

MAARI MA HEALTH ABORIGINAL CORPORATION

ANNUAL REPORT

2014 / 2015



CELEBRATING 20 YEARS



MAARI MA HEALTH
ABORIGINAL CORPORATION



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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.



MAARI MA HEALTH
ABORIGINAL CORPORATION

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.

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.

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

COMPASSION

We respect people as individuals and will be empathetic in understanding peoples 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.

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.



Maari Ma Health is an Aboriginal Community controlled organisation dedicated to improving health outcomes in far west region of nsw



MAARI MA HEALTH
ABORIGINAL CORPORATION

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OUR BOARD

MAUREEN O'DONNELL



Maureen O'Donnell is a Barkintji elder belonging to the Wilyakli language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked in Aboriginal affairs, tirelessly campaigning for equality for Aboriginal people. Maureen is the current Chairperson of the Broken Hill Community Working Party. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council, on the Board of Management for the Mutawintji National Park and on the Board of the Far West Local Health District. Maureen commenced her role with the Maari Ma Board in 1997.

DES JONES



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



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 plays an active part in the Balranald community supporting local community members to achieve their goals. Gloria commenced her role with the Maari Ma Board in 1998.

CHERYL BLORE



Cheryl Blore is a Barkintji woman who resides in Menindee. Cheryl has been employed for 30 years as an Aboriginal Education Officer with the Department of School Education and is based at the Menindee Central School. This year, Cheryl took 12 months leave to act as Relieving Chief Executive Officer at the Menindee Local Aboriginal Land Council. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 30 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



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. 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; and Chairperson of the Mutawintji National Park Board of Management.

FAY JOHNSTONE



Fay Johnstone is a Ngiyampaa – Barkintji woman residing in Ivanhoe. Fay has been employed for 33 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 commenced her role with the Maari Ma Board in 1998.

CHAIRPERSON'S REPORT

CHAIRPERSON'S REPORT




I've thought for a long time about this year – the 20 year milestone that Maari Ma has reached – and I've also thought about why it's so important that we celebrate. I return to the same conclusion and that is any organisation that has no past can have no future. Our purpose, our identity and our history must be acknowledged and honoured so that we can strengthen our relationships with our communities, focus on our goals and prepare for the next 20 years. My annual report writing this year will be

dedicated to just that.

In September we'll be shining a light on our beginning and our progress when we host a 20 Year Anniversary Ball. We will travel the road of the past 20 years, meet up with old friends who have moved on, remember the days when we had no idea of what our future would really look like and marvel at what it has become. If you took a photo of what Maari Ma looked like in 1995 it would have had just a handful of people in it, working from a shared office building (Kincumber House), knowing what they wanted to do but wondering how to do it.

William 'Smiley' Johnstone was our founding CEO of what Maari Ma was first called – the Far West Ward Aboriginal Health Service. It evolved out of the first ATSIC Regional Council called the Far West Regional Council and Smiley was on it. That was 1990 and one of their goals was to have an Aboriginal health service in western New South Wales because there wasn't one. There was a lot of consultation in the early days – we had the vision but it was the talking with communities



and with our people, reviewing the services available and the data that really cemented our direction. We wanted the most appropriate model of health care for us and that was a primary health care model employing and training Aboriginal people to work in the health system.

In the early days, we had good support also from the Broken Hill Base Hospital Board which became the Far West Area Health Service Board. I was a member of the Board as were Gloria King and Malcolm Clarke. The Chair of the Board was Bill O'Neil, and the enthusiasm and support that he brought to the table was immense. He was a great supporter and we have a lot to thank him and that Board for their encouragement to establish our own separate service.

The Broken Hill Primary Health Care Service started up in 1998 in the old Silver King Hotel in Argent Street. We had a lot of criticism in those early days. Sometimes it felt like we were walking into a head wind and there were some who didn't think we'd be able to do it by ourselves. But we also had a great deal of support from some good people who helped us and worked with us to achieve what we have become today. 20 years ago we wanted to address our health needs and to have the capacity to do that ourselves. We never would have imagined the path would have taken us so far. We're employing more than 100 people and we're working out of a state of the art facility that would rival anything found in capital cities. Partnerships continue but have changed along the way. Old friends are loyal and proud, and critics have

fallen by the wayside. Research shows that marking anniversaries can help strengthen relationships. I believe our best relationships are the ones we have built with our communities. Our communities and our culture are what we work for and this very significant milestone will only serve to strengthen that further. But, while we as a Board dedicate our time and efforts to serve our communities, I ask our communities to take responsibility and work with us to improve health outcomes. We can't do it alone.

Celebrating our anniversary I believe also gives our staff a strong sense of belonging. I am proud of all the work you do for Maari Ma. The place you occupy, from working in the clinic to greeting people coming into reception, is a part of a picture that is not complete without the other. You, the staff, are the glue that binds us all together like a family - strengthening our image and our presence.

I would like to acknowledge and thank the work of the Board for the past 12 months. I would like to thank and acknowledge past Board Chairs – Williams Bates and Des Jones – who have admirably steered us during parts of our 20 year journey. I would also like to thank our past and present CEOs, and there have only been three - Smiley Johnstone, Richard Weston and our current CEO Bob Davis. They have been the strategic drivers who have shaped our organisation to where it is today. Understanding our goals, being innovative and working with our communities with a committed Board and staff will successfully deliver us to the next 20 years where we, as an organisation,

can celebrate again and talk about the old days when closing the gap was still a goal, not yet an achievement. That is my wish.

Happy 20th anniversary Maari Ma – let us celebrate what we are and look forward to what will come.

Maureen O'Donnell
Chairperson

CEO'S REPORT

CEO'S REPORT



As we celebrate our 20th anniversary, we can look back with pride on what we have achieved for our communities over the last two decades. Over the past 20 years we have grown together with the people we support and their families, some of whom have been part of Maari Ma since the beginning.

Some say the far west is a tough place to be, but as others have said before, we all have a choice about where to go to work. I came here because it is an inspirational place with inspirational people, and because of those inspirational leaders 20 years ago, who set the foundation for what we do today.

The story of those men and women who founded Maari Ma two decades ago is one of perseverance, of innovation, of community and political courage, and of an extraordinary collaboration between black and white Australians who formulated a new approach to Aboriginal involvement in health care in the far west of NSW.

Sadly, the historic Agreement which was fundamentally about the wellbeing of multiple communities in our region, and an Indigenous organisation providing input and leadership towards the delivery of crucial health services, no longer exists.

That historic partnership in Aboriginal health – one which changed the



face of health service delivery in this state - has been summarily shredded.

The current arrangements do not reflect or honour the long journey on which both Maari Ma and the NSW Government embarked almost two decades ago. That journey saw a unique and historic partnership blossom into a first class health service, one which has not discriminated on the basis of race and which has delivered a substantial return to NSW taxpayers. Although disappointing, Maari Ma remains committed to providing services to the community despite being removed from management responsibility in other than one town.

We continue to forge new partnerships and alliances across the region.

In June the Department of Health confirmed the Western Health Alliance, a consortium of the former Western NSW Medicare Local and Far Western NSW Medicare Local, Bila Muuji Aboriginal Health Services and Maari Ma Health Aboriginal Corporation, was the successful tenderer to operate the Western NSW Primary Health Network (PHN). The PHN Board of Directors recently appointed Dr Tim Smyth as the independent chairperson. He was the former deputy director-general of the NSW Department of Health and has had a keen interest in Aboriginal health throughout his health management career. As a member of that Board, I look forward to working with Dr Smyth.

Our close ties to the Murdi Paaki Regional Assembly (MPRA) will continue for the next three years. With significant support from the Department of Prime Minister and Cabinet's Remote Australia Strategy Program, Maari Ma has entered into a Memorandum of Understanding with the MPRA to oversee the implementation of the MPRA Governance project across the Murdi Paaki region.

During 2014/15 we again provided support to other Aboriginal Community Controlled Health Services outside of our region. In some cases under agreement, Maari Ma provides temporary management support, health services support and financial systems support. The length of the agreements vary from 3 months to 12 months.

Early this year we signed a Memorandum of Understanding with Justice Health and Forensic Mental Health Network (JH&FMHN) aimed at improving access to health care for Aboriginal patients on release from custody. The MOU will ensure that appropriate release planning occurs for the health of Aboriginal and Torres Strait Islanders returning to our communities.

Once again without the support of our major funding bodies, much of what we do would not be possible. I would also like to acknowledge the CAGES Foundation whose contribution is greatly appreciated.

I acknowledge the leadership of our Chairperson, Maureen O'Donnell and the Board of Directors and my thanks to the staff for their tireless work and dedication during the year.

Bob Davis
Chief Executive Officer

HIGHLIGHTS FROM PAST ANNUAL REPORTS

1995/96*

On 23 November 1995, Far West Ward Aboriginal Health Service (FWWAHS) was incorporated.

1996/97*

1997/98

- Signing of the Lower Western Sector (LWS) agreement with Far West Area Health Service (FWAHS) which made FWWAHS responsible for managing health services in Menindee, Tibooburra, Wilcannia, Ivanhoe, Wentworth and Balranald.
- Signed MOU with Department of Employment, Education and Training and FWWAHS Peak Health Council
- First intake of Aboriginal Health Worker trainees completed their two year Aboriginal Health Worker (Primary Health Care) training program.
- Land acquisition of Silver King Hotel for the Broken Hill Primary Health Care Service
- Renovations to the PHCS were completed
- FWWAHS occupied the new PHCS Building in June 1998
- Managed Coordinated Care Trial in Wilcannia in partnership with RFDS, FWAHS, HCS and DOCS
- Aboriginal Youth Development Program commenced
- Maari Ma Logo was adopted

1998/99

- 200 people attending the official opening of the PHCS in August 98
- LWS Agreement negotiations were underway to extend term of agreement for another 5 years
- 6 Health Advisory Councils were established in 6 communities in the Far West Region
- 1360 people were registered as clients at the Broken Hill PHCS
- Mental Health, Early Childhood, Woman's Health and Sexual Health outreach clinics were delivered fortnightly
- 4702 clients were transported to health appointments
- Monthly newsletter was established
- Colin O'Donnell was employed as a Youth Worker in the Aboriginal Youth Development Program
- The lease of a bus allowed a wider range of activities to be included in the Youth Development Program
- Community members were working at the WINGS Drop in Centre in Wilcannia to deliver a range of activities and programs
- FWWHAS engaged a consultant to facilitate the development of a Vision Statement and Mission Statement

1999/00

- FWWAHS adopted a new name "Maari Ma Health Aboriginal Corporation". "Maari Ma" is a Barkindji term for 'people teaming up and working together'.
- A 5 year Corporate Plan was formulated
- The Co-ordinated Care Trial in Wilcannia was consolidated and transitioned to a Primary Health Care Service.
- The LWS agreement was continued for Maari Ma to manage "mainstream" services in Far West NSW.
- Des Jones was elected Chairperson of Maari Ma
- 30 clients were accessed under the Antenatal Program
- 5825 clients attending appointments at the PHCS
- 6053 clients were transported to health appointments
- 9 Aboriginal Youth Workers were employed in the Regional Youth Development Program (5 in Broken Hill, 2 in Menindee, 2 in Ivanhoe)

2000/01

- William 'Smiley' Johnstone left as Regional Director and Richard Western filled the vacancy
- In October, Federal Minister for Health, Dr Michael Woolridge and Dr Gro Harlem Brundtland, Director General of the World Health Organisation visited Maari Ma Health
- Maari Ma Board was elected for 3 years
- MOU was signed with NSW Correction Health Service
- A client satisfaction survey was undertaken over a 3 month period, 97.5% of clients were happy with care delivered by the PHCS
- 6014 occasions of services were delivered
- 5783 clients were transported to health appointments
- Aboriginal Men's workshop took place in Broken Hill
- Regional Eye Health Coordinator commenced work
- The Maari Ma Regional Office was opened

2000/01

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2001/02

- 6925 occasions of service were delivered
- Three trainee health workers graduated as qualified health workers
- 6925 occasions of services
- 5591 clients were transported to health appointments
- NSW Minister for Health, Mr Craig Knowles visited Maari Ma and signed the LWS Agreement for another 5 years
- Official opening of the Wilcanna Health Service building
- First woman doctor from RFDS conducted 'Women's Business' clinic fortnightly
- Closure of South Community House Clinic
- Colin O'Donnell took responsibility for the development of our Chronic Disease Program
- Malcolm 'Buddy' Clark was employed as a Community Development Worker to focus on development of men's programs in Broken Hill
- Official opening of the Wilcanna Health Service building

2002/03*

*No annual report published this year

2003/04

- Development of the Maari Ma Website
- Publication of First Maari Ma Health Rounds
- Implementation MMHAC Key Result Areas
 - KRA 1: Improve Health Outcomes
 - KRA 2: Community Capacity Building
 - KRA 3: Our Reputation in health and the wider community
 - KRA 4: A Sustainable Organisation
- Wilcannia Health Service Development - three year agreement established with FWAHS
- Signed MOU with mainstream services to provide services as part of the Child and Family Strategy
- MMHAC took part of the pilot Continuous Improvement Project around its Chronic Disease Program
- 8640 occasions of service
- 5453 clients transported to health appointments
- 'Dipper' visited Maari Ma to show support to his AFL Auskick program

2004/05*

2005/06

- Maari Ma celebrated its 10th anniversary on 23 Nov 2005
- Haythorpe at Menindee was acquired for social, emotional and wellbeing programs
- A review of Lower Western Sector Agreement was conducted
- Anne Wakatama was employed as GP at PHCS
- In August 2005, Maari Ma was a finalist in Reconciliation Australia's Indigenous Governance Awards
- Maari Ma had 50 employees of which 60% were Indigenous
- Nola Whyman was appointment PHCS Manager
- Tamara Jones, Student Program Liaison Officer is now a midwife.
- Maari Ma joined ABCD in June 2005 with 2nd round commencing in August 2006
- Met NSW Aboriginal Chronic Conditions AHS Standards
- 2 year Funding for Adult Health Checks was received from NSW Health: Menindee Feb 05, Ivanhoe Aug 05, Wilcannia Mar 06, Balranald May 06, Dareton July 06.
- Kids Checks commenced Wilcannia in July 04, Ivanhoe in August 05 and Menindee in November 05
- New Menindee Health Service opened
- Planning to attain AGPAL accreditation
- PHCS went a restructure: Nola Whyman, PHCS Manager, 2 Healthy Start teams and 3 Keeping Well teams; maximizing opportunistic screening
- 2 dietitians were employed and community dinners in Wilcannia started.

