3,146,839
Pharmacy Guild	26,926	25,670
The George Institute	-	35,600
The Healing Foundation	30,000	23,000
Transport NSW	92,750	-
University of New South Wales	614,441	525,367
	13,546,610	13,049,060
Prior year unexpended grants	4,556,377	2,894,013
Unexpended grants carried forward	(6,177,053)	(4,556,377)
GRANT REVENUE FOR THE YEAR	11,925,934	11,386,696

	2014	2013
	\$	\$
7. Expenditure		
Advertising	40,743	17,556
Audit fees, including grant acquittals	108,785	99,501
Auditors – non-audit services	3,060	2,850
Bank charges	2,848	2,537
Cleaning & domestic supplies	115,938	85,887
Community activities	603,865	463,879
Computer software & support	77,966	85,937
Consumables	81,431	55,105
Consultants' fees	174,687	173,619
Depreciation	588,837	483,521
Directors' expenses	55,972	69,792
Electricity, gas & water	82,759	81,731
Health systems support	31,708	33,160
Insurance	44,993	37,244
Interest	18,399	10,185
Legal expenses	22,606	29,020
Medical & dental costs	1,760,812	1,672,016
Meeting expenses	37,375	23,529
Membership & subscriptions	6,999	11,489
Miscellaneous expenses	12,974	5,851

	2014	2013
	\$	\$
Miscellaneous foodstuffs	28,257	32,685
Motor vehicle expenses	229,473	213,786
Patient support expenses	27,826	15,959
Postage	7,831	5,361
Printing and stationery	80,950	83,449
Rates & charges	18,214	10,164
Relocation costs	55,090	-
Rent of premises	11,871	35,394
Repairs & renewals	275,923	262,908
Salaries & wages and on-costs	7,892,141	7,298,988
Security services	1,645	1,467
Staff amenities	10,356	8,737
Staff recruitment	100,540	106,337
Staff training	176,327	174,028
Staff uniforms	14,740	11,872
Telephone expenses	101,520	94,460
Transport services	85,286	100,000
Travel & accommodation	199,148	240,108
Youth hall expenses	2,319	1,816
TOTAL EXPENDITURE	13,192,214	12,141,928

	2014			2013		
	Current	Non-Current	Total	Current	Non-Current	Total
	\$	\$	\$	\$	\$	\$
8. Borrowings						
Secured Bank Loans	50,244	279,936	330,180	31,200	74,510	105,710
Total Secured Borrowings	50,244	279,936	330,180	31,200	74,510	105,710
Unsecured Bank Oversrafts*	100	-	100	100	-	100
Total Borrowings	50,344	279,936	330,280	31,300	74,510	105,810

*See note 2 Cash and Cash Equivalents and Other Financial Cash Assets

(a) Secured liabilities and assets pledged as security

The total bank loan of \$330,280 is secured by the Corporation's freehold land and buildings for which the loan was obtained.

(b) Undrawn facilities

The Corporation had access to the following undrawn borrowing facilities at the end of the reporting period:

	2014	2013
	\$	\$
Floating Rate		
Expiring within one year (bank overdraft)	200,000	200,000

The bank overdraft facilities may be drawn at any time and may be terminated by the bank without notice.

9. Key management personnel disclosures

	2014	2013
	\$	\$
Key Management Personnel Compensation	1,324,816	1,275,653

There were no transactions other than compensation with key management personnel in the current year (2013: \$0)

10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2014.

11. Commitments**(a) Capital commitments**

	2014	2013
	\$	\$
Property	3,937,809	-

The above commitment relates to the construction of the new clinic at 443 Argent St. Work has already commenced and is expected to be completed within 12 months.

(b) Lease commitments

The corporation has no lease commitments.

12. Related party transactions

There have been no transactions with related parties during the year ended 30 June 2014.

13. 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 Far West Local Health District (FWLHD) to provide Remote Health Services in the far west 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.

14. Economic Dependency

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

15. Company Details

Maari Ma Health Aboriginal Corporation is incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The liability of Members is limited to \$nil in the event that the Corporation is wound up.

	2014	2013
Membership		
Membership numbers as at the date of this report were	77	77

Maari Ma Health Aboriginal Corporation is domiciled in Australia. The registered office of the Corporation is:

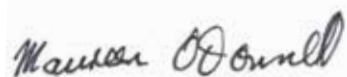
Maari Ma Health Aboriginal Corporation
428 Argent Street
PO Box 339
Broken Hill, NSW, 2880

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 46 to 62 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 2014 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 5 September 2014.



Maureen O'Donnell
Chairperson
Broken Hill

Dated this 5th day of September 2014



PARTNERSHIPS

PARTNERSHIPS

Maari Ma's vision that Aboriginal people live longer and close the gap, and that families, individuals and communities achieve good health, wellbeing and self-determination, supported by Maari Ma is one shared by others, and we are happy to work alongside and in partnership with many like-minded organisations. We have this year built formal relationships with previously informal partners: the Murdi Paaki Regional Assembly, Bila Muuji (Bila-Muuji means 'river friends' and is a regional grouping of Aboriginal Medical Services in western NSW), and Mallee District Aboriginal Services based in Mildura.

We have also continued our longstanding relationships with various mainstream services

through the Broken Hill Centre for Remote Health, working alongside its member organisations in health promotion, service provision, workforce training and development. These relationships are important in recognising the responsibility for closing the gap is a shared one for all of us.

The work behind our Early Years Project, improving outcomes for Aboriginal children and young people, is done in conjunction with the many early childhood education and care services in our region. Maari Ma's efforts in achieving improvements have for three years been supported by a donation from the CAGES Foundation, for which we are most grateful.

