

Annual Report 2007/2008



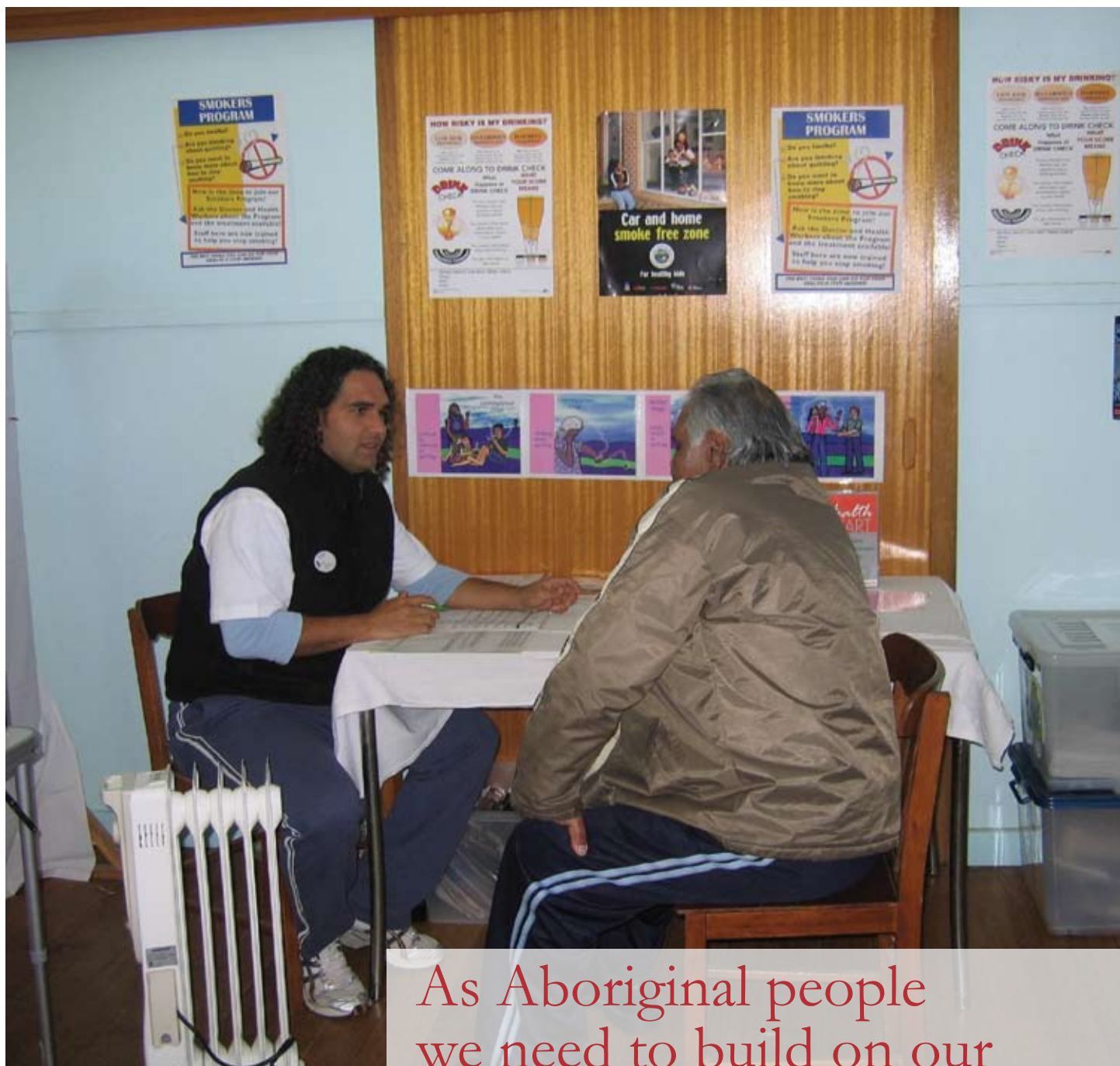
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As Aboriginal people we need to build on our knowledge of land, culture and family and to use that knowledge to provide opportunities for healing and building strength.

Maari Ma Board Level Strategic Direction Building and Sustaining Healthy Individuals, Families and Communities



Vision Statement

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

Purpose

Maari Ma has existed for a decade now, more if the time leading to our establishment is counted. This Strategic Plan is for the Maari Ma Board to provide the direction for the Corporation over the next five years.

Much has been achieved. We have improved the access of our people to health services and their treatment by them. We have set up and run our own primary health clinic in Broken Hill and increased the employment of our people in health services.

In 2007 Maari Ma won the NSW Minister for Health Award for our Management Agreement with the Area Health Service under which Maari Ma runs local health services in our remote communities. We also won the 2007 National Excellence in Indigenous Health Award for the same program. Our chronic disease strategy was one of the first in NSW and continues to define our leadership in Aboriginal health. Our people talk about health more and they have higher expectations of health services, including our own.

But there remains much to do. We want to continue as leaders in developing the health of our people: especially in adult chronic disease, in maternal and child health and in social and emotional wellbeing. We know that we need to continue with very basic services without which our people do not access health.

We want to continue to define our relationships by respect and honesty, with our partners and with our communities. We want to attract more of our people to careers in health and to participation in our community activities. We want to partner with the leaders in Aboriginal health across the nation.

We also want to build on our leadership in health service development to explore other aspects of our healing.

As Aboriginal people we need to build on our knowledge of land, culture and family and to use that knowledge to provide opportunities for healing and building strength. We want to support our young people to understand and operate in the mainstream community, safe and secure in their knowledge of who they are and where they come from.

We know that we are the only people who can tackle our own problems and create our own future. Maari Ma wants to play its part in doing this.

Our Role

Maari Ma is a leader and a partner, winning respect and showing it to clients, community and other organisations, and providing services that reflect best practice to the communities in our region.

We have improved the access of our people to health services and their treatment by them.





Key Result Areas

- One: Striving for best practice in everything we do.
- Two: Develop Aboriginal leadership.
- Three: Consolidate Maari Ma's social and community programs as a core part of our business.
- Four: Address the implications of increasing growth and maturing of our organisation.
- Five: Developing and maintaining partnerships and mainstream engagement.

Note: Copies of the full Strategic Plan are available from the Regional Office.

Board members both individually and collectively bring to Maari Ma many years of experience in Aboriginal corporations.

Our Board



The Maari Ma Board is democratically elected from 7 communities around the region. Board members are from Broken Hill, Ivanhoe, Balranald, Menindee, Wilcannia and Wentworth shires, and Tibooburra for the unincorporated area. Elections are held every three years with the most recent in 2007.

Board members are key representatives of their communities. They are responsible for setting the strategic direction for Maari Ma and for raising the issues of their communities to be addressed by executive staff. At least six meetings are held per year at which members receive reports from all senior staff including a financial report. The Board takes seriously its corporate governance role and has a strong commitment to financial accountability.

Board members both individually and collectively bring to Maari Ma many years of experience in Aboriginal corporations. This experience has helped shape the organisation and ensures that Maari Ma maintains its focus on community needs.