2006/07

- Maari Ma was nominated for eleven awards at the NSW Aboriginal Health Awards winning four awards including DG's Award and Minister's Awards:
 - Winner – excellence in program and service delivery: Adult Health Checks in FW NSW
 - Winner – Innovation in Aboriginal health: Clean Teeth Wicked Smiles School Oral Health Program
 - DGs award – Healthy Start 0-5 years program
 - Minister's Award: MMHAC for LWS Agreement, in recognition of an AHS or organization that demonstrated the most outstanding commitment to improving Aboriginal health across a range of indices including program delivery, strengthening access to primary care, improved access to mainstream health services for Aboriginal people and collaborative partnership agreements.
- 40 years since 67 referendum; 10 years since BTH report; 15 years since Mabo High Court decision
- Lunch program started at St Theresa's School in Wilcannia
- Smoking cessation, Physical Activity and Alcohol clinics were established as follow up to AHCs.
- Visiting services at PHCS included Endocrinology, ophthalmology, podiatry, psychiatry, women's health, Mental Health, AOD, dietetics & dental clinics were increased
- Preparation for AGPAL review in July 2007
- 70 staff were employed with 63% of staff being Indigenous.

2007/08

- In November 2007, Maari Ma won the National Excellence in Aboriginal Health Award for LWS Agreement
- In February 2008, Apology to Stolen generations
- Centre for Remote Health hosted Rural and Remote Aboriginal Chronic Disease Conference in Broken Hill.
- Far West Aboriginal Child Development and Wellbeing Management Group was established and co-chaired by Maari Ma and Dept of Education.
- In May 2008, Aboriginal Child Wellbeing and Development Forum was in Broken Hill
- 3 doctors recruited with RFDS for PHCS
- The Maari Ma Strategic Plan for 2008-13 was implemented
- School Kids Health Checks commenced in Wilcannia, Menindee and Ivanhoe.
- Maari Ma employed a second Child & Family Nurse
- Maari Ma renovated kitchen in community hall at Wilcannia to improve community dinners.
- 10 people from across LWS enrolled were in Grad Dip in C&F Health through CDU
- Smokers Program evaluation starts with MM, GWAHS, UDRH and NSW Health
- Funding was received for GP/Obstetrician, paediatrician, ophthalmologist, addictions physician
- With the implementation of Medical Director the PHCS went electronic with their medical record
- PHCS was successful in receiving AGPAL accreditation
- PHCS Healthy Kids days was implemented each quarter for development checks and lead testing
- Community Safety Research project started Dec 2007
- Workforce development: Colin O'Donnell enrolled in nursing degree; Indigenous DA; trainees doing MH, preparatory course at Syd Uni, 2 x AHWs Grad Cert in DE at Flinders, 1 x AHW doing Dip in IPHC (UDRH).

2008/09

- Social and Community Programs area within MM was added which linked to health programs (YEAH: healthy cooking, Wings: veggie patch and cooking, Dareton YAP and Night Patrol: MHFA)
- Richard Weston left for CEO role
- New constitution under CATSI Act
- More GPs on board (2 FT, 1 PT)
- Kanyini Vascular Collaboration commenced
- Fred Hollows Foundation provided support for S&CP
- MPAOD Network- Links to Lyndon Community
- Meetings with the Governor (Marie Bashir), Minister for Community Services (Linda Burney), DG NSW Aboriginal Affairs regarding Early Years work; visits to Café Enfield in Adelaide and Connect Redfern project
- Lesley Woolf became General Manager of the LWS
- Margret Anne Cook became Manager of PHCS in Broken Hill and in Wilcannia
- Nola Whyman took the position of Director of Operations
- Strategic Framework Document (Early Years) was launched in April 2009: best buys = early

2009/10

- literacy, parenting programs, early childhood education, community development
- Regional C&F service directory
- COAG – 6 CTG targets set: 1) life expectancy, 2) child mortality, 3) access to EC education, 4) reading, writing, literacy, 5) attainment of year 12 and 6) employment outcomes.
- Mental health audit as part of ABCD
- 2nd year intensive block of lectures for CDU Grad Dip in BH
- Business plans re-done for Maari Ma managed sites.
- Pracsoft at PHCS
- CD Case managers trained to provide Smokers Program
- Each Doctor and Chronic Disease case manager has a cohort of clients using standardized care plan
- CSRP: Men's and women's camps
- 2nd Aboriginal Health Workers enrolled in nursing; others studying diabetes, C&F, business studies, oral health, youth work, governance, leadership.
- New CEO Bob Davis started with Maari Ma.
- The implementation Walk in clinic commenced
- QUMAX funding was received to improve the quality use of medicines for those with a CD; local pharmacy partnership – Home Medication Review.
- AGPAL renewal 2010: changes since 2007 – 3 additional GPs, and outreach service delivery to Wilcannia, Menindee and Ivanhoe.
- Transport in Broken Hill, Wilcannia, Menindee and major contributor to Wilcannia and Menindee buses (\$5 bus)
- Justin Files lead PMH/AOD team; Lisa Kickett was employed as the first Mental Health trainee
- INFAD groups in Broken Hill, Wilcannia, Menindee
- Nutrition education was delivered at Bugldie and BH Playgroup
- Wilcannia Kids Cookbook: collaboration between dietitian and dental team
- Dietitians supporting school canteens in Wilc and Menin
- Regional child profile: a picture of our children – was launched by Sen Mark Arbib
- Early Years
 - TAFE/MM collaboration on Playgroup for Aboriginal families Term 4 2009
 - Early Years Program Leader recruited in Term 1 2010
 - ISP in Wilcannia; partnership with Save the Children. EYPL supporting ECEC training of local Save employees
 - Playgroup in BH starts in Term 2 2010
- OVHS commenced
- Perinatal psychiatrist starts
- Smokers Program Evaluation project finished end 2010
- Kanyini: polypill
- 11 trainee AHWs commencing in Aug 2009 supported by Indigenous Workforce Training Coordinator; 14 staff did Cert IV in T&A to support trainees.
- 68% of staff Indigenous
- Community Support Service (now ICL) in BH, linking Aboriginal people to mainstream services, information, referrals and internet access.

2010/11

- 2 x FT practice nurses in clinic @ PHCS
- New positions: Practice manager, clinic coordinator, OVHS coordinator & part time CTG Coordinator
- AGPAL accreditation: Feb 2011 for 3 years.
- Cycle of care calendar developed for AHWs and clients including 6 monthly foot checks, annual eye check, quarterly visit with case manager and GP appt.
- Child & Family Unit built and opened September 2011
- Torpedo: evaluating the Health Tracker tool
- Silver fluoride research: children
- SMART Recovery – group based therapy sessions for behavioural issues in Wilc and Menin
- Wilcannia cook book: Bush Tucker Dreaming launched
- Wilcannia = RSD site (extra funding for Intensive supported playgroup, Indigenous Parenting Support Service, RSD Coordinator position)
- Kanyini Risk Assessment
- Early Years
 - 10 local staff did 10 week Infant mental Health course from W&CH, Adelaide
 - Science and Maths training for ECEC sector by Macq Uni
 - Cert II for Wilc ISP workers
 - Community events: Big Playgroup, Children's Week
 - Books in Homes, Menindee
 - Growing Up Strong Barkintji book
- IT manager; MM IT network; intranet
- Funding for Aboriginal Family Health Worker role (Cert IV)
- Functional brief/planning for new PHCS
- Workforce development plan
- All 10 AHW trainees completed Cert IV – first 100% successful group in NSW
- Additional Staff: 1 x GP, 1 x psychologist, 7 x RNs

2011/12

- Clinical Leader, Colin O'Donnell passed away
- QIC Organisational accreditation
- NSW Aboriginal Health Awards: Closing the Gap through Excellence in Chronic Care & DGs Award for developing and implementing a workforce development plan
- Renee Bittoun (smoking cessation specialist) joins OVHS
- 2nd cohort of AHW trainees achieve Cert IV
- CAGES funding received for playgroup
- Participation in formation of Far West Medicare Local
- Indigenous PIP and registration for CTG
- 8 x Locums
- Sydney Dental Hospital locum program for 3 mths
- Diabetes CNC apptd
- MH/D&A workers in AMIHS
- Mgr Community Engagement position created Oct 2011 – CTG education, complaints, IPIP and consent for free medications.
- Growing Up Really Big Barkintji book launched Feb 2012
- Playgroup cooking group
- CAGES funding
- OVHS evaluation
- Aboriginal CC enhancement project: hospital liaison regarding post discharge care and follow-up.
- Intranet developed.
- Steve Grillett was our first GP registrar

2012/13

- Organisation-wide vicarious trauma & self-care training
- HIPPY announced for BH
- Remote Communities Facilitator role
- Funds found for new PHCS building; project managers appointed.
- Transfer of Bes Murray Community Centre to MM
- Ongoing relationship with MDAS
- 2 x GP registrars. Steve and Haniff
- Naomi Gough and Marlene Kong – Public health medicine registrars
- Healthy Start GP clinics
- Wilcannia: clinics at Men's Shed and Safe House
- Jenny Edwards finished Diploma of Child Studies at CDU
- Shannon Oates: nutrition and smoking dual role
- BH Community newsletter was developed
- 3 Indigenous cadets (health science and nursing)
- All AHWs achieved AHP registration
- All trainee AHWs achieved Cert IV

2013/14

- Development of organisational values: community, compassion, culture, empowerment, quality, respect.
- Staff accommodation built in Wilcannia.
- Discontinuation of LWS Agreement after 17 years. Replaced with Service agreement.
- Joint communiqué with Bila Muuji regarding Western PHN.
- Working relationship with Bourke AMS.
- 7 GPs working at PHCSRTS funding: 6 workers: Significant health promotion activities including support for rugby league.
- 2nd cookbook: Our Mob, Our Health, Our Tucker'
- Implementation of Pracsoft in Wilcannia
- Mobile clinic delivery and use.
- Pain management & physiotherapy
- Psychiatrist started
- Tamara Jones: Indigenous student midwife on placement (previous MM employee)
- New lead management guidelines by Naomi.
- Community engagement (RTS funding): Facebook, Hip Hop videos, ads for the waiting room.
- Community vouchers employed in CSRP
- Accreditation for dental services
- MM has 15 AHWs registered by AHPRA – 42% of all those in NSW.
- Enterprise Agreement developed, lodged and approved.
- 102 employees (head count) 56% Indigenous.
- Cancer project funded by Cancer Institute (placement with cancer services).



PRIMARY HEALTH CARE SERVICE

PRIMARY HEALTH CARE

Maari Ma is primarily funded by the Australian Government to provide comprehensive, high quality and culturally appropriate primary health care and community services.

Our services are delivered from two central locations-Broken Hill and Wilcannia. Maari Ma employed staff also work as part of the Far West Local Health District team at the Menindee and Ivanhoe Health Services.

From the 1st July 2014 to the 30th June 2015 the Broken Hill and Wilcannia Primary Health Care Services provided 45,100 episodes of care. We treated 3905 clients, 3176 of these were of Aboriginal heritage.

During the year Maari Ma merged the electronic medical records of Wilcannia patients managed by Maari Ma GPs into the electronic medical record system used in Broken Hill. This had many clinical benefits including improved medication and prescribing monitoring as well as pathology review and follow-up. One disadvantage was that all automated reporting functionality was now also merged. With approval from the Commonwealth Government, Maari Ma now provides a combined 'Broken Hill and Wilcannia' activity report.

In December 2014 to January 2015 we conducted a confidential patient survey across Broken Hill and Wilcannia to seek effective feedback. When compared with the results of the same survey conducted in 2014 three areas were identified that required improvement. These areas were around home visits, confidentiality, and access to private areas away from the noise of the waiting room.

In response, an action plan was developed and presented to the Maari Ma Board of Directors. A repeat survey will be undertaken in December 2015.

Medicare

This report demonstrates that Maari Ma has achieved another year of strong growth in Medicare revenue, with an actual increase in Medicare revenue of \$293,228.

Revenue	2014/2015 Budget	Actual	2015/16 Budget
Medicare	\$1,040,000	\$1,214,171	\$1,220,000
PIP	\$260,000	\$269,859	\$270,000
TOTAL	\$1,300,000	\$1,484,030	\$1,490,000
Variation		\$184,030	\$5,970

* PIP = Practice Incentive Payment

Broken Hill Primary Health Care Service

Staff and clients of the Broken Hill Primary Health Care Service (PHCS) were extremely blessed to relocate to new premises on the 10th April 2015. The new building is a purpose built, functional and welcoming environment that will serve the community well into the future. Some features of the new building include:

- Gross internal floor area of 1,354 m2 including the 113 m2 first floor.
- 2 interview rooms
- 2 mental health counselling rooms
- 2 screening rooms
- 1 observation room
- 1 audiology room
- 6 GP/medical specialist consulting rooms
- 1 podiatry room
- 1 treatment room
- 2 dental surgeries, plus sterilising room, dental workshop and dental plant room

- Reception desk and waiting room; utility and storage rooms and two staff kitchens/tea rooms
- Office accommodation for 50-55 staff members
- 5 Healthy Start consulting rooms
- 1 Healthy Start Kitchen and Family Meeting Room
- Parking for 39 vehicles
- Patient and staff courtyards.

