



ANNUAL REPORT

MAARI MA HEALTH ABORIGINAL CORPORATION

2011/2012

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OUR VISION

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

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Our Board

Fay Johnstone

Fay Johnstone is a Ngiyampaa Barkintji woman residing in Ivanhoe. Fay has been employed for 30 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party and a member of the Ivanhoe Health Advisory Council. Fay is a past Director of the Murdi Paaki Regional Housing Board and of the Western Aboriginal Legal Service. Fay commenced her role with the Maari Ma Board in 1998.

Cheryl Blore

Cheryl Blore is a Barkintji woman who resides in Menindee. Cheryl has been employed for 27 years as an Aboriginal Education Officer with the Department of School Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 27 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/Barkantji elder and founding Chairperson of Maari Ma Health and is a very active member of the Wilcannia community. He is current Chairperson of the Community Working Party and a member of the Murdi Paaki Regional Assembly. William has been involved in the advancement of Indigenous rights for many years and continues to make a significant contribution on the various committees on which he sits such as: Chairperson, Murdi Paaki Regional Enterprise Corporation; Director, Murdi Paaki Regional Housing Corporation Ltd; Chairperson of the Mutawintji National Park Board of Management and Chairperson, Mutawintji Local Aboriginal Land Council

Maureen O'Donnell

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

Des Jones

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 Committee, Balranald Indigenous Committee and Balranald Inc. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria is also a strong campaigner in lobbying government agencies to provide suitable, appropriate and affordable accommodation for Aboriginal people. Gloria commenced her role with the Maari Ma Board in 1998.

CHAIRPERSON REPORT

Chairperson Report



It gives me honour to be standing at the head of our organisation for another successful year. These past 12 months have seen continued progress and we have reached more significant milestones. But while we have been enjoying the successes of our work our year has also been one of immense loss for me personally and for all staff with the passing of my youngest son Colin. Imagine if you went for a

walk each morning of your life along the Darling River and then one day when you went for your walk the river was no longer there. Such is the magnitude of the void that Colin leaves behind. I would like to thank all of Colin's work mates, the Board and the community for their support and kind words, and also for the immense support everyone has shown to my family.

My cloak of grief quietens from this comfort as it does when I look to Maari Ma's achievements, as much of what we are doing today is the result of his efforts. We have worked very hard this year to develop and strengthen our programs within a quality framework and to meet the challenges of independent recognition for quality service provision. Earlier last year, re-accreditation was achieved for the Primary Health Care Service's medical practice through Australian General Practice Accreditation Limited (AGPAL). This

year we have successfully worked towards obtaining organisational accreditation through the Quality Improvement Council (QIC). QIC has world standing as an accreditor of health and community services with the aim of promoting continuous quality improvement. Maari Ma is now one of only a few Aboriginal Medical Services in New South Wales to gain QIC accreditation. This is an exceptional achievement.

We are continuing to develop our Indigenous workforce and nurture Indigenous leadership. I am proud to say we have a workforce displaying drive and commitment to achieve qualifications with a very high number studying at TAFE or universities. We also have a second intake of Trainee Primary Health Workers recruited from throughout the Maari Ma region who will be tomorrow's dedicated staff working for our communities and advocating for improved Aboriginal health.

We gained state recognition this year for the direction we are taking with our workforce when we won the Director General's Award at the 2012 NSW Aboriginal Health Awards. We also gained recognition at the same awards for our work in chronic care when we won the Closing the Gap in Aboriginal Health through Excellence in the Chronic Care Award for the Outback Vascular Health Service.

No report of mine would be complete without a word on the work we have been doing for our children. The Early Years program and the Healthy Start program are both producing significant achievements in the development and overall well-being of children and their families. Last year we officially opened the Child and Family Unit and

it continues to be an asset for children and families to access health programs and share time together. I would like to thank for another year the work of our CEO Bob Davis for his leadership and vision, and my fellow Directors for their continued support of me and their commitment to our communities.

Maureen O'Donnell, Chairperson

CEO REPORT



The year began with sadness with the passing of Colin O'Donnell, our Senior Indigenous Health Care Worker and Clinical leader, a much loved, admired and respected man. Not only was it a day of sadness for Colin's family; it was a day of sadness for those of us fortunate to work with him. Like many others we were shocked and struggled to find words to adequately honor Colin, his life and his contributions.

It was once said that the value of a man should be seen in what he gives and not in what he is able to receive. He was a man who gave. He contributed immensely to the development of our organisation; he generously gave us his knowledge, his expertise and skills. He gave us his friendship. He gave energy, commitment and inspiration to staff and others with whom he worked. He was a mentor, friend, colleague and teacher to many of us here. We will all remember him as a dedicated professional.

Maari Ma has experienced another busy year; we obtained organisational accreditation through the Quality Improvement Council (QIC), the program has both compliance and quality improvement elements. We spent 12 months working hard to prepare for this - a great achievement for all staff.

CEO Report

Maari Ma also achieved re-accreditation for the primary health care service's medical practice through the Australian General Practice Accreditation Ltd (AGPAL).

The Outback Vascular Health Service (OVHS), a collaboration between Maari Ma, The George Institute and Royal Prince Alfred Hospital, continues to show positive results. This project directly relates to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes by tackling smoking, making Indigenous health everyone's business, delivering effective primary health care services and better coordinating the patient journey through the health system. This innovative model of care received recognition by winning the Closing the Gap in Aboriginal Health through Excellence in Chronic Care Award at the 2012 NSW Aboriginal Health Awards. Adjunct Associate Professor Renee Bittoun who is the Director of the Smoking Research Unit at the University of Sydney and a renowned national and international expert on smoking cessation will be visiting quarterly as part of the Outback Vascular Health Service seeing hard to treat smokers and providing education and training.

At the same awards, Maari Ma won the Director-General's Award for developing and implementing an Indigenous workforce development plan in far west NSW. The plan, which sets the direction for the development of our workforce, demonstrates the commitment of the Board and management team to Aboriginal employment and development. Following the success of our trainee primary health workers who completed the requirements for their Certificate IV qualification in February 2011, another seven trainees completed all requirements to finish and pass the

course component of their traineeships in 2012. We developed a partnership with the CAGES Foundation, a philanthropic foundation established by the Salteri family to fund organisations committed to enabling Aboriginal and Torres Strait Islander children in regional and remote Australia (with a preference for NSW) to get the very best start in life in terms of early learning, health and well-being. The CAGES Foundation is supporting our Healthy Start Playgroup.

This year we received very generous support from the NSW Ministry of Health to commence the early stages of a major capital works program to be undertaken at our site in Argent Street.

Late in 2011 the NSW Outback Division of General Practice was advised by the Minister for Health and Ageing that it had been selected through a competitive tender process to lead the formation of the Far West Medicare Local. Our Board has supported the NSW Outback Division of General Practice from the outset and is delighted their tender was successful. This provided opportunities for us to work with and support other Aboriginal Community Control Health Organisations in the north west during the Invitation to Apply (ITA) process - Walgett Aboriginal Medical Service, Bourke Aboriginal Health Service and Brewarrina Aboriginal Medical Service.

I have been personally involved as a Transition Board member and also through the recruitment process for the new Chief Executive Officer, Mr Stuart Gordon. I would like to acknowledge the leadership of Dr Paul Collett, Chairperson of the Far West Medicare Local and former Chairperson of the NSW Outback Division

throughout the transition process. Both Stuart and Paul have demonstrated their commitment to Aboriginal health by supporting the development of a health strategy for improving the health status of our Aboriginal communities.

Whilst writing this report I tendered my resignation after 3 great years in Far Western NSW. I would like to acknowledge the Board and the staff for the support they have given the organisation and to me personally during this time. The dedication and commitment of the staff and their friendship will be one of my enduring memories.

None of the achievements in this annual report could have happened without the efforts and commitment of the staff in partnership with the community and the major funding bodies that make all of this possible; the Department of Health and Ageing and in particular the NSW Office of Aboriginal and Torres Strait Islander Health, NSW Ministry of Health and their Centre for Aboriginal Health, Aboriginal Affairs NSW, Department of Families, Housing, Community Services & Indigenous Affairs, Department of Families and Community Services, Department of Attorney General and Justice, Department of Education, Employment and Workplace Relations, the Fred Hollows Foundation and the CAGES Foundation.

I acknowledge the leadership of the Chairperson, Maureen O'Donnell and the commitment of the Board of Directors for their tireless work during the year.

Bob Davis, Chief Executive Officer

COLIN O'DONNELL

Maari Ma pays tribute to an
extraordinary Health Worker
Colin O'Donnell

1970 - 2012

Colin O'Donnell

We have mourned the loss this year of one of our longest serving and most dedicated health workers, Colin O'Donnell. Colin, a proud Barkindji-Wilyakali man, worked for Maari Ma for more than 12 years and was a senior Health Care Worker and Clinical Leader of the Keeping Well Team at the Primary Health Care Service in Broken Hill. He obtained an Associate Diploma in Community Health and Development through the University of Sydney in 2001. He then obtained a Graduate Certificate in Diabetes Education from Flinders University and undertook a Bachelor of Nursing course at Charles Sturt University.

While his educational achievements were commendable it was his dedication to community and a commitment to see Aboriginal people live better and live longer that made him an exceptional mentor and a valued leader. He worked with a quiet wisdom, earning the respect of his colleagues and the trust of his clients, and was always able to gauge a community's willingness to embrace change and take up new programs. Our workplace and our communities are richer for all that Colin gave us and his influence will continue to inspire our direction.



PRIMARY HEALTH CARE

Primary Health Care

General Practice

In Broken Hill our general practice services continue to grow with an increase in our GP clinics as well as an increase in the nursing and Aboriginal health workforce.

In 2011/2012 the clinic has leaped forward and has adapted to cater for our acute patients and to provide ongoing care for our chronic disease patients. The team, which consists of two registered nurses and three Aboriginal health workers, work together to meet the needs of the community providing support to the general practitioners, assessment prior to GP consults and assessment prior to our walk-in GP clinics. The team manages acute illness that requires urgent medical attention, immunises patients, provides wound management, the recall of patients with abnormal results, venipuncture, ECGs and other screening tools.

Our walk-in clinics are now extended to all day with a morning session and an afternoon session. This has helped cater for those patients who find commitment to planned appointments hard to keep.

Episodes Of Care	10/11	11/12
Broken Hill Primary Health Care Service	9,424	11,266
Wilcannia Primary Health Care Service	8,927	3,893*

* Change in data collection methodology

Number Of Clients

	10/11		11/12	
	ATSI	TOTAL	ATSI	TOTAL
Broken Hill Primary Health Care Service	1,237	1,531	1,225	1,533
Wilcannia Primary Health Care Service	561	705	527	650

Practice Administration

Renovations at the Primary Health Care Service commenced in January 2012. The staff worked hard to ensure the disruption to clients was minimal. The Practice Administration area and a new waiting area were created to improve client flow into and out of the building.

This year the team has been involved in a variety of changes and improvements including:

- The Practice Administration team has increased over the past twelve months with three new employees - Kendy Rogers & Alannah Degoumois as Practice Administration Assistants and Shane Johnston as a part time Transport Officer;
- Staff have all received education on the Indigenous Practice Incentive Program (IPIP) and encourage clients to register for both IPIP and Closing the Gap;
- Medicare forms from clinics provided in other towns are now lodged online at the Primary Health Care Service in Broken Hill;
- Supporting 8 locums;
- Increase in clinics through the use of locums;

- Greater attendance at specialist clinics with assistance from the Keeping Well team;
- Supported the Sydney Dental Hospital locum team which visited Broken Hill, Wilcannia and Menindee over a period of 12 weeks. The administration team assisted the visiting service team to work on the backlog of clients awaiting dental treatment.

Transportation

An important aspect of keeping people well is the support and assistance provided in attending health appointments through the provision of transport.

Maari Ma has transport officers in Broken Hill, Wilcannia and Menindee, all of whom provide a valuable service to the community. They provide transport to appointments at the health services as well as to specialist and other appointments at the hospital.

