

Maari Ma Health Aboriginal Corporation

annual report

2010/2011



MAARI MA HEALTH
ABORIGINAL CORPORATION

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

OUR
VISION

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OUR BOARD



Maureen O'Donnell is a Baarkintji elder belonging to the Wilyakli language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked in Aboriginal affairs tirelessly campaigning for equality for Aboriginal people. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council and is on the Board of Management for the Mutawintji National Parks and Wildlife Service. Maureen is a past member of the Western Aboriginal Legal Service where she was the chairperson for 10 years. Maureen commenced her role with the Maari Ma Board in 1997.



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



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



Fay Johnstone is a Ngiyampaa – Baarkintji woman residing in Ivanhoe. Fay has been employed for 29 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party, a member of the Ivanhoe HAC and is a deputy board member of the Mount Grenfell Historic Site Management Committee. Fay is a past Director of the Murdi Paaki Regional Housing Board and of the Western Aboriginal Legal Service. Fay commenced her role with the Maari Ma Board in 1998.



Cheryl Blore is a Baarkintji woman who resides in Menindee. Cheryl has been employed for 27 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 26 years, holding positions as secretary and chairperson. Cheryl is now the new Chairperson on the Board of Management for Menindee Local Aboriginal Land Council, Menindee Health Advisory Committee and the Menindee Central School Committee. Cheryl has a keen interest in education, Aboriginal culture and the health of Aboriginal people. Cheryl commenced her role with the Maari Ma Board in 2006.



William Bates is a Wanyuparlku/Malangapa/Baarkintji 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 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



When we first discussed our five year strategic plan before its implementation in 2008 we had great visions of building on a service for Aboriginal people that would help us live longer and provide opportunities for healing and strength. We wanted to build on our knowledge of land, culture and family and determine how best to tackle our own problems and create our own future.

The task ahead at the time seemed a big one. We knew we not only had to take on the scourge that is chronic disease, but we needed to start from the beginning of life. The time when a mum knows she's going to have a baby and the first five to eight years of the baby's life.

In 2009 we developed a strategic framework for our children to map out where we needed to go and from that we are now travelling a road that we could only have dreamt about a decade ago. Healthy Start is our program that continues to go from strength to strength. We have built up a team of Aboriginal health workers, doctors, dental, child and family nurses, and midwives which is dedicated to the health and wellbeing of our most precious asset – our children. This program is to be significantly enhanced with the opening in September 2011 of the Child and Family Unit. A purpose built facility just for pregnant women, mothers, babies and young children. A building that will be culturally appropriate and will increase access to health programs for our people not only

in Broken Hill where the facility is, but for all our communities. We have the Early Years Project which is supporting improved child development and well-being through education and health services, and which runs a very successful Playgroup in Broken Hill. We launched a cookbook which aims to improve the nutritional status of Aboriginal children in Wilcannia and reduce their level of dental caries. We continue to have monthly community dinners at Wilcannia where families get together and positive mentoring relationships occur between women and young girls and boys in the kitchen. These are to name but a few of the programs and services which are working in often subtle ways to help our children live longer and healthier lives, and it makes me very proud as Chairperson of our organisation to reflect on that.

I must congratulate our trainee Aboriginal Health Workers who have been outstanding in New South Wales as the first to have a 100 per-cent completion rate of the course – Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice). Their August graduation will be followed by a new intake of trainees who will take on two years of study and on the job training to also become valued health workers in our communities. Another significant part of our strategic plan is the development of Aboriginal leadership. I have confidence that many of the young people we are training today, whether it is in health or administration, will be the role models and managers of our future organisation.

Finally I would like to thank Chief Executive Officer, Bob Davis, who once again has led Maari Ma through its growth in the past year and my fellow Directors for their continued support of me and their commitment to our communities.

Maureen O'Donnell, Chairperson

CEO'S REPORT



Sixteen years ago the founding Board and Chief Executive Officer, William 'Smiley' Johnstone had a vision of creating a sustainable change in Aboriginal health through the delivery of appropriate primary health care services.

Over the past sixteen years we have been working to improve the lives of individuals, families and communities by delivering primary health programs from our enthusiastic and caring staff.

Some of the achievements highlighted in the very first annual report still remain the focus of our work today – training Aboriginal people, developing healthcare plans, maintaining partnerships and management of the Lower

Western Sector Agreement.

Although the organisation has matured significantly since those early days, we remember our roots and those who paved the way. Maari Ma Health has now developed a comprehensive primary care team of Aboriginal health workers, general practitioners, specialist and generalist registered nurses, dietitians, mental health and counselling workers, oral health staff, community development workers, youth workers, and health promotion staff, all of whom share the same vision as our founders.

As reported last year, Maari Ma commenced an ambitious training program by recruiting local community people to undertake a two year traineeship incorporating the Certificate IV Aboriginal and Torres Strait Islander Primary

Health and workforce skill development. The trainees completed their course and became the first group in NSW to have a 100 per-cent success rate. All ten Maari Ma trainees are now employed in various roles throughout the organisation. This is a great achievement.

Smiley Johnstone, our first Chief Executive Officer, once commented that it will only be when we have skilled and trained Aboriginal people working in Aboriginal health will we be able to create sustainable change. That same message is instilled in our current Board of Directors and management; all are committed to Aboriginal employment and development.

In September a new intake of trainees will commence, they will also find this challenging but equally rewarding.

We acknowledge this is the first step in developing a team of health professionals and one of the challenges is to ensure the future career development of the trainees.

Over the last year we have seen many changes and we will no doubt see many more in the coming years, once the impact of the Federal health reforms are realised.

We extend our gratitude to the major funding bodies that make all of this possible; the Department of Health and Ageing, NSW Department of Health, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Attorney General and Justice, Department of Education, Employment and Workplace Relations, the Fred Hollows Foundation and the Far West Local Health District.

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

Bob Davis, Chief Executive Officer



PRIMARY HEALTH CARE

General Practice

In the clinic, the registered nurses and the Aboriginal health workers continue to screen patients, discuss their general health, and provide information and advice in relation to health issues. This can also be the starting point for a complete health check.

The services in the clinic have increased with 2 full time practice nurses and an Aboriginal health worker providing expert clinical assessment for patients presenting with an acute illness, requiring dressings, immunisations and for the ongoing management of health issues. We have also introduced 'walk in' clinics which the practice staff manage. These clinics are for patients who need to see a doctor but don't have an appointment.

Episodes of Care	09/10	10/11
Broken Hill Primary Health	6101	9424
Wilcannia Primary Health	8765	8927

No. Of Clients	09/10		10/11	
	ATSI	TOTAL	ATSI	TOTAL
Broken Hill Primary Health Care	1525	2012	1237	1531
Wilcannia Primary Health Care	545	684	561	705

Practice Administration

In September 2010 PHCS staff carried out a patient satisfaction survey amongst our Broken Hill community. 70% of the issues raised during the survey were related to practice administration. Much work has happened since then to improve this aspect of the PHCS. This includes:

- Advanced training in our appointment system (PracSoft)
- Implementation of a new telephone answering and messaging system
- Changes in the waiting room

Another issue highlighted during the survey process was the increased length of time clients had to wait once they arrived at the PHCS for their appointment. A daily 'walk-in' clinic was arranged and the appointment system for booked clients has been improved. Each GP is rostered to either the walk-in clinic or booked clinics and this arrangement is accurately reflected in PracSoft.

With the growth of the services we have seen a greater demand in the need for support through practice administration and we now have a Practice Manager, Clinic Coordinator, Outback Vascular Health Coordinator and part time Administration Assistant. In line with the service's commitment to Closing the Gap on Indigenous Health, a part-time Closing the Gap Coordinator has also been introduced into the service.

Our general practice services continue to grow with an increase in GP clinics, as well as an increase in nursing and Aboriginal health worker workforce.



Accreditation

The Primary Health Care Service (PHCS) is required to attain accreditation every three years. We participate in the accreditation program delivered by the Australian General Practice Accreditation Limited (AGPAL). The AGPAL program assesses services against the standards provided by the Royal Australian College of General Practitioners. The service was last accredited in 2007. At that time the accreditation covered the Broken Hill based PHCS. The service is now operating as a Regional PHCS delivering services in Broken Hill (from the home base) and outreach to Menindee, Wilcannia and Ivanhoe. Therefore for this accreditation, we sought accreditation as a Regional PHCS.

The process provided us with the opportunity to review our policies and procedures as well as look at our clinical processes.

The service was assessed and granted AGPAL Accreditation status in February 2011 for a further three years.

Keeping Well

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

The program has specialised staff including health workers, nurses, doctors, dietitians, a

podiatrist, primary mental health workers and a pharmacist. The team also boasts two health workers who are trained Diabetes Educators.

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

To support the Chronic Disease (CD) program a 12 month calendar has been developed for health workers to assist them in providing care to clients. A 'Take Home' calendar has also been designed for clients – something that they can put on the fridge to remind them of significant checks that are required to maintain their good health such as 6-monthly foot checks, annual eye checks, quarterly visits with their case manager and regular appointments with the GP.

This process also promotes a self-management approach that allows clients to be responsible for their own care in concert with the GP and health workers.

Currently there are 204 Aboriginal people on the CD register at the PHCS. Work is being done to ensure all these clients have one consistent GP and case management team.

Annual Health Assessments are an important aspect of the Keeping Well program and the Cycle of Care. They are being delivered through the clinics as well as in the community. A prompt sheet has been developed to assist the health workers to record the correct and appropriate information which then

gives the CD GPs a head start to complete the assessment. Checks are initially being delivered in Broken Hill and Wilcannia. Further implementation in Menindee and Ivanhoe is planned for later in the year.

The Keeping Well teams in Wilcannia, Menindee and Ivanhoe continue to provide support for CD clients in those communities. Keeping Well workers promote self-management that allows clients to be responsible for their own care with the support of the visiting CD GPs who conduct regular clinics.

Qumax

The Quality Use of Medicines Maximised by Aboriginal and Torres Strait Islander people (QUMAX) program has now entered its fourth year and Maari Ma has been successful in participating in the program which will continue until June 2012. The project aims to improve the quality use of medicines for those with a chronic disease and reviews of the program have confirmed better health outcomes largely through the support provided for the cost of medicines and the provision of Webster packs.