Feedback about the new building has been very positive and staff are very happy working in such a lovely environment.

At the Broken Hill PHCS, general practitioners, registered nurses, Aboriginal health practitioners (AHPs) and allied health staff provide a comprehensive primary health care service including chronic disease management and acute (walk in) clinics. Our Aboriginal health practitioners provide the cultural interface between clients and the staff, and provide an essential role in ensuring culturally appropriate treatment and care. As the AHPs are trained health professionals, they provide clinical care, as well as the essential knowledge about their community and the clients.

We have a broad range of specialists who visit the service, including:

- Cardiologist
- Endocrinologist
- Renal physician
- Paediatrician
- Psychiatrist
- Pain management consultant
- Perinatal psychiatrist
- Podiatrist
- Ophthalmologist
- Physiotherapist

Most of these services provide clinics throughout the Maari Ma region including Wilcannia, Menindee and Ivanhoe.

There were some key staff changes in the service during the past 12 months, with Registered Nurse Kristy Kelly, Dr Nalin Fonseka, and GP Registrars Aung Sithu and Priscilla Htun joining the team.

Unfortunately we also lost the services of long term doctor Penny Roberts-Thomson, and GP Registrar, Dr Paige Thompson. Locum doctor, Ros Brooks has joined the team on a part-time basis.

Practice Administration

As the first point of contact for the Health Service it is Practice Administration's responsibility to mark the client as waiting or to book appointments. At this time we take the opportunity to update client details: addresses, contact numbers and also update Medicare and Health Card numbers. Our staff assist patients to attend medical appointments by providing a transport service to and from their homes. This year our transport officers provided 11,161 transports to the clinic and 1,860 transports to other health care providers around Broken Hill and Wilcannia.

In February this year our Broken Hill Clinic Coordinator Lisa Kelly was recognised for 10 Years of Service.

Community and Clinic Team

A significant change occurred this year with the integration of the community and clinic teams. Previously the teams functioned as two separate entities, each caring for their own distinct cohort of patients. However over time it became apparent that many of the patients who were previously managed in the community were now coming into the clinic and many clinic patients required follow

up in the community. It made sense to combine the two teams, and the staff now work in both the clinic and community environments, which provides continuity of care for the patients and exposes the staff to a variety of clinical areas.

The purpose of the newly combined team is to engage with the community in managing their own health care. In order to do that they provide home visits to unwell community members, home visits to engage with the community and provide clinical care, continually monitor chronic disease patients' individual Cycles of Care, maintain and action patient recalls, do healthy lifestyles promotion, provide clinical support for GPs, and do coordination of care for patients with chronic disease.

Congratulations to Tiffany Cattermole who is truly a role model for our community for completing three years of study to become a registered nurse in 2014. Tiffany's professional journey can be read in the Workforce Report.

The clinic/community team continues to work hard to improve health outcomes for our clients. In May 2015, 86% of our registered chronic disease clients had an ATSI Health Check completed in the last 12 months, compared to 69% of clients in 2014 and 44% of clients in 2013.

In May 2015 around 63% of our chronic disease patients had received a General Practitioner Management Plan (GPMP) which is an improvement from 43% in 2014 and 19% in 2013.

Primary Care Specialist Services

The Primary Care Specialist Services Team works closely with Maari Ma's GPs to support patients across the lifespan, experiencing issues related to mental health and / or substance use.

The team additionally has a focus on perinatal mental health and alcohol and other drugs (AOD)

work with the aim of improving the social and emotional wellbeing for these women, their babies and extended families.

The nutrition team lost dieticians Sophie Nolan and Cher Twe, however welcomed Ashley Smith and Melanie Blair in their place.

The team has had a significant focus on raising the community's awareness of the positive impacts of healthy lifestyle choices through community programs and health promotion activities, including;

- Weekly fruit and vegetable touch and taste sessions at preschools
- Cooking group for Playgroup, Wilcannia schools and WINGS
- Antenatal nutrition sessions
- Wilcannia Radio nutrition sessions
- Healthy Body and Healthy Takeaway sessions at Menindee Central School
- Menindee Knock Out Challenge
- Wilcannia Community Dinners
- Highway to Health

In addition, the team participates in all the community health promotion events, such as:

- Healthy Weight Week
- National Nutrition Week
- Children's Day in the Park in Children's Week

Our tobacco project officers continue to focus their efforts on preventing people from taking up smoking and helping smokers quit. All of Maari Ma's staff are trained in brief intervention strategies to assist people to quit smoking, and the whole team has a significant focus on raising the profile of the impacts of tobacco smoking on the community. Health promotion messages are communicated through events such as the Women's Yarning Group, men's groups, NAIDOC

Day, Close the Gap Day, World No Tobacco Day, Close the Gap Day, World No Tobacco Day, and youth expos at the high schools.

Dental

Following the relocation to our new premises we now have two fully equipped and functional dental clinics. Two clinics has meant we can run child and adult dental clinics simultaneously and use each room to its full potential. This has worked especially well when the RFDS dentists are working at Maari Ma each Friday or when the Filling the Gap (FTG) dentists are volunteering with our service.

We have been fortunate to continue our relationship with FTG, an organisation that introduces volunteer dentists to organisations such as ours that do not have permanent dentists. FTG provided eight dentists to us during the year, which resulted in 1378 services being provided to 187 patients.

As a quality organisation Maari Ma was pleased to obtain dental accreditation for the first time in 2014. This accreditation is for a two year period and also involved assessment of our ongoing Quality Assurance Plan this year.

Healthy Start

The Healthy Start program is designed to improve the health of pregnant women, newborn babies, and children and their families. The Healthy Start team's aims for this year have been to increase the number of children having ATSI Health Checks, improve childhood immunisation rates, involve AHPs more in antenatal care and delivery, decrease smoking rates in pregnancy, improve lead testing in Broken Hill especially amongst high risk children and commence antenatal classes for Aboriginal women to improve birthing outcomes.

The Healthy Start team provides midwife and child and family nurse clinics in Broken Hill four days per week in conjunction with home visits, and offers a GP clinic three days a week. This clinic has improved the service we offer to families and has increased the uptake of health checks.

Our staff also do outreach clinics and home visits in Wilcannia every week, which includes a child and family nurse, the Aboriginal Maternal Infant Health Service (AMIHS) team and a speech therapist. AHPs are an integral part of the AMIHS midwifery program and support pregnant women by attending clinic visits, obstetrician appointments at the local hospital and offering help in labour and birth.

The Healthy Start team had a busy health promotion calendar which included a 'Girls Night In' with presentations of the Core of Life program and a sexual health education session, and NAIDOC Day activities in Broken Hill and Wilcannia.

A new service introduced this year was the Well Women's Checks in Wilcannia where a female GP completes a health check on the mother when they present with their children for Healthy Start appointments.

This year we welcomed Tamara Jones as part of the Healthy Start team. Tamara is an Aboriginal woman who completed her midwifery training in December 2014. We were fortunate that NSW Ministry of Health provided funding for Tamara to be employed in the midwifery unit at the Broken Hill Health Service, where we were able to negotiate for Tamara to work at Maari Ma two days per week. In this model Tamara has a cohort of pregnant Aboriginal women at Maari Ma, and she can then follow these women through their labour and delivery at the hospital.

Wilcannia

The Wilcannia Primary Health Care Service (PHCS) is co-located with the Wilcannia Multi-Purpose Service, and works with the community to improve health outcomes by coordinating medical and allied health clinics, providing case management for patients with chronic disease, and ensuring the GPs are supported in their work with patients. Wilcannia PHCS has a full time transport officer who provides transport to and from the clinic. Additionally, our AHPs work closely with other organisations in providing services such as playgroup and Little Kids and Books.

There are a broad range of services available including chronic disease management, Healthy Start, Women's Health, and Drug & Alcohol counselling. There has been a concerted effort over the past two years to streamline practice administration processes across Broken Hill and Wilcannia, and this has proved to be advantageous to both teams in terms of efficiency, Medicare billing and data reporting.

Three of the Wilcannia registered nurses completed their immunisation course through the Australian College of Nursing, which has allowed such activities as 'Immunisation Days' to be provided using the Maari Ma Mobile Clinic. Jennifer Edwards, Healthy Start, also achieved registration as an Aboriginal health practitioner this year.



Pharmacy Services

The 2014/2015 financial year was a very successful one for the provision of pharmacy services for Maari Ma. Our resident pharmacist, Alex Page from Outback Pharmacy, works four days each fortnight between the Broken Hill Primary Health Care Service and the remote communities of Wilcannia and Menindee. Alex continues to be an integral part of the chronic disease management teams operating in Broken Hill, Wilcannia and Menindee, and is an invaluable conduit for fostering the strong working relationship between Maari Ma and Outback Pharmacy.

The predominant part of Alex's role at Maari Ma is performing Home Medication Reviews (HMRs). A HMR aims to enhance the quality use of medicines and reduce adverse medicine events. This is undertaken through a comprehensive medication review conducted by an accredited pharmacist in the patient's home and it involves cooperation between the GP, pharmacist, Aboriginal health workers, other health professionals and the patient.

Research suggests that regular HMRs improve the quality use of medications and health outcomes, however rural and remote patients and Aboriginal patients are underserved nationally by the HMR program. Over the past four years Maari Ma has been working hard to address this issue locally by putting systems in place to maximise access to the HMR program for Aboriginal patients. The 2014/15 financial year was very successful with 172 Maari Ma patients having a HMR in this period. Broken Hill led the way with 102 patients having a HMR; 47 patients in Wilcannia had a HMR, and 23 in Menindee. This number is significantly higher than the number of patients seen in 2013/14 which is testament to the hard work of all Maari Ma staff involved in the HMR program.

Alex also provides regular and ad hoc staff education sessions on quality use of medicines.

Students 2014/2015

At Maari Ma we regularly host students from various disciplines working closely with the Broken Hill University Department of Rural Health. We are fast becoming a sought after undergraduate training destination.

Over the 2014/2015 year we have facilitated placements of medical, nursing and pharmacy students from NSW and interstate universities at our Primary Health facility in Broken Hill. Maari Ma is often a student's first exposure to Indigenous health and the uniform feedback is that the students enjoy the team based comprehensive care approach that Maari Ma employs.

Most recently, our student origin horizons have expanded to include nursing students from the University of Tasmania.

All students commence their placement at Maari Ma with comprehensive interactive cultural awareness training. This provides our students with a solid foundation to commence their interaction with our community.



COMMUNITY ENGAGEMENT & SUPPORT

COMMUNITY ENGAGEMENT & SUPPORT

All Maari Ma staff are involved in our engagement activities - from the person answering the phone, the person providing the transport, to the youth worker or health worker talking to a client. Successfully engaging with our communities is how we ensure people access our services and programs. We also continued a number of more structured engagement activities this year.

Radio Commercials - Smoking Cessation and other programs

Many clients have commented on our current radio advertisements. They introduce clients to our different programs and often the voices of staff used in making the ads are familiar. We will be updating our radio messages and introducing more programs to our clients via the radio in the coming year. Community members will be encouraged to participate in our radio ads, promoting the work we do to close the gap in health for Aboriginal people.

Facebook

Maari Ma's Facebook page continues to play an important role in community networking and information sharing. Facebook is a quick way to get information out into the community as so many of our community members are accessing it every day. This year, we have used Facebook as a means of distributing our community newsletter (also available on our website and in the waiting room), using it to raise awareness of activities such as National Dental Health Week, NAIDOC celebrations, our White Ribbon campaign, community transport for Aboriginal people, our after school cooking classes, opportunities for young Indigenous leaders, the availability of flu vaccinations, the journey towards Indigenous recognition in the Australian Constitution, World No Tobacco Day and a host of others.

Community Newsletter

The Maari Ma community newsletter has been running for a number of years and promotes functions, events and special occasions such as new babies and elders' special birthdays. Maari Ma continues to work together sharing information about our services and celebrations with our community members.

NAIDOC Day

Maari Ma continues to be an important support to our communities in facilitating NAIDOC celebrations. In Broken Hill, staff are part of events spanning NAIDOC Week in July culminating in a family day in Sturt Park. This year was very well attended. Maari Ma staff actively promoted smoking cessation, nutrition, chronic disease checks and our mobile clinic, healthy start activities and playgroup. Maari Ma was joined by many other service providers in making sure this was a great event and it was wonderful to see our community enjoying the week-long celebrations. Small grants from NSW Transport assisted children from Wilcannia to attend the Sturt Park activities, and children from Ivanhoe to visit Dubbo.

Other Community Supports

Each year, Maari Ma responds to many requests for support from individual community members, groups, families and other organisations. We try as much as possible to respond to all requests but are often constrained by available finances. Where we cannot assist, we will make every attempt to facilitate assistance from elsewhere. We provide support to family members travelling to be with relatives during health emergencies. We provide material assistance such as food vouchers during sorry business. We support various sporting groups or individuals in need of assistance with uniforms or travel for representative purposes.

This year we also collected goods to support a number of families who found themselves in difficult circumstances following fire. Staff in Broken Hill also held events to raise awareness and funds, and to support community activities such as cancer research (via the Cancer Council) and violence against women (via the White Ribbon organisation).