Keeping Well

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

Staff involved in this program include health workers, nurses, doctors, dietitians, a podiatrist, diabetes educator, primary mental health workers, drug and alcohol counsellors and a pharmacist.

This year has been a very busy year with the Keeping Well teams. The teams have enjoyed an impressive year of training and education to implement Closing the Gap processes and strategies aimed at ensuring the community is provided with ongoing continuity of care by Maari Ma.

	10/11		11/12	
Transport For Clients	To Other Health Professionals	To Health Professionals At This Service	To Other Health Professionals	To Health Professionals At This Service
Broken Hill	1,853	4,464	2,827	3,263
Wilcannia	927	1,872	906	2,964

The team has been involved in the following activities:

- Training and education around the Indigenous Practice Incentive Program (PIP), Closing the Gap, Chronic Disease management, Home Medicine Reviews, follow-up Team Care Arrangements (TCA) and care associated with General Practitioner Management Plans (GPMPs) both in Broken Hill and Wilcannia;
- Providing a better understanding of the Cycle of Care for our chronic disease patients to ensure lifestyle change within our communities;
- Medication management through Webster Packs (prepackaged medication) that are delivered on a weekly basis by the Keeping Well Team. This allows for opportunistic patient contact and education;
- Home Medicine Reviews by a local pharmacist and coordinated by a trainee Aboriginal health worker. This occurs either in the clinic or in the patient's home. Education is provided on prescribed medications and in depth information is given to the patient on why they are taking these medicines. A report is generated and then signed off by a general practitioner;
- Implementation of weekly diabetes clinics both in Broken Hill and Wilcannia, conducted by the newly appointed Diabetes Clinical Nurse Consultant (CNC), Anne Waterman, who is attached to the Keeping Well team;
- Ongoing work with the Chronic Disease Recall list. This includes community follow-up care and team care arrangements. This work consists of discussion with our patients and families regarding follow-up care, which includes booking appointments, blood taking, blood glucose levels, home medicine reviews, diabetes assessments, GPMP, TCA, Aboriginal and Torres Strait Islander Health Checks, social and emotional support for various families, and education to the community regarding their health and wellbeing;
- Providing ongoing community care to 150 cardiovascular patients in the community. This is in collaboration with the Clinic staff, Healthy Start team, Administration team and other mainstream services that also provide care relating to these patients;
- Health promotion at NAIDOC Day in the park. There were a number of activities relating to healthy lifestyle;
- Training in information technology (IT), Medicare, Practice Incentive Program (PIP), our electronic medical record software (Medical Director), and medical record documentation. This is an ongoing requirement of a good health service, to ensure all staff remain current and are updated on a regular basis on any new conditions.

Healthy Start

The Healthy Start program is designed to help families get their children off to a good start in life. The program, which is conducted in Broken Hill, Wilcannia, Menindee, Ivanhoe, Dareton and Balranald, consists of an antenatal program carried out by midwives and a health worker who ensure the mother is healthy during her pregnancy and post natal period. Mums are seen both at the Primary Health Care service and at home so that they all have the appropriate checks, and are provided with up to date information and support needed. Once the baby is born, staff assist mums to keep up the growth and development monitoring.

The earlier in the pregnancy the antenatal care starts, the better the outcome for both mum and baby.

After 6 weeks, support is provided by the child and family nurses and health workers who work with the family to ensure the baby progresses through the milestones, and they continue to monitor the child's growth and development up to 5 years of age.

If babies are born and stay healthy in the first 5 years, they are much more likely to have a healthy life and avoid chronic disease.

All mums are provided with a calendar with the checks and immunisations that are required, and staff assist them to make appointments for either a home visit or at the Service.

The teams continue to be supported by our

paediatrician, Dr Kerrie McDonald, who provides sessions in both Wilcannia and Broken Hill on a monthly basis, community paediatrician, Dr Garth Alperstein who provides support and advice to the program, and perinatal psychiatrist, Dr Ros Powrie, who provides training support and clinical supervision to the staff.

In August 2011 the Broken Hill team moved into the new Child and Family Unit, which is purpose built to provide a family friendly service to meet the needs of the community. The area is being used by families on a regular basis and a variety of activities are being conducted in the Unit, including weekly cooking sessions where the food for the Healthy Start Playgroup is prepared.

Qumax

Maari Ma continues to participate in the Quality Use of Medicines (QUMAX) program, which will continue until June 2013. The project aims to improve the quality use of medicines for those with a chronic disease, and reviews of the program have confirmed better health outcomes. This is largely through the support provided for the cost of medicines and the provision of Webster packs in Broken Hill, Wilcannia and Menindee.

Oral Health

Maari Ma's child oral health service continues across the region. Sessions are conducted in Broken Hill each Monday, Wilcannia on Tuesday and Wednesday,

Menindee on a fortnightly basis on Thursday and 2 days per school term in Ivanhoe.

Oral Health promotion activities this year have included:

- Being part of the weekly Healthy Start Playgroup in Broken Hill;
- Being part of the Menindee Little Kids & Books fortnightly activity;
- Colgate have committed to supporting Maari Ma's oral health program for 3 years. Discounted toothbrushes and toothpaste are provided to Maari Ma for distribution to community members.
- NAIDOC celebrations in July supplied oral health take home packs
- Oral health and tooth brushing education sessions at schools in Wilcannia and Ivanhoe throughout the year, including supplying toothbrushes and toothpaste.

The team has also been involved in the silver fluoride research project. The project commenced in March 2012 and will be ongoing for two years. It is assessing the value of the use of silver fluoride in arresting tooth decay in children thus preventing the need for fillings. It is being conducted in Broken Hill, Wilcannia and Menindee.

Adult Services

This year Maari Ma was chosen to benefit from a Sydney based locum dental service specifically for Aboriginal people. The team, from the Sydney Dental Hospital provided adult services to Broken Hill, Wilcannia and Menindee, comprised a dentist and dental assistant, over a period of 12 weeks.

Child Dental Reports 2011-2012

More than 126 occasions of service were delivered in Broken Hill, 162 in Wilcannia, 100 in Menindee and 49 in Ivanhoe. (These figures do not include short periods when we had a locum in the team).

Primary Care Specialist Services (PCSS)

Dietetics

We welcomed two new dieticians this year, Cher Twe and Elisa Rossimel and they were joined by Shannon Hinton working towards improving the nutritional health of our communities.

Shannon's role involves supporting and facilitating community nutrition programs.

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

The team is also providing one-on-one dietetics consultations with community members across the region including Broken Hill, Menindee, Wilcannia and Ivanhoe to decrease diet-related chronic disease in our communities.

Monthly Community dinners in Wilcannia continue to be successful with up to 100 people attending.

Cher and Shannon work with local community members who decide the evening's theme, choose the recipes and assist in the preparation of a healthy meal for the community.

These are a successful way for the Wilcannia community to come together and enjoy a 'nutritious' meal while learning about the benefits of nutrition and health. Elisa works with the Healthy Start playgroup members to prepare lunch each week in the Child and Family Unit; a great opportunity to learn cooking skills and the basis of healthy meal production, particularly with the needs of young children in mind.

Smokers Program

Tobacco smoking is a significant contributing factor to chronic disease and the single greatest preventable cause of all death and illness in Aboriginal communities. Over the past year Tiffany Lynch, Shannon Hinton and Lisa Kickett have focused significantly on promoting Maari Ma's Smoker's Program to community members.

The PCSS team has been trained in how to assist someone with a quit attempt through the Smokers Program meaning that clients who are seen in a mental

health, AOD or dietetics capacity have the ability to access the Smokers Program and gain support to quit smoking from their PMHAOD worker or dietician.

To support the large number of Maari Ma patients commencing the program, we have day clinics both at the PHCS and Child and Family Unit, and additionally provide a weekly Smokers Program clinic to Wilcannia which has a good success rate.

To support this great program we have had Professor Renee Bittoun, an expert in Smoking Cessation for more than 30 years, visiting Maari Ma quarterly to provide specialist consultation advice and work with the team to increase their skills and knowledge in this area.

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

The PMH&AOD team has continued to improve individual and community health by promoting a sense of 'holistic health' through strengthening awareness and wellness related to social, emotional, spiritual and cultural wellbeing.

The PMH&AOD team has promoted a strong sense of social and emotional wellbeing by working with Maari Ma's general practitioners and health workers to increase the number of clients accessing the PMH&AOD team. This has meant an increase in the clinic hours to four full days in Broken Hill and one additional day in Wilcannia for one-on-one work with clients to build resilience, decrease mental illness and substance abuse, and additionally work through trauma and loss issues.

There has additionally been a significant emphasis on the PMH & AOD team providing preventative programs to adolescents and children, building confidence and resilience and decreasing the rate of mental illness and AOD issues in our communities' youth. This has included the 'Aboriginal Resilient Adolescent Program' and 'Alcohol and Other Drug Choices' programs that Lisa Kickett and Peter Crossing facilitate within the schools and communities.

To support this work we have had Addictions Specialist, Rod McQueen, visiting Maari Ma quarterly to provide specialist consultation advice and work collaboratively with the PMH&AOD team to increase their skills and knowledge in this area.

Service delivery

The following is a snap shot of services provided for the period 2011 - 2012:

Aboriginal Maternal & Infant Health Service – Primary Mental Health and Alcohol and Other Drug Workers

This year the PCSS team has welcomed both Michele Williams & Susan Jordan who provide mental health and AOD services for women and their families who are clients of the Aboriginal Maternal and Infant Health Service (AMIHS) (midwifery service), with the aim of improving the social and emotional wellbeing of these women, their babies and extended families.

Both Susan and Michele work closely with the existing midwifery team in Broken Hill and Wilcannia and work one-on-one with women in their perinatal period to build resilience and decrease mental illness and substance abuse during this period. The AMIHS team offers an excellent opportunity to contribute significantly to the prevention of chronic disease by starting the 'wellness' process in our community's babies and children.

This team is supported by Dr Ros Powrie, perinatal psychiatrist, who provides quarterly visits to Maari Ma and works with the the entire Healthy Start and PCSS teams to increase skills and knowledge around how best to support our women in their perinatal period.

	ABORIGINAL	NON-ABORIGINAL	TOTAL
Total Appointments Made	1,607	134	1,741
Clients Who Kept Appointments	967	99	1,066
Percent	58%	74%	61%
Of Those Who Kept Appointments:			
The Majority Of Clients Were Aboriginal Female		Aboriginal Female	607
		Aboriginal Male	251
		Missing Gender	96

COMMUNITY ENGAGEMENT & SUPPORT

Community Engagement & Support

Community Engagement

In October 2011, the position of Community Engagement Manager was created to support the clinical teams to address the high non-attendance rates and to promote the benefits of government's Closing the Gap program. Closing The Gap has a number of aspects especially for those patients who have a chronic disease or who are at risk of chronic disease, which is ALL Aboriginal people.

This new role involves:

- Providing education around Closing the Gap in the community and working to engage the 'hard to access' clients by ensuring appropriate access to the services Maari Ma provides.
- Managing complaints relating to any individual working or providing a service from Maari Ma.
- Providing assistance to both clinical and administrative staff around IPIP Registration and Consent (Free Medications)

Ongoing support is provided in the community through regular home visits, providing education and helping people understand chronic disease.

Support is provided for patients who require assistance with any documentation relating to housing, Isolated Patients Travel Accommodation Assistance Scheme (IPTAAS), specialist appointments, travel and accommodation, Aboriginality confirmation, social security identifications, and staff can act as an escort for those patients who have no family support at all.

Maari Ma also provide various letters of support relating to housing, and for families who require assistance and guidance for rebuilding and re-establishing their families.

Community Support

Maari Ma receives funding from the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) to provide the Community Support Service (CSS) in Broken Hill (recently re-named Indigenous Community Links - ICL). This service is all about linking Aboriginal people to mainstream services to address the seven key 'building block' areas for Closing the Gap:

- Early childhood
- Schooling
- Economic participation
- Health
- Healthy homes
- Safe communities
- Governance and leadership.