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 and is from a family of 9, she is a grandmother of 47 children and great grandmother to 13 children. 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 Itha Mari Development Company and a Board member of the Murdi Paaki Regional Housing Corporation. Des has 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.

Board members are key representatives of their communities.





Gloria Murray is a Baarkintji elder residing in Balranald. Gloria is currently a member of the local ASSPA committee and 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 Ngilyampaa – Baarkintji woman residing in Ivanhoe. Fay has been employed for 26 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 Health Advisory Council and is a 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 25 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 yrs, holding positions as secretary and chairperson. Cheryl is now on the new Board of Management for Menindee Local Aboriginal Land Council as the Vice Chairperson. 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.



Warlpa Thompson is a Pantjikali man who currently resides in Wilcannia. Warlpa has a particular interest in language and culture and has worked at Mutawintji and other national parks in the region. Warlpa is an active member of the Wilcannia community, involved in various cultural, political, social and sporting activities. Warlpa is currently employed by the Fred Hollows Foundation as the Indigenous Project Coordinator for Far Western New South Wales. Warlpa is also the immediate past chairperson of the Wilcannia Community Working Party. Warlpa commenced his role with the Maari Ma Board in 2006.



I would like to thank all Maari Ma staff for their good work over the past year and encourage them to continue to deliver a high standard of work.

Chairperson's Report



This year we have spent time putting together our Strategic Plan for the next 5 years. The plan sets goals for Maari Ma to achieve and aims to improve the health of Aboriginal people and bridge the gap. The Strategic Plan will be released in a published format later in 2008.

It is obvious to the Board of Directors that Maari Ma's health program is progressing quite well in the northern part of our region, particularly for our communities of Broken Hill, Menindee, Wilcannia, White Cliffs, Ivanhoe and Tibooburra. But we still have challenges to meet in the southern part of our region, particularly in the Wentworth and Balranald Shires. While we manage the Greater Western Area Health Service (GWAHS) sites under our Partnership Agreement with GWAHS we are prohibited from applying for Commonwealth funding through the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to deliver our programs in the southern part of our region.

This is a situation we will be attempting to address in the near future as it is unacceptable to our Board that Aboriginal people in the south of our region can't access the same programs we are delivering in the northern part of our region.

In order to begin working towards better services in the south we have established our 'southern' administration office to give Maari Ma a presence in the community. We will be working in particular with Mallee Family Care to enhance the partnership that we currently have with that organisation.

On other fronts we have been successful in recruiting two new GPs to lead our chronic disease work in the northern part of our region. We are hoping that going forward we will be able to recruit more GPs to work with us.

As many would be aware Haythorpe Station has been acquired for Maari Ma by the Indigenous Land Corporation (ILC). Negotiations with the ILC about a lease are ongoing. Haythorpe forms a key part of our Strategic Plan for the next 5 years.

I would like to thank all Maari Ma staff for their good work over the past year and encourage them to continue to deliver a high standard of work.

I would like to thank my fellow Directors for their commitment to Maari Ma and would also like to acknowledge the efforts of Des Jones who has been Chairperson of the organisation for the last 9 years. For a couple of years now we have had a vacancy on our Board for a Director from Tibooburra. The Board is keen to recruit a Director from that community and will continue to work with the Tibooburra people to find a representative.

In order to begin working towards better services in the south we have established our 'southern' administration office to give Maari Ma a presence in the community.

Maureen O'Donnell
Chairperson





Also in May we held an Aboriginal Child Wellbeing and Development forum dealing particularly with the needs of children aged 0 – 8 years.

Regional Director's Report



The last 12 months have been hectic with a number of major events occurring. In July 2007 we took 4 out of 11 awards at the NSW Health Aboriginal Health Awards – including the Director-General's Award and the Minister for Health's Award – the latter being for the Partnership Agreement between Maari Ma and Greater Western Area Health Service (GWAHS). Also in July Maari Ma played host to the Geelong Grammar School AFL First XVIII, when the Far West Indigenous All-Stars played them as a curtain raiser to a representative game in Broken Hill. The visit sought to highlight the importance of a good education and also to let the local community know that there are opportunities for some young Indigenous people to attend Geelong Grammar.

In November we signed the new Management Agreement for the Remote Cluster sites outside of Broken Hill with the Greater Western Area Health Service (GWAHS). GWAHS Chief Executive Claire Blizard was in Broken Hill for the signing of the Agreement, which will run for another five years until 2012. Later that month Maari Ma was honoured with a National Excellence in Aboriginal Health Award, again for the Management Agreement partnership with GWAHS.

In February of this year we witnessed the Prime Minister's apology to the Stolen Generations. This was a significant national event that we in our region, who were not able to go to Canberra, were able to share through the live television broadcast.

In May 2008 the Centre for Remote Health – a partnership between Maari Ma, Greater Western Area Health Service, Royal Flying Doctor Service, Sydney University Department of Rural Health and the Barrier Division of GPs – hosted the Rural and Remote Aboriginal Chronic Disease Conference in Broken Hill. Much of the organisation of this event was driven by the GWAHS Aboriginal Health management team, led by Linda Williams, and it turned out to be a very successful event. There were many excellent keynote speakers and for Maari Ma it provided a great vehicle to highlight the excellent work that we do across our region.

Also in May we held an Aboriginal Child Wellbeing and Development forum dealing particularly with the needs of children aged 0 – 8 years. The forum highlighted just how important these formative years are and demonstrated the need for health, education and community service programs to be working together to improve outcomes for young children.

During this last year I have had the opportunity to present to a GP Conference in Melbourne and the Healthy for Life Conference in Adelaide to again draw attention to the innovative work Maari Ma is doing in our region.

In November we signed the new Management Agreement for the Remote Cluster sites with the Greater Western Area Health Service. The agreement will run until 2012.





Maari Ma has recruited three new GPs in partnership with the Royal Flying Doctor Service to focus on supporting our chronic disease program. This is an exciting development for Maari Ma and the RFDS partnership.

We also completed our Strategic Plan for the period 2008-2013. This plan will drive our priorities for the next 5 years.

As you can see it has been a busy year. During 2007 – 08 the Board of Director's positions came up for election, as they do every 3 years. This year we saw a change in the Chairperson's role, when Maureen O'Donnell succeeded Des Jones; Des had been the Chair of Maari Ma for the last 9 years and over this period Maari Ma has grown significantly, both in program development and in reputation. Des provided progressive leadership during his 9 year term and I would like to thank him for his commitment and contribution over that period. Des remains on the Board as Deputy Chair.

Maureen O'Donnell has come into the Chairperson's role following the election and she brings with her a significant amount of experience in Aboriginal affairs. I wish her all the best in what is increasingly a very demanding role.

I look forward to continuing to work in a productive way with all the Maari Ma Directors in striving to improve the health of Aboriginal people in our communities.

Richard Weston
Regional Director



The conference raised awareness of the importance of preventative and early intervention strategies in chronic disease management.

Chronic Disease Conference



In May this year Broken Hill became host to some of the top chronic disease experts in the nation when a two day conference was held in the Silver City to focus on what is now one of the greatest challenges facing health care systems in the world – chronic disease.

