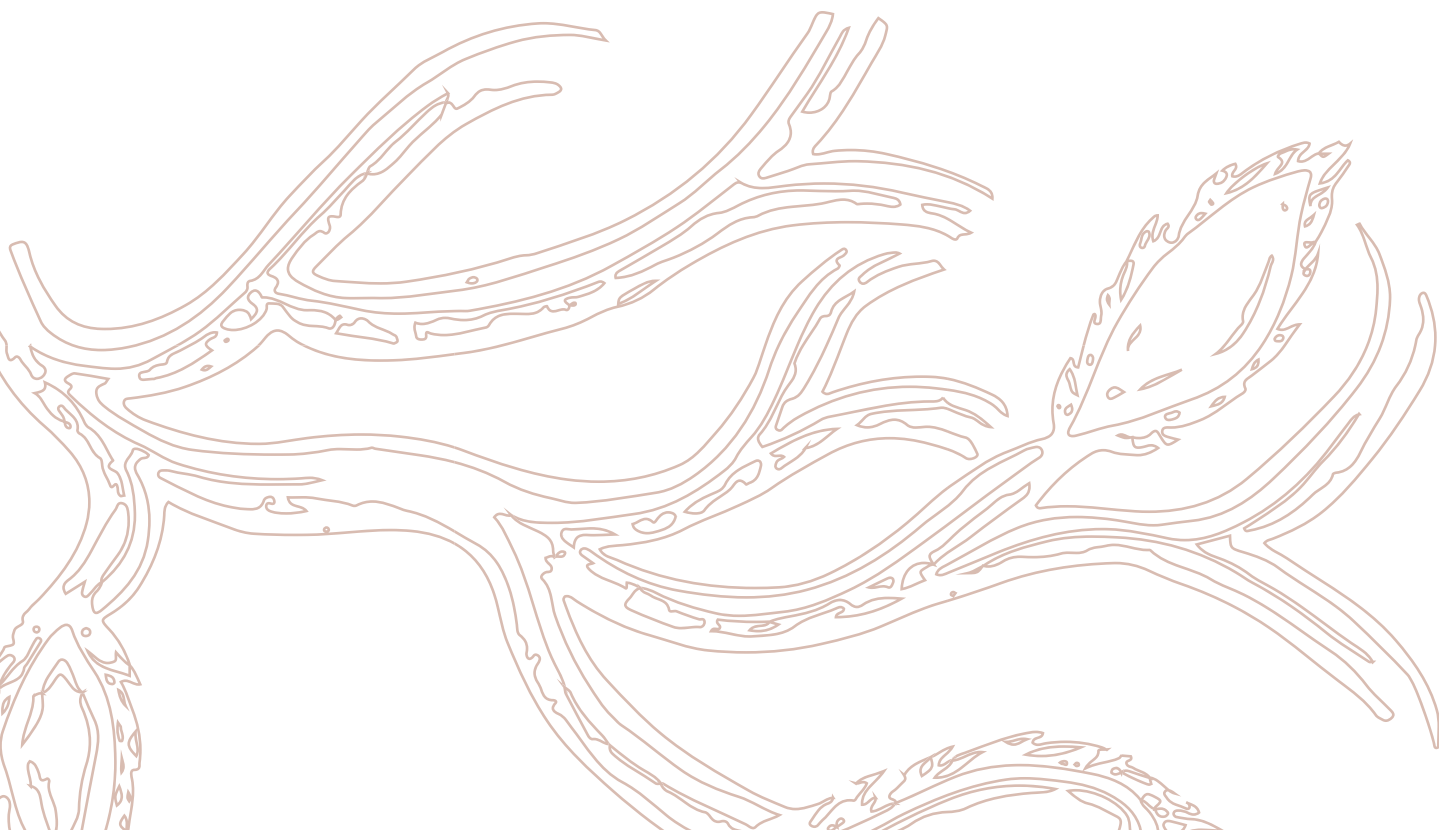


# ANNUAL REPORT

2012/2013



**MAARI MA HEALTH**  
ABORIGINAL CORPORATION



# **ANNUAL REPORT**

**MAARI MA HEALTH ABORIGINAL CORPORATION  
2012/2013**

# 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.**



# TABLE OF CONTENTS

OUR BOARD	6	VISITING SPECIALISTS	24
CHAIRPERSON'S REPORT	8	EARLY YEARS PROJECT	26
CEO'S REPORT	10	STUDENTS	30
PRIMARY HEALTH CARE	12	RESEARCH	32
General Practice	13	Kanyini Vascular Collaboration	33
Keeping Well/Chronic Disease	13	The Community Safety Research Project	33
Healthy Start	14	Continuous Quality Improvement	36
Transportation	15	REMOTE COMMUNITIES	38
Wilcannia Primary Health Service	15	CORPORATE SERVICES	42
Pharmacy	16	Information Technology	43
Oral Health	16	Capital Works	43
Primary Care Specialist Services	16	Accreditation	43
COMMUNITY ENGAGEMENT	20	WORKFORCE PLANNING	44
Community Newsletter	21	Organisational Chart	49
Community Engagement	21	FINANCE REPORT	50
Closing the Gap/Practice Incentive Program (CTG/PIP)	21	LOWER WESTERN SECTOR	72
Promotion / Education in the Community	21	PARTNERSHIPS AND COLLABORATIONS	76
NAIDOC Day in the Park, Broken Hill	21	MAARI MA STAFF	78
COMMUNITY SUPPORT	23		

## OUR BOARD



**Maureen O'Donnell** is a Baarkintji elder belonging to the Wilyakali language group. Maureen is the current Chairperson of Maari Ma; she lives in Broken Hill and 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 Board of Management for the Mutawintji National Parks. Maureen commenced her role with the Maari Ma Board in 1997.



**Des Jones** is a Mooriwarri man born in Brewarrina NSW and currently resides in Wentworth. Des is the Deputy Chairperson of Maari Ma; he 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; he 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. He is the NSW Aboriginal Land Council Regional Councillor for the Western Region.



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





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



**Cheryl Blore** is a Baarkintji woman who resides in Menindee. Cheryl has been employed for 27 years as an Aboriginal Education Officer with the Department of Education and Communities and is based at the Menindee Central School; she 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 Council and the Menindee Central School Committee. She has a keen interest in education, Aboriginal culture and the health of Aboriginal people. Cheryl commenced her role with the Maari Ma Board in 2006.



**William Bates** is a Wanyuparlku/ Malangapa/Baarkantji 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 he is involved in with such as: Chairperson of Murdi Paaki Regional Enterprise Corporation; Director, Murdi Paaki Regional Housing Corporation Ltd; Chairperson of the Mutawintji National Park Board of Management; Chairperson of Mutawintji Local Aboriginal Land Council; and Member of the Murdi Paaki Aboriginal Housing Committee (Western Region).

# CHAIRPERSON'S REPORT

## CHAIRPERSON'S REPORT



My vision for Aboriginal people is as strong today as it was when I first came onto the Maari Ma Board 16 years ago and one I share with all – that an Indigenous baby born today in far west New South Wales will grow up and have the same life opportunities and the same life expectancy as any other child growing up in the far west. Each year I have increasing confidence that we are implementing the right range of prevention, promotion and intervention initiatives that will one day make my vision a reality.

Each year Maari Ma introduces new programs or enhances existing ones that bring us one step closer to improving child health, development and well being. The past year has been no exception. More pregnant women are accessing our antenatal service than ever before and we have seen the start and growth of child health clinics.

A record number of our children are having a GP check and they are being done at the age appropriate time. While this is very good in itself, it also indicates we are successfully engaging with families in our communities to encourage change and we are nurturing families to become involved partners in health. An important determinant of good health and social outcomes for children comes from good parenting and our programs such as Playgroup, Little Kids and Books, our various cooking groups and school programs, are all making inroads at the ground level. We were instrumental in acquiring a Home Interaction Program for Parents and Youngsters (HIPPY) in Broken Hill which we will



bid to run. The two-year home-based parenting and early childhood enrichment program will complement our work in early years with its emphasis on supporting early literacy development and its understanding of the role of parents in their child's learning. I firmly believe in the investment in creative strategies to engage families and communities, and the work we are doing in this area is both innovative and progressive. We are crossing traditional health boundaries by working collaboratively with other agencies and I commend Maari Ma management and staff for the very successful implementation of these programs. To further assist in our community efforts we engaged two new staff members called cultural vouchers to help primary health care workers in Broken Hill access hard to reach clients and generally act as links between the community and the Primary Health Care Service. In addition, the communities of Wilcannia, Menindee and Ivanhoe are receiving significant assistance following the appointment of a Remote Communities Facilitator. Zoe Dobson has taken on the new role and we are already seeing change through increased access to health care with the introduction of community based clinics and programs, and program development. Engaging with children and families is central to many of the programs.

In a service which parallels our Closing the Gap work and tradition of working in partnership, we support community members and their families by providing links and referrals to a range of

mainstream and Indigenous services through the Indigenous Community Links program. I launched the program, which was previously called Community Support Service, in Broken Hill in 2010 and I am very pleased that it is increasing in usage each year and that Maari Ma is developing and fostering relationships with other service providers by providing information, access and pathways.

Staff throughout the year have continued to demonstrate their commitment to improving Aboriginal health by showing drive and determination to increase their skills. Our second group of health worker trainees finished their studies and a significant number of other staff have been studying at TAFE or universities to advance their qualifications. We also introduced a cadet program which has seen two of our workers begin a career path towards medicine while a new employee is studying to become a registered nurse. We can be proud that we are providing an Indigenous workforce and delivering culturally appropriate services to our clients while at the same time providing opportunities for increased responsibility and career advancement for our workforce. Our achievements received state-wide recognition when Primary Health Worker, Jamie Billing was named Indigenous Student of the Year at the 2013 Western NSW Training Awards at Orange in June, and Aboriginal Trainee of the Year and Aboriginal Student of the Year at the 2013 Outstanding Graduate Awards TAFE Western, at Bathurst, also in June.

I congratulate NSW Health on its ten year plan for Aboriginal health which recognises the importance of partnerships at both the state and local level and ensures that the health needs and interests of Aboriginal people are an essential part of NSW Health initiatives. The 2013-2023 plan focuses on six strategic areas including building trust through partnerships, strengthening the Aboriginal workforce and providing culturally safe working environments and health services. I look forward to the progress that will flow from this.

I extend my thanks to my fellow Board Directors for their support and their wisdom during these past 12 months. Each brings to the Board a different perspective and life experience which helps shape our direction. I extend my unending thanks to CEO Bob Davis, firstly for his return to Maari Ma as CEO and secondly for his leadership, strength of vision and his ability to always navigate towards the big picture with determination and enthusiasm. I would also like to thank William 'Smiley' Johnstone who took on the role of interim CEO before Bob's return. Smiley has been a huge support both to me personally and to the organisation. Finally I would like to thank the staff for their dedication and caring in each of our communities.

**Maureen O'Donnell**  
Chairperson

# CEO'S REPORT

## CEO'S REPORT



This report is my fourth as Chief Executive Officer of Maari Ma Health.

As in previous years, there have been challenges and this year has been no different.

Improving health outcomes for Aboriginal people in western NSW people requires a common vision and values, values which include cultural practice, innovation, respect, and leadership. It is this vision and those values that have ensured Maari Ma has remained the major deliverer

of comprehensive primary health care to Aboriginal people in western NSW, a fundamental goal of our Board of Directors. Our strategic alliances are shifting, but in saying this, we are prepared to work with any stakeholder to advance the interests of our people.

Continued growth across all areas has seen the need to redevelop our Argent Street premises. A facilities review in 2011 identified factors which were constraining Maari Ma's efforts to deliver services effectively to Aboriginal people in Broken Hill and satellite communities including Wilcannia, Ivanhoe and Menindee. The review provided an overarching development strategy for a major capital works program which includes the re-use and extension of our existing regional office for clinical services, the acquisition of adjoining premises for clinical services and regional health staff, and the conversion of the current Broken Hill Primary Health Care building for

corporate use. The NSW Ministry of Health and the Commonwealth Department of Health and Ageing have committed funds to the project. Maari Ma has now engaged Burns Aldis as project managers and concept designs are underway.

Maari Ma is continuing its expansion program in Wilcannia and has recently completed a capital works program to accommodate our visiting staff. Maari Ma began discussions late last year with the NSW Premier and Ministers for Education and Aboriginal Affairs and again earlier this year regarding a Connected Communities health hub at Wilcannia. That concept has been supported by both the NSW government and the Wilcannia Central School Principal. Maari Ma has also engaged with the Wilcannia Community Working party and the Wilcannia Local Aboriginal Land Council regarding possible development of a Wilcannia Early Childhood Belonging Centre.

The general practitioner (GP) workforce increased substantially during the year with the engagement of two resident GPs, Dr Stephen Gaggin and Dr Elaine Powell with regular visits from Dr Marion Christie and Dr Muzaffar Karimov and long serving GPs, Drs Vic Carroll, Penny-Roberts Thomson and Michael Nugent. We have been fortunate this year in having two GP Registrars, Dr Stephen Grillett and Dr Hanif Abdullah, and two Public Health Medicine Registrars, Dr Naomi Gough and Dr Marlene Kong. We continue to benefit from our visiting specialist services including paediatrics, alcohol and other drugs, smoking cessation, eye health and infant mental health.

Our transport program assists our community members to attend appointments and during 2012-2013 provided 12,318 occasions of transport. Maari Ma is also a major contributor to the funding of the Community Access Bus service from Wilcannia and Menindee which operates Monday to Friday for community members for health appointments.

Once again we continued to develop programs with other partners on issues of interest and concern. Early this year we commenced dialogue with the Mallee District Aboriginal Services which has seen the transfer of the Bes Murray Community Centre to Maari Ma who will work in partnership with the Balranald Local Aboriginal Land Council to improve health service delivery to the Balranald Aboriginal community.

Both Mallee District Aboriginal Services and Maari Ma will continue their partnership and are currently exploring future cross border initiatives.

Maari Ma has partnered with the NSW Rugby League to develop long term strategies on key health initiatives including tackling smoking and encouraging healthy lifestyles.

The CAGES Foundation, a philanthropic foundation established by the Salteri family continued to provide support for our Healthy Start Playgroup in Broken Hill and a partnership with the Indigenous Literacy Foundation made books available to Aboriginal children in our communities.

We have continued to work with other local

peak agencies: Murdi Paaki Regional Assembly, the Local Aboriginal Land Councils and our two Medicare Locals, Far West Medicare Local and Lower Murray Medicare Local.

During the year I have been encouraged by the energy and enthusiasm of our staff and their commitment to improving Aboriginal health. What drives our staff drives our whole organisation.

I would like to acknowledge Mr William 'Smiley' Johnstone who acted as Interim Chief Executive Officer until my return, and the dedication and commitment of the Executive team in a challenging year.

Of course none of the achievements in this report would be possible without the support of our major funding bodies: the Department of Health and Ageing and their 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 and Indigenous Affairs (FaHCSIA), Department of Attorney General and Justice, Department of Education, Employment and Workplace Relations and the CAGES Foundation.

I would like to take this opportunity to express my appreciation to our Chair, Ms Maureen O'Donnell who provides inspirational leadership and her fellow Board members for their tireless work.

**Bob Davis**  
**Chief Executive Officer**

# PRIMARY HEALTH CARE



# PRIMARY HEALTH CARE

## General Practice

Maari Ma's general practitioner (GP) workforce increased significantly in 2012/13. We engaged Dr Stephen Gaggin as a full-time resident GP. He has been joined by Dr Elaine Powell as a part-time resident GP. Dr Marion Christie and Dr Muzaffar Karimov are now visiting regularly, joining Maari Ma's long serving visiting GPs Drs Vic Carroll, Penny Roberts-Thomson and Michael Nugent.