Healthy Start

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

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

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

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

All mums are provided with a calendar with the checks and immunisations that are required, and staff assist them to make appointments and come to the clinic.

Throughout the year Dr Garth Alperstein, a community paediatrician, assisted in the update of the child development checks, immunisation schedule and team care arrangements. The team now includes the GPs who work alongside the child and family nurses, midwives and health workers in Broken Hill.

Work is currently being undertaken on a new Child & Family Unit in Broken Hill which is expected to open in September. It is purpose built and family friendly and will cater for ante natal clinics, child and family nurse / health worker led clinics and child health GP clinics. The unit has a playground which may be used for small child group play in the future.

Home Medication Reviews (HMRs)

Home Medication Reviews are also an important aspect of the care cycle for patients with a chronic disease. This year Maari Ma appointed a pharmacist one day per week to do Home Medication Reviews. Initially this work, undertaken with health workers, will only be in Broken Hill but will later extend to Menindee and Wilcannia, and eventually Ivanhoe.

Kanyini GAP Study

Cardiovascular disease (CVD) is Australia's leading cause of death and loss of healthy life years. Aboriginal people are at higher risk of CVD compared to the rest of the Australian population. Current Australian therapeutic guidelines, based on well-established evidence, recommend the long-term use of antiplatelet, blood pressure-lowering and cholesterol-lowering drugs in those at high risk of developing or established CVD. However, there is a large gap between what best practice guidelines recommend to what is actually prescribed and also adhered to by the at risk client.

Fixed-dose combination therapy with a "polypill" is simply a new way of providing these guideline-indicated medications and represents a major new opportunity to address this gap.

It has been proposed that a polypill could improve adherence to recommended treatment by reducing the overall complexity of dosing regimens for doctors and patients, and improve access to treatment by reducing costs. The Kanyini polypill trial will test these assumptions. Improving access to effective cardiovascular medications has considerable potential to improve population health, and in particular, to help reduce variations in this gap relating to inequities in healthcare access within the Australian population.

Recruiting new clients to the trial has proven slower than anticipated. However despite the difficulties we are steadily recruiting to our target number of 40 participants for the region.

Our difficulties are not uncommon as recruitment across all Aboriginal Medical Service sites involved in the study in Australia has slowed significantly this year.

Fortunately the recruitment period has been extended to help us achieve the target number of randomised patients. Currently we have 24 participants enrolled in the study with 21 randomised to either the combination therapy (Polypill) or to usual treatment options.

Recruitment in Wilcannia was due to commence in June. However, due to some implementation issues no one was able to be recruited during that month.

Following further discussions with the site monitors from the George Institute (the organisation conducting the study) we are looking to recruit Wilcannia participants to the trial over the next few months.

Hopefully, we can do our part to progress this total towards the target number as quickly as possible.

While recruitment remains our priority, the follow-up phase poses different challenges. In this pragmatic implementation trial, data quality and complete follow-up of study participants are crucial considerations. In particular, the ongoing follow-up of all patients is extremely important for the integrity of the study. Thus far, data quality and patient follow-up have been excellent and if these can be maintained the reliability of the study outcomes and our confidence in the interpretation of the results will remain good. Currently all participants have been followed up and are up to date in accordance with the study guidelines.

Kendall Jackman joined the Maari Ma team in November last year. She worked part time bringing the study data together and lifted the recruitment numbers.

Dr David Rowlands will take on the role of Principle Investigator for our site in July.



**BUCKLE
UP
FOR
SAFETY**

Transport

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 provide a valuable service to the community, providing people with transport to appointments to the health services and also to specialist appointments at the hospital.

Last year transport officers provided transport on 6317 occasions in Broken Hill alone and 2799 occasions in Wilcannia.

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

Transport for Clients	09/10 To other health professionals	09/10 To health professionals at this service	10/11 To other health professionals	10/11 To health professionals at this service
Broken Hill	1482	4096	1853	4464
Wilcannia	1155	1522	927	1872

Torpedo

An electronic decision support (EDS) system has been developed, called Health Tracker-CVD, to assist health professionals and patients in making evidence based management decisions to help prevent heart attack, stroke and related conditions.

Health Tracker-CVD is fully integrated with the medical software system Medical Director which is used at the Primary Health Care Service in Broken Hill. It automatically extracts essential risk factor information from the health record and provides point-of-care advice based on twelve national guidelines related to the screening, prevention and management of cardiovascular disease (CVD).

The TORPEDO study will implement the Health Tracker tool as part of a trial to improve cardiovascular risk management. The study will also evaluate whether Health Tracker-CVD is an effective intervention to improve quality of care related to CVD. Sites participating in the trial are randomised to either a control group or intervention group in which they are given access to the Health Tracker EDS system.

The TORPEDO study will involve 40 general practices and 20 Aboriginal community controlled health services in New South Wales and Queensland.

Funding has been provided by the National Health and Medical Research Council and NSW Health. The study is managed by the George Institute in collaboration with the Queensland Aboriginal and Islander Health Council, the Aboriginal Health & Medical Research Council, University of Sydney, University of New South Wales and NSW Health.

The George Institute is a not-for-profit research institute affiliated with the University of Sydney.

The George Institute also manages the Kanyini GAP (Polypill) study which is also being conducted in partnership with Maari Ma Health.

Maari Ma was the first site in Australia to be randomised and was allocated to the Intervention arm of the study, which receives access to the EDS tool.

As part of the Health Tracker-CVD intervention trial process, Maari Ma receives access to the tools and will also participate

in a forum along with other study sites also randomised to the intervention arm. From there sites upload de-identified data extracts on clinical performance to a secure web-based central repository managed by the Improvement Foundation of Australia (IFA). This repository will provide access to site specific feedback reports on performance relative to other anonymous sites. Sites will also participate in a quality improvement component in which de-identified, peer-ranked monthly reports will be provided along with support to develop strategies to improve performance.



Dental

Maari Ma's child dental clinical days are conducted each Monday at the Broken Hill Primary Health Service, Tuesday & Wednesday in Wilcannia, Thursday fortnightly in Menindee, and 2 days per school term in Ivanhoe.

Health Promotion and other activities this year have included:

- Menindee Books in Homes day health promotion;
- Playgroup every Friday in Broken Hill;
- 2 Colgate representatives who visited Broken Hill and Wilcannia, and agreed to provide toothbrushes and paste for kids in Wilcannia, Ivanhoe and Menindee for 3 years starting in 2012, as well as provide discount prices on adult toothbrushes and paste;
- Dental screening of all secondary school children in Ivanhoe;
- Silver Fluoride research project training has been provided in Broken Hill and with Nganampa Health in Ernabella and Amata (Anangu Pitjantjatjara Yankunytjatjara Lands). The aim of the project is to assess the value of the use of silver fluoride in arresting tooth decay in children thus preventing the need for fillings and is due to commence in 2012 at Broken Hill, Wilcannia & Menindee.

Primary Care Specialist Services

During the year the Primary Mental Health & Alcohol & Other Drugs (PMH&AOD) team received 1228 referrals in Menindee, Wilcannia and Broken Hill. For the most part of the year the team has been providing mental health and drug and alcohol services and developing systems and processes to provides services within the primary care setting.

Over the past 12 months the PMH&AOD team has also offered group based therapy sessions (SMART Recovery) in Wilcannia and Menindee. SMART groups help communities work through behavioural problems, for example drug and alcohol, nutrition, smoking.

Sometimes we face events in our lives that we are unable to handle ourselves or with the help of family and friends, and sometimes there are situations in our lives that might be too much for us to cope with. In these cases, there are options that we can take.

Some of these options, which Maari Ma has delivered during the year, include:

- Counselling (someone to yarn to)
- Behavioural and lifestyle changes (health choices)
- Seeing a doctor who may prescribe medication that can help.

In addition the team actively engaged with the community during the year through the following activities:

- Worked in partnership with the carer and mental health program to develop appropriate resources for carers of people with mental health problems
- Provided Mental Health First Aid training in Broken Hill and Ivanhoe
- Co-facilitated at the Broken Hill High School's Drug and Alcohol forum
- Co-facilitated GRRL (Girls Reaching Resilience Living Strong) Friend mentoring program with young Indigenous girls .

CLIENT CONTACT RELATED DATA

	Aboriginal	Non-Aboriginal	Total
Total appointments made	1042	186	1228
Clients who kept appointments	594	137	731
Percent	57%	74%	60%

PRIMARY REFERRALS FOR APPOINTMENTS KEPT

Overall (n=731)	Number	Percent
GP	483	66%
SMART Group	121	17%
Other Referral	15	2%
No Referral	112	15%



Dietetics

Carly Pollard and Mark Lee continue as Maari Ma's dietitians working both in the clinical and community settings to help people improve their health through healthy eating and to raise awareness of good nutrition.

Carly works predominantly in Wilcannia and Ivanhoe, while Mark concentrates on Menindee and Broken Hill. They have also provided services to Tibooburra and White Cliffs this year.

Community Dinners – Wilcannia

Community dinners have continued during the year on a monthly basis. They are conducted at the community hall and on average up to 100 people attend. Carly works with local community members, Morna Johnson, Roslyn Johnson, Lorina Johnson, Kevin Bates, Steven Harris and Winnie Jones who prepare healthy meals for the community.

In recognition of the work involved, a health worker with an interest in nutrition (Shannon Hinton) has been allocated to assist Carly.

The team is assisted by St Therese's school staff who provide assistance with supervision of the children. WINGS assist with the transport of children and HomeCare provides transport for the Elders.

Wilcannia Central School

Nutrition and cooking sessions are conducted at the Wilcannia Central School on a weekly

basis. This has proved to be very successful and the kids enjoy it.

Regular health messages are also circulated to the school and shared with the children.

St Therese's Lunch Program

The Lunch Program is conducted monthly in conjunction with Centrecare and the Intensive Supported Playgroup (ISP) at St Therese's school. It is a community led model aimed at addressing food insecurity and improving children's access to healthy food. It was established in 2006 and is run by Le-Anne Martin, with assistance from the Dietitian who helps with menu planning, meat ordering and recipe ideas. Le-Anne has completed her food safety and hygiene course at TAFE. Parents engage well at these sessions and ask lots of questions.