Information, referrals and internet access regarding local services such as welfare and social support, employment, family violence, health (including drug and alcohol services), legal, child care and housing – are all provided by staff from the Regional Office.

Staff respond to both phone calls and people coming to the counter requesting information, or community members can access the computers themselves to look up information. People request assistance on a range of issues such as:

- Assistance with Centrelink forms
- Assistance with funerals and transport
- IBA Housing applications
- Assistance with tax file numbers
- Use of the computers to apply for jobs, driver licence tests, search for rental properties
- Assistance with birth certificates

We also regularly respond to community requests for next of kin to travel to be with gravely ill family members and assist families with food arrangements for wakes following funerals.

This year Maari Ma staff were prominent at Law Week activities at the Court House in Broken Hill and in Sturt Park as part of NAIDOC celebrations. Information promoting CSS (now ICL) and services at the PHCS is handed out. These are excellent opportunities to alert the local community to the support services available from Maari Ma to individuals and families.

Funding is secured under the auspices of Maari Ma to support local Community Working Parties for activities such as sporting activities, drivers' programs, and NAIDOC celebrations. This includes helping with activity and financial reporting.

Maari Ma has also financially contributed towards the cost of 30 children travelling to Sydney from Broken Hill to attend Stewart House on the northern beaches. During their stay children attend school but are also provided with optometric, dental and medical treatment as well as emotional support. This is balanced with health and educational programs and out of school activities to boost their self-esteem and promote a healthier lifestyle.

EARLY YEARS PROJECT

Early Years Project

Maari Ma's Early Years Project is in its third year and continues to make significant gains in development and well-being for Aboriginal children and their families. In the past year, the project has focussed on the following areas:

Networking

Demonstrating, influencing and leading change in the delivery of services to Aboriginal children and their families is a significant task. The Early Years Project Leader (EYLP), Narelle Pascoe, has done this in a variety of ways, one of which is by maintaining close links with the Early Childhood Education & Care (ECEC) sector across the region. In Broken Hill, the EYPL chairs the ECEC Discussion Group which promotes discussion around the National Quality Framework for ECEC along with strategies to improve universal access for Aboriginal children to children's services. In Wilcannia, the EYPL participates in the Early Childhood Reference Group (ECRG) which focuses on the early childhood building blocks in the Wilcannia Local Implementation Plan. In Menindee, the EYPL is working with local child and family services to build appropriate programs for the 0-2 age group.

Advocacy

Maari Ma's EYP continues to become widely known and respected in the far west and further afield. Narelle has represented Maari Ma at several forums this year highlighting issues around workforce and training and strategies that will support building local capacity in the early childhood sector including:

Early Years Project

- Department of Employment, Education and Workplace Relations ECEC Workforce Development Roundtable (Broken Hill)
- The Remote Service Delivery (RSD) Coordinator General's ECEC Roundtable for RSD sites held in Adelaide in July
- Training and Support Unit for Aboriginal Mothers, Babies and Children State-wide Forum in Sydney.

Promoting Training

In 2011 Narelle delivered introductory ECEC learning units to staff employed in the Wilcannia Intensive Supported Playgroup (ISP) in partnership with TAFE Western. The ISP team is now enrolled in Certificate III in Children's Services and Narelle provides professional support to their learning and development.

Maari Ma facilitated maths and science training in Broken Hill and Wilcannia for early childhood services in 2011. Through strong links with the Gowrie NSW Indigenous Professional Support Unit and Macquarie University, the EYPL has facilitated discussions between ECEC service providers in Broken Hill, Wilcannia, and Menindee, and Macquarie University to implement a community development research project titled "Working together to close the gap: A community mathematics and science approach to addressing Indigenous disadvantage".

Resource development

The EYPL initiated discussions with the Aboriginal Child, Youth, Family Strategy (ACYFS) within the NSW Department of Human Services (DHS) to progress the development of a local resource - Growing Up Really Big Barkindji. The book provides culturally appropriate information around the first 3 years of children's lives. Photographs and art work from across the communities

of Broken Hill, Wilcannia, Menindee and Dareton were collated in late 2011 and the final publication was launched in each of the communities in February 2012. The book is distributed across the Maari Ma region and can be found on the Maari Ma and DHS websites. It is intended as a tool for agencies and services to use in their programs and work with Aboriginal families.

Community Development

A multi-disciplinary approach is incorporated into all of Maari Ma's early years' programs. The EYPL coordinates teams to deliver programs across 3 communities which focus on an holistic model of engaging families with young children:

- Broken Hill - Maari Ma Healthy Start Playgroup
- Broken Hill – Healthy Start Playgroup Cooking Group
- Wilcannia - Intensive Supported Playgroup
- Menindee - Little Kids and Books (early literacy program)

Maari Ma was pleased to receive a significant donation from the CAGES Foundation towards the work of the EYP. The CAGES Foundation was established in 2009 by members of the Salteri family to enable the funding of initiatives which work with Aboriginal and Torres Strait Islander families.

Promoting Value of Early Years

The EYP continues to be extremely successful at maximising opportunities to raise community awareness of the significance of the early years through participation in community events. Examples include:

- Menindee - Books in Homes
- Growing Up Really Big Barkindji launches

- National Children's Week activities
- NAIDOC Celebration Family Fun Days in Wilcannia and Broken Hill
- Alma School NAIDOC Celebrations
- National Aboriginal and Torres Strait Islander Children's Day at Menindee Children's Centre
- Localised program information in newsletters and books to support family understanding of early learning experiences.

Professional development

The National Quality Framework for Early Childhood Education and Care has brought about the need for currency in child wellbeing and best practice in the EYP. Training and professional development attended this year includes:

- National Quality Framework – Preschools and Long Day Care – What to See, Say and Show: Preparing for Assessment
- Presenting at the Chronic Disease Network Conference in Darwin in September 2012 (Promoting Healthy Childhood/Preventing Chronic Conditions)

VISITING SPECIALIST SERVICES

Visiting Specialist Services

The Outback Vascular Health Service is a joint initiative between Maari Ma, the George Institute and Sydney's Royal Prince Alfred Hospital funded by the Scully Fund and the Australian Government. Innovative in its own right, the service provides a significant benefit to the clients and the local community by building the skills of Maari Ma staff in the management of chronic diseases that are complex and challenging.

Specialist-generalist collaborations continue to be at the forefront of the medical management of people with a chronic disease. Maari Ma's commitment to the importance of these collaborations over the past year has seen the introduction of quarterly Diabetes specialist team visits – 4 visits by an endocrinologist (Prof Stephen Twigg), a diabetes specialist nurse and a specialist foot care nurse. This service has been added to the Outback Vascular Health Service which also includes a heart and kidney specialist.

A smoking cessation specialist service was also introduced this year. Prof Renee Bittoun commenced her quarterly visits and we hope to continue to improve referral and attendance at this clinic.

We continue to be benefited by visits from other specialists including those in paediatrics, alcohol and other drugs, smoking cessation, eye health and child mental health. All these specialists provide services at the local communities negating the need for clients to travel for appointments to Broken Hill, Mildura, and sometimes Adelaide and Melbourne.

Service	VISITS				PATIENTS	
	BH	IVAN	MEN	WILC	TOTAL	ABORIGINAL
Alcohol & Other Drugs	3	-	-	-	20	11 (55%)
Diabetes	4	1	4	4	126	85 (67%)
Eye Health	11	-	4	6	177	165 (93%)
Heart Disease	4	1	4	4	100	71 (71%)
Kidney Disease	3	1	3	3	51	40 (78%)
Paediatrics	10	-	-	10	222	192 (86%)
Perinatal Mental Health *	4	-	-	1	-	-
Smoking Cessation	1	-	-	1	3	3 (100%)

*This specialist focuses on capacity building amongst staff and works with Maari Ma and non-Maari Ma workers who work directly with families

STUDENTS

Students

Throughout the year Maari Ma has supported a variety of students from a number of universities. Through the Broken Hill Extended Clinical Placement Program, the Primary Health Care Service has provided placement for 4 medical students over the year, 2 from Adelaide University and 2 from the University of Wollongong. The students are placed at the PHCS for either 6 or 12 months.

Throughout the year, 8 nursing students have been placed at the PHCS as part of their primary health care placement. They come from a variety of universities including University of Western Sydney, Southern Cross University, Australian Catholic University and the University of Wollongong, and spend between 2 and 4 weeks with us. They are supported by both the Healthy Start and Keeping Well teams and clinical staff.

The PHCS is also supporting an Indigenous student midwife who is completing her second year of study through the Southern Cross University. We will continue to support her with placements during the third and final year of her program.

Through the Outback Pharmacy group, the PHCS also provided a one day placement for pharmacy students over an 8 week period. This provided the students with some exposure to the workings of an Aboriginal health service.

Maari Ma's Early Years Project also hosted a final year social work student from Sydney University. This student worked closely with the Healthy Start Playgroup in Broken Hill and supported an extension of the group to come together and form a cooking group which

prepared the Playgroup meal while the student also led the planning sessions and de-briefing after each Playgroup session. This was valuable cross-cultural learning for the student as well as a new skill set for the Playgroup team.

Supporting all students in their learning, those employed by Maari Ma and external students enjoying a placement with us, both on the job and while they learn at TAFE or university, is a time-consuming task but an important one for the services Maari Ma provides as well as for our students. The dedication of staff who guide, mentor and supervise students is acknowledged and applauded.

RESEARCH

Research

The Community Safety Research Project

The Community Safety Research Project or CSRP (Scientific Title: Enhancing Mental Health in Aboriginal People: Reducing Violence and Developing Resilience) is a major research project focusing on violence. Its aims include:

1. Understanding the causes of violence in Aboriginal communities in Broken Hill, Menindee and Wilcannia
2. Identifying the emotional and social effects of violence on Aboriginal people
3. Identifying programs needed to assist families and communities affected by violence, and
4. Developing, then training and evaluating a program (the Healing Program) that assists people begin a journey of healing.

The CSRP is complex and requires the various remaining components to dovetail together. Staff changes and other delays resulted in a slight hiatus in program development, however momentum is now gathering. The three remaining components required significant preparation.

Yarning Stories

The scenarios used in the qualitative stage allowed community members to safely talk about violence in their lives and their communities. Themes and issues identified were fed into the development of the Adult Survey and the Healing Program. Work has begun on analysis of interviews held in a correctional facility.

The Adult Survey

The Adult Survey is a quantitative study, exploring the extent of stress and violence in the communities, as well

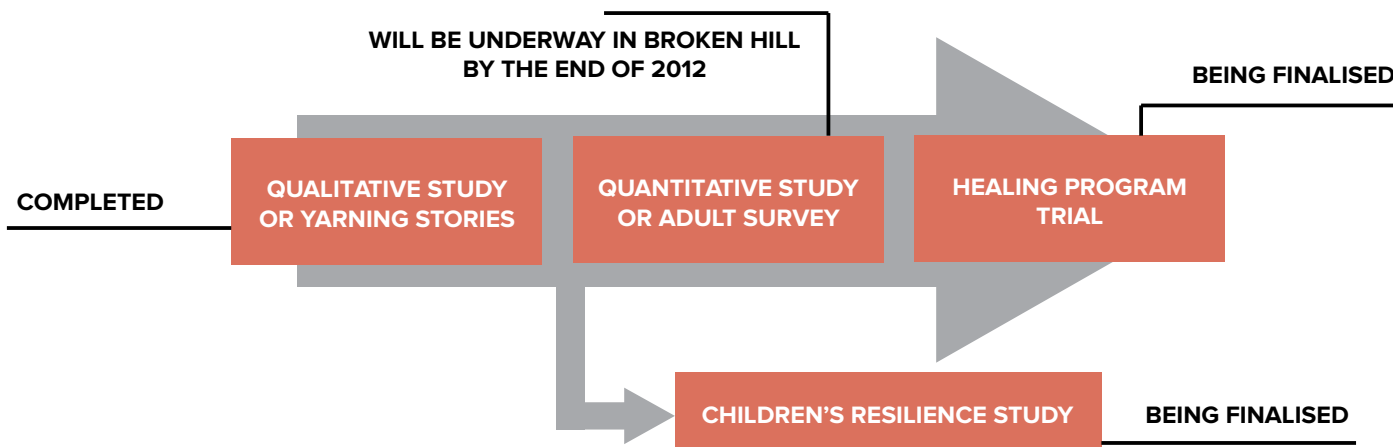
as providing baseline data for evaluation of a healing program that follows.