We have had two GP registrars this year- Dr Steve Grillett and Dr Haniff Abdullah. We have also enjoyed the contributions made by two Public Health Medicine registrars - Dr Naomi Gough and Dr Marlene Kong.

The Primary Health Care Service (PHCS) in Broken Hill continues to grow with busy Healthy Start, Keeping Well, Clinic and Practice Administration teams. The PHCS offers both booked and walk-in clinics, with people with a chronic disease encouraged to attend booked appointments. We have also re-instated Healthy Start GP clinics two days per week.

Episodes Of Care	11/12	12/13
Broken Hill	11,266	30,894*
Wilcannia	3,893	2,466

\*change in data collection methodology – electronic extraction

## Number Of Patients

	11/12		12/13	
	ATSI	TOTAL	ATSI	TOTAL
Broken Hill	1,225	1,533	1,685	2,064
Wilcannia	527	650	489	597

## Keeping Well/Chronic Disease

Maari Ma's adult program, Keeping Well, has worked hard to ensure that staff and patients understand the importance of the cycle of care and its various elements. Guided this year by Kaylene Kemp, Manager Community Engagement, the Broken Hill team worked hard to coordinate the team-based approach to providing care to people with a chronic disease.

The Chronic Disease program is aimed at 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. The Keeping Well team has been very busy focusing on increasing their skills and participating in training through planning days and team meetings in order to implement the various Closing the Gap initiatives. These have included standardising systems and processes to deliver the checks and follow-up services in the patient Cycle of Care, improving access to cheaper medicines by assisting patients to register under the Practice Incentive Program

(PIP), the management of medications through Home Medication Reviews (HMRs), ATSI health checks, GP Management Plans and Team Care Arrangements, and specialist care. These enable the team to improve service delivery to patients with heart disease or diabetes.

The team provides regular home visits, supporting patients and providing assistance around patient follow-up care and specialist appointments to a cohort of 150 patients who have been identified as having a chronic disease, or who are at risk of developing a chronic disease.

HMRs are provided by a local pharmacist. Appointments are set up by an Aboriginal Health Worker (AHW) who also attends the appointments with the pharmacist from Outback Pharmacies. Patients have the option of booking appointments at Maari Ma Health or making a home visit appointment. Webster Packs continue to be delivered in the community on a fortnightly basis. This has provided additional time for AHWs to focus on promoting awareness around the "Cycle of Care" with patients through one-on-one education

sessions. The sessions increase the knowledge and understanding of the program, and provide additional support as needed.

The team continues to provide support for patients who have booked appointments with the Outback Vascular Health Service's visiting specialist team from Sydney. The team provides patients with a better opportunity to continue managing their chronic disease. Patients who may not have attended a specialist appointment out of town will more than likely attend the in-house specialist services provided by Maari Ma. Assistance and support is also provided by the AHWs who may attend the appointment if requested by the patient.

The Diabetes Educator program continues to provide ongoing clinical education and understanding of diabetes in the community through one-on-one sessions with patients either at the Health Service or at a home visit. These appointments also include the support of an AHW who works closely with a diabetes educator.

The PHCS has been working toward supporting our patients to have a regular GP who they see each time they visit the medical service to ensure continuity of care. We continue to run specialist clinics and offer web conferencing consultations so that our patients don't have to travel to major cities for specialist appointments.

## Healthy Start

The Healthy Start program is designed to improve the health of pregnant women, newborn babies and children up to 5 years of age, and their families. The team consists of midwives, child and family health nurses, AHWs and GPs. Services include pregnancy checks, immunisations, child health checks, and information on nutrition and healthy lifestyles. In Broken Hill we also do lead testing. We offer antenatal and postnatal appointments, and home visits with the midwife and AHW. The AHWs work with the pregnant mothers and midwife at antenatal appointments and checks, providing education and birthing support.

This year, the Core of Life program has been integrated as an education and community engagement program which is facilitated by the midwife and AHW. The Core of Life program is a unique, 'hands on', health promotion/prevention/early intervention program created by midwives that identifies birth as being central to cultures and families. It was designed to empower male and female adolescents with information on pregnancy, birth and parenting a newborn.

Child health checks are attended by the child and family health nurse and AHWs following the Healthy Start calendar. The calendar is given to mums at their first postnatal visit so that they have information when their baby's health checks,

immunisations and lead tests are due. Fluoride varnish for children's teeth will be starting from 18 months and added to the calendar as a reminder to parents.

We have recently started GP clinics specifically for Healthy Start patients with the GP in the same building, and offer ATSI health checks for mums and babies at 6 weeks, and for children every year. The service we offer to families has improved significantly now that we have the Healthy Start GP clinic within the Child and Family building. The uptake of health checks has also improved as a result of easier access and decreased waiting times for families.

A paediatrician comes to Maari Ma monthly for 3 days in Broken Hill. Children are referred to the GP from a child and family nurse or midwife for assessment who will then refer to the paediatrician at Maari Ma or hospital as necessary. Family programs are conducted from the Child and Family building including a cooking group which cooks healthy food for the Healthy Start Playgroup each Thursday. It's great to see our families enjoying using the Child and Family building's resources! The early literacy program, Little kids & books, also operates fortnightly within the building and is facilitated by the Healthy Start team to improve literacy and family engagement with books. The books are changed each session and the children get to take them home.



## Transportation

One of the most important aspects of keeping people well is support and assistance in attending health appointments through the provision of transport. Maari Ma has transport officers in Broken Hill, Wilcannia and Menindee all of whom offer a valuable service to the community, providing people with transport to appointments to health services and also to specialist appointments at the hospital. In 2012 – 2013 transport officers provided 12,318 occasions of transport.

Maari Ma is also a major contributor to the funding of the Community Access Bus service from Wilcannia and Menindee to Broken Hill which runs Monday to Friday each week. While fares on the bus are very cheap, people travelling for health appointments travel for free.

Medicare Local Fare Assist: Maari Ma patients are being encouraged to use a new service which provides free transport to after hours medical centres in Broken Hill. Fare Assist has been established by Far West NSW Medicare Local for Broken Hill residents who need to see a doctor at night or on weekends when there is no bus service. Fare Assist provides fully funded taxi transfers for patients needing transport to or from an eligible facility in Broken Hill to obtain essential medical treatment in the after-hours period.

	12/13	
Transport	To Other Health Professionals	To Maari Ma Health Professionals
Broken Hill	1,391	730
Wilcannia	6,619	3,578
<b>Total</b>	<b>8,010</b>	<b>4,308</b>

## Wilcannia Primary Health Service

Clinical services: The number of Maari Ma clinics available at Wilcannia increased during the year due to an increased number of locations at which clinics took place and an increase in visiting GPs and other clinicians. The first Maari Ma GP clinic off-site took place in November at the Women's Safe House in a transportable single bedroom unit. The bedroom became the doctor's consult room, and the lounge area a greeting and screening room. The partnership between WPHS and The Safe House continues with the clinic also being used for midwifery and women's business patients. Men's ATSI Health Checks have also been available at the Wilcannia Men's Shed throughout the year.

Both a clinical consult room and a non-clinical consult room have been established in the recently renovated Wilcannia Community Centre for Wellbeing. The off-site environment encourages patients who may not wish to visit the hospital for health care. Patients of the Alcohol and Other

Drugs Clinic are more comfortable in the less formal setting.

WPHS Keeping Well staff are providing follow up care to patients with a chronic disease and are working closely with the visiting clinicians.

Healthy Start continues to be successful at Wilcannia with Jenny Edwards recently completing the Diploma of Child Studies. The paediatric service engages with the local schools and the visiting paediatrician holds a monthly clinic for children with complex care needs. A Maari Ma GP with paediatric and women's health expertise recently commenced a weekly clinic for children at Wilcannia. The clinic focuses on age specific health checks including immunisations. The clinic has been well received and is usually fully pre-booked.

Support Services: Medicare training has been provided with a resulting increase in claims by staff other than GPs. The WPHS Transport Officer is now employed full time. Prior to this, WPHS staff were providing transport during the times the Transport Officer wasn't working. With the full time transport position in place clinicians are now available to attend to their clinical roles.

An ATSI Health Check promotion took place at Wilcannia over a four week period in early 2013. Extra GPs were rostered to the WPHS during that time, and patients who would not usually have an

ATSI Health Check were screened and introduced to the concept of primary health care.

## Pharmacy

Maari Ma continued to deliver a pharmacy service and implement the Quality Use of Medicines (QUMAX) program. As in previous years, our QUMAX program continued to support eligible patients by reducing the cost of medicines and covering the cost of Webster pack packaging. The new Home Medication Review (HMR) service is demonstrating Maari Ma's ability to work efficiently and effectively as a multidisciplinary team. As reported in the Chronic Disease section of this report, a pharmacist works closely with primary health care workers and GPs to complete HMRs for patients with a chronic disease.

The pharmacist reviews a patient's medications and if necessary talks to the doctor and health worker about strategies to improve the patient's medication management plan. In addition, Maari Ma actively works with the local primary health care services to implement the Commonwealth Government's Closing the Gap program to provide access to cheaper medicines and extra services to support people with a chronic disease.

## Oral Health

The Maari Ma Child Oral Health team provides clinical services and oral health promotion throughout the region. Clinical services are provided weekly in Broken Hill and Wilcannia, fortnightly in Menindee and quarterly in Ivanhoe.

Oral health promotion activities during the year included:

- Involvement in the weekly Healthy Start Playgroup in Broken Hill.
- Dental screenings of children attending preschool, primary and high school in Wilcannia and Ivanhoe.
- Oral health and tooth brushing education sessions at schools in Wilcannia and Ivanhoe throughout the year with the supply of toothbrushes and toothpaste to all school children.
- Continued support from Colgate in supplying discounted toothbrushes and toothpaste for distribution to the community.
- NAIDOC day in the park in Broken Hill included oral health promotion and toothbrush and toothpaste take home packs.

The dental team this year included many new faces with locum dental therapists from New Zealand and the South Australian Dental Service visiting

in the absence of Oral Health Team Leader, Erin Commins, while on maternity leave.

Maari Ma's dental clinic in the Primary Health Care Service building saw the retirement of the old rundown dental chair which served the community well for 20 years. It was replaced with a brand new dental chair, complete with new suctioning system, thanks to the support of the NSW Centre for Oral Health Strategies.

The team continues to be involved in the silver fluoride research project in conjunction with the Australian Research Centre for Population Oral Health (ARCPHO). The project aims to assess the value of the use of silver fluoride in arresting tooth decay in children thus preventing the need for restorative treatment.

## Primary Care Specialist Services

Primary Mental Health and Alcohol and Other Drugs Team: The PMH&AOD team has worked collaboratively throughout the year with Maari Ma's GPs and AHWs to provide holistic one-on-one care for patients experiencing issues related to substance use, trauma, grief and mental health. There has also been a significant emphasis on the PMH&AOD team providing preventative programs to children and adolescents in our communities, with the goal of building confidence and resilience

to decrease risk-taking behaviours and mental health issues. These programs have included high school programs that focus on alcohol and other drugs, a weekly resilience program facilitated at WINGS, work within Wilcannia Central School to increase resilience and coping strategies for 'at risk' students, a Tobacco Control poster competition at WINGS, and resilience programs at local cultural camps.

### Service delivery

The following is a snap shot of services provided in the period 2012-2013

	Aboriginal	Non-Aboriginal	Total
Total PMH AOD Appointments Made	2,335	259	2,594
Patients Who Kept Appointments	1,433	155	1,588
Percent	61%	60%	61%
Of Those Who Kept Appointments:			
The Majority Of Patients Were Aboriginal Female	Aboriginal Female		1017
	Aboriginal Male		416

Nutrition: Cher Twe, Elisa Rossimel and Shannon Oates continue to work towards improving the nutritional health of our communities. The team has a strong focus on promoting diet and nutrition in

pregnancy and children's early years by working within schools, pre-schools and with the Aboriginal Maternal and Infant Health Service (AMIHS) team. This focus has included introducing children to new fruit and vegetables, and using strategies to increase food repertoire and tackle fussy eating. This has included preschool touch and taste sessions, nutrition education and cooking at the schools, and weekly nutrition support at Broken Hill Playgroup and Cooking Group.

The nutrition team continues to provide one-on-one dietetics consults across the region in Broken Hill, Menindee, Wilcannia, Ivanhoe, White Cliffs

and Tibooburra, and further promotes nutrition by highlighting special events such as World No Salt Day, International No Diet Day and National Nutrition Week.

Smokers Program: Tobacco smoking is a significant contributing factor to chronic disease and the single greatest preventable cause of all death and illness. Over the past year Tiffany Lynch, Shannon Oates and Lisa Kickett have focused significantly on promoting Maari Ma's Smokers Program. This has included creating an increased awareness of the Smokers Program that Maari Ma offers to both staff and community, increasing accessibility to the program and ultimately seeking a decrease in Maari Ma patients who engage in tobacco smoking. As a consequence of this there has been a significant increase in Maari Ma patients commencing the Smokers Program.

To support the large number of Maari Ma patients commencing the program we have day clinics both in the PHCS and Healthy Start building in Broken Hill, and provide a weekly Smokers Program clinic in Wilcannia which has a very good success rate. To support this great program we have Professor Renee Bittoun, who has worked in Smoking Cessation for more than 30 years, visiting Maari Ma quarterly to provide specialist consultation advice, and to work collaboratively with the Smokers Program team to increase their skills and knowledge in this area.





Community Dinners – Wilcannia: The Wilcannia Community Dinner is held each month by the Dietetics team with an average 100 community members attending every themed dinner event. Themes include kangaroo stew, healthy BBQ, healthy pizzas and Christmas roast. Cher and Shannon work with local community members who assist in the preparation of the healthy meals for the community. The dinners 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.

Aboriginal Maternal & Infant Health Service (AMIHS) – Primary Mental Health and Alcohol and Other Drug (AOD) Workers: Michele Williams & Susan Jordan provide Mental Health and AOD services to women and their families who are patients of AMIHS with the aim of improving the social and emotional wellbeing for these women, their babies and extended families.

Both Susan and Michele work closely with the existing AMIHS team (midwife and AHW) 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. The AMIHS team offers an excellent opportunity to contribute significantly to the prevention of chronic disease by starting the ‘wellness’ process in babies and children in our communities.

This team is supported by perinatal psychiatrist, Dr Ros Powrie, who visits every 2 months, and who works with all Maari Ma staff interacting with families to increase their skills and knowledge around how best to support our women in their perinatal period.





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# COMMUNITY ENGAGEMENT





# COMMUNITY ENGAGEMENT

## Community Newsletter

The Broken Hill Primary Health Care Service community newsletter commenced in 2012 -2013. The newsletter promotes health programs and awareness around Healthy Start, Keeping Well/Chronic Disease and “Closing the Gap,” to help reinforce Maari Ma’s work of improving the basic health and well-being of Aboriginal people, and building stronger, healthier communities for future generations.

The newsletter also provides an opportunity for the community to participate in and celebrate significant birthdays by recognising those who have reached a milestone in their life such as new babies born, and other significant celebrations for families and community members. Since its start, the bi-monthly newsletter has been very popular with the community.

## Community Engagement

In April 2013 Maari Ma employed two community advocates who provide the community with a direct connection to the Broken Hill Primary Health Care Service and the programs associated with “Closing the Gap”, Keeping Well/Chronic Disease, Healthy Start and Smoking Cessation. Their relationship with Maari Ma and the community is a two way communication process providing support and guidance for the community, while promoting

health programs and encouraging hard to access patients to attend Maari Ma’s services. Support and guidance is also provided for those patients who have concerns or complaints about the services provided at Maari Ma.

## Closing the Gap / Practice Incentive Program (CTG / PIP)

A door knock was carried out to promote “Closing the Gap”. This included one-on-one sessions with individual patients who were provided with support in completing PIP Registration/Consent forms, and an education session on “Closing the Gap,” Maari Ma’s Cycle of Care and Home Medication Reviews. The main focus was on patients who have a chronic disease or those patients who are at risk of chronic disease. Discussions focused on understanding, education and early management of chronic disease and how early management can provide a longer healthier life.