The 2008 Rural & Remote Aboriginal & Torres Strait Islander Chronic Disease Conference titled *Better By A Country Mile; Solutions to Aboriginal Chronic Disease in Rural and Remote Australia* attracted nearly 230 delegates from throughout Australia

and New Zealand predominantly from the health care sector. It was hosted by the Centre For Remote Health, which comprises of Maari Ma, Greater Western Area Health Service, University of Sydney Department of Remote Health, Broken Hill, the Royal Flying Doctor Service and the Barrier Division of General Practice

Maari Ma's strategic direction has been focused on chronic disease for several years now with the priority of the Far West Chronic Disease Strategy firmly on prevention, early intervention and management. Maari Ma is the lead site in NSW for the national Audit and Best Practice of Chronic Disease (ABCD) Project.

It was therefore no surprise that a significant number of Maari Ma staff presented papers at the conference side by side with the keynote speakers who are at the forefront of chronic disease work in Australia.

A Plenary address by Dr Christine Connors who is the Program Director, Northern Territory Preventable Chronic Disease program, NT Department of Health & Community Services had an emphasis on early detection and management of chronic disease. Dr Connors - a general practitioner and public health physician, has been working in the Northern Territory for more than 20 years. Her work has involved shifting the focus of remote clinic staff from acute re-active care to planned pro-active care to reduce the morbidity and mortality from chronic diseases.

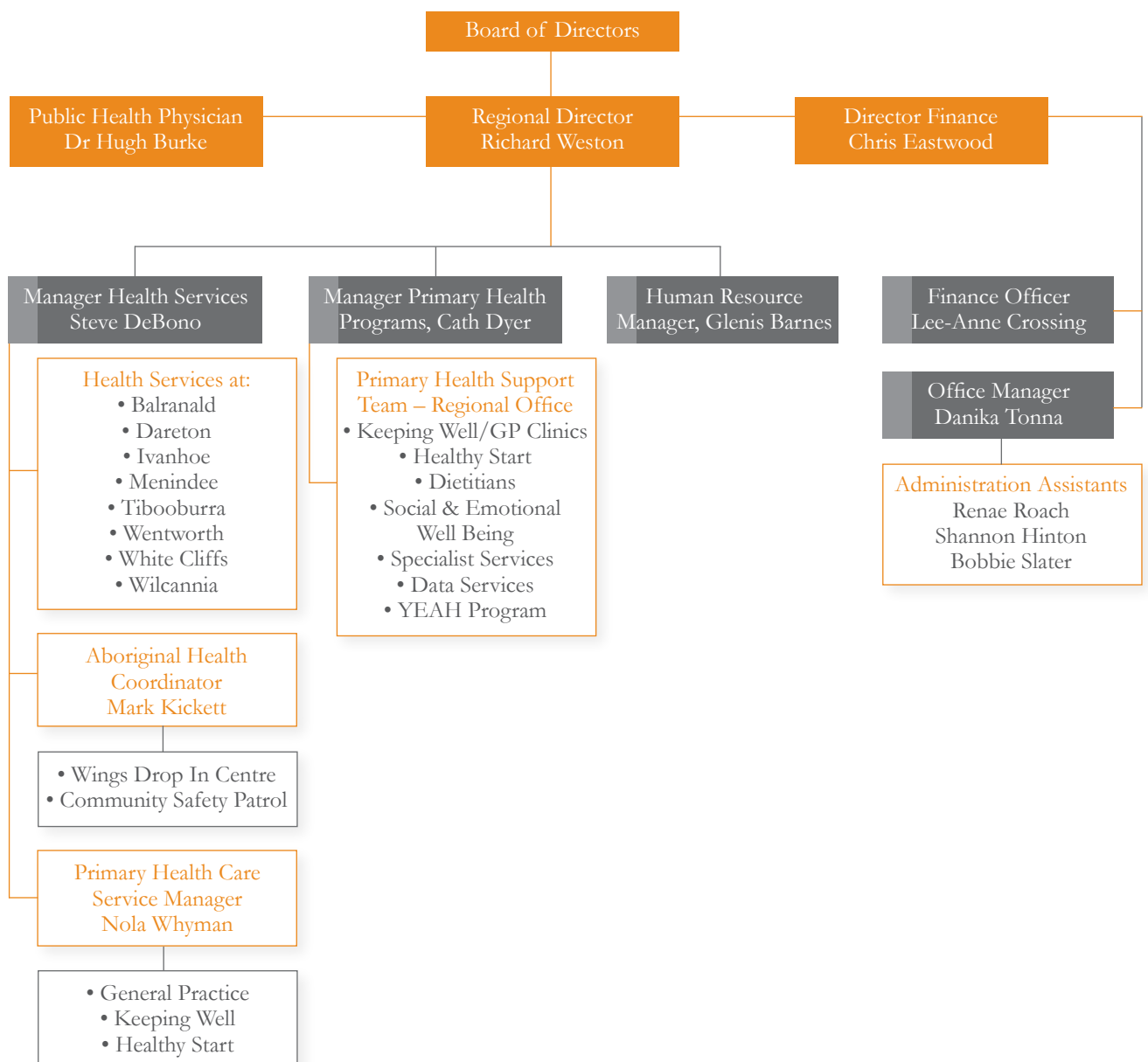
Dr Ross Baillie, Senior Principal Research Fellow at Menzies School of Health Research, Darwin, focused on strategies to improve the capacity of service staff to identify local priorities and develop plans. Dr Baillie is a driving force behind the ABCD project.

Other keynote speakers included Dr Mark Wenitong - Senior Medical Officer, Cape York Health Council (Apunipima), Dr Carmel Nelson - Medical Director, Kimberley Aboriginal Medical Services Council and Dr Andrew Bell - Public Health Physician and General Practitioner, Katherine West Health Board Aboriginal Corporation. Former Australian Senator, Mr Aden Ridgeway gave the final keynote address on the last day of the conference. This was an inspirational speech that focused on how Australia should better recognise Aboriginal people and how to really commit to closing the gap.

The conference raised awareness of the importance of preventative and early intervention strategies in chronic disease management. It showed that improved health outcomes resulted from integrated service delivery models and it emphasised the need for collaboration and sustainable partnerships. Importantly it provided an opportunity for health professionals to showcase success and share best practice which Maari Ma was aptly able to do within this national arena. The 2008 Rural & Remote Aboriginal & Torres Strait Islander Chronic Disease Conference was a clear endorsement of Maari Ma's Chronic Disease Strategy developed in 2005 and reaffirmed that we are on the right path to improving Aboriginal health.



Organisation Chart



Health Services' Report, Maari Ma Region



Primary Health Programs

The framework of the Chronic Disease Strategy continues to provide focus and purpose to primary health care delivered across the Maari Ma region of Far West New South Wales. Maari Ma's commitment to improving the health of Aboriginal people in this region is demonstrated by implementation of this whole of life strategy in a primary care setting supported by best practice evidence.

Healthy Start

The Healthy Start program within the Chronic Disease Strategy is designed to encourage children and their families to recognise and choose healthier attitudes and habits and therefore reduce the incidence of lifestyle-related chronic disease in later life – giving children the best possible start to life.