We also routinely provide information regarding other services available to Aboriginal people, as well as internet access in Broken Hill for people to be able to look up information they require.





EARLY YEARS PROJECT

EARLY YEARS PROJECT

In the past year we have been fortunate to have new team members join the project. Lesley Harvey is the Early Years Project Leader (EYPL), Michelle Parker is the HIPPY Coordinator and we have four HIPPY home tutors – Kerrie Williams, Latesha Adams, Lyndsey Ward and Barbara Grose. Janette Jones continues to provide support to the Broken Hill programs as Early Childhood Educator and Callan Rogers as the transport officer.

Literacy is one of the most important foundations for success in school and life. Within all early years programs there is a strong focus on positive early literacy experiences including

- modelling reading ‘one on one’
- sharing language through group time/s
- Providing contextualised information around the importance of singing, talking and reading with little kids.

Intensive Supported Playgroup – Broken Hill

This program is underpinned by Maari Ma’s Chronic Disease Strategy, Early Years Learning Framework and the “Health, Development and Well-being in Far Western NSW” document.

The multi-disciplinary team of eleven (including a Healthy Start child and family nurse, the HIPPY coordinator, the Early Years Project Leader, a dietician, a mental health trainee, a social worker, a speech pathologist, a Family Support worker, a male research project officer, a transport officer and an early childhood education support worker) are working efficiently and have a holistic view of the intensive support we provide each week.

Each fortnight children receive a book under the Little Kids and Books program. Families continue to enjoy receiving the weekly newsletter containing the week’s recipes, health and wellbeing information, and follow up stories about the importance of play.

A cooking group for parents who are part of the Friday Playgroup is held every Thursday in the Child & Family Building (and now the new PHCS) at Maari Ma. The food cooked during this session is taken to Playgroup on the Friday and shared with the other families. The program enhances wellbeing and enables parents to 'belong to and be part of something' that supports their child's development. It creates interest in cooking and trying new recipes, and using different ingredients. There is time to stimulate discussion around recipes with parents, a topic for engagement and interaction.

The Playgroup team has reviewed the continuous quality improvement framework for Playgroup this year and has been working with Maari Ma's Data Analyst, Cath Kennedy and Child Health Advisor, Dr Garth Alperstein to identify key indicators based on how the Playgroup has evolved. Case studies and feedback from families will assist in evaluating the effectiveness of the Playgroup and will support future planning.

Little Kids and Books

Research shows that access and experiences sharing books prior to starting school has long term benefits to children's success with learning to read and success in starting school. Little Kids and Books has been incorporated as part of Save the Children's playgroup in Wilcannia; it remains at Menindee Children's Centre this year and continues to be incorporated into the Friday Playgroup session in Broken Hill. A set picture book is the focus of the session and every child keeps a copy of this book at the end of the session.

Promoting the value of Early Years through networks

Networking is an important part of the Early Years project. The EYPL has provided support to other early childhood education and care (ECEC) services in the region including Ivanhoe, Wilcannia, Menindee and Broken Hill.

Regular participation in child & family interagency groups provides links to current programs and services that Maari Ma families can access. It is a link to all the work provided by all local communities - ensuring a localised community approach to the needs of our families and children across the board.

The Early Years Discussion Group includes representatives from the local ECEC sector across the region who are working collaboratively towards supporting increased enrolment to preschool by our children. We are involved in collaborative events that promote the importance of ECEC and the health and wellbeing of our children to build healthy new generations. These include NAIDOC week and National Children's week.

Macquarie University Project

The EYPL is working with Macquarie University on a three year project. The project is titled "An early childhood community-based mathematics and science approach to addressing Indigenous disadvantage in remote communities". The goal is to contribute to Closing the Gap in Broken Hill, Wilcannia and Menindee. Specifically, it will establish a sustainable and ongoing partnership between educators, local health service providers and Aboriginal families in the three communities, and will result in;

1. Enhanced scientific literacy and numeracy skills among young Aboriginal children
2. Increased family involvement with children's education and greater uptake of community health and educational services

Workshops have been held in Broken Hill and Wilcannia with local preschool educators (this includes Menindee Children's Centre) and health professionals from Maari Ma. Participants were wowed with everyday maths and science experiences. All teams have showed interest in the project, working with local preschools to build



their capacities around partnerships and increasing the number of Aboriginal children attending mainstream preschools.

Home Interaction Program for Parents and Youngsters (HIPPY).

There are five essential features of HIPPY that form the basis of core practice across all HIPPY sites around the world:

1. HIPPY is a two-year home based program.
2. Role play or practice is an instructional tool used in HIPPY.
3. Parents/carers as home tutors. Home tutors are parents who are currently doing HIPPY with their child or have completed the program. They are paid and trained to provide peer support to other parents to work through the HIPPY activities with their children.
4. Home visits and parent groups.
5. 'Everywhere learning' sits at the centre of the five essential features of HIPPY. HIPPY's aim is to support families to create a learning environment for their child in their home and community.

The coordinator and tutors are continuing to build strong relationships with the HIPPY families. Coordinators and tutors are increasingly being invited into homes to deliver activities. Many families address issues with the coordinator and tutors in regards to their health and wellbeing, and several referrals have been made to the health service.

HIPPY Age 4 started this year with Lyndsey Ward and Barbara Grose as HIPPY tutors for this age group. Latesha Adams and Kerrie Williams have continued with the Age 5 HIPPY and the children from this group will graduate at the end of the 2015.

HIPPY group meetings, tutor training and supervision occur on the non-delivery weeks. The activities that are delivered to families have a strong literacy and

numeracy focus, and address many of the issues that families and children may experience in their first year of school. Approximately 40 minutes per family is spent delivering the activities.

Three children have been enrolled into preschool by the HIPPY coordinator. It should be noted that these families had little intention of sending their children to preschool prior to engaging with HIPPY. This gap was recognised in the enrolling process. HIPPY has many 'unseen' benefits that are not directly part of the program.





RESEARCH

RESEARCH

Continuous quality improvement

Maari Ma continues to use continuous quality improvement approaches to review and improve the services we provide. During the past year we have reviewed outcome and process data for all of the Healthy Start, GP and Chronic Disease clinics throughout the region.

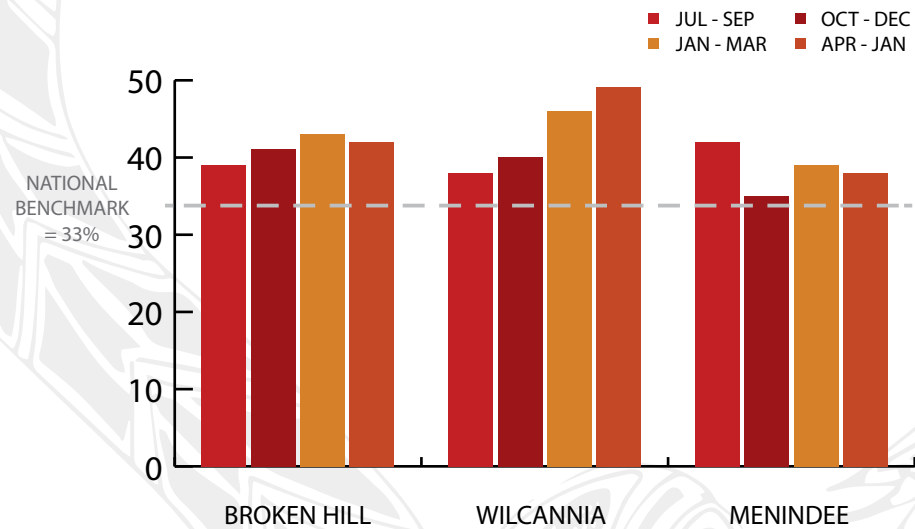
The following charts show Maari Ma's progress over the past year to improve chronic disease outcomes for Aboriginal people in our region. The benchmark shown on each chart is the national result reported in the Australian Institute of Health and Welfare's "National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013" which was released in late 2014. Maari Ma contributes to this national key performance indicator dataset.

Maari Ma shows good results for regular monitoring of diabetic patients with results above the national result for both the measurements of HbA1c and blood pressure. The 'target optimal' measurements of HbA1c $\leq 7\%$ and blood pressure $\leq 130/80$ mmHg are above or on-par with national results.

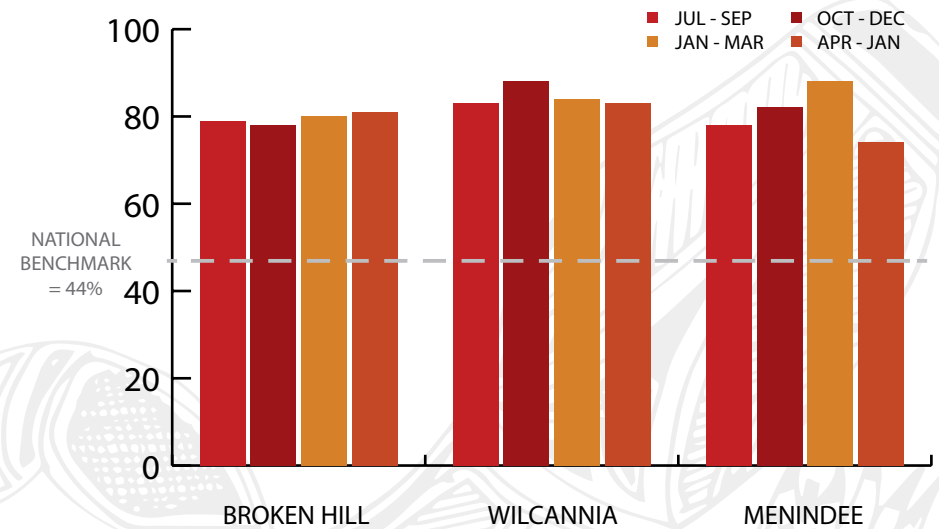
The team care approach is a fundamental premise at Maari Ma. Care that is clinically led by general practitioners, and facilitated by Aboriginal health practitioners and nurses, directly results in the good management shown here. In most quarters, across all three towns, the proportion of Aboriginal diabetics who had a current (in the past 2 years) team care arrangement (TCA) in place was almost double that of the national benchmark.

There are a similar or lower percentage of smokers in the region compared to the national benchmark. Interestingly (but not shown here), the proportion of all clients with their smoking status not recorded is much lower than expected - in all periods it was about a third of that expected or encountered elsewhere in other similar services in Australia.

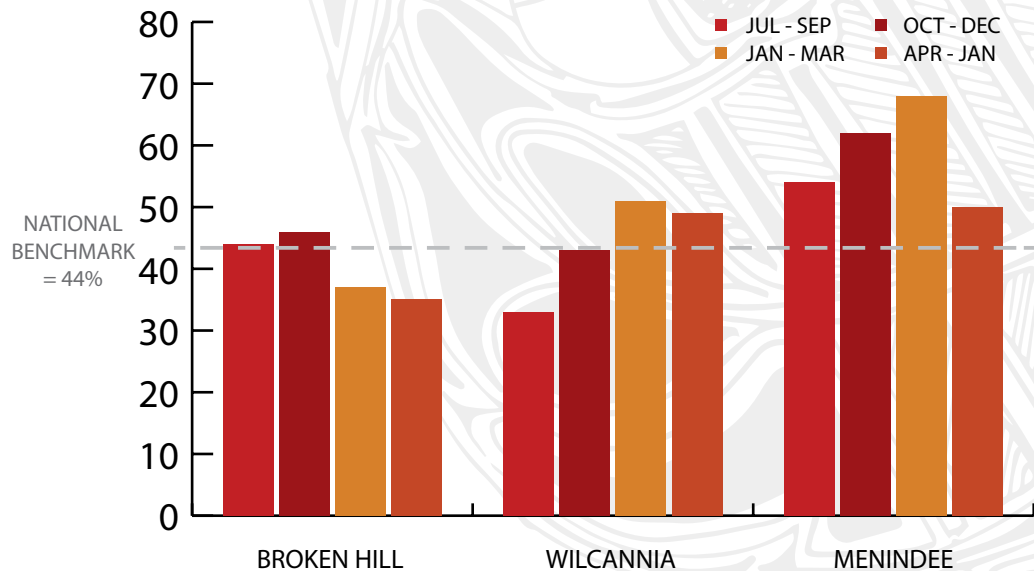
Percentage of Aboriginal diabetics who had a HbA1c \leq 7% compared to the national benchmark



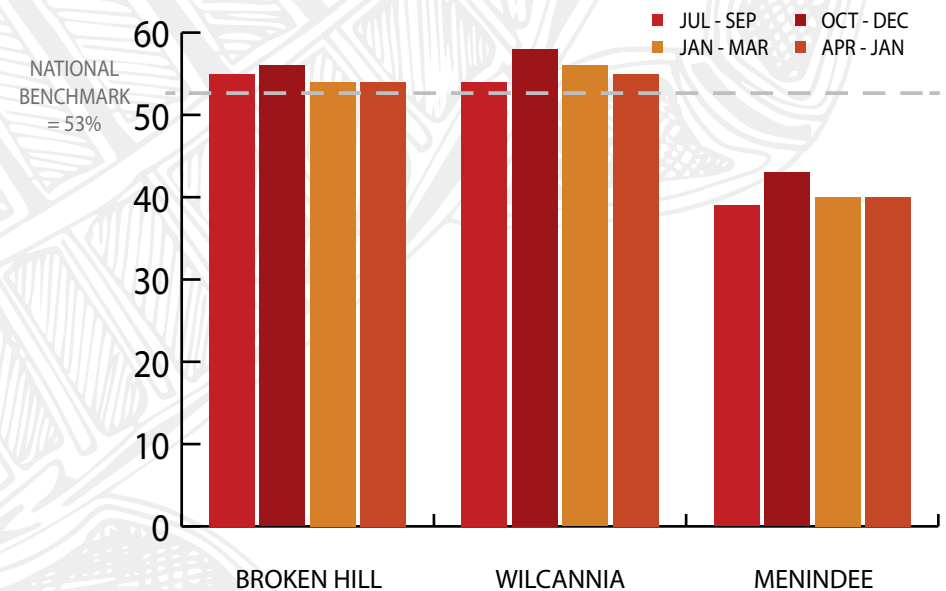
Percentage of Aboriginal diabetics who had a team care arrangement in place compared to the national benchmark



Percentage of Aboriginal diabetics who had a BP \leq 130/80 mmHg compared to the national benchmark



Percentage of all Aboriginal people aged over 15 who are smokers



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 language groups 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 lore.