## Promotion / Education in the Community

Promotion and education is ongoing regarding CTG / PIP information and the packages relating to the overall services provided under the program. Providing educational information on the benefits these bring for patients with a chronic disease and providing support and follow-up care can assist in the ongoing care of chronic disease.

## NAIDOC Day in the Park, Broken Hill

This provides a great opportunity for the staff to mingle and engage with the community, and provide one-on-one information relating to “Closing the Gap”, Keeping Well/Chronic Disease and Healthy Start programs. The day was well attended by the community who engaged with Maari Ma staff. It was also an opportunity for Community Advocate, Frank Etrich, to talk with the community regarding ATSI Health Checks and he managed to sign up 29 patients for the Practice Incentive Program.

Emotional and Wellbeing Support: Staff continue to provide ongoing support for those patients seeking assistance for urgent temporary housing, long term housing applications, emotional support while in hospital, regarding follow-up care after discharge, and ongoing support for patients requiring assistance with drug and alcohol services.

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# COMMUNITY SUPPORT



# COMMUNITY SUPPORT

## Community Support

Maari Ma continues to provide the Indigenous Community Links (ICL) service from our Regional Office in Broken Hill. A Commonwealth-funded program, ICL (previously called the Community Support Service) provides information, referrals and internet access to Aboriginal people wanting to be able to access mainstream services regarding:

- Aged care
- Family violence
- Housing
- Financial
- Computing/IT
- Transport
- Early childhood
- Education and care
- Welfare
- Legal services
- Health
- Employment
- Emergency relief/assistance
- Cultural
- Higher education and training
- Social and family support
- Primary/secondary school
- Education
- Sport and recreation

Information is provided over the phone or directly to people who come in to the Regional Office. We are also conscious of the fact that not only ICL staff provide community support: many of our other front line staff assist community members with information, support to access services, and advocacy. For example, our Playgroup staff routinely assist Playgroup families to make health appointments, enrol in early childhood education, access domestic violence-related services or follow up with mainstream service queries.

Another significant area of community support is provided by both administrative and clinical staff in assisting patients and their families to access health services outside of the region. The Isolated Patient Transport and Accommodation Assistance Scheme (IPTAAS) is State-based funding to assist patients to attend health services not available in our region.

However the paperwork can be daunting; often the appointment is urgent; sometimes more than one family member needs to travel – all of which can be confusing and difficult to arrange at short notice or when there is a health problem to be dealt with which might make travel difficult. Often Maari Ma will make the necessary travel and accommodation arrangements on behalf of our patients and claim the IPTAAS funding back in due course.

Other community support:

- We continue to support community members with food assistance for wakes or in other ways prior to a funeral.
- We made a contribution towards a newly established scholarship for an Indigenous student at Willyama High School to support on-going education.
- We made a contribution towards a trip for senior Aboriginal students at Broken Hill High School to travel to Sydney to investigate work and higher education options.
- We contributed towards the presentation day awards at Railway Town Public School.
- We have significantly supported the Outback Rugby League this year with health promoting activities and gear.
- We again played a significant role in the increasingly successful NAIDOC activities in Broken Hill and Wilcannia. Of particular note was the role played by Maari Ma staff in the very successful Regional NAIDOC Ball held at the Broken Hill Racecourse. This event also saw the NSW Aboriginal Land Council acknowledge the role of Local Aboriginal Land Councils and their members over the last 30 years.

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# VISITING SPECIALISTS



# VISITING SPECIALISTS

## Visiting Specialists

An evaluation of the Outback Vascular Health Service (OVHS) undertaken by the George Institute for Global Health (Professor Alan Cass and Maria Tchan) was published in October 2012. The evaluation was done as part of the collaboration between Maari Ma and the George Institute, and aimed to evaluate the OVHS model of care, the process of implementation and the quality of care provided. There were a number of outcomes (the full evaluation report is available on Maari Ma's website), but principally it was found:

- a defining feature of the OVHS model is the role of the Aboriginal Health Worker in consultations and handovers.
- the embedding of the OVHS in the primary care environment (as opposed to a specialist clinic or hospital) meant patients were seen in a setting that was familiar to them.
- specialists tailored their recommendations to the individual patient in conjunction with the primary health team, modifying management to a plan that was more likely to be used and have desirable outcomes.
- 72% of patients seen were Indigenous.
- diabetes was the most common disease seen followed by heart disease then kidney disease.
- coordination of the clinics was complex and required not only clinical expertise but high-order administrative expertise.

Clinically over a 12 month period, there was an improvement in the proportion of diabetic patients with HbA1c levels <7% (the desired result), all diabetic patients had a recorded HbA1c result, and a high proportion of both diabetic and kidney patients had been prescribed the recommended medications according to evidence-based guidelines.

The evaluation report made a number of recommendations which are currently being considered for implementation.

Other visiting specialist services continue to play an important part in patient care. Our visiting perinatal psychiatrist, Dr Ros Powrie, has started to see patients this year after a period of staff education and capacity-building around infant mental health, attachment and bonding.

The attendance at smoking cessation specialist clinics continues to improve. This is a very important part of tackling chronic disease. Details of Maari Ma's Smoker's Program will be presented at the Australian Smoking Cessation Conference later this year: Translating the Science into Clinical Practice.

Service	Visits				Patients	
	BH	Ivan	Men	Wilc	Total	Aboriginal
Addiction Physician	2	-	1	2	8	7 (88%)
Diabetes	4	1	4	4	133	85 (64%)
Eye Health	11	-	7	6	158	141 (89%)
Optometrist	5	-	3	3	123	109 (89%)
Heart	4	1	4	4	112	78 (70%)
Kidney	4	1	3	4	69	52 (75%)
Paediatrics	11	-	-	10	273	260 (95%)
Perinatal MH	6	-	-	-	25	25 (100%)
Smoking Cessation	4	-	-	4	22	18 (82%)

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# EARLY YEARS PROJECT





# EARLY YEARS PROJECT

Now in its fourth year Maari Ma's Early Years Project has focussed on the following areas:

## Networking

Early Years Project Leader (EYPL), Narelle Semmens, continues to maintain close links with the Early Childhood Education & Care (ECEC) sector across the region. In Broken Hill, the EYPL chairs the Early Years Discussion Group (EYDG) which promotes discussion around the National Quality Framework for ECEC along with strategies to improve universal access for Aboriginal children to children's services.

This year the EYDG has been proactive in engaging the Department of Education and Communities and its local principals to work with children's services to develop effective transition to school programs for children living in Broken Hill.

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:

- Department of Employment, Education and Workplace Relations ECEC Workforce Development Roundtable (Broken Hill)
- Presentation to the NSW manager of Families, Housing, Community Services, and Indigenous Affairs.

## Early Literacy

The EYP has developed two key programs that support the development of early literacy skills. The first program aligns book distribution and key messages around aural, verbal and communication skills at specific developmental check-ups of the Healthy Start program. This program was built around research on the beneficial health and social outcomes of good early literacy input from birth. A partnership with the Indigenous Literacy Foundation (ILF) supports the supply of high quality culturally appropriate picture books.

The second initiative has seen the expansion of the Menindee Little kids and books (LK&B) into Broken Hill and Wilcannia. LK&B is based on evidence supporting parent and community engagement through positive early learning experiences that focus on joint attention, and parents/carers and children reading books together. Maari Ma acknowledges that the importance of oral story telling traditions is a foundation for language and literacy development in Aboriginal communities.

This program provides book distribution with a goal of building home libraries. Initially resources from the ILF supported the program but in 2013 we secured Parental and Community Engagement (PaCE ) funding to purchase high quality picture books and resources to support the program.

## 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 - Over the past nine months the playgroup team has been involved in the development of a continuous quality improvement (CQI) framework to measure 4 key indicators (nutrition, oral health, social inclusion and early

learning) within the playgroup program. The CQI process aims to highlight the importance of ongoing data collection and also allows for a discussion to take place about the results, and to note if the results match the team's predictions.

- Broken Hill - Healthy Start Playgroup Cooking Group
- Broken Hill - Little kids & books
- Wilcannia - Intensive Supported Playgroup
- Wilcannia - Little kids & books
- Menindee - Little kids & books

Maari Ma has received a second donation from the CAGES Foundation towards the work of the EYP and has seen the addition of an Early Years Support Worker to work in the various programs with the EYPL. 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.

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:

- National Children's Week 2012. Narelle coordinated a week of activities promoting reading, universal access to preschool, children's day in the park, and an excursion to local early childhood settings

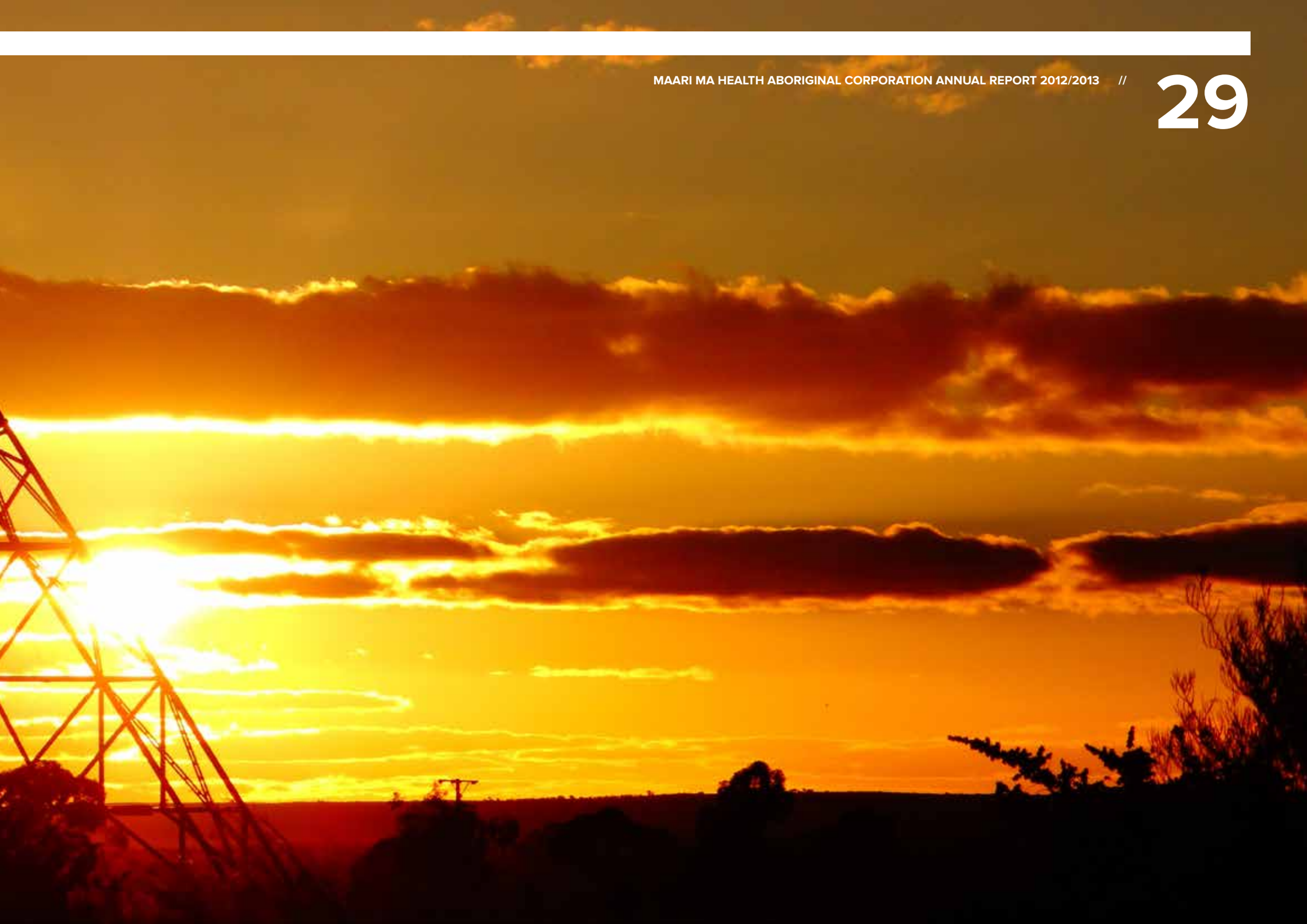
- NAIDOC Family Fun Day in Broken Hill
- Alma School NAIDOC Celebrations
- Localised program information in newsletters and books to support family understanding of early learning experiences.

### 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 included:

- Early Childhood Australia 28th National Conference "Consulting the Compass" (Perth)
- Case Management Training
- Munch and Move Training





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# STUDENTS





# STUDENTS

## Students

Maari Ma supports a range of students each year to gain experience in primary health, Aboriginal health or remote service delivery. In 2012/13 we have supported the following:

- 3 medical students
- 6 nursing students
- 1 social work student.

In February, we recruited 3 Indigenous cadets (2 in health science, 1 in nursing, for 3 years) as part of our workforce development plan.

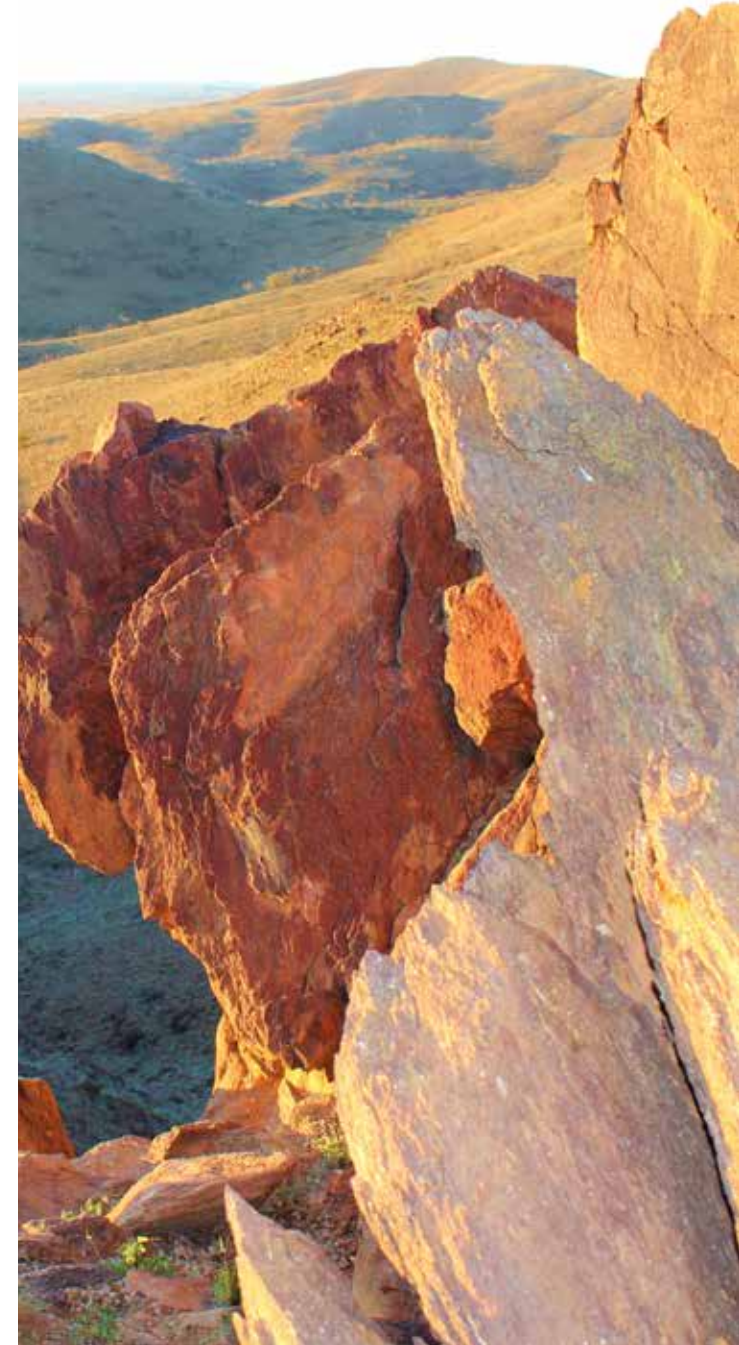
We have also supported 2 GP registrars this year. Dr Steve Grillett, Broken Hill born and bred, was a wonderful adjunct to our service and he was sorely missed when he moved on to complete his registrar training in Orange. We welcomed our new GP registrar, Dr Haniff Abdullah, to the service in January 2013.