There have been delays in starting this phase, which will start before the end of 2012. The survey is long because the areas of stress, anger and violence are complex. Getting the balance between understanding the complexity and having individuals complete a long survey is a fine line. Numerous adjustments to the survey have continued to be made; the survey is still long, but should be manageable if participants understand the reason for this and are supported through the process. Allowing individuals to respond to difficult questions without having to speak their response has taken time to develop. A touchpad device allows responses to be picked and recorded in the database without these being seen by anyone. Final approval from Advisory Committee members is currently being undertaken.

Healing Program Trial

Work continues on the development of a Healing Program that will be available for those who have completed the Adult Survey.

The Healing Program will be evaluated, with two approaches being compared. Each has common cultural content that explores traditional values, understanding the present in the context of the past, culture and resilience, change, and motivation for change and strategies for successful change. After this, the programs have different individual components and it is the difference between these approaches that will be assessed. One approach will focus on personal



issues and the other will include additional and focused strategies aimed at facilitating change, which are based on western clinical approaches.

University of New South Wales psychologists are finalising the clinical components whilst Maari Ma staff are completing the content for the Cultural Healing Program and the program manuals. The Healing Programs, gender specific and in small groups, will begin when people are recruited from the Adult Survey as it rolls out.

An art competition was held in November 2011 asking children and teenagers in Broken Hill, Menindee and Wilcannia to paint their hopes and dreams. This artwork, and the artist's words, provides many of the illustrations for this part of the project. The artwork has been also exhibited at Broken Hill's Regional Art Gallery.

Childhood Resilience Study

Children and young people are especially affected by community violence and both the Advisory Committee and community members expressed a concern for the needs of this group. The project recognised that the Yarning Stories and Adult Survey do not reflect the views and concerns of this group. This group, however, is diverse and the needs of the very young are very different from those of a teenager.

The 'Kid's Study' is therefore complex. Parents or caregivers will be asked different questions according to the age of a child: under 4 year olds, 4 to 10 year olds and 11 to 17 year olds. Youth aged 11 to 17 will also be asked to complete a survey which will be done on a touchpad like the Adult Survey. All are done with the necessary consents and the emphasis is on childhood

resilience because children with this quality cope better with life's challenges.

It should be noted that there is a strategy for ensuring families with many children are not burdened by the requirements of such a survey.

The surveys are currently being developed for the touch device and Advisory Committee advice and consent sought.

Governance and Staff

The Aboriginal Community Advisory Committee (ACAC) continues to provide guidance and advice to all aspects of the project, and the Chief Investigators (CIs), including Indigenous CIs who provide cultural integrity for the project, guide the development of the research. The CSRP meets regularly with the CIs, Maari Ma management, and representatives from the health service as well as providing feedback to all Community Working Parties.

There have been numerous staff changes throughout the year. Tracey Files successfully completed the Certificate IV in Family Violence but had to leave for family reasons. Her position has recently been filled by Marsha Files. George Koraba joined the team as Indigenous Project Officer but has returned to Queensland to be near family. Kate Semmens, Natalia Williams and Patrick Gallagher joined the team as Project Officers in October 2011 and Catherine Sanford returned from maternity leave in June. There will be a need for local community members to join the project when components are rolled out in the various communities.

Kanyini

The Kanyini GAP Polypill study has been operating since 2009 across Australia. Its aim is to see if patients would find it easier to take one tablet containing all of their heart medications rather than taking four different tablets. The question the trial has been trying to answer is, if a patient can take one rather than four medications, will they be more compliant and not miss as many medications?

With better compliance, the risk factors for a stroke or heart attack would potentially be reduced for a client. For example, if a patient is more compliant with their medications then their cholesterol levels may be lowered, their blood pressure may also be lowered and so will their chances of having a stroke or heart attack. The Polypill trial attempts to answer this question by recruiting patients to groups; control (no change to usual medications), and Polypill treatment (one tablet with four heart medications).

Patients are then followed up over the period of the trial to see if there is a difference between the two groups' compliance and risk factors.

Last year Maari Ma was struggling to reach its target of recruiting 40 patients for the trial. This issue was nationwide and not limited to Maari Ma. However, ultimately Maari Ma managed to recruit 37 patients.

The trial finished on the 30 June 2012. At this time, participants are all invited back for an end of study visit in which patients are asked for their feedback on treatment choices and on the trial itself. These visits

will need to be completed by no later than the end of September 2012. This is also the time when patients who have participated in the trial will be able to discuss the option of having post-trial access to the Polypill as a contribution for their input. This option is available for patients not just in the Polypill treatment group but also the control group.

Only patients in the trial are offered the option of Polypill at this time and the decision is jointly made with their treating doctor. This option is available for trial participants for up to 2 years or until the Polypill is approved for general public use by the Therapeutic Goods Administration.

The data analysis from the trial is also expected to be underway before the end of the year hopefully with results from the trial available for publication in 2013. This information will help direct chronic disease management in the future because it can inform us whether Polypill options are an agreeable and effective way to improve patient medication compliance and lead to better health outcomes.

Continuous Quality Improvement (CQI)

Since 2005, formal CQI activities have been conducted at Maari Ma. This began with the use of the ABCD suite of audit tools and has more recently seen the inclusion of the Kanyini Risk Assessment tool and participation in the TORPEDO study. The annual cycle of clinical file audits, systems assessment, feedback and goal setting has become embedded as standard practice

in local health services. These audits have provided data to inform improvement opportunities within the organisation, whether they are system developments, new initiatives, submission writing, reporting or information sharing with our partners.

In 2011 we assessed antenatal care provision, child health, and services to well people with the ABCD tools; for those with a chronic disease (diabetes, high blood pressure, high cholesterol, kidney disease and/or heart disease), we used a modified version of the risk assessment tool, developed by the Kanyini Vascular Collaboration, to determine absolute cardiovascular risk in this group.

In 2012 we will only use the ABCD tools to audit antenatal and child health services. The modified risk assessment tool will be used with the entire Aboriginal population aged over 18 years, allowing us to identify any people who may be at high risk of developing a chronic disease that we don't already know about.

Seven staff from across the region participated as auditors this year. Managers, nurses and data/information staff audited more than 800 medical records in four locations, totalling 14 working days over an 8 week period.

The following table shows some key results from the 2011 audits. The majority of key indicators have shown consistent results over the past 3 years.

Maari Ma Region	2009	2010	2011
Maternal Health			
% seen before 13 weeks gestation	59%	68%	72%
% having 5 or more antenatal visits	74%	74%	78%
% postnatal visits recorded	73%	81%	96%
Child Health			
Child Development Checks	68%	68%	67%
Well People			
% Scheduled Services Delivered*	35%	37%	28%
Chronic Disease			
BP < 130/80 mm/Hg	31%	33%	42%
HbA1c < 7%	49%	45%	58%
Total Cholesterol < 4.0 mmol/L	30%	30%	34%

TABLE: KEY RESULTS - CQI AUDITS, MAARI MA REGION, 2009 - 2011

* On average, the percentage of scheduled services a client receives

Another new initiative planned for 2012 is the use of an electronic auditing process in Broken Hill. This will allow for the majority of adults who attend MMPHCS to have a risk score calculated. This method is only possible in Broken Hill due to the presence of the electronic medical record. Data for 2012 has not yet been finalised so the following table shows the overall results of the audits in 2011.

This data is used by the local health teams to ensure those who are at highest risk of developing cardiovascular disease are engaged with the local health service. Maari Ma uses this data to ensure that there are adequate services available to care for our communities into the future.

	MEN.	WILC.	IVAN.	OVERALL
TOTAL AUDITED	181	149	68	398
High Risk	43%	51%	26%	43%
Medium Risk	27%	6%	22%	18%
Low Risk	20%	20%	15%	19%

TABLE: OVERALL DISTRIBUTION OF RISK, MENINDEE, WILCANNIA AND IVANHOE, CHRONIC DISEASE CLIENTS, 2011

OVHS evaluation

Maari Ma has contracted The George Institute for Global Health to complete an evaluation of the Outback Vascular Health Service. This evaluation commenced early in 2012 and is due to be completed later in the year. The evaluation will contain both qualitative and quantitative aspects along with an economic evaluation. The qualitative and quantitative data collections have both commenced. Interviews with general practitioners, specialists, nurses, health workers and managers will be completed to gain insights into the delivery of the service and consider the positive aspects that the service provides along with any barriers that are present. The quantitative data will be sourced from the risk assessment audits and changes in clinical outcomes for the patients of the service will be measured.

Transitional Care Network / Aboriginal Chronic Care Enhancement Project

Maari Ma has contracted The George Institute for Global Health to complete an evaluation of the Transitional Care Network project – an initiative funded through the NSW Centre for Aboriginal Health (NSW Ministry of Health) Chronic Care Enhance Projects. The purpose of the network is to provide a liaison between the Broken Hill Hospital and the Maari Ma Primary Health Care Service (Broken Hill), Wilcannia and Menindee Health Services

regarding the post discharge care and follow-up plans of local patients.

The Transitional Care Network also provides support to patients who have presented to the Broken Hill Hospital Emergency Department, those who have been transferred to Adelaide, mothers and their newborns, patients who have been at the dialysis and oncology departments, and those who are being cared for by the palliative care team. The evaluation report is due in late 2012.

Silver Fluoride Research Project

The Australian Research Centre for Population Oral Health at the University of Adelaide is leading the research team, which is made up of dental staff from the Nganampa Health Council (in the South Australian Pitjantjatjara Lands) and Maari Ma Health. The National Health and Medical Research Council is funding the research.

Silver fluoride is a very concentrated form of fluoride which is applied in very small amounts to baby teeth that are decayed. The fluoride turns the decay a dark black colour, effectively ‘arresting’ or killing off the decay bacteria. The tooth will not require a filling. Silver fluoride application is extremely quick, painless and very easy to use and is also tolerated well by children, especially young children who may have trouble sitting still long enough for fillings.

The project is currently in place in Maari Ma's Broken Hill PHCS clinic, Wilcannia and Menindee. All Aboriginal children who are aged 4-8 are eligible for inclusion, dependent on the informed consent and permission from parents or carers.

Children in each community are divided randomly into groups which receive either traditional fillings or silver fluoride treatment. The project aims to find out which treatment is best for kids, and if silver fluoride treatment is effective for preventing dental decay in young children. The project began at the beginning of 2012 and will finish at the end of 2013, when all children who have participated will have a dental check to see which treatment has worked better.

TORPEDO

The TORPEDO study, developed and implemented by The George Institute for Global Health, aims to assist general practitioners to easily make decisions about patient care using evidence based guidelines. This is achieved through the installation of HealthTracker, a decision support tool that integrates with the medical record and makes recommendations for care as appropriate.

In October 2011, Maari Ma was the first site randomised to receive the intervention which allowed us to utilise HealthTracker with patients in the health service.