Wilcannia Kids Cookbook

The Wilcannia Kids Cookbook, Bush Tucker Dreaming, was launched in May. The joint dental and nutrition project was aimed at improving the nutritional status and reducing the level of dental caries among Aboriginal children aged 5-15 years living in Wilcannia. It was led by the dietitian and a dental team member, and involved school children helping to prepare and cook healthy meals. The preparation of the book also provided valuable education on oral health and nutrition to the children involved. Twenty children took part in the project.

Outreach Clinics

At the Ivanhoe Health Service and the Wilcannia Primary Health Service, the staff work in a team structure and provide dietary assessments, advice and education resources to clients with high cholesterol, high blood pressure, type 2 diabetes and obesity.

Clinics are conducted weekly in Wilcannia and in conjunction with the Chronic Disease GP in Ivanhoe.

There are also regular clinics provided in Menindee and Broken Hill which include individualised sessions and dietary and lifestyle strategies to assist patients to manage the risk factors relating to chronic disease. Nutrition education is also provided to pregnant women and young mothers.



Specialist Services

Maari Ma Health's Chronic Disease Strategy (2005) highlighted the importance of specialist-generalist collaborations in improving primary health care service delivery. The specialist works to increase the expertise of the generalist. Generalists work to enhance specialists' engagement with comprehensive, community-based primary health care.

Over the last 12-18 months Maari Ma Health has focused on developing and delivering medical specialist-lead multidisciplinary services in child health, eye health, drug and alcohol, and vascular disease, including diabetes, kidney disease and heart disease. Specialist services are now operating in all these fields. The table opposite summarises the activity in these services over the last 12 months.

In remote health care the boom and bust phenomena is common with many visiting services because they are usually based around individuals as opposed to organisations. After a few years the individual usually burns out because of the tiring nature of the work and it usually takes time to find a replacement, as the people available to do this type of work are few and far between, resulting in gaps in service.

For this reason Maari Ma Health has endeavoured, where possible, to build sustainability factors in to many of its new visiting services through institutional linkages. Two examples include the following:

Outback Vascular Health Service

Since March 2010, building on an existing relationship established through the conduct of practical outcomes-focused research, Maari Ma Health, the George Institute and Royal Prince Alfred Hospital have worked closely together to establish the Outback Vascular Health Service for Aboriginal communities in far western NSW.

This service entails an innovative, cross-disciplinary approach to complex vascular disease. The service focuses on building capacity of Maari Ma Health's primary care services, gaining institutional support through a partnership with a large metropolitan hospital, and integration of service provision with rigorous health services research. In addition to Commonwealth Government funding, this service is supported by a grant from the Scully Fund.

Murdi Paaki Drug & Alcohol Network

The Murdi Paaki Drug and Alcohol Network provides visiting drug and alcohol services to Aboriginal communities in western NSW. The network is a partnership between the Lyndon Community, NSW Health, and four Aboriginal Community Controlled Services in the Murdi Paaki region, including Maari Ma Health.

As such it is the face of the network in far western NSW. We coordinate and deliver services to Aboriginal people and families with drug and alcohol problems within our own community. This includes sponsoring the visiting specialist services from the Lyndon Community.

Service	Specialist(s)	Visits	Total Patients	Aboriginal Patients	Other Activities
Child Health	Kerrie MacDonald	Wilcannia - 8	90	83	Education & Training
		Broken Hill - 10	71	55	
Child Mental Health	Ros Powrie	Broken Hill - 4	16	9	Capacity building Clinical Supervision Education & Training
Eye Health	BHBH Ophthalmology Registrar	Broken Hill - 22 Wilcannia - 6 Menindee - 3 Ivanhoe - 2 Other - 3	153	121	Education & Training
Drug & Alcohol	Rod McQueen	Broken Hill, Wilcannia, Menindee, Ivanhoe, Dareton, Balranald - 6	11	6	Capacity building Clinical Supervision Education & Training
Kidney Disease	Paul Snelling Celine Foote	Broken Hill, Wilcannia, Menindee - 4 Ivanhoe - 1	71	58	Education & Training
Heart Disease	Patrick Groenestein	Broken Hill, Wilcannia, Menindee - 4 Ivanhoe - 1	82	72	Education & Training
Diabetes	Stephen Twigg Sophia Zoungas	Broken Hill, Menindee, Wilcannia - 1	n/a	n/a	Education & Training

COMMUNITY SAFETY RESEARCH PROJECT

Community Safety Research Project

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

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

The CSRP is complex and requires the various remaining components to dovetail together. Staff changes and other delays resulted in a slight hiatus in program development, which is now gathering momentum. The three remaining components, to begin in early 2012, require significant preparation.

Yarning Stories

Community feedback for the interviews carried out throughout 2009 and 2010, began in March 2011. Over 150 community people took part in 120 interviews (including some group interviews). Each was provided feedback on the themes and issues identified and asked if this reflected their thoughts and concerns, and if they would like to add anything else that would assist in the final development of the adult survey and the healing program. The information from those in a correctional facility is still being processed.

The Adult Survey

The Adult survey is to be a quantitative study, exploring the extent of stress and violence in the communities. Potentially a whole of community study, its intent is to improve the theoretical understanding of violence and social and emotional well-being specifically in the Aboriginal communities of Broken Hill, Menindee and Wilcannia as well as generally in Indigenous communities in Australia. It will also provide the baseline data for evaluation of the healing program that follows.

Questions will encompass the participants life experience, family life, childhood, culture, lifestyle, health and wellbeing, as well as specific questions related to anger and violence. The survey questionnaire will be

delivered via an interactive touch pad device where possible (more traditional paper forms where not). Such an approach will assist in participant engagement, allow questions to be answered with anonymity, and will simplify data entry and minimise data entry errors.

The database and the questionnaire format on the interactive touch pads are currently being developed after which it will be assessed by and approval sought from the Advisory Committee, then trialled.

Childhood Resilience Study

Children and young people are especially affected by community violence. The project recognised that the yarning stories and adult survey do not reflect the views and concerns of this group. A separate study is being developed that parallels and complements existing components and explores the issues for children. While still in the early stage of development the overall emphasis will be on childhood resilience because children with this quality cope better with life's challenges.

Healing Program Trial

The decision was made last year to develop a local Healing Program because other programs available did not meet local needs. The Healing Program under development consists of two programs being assessed, each with a common cultural healing program content of six group sessions, which explores traditional values, understanding the present in the context of the past, culture and resilience, change and motivation for change, and strategies for successful change. After this the programs have different individual components and it is the difference between these approaches that will be assessed. One approach will focus on personal issues and the other will include additional and focused strategies aimed at

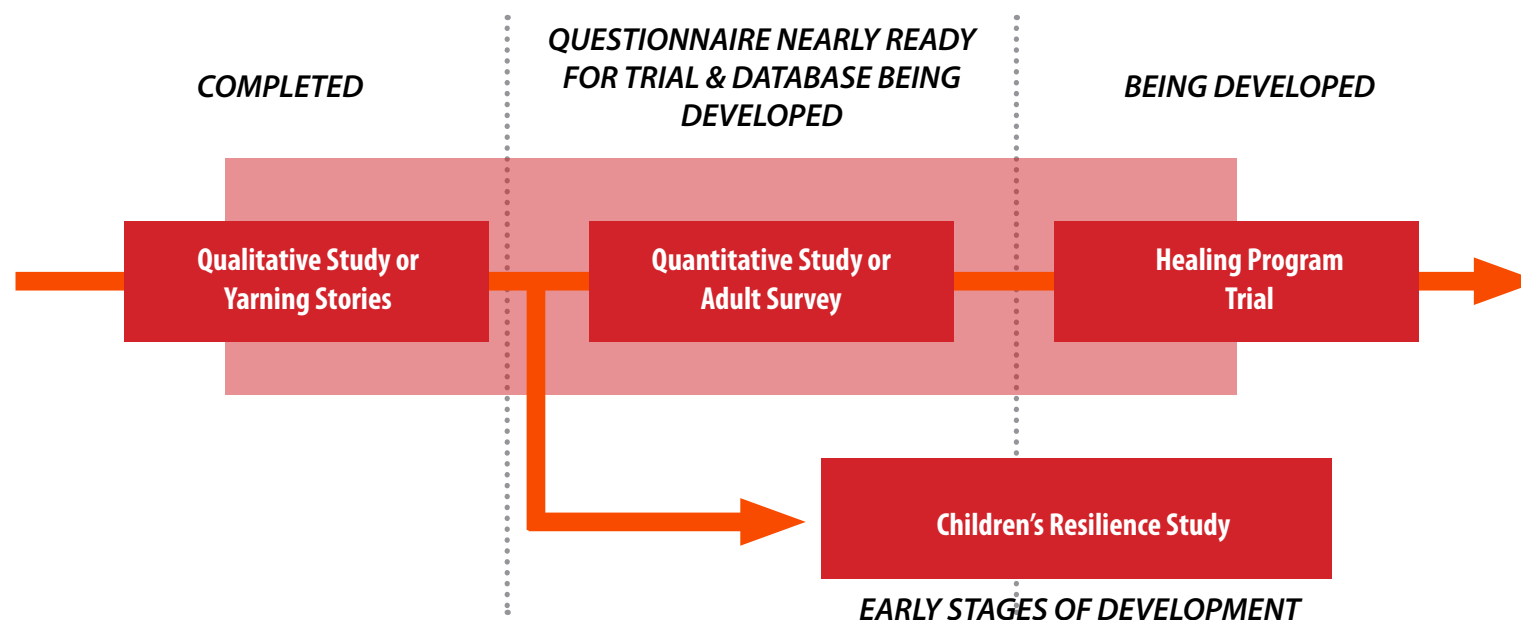
facilitating change, which are based on Western clinical approaches.

Both approaches will have the adult survey data as a baseline and will be evaluated immediately post-delivery and a six-month follow-up (or equivalent). University of New South Wales psychologists are working on the clinical components while Maari Ma staff are working on the content for the Cultural Healing Program in general and the program manuals. The Healing Programs, gender specific and in small groups, will begin when the numbers are recruited from the Adult Survey as it rolls out.