## Public Health Registrars

The Specialist Training Program is a Federal Government initiative that started in 2010 and aims to increase training posts for medical specialists outside traditional public teaching hospitals.

Maari Ma, as part of a consortium that included the NSW Ministry of Health, established two Aboriginal Public Health Registrar training positions in public health medicine as part of the Australasian Faculty of Public Health Medicine and linked to the broader NSW Public Health Officer Training Program.

Both Drs Marlene Kong and Naomi Gough started their three year training program as public health doctors in late 2011. Naomi will undertake all her training in Broken Hill, which has included the past year, while Marlene undertook a placement in Broken Hill during the second six months of 2012.



# RESEARCH





# RESEARCH

## Kanyini Vascular Collaboration

Maari Ma continued its formal involvement in the Kanyini Vascular Collaboration this year.

Disparities in health status between Indigenous and non-Indigenous Australians are well documented. Early mortality due to chronic disease is the major contributor to the life expectancy gap. These premature and preventable chronic disease deaths are the product of complex factors.

To date little research has focused on the barriers to best possible management of chronic disease among Indigenous Australians, and very little research has sought to collaborate with Aboriginal community controlled health services to produce local meaningful solutions.

The Kanyini Vascular Collaboration is a research partnership involving the George Institute for Global Health in Sydney, the Baker Heart Research Institute in Alice Springs and a number of leading Indigenous primary health service organisations across Australia, including Maari Ma.

Its health service research program has been developed by Indigenous and non-Indigenous researchers, health professionals, policy-makers and communities with a goal of improving health outcomes for Aboriginal and Torres Strait Islander

people at risk of vascular diseases including heart, kidney disease and diabetes.

We have been involved in a number of research projects this year including:

- A write-up of a qualitative evaluation of knowledge, attitudes, practices and perceived needs of patients, communities, health care providers and policy makers with respect to prevention and management of chronic vascular disease;
- A randomised control trial of a polypill (one tablet containing all of a patient's heart medications rather than taking four different tablets) compared to the usual care for Indigenous and non-Indigenous people at high risk of cardiovascular disease. This trial ended in September 2012 and the trial information is now being analysed;
- Another randomised control trial to determine whether an electronic decision support tool (known as HealthTracker), designed to provide point-of-care access to national guideline recommendations for patients identified with high cardiovascular risk, is an effective intervention in improving the quality of care. This study, known as TORPEDO, ended in early 2013 and the trial information is now being analysed;

- The early planning around a research project that seeks to better understand the way in which chronic disease impacts on Indigenous patients and their families so that more contemporary chronic care approaches can be modified resulting in better managed chronic disease in Indigenous primary health care settings.

## The Community Safety Research Project

The beginning of this reporting period saw the Adult Study finalised and the four surveys associated with the Kids Study being almost finalised to the satisfaction of the Chief Investigators, the Community Safety Research Project (CSRP) team and the Advisory Committee members. The Adult Survey was trialed in Broken Hill from December to February and two issues were identified: the database needed to be adjusted; and the Healing Program was the priority task.

The CSRP remains a complex research project that aims to understand the precursors of violence in communities and, through a healing program, assist those affected by loss, grief and trauma to begin a journey of healing. The progress of the four components of the project follows.

## The Yarning Stories

This first phase was a qualitative study wherein community members were able to talk about violence in their lives and their communities through discussing different scenarios. Themes and issues identified in these yarning stories were then to be further explored in the Adult Study and the Healing Program. This phase was completed at the end of 2010 with feedback to those who participated given in early 2011. Information gathered from this phase of the Project has been, and will continue to be, fed into the Healing Program development.

## The Adult Study

The second phase is a quantitative study that explores the extent of stress, loss and grief, trauma, anger and violence, and the relationship between these and their impact in individuals. It also provides baseline data for evaluation of a healing program that follows for those who want to undertake it.

The survey is long and complex because the areas being explored are complex. It is delivered using a touch screen computer (tablet) that allows a participant's responses to be entered and not seen by anyone. Initial surveys indicate that the length is manageable when participants understand

the reason for the range of questions and are supported through the process.

While responses are confidential, the survey is set up to flag those who would benefit from talking to a health practitioner. Ensuring that protocols for these were appropriate for all service providers/users took time.

Trial surveys were undertaken from December to February and these identified a number of issues to be addressed, mainly some formatting issues to assist in clarity, and how best to respond to loss and grief issues raised.

## The Kids Study - Childhood Resilience

Very early on, the project Advisory Committee and community members expressed concerns for children and young people who are especially affected by community violence, and whose voices were not included in the Yarning stories. It is known that resilient children are better able to cope with the challenges that life presents them. The needs of children change with their age and so there are four surveys in the Kids Study that focus on resilience in each age group. Parents complete surveys according to the age of their child, with different questions and length for under 4 years, 4 to 10 years, and 11 to 17 years. Youth (ages 11 to 17) complete their own survey and parents/caregivers

also have a survey that can be completed for this age group. All surveys are done on a touchpad tablet (with a paper copy option) and all are done with the necessary consents. As with the adults, protocols have been developed with service providers to ensure that there is appropriate follow-up if required.

At the time of this report, the Kids Study is ready to go, but as they follow on from the Adult Study with parents or caregivers giving consent to include their children in these studies, it will not roll out until the Adult Study recommences.

## Healing Program Development

The Healing Program is a research project in its own right 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 Program has different individual components and it is the difference between these approaches that will be evaluated. 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. Progressing this important component of the overall project has been slow. University of New

South Wales psychologists and Maari Ma staff continue with the development of their individual components and it is this part of the project that now has priority. The Healing Program is now almost ready.

...my river journey ... one step at a time ... one day at a time (the provisional name of the Healing Program which will change with further development) uses a number of metaphors to trigger discussions. These include the river, resilience, reflection, ripples, rocks and redirection. These were presented to Maari Ma staff at the annual staff day in December and were positively received. Also introduced was “the healing tree” where each person present was asked to write on a gum leaf what healing meant to them. The leaves were then placed on the tree to represent bringing it back to life. Themes encompassed:

- Peace
- Freedom
- Culture
- Wellbeing
- Courage to do something different
- Reconnecting
- Overcoming the past
- Looking forward
- Walking together

### Governance

Throughout 2012 it was mainly the Aboriginal Community Advisory Committee (ACAC) members of Broken Hill and Menindee that provided guidance and advice on aspects of the project for their communities. Chief Investigators (CIs), including Indigenous CIs who provide cultural integrity for the project, guide the research components. The CSRP meets regularly with the CIs, Maari Ma management and representatives from the Health Service.

### Staffing

Staffing continued to provide challenges this year, balancing the recruitment of staff and having the project at a stage to utilise them effectively. Natalia Williams and Patrick Gallagher left in 2012 and Bilyara Bates joined us in June 2013. Both Bilyara Bates and Marsha Files lend their local connections to the project and strong Indigenous representation moving forward.



## Continuous Quality Improvement

Since 2005 formal continuous quality improvement (CQI) activities have been conducted at Maari Ma. This began with the use of the Audit and Best Practice in Chronic Disease (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 CQI cycle 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. Throughout the year smaller standalone CQI 'projects' have taken place at the Primary Health Care Service. These projects ranged from hand washing techniques, with pre and post education photographic measures, to the more rigorous analysis of GP appointment booking trends. These smaller projects, while not reported in detail here, are valuable in improving the day-to-day functionality of the health service.

In 2012 we assessed antenatal and child health care provision using the One21seventy/ABCD tools. We used a modified version of the risk assessment tool developed by the Kanyini Vascular Collaboration with the entire Aboriginal population aged over 18 years, allowing us to identify anyone

not already identified at high risk of developing a chronic vascular disease.

Six staff from across the region participated as auditors this year. Managers, nurses and data/information staff audited 810 medical records in four locations, totalling 10 working days over an 8 week period. In addition another 915 records of Aboriginal adults were 'electronically audited' in Broken Hill.

The following tables show some key results from the 2012 audits.

All maternal and child health results have improved over the three years shown.

Maari Ma Region	2010	2011	2012
<b>Maternal Health</b>			
% seen before 13 weeks gestation	68%	72%	74%
% having 5 or more antenatal visits	74%	78%	83%
% postnatal visits recorded	81%	96%	93%
<b>Child Health</b>			
Child Development Checks	68%	67%	72%

TABLE: KEY RESULTS – MATERNAL AND CHILD HEALTH CQI AUDITS, MAARI MA REGION, 2010 – 2012

The population distribution of the risk of already having or developing cardiovascular disease (heart disease, heart attack or stroke) in the next 5 years in our region differs slightly from town to town.

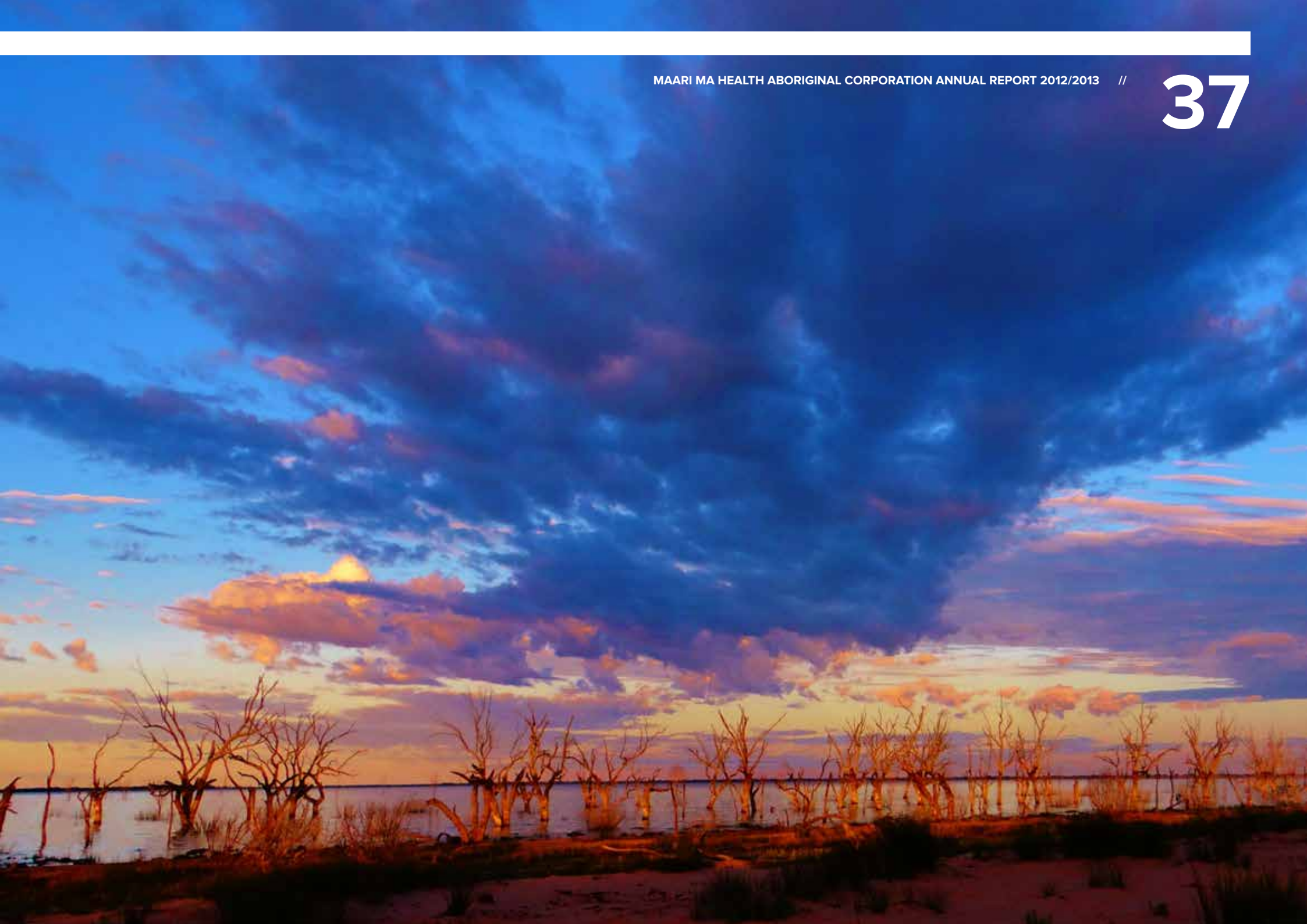
Overall, about 6 in 10 of the people we care for with a chronic vascular disease have already got heart disease or are at high risk of developing it in the next 5 years.

	BH	Ivan	Men	Wilc	Overall
<b>Total Audited</b>	<b>310</b>	<b>38</b>	<b>92</b>	<b>127</b>	<b>567</b>
High Risk	56%	55%	62%	63%	<b>58%</b>
Medium Risk	9%	13%	3%	6%	<b>8%</b>
Low Risk	29%	11%	16%	12%	<b>22%</b>
Missing	6%	21%	19%	19%	<b>12%</b>

TABLE: OVERALL DISTRIBUTION OF RISK, BROKEN HILL, IVANHOE, MENINDEE AND WILCANNIA, CHRONIC VASCULAR DISEASE PATIENTS, 2012

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 there are adequate services available to care for our communities into the future.





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# REMOTE COMMUNITIES





# REMOTE COMMUNITIES

## Remote Communities Facilitator

In August 2012 the community based executive position of Remote Communities Facilitator was established. The role provides on the ground organisational strategic advice and business area project support in the communities of Wilcannia, Ivanhoe and Menindee.

During the 10 months since the position's establishment, a number of new community based health initiatives have been launched including;

- Partnership with the Wilcannia Primary Health Service and the Women's Refuge Movement to establish a community-based women's health assessment clinic site;
- Working with the Primary Care Specialist Services team to negotiate weekly secondary school and WINGS Youth Drop in Centre-based adolescent mental health clinics and resilience programs in Wilcannia;
- Working with the Dietetics team to expand on female and youth focussed community based dietetics programs at WINGS Youth Drop In Centre and the Wilcannia Women's Safe House;
- Working with the Aboriginal Maternal and Infant Health Service to develop a consistent outreach program working in close collaboration with the Wilcannia Healthy Start team, Early Years Project team and external family support

program partners;

- Working with the Early Years Project team to expand the early literacy project Little kids & books across the region;
- Working with the Healthy Start outreach team, Far West Local Health District and the Women's Refuge Movement in delivering a Girls Night In Core of Life program at WINGS Youth Drop in Centre;
- Working with the WINGS Youth Drop in Centre team to establish a WINGS Community Advisory Committee and establish the Centre's new indoors and exterior learning and engagement areas for local youth;
- Working with the Wilcannia Primary Health Service, the Wilcannia Local Aboriginal Land Council and the Wilcannia Men's Group to establish community based Men's Shed Health Assessments.

The position has also worked to establish community organisation partnerships in the region. An example of this is negotiation of a new regional school holiday youth program delivered to young people in Ivanhoe, Wilcannia and Menindee in partnership with the Ivanhoe Community Working Party, Ivanhoe School, Ivanhoe Youth Centre Committee, Murdi Paaki Regional Enterprise Corporation, Mission Australia and Save the Children.