Whilst HealthTracker allows GPs to engage with patients about their risk factors for developing cardiovascular disease, it also allows for systems improvements to be made as inconsistencies with data in the medical record can be identified. Much of this data cleaning has been

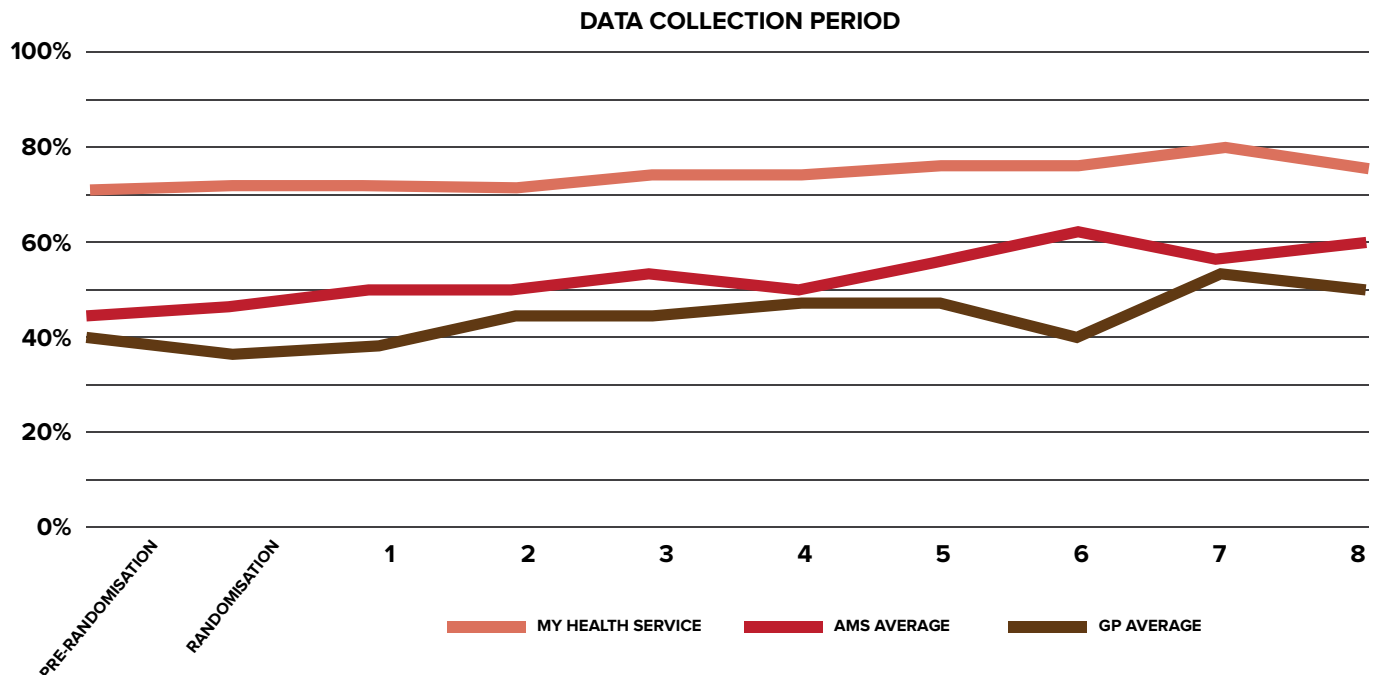
completed; education sessions have been held with the staff to inform them of the appropriate location to record clinical measures in the medical record; the project officer also regularly monitors the data to identify any anomalies.

In February 2012, staff from The George Institute visited the PHCS to provide an education session about HealthTracker and the TORPEDO study. This session was well received and improved the knowledge of staff, particularly about the measures that need to be collected in order to calculate cardiovascular risk. Maari Ma has performed well across all indicators, particularly the screening elements and prescribing for cardiovascular disease. With 60 sites having been randomised for the study, Maari Ma consistently performs in the top 50% for all indicators; for risk

factor screening, Maari Ma ranks at number one and three for cardiovascular disease (CVD) and chronic kidney disease (CKD) respectively; for prescribing to patients with CVD, we rank at number five. These are fabulous results that compare us to mainstream general practices and a range of other AMSs across NSW and Queensland. A graphical representation for one of these indicators is illustrated below:

Chart: CVD risk factor screening, June 2012

Smoking status recorded, Total and HDL Cholesterol recorded in the last 24 months, Systolic and Diastolic BP recorded in the last 12 months, all Aboriginal people aged >=35 years and all non-Aboriginal people aged >=45 years who have attended the service 3 times in 2 years and once in the last 6 months.



WINGS

WINGS

This past year saw exciting additions to the WINGS staff, with Kyle Whyman starting as a fulltime youth worker in October 2011 and Mellissa Kennedy and Karlene Kerwin filling the two part time Safe Aboriginal Youth positions in early 2012. During the period July to December 2011, children attended the centre 4108 times, and between January and June 2012 4391 times.

Following on from the enthusiasm shown by local youth during the bush basketball series, sporting activities have been a highlight of this year's WINGS activity schedule. Staff now run regular sports days featuring touch footy, basketball, soccer, cricket and athletic based group games. The Department of Sport and Recreation also held a two day basketball workshop for children aged 11 to 18, and the aqua day at the Wilcannia pool attracted 75 children.

The 2012 WINGS NAIDOC Holiday Program was again packed with special events. The NAIDOC week activities included girls and boys groups, scrapbooking, mask making and photo comic making with Save the Children's mobile youth van. A dressmaker travelled from Sydney to help make costumes with the local children for the big event performance 'Showcase' where 45 local children performed in front of their families and community members. The event was a big hit with parents still commenting with pride on their children's performances.

Staff training

All staff have been busy with a wide range of training:

- Certificate IV in Youth Work,
- Driver Awareness course,

- Life Saver course,
- Bronze Medallion,
- Fire Warden training,
- First Aid,
- Protective Behaviours,
- Indigenous games,
- Core of Life Facilitator training,
- Youth Services Toolkit.

Agency work groups

Wings staff also participate in local groups: Safe Families Case Coordination Group, and Safe Families Issues Panel.

Regular Events

- | | |
|----------------------------|--------------------------------|
| • Disco | • Girls and Boys Groups |
| • Trivia Nights | • Healthy Eating Afternoon Tea |
| • Bingo | • Sports Days |
| • Art and Craft | • Legend/Leaders Meetings |
| • Community Dinner Support | |

Special Events

JULY

- NAIDOC Week Events
- Bush Basketball Series
- i-Street Lab

JANUARY

- Aqua Day

MARCH

- Basketball Workshop

APRIL

- I-Street Lab

CORPORATE SERVICES

Corporate Services

Capital Works

Maari Ma chose 2011/12 to take concrete steps towards securing our long term infrastructure future through funding from NSW's Centre for Aboriginal Health. Funding was specifically allocated for Maari Ma to engage a health planning consultant to assist us to develop a functional brief – a formal document which sets out our projected accommodation requirements for the next 5-10 years. This process, which included a number of our partners, enabled us to consider areas of growth for the organisation and how best to provide the existing and projected services for our communities. The resulting document put forward a number of options regarding Maari Ma's Broken Hill operations, with the preferred option being all of Maari Ma's clinical activities in a purpose-designed and purpose-built facility on the site of the Regional Office. The next step will be identifying funds to progress the design of, and build, the new facility. Exciting times ahead!

We have undertaken a similar process in conjunction with our partner, the Fred Hollows Foundation, regarding the infrastructure needs of the Wings Drop In Centre in Wilcannia. Maari Ma was granted title of the property in 2011 which now enables us to consider how best to provide youth services in that community. Again, however, funding will be a crucial issue.

Another area of infrastructure need for our organisation is staff accommodation in Wilcannia. With virtually no available rental accommodation and limited and stretched motel accommodation, Maari Ma's ability to recruit staff and provide outreach services has been

affected. We have therefore made the decision to progress the establishment of a number of 2 bedroom units to provide accommodation for local and visiting staff in Wilcannia. We hope this will be in place in 2013.

Accreditation

With funding support from OATSIH in 2010, Maari Ma agreed to pursue organisational accreditation through the Quality Improvement Council (QIC). We started the process with training in 2011 and worked steadily to bring together the evidence to support our achievement of QIC's 18 standards for health and community service organisations. We did this by establishing 18 working groups and drafting a quality journal which addressed the requirements of each standard. Twelve months after our initial training we were reviewed by two external reviewers. They looked at Maari Ma from the perspective of:

1. Building a quality organisation (governance, management, human resources, physical resources, financial management, knowledge management, risk assessment and management, legal and regulatory compliance, safety and quality integration)
2. Providing quality services and programs (assessment and planning, positive outcomes, cultural safety and appropriateness, consumer rights, coordinating services and programs)
3. Sustaining quality external relationships (service agreements and partnerships, collaboration and strategic positioning, incorporation and contribution to good practice, community and professional capacity building).

The reviewers said that Maari Ma met all standards (with a period of grace to address two issues which have both been subsequently resolved) and exceeded the required standard in two areas: human resources and service delivery outcomes. We are now developing a quality work plan against which we will report every six months until our next external review in 2015.

Intranet

An important part of Maari Ma's infrastructure development this year has been the development of our intranet. This is a place where all Maari Ma staff can access internal information, share documents and calendars with other staff and within teams, and find the most up to date policies. The intranet was an essential tool in achieving QIC accreditation and the staff involved in its development are to be applauded. It has meant that staff working away from Broken Hill now have ready access to all important information for their work.

An internal group is now also looking at the intranet's further development to better meet the needs of individual teams. This will continue to be an area where Maari Ma evolves to support our remote staff and our outreach services.

WORKFORCE DEVELOPMENT

Workforce Development

Director General's Award 2012

Maari Ma celebrated recognition of our workforce achievements in March 2012 winning the Director General's Award at the NSW Aboriginal Health Awards for our submission "Planning for our future; developing and implementing an Indigenous Workforce Development Plan in far west NSW."

The Plan focuses on development of locally trained Indigenous workers towards a sustainable health workforce with appropriate skills to improve access to services and ultimately improving Aboriginal health.

Performance Planning

Maari Ma has gone online with our performance and development planning processes. We have licenced the PeopleStreme Human Capital Management System and a series of training sessions have been delivered to support implementation of the new system. The system provides one place to record all performance and development records with access for employees and their managers to mutually set plans and objectives, monitor and communicate about progress, and periodic reviews.

Workforce development

In the 2011/12 period:

- 60% of Indigenous staff and 40% of all staff were studying towards a formal qualification ranging from Certificate IV level to masters programs.
- 64% of Indigenous staff and 75% of all staff participated in ongoing training and development including in-service education, workshops and conferences.

Primary Health Worker Training

Training our Indigenous Primary Health Workers continues to be our most significant workforce development strategy.

Our ten newly qualified Primary Health Workers completed Certificate III in Pathology expanding their scope of practice and adding to their qualifications. As at June 2012, 80% of the 2009 Trainee group who qualified in August 2011 continue in our service.

Trainees

In October 2011 a new group of Trainee Primary Health Workers commenced; five were recruited in Broken Hill and three in Wilcannia. One existing worker joined the training program and we have since recruited a Primary Health Worker in Ivanhoe who has joined the training program. Unfortunately two Trainees have resigned this year. The eight current Trainees have shared their thoughts and experiences in the following update.

We acknowledge TAFE Western and DEEWR for their continued support of our Primary Health Worker training program.

The variation in Indigenous representation in 2011 and 2012 data compared to 2010 reflects the successful recruitment of specifically qualified non-Indigenous health professionals to deliver quality services while mentoring and training our Indigenous Primary Health Workers and Trainees.

Update from the Trainee Primary Health Workers

"Being an Aboriginal Primary Health Worker (PHW) Trainee is very rewarding. The training program is great and really helps us in achieving and supporting our goals to becoming qualified Primary Health Workers. "

"The learning has given us knowledge to be able to support and advocate for our communities, as well as being able to play a part in helping our clients with their health."

"We really enjoy working as trainee PHWs. We are getting good experience working in the different sections of Maari Ma, interacting with the community and just getting to know our people. It is rewarding to see the trust we have developed between us and our communities."

WORKFORCE DATA

	30/06/2012	30/06/2011	30/06/2010
Number Of Employees (Headcount - Full Time, Part Time & Casual)	95	95	92
Indigenous Employees	54%	57%	68%
Full Time Equivalent (FTE) Employees	77	72	65
FTE Indigenous Employees	49%	49%	58%

“We are enjoying learning within the workplace; our teams are very supportive and are showing us new skills all the time. We are also able to learn from the visiting services and specialists that come to our communities. This has given us so many opportunities and guidance with what we would like to study in the future.”