Governance and Staff

The Aboriginal Community Advisory Committee (ACAC) continues to provide

guidance and advice to all aspects of the project, and the Chief Investigators (CIs) guide the development of the research. Nola Whyman, Justin Files and Richard Weston continue as the local CIs providing cultural integrity to all aspects of the project. The CSRP meets regularly with the CIs, Maari Ma Management, and representatives from the Health Service, as well as providing feedback to all Community Working Parties. Eddy Harris has left the project to concentrate on his art and Tracey Files has begun a three-year training position focusing on family violence. She is placed within the project full-time and the training complements her very significant community networking abilities. Catherine Sanford and Jason Gowin, along with the new Manager/Research Leader, Sue Selden, continue the work on all aspects of the project.





CONTINUOUS QUALITY IMPROVEMENT

Kanyini Risk Assessment

An audit of all people with a chronic disease at Broken Hill Primary Health Care Service, Menindee and Wilcannia was completed in 2010. The audit collects information to provide health teams with an assessment of the client's risk of a cardiovascular event within the next 5 years. The following table shows the overall results of the audits.

OVERALL DISTRIBUTION OF RISK, BROKEN HILL, MENINDEE AND WILCANNIA CHRONIC DISEASE CLIENTS - 2010

	BH	M	W	Overall
High Risk	50%	57%	63%	55%
Medium Risk	9%	13%	7%	10%
Low Risk	23%	22%	20%	22%
Missing	18%	8%	10%	13%
Total Audited	306	221	137	664

Our work with the risk assessment also showed that there are many places that each member of the health team can contribute for the overall improved management of

chronic disease. "Management Gap" is the overall percentage of people who need an intervention by the health team. Across the region in 2010 the Management Gap for blood pressure in people with diabetes was 70%. This means that 70% of people with diabetes would benefit from improved screening, medication or a better understanding of their results. Our challenge into the future is to reduce the Management Gap so that people with a chronic disease are being screened, are prescribed appropriate medication and that medication is improving their health outcomes.

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

ABCD

Six services across the region continued with the Audit and Best Practice in Chronic Disease (ABCD) project in 2010. ABCD in the Maari Ma region began in 2005 as a way to measure our progress implementing the newly released Far West Chronic Disease Strategy. Since then, the annual cycle of clinical file audits, system assessment, feedback and goal setting has become embedded as standard practice in local health services.

In 2010 we assessed antenatal care provision, child health, services to well people and those with a chronic disease (diabetes, high blood pressure [hypertension] and/or heart disease) and services to people with a mental illness. Results for the year saw some consolidation of previous year's results and some improvements.

Sixteen staff from across the region participated as auditors. Managers, nurses, Aboriginal health workers and data/information staff audited more than 1000 medical records over 3 weeks.

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

KEY RESULTS - ABCD AUDITS, MAARI MA REGION, 2008 - 2010

	2008	2009	2010
Maternal Health			
% seen before 13 weeks gestation	70%	59%	68%
% having 5 or more antenatal visits	61%	74%	74%
% postnatal visit recorded	55%	73%	81%
Child Health			
Child Development Checks	54%	53%	42%
Well People			
% Scheduled Services Delivered*	32%	35%	37%
% Smokers	50%	29%	34%
% Not Stated	31%	42%	38%
Chronic Disease			
% Scheduled Services Delivered* - Diabetes	59%	65%	64%
% Scheduled Services Delivered* - Hypertension	73%	73%	69%
% Smokers - Diabetes	28%	40%	38%
% Not Stated - Diabetes	23%	15%	23%

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

In 2010/11 our work in ABCD contributed to 3 journal articles (2 of which are international journals) :

- Bailie RS, Si D, Connors CM, Kwedza R, O'Donoghue L, **Kennedy C**, Cox R, Liddle H, Hains J, Dowden MC, **Burke HP**, Brown A, Weeramanthri T, Thompson S. Variation in quality of preventive care for well adults in Indigenous community health centres in Australia. BMC Health Services Research 2011, 11:139
- Si D, Dowden M, **Kennedy C**, Cox R, O'Donoghue L, Liddle H, Kwedza R, Connors C, Thompson S, **Burke H**, Brown A, Weeramanthri T, Schierhout G, Bailie R. Depression among patients with diabetes in Indigenous community health centres. Australian Family Physician 2011, 40 (5): 331-333.
- Rumbold AR, Bailie RS, Si D, Dowden MC, **Kennedy CM**, Cox RJ, O'Donoghue L, Liddle HE, Kwedza RK, Thompson SC, **Burke HP**, Brown ADH, Weeramanthri T, Connors CM. Delivery of maternal health care in Indigenous primary care services: baseline data for an ongoing quality improvement initiative. BMC Pregnancy and Childbirth 2011, 11:16.



EARLY YEARS PROJECT

Early Years Project

The Early Years Project (EYP) has been in place since late 2009 with a project leader appointed in early 2010. The key areas of focus for the project and this position have been:

- Improving access to training for early childhood services in the region
- Facilitating improvements in early childhood education and care services in the region through engaging services in the Early Childhood Education and Care Quality Framework
- Supporting Aboriginal child development and well-being through involvement in specific activities and input into existing health services.

Narelle Pascoe is our EY Project Leader and has been actively involved in a very wide variety of activities across the region supporting improved child development and well-being through education and health services:

Training EYPL has arranged and/or delivered:

Introduction to Infant Mental Health

A cohort of 10 local early childhood education workers completed a 10 week Introduction to Infant Mental Health course through Women's and Children's Hospital in Adelaide and supported by our visiting perinatal/child psychiatrist, Dr Ros Powrie. Content included a brief overview of theoretical underpinnings, recognising and interpreting infant's behaviours, and improved understanding of the interactions between infants and their families.

Indigenous Professional Support Unit & Macquarie University

The EYPL arranged Judy Tempest at Sydney Indigenous Professional Support Unit and Marina Papic, Head of the Institute of Early Childhood, Australian Centre for Educational Studies, Macquarie University, to provide 2 workshops in Broken Hill and Wilcannia, funded by Maari Ma and Save the Children Australia (SCA). Both workshops delivered practical teaching and learning strategies for staff working with children in the early years with a particular focus on meeting the needs of Indigenous children. Both were very well attended and evaluated.

"Mathematics in Early Childhood - More than just counting!" - This was about the foundations of mathematical thinking which occur in the early childhood years. The workshop provided participants with practical ideas for exploring mathematics with young children.

"Introducing Science to under 5's" - This was designed to engage young children in activities that support them in developing scientifically accurate understandings of the world around them. In Wilcannia, participants included staff

from St Therese's Community School, Safe House, Centacare, Save the Children and Maari Ma. In Broken Hill, participants included staff from Broken Hill, Menindee and Ivanhoe preschools, Long Day Care, Early Intervention, primary schools, health, School of The Air and Maari Ma.

Programming and Planning for Play

Through our partnership with Save the Children Australia (SCA) in Wilcannia, the EYPL provided training to SCA's metropolitan play bus coordinators. Content included practice and simple links to the Early Years Learning Framework: views on children, the importance of family, building partnerships, the value of play, programming for play, planned versus the unplanned, using routines as learning experiences, the environment, intentional teaching and invitations to play.

TAFE Certificate II in Skills for Work & Training Introduction to Child Studies

The EYPL has been involved in organising training for staff working within the Intensive Supported Playgroup (ISP) in Wilcannia. Consultation between the EYPL and TAFE Broken Hill has resulted in the delivery of modules of Certificate II in Skills for Work & Training: Introduction to Child Studies in Wilcannia. The EYPL is facilitating the delivery over 6 weeks using an integrated work-based model based around the ISP at St Therese's each Monday. The purpose of this training is to develop skills that staff will be able to incorporate into their roles as workers on the ISP project. If participants complete the units, they will gain credit transfer if they continue to pursue the Certificate III in Children Services which is the start of a pathway to qualifications required for working within early childhood education and care.

Intensive Supported Playgroup – Wilcannia

The Early Years Project Leader continues to work in close collaboration with staff and management in both agencies directly involved with the ISP (Intensive Supported Playgroup) and the IPSS (Indigenous Parenting Support Service - Centacare) in Wilcannia. Improved communication between SCA and Centacare resulted from a joint planning session which will improve service delivery.

The ISP is incorporating a newsletter which promotes positive messages and photos of families as the basis of building interest and education around the importance of early literacy, play and learning, attachment and bonding with babies and toddlers, healthy food and information regarding family support programs.

Work with Early Childhood Service Providers

Early Years Discussion Group

The Early Years Discussion Group provides a forum for early childhood educators to come together and share knowledge and ideas around the National Early Childhood Development Strategy. Membership aims to be inclusive and welcomes any person or organisation that works in the early childhood sector or who has a vested interest in children from birth to 6 years and their families. This year attendees included staff working in preschools, long day care, mobile services, and NGOs from several communities including Ivanhoe, Broken Hill, Menindee, Wilcannia, Wentworth and Dareton.



Broken Hill Child and Family Interagency

Participation in the local child and family network has led to the EYPL coordinating community events that involve agencies working together:

- **BIG PLAYGROUP - National Playgroup Day - March**
The EYPL coordinated agencies and equipment for a big community playgroup in the Broken Hill Town Square highlighting the importance of play for young children. This was accompanied by a publication promoting all the playgroups available to families in Broken Hill.
- **NAIDOC Celebration - July**
Building on last year's success, we had a display and publication for distribution about enrolling children in preschool with information about all of the local early childhood services. We coordinated services to contribute equipment for a huge play area for young children on the day.
- **Children's Week - October**
We are planning a live story telling activity involving all agencies in the performance as part of the annual Children's Week activity day in Sturt Park

Menindee Child and Family Interagency

This is a relatively new group. The EYPL chairs the meetings and distributes information on behalf of the group. The group has developed a collaborative project for Books In Homes for 0-3 year olds between outreach agencies and Menindee Children's Centre. A Books In Homes community day was held in March.

Wilcannia Early Childhood Reference Group

The EYPL has been an active participant in meetings and planning around Wilcannia's Local Implementation Plan recommendations for developing a community early childhood development plan. We have also participated in various community events:

- Face painting at St Therese's fete
- NAIDOC celebrations
- Safe Families – Child Protection Day

Work with Healthy Start Team

Developing resources

We continue to work with staff to incorporate ideas or strategies appropriate for young children. We are developing a series of developmentally appropriate resources for programs currently being delivered to children in schools and communities that can be used by other Healthy Start teams across the organisation:

- Dental & dietetics team
- Antenatal & child and family staff
- Community Safety Research Project team

Coordinating the Maari Ma Healthy Start Playgroup

The playgroup program continues to promote a holistic approach to health by bringing children and families together in a safe, culturally affirming play based setting. Attendance continues to grow with up to 50

adults and children attending sessions this year. Playgroup is being talked up by families and the team is doing active promotion when out in the community.