Community governance has been supported through the undertaking of secretariat functions for both the Wilcannia and Ivanhoe Community Working Parties. This has provided active administrative resourcing empowering these community representative bodies to liaise with government departments on a range of government initiatives. These have included the new Remote Jobs and Communities Program, Wilcannia Weir re-development, Remote Service Delivery, Connected Communities, the OCHRE - Opportunity, Choice, Healing, Responsibility, Empowerment - plan and Remote Communities Wastewater and Sewage Project. The position also provides for senior organisational representation on working groups and at key community forums.

Additional community wellbeing activities undertaken or facilitated during this period include:

- Resourcing of a women's gym at the Wilcannia Women and Children's Safe House;
- Provision of recreational equipment to the Ivanhoe Youth Centre;
- Establishment of the Wilcannia Cemetery family gathering area.

## WINGS

WINGS has taken on a focussed approach this year ensuring the delivery of a suite of practical and effective youth health programs and accessing quality staff development opportunities. Centre staff worked in close partnership with other key Maari Ma service areas in developing and delivering interactive programs, increasing youth awareness, and encouraging participation and responsibility in health.

Focussed programs run at WINGS included:

- Youth resilience – weekly self-esteem and wellbeing programs facilitated by members of the Primary Care Specialist Services team
- Female protective behaviours – Core of Life Girl's Night In facilitated by the midwifery team
- Nutrition – weekly healthy cooking classes facilitated by the dietetics team

The Centre actively promoted healthy and active bodies. This was in part achieved by the introduction of a no junk food policy – sweets and soft drinks are no longer consumed on grounds. Staff also modelled healthy eating behaviours. Nutritious afternoon snacks were prepared each day and transport support continued for the monthly Community Dinner event.

The Centre also had 2 new mini covered courts installed in the back yard providing a sun smart space for children to play handball, basketball or hopscotch which has proven a big hit during the summer months. This means that outdoor sports are now part of the daily schedule when weather permits.

The Centre was also resourced with a new pool table and board games as well as having a complete makeover – providing little ones with their own safe play space, a comfortable reading area with books for all ages and interests, and more room to swing a pool cue or dance away to interactive Wii games.

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

- Youth Work
- Business Administration
- Mandatory Reporting
- Defining Healthy Boundaries when working in Aboriginal Communities
- Survival Training for Youth Workers
- Keeping Them Safe
- Funding Body Reporting Processes
- Child Safe – Child Friendly workshop
- Trauma Resilience

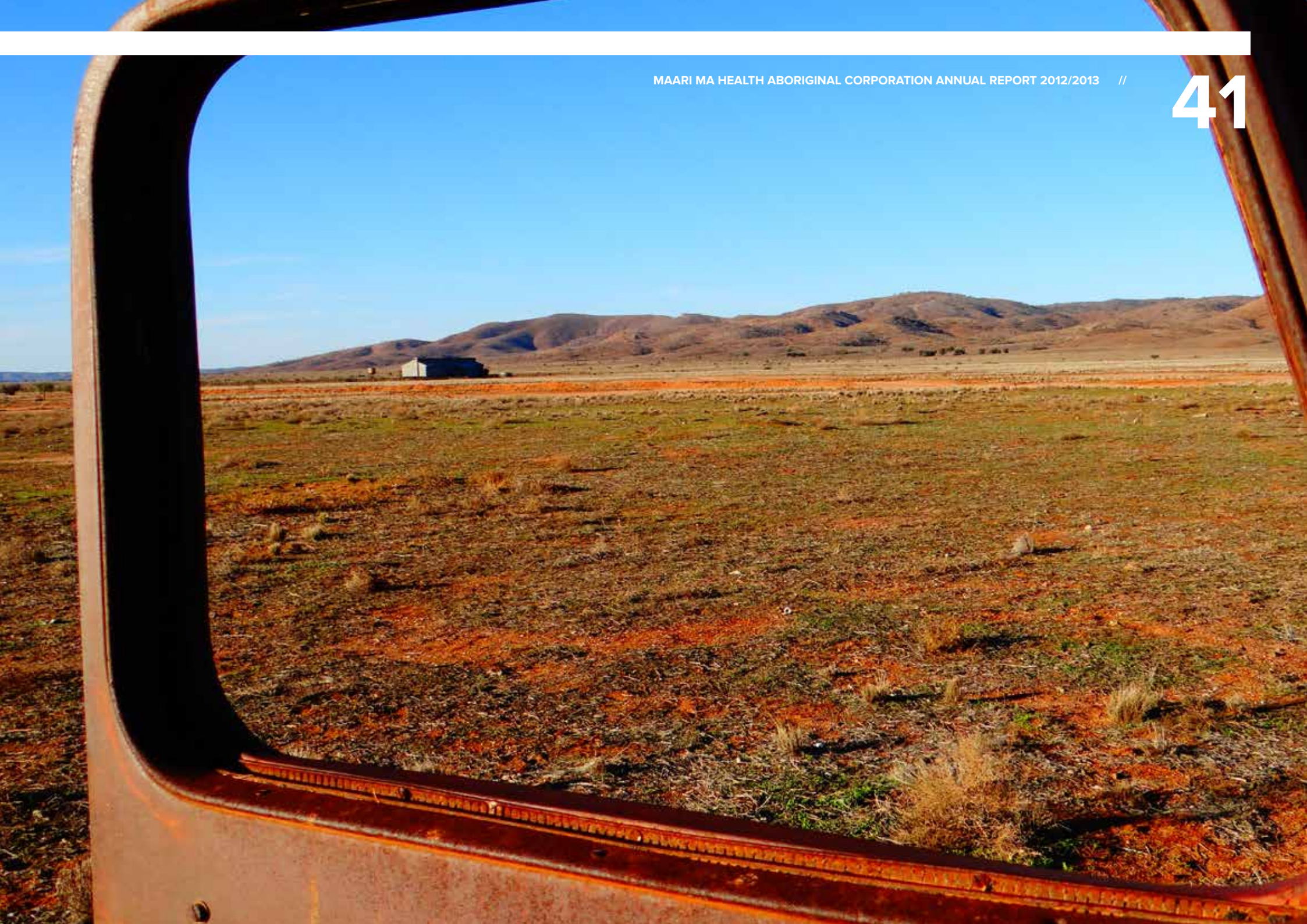
WINGS also continued with its popular regular programs including:

- School holiday programs
- Youth NAIDOC week finishing with a NAIDOC disco
- Sports days
- Art and craft activities

There were 7,332 client interactions at WINGS in 2012/13.

WINGS would like to thank Save the Children for their ongoing support, particularly during school holiday periods. Save the Children's Mobile Youth Van travelled from Sydney each holiday period in 2013, setting up an interactive space where local youth explored many different IT mediums including comic book making, filming, DJ mixing and photography.







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# CORPORATE SERVICES



# CORPORATE SERVICES

As Maari Ma's service delivery grows, the 'machinery' required to support our work needs to grow as well. The growth of staff from 4 to 100 over 17 years has meant growth in all of the areas that support good organisational management: our facility space, our vehicle fleet, our information technology (IT) infrastructure, our management systems. Our organisational accreditation under QIC, achieved last year, has given us an excellent base on which to continue to develop our systems and infrastructure.

## Information Technology

Over the last 12 months Maari Ma has continued to develop its intranet. Through the support of the Intranet Implementation Group, all teams are now utilising their intranet team sites for document storage/version control, staff tasks and appointment management as well as general employee collaboration and information sharing. We are steadily converting our many paper forms and paper-based work flows into electronic systems available from any location, be it in Broken Hill, when staff are providing outreach, or from home.

The IT infrastructure for outreach clinics has also been upgraded in the last 12 months, seeing both Wilcannia and Menindee clinics being cabled with fast Maari Ma network/internet ports. These new ports provide a faster and more reliable experience for outreach General Practitioners and support staff accessing the electronic tools and resources Broken Hill-based staff take for granted.

## Capital Works

Maari Ma's Director of Operations took carriage of progressing our Broken Hill redevelopment. Purchase of an adjacent parcel of land on Argent St has meant that we could actually realize our dream of all clinical services on one site. We started by sending the functional brief out to selected tender and have engaged Burns Aldis to project manage the process for us. The NSW Ministry of Health's Centre for Aboriginal Health has been of great assistance, not only in committing to part funding the project, but in liaising with the Commonwealth Department of Health and Ageing to also commit funds to the project. Without this support, we would not have been able to move ahead.

In Wilcannia, Maari Ma has also addressed the chronic accommodation shortage by commissioning 5 units (4 x 1 bedroom; 1 x 2 bedroom) on a block at 12 Reid Street. The units are close to being ready to occupy as we go to print and will accommodate Maari Ma's Primary Health Care Manager in Wilcannia and other visiting staff. We are also participating in discussions with others in the Wilcannia community on some exciting possible developments:

- a health hub within the Wilcannia Central School environment
- an early childhood and belonging centre near the Central School.

It is pleasing to see infrastructure issues at last being addressed in Wilcannia.

## Accreditation

The Primary Health Care Service has put a lot of effort into preparing for re-accreditation under Australian General Practice Accreditation Limited (AGPAL). A team led by Practice Administration Team Leader, Kendy Rogers, and Patient Flow Coordinator Kelly McGowan, with support from Kate Gooden and Cath Kennedy, updated the policy and procedure manual, reviewed practices and saw the PHCS successfully through an 11th hour independent review prior to our accreditation visit in August 2013. Maintenance of our AGPAL accreditation is important to be able to maximize Medicare revenue and to ensure best practice service delivery. Congratulations to all involved for their efforts in this important task.

From an organisational perspective, we are working on four projects:

- developing and piloting a chronic disease curriculum for front-line staff
- developing and implementing a community engagement strategy
- development of a policy which considers the environmental impact of Maari Ma's activities and services
- development of an information technology/management framework for Maari Ma.

Each of these projects is progressing.

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# WORKFORCE PLANNING





# WORKFORCE PLANNING

## Workforce Planning

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

## Workforce Engagement

In October 2012, Maari Ma conducted its first 'employee engagement' survey. Significant outcomes from the survey were:

- 70% (59 of 84) of eligible staff completed the survey.
- 76% are positively 'engaged' in our work and our organisation
- 73% strongly agreed that their work is important to them
- 83% of our staff agreed our leave and work arrangements were flexible and supportive.

The median retention rate for Indigenous employment has increased from 1.9 years in 2010 to 2.8 years as at June 2013.

## Performance Planning

Maari Ma is continuing with the implementation of the online performance planning, development

and review processes under licence for the PeopleStreme Human Capital Management 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 2012/13 period:

- 47% of Indigenous staff and 20% of all staff were studying towards a formal qualification ranging from certificate III level to masters programs.
- Over 90% of all staff participated in ongoing training and development including in-service education, workshops and conferences.

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

## Aboriginal Health Practitioners

Nine of our Primary Health Workers have achieved registration with the Australian Health Practitioner Regulation Agency (AHPRA) as qualified Aboriginal Health Practitioners. This is formal recognition of

their status as clinicians within the health industry with national accreditation. We congratulate, and are proud of our registered Health Workers.

## Business and Administrative Skills

Through the Indigenous Remote Service Delivery training program, Maari Ma has accessed a range of training to develop organisation capacity in business and management skills. One diploma in management was completed and four staff completed certificate IV in business administration. Six staff are currently studying through this program.

## Primary Health Worker Training

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

Eight Trainee Primary Health Workers completed their Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) and Certificate III in Pathology Services in January 2013, a significant achievement for the group and Maari Ma. 75% continue in employment.

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

## Training Awards

Jamie Billing, Aboriginal Health Worker, received two awards at the 2013 Outstanding Graduate Awards TAFE Western. Jamie was named Aboriginal Trainee of the Year and Aboriginal Student of the Year at a presentation in Bathurst. Jamie also received the Indigenous Student of the Year award at the Western NSW Training Awards in Orange covering all training groups in Western NSW.

Jamie was one of our second group of trainees to have studied the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).



### WORKFORCE DATA

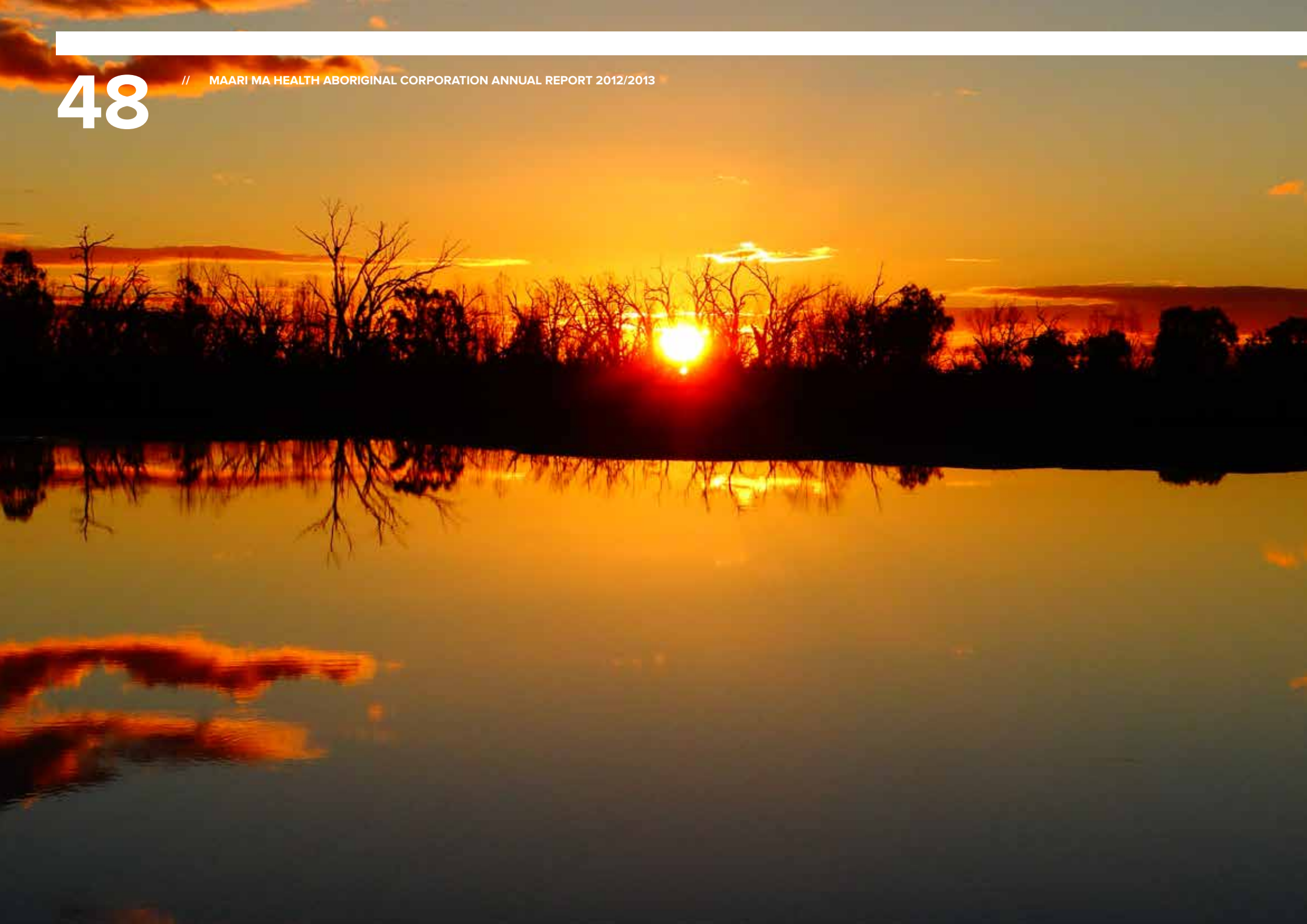
	30/06/2013	30/06/2012	30/06/2011
Number of employees (headcount - full time, part time & casual)	108	95	95
Indigenous Employees	57%	54%	57%
Full Time Equivalent (FTE) Employees	87	77	72
FTE Indigenous Employees	52%	49%	49%