This year School Kids Health Checks were conducted in Wilcannia, Menindee and Ivanhoe. The Checks were looking at ears, teeth, height, weight, BMI, and a nutrition quiz. Individual reports were provided to the children, and a community report was issued to the school and to the Community Working Party. Now with a second child and family nurse on board and ten enrollees from across the region undertaking the Child and Family Health Graduate Diploma from Charles Darwin University our ability to further positively impact on child health will be enhanced. The course is being delivered by distance education and direct teaching blocks in Broken Hill.

The oral health program continues with a dental therapist and newly qualified dental assistant joined briefly by a dentist. The program focuses on protecting and preserving children's teeth through the popular and successful 'Clean Teeth Wicked Smiles' school tooth brushing program, and interactions with parenting groups, pre-schools and through referrals from the Healthy Start teams.

The formal agreement with GWAHS regarding the Aboriginal and Maternal Infant Health Strategy in Broken Hill and Wilcannia has been extended to include a community midwife and primary health care worker team in Dareton.

The Audit and Best Practice in Chronic Disease (ABCD) project continues to indicate improving results in our Healthy Start program. It shows that the almost total coverage of children receiving scheduled services has improved as well as timeliness of service delivery (how close to the due date a service is delivered).

Dr Garth Alperstein, a community paediatrician, has been providing guidance to the Healthy Start program this year and was a compelling speaker at an Aboriginal Child Development and Well-being Forum Maari Ma held in Broken Hill in May. Setting out the research evidence behind a number of interventions such as literacy, parenting and school readiness programs now available, the broad range of service providers in attendance agreed that a concerted effort to work together was required to see improved outcomes for Aboriginal children. A regional group has been established, co-chaired by Maari Ma and NSW Education, to see this commitment become a reality.

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Keeping Well

Multidisciplinary case management of adults on Chronic Disease Care Plans continues across the region with input from specialist nursing, medical, mental health and allied health staff. There are regular in-service sessions, refresher training and practical support for front line staff delivering the primary health care model of service delivery for people with a chronic disease. This includes brief interventions around smoking, nutrition, alcohol, physical activity and emotional well-being.

This is Maari Ma's third year of involvement in the ABCD project. The ABCD is a continuous quality improvement program developed and supported by the Menzies School of Health Research and the Northern Territory Department of Health and Community Services. It aims to improve health outcomes by helping health services to improve their systems for delivery of best practice care. The ABCD approach uses successive annual 'Plan-Do-Study-Act' cycles.

Health System Support

ABCD results show us that health services in our region continue to improve their delivery of scheduled services to people with diabetes. In more than three years the average for the region has increased significantly from 51% to 68%, with Menindee Health Service reaching 91% in 2007. Clinical management of people with diabetes also continues to improve with the proportion of people with well-managed blood pressure (BP<130/80) increasing from 15% to 33% over the three audit cycles.

Services identified their goals for 2008 as improved use of electronic recall systems, the introduction of self-management tools for diabetic clients and improved recording of current medications for people with a chronic illness.

This year Maari Ma formalised its agreement with GWAHS for the provision of primary mental health and drug and alcohol services. The agreement enables us to integrate mental health and alcohol interventions and care into the chronic disease services. Maari Ma also formalised an agreement with The Lyndon Community (a withdrawal and rehabilitation service) for the provision of an addictions medicine service, including staff education. This agreement enables us to deliver screening to detect risky alcohol consumption and provide the necessary follow-up services.

A joint Advisory Group with membership from Maari Ma, GWAHS, Broken Hill University Department of Rural Health and NSW Health was established to evaluate and improve the Smokers Program. The program is now delivered in seven communities across the region.

ABCD results show us that health service in our region continue to improve their delivery of scheduled services to people with diabetes.





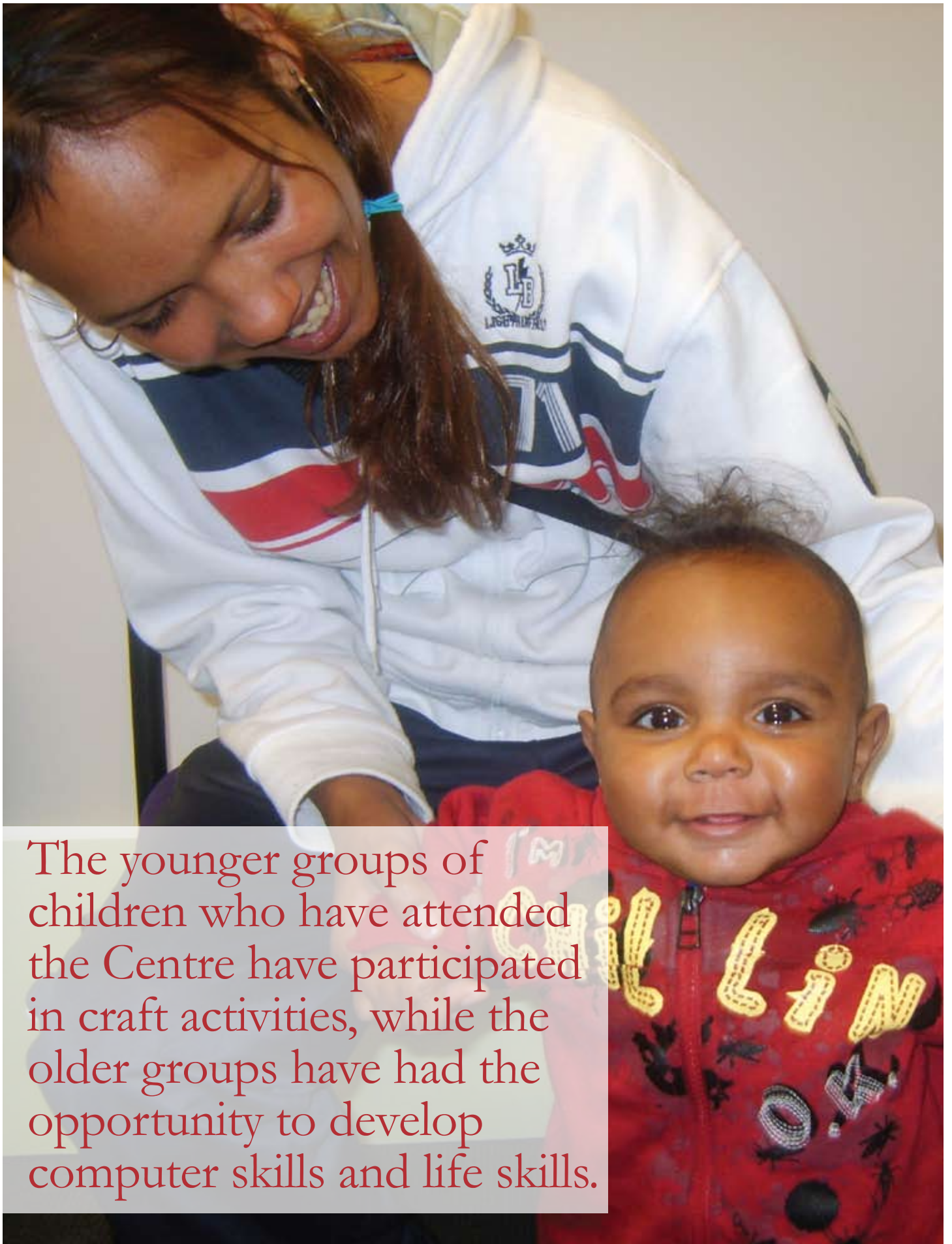
Significant planning and preparation has been done to include general practitioners' focussing specifically on chronic disease into our case management. The new doctors are being recruited in conjunction with our partners, the Royal Flying Doctor Service, and will work closely with local case managers to improve the medical management of chronic disease. We were also successful in finding and funding medical specialists to provide outreach within our region: obstetrician/gynaecologist, paediatrician, ophthalmologist, and addictions medicine physician.