A regular team of workers forms the core and this is proving really positive with families. Families get to know who staff are, and then become familiar and are able to build relationships with workers. The playgroup team includes Maari Ma's Dental Therapist, Early Years Project Leader, Child Care Worker, Research Project Worker and Child and Family Nurse. The project also includes a partnership with a Centacare Family Support Worker who is part of the weekly program and can provide a link to additional services that assist families if they consent and register.

The Playgroup is still operating within the TAFE Playhouse and we are looking at what might be possible in Maari Ma's new Child and Family Unit.

The Playgroup provides:

- informal opportunities for brief interventions
- formalised spotlights for health promotion and
- capitalises on routine activities that expose children to early literacy and numeracy experiences.

A weekly newsletter promotes early literacy, the importance of play and early learning, attachment and bonding with babies and toddlers and other primary health messages.

Growing Up Strong - Baarkintji baby book

In conjunction with the Aboriginal Child Youth Family Strategy (ACYFS) Western (Department of Human Services/ Housing NSW), Maari Ma is adapting a resource originally from the NSW north coast that provides families with information about how they can give their children a good start in life. Important features of the book are:

- focus on Aboriginal parents/carers who are expecting a baby or with children up to 3 years of age
- positive and beautiful photographs of local Aboriginal parents & children
- easy-to-read and accessible evidence-based text about child development and play
- information on ages and stages, activities and games and ideas about playing with babies and children
- words in local language - to encourage continued use of language
- contact details of services.

While the Department of Human Services/ Housing NSW is project managing the book and community consultations, Maari Ma has assisted in its development through arranging community activities to facilitate photo sessions, and linking local artists and language experts. This Baarkintji baby book, Growing Up Strong Murrpas, incorporates images and art work from Menindee, Dareton, Broken Hill and Wilcannia. Maari Ma is keen to incorporate this book into its Healthy Start programs.



WINGS

WINGS

This year WINGS staff have been able to implement a range of activities and holiday programs due to having more staff on board thanks to funding from the Commonwealth. Natika Whyman started as the Trainee Youth Coordinator in August, 2010. The number of attendances by children from July 2010 to December 2010 was 4645 and from January 2011 to June 2011 was 5917.

Some of the highlights of this last year have been the participation in a number of community and WINGS events with visitors coming to talk to kids from various places. Sports have been increasingly important with a number of visits made by NRL Stars last year and in August 2010. In November last year a group of teachers from a private school in Sydney came up and had a Cricket Day and donated a full range of junior and senior cricket gear to the centre.

WINGS Drop In's participation in Wilcannia's Got Talent Competition in December 2010 was so successful that a group of eight children performing on behalf of WINGS won the first prize.

WINGS also hosted a Youth Week Disco funded through the Central Darling Shire Council during the Easter long weekend with eight volunteers driving from Sydney with donations from various organisations. During the weekend WINGS ran Breakdancing classes and MC classes with two professional artists from Sydney who volunteered to run the sessions. The Youth Week Disco was attended by 130 kids and proved to be the most successful one yet.

WINGS Holiday Program was packed full of special events in July this year. The NAIDOC week activities included Hip Hop Dance Workshops, Girls and Boys Nights In and participating in the Broken Hill Bush Basketball Series. This competition lasted 3 weeks and Wilcannia entered three teams, one of which won the Grand Final. This was truly a momentous occasion as many of the kids had no experience playing basketball and this has renewed interest in the sport. Kids also participated in a variety of workshops about digital media, creating sporting logos and banner production, and finance/money skills.

During NAIDOC week WINGS also hosted a Family Bush Day at the local Caravan Park which included arts and craft activities, bingo, face painting, Playbus, a jumping castle, prizes and food. A whole range of agencies including FaHCSIA, Centacare, Save the Children, Homecare, Mission Australia, Legal Aid, Safe Families, Murdi Paaki and Wilcannia River Radio attended and gave both financial and practical support on the day. The event was also attended by Victor Dominello, NSW Minister

for Indigenous Affairs and the photos from the ABC's Dream Box were published in the Koori Mail's coverage of the NAIDOC celebrations and on the ABC website.

WINGS staff facilitate a number of activities during the week including sports days, art and crafts, bingo, healthy afternoon tea preparation, daily Legend/Leaders meetings and monthly discos. The discos attract over 100 kids and are by far the most popular event run at the Drop In. During the holiday periods attendance numbers often reach above 90 each day and WINGS staff engage kids in a variety of activities both within the Centre and outside the Centre using facilities such as the Sports Oval.

WINGS staff have attended a number of training and development opportunities such as Core of Life, Protective Behaviours, Cultural Awareness and the Youth Service Toolkit Training. In September the three fulltime youth workers will begin their Certificate IV in Youth Work through TAFE Distance Learning and the Australian Business Limited Apprenticeship Centre.

In July 2011, one full time youth worker position and two part time youth worker positions were advertised with interviews taking place in August. The employment of extra staff will mean that WINGS can continue to deliver a quality service to the children and youth of Wilcannia and hopefully expand existing programs and activities.

Summary of Events and Stats

Data and stats

July 2010	846
August 2010	931
September 2010	902
October 2010	896
November 2010	640
December 2010	430
Half Yearly TOTAL	4645
January 2011	935
February 2011	1019
March 2011	1100
April 2011	975
May 2011	871
June 2011	1017
Half Yearly TOTAL	5917

Events

- Wilcannia's Got Talent
- Bush Basketball Series
- Beyond Blue Indigenous Hip Hop
- Youth Week Disco
- NAIDOC week Holiday Program
- Family Bush Day
- NRL players visits
- Discos
- Cricket Visitors

Activities

- 13+ nights
- Girls and boys groups
- Healthy Eating Afternoon Tea
- Sports Days



COMMUNITY SUPPORT SERVICE

Community Support Service

Maari Ma has been funded now for a second year to provide the Community Support Service (CSS) in Broken Hill, linking Aboriginal people to mainstream services, providing referrals and access to the internet. Established in the Regional Office but with data collected throughout the organisation, many Maari Ma staff provide information regarding a broad range of health and non-health services in Broken Hill as well as referrals to aged care, transport, welfare, employment, etc.

A great example of this is in the interactions between staff and parents involved in the Healthy Start Playgroup. Held once a week during the school term, staff interact with parents and carers of young children about a variety of issues: preschool, court appearances and support, health appointments, and counseling, to name a few examples.

A special project was undertaken this year by a visiting social work student from Sydney. This involved the development of a series of directories with information about different services, the contacts within each service and ready reference numbers. This was then enhanced by contact with the services to verify the information and alert them to the CSS and its role for Aboriginal people. Most services were keen to assist the CSS and expressed an interest in it. A summary of the local information collected will be available on Maari Ma's website and via quick links on the CSS computers at the Regional Office.

Administration staff joined with Primary Health Care staff to spread the word about CSS and other Maari Ma services at various community events during the year:

- Law Week at the BH Court House
- Youth Services Expo at Broken Hill High School
- Disability Expo at the BH Civic Centre
- NAIDOC Celebrations in Sturt Park.

Feedback from these events was very positive and they served to increase community knowledge about Maari Ma and helped increase access to our services.

Other supports

Maari Ma supports its communities in other ways including:

- financial and practical support for funerals and wakes
- sponsorship of sporting teams
- financial support for children attending Stewart House
- financial support for a community school to purchase classroom resources
- supporting local artists
- advocacy for individuals and the region to state and national government.



Community
Support
Service



 **MAARI MA HEALTH ABORIGINAL CORPORATION**
REGIONAL OFFICE

CORPORATE SERVICES

Corporate Services

Information Technology

Maari Ma has upgraded and improved its Information Technology Systems substantially in the past 12 months. As a result, we now have an advanced and independent platform to keep us at the forefront of technology and industry advancements.

After initially contracting our IT management services to a local company, we eventually moved to employ our own Information Technology Manager. Michael Hanley was appointed to maintain and grow our systems in accordance with the growth and needs of the organisation. This has included provision of services into our new Child and Family building.

The new systems have increased productivity and opened new doors for company branding, collaboration and remote connectivity to important medical and business systems.

In May this year a new corporate website was developed and published on the internet containing up to date information, easily accessible to staff and the general public alike. The new design and content is a welcome sight and has certainly turned a few heads.

Moving forward, we have been in discussions with Microsoft on how to better utilise technology within Maari Ma, and are currently in the process of implementing a

SharePoint Intranet/Collaboration Solution to help streamline the collection, distribution and retention of information within the organisation.

We are also trialling the use of "Windows Tablet PCs" in the community, giving health workers access to up to date patient records and medical resources where ever they may be. These trials will continue throughout the remainder of 2011.

Building Activity

After 'building' our new IT environment this year, another significant building project for Maari Ma has been focusing on bricks and mortar. For some time, we have seen rapid growth in the range of services being delivered - in Broken Hill at the Primary Health Care Service (PHCS) as well as on a regional basis using the PHCS as the hub with services travelling out to Wilcannia, Menindee and Ivanhoe. More services have meant more staff, more vehicles, more support staff and administration.... all to be squeezed into a heritage-listed pub and four shop-fronts!

With this in mind, more than 12 months ago we contracted a transportable house builder in Adelaide to modify two transportable homes for location at the rear of the PHCS for our child and family-based activities. Following receipt of the appropriate approvals from Broken Hill City Council the two houses were delivered

by truck in May and positioned on site, with fit-out finished in July. We look forward to the official opening of this new part of Maari Ma on 20 September by the Board's Chairperson, Maureen O'Donnell and Minister for Western NSW, the Hon. Kevin Humphries MP.

Maari Ma also initiated discussions with NSW Health's Centre for Aboriginal Health about support for development of a 'functional brief'. The purpose of this document is to set out the needs for physical space for the services we provide. The document, when complete, will:

- Display rigorous planning processes applicable to the project size
- Detail the project scope, budget, program and risks
- Provide sufficient information to support the approvals process, and
- Be a useful base document to inform project implementation, if and when funded.