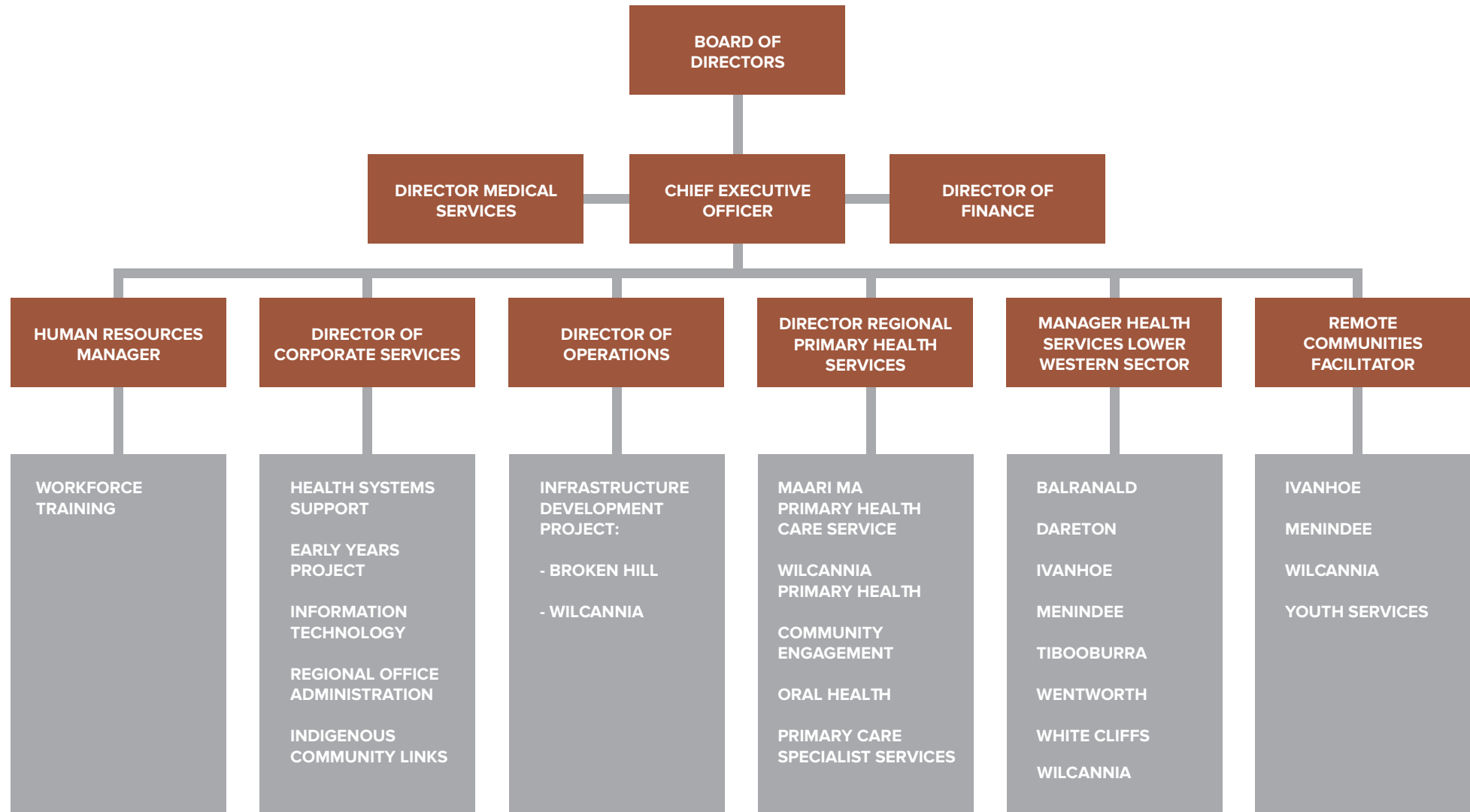








# ORGANISATIONAL CHART





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# FINANCE REPORT



# FINANCE REPORT

For the year ended 30 June 2013

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 management funded by the Far West Local Health District;
- Community Safety Research Project funded by the University of New South Wales.

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of different projects. These organisations are acknowledged in note 6 to the accounts.

In the majority of instances, all funding we receive is specific to a particular project. As a result, any surpluses arising from these projects must, depending on the level of the surplus, either be returned to the funding provider or be spent on the same project in the next subsequent year. These surpluses are shown as "unexpended grants" in the balance sheet.

Maari Ma earned total revenue from operations of \$12,815,764 (after adjusting for unexpended grants) which is an increase of just over 12.5% from the previous financial year. This large increase was due to the receipt of capital funding from the NSW Ministry of Health.

Expenditure for the year was \$12,141,928, an increase of 9% over last year. After taking into account a small loss on disposal of assets, Maari Ma's surplus for the year was \$643,962.

**Chris Eastwood**  
**Director of Finance**

## FINANCIAL REPORTS

Independant Auditor's Report	<b>53</b>
Directors' Report	<b>55</b>
Balance Sheet	<b>56</b>
Statement of Comprehensive Income	<b>57</b>
Statement of Changes in Equity	<b>58</b>
Statement of Cash Flows	<b>59</b>
Notes To And Forming Part Of These Financial Statements	<b>60</b>
Directors' Declaration	<b>71</b>



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

#### Report on the financial report

We have audited the accompanying financial report of Maari Ma Health Aboriginal Corporation (the company), which comprises the balance sheet as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

#### Directors' responsibility for the financial report

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

#### Auditor's responsibility

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

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

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

#### Independence

In conducting our audit, we have complied with the independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

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Liability limited by a scheme approved under Professional Standards Legislation.



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

#### 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 2013 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

*PricewaterhouseCoopers*  
PricewaterhouseCoopers

*M J Lofczynski*  
Partner

Adelaide  
9 September 2013

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# INDEPENDENT AUDITOR'S REPORT

## Report on the financial report

We have audited the accompanying financial report of Maari Ma Health Aboriginal Corporation (the company), which comprises the balance sheet as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

## Directors' responsibility for the financial report

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

## Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with the 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.

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

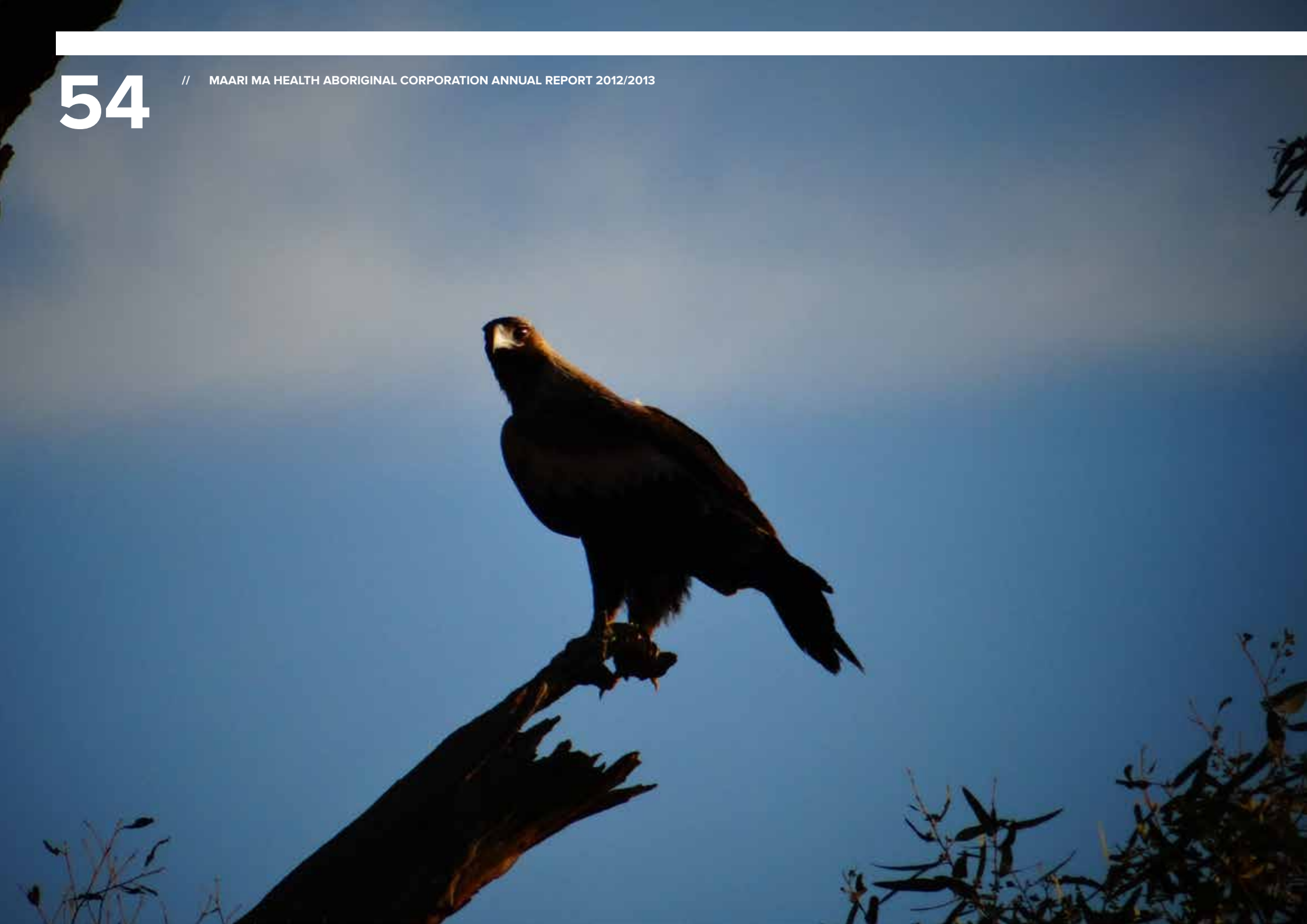
## Independence

In conducting our audit, we have complied with the independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

## Auditor's Opinion

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

- (a) Giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (b) Complying with the Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.





# DIRECTORS' REPORT

The directors present their report together with the financial report of Maari Ma Health Aboriginal Corporation ("the Corporation"), the year ended 30 June 2013 and the auditor's report thereon.

## Directors

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

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

## Principal Activities

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

## Review of Operations

The Corporation recorded a total surplus in the period of \$643,962 (2012: \$275,269).

## Significant Changes in the State of Affairs

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

## Matters Subsequent to the End of the Financial Year

Since 30 June 2013 the Corporation has acquired the land and building at 95 Court Street, Balranald, for a cash consideration of \$48,000 which is the value of the land.

The fair value of the net identifiable assets of the land and buildings at the date of acquisition has been provisionally determined to be \$684,500.

Except for the new acquisition discussed above, no other matter or circumstance has arisen since 30 June 2013 that has significantly affected, or may significantly affect

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

## Environment Regulation

The Corporation is not subject to significant environmental regulations.

## Insurance of Officers

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

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

**M O'Donnell**

*Broken Hill*

*9 September 2013*

**BALANCE SHEET**

As at 30 June 2013

	Notes	2013 \$	2012 \$
<b>Current Assets</b>			
Cash and cash equivalents	2	2,238,611	4,686,449
Trade and other receivables	3	336,584	903,491
Other financial cash assets	2	4,278,682	-
<b>Total Current Assets</b>		<b>6,853,877</b>	<b>5,589,940</b>
<b>Non Current Assets</b>			
Property, plant and equipment	4	4,255,489	3,464,906
<b>Total Non Current Assets</b>		<b>4,255,489</b>	<b>3,464,906</b>
<b>TOTAL ASSETS</b>		<b>11,109,366</b>	<b>9,054,846</b>
<b>Current Liabilities</b>			
Revenue received in advance		94,585	517,901
Unexpended grants	6	4,556,377	2,894,013
Trade and other payables		1,222,971	1,239,613
Bank loan	8	31,200	31,200
Provisions	5	908,787	696,270
<b>Total Current Liabilities</b>		<b>6,813,920</b>	<b>5,378,997</b>
<b>Non Current Liabilities</b>			
Bank loan	8	74,510	95,366
Provisions	5	89,105	92,614
<b>Total Non Current Liabilities</b>		<b>163,615</b>	<b>187,980</b>
<b>TOTAL LIABILITIES</b>		<b>6,977,535</b>	<b>5,566,977</b>
<b>NET ASSETS</b>		<b>4,131,831</b>	<b>3,487,869</b>
<b>Accumulated Surplus</b>			
Accumulated Surplus		4,131,831	3,487,869
<b>Total Accumulated Surplus</b>		<b>4,131,831</b>	<b>3,487,869</b>

# STATEMENT OF COMPREHENSIVE INCOME

As at 30 June 2013

	Notes	2013 \$	2012 \$
<b>Revenue From Continuing Operations</b>			
Grant revenue	6	11,386,696	9,966,412
Medicare and primary health revenue		908,518	836,748
Sundry revenue		343,178	411,084
Bank interest		177,372	175,097
<b>Total Revenue From Continuing Operations</b>		<b>12,815,764</b>	<b>11,389,341</b>
Other income			
Net gain (loss) on disposal of assets		(29,874)	12,614
Less: Expenditure	7	(12,141,928)	(11,126,686)
Income tax expense		-	-
<b>Net Surplus for the Year</b>		<b>643,962</b>	<b>275,269</b>
Other comprehensive income			
Items that may be reclassified to profit and loss		-	-
Items that will not be reclassified to profit and loss		-	-
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>643,962</b>	<b>275,269</b>

## STATEMENT OF CHANGES IN EQUITY

As at 30 June 2013

	Notes	2013 \$	2012 \$
Accumulated surplus at the beginning of the financial year		3,487,869	3,212,600
Net surplus for the year		643,962	275,269
Other comprehensive income		-	-
<b>ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>		<b>4,131,831</b>	<b>3,487,869</b>



# STATEMENT OF CASH FLOWS

As at 30 June 2013

	2013	2012
Notes	\$	\$
<b>Cash Flows From Operating Activities</b>	<b>Inflows / (Outflows)</b>	<b>Inflows / (Outflows)</b>
Receipts from funding providers and customers (inclusive of GST)	15,630,814	13,321,020
Payments to suppliers and employees (inclusive of GST)	(12,980,355)	(11,912,467)
Interest received	172,821	162,192
<b>Net Cash Flow From Operating Activities</b>	<b>2,823,280</b>	<b>1,570,745</b>
<b>Cash Flows From Investing Mending</b>		
Payments for property, plant and equipment	(1,361,123)	(874,972)
Proceeds from sale of property, plant and equipment	389,543	119,634
Funds invested in term deposits	(4,278,682)	-
<b>Net Cash Flows From Investing Activities</b>	<b>(5,250,262)</b>	<b>(755,338)</b>
<b>Cash Flows From Financing Activities</b>		
Payments to lender	(20,856)	(18,395)
<b>Net Cash Flows From Investing Activities</b>	<b>(20,856)</b>	<b>(18,395)</b>
<b>Net (Decrease) / Increase in Cash and Cash Equivalents Held</b>	<b>(2,447,838)</b>	<b>797,012</b>
Cash and cash equivalents at the beginning of the financial year	4,686,449	3,889,437
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</b>	<b>2,238,611</b>	<b>4,686,449</b>

# NOTES TO & FORMING PART OF THESE FINANCIAL STATEMENTS

## 1. Summary of Significant Accounting Policies

The principal accounting policies adopted by the Maari Ma Health Aboriginal Corporation are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except where otherwise stated. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

### (a) Basis of Preparation of Financial Statements

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and for the sole purpose of complying with the Corporations (Aboriginal and Torres Strait Islander) Act's 2006 (CATSI Act's) requirement to prepare and present financial statements to the members at the Corporation's annual general meeting and must not be used for any other purpose.

The financial statements of Maari Ma Health Aboriginal Corporation comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

The financial report is prepared in accordance

with the historical cost convention. The financial statements are presented in Australian dollars, which is the Corporations functional currency.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2013 and there is not expected to be any material impact once these Standards are adopted.