Maari Ma participated in the development of a Wellbeing Model. This research project aimed 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. The Model has been finalised and new research is being developed to examine how services can be assessed against it.

Maari Ma is currently a recruitment site for the ‘Getting it Right’ validation study. This study is testing whether a shorter depression screening tool that has been specifically developed for Aboriginal and Torres Strait Islander people is valid. Maari Ma has only just begun recruiting for this study.

Specialist Services

Clinic summary

Maari Ma continues its strong internal support for visiting specialists. Our in-house medical specialists include a cardiologist, renal physician, paediatrician, ophthalmologist, perinatal psychiatrist, pain specialist and a multi-disciplinary endocrinology team who

visit the remote towns. To complement the medical specialists there have been visits by smoking cessation specialists, an optometrist, podiatrist, 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	16	94
Renal medicine	9	42
Endocrinology	18	170
Paediatrician	43	253
Perinatal psychiatry	12	48
Pain management specialist	2	5
Ophthalmologist	24	114
Smoking cessation specialist	12	19
Speech pathologist	93	349
Pain management physiotherapist	14	50
Podiatrist	17	131
Optometrist	18	172
Echo technician	12	84
Stress tests	-	9





COMMUNITY SAFETY RESEARCH PROJECT

COMMUNITY SAFETY RESEARCH PROJECT

The successful commencement of the Adult Study during the 2013-2014 period and the development of the Healing Program has seen the project grow from strength to strength. 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.

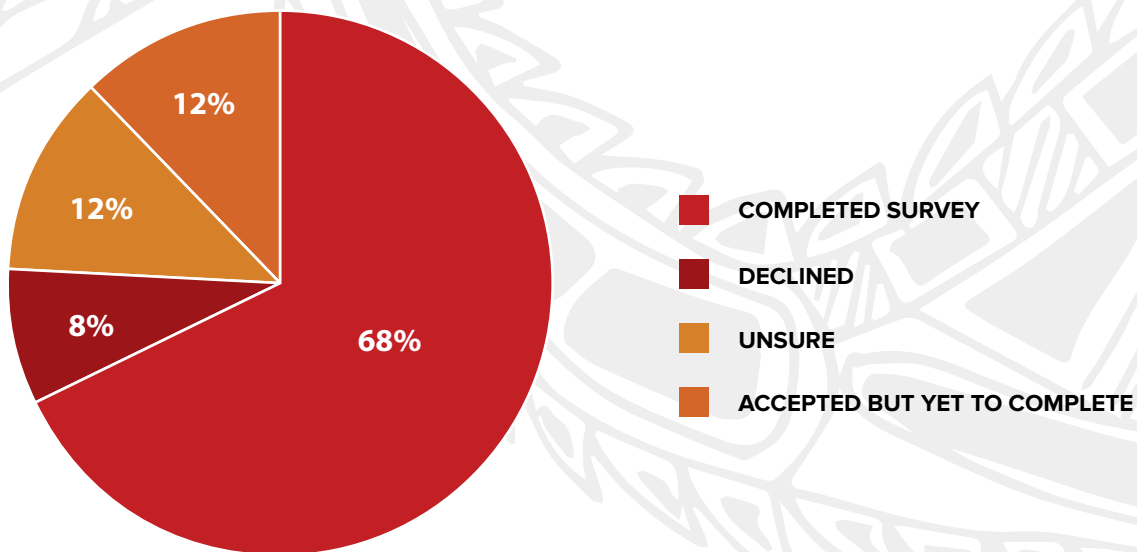
The Adult Study

The Adult Study (quantitative) phase of the project continues to be implemented in Broken Hill with a total of 371 community members engaged - 253 surveys completed, 29 community members declined and 45 community members said they are unsure (see graph).

The Adult Study, in addition to taking up to 3 hours to complete, also requires participants to answer some sensitive questions. Maari Ma thanks our community for participating in the survey and also for building on the current evidence needed to provide localised and culturally competent services for the communities we service.

Through the Adult Study we have included protocols to keep the community safe. The following graph is a sample of data that indicates the different levels of distress currently gathered through protocols to keep our community safe:

1. Protocol 1 indicates a high degree of psychological distress with potential to suicide which requires immediate further assessment
2. Protocol 2 indicates a moderate to high level of psychological distress which may benefit from referral to counselling services
3. Protocol 3 indicates a manageable level of psychological distress

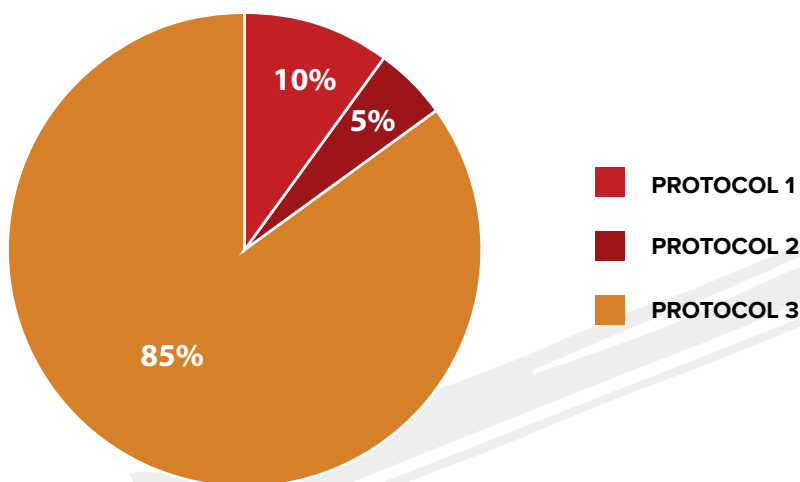


Healing Program

Kalypi Paaka Mirika, which translates from the Barkindji language into 'Clear River Ahead', is the name of Maari Ma's local healing program developed through information gathered from the qualitative phase (Yarning Stories) of the Community Safety Research Project. It includes information for community members to commence a healing process.

The program is offered to community members following their participation in the Adult Study. We use localised engaging metaphors to assist in the journey of change that helps participants with coping strategies relating to stress, grief, loss, and behaviour change.

Maari Ma plans to roll out the Adult Study and Healing Program into Menindee and Wilcannia during the next twelve months.



CORPORATE SERVICES

CORPORATE SERVICES

The 'machinery' of Maari Ma – those functions, skills and roles that keep our service and program delivery activities operating at their peak – have continued to expand and adapt to our changing organisation. Almost 20 years old, Maari Ma's system support, IT and continuous quality improvement (CQI) activities keep us 'ahead of the curve' when it comes to services and programs.

IT

Information technology and information management continues to be a significant part of our services and program delivery. Maari Ma's IT Manager, Michael Hanley, was joined in October by Dustin Mitchell, our new IT Support Officer. They were kept busy relocating staff from the old Primary Health Care Service (PHCS, 428 Argent St) and temporary offices at 306 Oxide and 435 Argent Streets, and then into the newly built Primary Health Care Service and the new Regional Office (in the old PHCS) at 428 Argent St. Each step in the relocation was relatively seamless with little downtime thanks to the hard work of staff and external contractors.

This process involved a new phone system, moving Maari Ma's network server infrastructure twice and introducing a new email security server. IT was also involved in the process of moving all of Maari Ma's Wilcannia clients onto our Broken Hill-based electronic medical record. Further improvements to our systems included all staff now being able to remotely access a centralised resource booking system (for cars, meeting rooms, equipment and Maari Ma accommodation). Along with other Aboriginal community-controlled health services, we have also implemented Titanium Dental as required by the NSW Ministry of Health.

Accreditation

This year, our accreditation under the Health and Community Services Standards of the Quality Improvement Council (QIC) came up for review. Initially accredited in 2012, we adopted a similar approach to re-accreditation with 18 small groups established across the organisation to consider the 18 standards, looking at the three main areas of:

1. a quality organisation (governance, management, human resources, physical resources, financial management, knowledge management, risk management, legal and regulatory compliance, and safety and quality)
2. quality services (assessment and planning, focusing on positive outcomes, cultural safety and appropriateness, consumer rights, and coordinating services and programs)
3. quality external relationships (service agreements and partnerships, collaborating, incorporation of, and contribution to, best practice, and community and professional capacity building).

An external review team visited in May 2015 and found we achieved all 18 standards and exceeded the standard in the area of knowledge management.

In between accreditation, we continue to undertake quality improvement activities that occur as part of our in-built CQI approach or as a result of our QIC accreditation quality plan. A significant amount of data is collected throughout the organisation on a daily basis. The majority of data is for the purpose of reporting back to our funding bodies, however we also scrutinise this data for the opportunity to improve the work we do. Information is analysed and fed back into various management groups and teams within the organisation, as well as being reported to the Board and the community through newsletters, and the Annual Report.

As an example of this CQI approach, Maari Ma re-visited the available data around children and young people from across the region for the key indicators of child development and wellbeing. First published by Maari Ma back in 2009 when we launched our strategic framework document around child development and wellbeing, we have chosen to collect and present the same indicators, and a number of new ones, regarding child development to see if the strategic approach developed in collaboration with other agencies was

having an impact. This is a significant piece of work and was published as "Health, development and wellbeing in far western NSW - Our children and youth" (available on Maari Ma's website).

Some key improvements already noted between the 2009 and 2014 reports:

- The rate of Aboriginal women smoking in pregnancy dropped (down from 78% in the first report to 45% in the latest report).
- Aboriginal children as victims of crime have dropped from 72 per 1000 in the first report to 23 per 1000 in the latest report. While this rate is still 3.4 times higher than for all children in NSW, it is a significant improvement since the first report.
- Children's dental health is improving as shown by the number of decayed, missing or filled permanent teeth decreasing, and the proportion with decay decreasing to match the state's rates.

Capital Works

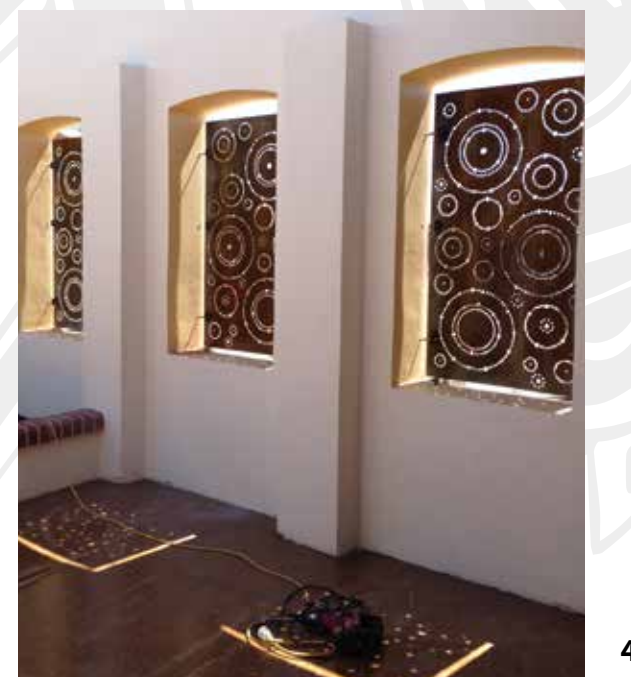
This financial year saw our most significant capital works project completed - the redevelopment of our Primary Health Care Service in Broken Hill. While not without some issues along the way, the project ran relatively smoothly. It was managed by Burns Aldis and contracted to CPM builders of Mildura.

A camera mounted on the roof of the old PHCS followed progress (and weather and seasons) daily. After some demolition, then rebuilding of internal walls, then roof, the project seemed to increase in pace with very little down time for poor weather. Regular inspections by the project managers and key Maari Ma staff overseeing the project (in particular, Haylee Rogers) meant that problems and questions were quickly resolved. Small groups were consulted on interior finishes, equipment and furniture. The attention to detail can be seen by all who visit and it will be a wonderful base for Maari Ma's clinical services and outreach for many years to come.

Since completion, almost all issues have been resolved. In April, staff moved out of the old service one day and into the new building the next, and clients and staff did not miss a beat.

PRIMARY HEALTH CARE SERVICE REDEVELOPMENT







WORKFORCE DEVELOPMENT

WORKFORCE DEVELOPMENT

Workforce Planning

The Workforce Department continues to proactively recruit a diverse range of multidisciplinary and community based staff, coordinate and source training, maintain records and support the workforce generally. Workforce policies have been reviewed and new policies implemented to maintain currency and meet accreditation requirements.

Workforce Engagement

The median retention rate for Indigenous employment has increased from 1.9 years in 2010 to 3.4 years as at June 2015. This shows a progressive and sustained improvement in retention of our Indigenous workforce.

The overall median retention rate for all staff is 2.8 years which is impacted by short term contracts and the mobility of some professional groups.