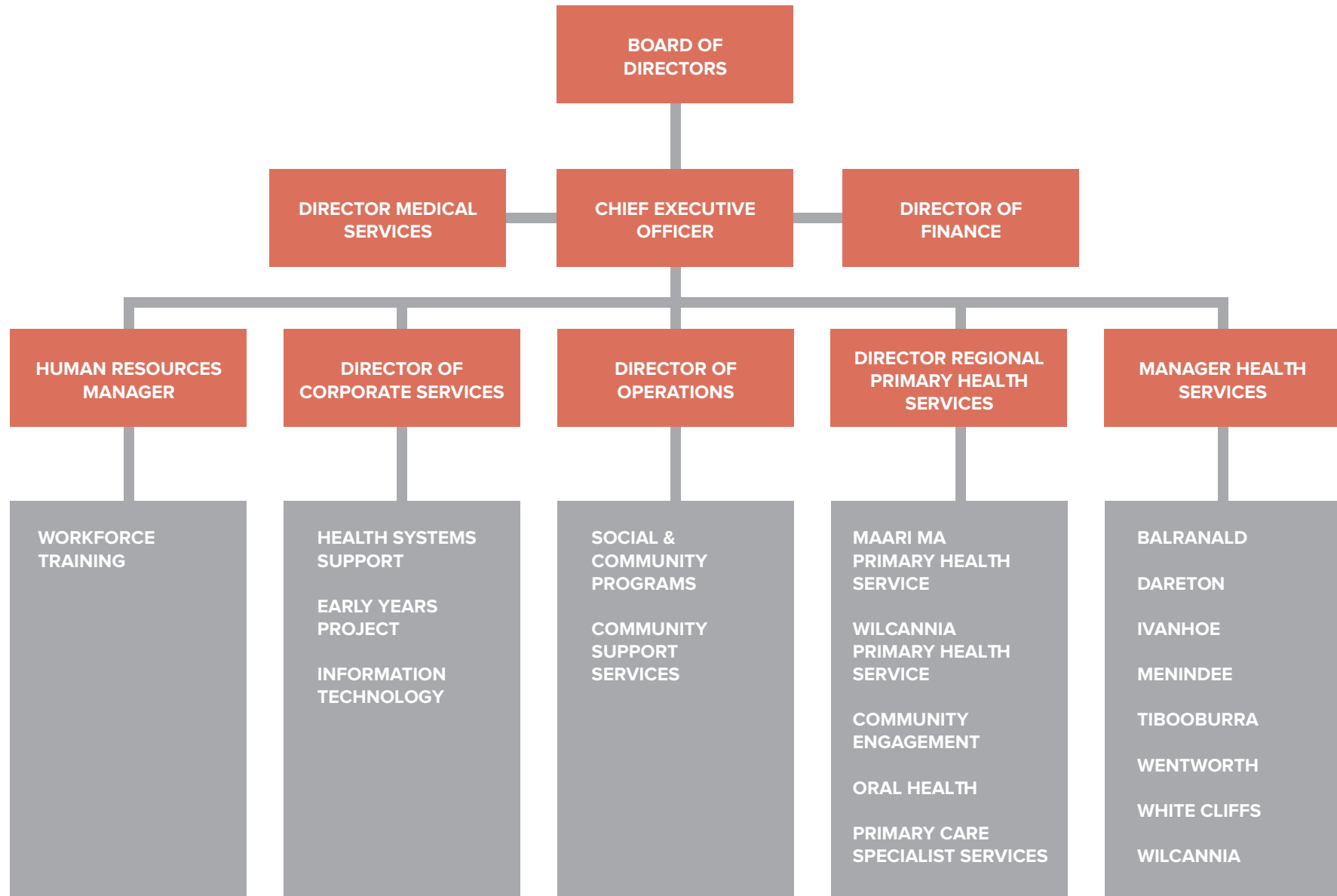
We are: Jamie Billing, Raelene Campbell, Nathan Kickett, Dallas Kirby, Luke O'Donnell, Gemmah Shillingsworth, Prissy Stephens and Tarnee Tester.

What Do We Enjoy?

- ‘Seeing the trust develop between us and our clients’
- ‘Helping our clients with their health’
- ‘The hands on clinical work’
- ‘Being out in the community’
- ‘Engaging with our community members’
- ‘Experiencing new things’
- ‘Working with children and families’
- ‘Getting to meet new people and realising we are all different but we can still get along and help each other for our people, culture, and community’
- ‘Learning in the workplace from our team members’
- ‘Meeting the other trainees from the other communities and knowing that I will have very dear friends for the rest of my life’
- ‘The classes are awesome, and everyone in the class is so different and we are learning from each other’s knowledge and experiences all the time’



Organisational Chart



FINANCE REPORT

Finance Report

FINANCE REPORT For the year ended 30 June 2012

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

- Primary Health Care funded by the Office for Aboriginal and Torres Strait Islander Health ("OATSIH");
- Finance and administration funded by OATSIH;
- Wilcannia services funded by OATSIH and the Department of Health & Ageing;
- Rural Primary Health Services funded by the Department of Health & Ageing;
- Capital Works funded by the NSW Ministry of Health
- Lower Western Sector 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 5 to the accounts.

In the majority of instances, all funding we receive is specific to a particular project. As a result, any surpluses arising from these projects must, depending on the level of the surplus, either be returned to the funding provider

or be spent on the same project in the next subsequent year. These surpluses are shown as "unexpended grants" in the balance sheet.

Maari Ma earned total revenue from operations of \$11,389,341 (after adjusting for unexpended grants) and a further \$12,614 from disposals of assets, an increase of just under 6% over the previous financial year.

Expenditure for the year was \$11,126,685, an increase of 11% over last year, resulting in a surplus of \$275,270. A large part of the increase in expenditure was due to salary and wages which increased by 15% reflecting the fact that we had an almost full complement of staff during the year.

Financial Reports

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

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation (the company), which comprises the statement of the balance sheet as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and is appropriate to meet the needs of the members.

The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a 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 reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Our procedures include reading the other information attached to the financial report to determine whether it contains any material inconsistencies with the financial report.

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

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Independent auditor's report to the members of Maari Ma Health Aboriginal Corporation (Continued)

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 company's financial position as at 30 June 2012 and of its performance for the year ended on that date, and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations Regulations 2002.

Basis of accounting and restriction on distribution and use

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporations (Aboriginal and Torres Strait Islander) Act 2006. As a result, the financial report may not be suitable for another purpose. Our report is intended solely for the members of Maari Ma Health Aboriginal Corporation.


PricewaterhouseCoopers


Margus Lojuszczak
Partner

Adelaide
6 September 2012

Auditors Report

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

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation (the company), which comprises the statement of the balance sheet as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the director's declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and is appropriate to meet the needs of the members.

The director's responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

An audit involves performing procedures to obtain 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 reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Our procedures include reading the other information attached to the financial report to determine whether it contains any material inconsistencies with 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:

1. giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the year ended on that date, and
2. complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations Regulations 2001.

Basis of accounting and restriction on distribution and use

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporations (Aboriginal and Torres Strait Islander) Act 2006. As a result, the financial report may not be suitable for another purpose. Our report is intended solely for the members of Maari Ma Health Aboriginal Corporation.

	Notes	2012 \$	2011 \$
Current Assets			
Cash and cash equivalents	8	4,686,449	3,889,437
Trade and other receivables	2	903,491	550,464
Total Current Assets		5,589,940	4,439,901
Non Current Assets			
Property, plant and equipment	3	3,464,940	3,363,171
Total Non Current Assets		3,464,906	3,363,171
TOTAL ASSETS		9,054,846	7,803,072
Current Liabilities			
Revenue received in advance		517,901	215,076
Unexpended grants	5	2,894,013	1,882,688
Trade and other payables		1,239,613	1,528,222
Bank loan		31,200	31,200
Provisions	4	696,270	685,311
Total Current Liabilities		5,378,997	3,342,497
Non Current Liabilities			
Bank loan		95,366	113,761
Provisions	4	92,614	134,214
Total Non Current Liabilities		187,980	247,975
TOTAL LIABILITIES		5,566,977	4,590,472
NET ASSETS		3,487,869	3,212,600
Accumulated Surplus			
Accumulated Surplus		3,487,869	3,212,600
Total Accumulated Surplus		3,487,869	3,212,600

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

SCHEDULE 2 - STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2012

Maari Ma Health Aboriginal Corporation Annual Report 2011/2012 //

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	Notes	2012 \$	2011 \$
Revenue From Continuing Operations			
Grant revenue	5	9,996,412	9,632,507
Medicare and primary health revenue		836,748	657,717
Sundry revenue		411,084	257,028
Bank interest		175,097	181,020
Total Revenue From Continuing Operations		11,389,341	10,728,272
Other income			
Net gain (loss) on disposal of assets		12,614	54,623
Less: Expenditure			
Income tax expense	6	(11,126,686)	(10,039,195)
		-	-
Net Surplus / (Deficit)		275,269	743,700
Other comprehensive income			
		-	-
TOTAL COMPREHENSIVE INCOME		275,269	743,700

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

SCHEDULE 3 - STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
Accumulated surplus at the beginning of the financial year			
Accumulated surplus at the beginning of the financial year		3,212,600	2,468,900
Net surplus / (deficit) for the year		275,269	743,700
Other comprehensive income		-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR		3,487,869	3,212,600

SCHEDULE 4 - STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
Cash Flows From Operating Activities			
			Inflows / (Outflows)
Receipts from funding providers and customers (inclusive of GST)		13,321,020	11,314,917
Payments to suppliers and employees (inclusive of GST)		(11,912,467)	(10,474,559)
Interest received		162,192	181,020
Net Cash Flow From Operating Activities	8	1,570,745	1,021,378
Cash Flows From Investing Activities			
Payments for property, plant and equipment		(874,972)	(780,424)
Proceeds from sale of property, plant and equipment		119,634	155,363
Net Cash Flows From Investing Activities		(755,338)	(625,061)
Cash Flows From Financing Activities			
Receipt from lender		-	-
Payments to lender		(18,395)	(16,806)
Net Cash Flows From Investing Activities		(18,395)	(16,806)
Net Increase / (Decrease) In Cash And Cash Equivalents Held		797,012	379,511
Cash and cash equivalents at the beginning of the financial year		3,889,437	3,509,926
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	8	4,686,449	3,889,437

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

1. Summary of Significant Accounting Policies

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

(a) Basis of Preparation of Financial Statements

In the Directors' opinion, the Corporation is not a reporting entity because there are no users dependent on general purpose financial reports.

These financial statements are special purpose financial statements which have been prepared for the sole purpose of complying with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) requirement to prepare and present financial statements to the members at the Corporation's annual general meeting and must not be used for any other purpose. The financial report has been prepared in accordance with the recognition and measurement principles of Australian Accounting Standards and other mandatory professional requirements in Australia. It contains only those disclosures considered necessary by the directors to meet the needs of the members.

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

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2012 and

there is not expected to be any material impact once these Standards are adopted.

(b) Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the acquisition of the items. Subsequent costs are added to the asset's carrying amount. All other repairs and maintenance are expensed in the year the costs arise. Assets costing less than \$5,000, except computer equipment, are expensed in the year of acquisition. The residual value and useful lives of property, plant and equipment, other than freehold land, are reviewed, and adjusted if appropriate, at each balance date. Freehold land is not depreciated. Other property, plant and equipment are depreciated over their estimated useful lives using the straight-line method as follows:

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

(c) Impairment of Assets

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

impairment at each reporting date.

(d) Revenue Recognition – Grant Revenue

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

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

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

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

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

(e) Revenue Recognition – Other Income

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

(f) Cash and Cash Equivalents

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

(g) Trade Receivables

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

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

(h) Trade and Other Payables

Trade and other payables represent liabilities for goods and services provided to the Corporation prior to the end of the financial year which are unpaid. These amounts are unsecured and are usually paid within 30 days of receipt of the appropriate invoice.