Health information of individuals and the population is important to enable appropriate care of clients and planning of services across the region. A lot of work has gone into updating population lists in each community to ensure accurate reporting and delivery of services. The Maari Ma Primary Health Care Service in Broken Hill is also implementing a paperless medical record to ensure that all clinicians are accessing a single repository of the most up to date information on any client. This is a very challenging project but it is the way of the future and all staff are supportive of the changes and are keen to make it work.

A large number of Maari Ma staff had papers chosen for presentation at the Aboriginal and Torres Strait Islander Rural and Remote Chronic Disease Conference held in Broken Hill. This enabled a showcasing of the various aspects of our approach to chronic disease and was favourably received by the large audience. This conference and other national gatherings specific to Aboriginal health and chronic disease held during the year proved Maari Ma to be an organisation of equal standing with some of the more experienced Aboriginal health organisations across Australia.

Significant planning and preparation has been done to include general practitioners' focussing specifically on chronic disease into our case management.





The younger groups of children who have attended the Centre have participated in craft activities, while the older groups have had the opportunity to develop computer skills and life skills.

The Service continues to have Healthy Kids Days quarterly and encourages parents to get their children to regular child development checks and have regular lead testing.

Primary Health Care Service – Broken Hill



Implementation of Medical Director and paperless system

Since January 2008 the Primary Health Care Service has been moving toward a paperless medical record system. This means that all client care is recorded on an electronic program. The program all clinical staff use is called Medical Director. This new medical record management system ensures all staff who care for clients have a comprehensive picture of all illnesses the client may have and will therefore be able to give relevant and adequate care.

Accreditation

An accreditation survey through the Australian General Practice Accreditation Limited program was conducted at the Broken Hill Primary Health Care Service on 19th July 2007 by a Mildura based general practitioner and his practice manager. The Service received a great deal of praise by the accreditation team and passed the survey. The accreditation certificate was issued in October 2007 and re accreditation is scheduled to take place again in 2010.

Accreditation lets clients know that a general practice has met standards set by the medical profession. These standards are designed to ensure high quality care is provided in a safe and well organised way.

Healthy Start

The Healthy Start program is being implemented and consists of the Community Midwifery team which looks after women who are pregnant and the Early Childhood (0-5 year olds) team which looks after children and their families from 2 months of age.

The Service continues to have Healthy Kids Days quarterly and encourages parents to get their children to regular child development checks and have regular lead testing.

Indigenous children continue to have higher lead levels on average than non-Indigenous children and staff emphasise the importance for parents who have children between the ages of 0-5 to have them regularly testing.

Keeping Well

There were six Adult Health Checks held in this period with 67 clients attending. The Adult Health Checks target Indigenous clients between the ages of 15 and 54.

To ensure that there is adequate follow-up of issues that may be found through the checks staff have concentrated on follow-up activity and have postponed any further Adult Health Checks to 2009.

Services

Our Service continues to offer regular GP services, a Smoking Management Program, Alcohol Clinics, and a range of specialist services including Ophthalmology, Dietetics, Dental and Women's Health.

The Service received a great deal of praise by the accreditation team and passed the survey.



Program Reports



Local Answers

During the past three years Maari Ma has received funding through the Local Answers program from the Australian Department of Families, Community Services, Housing and Indigenous Affairs. The project has supported a number of Maari Ma activities in the Social Program area, in particular our youth focused activities such as YEAH (in Broken Hill) and WINGS (in Wilcannia).

A range of community development activities has also been supported including workshops on community governance and the Our Journey to Respect program.

Local Answers has led us to a point where we will be able to consolidate our Social and Community program effort and have a sustainable program going forward.

The Social and Community Program has been identified as a priority for development in the Maari Ma Strategic Plan.

YEAH team (Youth Excellence Arts and Health): Ready to Fly!

The aim of the YEAH program is designed to support and reward Indigenous youth to become strong proud leaders. It's a place where young people can express their vision through the innovative practice of contemporary art forms. It's been a busy year for the team and one that's seen some new faces.

Two new trainees, employed by Murdi Paaki, joined the YEAH team and they've been busy learning about circus and what this does for our kids. The kids have been through a bit of a change also during the past couple of months but they've now adjusted to some new rules and the way classes are being run.

The groups Thunder Monkeys and Circus 2 Da Max have been going through a change of routine in their classes where they have been doing craft, playing sports and having the chance to be part of healthy cook up's with a Maari Ma dietician which has been a really positive experience for the students.

The Performance Troupe has a lot of new members and they've been learning to work together as a group and how to put a performance together.

While the Troupe didn't take part in the crafts and sports lessons they did participate in a healthy cook up which was great. We aim to encourage the Troupe to become leaders and inspire them with the confidence to perform at the end of the year.

WINGS - Wilcannia

The WINGS Drop in Centre has had a very challenging year since the last report. This has included maintaining present programs, developing new program opportunities, working in with new community partners and refurbishment of the Centre so that it more adequately meets the present and ongoing needs of the youth in Wilcannia. We feel that it is now a Centre that the youth of Wilcannia can be proud to be associated with.

The younger groups of children who have attended the Centre have participated in craft activities, while the older groups have had the opportunity to develop computer skills and life skills with relevant work stations being set aside to accommodate this area of interest.





During the year WINGS has partnered organisations and agencies such as Sureway Employment & Training, Mission Australia, and Skillshare with programs aimed at unemployed youth or those not attending school. The program consisted largely of resume writing, confidence building, interview techniques and general office duties. From the 12 participants who attended this program, 2 gained employment and 3 returned to school.

Further to the refurbishment of WINGS, new toilets have been connected to the back of the building so children don't have to go outside, new air-conditioning has been fitted for better comfort during the summer months, Austar has been connected and there are 2 flat screen televisions that allow the youth to watch quality programs such as the Discovery Channel, music and youth programs.

Other renovations that have occurred include painting of the Drop In Centre; beautifying the grounds with gardens and walkways, the erection of a new fence around the property, insulation of roofing in the Centre, an enclosed smokers' area, better office facilities for workers, carpet in the computer/games/TV room and new storage facilities.

WINGS acknowledges that they would have not been able to complete the renovations without the assistance and support of Department of Community Services; Maari Ma Health Aboriginal Corporation; Sureway Employment & Training and Central Darling Shire.

It is envisaged that a grand opening ceremony will occur in the month of November with a special naming ceremony.