Maari Ma conducted our second workforce engagement survey in November 2014. We had a 76% response rate with an overall engagement rate of 78% compared to a global average of 73%, which is a positive result. 95% of staff confirmed their work is important to them. It is this commitment from our workforce that enables the delivery of quality services and programs for Maari Ma communities.

Service Awards

Maari Ma would like to acknowledge and congratulate Justin Files, Manager Social & Community Programs; Renae Roach, Workforce Systems Coordinator; Lisa Kelly, Clinic Coordinator; and Kate Gooden, Systems Development Manager, who all achieved ten years of service in 2014/15.

Performance Planning

Maari Ma is continuing to develop and implement performance planning and review processes linked to development of our workforce and Maari Ma's Strategic Plan.

For the 2014 –15 period, 55% of staff have current performance plans with reviews to be progressively completed.

Workforce development

In the 2014/15 year:

- 8% of Indigenous staff and 9% of all staff were studying at university with 2 staff achieving Masters qualifications and one a Bachelor degree.
- 75% of Indigenous staff and 70% of all staff were studying towards a formal qualification through a registered training organisation.
- 65% of all staff participated in ongoing training and development including in-service education, workshops and conferences.

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 2015, Maari Ma employed 11 Primary Health Workers with 100% registration as Aboriginal Health Practitioners with the Australian Health Practitioner Regulation Agency (AHPRA).

Trainee Primary Health Workers

In April 2015 we commenced recruitment for our third cohort of Trainee Primary Health Workers. It is planned the Trainees will commence in August 2015 with an 18 month program. We are aiming for nine trainees with six in Broken Hill, two in Wilcannia and one in Menindee. Maari Ma's partnership with TAFE Western will again provide delivery of the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice) qualification in Broken Hill.

Enterprise Agreement

The Maari Ma Health Aboriginal Corporation Enterprise Agreement 2014 was approved and registered by

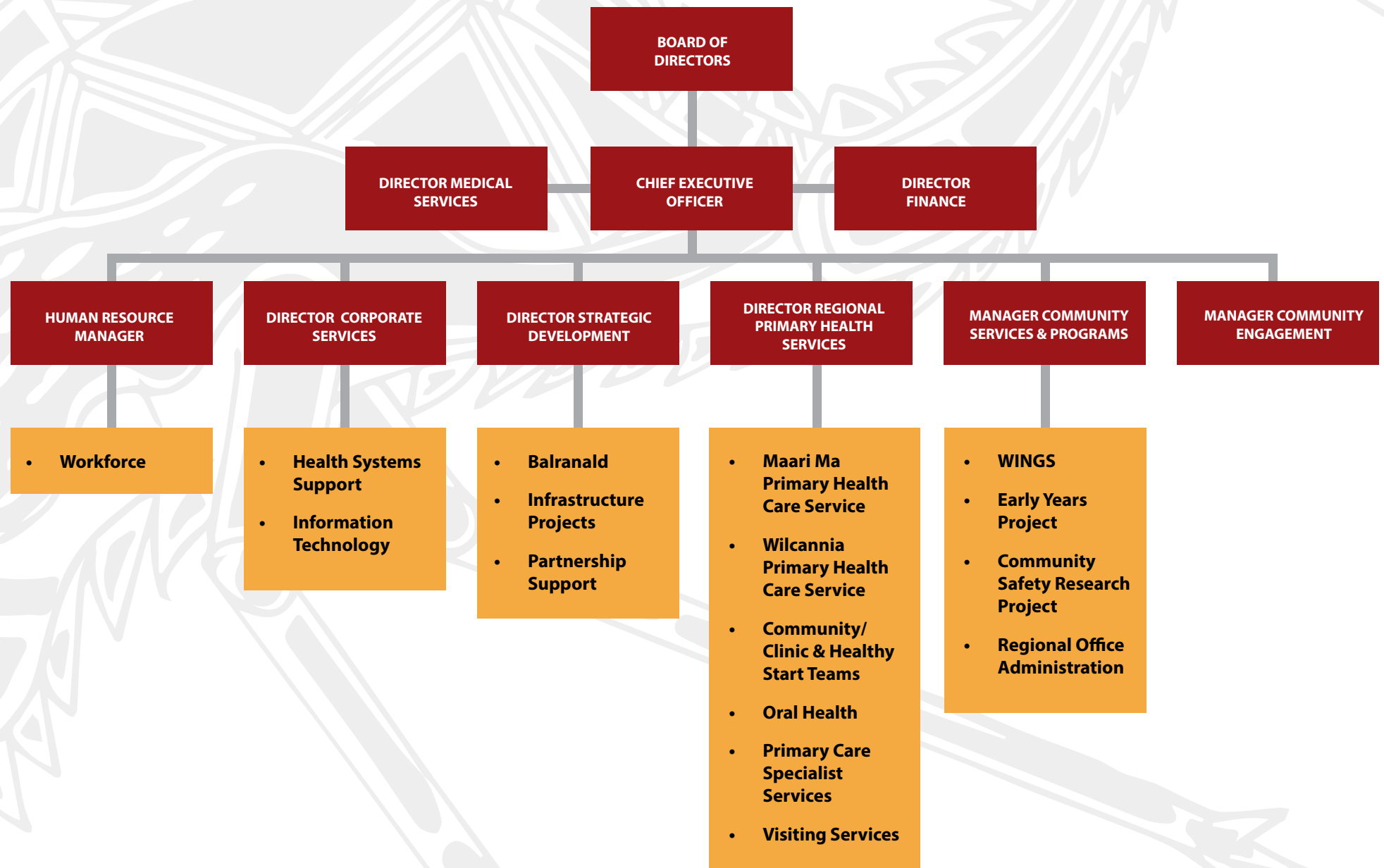
the Fair Work Commission on 16 September 2014, a significant achievement for Maari Ma and our workforce.

Workforce Data

	30/06/2015	30/06/2014	30/06/2013
Number of employees (headcount - full time, part time & casual)	108	102	108
Indigenous employees	52%	56%	57%
Full time equivalent (FTE) employees	85	89	87
FTE Indigenous employees	51%	50%	52%



ORGANISATIONAL CHART



Profile of a career path

Celebrating Tiffany Cattermole

The Maari Ma Strategic Plan sets out our commitment to nurture Aboriginal leadership, and for succession planning and Aboriginal representation at all levels of the organisation to increase the number of qualified Aboriginal staff. The Workforce Development Plan sets out career pathways for Trainee Primary Health Workers to provide further opportunity to continue development in specialised areas of practice and / or degree level qualifications.

While these aims have been documented and Maari Ma's commitment to career pathways has been promoted, we have one employee who has actively pursued a career path in health – congratulations Tiffany Cattermole. Aligned with Maari Ma's service delivery requirements, Tiffany has achieved a university qualification as a registered nurse. Tiffany came to Maari Ma in January 2009 as a part time Administration Assistant in the Regional Office.

On the 10th August 2009 Tiffany joined Maari Ma's first cohort of Aboriginal Primary Health Care Trainees studying Cert IV in Aboriginal and/ or Torres Strait Islander Primary Health Care Practice and Cert III in Pathology, completing all requirements in December 2010.

On the 9th of August 2011 Tiffany completed her traineeship to become a qualified Primary Health



Worker. Tiffany had been working in the Healthy Start team and subsequently with the Acute Clinic team where she quickly became skilled and a very valuable member of the team.

In 2012 Tiffany started her studies to become a registered nurse undertaking a three year program through Deakin University's Institute of Koorie Education. This involved travel to residential blocks in Melbourne, clinical placements and many, many hours of study at home.

On the 23rd of January 2013 Tiffany achieved registration with AHPRA (Australian Health Practitioner Regulation Agency) as an Aboriginal Health Practitioner.

In October 2014, she completed her final training and placement blocks with Deakin University to become a qualified registered nurse.

Tiffany is continuing to work in the Community/

Clinic Team at the Primary Health Care Service in Broken Hill as a registered nurse.

Maari Ma supported Tiffany with her clinical and residential blocks which were also supported by Deakin University. Her personal investment of time and commitment to complete her studies has been admirable – a quiet achiever.

Tiffany's career pathway is not complete with midwifery and / or advanced clinical skills just some of the options in her future.

We have acknowledged that if Maari Ma is to develop a sustainable workforce, we must 'grow our own'. Tiffany is our first Indigenous employee to progress from administration to Aboriginal health practitioner to registered nurse. Tiffany is a role model for all Indigenous staff at Maari Ma and we are proud to celebrate her achievements.

WINGS

WINGS

This year WINGS staff have been able to implement a range of structured activities including weekly kids cooking classes, art and craft, sports days and Wilcannia Community Dinner support. and monthly discos that attract more than 50 kids, and are by far the most popular event run at the Drop In Centre.

WINGS have partnered with the Wilcannia Central School to deliver the Active After School Communities (AASC) program. The program is a national initiative that provides primary school aged children with access to free sport and other structured physical activity programs in the after-school time slot of 3:00pm to 5:30pm. WINGS Youth Worker, Phillip Hunter, who loves sport, joins the school every Tuesday for the AASC program.

During the holiday periods WINGS staff engage kids in a variety of activities both within the Centre and outside the Centre using facilities such as the Sports Oval and Baker Park. Save the Children staff participate in WINGS holiday programs and have always been a big help for WINGS staff as attendance numbers often reach more than 40 kids each day. WINGS would like to thank Save the Children for their ongoing support, particularly during school holiday periods.



Weekly Activities:

- Kids cooking classes
- Sports days
- Boys & Girls group

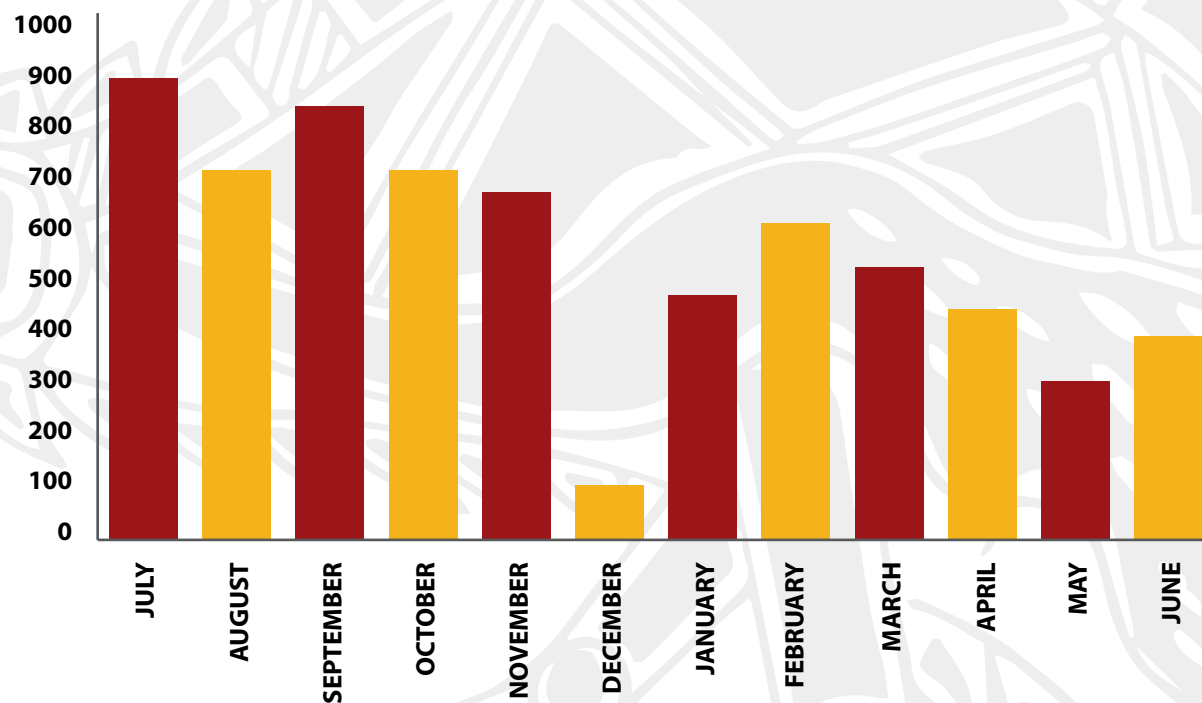
Special Events:

- NAIDOC Week Holiday Program
- Heaps Decent Music Workshop
- Carnival Day
- Aqua Day
- Meet & Greet Day
- Police movie nights
- Discos

Staff Training included:

- Driver Training course
- Child safe workshop
- First Aid Training
- Managing aggressive behaviour & personal safety training