This is an exciting process for Maari Ma and we are looking to achieve a project design that will meet the needs of our expanding and innovative service delivery.

BOARD OF DIRECTORS

Director Medical Services

Chief Executive Officer

Director of Finance

Director of
Corporate Services

Director of
Operations

Director Regional
Primary Health Services

Manager
Health Services

- Human Resources
- Health Systems Support
- Early Years Project

- Social & Community Programs
- Community Support Services

- Maari Ma Primary Health Care Services
- Healthy Start
- Keeping Well
- Health System and Clinical Support

- Balranald
- Dareton
- Ivanhoe
- Menindee
- Tibooburra
- Wentworth
- White Cliffs
- Wilcannia

WORKFORCE DEVELOPMENT

Workforce Development

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

This year we have celebrated:

- The launch of the Workforce Development Plan; a plan developed with funding support from the Department of Education, Employment and Workplace Relations (DEEWR). The Plan describes our current situation, achievements and future strategies;
- Ten Trainee Primary Health Workers completed the TAFE component of their traineeships and now have Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care, delivered by the Western Institute of TAFE and with funding support from the DEEWR;
- Michael Spencer and Lee-Anne Crossing achieved ten years of service with Maari Ma.

During the 2010-11 year, 69% of Indigenous staff (full and part time) have completed or are studying formal qualifications to at least certificate II level. 26% of non-Indigenous staff were also studying formal qualifications from certificate to masters level. In addition, there were a number of short conferences and workshops contributing to the ongoing development of our workforce.

The ten Trainee Primary Health Workers are continuing with on the job experience to consolidate their skills and have commenced Certificate III in Pathology to enhance their scope of practice.

Three administrative staff are studying business qualifications through the Indigenous Remote Service Delivery Traineeships funded by the Australian Government Department of Health and Ageing.

Recruitment has been successful generally, and particularly with an increase of one general practitioner, one psychologist and

seven registered nurses (including a child & family nurse and a midwife) to facilitate service delivery.

Leadership development

One Indigenous manager attended the Diplomacy Training Program's 'Indigenous Peoples, Human Rights and Advocacy: A Training Program for Indigenous Advocates from the Asia-Pacific Region' through the University of NSW and supported by the Fred Hollows Foundation.

Two Indigenous managers completed an Associate Certificate of Applied Management, a leadership program delivered by the Australian Applied management Colloquium. Two indigenous staff completed the Indigenous Leadership Program through FaHCSIA.

Workforce Data	30/06/2011	30/06/2010	30/06/2009	30/06/2008
Number of employees (headcount - full time, part time & casual)	95	92	81	78
Indigenous employees	57%	68%	63%	67%
Full time equivalent employees	72	65	57	52
FTE Indigenous employees	49%	58%	52%	55%

Health Worker Trainee Update

As almost qualified Aboriginal Primary Health Worker trainees we have found the traineeship to be very rewarding. We are always learning new things at work but feel we are very knowledgeable and are ready to be qualified health workers.

Studying in a group has helped us learn from each other as well as at TAFE and in the workplace and grow into experienced health workers. We will miss the TAFE study blocks and seeing the whole group together regularly.

We are looking forward to finishing our traineeship and to the career and study paths ahead we have all chosen. We would like to thank everyone at work for helping us to become competent health workers and look forward to continuing our education to help our communities to live healthy lives and truly 'Close the Gap'.

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

What do we enjoy?

- 'Learning to take bloods'
- 'Having more responsibility, like our own clients lists'
- 'I love that clients ask for us, it shows that they trust us'
- 'Having more community engagement and involvement in community events'
- 'Being able to help clients and knowing the answers to their questions, it reminds you how competent you are and gives you more confidence'
- 'Involvement with other organisations that help our clients and community, being an advocate for our people makes me very proud'
- 'That it is great and makes you feel good when a local introduces you to a new person in the community as one of our trusting health professionals so if you need anything go to the hospital and talk to her'
- 'Having the support from the other Health Workers and RNs makes me enjoy working as a Health Worker because you know they are always there to help and you are not on your own'
- 'Learning different things (skills) each day and setting goals and achieving them make me proud'
- 'I also enjoy working with the community in all aspects of health, we as Aboriginal Health Workers have achieved so much with Maari Ma's support, I think we lead a great example to other aboriginal people that maybe interested in a career in health.'

Finance

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

- Primary Health Care funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH);
- Finance and administration funded by OATSIH;
- Wilcannia services funded by OATSIH and the Department of Health & Ageing;
- Rural Primary Health Services funded by the Department of Health & Ageing;
- Lower Western Sector funded by the Far West Local Health District (formally GWAHS);
- Social and Emotional Wellbeing Program funded by the Far West Local Health District (formally GWAHS)(Mental Health and Drug and Alcohol Services), and
- Community Safety Research Program funded by the University of New South Wales.

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

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

Maari Ma has maintained its growth trend by recording total revenue from operations of \$10,728,272 (after adjusting for unexpended grants) and a further \$54,623 from disposals of assets, an increase of just under 13.5% over the previous financial year.

Expenditure for the year was \$10,039,195, an increase of 15% over last year, resulting in a surplus of \$743,700. In addition to this expenditure, \$300,376 was spent on constructing the new Child and Family Unit situated at the rear of the Primary Health Care Service in Broken Hill.

Financial Reports

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

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report of Maari Ma Health Aboriginal Corporation ("the Corporation"), which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income, statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

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

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

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on the audit. We express our opinion as to whether the accounting policies used, as described in Note 1, meet the needs of the members. We conducted our audit in accordance with the Australian Auditing Standards. These standards require that we comply with relevant ethical requirements, plan and perform the audit to obtain reasonable assurance that 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 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 the entity's preparation and fair presentation of the financial report, the internal control procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. At the end of the audit, the auditor evaluates the reasonableness of accounting estimates made by the Directors, and the overall presentation of the financial report.

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

We believe that the audit evidence we have obtained is sufficient to support our audit opinion.

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Independent auditor's report to the Directors of Maari Ma Health Aboriginal Corporation (continued) Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2006.

Auditor's opinion

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

- (a) giving a true and fair view of the Corporation's financial position as at 30 June 2011 and of its performance for the year ended on that date, and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

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

PricewaterhouseCoopers
PricewaterhouseCoopers

MT Lajczyk
Partner

Adelaide
20 August 2011

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

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation ("the Corporation"), which comprises the balance sheet as at 30 June 2011, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

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

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

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These 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 Corporation's internal control. An audit also includes evaluating the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's opinion

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

(a) giving a true and fair view of the Corporation's financial position as at 30 June 2011 and of its performance for the year ended on that date, and

(b) complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

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

Balance Sheet

As at 30 June 2011

	Notes	2011 \$	2010 \$
Current Assets			
Cash and cash equivalents	8	3,889,437	3,509,926
Trade and other receivables	2	550,464	393,584
Total Current Assets		4,439,901	3,903,510
Non Current Assets			
Property, plant and equipment	3	3,363,171	3,119,779
Total Non Current Assets		3,363,171	3,119,779
TOTAL ASSETS		7,803,072	7,023,289
Current Liabilities			
Revenue received in advance		215,076	531,980
Unexpended grants	5	1,882,688	1,699,574
Trade and other payables		1,528,222	1,435,188
Bank loan		31,200	31,200
Provisions	4	685,311	703,840
Total Current Liabilities		4,342,497	4,401,782
Non Current Liabilities			
Bank loan		113,761	130,567
Provisions	4	134,214	22,040
Total Non Current Liabilities		247,975	152,607
TOTAL LIABILITIES		4,590,472	4,554,389
NET ASSETS		3,212,600	2,468,900
Accumulated Surplus			
Accumulated Surplus		3,212,600	2,468,900
Total Accumulated Surplus		3,212,600	2,468,900

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

Statement of Comprehensive Income

For The Year Ended 30 June 2011

	Notes	2011 \$	2010 \$
Revenue From Continuing Operations			
Grant revenue	5	9,632,507	8,758,501
Medicare and primary health revenue		657,717	343,724
Sundry revenue		257,028	284,769
Bank interest		181,020	86,527
Total Revenue From Continuing Operations		10,728,272	9,473,521
Other income			
Net gain (loss) on disposal of assets		54,623	27,270
Less: Expenditure	6	(10,039,195)	(8,734,293)
Income tax expense		-	-
Net Surplus / (Deficit)		743,700	766,498
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		743,700	766,498

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

Statement of Changes in Equity

For The Year Ended 30 June 2011

Notes	2011 \$	2010 \$
Accumulated surplus at the beginning of the financial year		
Accumulated surplus at the beginning of the financial year	2,468,900	1,702,402
Net surplus / (deficit) for the year	743,700	766,498
Other comprehensive income	-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	3,212,600	2,468,900

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

Statement Of Cash Flows

		2011	2010
	Notes	\$	\$
For The Year Ended 30 June 2011			
Cash Flows From Operating Activities			Inflows / (Outflows)
Receipts from funding providers and customers (inclusive of GST)		11,314,917	11,542,460
Payments to suppliers and employees (inclusive of GST)		(10,474,559)	(9,218,925)
Interest received		181,020	87,064
Net Cash Flow From Operating Activities	8	1,021,378	2,410,599
Cash Flows From Investing Activities			
Payments for property, plant and equipment		(780,424)	(666,467)
Proceeds from sale of property, plant and equipment		155,363	75,272
Net Cash Flows From Investing Activities		(625,061)	(591,195)
Cash Flows From Financing Activities			
Receipt from lender		-	-
Payments to lender		(16,806)	(17,141)
Net Cash Flows From Investing Activities		(16,806)	(17,141)
Net Increase / (Decrease) In Cash And Cash Equivalents Held		379,511	1,802,263
Cash and cash equivalents at the beginning of the financial year		3,509,926	1,707,663
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	8	3,889,437	3,509,926

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

Notes To And Forming Part Of These Financial Statements

1. Summary of Significant Accounting Policies

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

(a) Basis of Preparation of Financial Statements

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

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

The financial report has been prepared in accordance with the recognition and measurement principles of Australian Accounting Standards and other mandatory professional requirements in Australia. It contains only those disclosures considered necessary by the directors to meet the needs of the members.

The financial report is prepared in

accordance with the historical cost convention.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2011 and there is not expected to be any material impact once these Standards are adopted.