We have also worked closely this year in a project funded by the Cancer Institute which saw our clinical staff undertake placements with Broken Hill's Cancer Services team to better understand what is available to cancer sufferers in Broken Hill and the cancer patient's journey after diagnosis.

We are also grateful to our various government and non-government funding bodies for the opportunities they provide to us in working with our clients and communities to close the gap.



MAARI MA STAFF

MARRI MA STAFF

Chief Executive

Bob Davis

Chief Executive Officer

Executive Support

Haylee Rogers
Kate Gooden
Kaylene Kemp
William Johnstone

Executive Assistant
Systems Development Manager
Manager Community Engagement
Consultant

Public Health

Hugh Burke

Director Medical Services

Finance

Chris Eastwood
Lee-Anne Philp
Shane Hayward
Kate Pittaway
David Winter

Director Finance
Finance Office Manager
Finance Officer
Finance Officer
Payroll Officer

Corporate Services

Cathy Dyer
Cath Kennedy
Jessica Ierace
Michael Hanley
Lyndon Pace
Geraldine Tremelling
Janette Jones
Callan Rogers
Leah Daly
Lucinda Collins

Director Corporate Services
Data Analyst
Health Information Officer
Manager Information Technology
IT Support Worker
HIPPI Coordinator
Playgroup Assistant
Early Years Support Worker
Office Manager
Trainee Administrative Assistant

Community Safety Research Project

Marsha Files
Claudett Dixon

Manager CSRP
Aboriginal Family Health Worker

Bilyara Bates
Jarred Menz
Tarissa Staker
Frank Etrich
Catherine Sanford
Kate Balman

Workforce

Glenis Barnes
Renaë Roach

CSRP Project Officer
CSRP Project Officer
CSRP Project Officer
CSRP Project Officer
CSRP Project Officer
CSRP Project Officer

Human Resource Manager
Workforce Training Coordinator

Community Programs

Natika Whyman
June Jones
Justin Harris
Philip Hunter
Casey Harris
Karlene Kerwin

Wings Coordinator
Youth Worker
Youth Worker
Youth Worker
Youth Worker
Youth Worker

Strategic Development

Tim Agius

Director Strategic Development

Bes Murray Community Centre, Balranald

Margaret Nowers
Jodie Soraggi

Primary Health Coordinator
Trainee Primary Health Worker

Regional Primary Health

Linda Lynott
Justin Files
Stephen Gaggin
Elaine Powell
Paige Thompson
Anne Waterman

Director Regional Primary Health
Manager Primary Health Care Service
General Practitioner
General Practitioner
GP Registrar
Clinical Nurse Consultant Diabetes

Visiting Medical Practitioners

Penny Roberts-Thomson	General Practitioner
Vic Carroll	General Practitioner
Marion Christie	General Practitioner
Michael Nugent	General Practitioner
Muzaffar Karimov	General Practitioner
Shanti Raman	Paediatrician
Guy Windsor	Psychiatrist

Practice Administration

Kendy Rogers	Team Leader
Lisa Kelly	Clinic Coordinator
Alannah Degoumois	Administration Assistant
Cindy Toiava	Administration Assistant
Guy Crawford	Transport Officer
Shane Johnson	Transport Officer

Keeping Well

David Doyle	Team Leader
Gina Faulkner	Primary Health Nurse
Codi King	Primary Health Worker
Nathan Kickett	Primary Health Worker
Bernie Kemp	Primary Health Worker

Acute / Clinic

Kelly-Anne McGowan	Team Leader
Heather Curyer	Practice Nurse
Regan Chesterfield	Practice Nurse
Tiffany Cattermole	Primary Health Worker
Jamie Billing	Primary Health Worker
Luke O'Donnell	Primary Health Worker

Healthy Start

Helen Freeman	Manager Healthy Start
Carol Doyle	Child & Family Nurse
Leesa Albert	Child & Family Nurse
Bryn Stables	Community Midwife
Ann Bennett	Primary Health Worker

Stevie Kemp	Primary Health Worker
Tarnee Tester	Primary Health Worker

Primary Care Specialist Services

Fiona Burrows	Manager
Peter Crossing	PMHAOD Worker
Jenny Walters	PMHAOD Worker
Matt Jones	PMHAOD Worker
Fiona Mitchell	PMHAOD Worker
Susan Jordan	AMIHS PMHAOD Worker
Michele Williams	AMIHS PMHAOD Worker
Taylor Degoumois	Trainee PMHAOD Worker
Elisa Rossimel	Dietician
Leanne Martin	Healthy Start Cook
Steven Harris	Cook Casual
Cher Twe	Coordinator Regional Healthy Lifestyle & Tackling Smoking
Shannon Hinton	Healthy Lifestyle Worker
Tiffany Lynch	Tobacco Action Worker

Oral Health

Erin Commins	Team Leader/Dental Therapist
Abilhasha Srishanmuganathan	Oral Health Therapist
Penny Billings	Dental Assistant

Wilcannia Primary Health

Judith Borg	Manager
Belinda King	Primary Health Worker
Robert Harris	Community Transport
Kevin Bates	Community Support Worker
Kerry King	Community Support Worker
Eileen Adam	Primary Health Nurse
Thuy Huynh	Primary Health Nurse
Linda Alderton	Primary Health Nurse
Lowra Koraba	Clinic Coordinator /Administration Officer
Lynley Rebbeck	Clinic Coordinator /Administration Officer

Menindee

Debra King
Dimity Kelly
Prisceetima Stephens
Carmel King
Renay Williams

Primary Health Worker
Primary Health Worker
Primary Health Worker
Community Transport
Community Transport Casual

Ivanhoe

Jamie Hughes

Community Transport Casual







MAARI MA HEALTH
ABORIGINAL CORPORATION



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