(i) Employee Benefits

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

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made

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

(j) Income Tax

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

As the Corporation is exempt from income tax, the Directors of the Corporation have formed the opinion that the provisions of Australian Accounting Standard AASB 112 Income Tax is not applicable to the Corporation.

(k) Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgements 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.

(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) Financial Instruments

Recognition and Initial Measurement

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

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

Derecognition

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

	2012	2011
	\$	\$
2. Trade and Other Receivables		
Current		
Trade debtors	679,420	351,410
Sundry debtors	40,088	16,957
Accrued income	18,621	14,848
Prepayments	165,362	167,249
	903,491	550,464

	Freehold Land \$	Freehold Buildings \$	Plant & Equipment \$	Motor Vehicles \$	Total \$
3. Property, Plant and Equipment					
At 1 July 2011					
Cost	15,000	2,421,603	884,108	1,145,860	4,466,571
Accumulated depreciation	-	(275,824)	(455,877)	(371,699)	(1,103,400)
Net Book Amount	15,000	2,145,779	428,231	774,161	3,363,171
Year Ended 30 June 2012					
Opening net book amount	15,000	2,145,779	428,231	774,161	3,363,171
Additions	25,000	240,487	221,487	85,936	572,910
Disposals	-	-	(11,402)	(16,986)	(28,388)
Depreciation charge	-	(61,441)	(123,891)	(257,455)	(442,787)
Closing Net Book Amount	40,000	2,324,825	514,425	585,656	3,464,906
At 30 June 2012					
Cost	40,000	2,662,090	1,062,608	1,129,240	4,893,938
Accumulated depreciation	-	(337,265)	(548,183)	(543,584)	(1,429,032)
Net Book Amount	40,000	2,324,825	514,425	585,656	3,464,906

	2012	2011
	\$	\$
4. Provisions		
Current		
Employee entitlements	696,270	685,311
Non Current		
Employee entitlements	92,614	134,214

	2012	2011
	\$	\$
5. Grant Revenue		
During the year, the Corporation received the following grants:		
Australian Government - OATSIH & Dept. of Health & Ageing	6,008,940	6,286,357
Beyond Medical Education	77,494	-
Department of Aboriginal Affairs NSW	50,000	60,000
DEEWR	111,670	147,318
FaHCSIA	534,473	368,408
Fred Hollows Foundation	125,000	139,000
Far West Local Health District	806,951	958,966
ISOAPS/MSOAPS	501,757	304,874
NSW Attorney General's Dept., Crime Prevention Div.	97,113	77,134
NSW Ministry of Health	1,804,689	724,309
NSW Dept. of Human Services	206,674	242,736
Pharmacy Guild	23,706	22,327
The George Institute	29,667	29,667
ATSI Healing Foundation	25,000	-
University of New South Wales	574,603	454,525
	10,977,737	9,815,621
Prior year unexpended grants	1,882,688	1,699,574
Unexpended grants carried forward	(2,894,013)	(1,882,688)
GRANT REVENUE FOR THE YEAR	9,966,412	9,632,507

	2012	2011		2012	2011
	\$	\$		\$	\$
6. Expenditure					
Advertising	10,793	15,867	Membership & Subscriptions	5,579	5,892
Audit Fees	85,975	71,499	Miscellaneous Expenses	5,038	7,637
Auditors - Non-Audit Services	2,850	2,850	Miscellaneous Foodstuffs	15,152	19,454
Bank Charges	2,606	2,630	Motor Vehicle Expenses	188,962	190,606
Cleaning & Domestic Supplies	72,916	58,838	Patient Support Expenses	23,455	1,167
Community Activities	458,721	346,282	Postage	4,739	4,323
Computer Software & Support	79,217	52,920	Printing and Stationary	97,778	83,174
Consumables	79,805	26,357	Rates and Charges	15,839	7,243
Consultants' fees	196,730	89,769	Rent of Premises	30,089	43,387
Depreciation	442,787	420,09	Repairs & Renewals	158,984	186,092
Directors' Bigpond Expenses	2,178	2,256	Salaries & Wages and On-Costs	6,837,470	5,933,414
Directors' Salaries	36,100	39,615	Security Services	1,498	2,147
Directors' Travel Expenses	33,885	42,197	Staff Amenities	9,755	6,559
Electricity, Gas & Water	66,774	45,828	Staff Recruitment	66,995	93,592
Health Systems Support	32,600	30,900	Staff Training	202,345	294,461
Insurance	34,105	31,112	Staff Uniforms	12,783	1,478
Interest	12,414	14,490	Telephone Expenses	90,519	88,513
Legal Expenses	10,612	12,015	Transport Services	100,000	100,000
Medical & Dental Costs	1,357,850	1,398,739	Travel & Accommodation	222,500	251,355
Meeting Expenses	16,532	11,273	Youth Hall Expenses	2,756	3,527
			TOTAL EXPENDITURE	11,126,686	10,039,195

	2012 \$	2011 \$
7. Remuneration of Auditors		
(a) Audit Services		
PricewaterhouseCoopers Australian firm		
Audit and review of financial statements	22,100	20,500
Audit of grant acquittal	53,650	45,050
(b) Non-Audit Services		
PricewaterhouseCoopers Australian firm		
Tax compliance services	2,850	2,850
	2,850	2,850

	2012	2011
	\$	\$
8. Cash Flow Information		
Reconciliation of Cash and Cash Equivalents		
Cash and cash equivalents at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Petty cash	1,700	1,700
Cash at bank	4,684,749	3,887,737
Balance Per Statement Of Cash Flows	4,686,449	3,889,437
Reconciliation of Net Cash Flows from Operating Activities to Operating Surplus (Deficit)		
Operating surplus (deficit)	275,269	743,700
Depreciation	442,787	420,097
Increase in unexpended grants	1,011,325	183,114
Net surplus on sale of non-current assets	(12,614)	(54,623)
Increase in trade and other debtors	(353,028)	(156,880)
(Decrease) / increase in trade creditors	(65,178)	109,229
Increase / (decrease) in other operating liabilities	302,825	(316,904)
(Decrease) / increase in provisions	(30,641)	93,645
NET CASH FLOWS FROM OPERATING ACTIVITIES	1,570,745	1,021,378

9. Segment Information

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

10. Economic Dependency

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

11. Company Details

	2012	2011
--	------	------

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.

Membership numbers as at the date of this report were

	77	71
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Maari Ma Health Aboriginal Corporation is domiciled in Australia. The registered office of the Corporation is:

Maari Ma Health Aboriginal Corporation
443 Argent Street, PO BOX 339, Broken Hill, NSW 2880

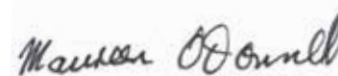
Directors' Declaration

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 1 to 13 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 2012 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 6 September 2012.

Maureen O'Donnell
Director



Broken Hill

Dated this 6th day of September 2012

LOWER WESTERN SECTOR

Lower Western Sector

Balranald Multi Purpose Service

Balranald MPS has now entered the second year of operations in the new facility. Ongoing infrastructure problems persist which are slowly being rectified. Annette Vaarzonmorel commenced as the Health Service Manager following the retirement of Beth Harrison after 44 years in the position. The Deputy Nurse Manager position remains vacant although recruitment to this position has commenced.

Recruitment to additional patient care positions has been delayed due to disputes over staff classification with the NSW Nurses Association and Health Services Union. Although casual staff are being utilised in these vacancies, this is not always possible and is also an additional expense for the MPS.

Throughout the second half of the year the maternal and child health nurse position has been vacant as a 0.5FTE position. Attempts to fill this vacancy are ongoing. The Balranald Hospital provided 2950 occasions of service (OOS) last year and the Primary Health Care team provided 2,364 OOS. Patient admission numbers remained consistent at 376 for the year.

Radiology occasions of service equalled 478 for the year. The Residential Aged Care beds were at almost 100% occupancy with a waiting list now established.

Achievements

- Direct management responsibility for all Balranald Health Services following the transfer of dental and primary health care positions to the Balranald HSM.
- HSM accepted in the Executive Clinical Leadership program with the Clinical Excellence Commission.
- Appointment of a Diversional therapist 3 days a week for the first time in the MPS, and the subsequent introduction of activities such as Tai Chi to improve balance and coordination for residents
- Replacement of the community transport vehicle with a new Kia Carnival, outfitted with wheelchair access.
- Two new services have begun operating from the MPS site, which are Sunraysia Hearing from Swan Hill and Dentures R Us from Mildura.
- One staff member received a scholarship from the Five Rivers Festival committee to study management of patients with prostate cancer, and the diabetes educator has continued to undertake further study in diabetes.
- The Aboriginal workforce is again full, with the permanent Aboriginal Health Worker (AHW) returning from long term leave and a new trainee AHW commencing.

Future Initiatives

- Promote booking of the respite bed which is currently underutilised.
- Achieving accreditation under the National Safety and Quality Health Service (NSQHS) Standards by 2013.
- Improve on the 2011 result of 63% in the Occupational Health, Safety and Injury Management Profile to be conducted in 2013.

Dareton Primary Health Centre

Dareton continues to perform exceptionally well in the provision of primary health care despite some issues continuing to impact on this service. This includes no access to a general practitioner on site, introduction of new data collection systems, and difficulties in recruitment to some vacant positions.

A broad range of visiting services continue through the Robinvale Allied Health program, which is a Commonwealth funded Agreement. Services include physiotherapy, occupational therapy, speech therapy, social work and podiatry.

Cross border issues continue to cause problems for Dareton clients. Sunraysia Health is now refusing to provide a range of primary health care services to NSW clients. This situation will be considered as part of a review of the border town services.

Funding has been received for Building Stronger Foundations for Aboriginal Children Families and Communities (BSF). The recruitment has commenced for an Aboriginal health worker and child and family health nurse to work as a team with children and their parents/carers in the 0-5 age range.

Dareton staff delivered 14,554 OOS this year.

Achievements

- FERRET has been consolidated as the client electronic record and state data collection system however problems remain with access through citrix.
- World Aids Day Health Promotion held with the local Aboriginal Medical Service, and a 'Healthy Living' session for Aboriginal community members was also held.
- A 93% coverage in childhood immunisation across the Dareton region.
- Aboriginal transport has provided 1838 OOS to clients without access to a vehicle to attend medical appointments
- A Women's Health Expo at the Botanic Garden was attended by 45 local women.
- Health workers had involvement in the Coomealla High School Health Career's Day for Indigenous students.
- The obstetrics and gynaecological registrar continues to visit Wednesday mornings with shared care of clients with our midwife and Aboriginal health worker
 - Antenatal clients – 124 (82 Aboriginal)
 - Gynaecological clients - 86 (42 Aboriginal)

Staff achievements:

- Diabetes Educator, Raelene Gibson has achieved credentialing status.
- Women's Health Nurse, Anita Erlandsen has completed her Diploma in Continence.
- Our Early Intervention Educator completed training in the Psycho Educational Profile – third edition, which allows the completion of developmental

assessments for children aged 0-6 with developmental delays

- Aboriginal Health Worker Gary Hamence is at present completing a course in Front Line Management.

Future Initiatives

- Provision of a specialist geriatrician service for assessment of dementia clients. There are currently 38 people on the waiting list.

Ivanhoe Health Service

The incumbent Health Service Manager (HSM) resigned in March 2012, a new HSM commences in September. The service continues to operate utilising agency nurses and Aboriginal health worker staff, with valuable assistance provided by the administration and support worker staff.

The Maari Ma Health funded female Aboriginal Health Worker resigned in April 2012. Maari Ma has been successful in employing a male health worker with extensive experience into that position. He is currently completing an upgrade from Certificate III in Aboriginal and Torres Strait Islander Health to a Certificate IV in Aboriginal and Torres Strait Health Practice. This course is funded and provided through Maari Ma. Ivanhoe Health Service provided 1972 OOS in the Emergency department and 2326 OOS through the Primary Health Care team.

Achievements

- Funding of \$545,000 was secured to construct a

new Emergency department attached to the Ivanhoe Health Service. The new department is expected to open in September 2012.