(b) Depreciation of Property, Plant and Equipment

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

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

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

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

Buildings	2.5%
Computer equipment	20% - 25%
Plant and equipment	10%
Motor vehicles	0%

(c) Impairment of Assets

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

(d) Revenue Recognition – Grant Revenue

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

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

Notes To And Forming Part Of These Financial Statements

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

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

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

(e) Revenue Recognition – Other Income

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

(f) Cash and Cash Equivalents

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

(g) Trade Receivables

Trade receivables are recognised initially at fair value and subsequently measured at

amortised cost, less provision for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

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

(h) Trade and Other Payables

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

(i) Employee Benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave are recognised as liabilities in respect of employees' services up to the

reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

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

(j) Income Tax

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

Notes To And Forming Part Of These Financial Statements

	2011 \$	2010 \$
2. Trade and Other Receivables		
Current		
Trade debtors	351,410	305,599
Sundry debtors	16,957	10,332
Accrued income	14,848	16,036
Prepayments	167,249	61,617
	550,464	393,584

Notes To And Forming Part Of These Financial Statements

	Freehold Land	Freehold Buildings	Plant & Equipment	Motor Vehicles	Total
	\$	\$	\$	\$	\$
3. Property, Plant and Equipment					
At 1 July 2010					
Cost	15,000	2,121,227	827,159	1,137,341	4,100,727
Accumulated depreciation	-	(222,793)	(399,205)	(358,950)	(980,948)
Net Book Amount	15,000	1,898,434	427,954	778,391	3,119,779
Year Ended 30 June 2011					
Opening net book amount	15,000	1,898,434	427,954	778,391	3,119,779
Additions	-	300,376	123,244	331,970	755,590
Disposals	-	-	(7,279)	(84,822)	(92,101)
Depreciation charge	-	(53,031)	(115,688)	(251,378)	(420,097)
Closing Net Book Amount	15,000	2,145,779	428,231	774,161	3,363,171
At 30 June 2011					
Cost	15,000	2,421,603	884,108	1,145,860	4,466,571
Accumulated depreciation	-	(275,824)	(455,877)	(371,699)	(1,103,400)
Net Book Amount	15,000	2,145,779	428,231	774,161	3,363,171

Notes To And Forming Part Of These Financial Statements

	2011	2010
	\$	\$
4. Provisions		
Current		
Employee entitlements	685,311	703,840
Non Current		
Employee entitlements	134,214	22,040

Notes To And Forming Part Of These Financial Statements

	2011 \$	2010 \$
5. Grant Revenue		
<i>During the year, the Corporation received the following grants:</i>		
Australian Government - OATSIH & Dept. of Health & Ageing	6,286,357	6,310,607
Australian Rotary Research Foundation	-	26,665
Department of Aboriginal Affairs	60,000	-
DEEWR	147,318	83,205
FaHCSIA	368,408	498,210
Fred Hollows Foundation	139,000	300,000
Greater Western Area Health Service	958,966	917,496
ISOAPS/MOAPS	304,874	70,518
NSW Attorney General's Dept., Crime Prevention Div.	77,134	61,017
NSW Dept. of Health	724,309	245,190
NSW Dept. of Human Services	242,736	202,423
Pharmacy Guild	22,327	28,930
The George Institute	29,667	17,800
University of New South Wales	454,525	360,525
University of Sydney	-	50,000
University of Wollongong	-	50,000
	9,815,621	9,222,586
Prior year unexpended grants	1,699,574	1,235,489
Unexpended grants carried forward	(1,882,688)	(1,699,574)
GRANT REVENUE FOR THE YEAR	9,632,507	8,758,501

Notes To And Forming Part Of These Financial Statements

	2011	2010		2011	2010
	\$	\$		\$	\$
6. Expenditure					
Advertising	15,867	3,479	Motor Vehicle Expenses	190,606	204,478
Audit Fees	71,499	54,890	Patient Support Expenses	1,167	1,190
Auditors - Non-Audit Services	2,850	2,650	Peak Health Council Expenses	84,068	60,825
Bad Debts	-	261	Postage	4,323	5,007
Bank Charges	2,630	2,385	Printing and Stationary	83,174	88,153
Cleaning & Domestic Supplies	58,838	61,871	Rates and Charges	7,243	5,778
Community Activities	346,282	367,038	Rent of Premises	43,387	34,230
Consumables	26,357	22,677	Repairs and Renewals	239,012	160,212
Consultants' fees	89,769	171,974	Salaries and Wages and On-Costs	5,933,414	5,007,613
Depreciation	420,097	349,356	Security Services	2,147	2,371
Electricity, Gas & Water	45,828	36,790	Staff Amenities	6,559	8,844
Health Systems Support	30,900	24,116	Staff Recruitment	93,592	29,460
Insurance	31,112	34,484	Staff Training	294,461	199,996
Interest	14,490	14,087	Staff Uniforms	1,478	2,551
Legal Expenses	12,015	1,623	Telephone Expenses	88,153	80,514
Medical & Dental Costs	1,398,739	1,322,532	Transcription Services	99	5,231
Meeting Expenses	11,273	32,464	Transport Services	100,000	100,000
Membership & Subscriptions	5,892	4,811	Travel and Accommodation	251,355	210,782
Miscellaneous Expenses	7,538	1,589	Youth Hall Expenses	3,527	1,517
Miscellaneous Foodstuffs	19,454	16,464			
			TOTAL EXPENDITURE	10,039,195	8,734,293

Notes To And Forming Part Of These Financial Statements

	2011 \$	2010 \$
7. Remuneration of Auditors		
(a) Audit Services		
PricewaterhouseCoopers Australian firm		
Audit and review of financial statements	71,499	54,890
(b) Non-Audit Services		
PricewaterhouseCoopers Australian firm		
Audit of regulatory returns	-	-
Tax compliance services	2,850	2,650
	2,850	2,650

Notes To And Forming Part Of These Financial Statements

	2011 \$	2010 \$
8. Cash Flow Information		
Reconciliation of Cash and Cash Equivalents		
Cash and cash equivalents at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Petty cash	1,700	2,200
Cash at bank	3,887,737	3,507,726
Balance Per Statement Of Cash Flows	3,889,437	3,509,926
Reconciliation of Net Cash Flows from Operating Activities to Operating Surplus (Deficit)		
Operating surplus (deficit)	743,700	766,498
Depreciation	420,097	349,356
Increase (decrease) in unexpected grants	183,114	464,085
Net loss (surplus) on sale of non-current assets	(54,623)	(27,270)
(Increase) decrease in trade and other debtors	(156,880)	180,435
Increase (decrease) in trade creditors	109,229	183,768
Increase (decrease) in other operating liabilities	(316,904)	411,527
Increase (decrease) in provisions	93,645	82,200
NET CASH FLOWS FROM OPERATING ACTIVITIES	1,021,378	2,410,599

Notes To And Forming Part Of These Financial Statements

9. Segment Information

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

10. Economic Dependency

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

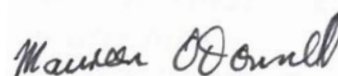
Directors' Declaration

In the directors' opinion:

- (a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (b) the financial statements and notes set out on pages 1 to 13 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007, including:
 - (i) complying with Accounting Standards and other mandatory professional reporting requirements, and
 - (ii) giving a true and fair view of the Corporation's financial position as at 30 June 2011 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 25 August 2011.

Maureen O'Donnell
Director



Broken Hill

Dated this 25th day of August 2011

LOWER WESTERN SECTOR

Lower Western Sector

Balranald Multi-Purpose Service

The completion of the \$13.9 million Balranald MPS development was a major achievement for this year. The new facility was officially opened by the Hon Christine Robertson MLC on the 16 March 2011. Construction was undertaken by Sydney-based Company Richard Crookes Construction and was commissioned on 15th September 2010.

With the new building completed Balranald Hospital became the Balranald Multi Purpose Service. The Multipurpose Service Program is an initiative jointly funded by the Commonwealth and State. The objective is to provide improved access to a mix of health and aged care services to meet the needs of small rural and remote communities.

The Balranald MPS delivers acute care, emergency care, community health and residential aged care services on the one site. This means health services at Balranald are more accessible and better coordinated to meet the needs of the community.

During 2010 – 2011, 1092 patients were seen in the Emergency Department and there were 2950 outpatient occasions of service, with child & family health (636 occasions of service), wound management (432) and Aboriginal health (230) the busiest services.

Balranald Primary Health Care

The Primary Health Care team at Balranald continues to deliver high quality community based programs.

The Healthy Start team provides universal home visits, and statewide eye screening for 4yr olds in conjunction with Otitis Media screening. Of particular note is the excellent result Balranald has achieved with child & family health immunisation rates for this year which were at 96%.

The Keeping Well team is actively involved in exercise physiology sessions and the delivery of a lifestyle modification program "Reset Your Life" for prevention of Type 2 diabetes.

In addition, staff were involved with a number of community promotion projects such as Women's International Day celebrations, Walk to Work Day and White Ribbon Day.

Balranald Primary Health Care team has been challenged in some areas this year as both Aboriginal Health Workers have been on long term leave. This situation will be rectified by October 2011.

Balranald and Dareton commenced using a new Ferret database to record occasions of service and as a client record. From July 2010 – June 2011 staff provided 5314 occasions of service to the community.

Dareton Primary Health Care Centre

Dareton's Healthy Start team continues to provide universal home visits, and statewide eye screening for 4yr olds in conjunction with

Otitis Media screening. The Dareton region had 25 Aboriginal births and 58 non Aboriginal births in this financial year.

The Keeping Well team kept busy with weekly attendance at the Elders flats for advocacy, referral appointments and education, and working with Home Care to coordinate group social activities.

The newly refurbished dental clinic in Dareton is very busy with a weekly clinic.

The 12 week Aboriginal women's group program "Healthy Eating Builds Healthy Families" had good attendance.

The Aboriginal health workers had involvement in the Coomealla High School Health Careers day for Indigenous students.

Aboriginal Health Worker, Gary Hamence is at present completing a course in Front Line Management. Gary also acted as a preceptor for Aboriginal Health Worker – Kelly Williams who completed Certificate IV in Aboriginal Torres Strait Islander Primary Health Care (Practice) with distinction on 20th December 2010. Kelly has used this as a stepping stone and is now employed as service coordinator of Aboriginal Home Care Services for our area and continues to work closely with the Dareton team to provide services for our clients.