Number of children attending WINGS 14/15



REMEMBERING KARLENE

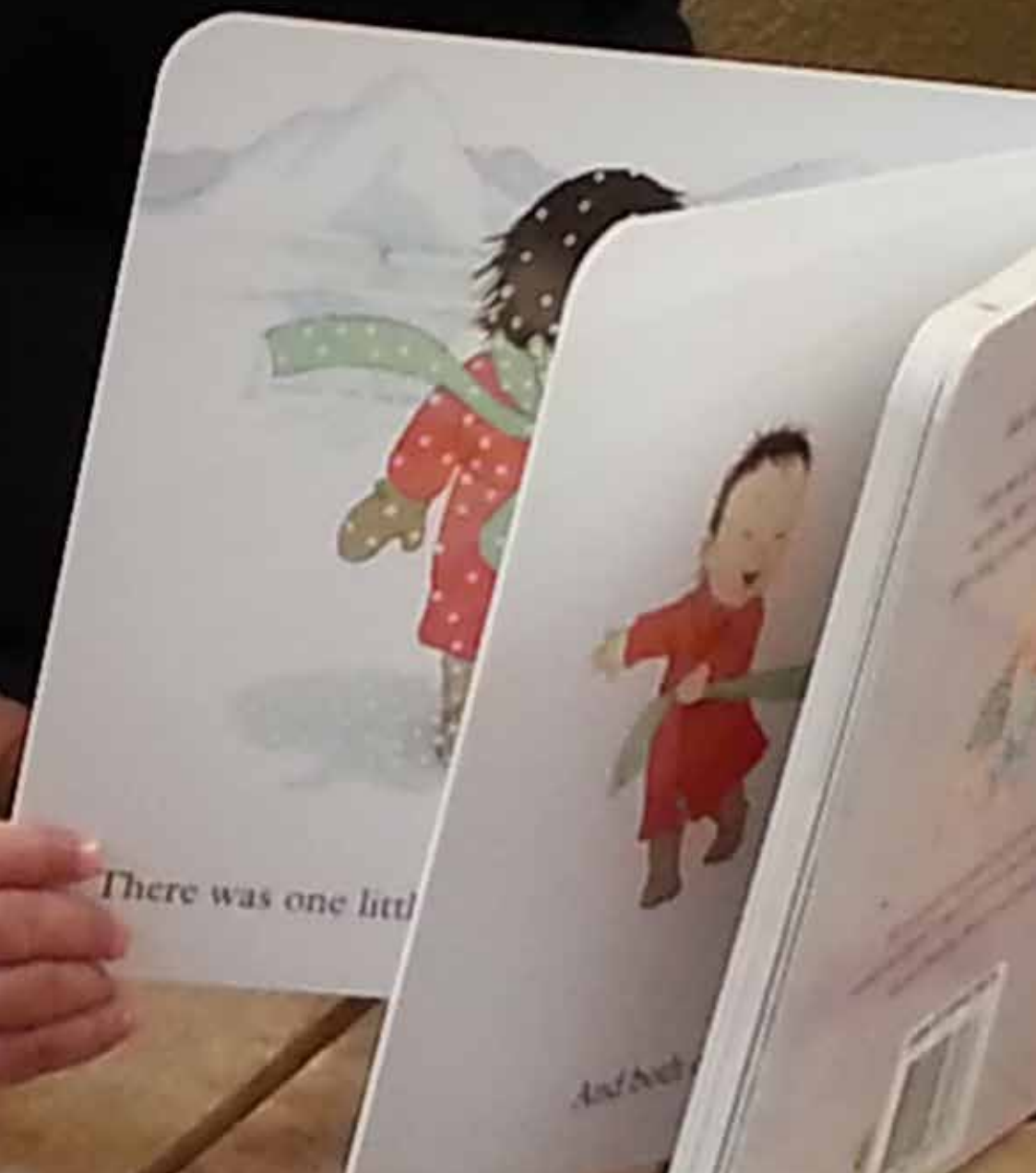


Maari Ma acknowledges the contribution Karlene made to the lives of those around her: the children of Wilcannia, her Maari Ma colleagues at the WINGS Drop in Centre in Wilcannia and in Broken Hill, her family and friends.

She was a remarkable young woman who had a wonderful smile and laugh and who rose above the limitations of her health as much as she could.

Forever remembered
22-9-1992 to 30-06-2015







FINANCE REPORT

FINANCE REPORT

For the year ended 30 June 2015

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 \$17,661,467 (after adjusting for unexpended grants) which is an increase of almost 22% from the previous financial year. The primary reason for the increase was the recognition of funding received for the building of the new clinic.

Expenditure for the year was \$13,202,511, an increase of less than 1% over last year. After taking into account the loss on disposal of assets, Maari Ma's surplus for the year was \$4,427,450. The large surplus is the result of having taken to income the grant funds received for the new clinic (the cost of which was capitalised).

Chris Eastwood
Director of Finance

Financial Reports

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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 2015, 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 2015 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
27 August 2015

DIRECTOR'S REPORT

For The Year Ended 30 June 2015

The directors present their report together with the financial report of Maari Ma Health Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2015 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)
- Des Jones
- Gloria Murray
- Fay Johnstone
- Cheryl Blore
- William Bates

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	7
• Des Jones	6
• Gloria Murray	6
• Fay Johnstone	6
• Cheryl Blore	6
• William Bates	6

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, Balranald Indigenous Committee and Balranald Inc.

Fay Johnstone is a Ngiyampaa/Barkintji woman residing in Ivanhoe. Fay has been employed for more than 30 years as an Aboriginal Education Assistant with the Department of 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 more than 25 years as an Aboriginal Education Officer with the Department of Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 29 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, Murdi Paaki Regional Enterprise Corporation, Mutawintji National Park Board of Management and the Mutawintji Local Aboriginal Land Council amongst other Board positions.

Qualifications, experience and social responsibilities of the Secretary

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

Bob 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 financial 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 \$4,427,450 (2014: \$465,168).

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 financial year (2014: \$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 2015 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

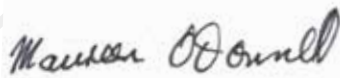
The Corporation is not subject to significant environmental regulations.

Insurance of Officers

During the year the Corporation paid a premium of \$2,990 to insure the directors and managers of the Corporation (2014: \$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 the Corporation, 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 Corporation. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

The financial statements were authorised for issue by the directors on 27 August 2015. The directors do not have the power to amend and reissue the financial statements.



M O'Donnell
Broken Hill
27 August 2015

BALANCE SHEET

As at 30 June 2015

	Notes	2015 \$	2014 \$
Current Assets			
Cash and cash equivalents	2	5,226,601	4,123,850
Trade and other receivables	3	648,467	295,383
Other financial cash assets	2	-	4,412,136
Total Current Assets		5,875,068	8,831,369
Non Current Assets			
Property, plant and equipment	4	9,400,161	4,890,571
Total Non Current Assets		9,400,161	4,890,571
TOTAL ASSETS		15,275,229	13,721,940
Current Liabilities			
Revenue received in advance		154,313	89,072
Unexpended grants	6	2,680,007	6,177,053
Trade and other payables		1,760,834	1,473,490
Bank loan	8	58,272	50,244
Provisions	5	1,096,308	972,331
Total Current Liabilities		5,749,734	8,762,190
Non Current Liabilities			
Bank loan	8	340,759	279,936
Provisions	5	160,287	82,815
Total Non Current Liabilities		501,046	362,751
TOTAL LIABILITIES		6,250,780	9,124,941
NET ASSETS		9,024,449	4,596,999
Accumulated Surplus			
Accumulated Surplus		9,024,449	4,596,999
TOTAL ACCUMULATED SURPLUS		9,024,449	4,596,999

The accompanying notes form an integral part of these financial statements

STATEMENT OF COMPREHENSIVE INCOME

As at 30 June 2015

	Notes	2015 \$	2014 \$
Revenue From Continuing Operations			
Grant revenue	6	15,573,768	11,925,934
Medicare & primary health revenue		1,444,106	1,195,846
Sundry revenue		461,360	466,385
Balranald clinic donation		-	676,209
Bank interest		182,233	225,483
Total Revenue From Continuing Operations		17,661,467	14,489,857
Other income			
Net gain (loss) on disposal of assets		(31,506)	(832,475)
Less: Expenditure	7	(13,202,511)	(13,192,214)
Income tax expense		-	-
Net Surplus for the Year		4,427,450	465,168
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		4,427,450	465,168

The accompanying notes form an integral part of these financial statements

STATEMENT OF CHANGES IN EQUITY

As at 30 June 2015

	2015	2014
Notes	\$	\$
Accumulated surplus at the beginning of the financial year	4,596,999	4,131,831
Net surplus for the year	4,427,450	465,168
Other comprehensive income	-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	9,024,449	4,596,999

The accompanying notes form an integral part of these financial statements

STATEMENT OF CASH FLOWS

As at 30 June 2015

	2015	2014
Notes	\$	\$
Cash Flows From Operating Activities	Inflows / (Outflows)	Inflows / (Outflows)
Receipts from funding providers and customers (inclusive of GST)	14,519,561	17,337,674
Payments to suppliers and employees (inclusive of GST)	(13,074,830)	(13,635,537)
Interest received	233,495	192,265
Net Cash Flow From Operating Activities	1,678,226	3,894,402
Cash Flows From Investing Activities		
Payments for property, plant and equipment	(5,156,758)	(2,442,830)
Proceeds from sale of property, plant and equipment	100,296	342,651
Funds invested in term deposits	4,412,136	(133,454)
Net Cash Flows From Investing Activities	(644,326)	(2,233,633)
Cash Flows From Financing Activities		
Receipts from lender	100,000	250,000
Payments to lender	(31,149)	(25,530)
Net Cash Flows From Investing Activities	68,851	224,470
Net (Decrease) / Increase in Cash and Cash Equivalents Held	1,102,751	1,885,239
Cash and cash equivalents at the beginning of the financial year	4,123,850	2,238,611
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	5,226,601	4,123,850

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 set out below to assist in a general understanding of these financial statements. These policies have been consistently applied to all years presented 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 Corporation's functional currency.

Certain new standards and interpretations have been published that are not mandatory for 30 June 2015 reporting periods and have not been adopted early by the entity; as below:

AASB 9 Financial Instruments

This standard simplifies the model for classifying and recognising financial instruments and aligns hedge accounting more closely with common risk management practices. Changes in credit risk in respect of liabilities designated at fair value through profit or loss shall now be presented within Other Comprehensive Income. The entity does not plan to adopt this standard early and there is not expected to be any material impacts once these standards are adopted.

AASB 15 Revenue from contracts with customers (effective for annual reporting periods beginning on or after 1 January 2018)

The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118, which covers contracts for goods and services, and AASB 111, which covers construction contracts. The new standard is based on the principle that revenue is recognised when control of a good or service transfers to a customer - so the notion of control replaces the existing notion of risks and rewards. The entity does not plan to adopt this standard early and there is not expected to be any material impacts 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	0%
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 and other 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) Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

(k) Income Tax

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

(l) Comparative Figures

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

(m) 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.

(n) 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 expire 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.

	2015	2014
	\$	\$
2. Cash and Cash Equivalents and Other Financial Cash Assets		
Cash and Cash Equivalents		
Cash at bank	5,225,001	4,122,250
Bank overdraft	(100)	(100)
Cash on hand	1,700	1,700
	5,226,601	4,123,850
Other Financial Cash Assets		
Term deposits	-	4,412,136
	-	4,412,136

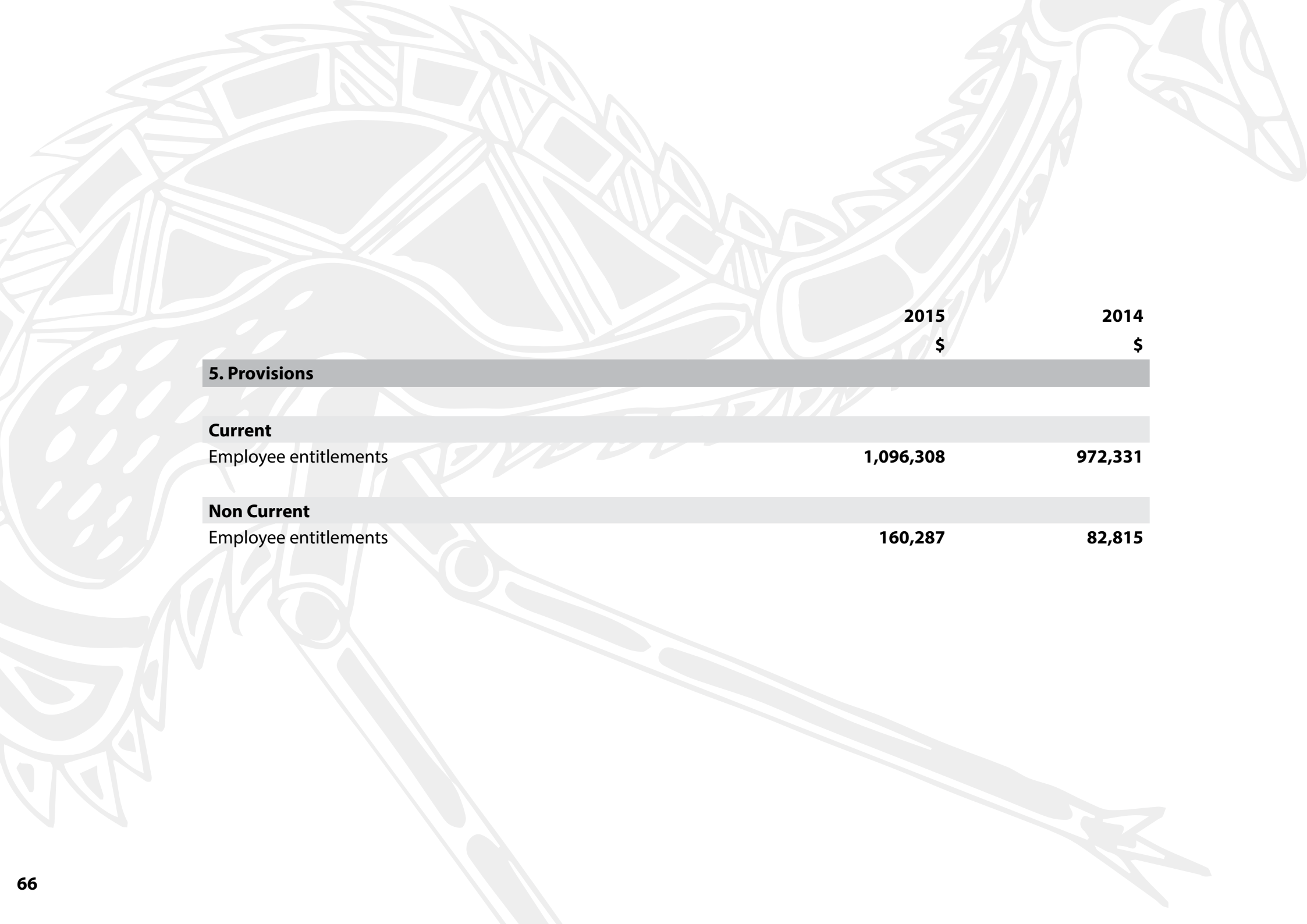
Other financial cash assets are term deposits held at year end with an original maturity date greater than three months.