- The Outback Vascular Health Service provided through Maari Ma Health visits the remote sites 4 times a year, providing a cardiologist, renal physician and endocrinologist who concentrate on care for patients with complex co morbidities.
- Chronic Disease clinics continue, with 12 clinics provided each year by a Maari Ma Chronic Disease doctor
- Ivanhoe Health Service received a donation from the Kilferia Field day and has purchased a new bariatric patient examination bed (for people >150 kgs) for the doctor's consult room.

Future initiatives

- Echo technician visits to attend on site echocardiograms is being organised through Maari Ma Health.
- A funding application for capital works to build a new primary health care facility has been submitted to the Ministry of Health. The outcome is expected in September 2012. This application also seeks funding for a chronic disease coordinator.

Menindee Health Service

Menindee Health Service continues to be a busy and thriving provider of health care to the community. Menindee provided 4862 OOS this year.

Menindee is one of 5 health services that run the Ambulance Service for their communities, along with Wilcannia, White Cliffs, Ivanhoe and Tibooburra.

The Health Service is a blended mix of 7 registered nurses and AHWs; some funded by FWLHD and some by Maari Ma. These staff work as one team providing emergency and primary health care.

Achievements

- Chronic Disease clinics have increased and the Maari Ma doctors are now visiting Menindee an average of 2 days per week.
- The Menindee Health Advisory Council has completed a Health Action plan for the future.

Future Initiatives

- A Systems Assessment could be to review and look to improve the patient outcomes under the “One 21 Seventy” program (chronic disease monitoring) conducted through Maari Ma Health.
- Improve on the 2011 result of 66% in the Occupational Health, Safety and Injury Management Profile to be conducted in 2013.

Wentworth District Hospital

HSM Judy Lamb spent time relieving in the position of Maari Ma Manager for Linda Lynott while Karen Behsmann relieved Judy Lamb as AHSM at Wentworth Hospital.

The departure of a medical officer from Wentworth resulted in the official closure of the Emergency Department in March 2012. Many patients continue to access the service and the nursing staff are able to provide a wide range of primary health care activities, such as wound care and immunisations.

There continues to be a steady demand for nursing home-type aged care placements, although only limited demand for acute care beds.

Wentworth Hospital continues to provide extra services such as Seniors Activities, the Day Care centre, Men on the Move Bus Program, Home and Community Care (HACC) and Community Transport.

The Wentworth HSM continues to oversee the Pooncarie Outpatient Clinic, which is serviced by the RFDS every 6 weeks.

Wentworth Hospital provide 5371 non-admitted patients occasions of service in this year.

Achievements

Wentworth Hospital staff are represented on the following Committees:

- Cross Border Health Services Forum
- Sunraysia Community Infection Control Committee
- Local Emergency Management Committee
- Sunraysia Medication Advisory Committee

The Good Friday Appeal raised - \$5,668.10. Wentworth Hospital staff, scouts and volunteers assist every year.

- New equipment was purchased using donated funds, including an AutoPulse provided through Zoll, and a floor line bed purchased from Appeal money and Wentworth Hospital Auxiliary.

Future Initiatives

- A review of the services provided along the NSW/ Victoria border towns of Wentworth, Dareton, Buronga and Gol Gol will commence in late 2012. This review will inform the future function of the Wentworth Health Service.

Wilcannia Multi Purpose Service

Wilcannia Multi Purpose Service (MPS) continues to be a dynamic and challenging health service provider. In the past year it has been challenged with high rivers and threats of floods, staff shortages and rising costs associated with agency staff and ambulance transfers, while at the same time maintaining best practice remote and primary health care, and responding to changes in these areas.

Wilcannia MPS has provided 5100 individual OOS in the past year through its Emergency Department, and 4461 individual OOS through the Primary Health Service.

Achievements

- Wilcannia MPS is in the process of training four registered nurses as remote x-ray operators.
- Purchase of equipment to upgrade the x-ray machine to a new digital x-ray system, which is valued at over \$80,000. This will be of great benefit to the community as the inconvenience and cost of having to travel to Broken Hill for any x-ray is significant. The local community did a lot of fundraising to re-establish our x-ray equipment.
- An Interim Low Risk Admissions Policy to Wilcannia MPS was endorsed by the Chief Executive, to facilitate Wilcannia residents being able to remain in their own community for as long as possible. The policy is for a trial period of 6 months and will then be reviewed.

Future Initiatives

- Installation of the critical care camera system in the Emergency Department, which will enhance the doctors' ability to perform remote assessment of seriously ill patients.
- Access for all staff to the Medical Director system, which is used by the RFDS and Maari Ma as an electronic medical record. This will give them up to date information on patients' medications and pathology results for the whole district not just Wilcannia records.
- Achieving accreditation under the National Safety and Quality Health Service (NSQHS) Standards by 2013.
- Improve on the 2011 result of 51% in the Occupational Health, Safety and Injury Management Profile to be conducted in 2013.

Tibooburra Health Service

Tibooburra is the most remote community in NSW, and staff do an excellent job to provide services to this small population.

The Health Service has one full time registered nurse, a cleaner/administration person and a part time handyman.

Tibooburra provided 1584 occasions of service in the year 2011/2012, predominately through emergency presentations and RFDS clinics.

Achievements

- Commencement of a Quit Smoking program, in conjunction with the RFDS.
- A pilot chronic disease, nurse initiated program, in conjunction with the RFDS. Management plans for asthmatics and diabetics have already been developed.
- A men's health promotion program is underway in conjunction with Lifeline, with specific activities and guest speakers organised.
- A mental health 'pay it forward' night was held at the Drive-In, in conjunction with the FWLHD Mental Health team. This was well attended by the general public.
- Refurbishment of the verandah area, to enable access to and storage of equipment for Volunteer Ambulance Officers.
- Purchase of a new vital signs monitor from a donation from the Ladies Auxiliary Kiosk.
- The Tibooburra Health Advisory Council has been reformed and is now meeting regularly.

Future Initiatives

- Expansion of the Primary Health Care programs offered to the community.



PARTNERSHIPS & COLLABORATIONS

Partnerships & Collaborations

Changes in the health landscape continue. The Maari Ma region is now covered by two Medicare Locals: Far West (based in Bourke) and Lower Murray (based in Mildura). Maari Ma has formally joined with the Far West Medicare Local as a partner. Medicare Locals are primary health care organisations established by the Commonwealth Government to coordinate primary health care delivery and tackle local health care needs and service gaps. They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities. We have also continued our association with Beyond Medical Education (BME), which provides education for our GP registrar position. BME, through the Australian General Practice Training Program, prepares GP registrars for general practice by offering them training

opportunities in rural and remote NSW and Victoria.

We are pleased to welcome as a sponsor the CAGES Foundation, a philanthropic foundation established by the Salteri family to enable the funding of initiatives which work with Aboriginal and Torres Strait Islander people and organisations to provide access to health, education and wellbeing services to Indigenous children in the first five years of their life. CAGES are supporting our Healthy Start Playgroup.

With our successful bid for organisational accreditation, we are pleased to be working with the Quality Improvement Council (QIC) and their agent, Quality Management Services (QMS) for the next three years to improve our organisation, services and partnerships.

Maari Ma is pleased to continue to work closely with the peak organisations in the region responsible for Aboriginal services and policy: Aboriginal Affairs NSW, Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA), the Community Working Parties and the Murdi Paaki Regional Assembly, and the Local Aboriginal Land Councils.

Maari Ma continues to attend and support the Broken Hill Centre for Remote Health (CRH) alongside the other pillar agencies of the RFDS (SE Section), Sydney University Department of Rural Health (Broken Hill), Far West Medicare Local, and Far West Local Health District (FWLHD).



MAARI MA STAFF

Maari Ma Staff

Chief Executive

Bob Davis Chief Executive Officer

Executive Support

Haylee Rogers Governance Support Officer

Public Health/Medical Services

Hugh Burke Director Medical Services

Finance

Christopher 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
Ashleigh Buckland Health Information Officer
Michael Hanley Manager Information Technology
Narelle Pascoe Early Years Project Leader
Janette Jones Playgroup Assistant
Leah Daly Office Manager
Tarissa Staker Administration Officer
Lowra Koraba Administration Officer

Workforce

Glenis Barnes Human Resource Manager
Renaë Roach Workforce Training Coordinator

Research/Community Programs

Sue Selden Manager / Research Leader CSRP
Catherine Sanford CSRP Project Officer
Patrick Gallagher CSRP Project Officer
Kate Semmens CSRP Project Officer

Natalia Williams
Candela Alvarez-Rivera
Natika Whyman
Antonio Gilfoyle
June Jones
Melissa Kennedy
Karlene Kerwin

CSRP Project Officer
WINGS Coordinator
Youth Worker
Youth Worker
Youth Worker
Youth Worker
Youth Worker

Regional Primary Health

Lesley Woolf Director Regional Primary Health
Justin Files Manager Primary Health Care Service
David Rowlands General Practitioner
Steven Grillett GP Registrar
Anne Waterman Clinical Nurse Consultant Diabetes

Visiting General Practitioners

Penny Roberts-Thomson General Practitioner
Vic Carroll General Practitioner
Michael Nugent General Practitioner
Peter Sanders General Practitioner

Transition Project

Kate Gooden Transition Project Manager

Practice Administration

Kendy Rogers Team Leader
Lisa Kelly Clinic Coordinator
Alannah Degoumois Administration Assistant
Raymond O'Donnell Administration & Transport
Guy Crawford Transport Officer
Shane Johnson Transport Officer

Keeping Well

Kaylene Kemp Manager Community Engagement
Bernie Kemp Primary Health Worker
Codi King Primary Health Worker

Keeping Well Cont.

Gina Faulkner	Primary Health Nurse
John Perfecto	Primary Health Nurse
Nathan Kickett	Trainee Primary Health Worker

Acute / Clinic

Kelly-Anne McGowan	Practice Nurse
Heather Clarke	Practice Nurse
Tiffany Cattermole	Primary Health Worker
Christopher O'Donnell	Primary Health Worker
Jamie Billing	Trainee Primary Health Worker

Healthy Start

Mary Cox	Child & Family Nurse
Heather Curyer	Community Midwife
Karen Rauert	Community Midwife
Stevie Kemp	Primary Health Worker
Tarnee Tester	Trainee Primary Health Worker
Luke O'Donnell	Trainee Primary Health Worker
Jeda Sloane	Trainee Primary Health Worker

Primary Care Specialists

Fione Burrows	Manager PCSS
Lisa Kickett	Trainee PMHAOD Worker
Peter Crossing	PMHAOD Worker
Susan Jordan	AMIHS PMHAOD Worker
Michele Williams	AMIHS PMHAOD Worker
Tiffany Lynch	Project Leader Tobacco Control
Cher Twe	Dietitian
Elisa Rossimel	Dietitian
Shannon Hinton	Primary Health Worker Nutrition
Leanne Martin	Healthy Start Cook
Roslyn Johnson	Casual Cook
Morna Johnson	Casual Cook
Lorina Johnson	Casual Cook

Kevin Bates
Steven Harris
Doreen Mitchell

Casual Cook
Casual Cook
Casual Cook

Oral Health

Erin Commins
Jessica Li
Tayla Dwyer

Team Leader / Oral Health Therapist
Oral Health Therapist
Dental Assistant

Wilcannia Primary Health

Rosemary Durrant
Doug Jones
Belinda King
Jennifer Brown
Tracy Hesketh
Raelene Campbell
Gemmah Shillingsworth
Maxine Edwards
Robert Harris

Manager Wilcannia Primary Health
Primary Health Worker
Primary Health Worker
Primary Health Nurse
Primary Health Nurse
Trainee Primary Health Worker
Trainee Primary Health Worker
Clinic Coordinator
Community Transport

Menindee

Debra King
Dimity Kelly
Prisceetima Stephens
Carmel King
Cindy Bates

Primary Health Worker
Primary Health Worker
Trainee Primary Health Worker
Community Transport
Community Transport

Ivanhoe

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**MAARI MA HEALTH
ABORIGINAL CORPORATION**