Despite the renovations attendances were still good. From July 2007 to June 2008 the average number of daily participants for the Drop In Centre was 52 kids per day, with the School Holiday Programs attracting attendances of around 70 kids per day.

Community Safety Patrols - Wilcannia

Community Safety Patrol has undergone a few changes during the past year. The service is presently operating 4 days a week - Monday, Tuesday and Thursday from 8pm to 11pm and on Friday from 8pm to 12 pm. This is subject to change particularly with the warmer months ahead or for when additional people are in town staying overnight after attending a funeral.

There are currently 3 officers who operate the Patrol – one team leader and two patrol officers. Approximately 300 clients use the service each month, and the Patrol continues to work with local police and the Wilcannia Health Service providing assistance and support as required.

Community Safety Patrol continues to provide a positive service to not only the youth but the community as a whole. There has been a noted decrease in violence between youth and petrol sniffing is also at a minimum. The Patrol meets the Country Link Bus Service when it arrives into Wilcannia and provides transport home for passengers.

Funding support is still provided through the Attorney General's Department with solid top-up contributions from Maari Ma.

From the 12 participants who attended this program, 2 gained employment and 3 returned to school.





Youth Action Program – Dareton

The Youth Action Project (YAP) based at Dareton conducts activities for girls aged between 11 and 17 and focuses on self-esteem and personal development. A Youth Worker, based with Mallee Family Care, currently has around 60 girls involved in YAP and the project is continuing to attract interest and attention.

A very successful Deb Ball was held in June and there was a tremendous amount of preparation for it. The girls all made their own dresses at TAFE from which they received a certificate in sewing and design, and they also took dance lessons once a week. On the big night YAP hired a house so that the girls could get ready together and where YAP had arranged for their make-up and hair to be done. On the night, they didn't want the Ball to end. They were very proud of the dresses they'd made and still continue to talk about how much they loved the event.

In April around ten participants undertook theatre workshops for a play they were in. Other activities have included cooking, sewing, hair and make up classes as well as scrapbooking.

It is hoped the YAP project will be able to operate soon from a larger hall. This will enable the Youth Worker to start up two permanent youth groups to cater for the increasing interest.

Community Safety Research Project

The Community Safety Research Project is a collaborative project between Maari Ma and the University of New South Wales and is funded for 5 years through the National Health Medical Research Council (NHMRC). The Project is being conducted with the Aboriginal communities of Broken Hill, Menindee and Wilcannia. The Project staff began work in December 2007. The Project aims to:

- Understand the causes of violence in the nominated Aboriginal communities;
- Identify the emotional and social effects of violence on Aboriginal people;
- Identify, develop, trial and evaluate programs that assist people affected by violence.

The Project has three stages involving qualitative and quantitative research, and program development. To date the first phase of the qualitative research has been completed.

The Project is advised by an Aboriginal Community Advisory Committee representing the three towns, and overseen by a significant team of chief investigators with academic and local credentials. The Project team thanks the Aboriginal Community Advisory Committee and the communities for their support and willingness to be involved.

It is hoped the YAP project will be able to operate soon from a larger hall. This will enable the Youth Worker to start up two permanent youth groups to cater for the increasing interest.



Smokers Program Evaluation Project

The Paakantji Kiira-Muuku project is a joint venture between Maari Ma and GWAHS evaluating the Smokers Program which has been running in our region at seven sites for a number of years. It supports smokers to quit through regular contact with local staff and provides subsidised nicotine-replacement therapy.

At present smoking rates across NSW continue to decline, with the latest figures showing 17.7% of the population identifying as current smokers. However this decline has not been seen across the Indigenous population, with 43.2% identifying as current smokers. Giving up smoking is the single most effective thing a person can do to improve their health. We know that if a person stops smoking today their blood pressure will return to normal in two months and circulation to hands and feet will improve. After one year their risk of dying from coronary heart disease will be half that of a continuing smoker and after five years their risk of cancer of the mouth, throat and oesophagus will be half that of a continuing smoker. After 15 years their risk of coronary heart disease and stroke will be almost the same as a person who has never smoked.

The evaluation of the Smokers Program is being conducted in three cycles over the three-year duration of the project, with the program being adapted as necessary through community and service provider consultation after each cycle to maximise its success. The evaluation commenced in November 2007 and has been progressing steadily with baseline results collected from all seven communities. These measures have been attained through an audit of medical records at each health service in the style of the ABCD auditing process. During feedback sessions the health service staff identified goals to work towards during the next 12 months with an improvement in documentation being common across all sites.



Giving up smoking is the single most effective thing a person can do to improve their health.





Maari Ma actively promotes and provides employment and development opportunities for Aboriginal people.

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 community and youth programs.

Workforce Data	30/06/2008	30/06/2007
Number of employees (full time, part time & casual	78	70
Number of Indigenous employees	67%	63%
Full time equivalent employees	52	47
FTE Indigenous employees	55%	57%

Workforce Development

During the consultation for the strategic plan a strong emphasis and commitment to workforce development emerged. While Maari Ma has always supported and encouraged the development of our staff we are now moving towards a planned, longer term approach reinforcing an ethos of continuous learning.

One strategy initiated in 2008 was Colin O'Donnell's enrolment in the Bachelor of Nursing at Charles Sturt University. Colin is a qualified Primary Health Care Worker with the Graduate Certificate in Health (Diabetes Education) and has worked at the Primary Health Care Service in Broken Hill for nearly ten years. It was a natural pathway for Colin to progress to nursing studies and Maari Ma supports his endeavours. We hope to offer this to more staff in 2009.

In other areas of study, Maari Ma now has a qualified Indigenous Dental Assistant (certificate III), one trainee enrolled in Bachelor of Health Science (Aboriginal Mental Health) with Charles Sturt University, one trainee enrolled in the Aboriginal Health Science Preparatory Program at University of Sydney, one trainee enrolled in the Diploma in Indigenous Primary Health Care with Department of Rural Health University of Sydney, two Primary Health Workers enrolled in the Graduate Certificate in Health (Diabetes Education) through Flinders University, one Registered Nurse enrolled in the Graduate Diploma in Child & Family Health with Charles Darwin University and two administrative officers enrolled in business studies certificates.

Maari Ma is supporting registered nurses and primary health care workers employed by Greater Western Area Health Service and working within the region, to study either the Graduate Diploma in Child & Family Health or the Graduate Certificate in Health (Diabetes Education), developing the skills within the region to support delivery of the chronic disease programs in the communities.

Maari Ma is committed to the development of our workforce and will plan a range of strategies to ensure the availability of our future workforce.

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Maari Ma has continued to grow and the accounts show that we were in a strong position financially during 2006/07 with total income of just under \$7,770,000 (after adjusting for unexpended grants).

Finance Report

For the year ended 30 June 2008



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;
- Lower Western Sector North funded by the Department of Health & Ageing;
- Building Healthy Communities funded by the Department of Health & Ageing;
- Lower Western Sector funded by the Greater Western Area Health Service, and
- Social and Emotional Wellbeing Program funded by the Greater Western Area Health Service (Mental Health and Drug and Alcohol Services).

It should be noted that the Building Healthy Communities Project came to an end on 30 June 2008.