3. Trade and Other Receivables

Current		
Trade debtors	504,158	82,694
Sundry debtors	8,190	10,809
Accrued income	35,424	100,883
Prepayments	100,695	100,997
	648,467	295,383

As at 30 June 2015, trade receivables of \$528 (2014 – \$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 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	499,613	841,943	4,890,571
Period Ended 30 June 2015					
Opening net book amount	294,328	3,254,687	499,613	841,943	4,890,571
Additions	20,000	4,281,294	538,802	346,862	5,186,958
Disposals	-	(42,248)	(23,117)	(93,710)	(159,075)
Depreciation charge	-	(89,638)	(110,584)	(318,071)	(518,293)
Closing Net Book Amount	314,328	7,404,095	904,714	777,024	9,400,161
At 30 June 2015					
Cost	314,328	7,873,565	1,566,891	1,384,207	11,138,991
Accumulated depreciation	-	(469,470)	(662,177)	(607,183)	(1,738,830)
Net Book Amount	314,328	7,404,095	904,714	777,024	9,400,161



	2015	2014
	\$	\$
5. Provisions		
Current		
Employee entitlements	1,096,308	972,331
Non Current		
Employee entitlements	160,287	82,815

	2015 \$	2014 \$
6. Grant Revenue		
During the year, the Corporation received the following grants:		
Australian Government – Dept. of Health	6,081,628	6,251,184
Beyond Medical	231,467	172,056
Brotherhood of St Lawrence	160,050	68,200
DEEWR	-	79,539
Dept. of Prime Minister & Cabinet	657,870	269,716
Far West Local Health District	1,464,088	1,202,569
Far West Medicare Local	841,589	607,137
NACCHO	-	13,636
NSW Cancer Institute	28,636	33,436
NSW Dept. of Justice.	115,600	115,800
NSW Dept. of Aboriginal Affairs	-	50,000
NSW Dept. of Family & Community Services	238,168	233,501
NSW Ministry of Health	852,255	2,927,875
NSW Rural Doctors' Network	701,787	757,844
SA Health & Medical Research	14,000	-
Pharmacy Guild	31,136	26,926
The Healing Foundation	20,000	30,000
Transport NSW	104,009	92,750
University of New South Wales	534,439	614,441
	12,076,722	13,546,610
Prior year unexpended grants	6,177,053	4,556,377
Unexpended grants carried forward	(2,680,007)	(6,177,053)
GRANT REVENUE FOR THE YEAR	15,573,768	11,925,934

	2015	2014
	\$	\$
7. Expenditure		
Advertising	18,005	40,743
Audit fees, including grant acquittals	97,502	108,785
Auditors – non-audit services	3,876	3,060
Bank charges	4,389	2,848
Cleaning & domestic supplies	120,544	115,938
Community activities	654,629	603,865
Computer software & support	97,396	77,966
Consumables	58,169	81,431
Consultants' fees	171,941	174,687
Depreciation	518,293	588,837
Directors' expenses	58,409	55,972
Electricity, gas & water	100,880	82,759
Health systems support	33,128	31,708
Insurance	37,376	44,993
Interest	24,256	18,399
Legal expenses	12,901	22,606
Medical & dental costs	1,694,907	1,760,812
Meeting expenses	67,123	37,375
Membership & subscriptions	6,127	6,999
Miscellaneous expenses	11,102	12,974

	2015	2014
	\$	\$
Miscellaneous foodstuffs	28,898	28,257
Motor vehicle expenses	228,570	229,473
Patient support expenses	86,890	27,826
Postage	5,428	7,831
Printing & stationery	90,158	80,950
Rates & charges	22,734	18,214
Relocation costs	20,623	55,090
Rent of premises	64,251	11,871
Repairs & renewals	272,653	275,923
Salaries & wages and on-costs	8,090,581	7,892,141
Security services	3,836	1,645
Staff amenities	12,576	10,356
Staff recruitment	37,944	100,540
Staff training	159,582	176,327
Staff uniforms	10,739	14,740
Telephone expenses	102,434	101,520
Transport services	12,692	85,286
Travel & accommodation	158,905	199,148
Youth hall expenses	2,064	2,319
TOTAL EXPENDITURE	13,202,511	13,192,214

	2014			2014		
	Current	Non-Current	Total	Current	Non-Current	Total
	\$	\$	\$	\$	\$	\$
8. Borrowings						
Secured Bank Loans	58,272	340,759	399,031	50,244	279,936	330,180
Total Secured Borrowings	58,272	340,759	399,031	50,244	279,936	330,180
Unsecured Bank Overdrafts*	100	-	100	100	-	100
Total Borrowings	58,372	340,759	399,131	50,344	279,936	330,280

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

(a) Secured liabilities and assets pledged as security

The total bank loans of \$399,031 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

(b) Undrawn facilities

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

	2015	2014
	\$	\$
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

	2015	2014
	\$	\$
Key Management Personnel Compensation	1,307,334	1,324,816

There were no transactions other than compensation with key management personnel in the current year (2014: \$0)

10. Contingencies

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

11. Commitments

(a) Capital commitments

	2015	2014
	\$	\$
Property	185,275	3,937,809

The above commitment relates to the construction of the new clinic at 443 Argent St. Work has largely been completed.

(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 2015.

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 to provide remote health services in the far west area of New South Wales. Maari Ma's services have an emphasis on chronic disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of Indigenous people. As a result the directors have determined the Corporation operates in one segment.

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.

	2015	2014
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:

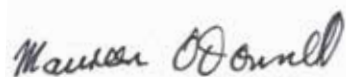
Maari Ma Health Aboriginal Corporation
428 Argent Street
PO Box 339
Broken Hill, NSW, 2880

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 3 to 17 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 2015 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 27 August 2015.



Maureen O'Donnell
Chairperson
Broken Hill

Dated this 27th day of August 2015



PARTNERSHIPS

A large, solid orange circle is positioned on the left side of the page. The word "PARTNERSHIPS" is written in a bold, dark red, sans-serif font across the center of this circle. The background of the entire page is white. A faint, light gray illustration of a crocodile is visible, extending from the left edge towards the right. The crocodile's head is at the top right, and its body extends towards the bottom left. A long, thin spear or arrow is also visible, pointing from the bottom left towards the top right, crossing the crocodile's body.

PARTNERSHIPS

An important feature of the work Maari Ma does and the way we do it is our collaborative approach: working with others to achieve our shared goals:

- We work with our clients to improve their health.
- We work with our communities to put new services and programs on the ground.
- We work with other organisations to advocate for the region and to be change agents for Indigenous people.

In the last year, we have entered into many new partnerships and we have continued in existing ones. We have been pleased to partner with Broken Hill's PCYC regarding services for school-aged Aboriginal children and young people. We have worked in partnership with Broken Hill's YMCA to see our HIPPY families accessing learn to swim and fitness classes, and supporting the Desert Dash.

This year we have supported two regional Aboriginal community controlled health services in NSW through sharing Maari Ma's expertise in service and program management. We have continued our secretariat support role to the Murdi Paaki Regional Assembly, providing meeting support, grant writing and reporting, contract management, finance and IT support. As the pre-eminent Indigenous governance body for western NSW, this is a significant role which is important for all Indigenous people.

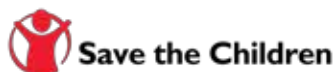
We have also entered into a formal partnership with Justice Health regarding GP services at Broken Hill jail and discharge planning for Maari Ma clients throughout the Justice Health system.

Our relationship with the Salteri family through the CAGES Foundation continues, for which we are very grateful, supporting our Healthy Start program expansion, and we are excited to be working with the

Healing Foundation on a framework that will support governance and management systems informed by healing principles, thus enabling a trauma-aware, healing-informed organisational culture that will improve sustainability.

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.

We are also grateful to our various government and non-government funding bodies for the opportunities they provide 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 Executive Assistant
Kate Gooden Systems Development Manager
William Johnstone Consultant
William Jeffries Murdi Paaki Regional Assembly Chairperson

Public Health

Hugh Burke Director Medical Services

Finance

Chris Eastwood Director Finance
Lee-Anne Philp Finance Office Manager
Shane Hayward Finance Officer
Kate Pittaway Finance Officer
David Winter Payroll Officer

Corporate Services

Cathy Dyer Director Corporate Services
Cath Kennedy Data Analyst
Jessica Ierace Health Information Officer
Michael Hanley Manager Information Technology
Dustin Mitchell IT Support Worker

Workforce

Glenis Barnes Workforce Consultant
Renaë Roach Workforce Training Coordinator

Community Engagement

Kaylene Kemp Manager Community Engagement

Community Programs

Justin Files Manager Community Services & Programs

Regional Office Administration

Leah Daly Office Manager
Lucinda Collins Administrative Assistant

Early Years

Lesley Harvey Early Years Project Leader
Janette Jones Playgroup Assistant
Callan Rogers Early Years Support Worker
Michelle Parker HIPPY Coordinator
Kerrie Williams HIPPY Home Tutor
Latesha Adams HIPPY Home Tutor

Community Safety Research Project

Marsha Files Manager CSRP
Claudett Dixon Aboriginal Family Health Worker
Bilyara Bates CSRP Project Officer
Jarred Menz CSRP Project Officer
Tarissa Staker CSRP Project Officer
Frank Etrich CSRP Project Officer
Catherine Sanford CSRP Project Officer
Kate Balman CSRP Project Officer

Wings Drop In Centre

Natika Whyman Wings Coordinator
June Jones Youth Worker
Justin Harris Youth Worker
Philip Hunter Youth Worker
Casey Harris Youth Worker

Strategic Development

Timothy Agius Director Strategic Development

Regional Primary Health

Linda Lynott	Director Regional Primary Health
Stephen Gaggin	General Practitioner
Elaine Powell	General Practitioner
Nalin Fonseka	General Practitioner
Aung si Thu	GP Registrar
Priscilla Htun	GP Registrar
Anne Waterman	Clinical Nurse Consultant Diabetes

Visiting Medical Practitioners

Vic Carroll	General Practitioner
Marion Christie	General Practitioner
Ros Brooks	General Practitioner
Michael Nugent	General Practitioner
Muzaffar Karimov	General Practitioner
Shanti Raman	Paediatrician
Guy Windsor	Psychiatrist

Practice Administration

Kendy Rogers	Practice Manager
Lisa Kelly	Clinic Coordinator
Alannah Degoumois	Administration Assistant
Tamara Brache	Administration Assistant
Guy Crawford	Transport Officer
Shane Johnson	Transport Officer
Stanley Hart	Casual Transport Officer
Regan O'Donnell	Casual Transport Officer

Clinic and Community Team

Kelly McGowan	Manager Clinical Teams
David Doyle	Manager Chronic Disease
Tiffany Cattermole	Registered Nurse
Jamie Billing	Primary Health Worker
Heather Curyer	Practice Nurse
Regan Chesterfield	Practice Nurse

Kristy Kelly	Practice Nurse
Eileen Adam	Practice Nurse
Codi King	Primary Health Worker
Gina Faulkner	Primary Health Nurse
Fiona Mitchell	PMHAOD Worker

Healthy Start

Helen Freeman	Manager Healthy Start
Ann Bennett	Primary Health Worker
Stevie Kemp	Primary Health Worker
Tarnee Tester	Primary Health Worker
Carol Doyle	Child & Family Nurse
Sherlie Barnett	Child & Family Nurse
Bryn Stables	Community Midwife
Abana Moeti	Speech Pathologist

Primary Care Specialist Services

Fiona Burrows	Manager PCSS
Peter Crossing	PMHAOD Worker
Jenny Walters	PMHAOD Worker
Matt Jones	PMHAOD Worker
Susan Jordan	AMIHS PMHAOD Worker
Pia Brady	PMHAOD Social Worker
Taylor Degoumois	Primary Mental Health Worker in Training
Ashley Smith	Dietitian
Melanie Blair	Dietitian
Leanne Martin	Healthy Start Cook
Steven Harris	Cook Casual
Shannon Oates	A/Coordinator Regional Healthy Lifestyle & Tackling Smoking
Tiffany Lynch	Tobacco Action Worker

Oral Health

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

Wilcannia Primary Health

Judith Borg	Manager Wilcannia Primary Health
Belinda King	Primary Health Worker
Robert Harris	Community Transport
Kevin Bates	Community Support Worker
Kerry King	Community Support Worker
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	Primary Health Worker
Dimity Kelly	Primary Health Worker
Prisceetima Stephens	Primary Health Worker
Carmel King	Community Transport
Renay Williams	Community Transport Casual

Ivanhoe

Jamie Hughes	Community Transport Casual
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MAARI MA HEALTH
ABORIGINAL CORPORATION



MAARI MA HEALTH
ABORIGINAL CORPORATION

Maari Ma Regional Office
428 Argent Street
PO BOX 339
BROKEN HILL NSW 2880
Phone (08) 8082 9888
Fax (08) 8082 9889

ABN 39 056 645 930
ICN 2570

Maari Ma Primary Health Care Service
439-443 Argent Street
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BROKEN HILL NSW 2880
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Visit us online at www.maarima.com.au



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