Another two of our Aboriginal health workers have completed Certificate III in Dementia Care.

Dareton Primary Health care team was the very proud recipient of the highest score in the NSW Health Occupational Health & Safety & Injury Management Profile, achieving a result of 98%.

Other significant staff achievements this year were the additional qualifications staff obtained. Two registered nurses (RN) became specialists in dementia care, 2 RNs studied aged care, 2 RNs became aqua aerobic instructors, 2 RNs became accredited nurse immunisers and the sexual health nurse completed her certificate in Sexual Health & Venereology.

Dareton PHC clinic provided 10820 occasions of service this financial year. Aboriginal transport assisted 1845 clients who were without access to a vehicle and transported them to medical appointments.

Ivanhoe Health Service

For the past three years Ivanhoe Health Service was managed by the nurse managers at Menindee and Wentworth Health Services.

This year with the creation of the Far West Local Health District, a permanent health service manager was recruited for this post. Kathy Farlow, a registered nurse working in the district on a casual basis, was appointed.

Ivanhoe continues to provide an extensive primary health care/chronic disease management program with two Aboriginal health care workers dedicated to this role. Apart from weekly clinics from the Royal Flying Doctor Service (RFDS) doctors, Maari Ma Health also provides chronic disease clinics on a regular basis. Ivanhoe Health Service gave care to 4198 people this year, mainly general medicine with 1247 occasions of service, Aboriginal health 970 occasions of service and primary health care 359.

Ivanhoe has difficulty recruiting permanent

staff and relies heavily on agency and casual nurses.

Menindee Health Service

Menindee Health Service continues to deliver an extensive primary health care service to the community, providing 10020 occasions of service this year (an increase of 3%). While general practice type presentations generated the highest numbers (2112 for the year), wound management occasions of service numbered 484, Aboriginal health 491 and immunisations recorded 347.

Staff achievements for this year include the graduation of a trainee Aboriginal health worker, who has now been employed full time as a qualified health professional, and the recruitment of a Transitional Nurse Practitioner (TNP) in Chronic Care. The TNP will be providing a regional service in conjunction with Maari Ma and the RFDS.

New services introduced this year were a cardiac rehabilitation program and Tai Chi groups. Staff also taught the Core of Life program with school and post school adolescents.

Ongoing education was a priority for Menindee this year, with staff attendance at the Area Health Service Nurse Practitioner Cardiology Education day, the Nurse Practitioner National Education day in Canberra, a perinatal conference in Hobart, the Rural and Remote Allied Health conference in Albury and the National Diabetes conference in Sydney.

Menindee is one of 5 health services that runs the Ambulance Service for their communities,

along with Wilcannia, White Cliffs, Ivanhoe and Tibooburra.

In each facility two staff are rostered on call (a nurse and a support officer) and they are tasked by the NSW Ambulance Coordination Centre to respond to ambulance calls in the same way the NSW Ambulance full time staff are.

Menindee is fortunate to have 7 volunteer ambulance officers, 5 of whom are health service staff. These 5 do on call for ambulance as volunteers on top of the on call they do for the Health Service.

Tibooburra Health Service

The Health Service manager position was re-established this year after being in review for over 2 years. Patricia Johnson, a registered nurse working in Wilcannia, was appointed to the position.

The Tibooburra community is very small but the isolation and large tourist numbers make the Health Service vitally important in this region. Tibooburra is one of the communities where the Health Service staff provide the ambulance service and they can be called to areas such as Cameron's Corner when necessary.

There were 672 patients who saw the medical officer (from the RFDS) in Tibooburra this year, with 408 people presenting to the Emergency Department with an acute illness.

Tibooburra Health Service has difficulty recruiting permanent staff and relies heavily on agency and casual nurses.



Wentworth District Hospital

Wentworth District Hospital has had a busy 12 months providing inpatient, emergency, HACC (Home & Community care) services, day care and meals to the Wentworth Shire.

Three major audits were successfully completed, including Numerical Profile, NSW Food Services and the Clinical Excellence Commission. Excellent results were achieved in each area.

Wentworth Hospital community activities this year included the Easter Appeal, which raised \$7,000, participation in Shire workshops, participation in Coomealla Health Aboriginal Corporation (CHAC) drug and alcohol day, and attendance at the Sunraysia Infection Control Group and Local Emergency Management Committee.

Infrastructure upgrades to the building were the installation of new Early Warning Incident System (EWIS), installation of new Duress Alarm System, replacement of white ant damaged walls and flooring, installation of the Video Conferencing Unit, and the purchase of new Philips Monitors for the Emergency Department.

Wentworth District Hospital provided 5371 occasions of service in this financial year, of which 3018 were related to the HACC service.

Wilcannia Multi Purpose Service

NSW Health and the Commonwealth Department of Health & Ageing agreed from the 1st April 2011 that Wilcannia Hospital would

become a true Multi-Purpose Service (MPS), funded by a combination of approved high care and community aged care places.

As Wilcannia is one of two sites in NSW designated for Remote Service Delivery (RSD) under the National Partnerships Agreement, health service staff are actively working with the RSD agents and participating in the Wilcannia Interagency group meetings.

Wilcannia Multi-Purpose Service staff also hold positions on the local disaster committee.

The Health Service building suffered considerable damage during storms early in the year. The facility was closed to inpatient admissions due to mould and water damage for one week.

Remedial work has now been completed with new roofing installed and internal refurbishment. Four patient bedrooms have been fitted with split system air conditioners.

Due to high numbers of long stay patients in Broken Hill Health Service, the Far West Local Health District Executive resolved to utilise all of the aged care beds in the district to ensure as many acute care beds as possible were available. This meant transferring patients from Broken Hill to facilities such as Wentworth and Balranald. To date 1 patient has been transferred to Wilcannia MPS for placement.

In the past year, 5 Wilcannia nurses have completed the Volunteer Ambulance course. The Deputy HSM completed the FLEC course, two enrolled nurses are completing their Bachelor of Nursing, and the HSM completed a Masters of Clinical Nursing and the Advanced Remote Emergency Care Course (CRANA).

Wilcannia MPS delivered 4461 non-admitted occasions of service last year through its Emergency Department, which included acute presentations, wound management, and pathology collections. The Primary Health Care team provided 8927 occasions of service to community clients, largely through the chronic disease clinics, 753 occasions of service specifically to Aboriginal health, 671 services in child & family health, and 197 in diabetic education.



PARTNERSHIPS

Partnerships

This year has seen a number of changes in the broad health landscape. Our previous mainstream partner, Greater Western Area Health Service, is no more and became Far West Local Health District on the 1st of January 2011. We have also worked with our partners in the Broken Hill Centre for Remote Health and the Outback Division of General Practice to develop a proposal to put to the Commonwealth regarding a Medicare Local for the far west of NSW. We await the outcome of the Commonwealth's deliberations on this.

Maari Ma continues to attend and support the Broken Hill Centre for Remote Health (CRH) alongside the other pillar agencies of the RFDS (SE Section), Sydney University Department of

Rural Health (Broken Hill), Riverina Division of General Practice (incorporating Barrier Division), and Far West Local Health District.

Our partnership with Save the Children Australia continues in the delivery of an intensive supported playgroup in Wilcannia, funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA), for a further three years. We have also extended our partnership with the Broken Hill TAFE campus regarding the use of their Playhouse for the Healthy Start Playgroup. Western Institute of TAFE has also been a strong partner in conjunction with Maari Ma's staff in the delivery of training to our cohort of Aboriginal health worker trainees – our recently graduated health workers and our new cohort of trainees.

We continue to work closely with the people of Wilcannia, the Wilcannia Community Working Party, the Department of Aboriginal Affairs, FAHCSIA and other government and non-government agencies to improve services and outcomes for that community through the Remote Service Delivery framework.

This has been another busy year for our involvement with research, training and professional development alongside our various partners, both formal and informal. All of these activities support and enhance our active work towards Maari Ma's strategic goals: best practice in everything we do, supporting Aboriginal leadership, and developing and maintaining partnerships and mainstream engagement. We will continue to strive to meet and exceed these goals.



MAARI MA STAFF

Chief Executive

Bob Davis Chief Executive Officer

Executive Support

Haylee Rogers Governance Support Officer

Public Health

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Margaret Ann Cook Project Manager

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Lee-Anne Philp Finance Office Team Leader
Shane Hayward Finance Officer
Bobbie Slater Finance Officer
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CSRP Project Officer
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Youth Worker
Youth Worker
Youth Worker
Casual Youth Worker
Casual Youth Worker
Secretary Wilcannia CWP

Regional Primary Health

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General Practitioners
David Rowlands General Practitioner
Katherine McInroy General Practitioner

Visiting General Practitioners

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Vic Carroll General Practitioner
Michael Nugent General Practitioner
Peter Saunders General Practitioner

Transition Project

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Lisa Kelly Client Services Assistant
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Graham Archer	PMHAOD Worker
Peter Crossing	PMHAOD Worker
Lisa Kickett	Trainee PMHAOD Worker
Fiona Burrows	PMHAOD Worker
Carly Pollard	Dietitian
Mark Lee	Dietitian
Marjorie Bugmy	Casual Cook
Lorina Johnson	Casual Cook
Morna Johnson	Casual Cook
Roslyn Johnson	Casual Cook
Leanne Martin	Healthy Start Cook
Jade Shillingsworth	Casual Cook
Rebecca Shillingsworth	Casual Cook
Samantha Shillingsworth	Casual Cook
Pauline Whyman	Casual Cook

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Kelly-Anne McGowan	Practice Nurse
Wendy Riley	Practice Nurse
Sari Cummings	Primary Health Nurse
Gina Faulkner	Primary Health Nurse
Colin O'Donnell	Primary Health Worker
Michael Spencer	Primary Health Worker
Shannon Hinton	Trainee Primary Health Worker
Codi King	Trainee Primary Health Worker
Christopher O'Donnell	Trainee Primary Health Worker

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Belinda King	Trainee Primary Health Worker
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Tracy Hesketh	Primary Health Nurse
Johm Perfecto	Primary Health Nurse
Reannan Whyman	Trainee Administrative Officer

Menindee

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Prisceetima Stephens	Trainee Primary Health Worker
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