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of other projects. These are detailed 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 attached accounts.

Maari Ma has continued to grow and the accounts show that we were in a strong position financially during 2006/07 with total income of just under \$7,770,000 (after adjusting for unexpended grants).

Expenditure for the year came in at just over \$7,027,000, resulting in a surplus of \$741,755. This surplus essentially represents the cost of fixed assets that were purchased using program funds but which have been capitalised for the purposes of the financial statements.

Expenditure for the year came in at just over \$7,027,000, resulting in a surplus of \$741,755.

Chris Eastwood
Director of Finance



Independent Audit Report to the Committee Members of Maari Ma Health Aboriginal Corporation

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation ("the Corporation"), which comprises the balance sheet as at 30 June 2008, the income statement, the statement of changes equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the chairman's certificate.

The responsibility of the Committee members for the financial report

The Committee members are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the aboriginal Councils and Associations Act 1976 and the needs of the members. The responsibility of the Committee members also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

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. The Auditing 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 Corporation's preparation and fair presentation of the financial report in order to design and 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 Committee members, as well as evaluating the overall presentation of the financial report.

Liability limited by a scheme approved under Professional Standards Legislation.

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The financial report has been prepared for distribution to members for the purpose of fulfilling the financial reporting obligations of the Committee members under the Aboriginal Councils and Association Act 1976. We disclaim any assumption of responsibility for any reliance on this audit report on the financial report to which it relates to any person other than the Committee members, or for any purpose other than that for which they were prepared.

For further explanation of an audit, visit our website www.pwc.com/au/financialstatementaudit

Our audit did not involve an analysis of the prudence of business decisions made by Committee members 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 Australian professional accounting bodies.

We confirm that the independence declaration required by the Australian professional accounting bodies, provided to the committee members on 2 September 2008, would be in the same terms if provided to the Committee members as at the date of this auditor's report.

Auditor's opinion

In our opinion, the financial report of Maari Ma Health Corporation is in accordance with the Aboriginal Councils and Associations Act 1976, including:

- giving a true and fair view of the Corporation's financial position as at 30 June 2008, and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements, and
- complying with Australian Accounting standards (including the Australian Accounting Interpretations).



PricewaterhouseCoopers



A G Forman
Partner

Adelaide
5 September 2008

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Balance Sheet

As At 30 June 2008

Schedule 1

		2008	2007
	Notes	\$	\$
Current Assets			
Cash and cash equivalents		1,353,374	1,631,027
Trade and other receivables	2	1,190,319	594,878
Total Current Assets		2,543,693	2,225,905
Non Current Assets			
Property, plant and equipment	3	2,545,413	1,457,541
Total Non Current Assets		2,545,413	1,457,541
Total Assets		5,089,106	3,683,446
Current Liabilities			
Revenue received in advance		347,848	329,525
Unexpended grants		1,062,423	1,165,765
Trade and other payables		1,503,895	1,012,178
Bank loan		31,200	-
Provisions	4	503,263	450,600
Total Current Liabilities		3,448,629	2,958,068
Non Current Liabilities			
Bank loan		161,692	-
Provisions	4	49,260	37,610
Total Non-Current Liabilities		210,952	37,610
Total Liabilities		3,659,581	2,995,678
Net Assets		1,429,525	687,768
Accumulated Surplus			
Accumulated surplus		1,429,525	687,768
Total Accumulated Surplus		1,429,525	687,768

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



Income Statement

For The Year Ended 30 June 2008

Schedule 2

		2008	2007
	Notes	\$	\$
Revenue From Continuing Operations			
Grant revenue	5	7,393,518	5,626,337
Medicare and primary health revenue		168,330	174,354
Sundry revenue		85,385	107,366
Bank interest		121,701	110,258
Total Revenue from Continuing Operations		7,768,934	6,018,315
Other Income			
Net gain (loss) on disposal of assets		(10,970)	11,744
Less: Expenditure	6	(7,016,209)	(6,059,239)
Net Surplus/(Deficit)		741,755	(29,180)

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



Statement of Changes in Equity

For The Year Ended 30 June 2008

Schedule 3

		2008	2007
	Notes	\$	\$
Accumulated surplus at the beginning of the financial year		687,770	716,950
Net surplus/(deficit) for the year		741,755	(29,180)
Accumulated Surplus at the end of the financial year		1,429,525	687,770

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



Statement of Cash Flows

For The Year Ended 30 June 2008

Schedule 4

		2008	2007
	Notes	\$	\$
		Inflows/(Outflows)	
Cash Flows from Operating Activities			
Receipts from funding providers and customers		6,988,494	5,775,510
Payments to suppliers and employees		(6,223,278)	(5,879,048)
Interest received		119,347	118,405
Net Cash Flows from Operating Activities	8	884,563	14,867
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(1,431,829)	(471,297)
Proceeds from sale of property, plant and equipment		76,721	56,818
Net Cash Flows from Investing Activities		(1,355,108)	(414,479)
Cash Flows From Financing Activities			
Receipt from lender		200,000	-
Payments to lender		(7,108)	-
Net Cash Flows from Investing Activities		192,892	-
Net Increase/(Decrease) in Cash and Cash Equivalents Held		(277,653)	(399,612)
Cash and cash equivalents at the beginning of the financial year		1,631,027	2,030,639
Cash and Cash Equivalents at the end of the Financial Year	8	1,353,374	1,631,027

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



Notes to and Forming Part of these Financial Statements

Schedule 5/1

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

These financial statements are special purpose financial statements which have been prepared for the sole purpose of complying with the *Aboriginal Councils and Associations Act 1976* 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. These financial statements have been prepared in accordance with the specific instructions of the members. In the opinion of the members of the Governing Committee, the Corporation is not a reporting entity because they do not believe there are likely to be any other users of the financial statements.

The financial reporting has been prepared in accordance with AASB 101 *Presentation of Financial Statements*, AASB 107 *Cash Flow Statements*, AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*, AASB 1031 *Materiality* and AASB 1048 *Interpretation and Application of Standards*, and other applicable Accounting Standards and Urgent Issues Group Interpretations with the exception of the disclosure requirements in the following:

- AASB 2 – *Share-based Payment*
- AASB 3 – *Business Combinations*
- AASB 5 – *Non-current Assets Held for Sale and Discontinued Operations*
- AASB 7 – *Financial Instruments Disclosures*
- AASB 101 – *Presentation of Financial Statements (Para 124(a) to (c))*
- AASB 114 – *Segment Reporting*
- AASB 124 – *Related Party Disclosures*
- AASB 137 – *Provisions, Contingent Liabilities and Contingent Assets (Para 84)*
- AASB 139 – *Financial Instruments: Recognition and Measurement*

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

These financial statements are prepared to satisfy the reporting requirements of the *Aboriginal Councils and Associations Act 1976* (ACA Act). From 1 July 2008 the Corporation will report in accordance with the new Corporations (*Aboriginal and Torres Strait Islander*) Act 2007 (CATSI Act) which is replacing the ACA Act. The Corporation has not yet determined the impact of any changes to reporting requirements under the new CATSI Act.