### (b) Depreciation of Property, Plant and Equipment

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

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

The residual value and useful lives of property, plant and equipment, other than freehold land, are reviewed, and adjusted if appropriate, at each balance date.

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

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

### (c) Impairment of Assets

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

### (d) Revenue Recognition – Grant Revenue

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

Grants from funding bodies relating to costs are deferred and recognised in the income statement

over the period necessary to match them with the costs that they are intended to compensate.

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

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

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

#### **(e) Revenue Recognition – Other Income**

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

#### **(f) Cash and Cash Equivalents**

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

#### **(g) Trade Receivables**

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

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

#### **(h) Trade and Other Payables**

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

#### **(i) Employee Benefits**

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service

leave are recognised as liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

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

#### **(j) Income Tax**

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

#### **(k) Comparative Figures**

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

## **(l) Critical Accounting Estimates and Judgments**

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

### ***Key Estimates – Impairment***

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

## **(m) Financial Instruments**

### ***Recognition and Initial Measurement***

Financial instruments, both financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provision of the instrument. Trade date accounting is adopted for financial assets that are delivered within the timeframe's 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.

	2013	2012
	\$	\$
<b>2. CASH AND CASH EQUIVALENTS AND OTHER FINANCIAL CASH ASSETS</b>		
<b>Cash and Cash Equivalents</b>		
(100)Cash at bank	2,237,011	4,684,849
Bank overdraft	(100)	(100)
Cash on hand	1,700	1,700
	<b>2,238,611</b>	<b>4,686,449</b>
<b>Other Financial Cash Assets</b>		
Term deposits	4,278,682	-
	<b>4,287,682</b>	<b>-</b>

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



	2013	2012
	\$	\$
<b>3. Trade and Other Receivables</b>		
<b>Current</b>		
Trade debtors	182,711	679,420
Sundry debtors	39,198	40,088
Accrued income	23,172	18,621
Prepayments	91,503	165,362
	<b>336,584</b>	<b>903,491</b>

As at 30 June 2013, trade receivables of \$64,756 (2012 – \$320) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

	Freehold Land	Freehold Buildings	Plant & Equipment	Motor Vehicles	Total
	\$	\$	\$	\$	\$
<b>4. Property, Plant and Equipment</b>					
<b>At 1 July 2012</b>					
Cost	40,000	2,662,090	1,062,608	1,129,240	<b>4,893,938</b>
Accumulated depreciation	-	(337,265)	(548,183)	(543,584)	<b>(1,429,032)</b>
<b>Net Book Amount</b>	<b>40,000</b>	<b>2,324,825</b>	<b>514,425</b>	<b>585,656</b>	<b>3,464,906</b>
<b>Period Ended 30 June 2013</b>					
Opening net book amount	40,000	2,324,825	514,425	585,656	<b>3,464,906</b>
Additions	16,328	861,361	45,644	681,553	<b>1,604,886</b>
Disposals	-	(136,000)	(12,653)	(182,129)	<b>(330,782)</b>
Depreciation charge	-	(70,702)	(125,195)	(287,624)	<b>(483,521)</b>
<b>Closing Net Book Amount</b>	<b>56,328</b>	<b>2,979,484</b>	<b>422,221</b>	<b>797,456</b>	<b>4,255,489</b>
<b>At 30 June 2013</b>					
Cost	56,328	3,387,451	1,015,821	1,176,358	<b>5,635,958</b>
Accumulated depreciation	-	(407,967)	(593,600)	(378,902)	<b>(1,380,469)</b>
<b>Net Book Amount</b>	<b>56,328</b>	<b>2,979,484</b>	<b>422,221</b>	<b>797,456</b>	<b>4,255,489</b>

	2013	2012
	\$	\$
<b>5. Provisions</b>		
<b>Current</b>		
Employee entitlements	908,787	696,270
<b>Non Current</b>		
Employee entitlements	89,105	92,614

	2013	2012
	\$	\$
<b>6. Grant Revenue</b>		
During the year, the Corporation received the following grants:		
Australian Government - OATSIH & Dept. of Health & Ageing	6,288,516	6,008,940
Beyond Medical Education	266,853	77,494
Department of Aboriginal Affairs	-	50,000
DEEWR	154,800	111,670
FaHCSIA	503,455	534,473
Fred Hollows Foundation	52,500	125,000
Far West Local Health District	1,064,676	806,951
ISOAPS/MSOAPS	626,851	501,757
NSW Attorney General's Dept., Crime Prevention Div.	56,865	97,113
NSW Dept. of Family & Community Services	220,795	206,674
NSW Dept. of Health	3,146,839	1,804,689
Pharmacy Guild	25,670	23,706
The Cancer Institute	57,273	-
The George Institute	35,600	29,667
The Healing Foundation	23,000	25,000
University of New South Wales	525,367	574,603
	<b>13,049,060</b>	<b>10,977,737</b>
Prior year unexpended grants	2,894,013	1,882,688
Unexpended grants carried forward	(4,556,377)	(2,894,013)
<b>GRANT REVENUE FOR THE YEAR</b>	<b>11,386,696</b>	<b>9,966,412</b>

	2013	2012		2013	2012
	\$	\$		\$	\$
<b>7. Expenditure</b>					
Advertising	17,556	10,793	Membership & subscriptions	11,489	5,579
Audit fees	99,501	85,975	Miscellaneous expenses	5,851	5,038
Auditors – non-audit services	2,850	2,850	Miscellaneous foodstuffs	32,685	15,152
Bank charges	2,537	2,606	Motor vehicle expenses	213,786	188,962
Cleaning & domestic supplies	85,887	72,916	Patient support expenses	15,959	23,455
Community activities	463,879	458,721	Postage	5,361	4,739
Computer software & support	85,937	79,217	Printing and stationery	83,449	97,778
Consumables	55,105	79,805	Rates & charges	10,164	15,839
Consultants' fees	173,619	196,730	Rent of premises	35,394	30,089
Depreciation	483,521	442,787	Repairs & renewals	262,908	158,984
Directors' Bigpond expenses	1,945	2,178	Salaries & wages and on-costs	7,298,988	6,837,470
Directors' salaries	38,062	36,100	Security services	1,467	1,498
Directors' travel expenses	29,785	33,885	Staff amenities	8,737	9,755
Electricity, gas & water	81,731	66,774	Staff recruitment	106,337	66,995
Health systems support	33,160	31,600	Staff training	174,028	202,345
Insurance	37,244	34,105	Staff uniforms	11,872	12,783
Interest	10,185	12,414	Telephone expenses	94,460	90,519
Legal expenses	29,020	10,612	Transport services	100,000	100,000
Medical & dental costs	1,672,016	1,357,850	Travel & accommodation	240,108	222,500
Meeting expenses	23,529	16,532	Youth hall expenses	1,816	2,756
			<b>TOTAL EXPENDITURE</b>	<b>12,141,928</b>	<b>11,126,686</b>



	2013			2012		
	Current	Non-Current	Total	Current	Non-Current	Total
	\$	\$	\$	\$	\$	\$
<b>8. Borrowings</b>						
Secured Bank Loans	31,200	74,510	<b>105,710</b>	31,200	95,366	<b>126,566</b>
<b>Total Secured Borrowings</b>	<b>31,200</b>	<b>74,510</b>	<b>105,710</b>	<b>31,200</b>	<b>95,366</b>	<b>126,566</b>
Unsecured Bank Oversrafts*	100	-	<b>100</b>	100	-	<b>100</b>
<b>Total Borrowings</b>	<b>31,300</b>	<b>74,510</b>	<b>105,810</b>	<b>31,300</b>	<b>95,366</b>	<b>126,666</b>

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

**(a) Secured liabilities and assets pledged as security**

The total bank loan of \$105,710 is secured by the Corporation's freehold land and buildings for which the loan was obtained.

**(b) Undrawn facilities**

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

	2013	2012
	\$	\$
<b>Floating Rate</b>		
Expiring within one year (bank overdraft)	200,000	200,000

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

## 9. Key management personnel disclosures

	2013	2012
	\$	\$
<b>Key Management Personnel Disclosures</b>		
Key management personnel compensation	1,275,653	1,307,785

There were no transactions other than compensation with key management personnel in the current year (2012: \$0)

## 10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2013.

## 11. Commitments

The Corporation had no capital or lease commitments at 30 June 2013.

## 12. Related party transactions

There have been no transactions with related parties during the year ended 30 June 2013.

## 13. Segment Information

Maari Ma Health receives funding, primarily from the Australian Government, for the provision of a range of services in Far West New South Wales. In addition, the Corporation is contracted by the Far West Local Health District (under the Lower Western Sector Agreement) to manage Remote Health

Services in the Far West Area of New South Wales. Maari Ma's services have an emphasis on Chronic Disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of Indigenous people. As a result the directors have determined the Corporation operates in one segment.

## 14. Economic Dependency

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

## 15. Company Details

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

	2013	2012
	\$	\$
<b>Membership</b>		
Membership numbers as at the date of this report were	77	77

## Directors' Declaration

In the directors' opinion:

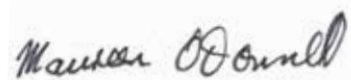
(a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and

(b) the financial statements and notes set out on pages 1 to 17 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007, including:

(i) complying with Accounting Standards and other mandatory professional reporting requirements, and  
(ii) giving a true and fair view of the Corporation's financial position as at 30 June 2013 and of its performance for the year ended on that date.

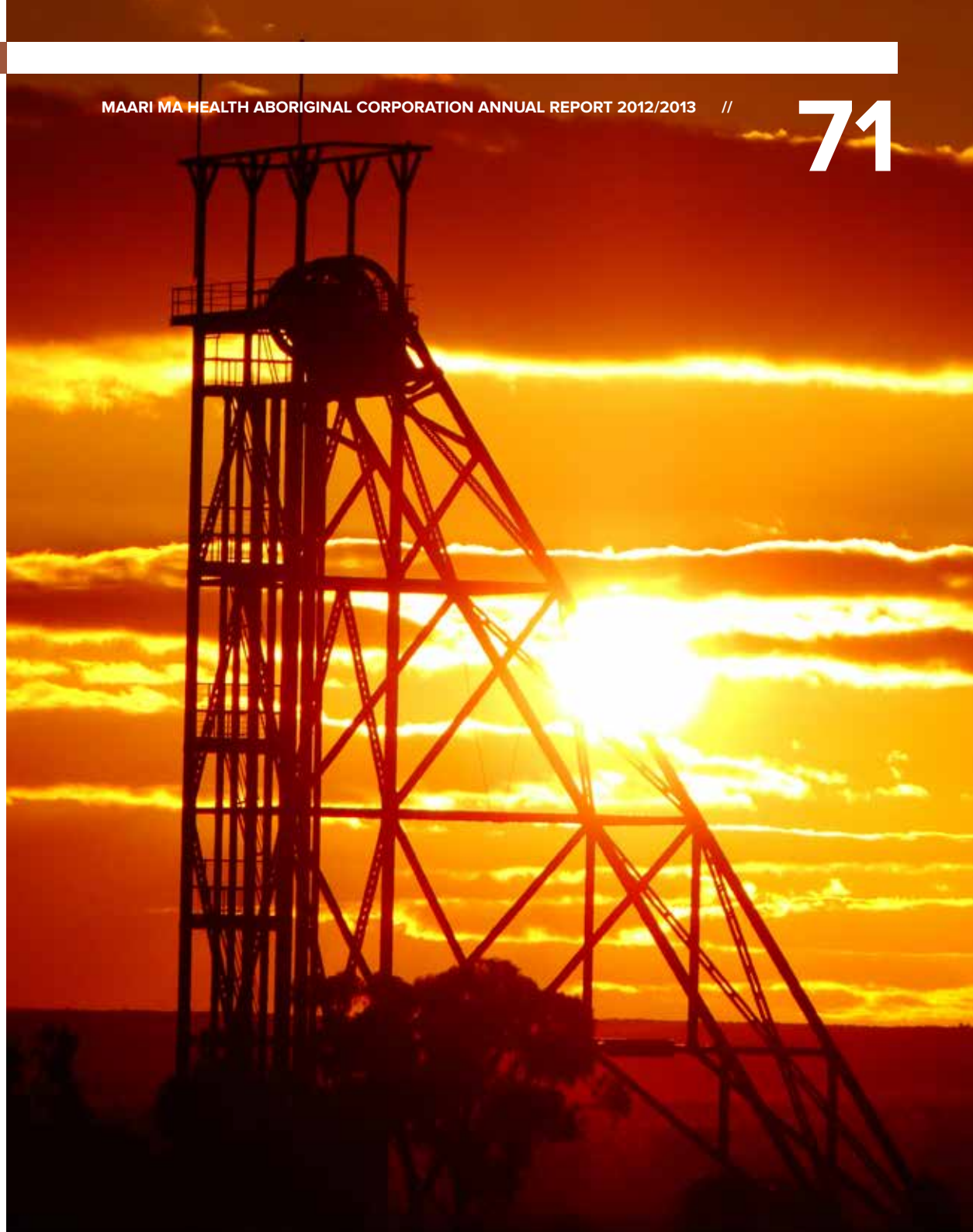
This declaration is made in accordance with a resolution of the directors dated 9 September 2013.

Maureen O'Donnell  
Director



Broken Hill

Dated this 9th day of September 2013



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# LOWER WESTERN SECTOR





## LOWER WESTERN SECTOR

### Balranald Multi Purpose Service

Balranald MPS has enjoyed its third year of operation from the new facility, which was officially opened in 2011.

A new Deputy Nurse Manager, Patricia Croft, was recruited to work with Health Service Manager (HSM), Annette Vaarzonmorel, who completed the Executive Leadership programme conducted by the Clinical Excellence Commission (CEC) at the end March.

The Balranald Hospital provided 3148 occasions of service (OOS) last year and the Primary Health Care team provided 4495 OOS.

The Residential Aged Care beds remained 100% occupied and the respite bed averaged around 70% occupancy.

#### Achievements

- Refurbishment of the old hospital Emergency Department and the subsequent relocation of Day Care from the Senior Citizen building down town is enhancing the MPS. This transfer has made it much easier for the MPS residents to participate in Day Care activities.
- Completion of the network bandwidth upgrade for Balranald MPS from 1 gigabyte to 4 gigabytes has dramatically increased the digital

data transfer speed and limit.

- HSM trained as remote X-ray operator to enhance the after hours emergency x-ray service.
- Improvement in the Occupational Health, Safety and Injury Management Profile from 63% to 71% this year.
- 100% compliance with staff health checks being entered on Riskmate (risk management software system) to monitor compliance with Policy Directive 2011\_005 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases.
- The Sister Alison Bush Mobile Simulation Bus visited Balranald for the first time this year and provided 52 individual education sessions to staff. Members of the Hospital Auxiliary and Health Council also visited the bus.

### Dareton Primary Health Centre

Health Service Manager, Patricia Algate, has instigated several new services this year including the much needed specialist geriatrician program provided by secure Telehealth link from Sydney.

The services at Dareton are very well utilised and the staff provide a wide range of generalist and specialist health care services, along with health promotion and health education.

Of particular note with Dareton is the way staff work so well with other community organisations and businesses, collaborating on many different activities and programs to generate as much participation and interest as possible.

Dareton staff delivered 13,027 OOS in this year.

#### Achievements

- A score of 99% in the NSW Ministry of Health Occupational Health, Safety and Injury Management Profile.
- The first meeting of the Two Rivers Health Advisory Council, a combined council for the Wentworth Hospital and Dareton Primary Health Care Clinic, agreed to work on an Action Plan for the region. The inaugural meeting attracted five new members.
- Commencement of a specialist geriatrician service utilising physicians from Concord Hospital in Sydney. This service is for the assessment of older patients who have cognitive impairment and screening for dementia.
- Building Stronger Foundations (BSF) program established with a registered nurse and AHW, targeting Aboriginal children in the 0-5 age bracket.
- Argus, a secure messaging system used by primary and community health practitioners and services in the Sunraysia region, implemented in Dareton.

## Ivanhoe Health Service

Annette Walker was recruited to the Health Service Manager position and commenced in August 2012. Annette, her husband and three children have all been warmly welcomed by the Ivanhoe community. Ivanhoe Health Service provided 1785 OOS in the Emergency Department and 1838 OOS through the Primary Health Care team.

### Achievements

- Completion of the new Emergency Department at a cost of \$545,000, which was opened by the Chair of the Far West Local Health District Board in November 2012.
- Completed planning documentation has been submitted to the Ministry of Health for a new facility as part of the proposed Ivanhoe HealthOne project. The planning for this project was undertaken by Far West Local Health District, Maari Ma Health staff and the NSW Department of Public Works.
- Chronic Disease clinics continued throughout the year provided by a Maari Ma GP. The Outback Vascular Health Service (OVHS) continued through Maari Ma providing a visiting cardiologist, renal physician and endocrinologist for chronic disease patients.
- Commencement of echocardiography technician visits to attend on site echocardiograms.

## Menindee Health Service

Menindee Health Service Manager, Marie Kelly, oversees a professional team of clinicians and support staff employed by the Far West Local Health District (FWLHD) and Maari Ma.

In a typical month the clinic workload consists of organising visiting services including ear, nose and throat (ENT), audiologist, optometrist, ophthalmologist, endocrinologist, podiatrist, sexual health, women's health, physiotherapist, visits by the FWLHD Mental Health team, psychiatrist, RFDS psychologist, visits by RFDS Alcohol and Other Drug workers, Maari Ma and RFDS GPs, RFDS dentist and Maari Ma child dental team.

Menindee Health Service provided 11,066 OOS this year.

### Achievements

- Establishment of the Indigenous Health Incentive Practice Incentives Payment (IHIPIP), which aims to support Aboriginal health services to provide better health care for Aboriginal patients, including best practice management of chronic disease.
- Expansion of the Chronic Disease clinics with Maari Ma doctors visiting Menindee an average of 3 days per week. The OVHS continued through Maari Ma, providing a cardiologist, renal physician and endocrinologist for chronic disease patients.

## Wentworth District Hospital

Wentworth Hospital Health Service Manager, Judy Lamb, has spent much of the past twelve months away from home, acting in other positions such as the Manager Health Services and the District Director of Nursing for Far West LHD, plus seven months as the Chief Nurse for Maari Ma Health. Judy's position was very competently backfilled by Nurse Manager, Karen Behsmann.

Wentworth Emergency Department remains officially closed as it remains without medical backup. Primary Health Care activities and emergency triaging are still provided by the Hospital's nursing staff.

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

Wentworth Hospital provided 1298 non-admitted patient occasions of service in this year.

### Achievements

- Acknowledged with an Outstanding Achievement Award in this year's Far West LHD Health Awards for a score of 92% in the Occupational Health, Safety and Injury Management Profile.
- A donation of \$12,000 was received from Sunraysia Heartbeat which was used to

- purchase a Zoll AutoPulse machine.
- The local annual Easter Appeal raised \$4,000 which was used to purchase a bariatric lift chair and to replace worn air (pressure relieving) mattresses.

### Wilcannia Multi Purpose Service/White Cliffs Clinic

Wilcannia Multi Purpose Service (MPS) continues to service the community and White Cliffs. Glynis Thorp, Wilcannia/White Cliffs Health Service Manager, had to deal with planning for the possibility of both floods and bushfires in the past year. Staff shortages continue to be a major threat with heavy reliance on agency and short term staff.

Wilcannia MPS has provided 5661 individual occasions of service in the past year through its Emergency Department.

Inpatient numbers remain consistent with 2 permanent residents, and regular short term and respite admissions.

### Achievements

- Completion of the network bandwidth upgrade for Wilcannia MPS from 1 gigabyte to 4 gigabytes, which has dramatically increased the digital data transfer speed and limit.
- Implementation of the NAHRLS (Nursing & Allied Health Rural Locum Scheme), a

Commonwealth program providing short term registered and enrolled nurses to relieve permanent staff on leave.

- Purchase of three new 2 bedroom accommodation units for staff.
- Commencement of outpatient Methadone program for Wilcannia residents.
- Purchase and installation of a new generator at White Cliffs Clinic
- Continuation of the Remote Maintenance team visits from Broken Hill to complement the work of the local Maintenance Supervisor.
- Upgrade of the existing x-ray machine to a new digital x-ray system, at a cost of \$80,000, enabling x-rays taken at Wilcannia MPS by remote nurse operators to be viewed via the Internet on a doctor's computer located in Broken Hill.
- Training of additional registered nurses as remote x-ray operators.
- Upgrade of the old Community Health Building for use as additional clinic space, with the work funded by Far West LHD and Maari Ma Health.

### Tibooburra Health Service

Tibooburra Health Service Manager, Patricia Johnson, has instigated a number of primary health care activities and programs this year, from a pedometer challenge that the whole community participated in, to health promotion at community events. Health screening has been a key focus this year in conjunction with staff from the RFDS.

The newly established Tibooburra Health Council has completed one year of operation and is well advanced in their Action Plan.

Tibooburra provided 1015 non inpatient OOS during this year.

### Achievements

- Acknowledged as the Most Improved Facility in this year's Far West LHD Health Awards for a score of 80% in the Occupational Health, Safety and Injury Management Profile, a significant increase from 68% the previous year.

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# PARTNERSHIPS AND COLLABORATIONS





# PARTNERSHIPS AND COLLABORATIONS

## Partnerships and Collaborations

Many of our partnerships and collaborative activities have continued this year, in particular the work of delivering health care across a large part of western NSW. Maari Ma's relationship with other pillar health organisations through the Far West Centre for Remote Health has seen us participate in joint regional planning activities as well as discussions with external groups on issues such as electronic health records and information systems appropriate to remote service delivery.

We have progressed various continuous quality improvement activities under the banner of our separate general practice and organisational accreditation. So it is interesting to note that QMS, which facilitated our organisational accreditation through the Quality Improvement Council (QIC), has now merged with QIC, Quality Improvement and

Community Services Accreditation Incorporated (QICSA), and Quality in Practice (a subsidiary of Australian General Practice Accreditation Limited (AGPAL), and formed a new company - "Quality Innovation Performance", which will become a subsidiary of AGPAL.

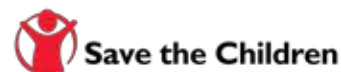
The CAGES Foundation, a philanthropic organisation established by the Salteri family, has continued to support the Healthy Start Playgroup in Broken Hill this year which is a great endorsement of the work of the playgroup team. We have also formed a close partnership with the Indigenous Literacy Foundation and applaud the work they are doing to make books available to Aboriginal children in our communities.

We have continued to work closely with schools in each of the communities where we provide services: St Therese's Community School and Wilcannia Central School, Menindee Central

School, Menindee Pre-School, Ivanhoe Central School, and various schools and pre-schools in Broken Hill.

We have also started to work with the National Rugby League in local activities which will encourage healthy lifestyles and tackle smoking, and we were lucky to receive a grant from the Cancer Institute NSW to support a learning partnership between Maari Ma and Broken Hill's Cancer Services team.

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 STAFF



# MARRI MA STAFF

## Chief Executive

Bob Davis  
William Johnstone

Chief Executive Officer  
Interim CEO (Nov '12 - Mar '13)

## Executive Support

Haylee Rogers  
Kate Gooden

Executive Assistant  
Systems Development and Support

## Public Health

Hugh Burke

Director Medical Services

## Operations

Sam Jeffries

Director Operations

## Finance

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

Director Finance  
Finance Office Manager  
Finance Officer  
Finance Officer  
Payroll Officer

## Corporate Services

Cathy Dyer  
Cath Kennedy  
Ashleigh Buckland  
Michael Hanley  
Narelle Semmens  
Janette Jones  
Callan Rogers  
Leah Daly  
Tarissa Staker  
Lowra Koraba

Director Corporate Services  
Data Analyst  
Health Information Officer  
Manager Information Technology  
Early Years Project Leader  
Playgroup Assistant  
Early Years Support Worker  
Office Manager  
Administration Officer  
Administration Officer

## Community Safety Research Project

Sue Selden  
Marsha Files  
Bilyara Bates  
Catherine Sanford  
Kate Semmens

Manager /Research Leader CSRP  
Aboriginal Family Health Worker  
CSRP Project Officer  
CSRP Project Officer  
CSRP Project Officer

## Workforce

Glenis Barnes  
Renae Roach

Human Resource Manager  
Workforce Training Coordinator

## Community Programs

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

Remote Communities Facilitator  
Wings Coordinator  
Youth Worker  
Youth Worker  
Youth Worker  
Youth Worker  
Youth Worker

## Regional Primary Health

Tim Agius  
Justin Files  
Stephen Gaggin  
Elaine Powell  
Steven Grillet  
Haniff Abdullah  
Naomi Gough  
Marlene Kong  
Anne Waterman

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

**Visiting General Practitioners**

Penny Roberts-Thomson	General Practitioner
Vic Carroll	General Practitioner
Marion Christie	General Practitioner
Michael Nugent	General Practitioner
Muzaffar Karimov	General Practitioner

**Practice Administration**

Kendy Rogers	Team Leader
Lisa Kelly	Clinic Coordinator
Alannah Degoumois	Administration Assistant
Joanne Scoble	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
David Doyle	Primary Health Worker
Codi King	Primary Health Worker
Gina Faulkner	Primary Health Nurse
Nathan Kickett	Primary Health Worker
Frank Etrich	Cultural Voucher
Claudett Dixon	Cultural Voucher

**Acute / Clinic**

Kelly-Anne McGowan	Patient Flow Coordinator
Heather Clarke	Practice Nurse
Regan Chesterfield	Practice Nurse
Tiffany Cattermole	Primary Health Worker
Jamie Billing	Primary Health Worker

**Healthy Start**

Helen Freeman	Manager Healthy Start
Carol Doyle	Child & Family Nurse
Karen Rauert	Community Midwife
Stevie Kemp	Primary Health Worker
Ann Bennett	Primary Health Worker
Tarnee Tester	Primary Health Worker

**Primary Care Specialist Services**

Fiona Burrows	Manager PCSS
Lisa Kickett	PMHAOD Worker
Peter Crossing	PMHAOD Worker
Jenny Walters	PMHAOD Worker
Matt Jones	PMHAOD Worker
Susan Jordan	AMIHS PMHAOD Worker
Michele Williams	AMIHS PMHAOD Worker
Taylor Degoumois	Trainee PMHAOD Worker
Tiffany Lynch	Tobacco Action Worker
Cher Twe	Dietitian
Elisa Rossimel	Dietitian
Shannon Oates	Healthy Lifestyles Worker
Leanne Martin	Healthy Start Cook
Kevin Bates	Casual Cook
Steven Harris	Casual Cook

**Oral Health**

Erin Commins	Team Leader /Oral Health Therapist
Jessica Li	Oral Health Therapist
Tayla Dwyer	Dental Assistant

### **Cadetships**

Christopher O'Donnell  
Luke O'Donnell  
Tameka O'Donnell

Cadet / Primary Health Worker  
Cadet / Primary Health Worker  
Cadet / Health Service Support

### **Wilcannia Primary Health**

Heather Curyer  
Belinda King  
Jennifer Brown  
Raelene Campbell  
Maxine Edwards  
Robert Harris

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

### **Health Services**

Linda Lynott

Manager Health Services

### **Menindee**

Debra King  
Dimity Kelly  
Prisceetima Stephens  
Carmel King  
Renay Williams

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

### **Ivanhoe**

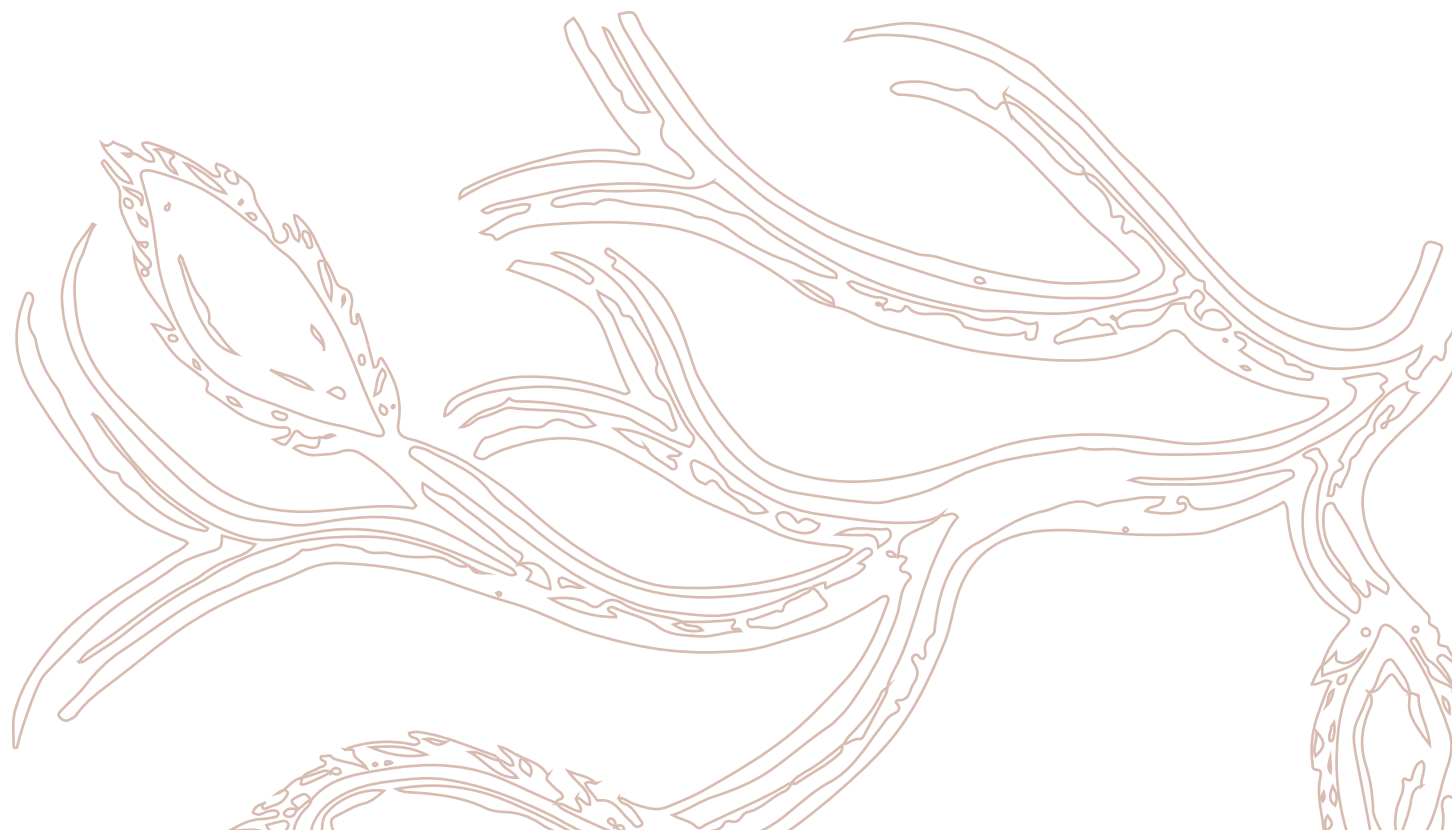
Dallas Kirby

Primary Health Worker









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

**Maari Ma Primary Health Care Service**  
428 Argent Street  
PO BOX 799  
BROKEN HILL NSW 2880  
Phone (08) 8082 9777  
Fax (08) 8082 9778

Visit us online at [www.maarima.com.au](http://www.maarima.com.au)



**MAARI MA HEALTH**  
ABORIGINAL CORPORATION