Notes to and Forming Part of these Financial Statements

Schedule 5/2

(a) Basis of Preparation of Financial Statements cont.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2008 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%
Plant and equipment	10%
Motor vehicles	20%

(c) Impairment of Assets

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

(d) Revenue Recognition – Grant Revenue

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



Notes to and Forming Part of these Financial Statements

Schedule 5/3

(d) Revenue Recognition – Grant Revenue cont.

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

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

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

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

(e) Revenue Recognition – Other Income

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

(f) Cash and Cash Equivalents

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

(g) Trade Receivables

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

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

Notes to and Forming Part of these Financial Statements

Schedule 5/4

(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.

	2008	2007
2. Trade and Other Receivables	\$	\$
Current		
Trade debtors	1,098,726	519,377
Sundry debtors	3,101	14,288
Accrued income	30,368	22,451
Prepayments	58,125	38,762
	1,190,320	594,878



Notes to and Forming Part of these Financial Statements

Schedule 5/5

3. Property, Plant and Equipment			
		Freehold land	Freehold buildings
		\$	\$
At 1 July 2007			
Cost or fair value		15,000	714,827
Accumulated depreciation		-	(109,679)
Net book amount		15,000	605,148
Year ended 30 June 2008			
Opening net book amount		15,000	605,148
Additions		-	985,564
Disposals		-	-
Depreciation charge		-	(27,015)
Closing net book amount		15,000	1,563,697
At 30 June 2008			
Cost or fair value		15,000	1,700,391
Accumulated depreciation		-	(136,694)
Net book amount		15,000	1,563,697
	Plant & equipment	Motor vehicles	Total
	\$	\$	\$
At 1 July 2007			
Cost or fair value	941,485	736,991	2,408,303
Accumulated depreciation	(558,364)	(282,719)	(950,762)
Net book amount	383,121	454,272	1,457,541
Year ended 30 June 2008			
Opening net book amount	383,121	454,272	1,457,541
Additions	118,044	326,103	1,429,711
Disposals	(6,110)	(81,583)	(87,693)
Depreciation charge	(77,645)	(149,486)	(254,146)
Closing net book amount	417,410	549,306	2,545,413
At 30 June 2008			
Cost or fair value	1,032,307	933,656	3,681,354
Accumulated depreciation	(614,897)	(384,350)	(1,135,941)
Net book amount	417,410	549,306	2,545,413



Notes to and Forming Part of these Financial Statements

Schedule 5/6

	2008	2007
4. Provisions	\$	\$
Current		
Employee entitlements	503,263	450,600
Non current		
Employee entitlements	49,260	37,610

5. Grant Revenue

During the year, the Corporation received the following grants:

	2008	2007
5. Grant Revenue	\$	\$
Australian Government – OATSIH & Dept. of Health & Ageing	5,037,812	4,218,041
Australian Rotary Research Foundation	40,000	13,333
Barwon Darling Alliance	76,412	109,168
Centre for Oral Health Strategy	42,000	160,000
Dept. of Family & Community Services	100,000	100,000
Greater Western Area Health Service	1,073,508	942,390
Indigenous Lands Corporation	(45,200)	50,000
Menindee Family Support	15,000	-
MSOAP	150,890	-
NSW Attorney General's Dept., Crime Prevention Div.	63,382	60,839
NSW Dept. of Community Services	232,919	226,122
NSW Health Department	340,000	-
Oxfam	-	38,335
Regional Arts NSW	5,453	25,453
University of New South Wales	158,000	-
	7,290,176	5,943,681
Prior year unexpended grants	1,165,765	848,421
Unexpended grants carried forward	(1,062,423)	(1,165,765)
Grant Revenue for the year	7,393,518	5,626,337



Notes to and Forming Part of these Financial Statements

Schedule 5/7

	2008	2007
6. Expenditure	\$	\$
Advertising	3,280	12,830
Audit fees	50,259	43,519
Auditors – non-audit services	3,900	3,700
Bad debts	-	109
Bank charges	2,439	2,868
Bureau fee	-	45,000
Cleaning & domestic supplies	53,691	47,597
Community activities	140,106	121,197
Consumables	6,680	16,903
Consultants' fees	104,660	220,860
Depreciation	254,146	215,644
Electricity, gas & water	24,506	30,665
Health systems support	6,431	-
Insurance	33,233	33,152
Interest	19,551	1,238
Legal expenses	7,056	42,781
Medical & dental costs	1,018,847	802,099
Meeting expenses	13,670	9,339
Membership & subscriptions	3,077	4,530
Miscellaneous expenses	2,284	2,743
Miscellaneous foodstuffs	44,668	35,606
Motor vehicle expenses	210,606	185,227
Patient support expenses	7,860	4,622
Peak Health Council expenses	69,302	42,226
Postage	5,800	3,353
Printing and stationery	73,014	76,325
Rates & charges	2,823	493
Rent of premises	37,595	59,153
Repairs & renewals	202,055	154,346
Salaries & wages and on-costs	4,042,884	3,459,621
Security services	2,835	794
Staff amenities	6,349	5,545
Staff recruitment	62,384	7,880
Staff training	97,232	30,962
Staff uniforms	1,456	1,712
Telephone expenses	97,458	73,220
Transcription services	1,442	-
Transport services	100,000	100,000
Travel & accommodation	201,148	159,071
Youth hall expenses	1,482	2,309
Total Expenditure	7,016,209	6,059,239



Notes to and Forming Part of these Financial Statements

Schedule 5/8

	2008	2007
7. Remuneration of auditors	\$	\$
(a) Audit services		
PricewaterhouseCoopers Australian firm		
Audit and review of financial statements	50,259	43,519
(b) Non-audit services		
PricewaterhouseCoopers Australian firm		
Audit of regulatory returns	1,300	1,200
Tax compliance services	2,600	2,500
	3,900	3,700

8. Cash Flow Information		
Reconciliation of cash and cash equivalents		
Cash and cash equivalents at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Petty cash	1,700	1,700
Cash at bank	1,351,674	1,629,327
Balance per statement of cash flows	1,353,374	1,631,027

Reconciliation of net cash flows from operating activities to operating surplus (deficit)

Operating surplus (deficit)	741,755	(29,182)
Depreciation	254,146	215,644
Increase (decrease) unexpended grants	(103,342)	317,344
Net loss (surplus) on sale of non-current assets	10,970	(11,744)
(Increase) decrease in trade and other debtors	(595,439)	(318,511)
Increase (decrease) in trade creditors	493,835	(202,983)
Increase (decrease) in other operating liabilities	18,324	(139,410)
Increase (decrease) in provisions	64,313	183,707
Net cash flows from operating activities	884,563	14,867



Notes to and Forming Part of these Financial Statements

Schedule 5/9

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 provide Remote Health Services in the Far West Area of New South Wales. Maari Ma's services have an emphasis on Chronic Disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of indigenous people.

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.

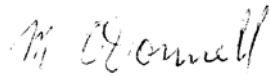
Chairman's Certificate

Schedule 6

In accordance with a resolution of the Governing Committee of Maari Ma Health Aboriginal corporation, in the opinion of the Governing Committee:

- (a) the financial statements of the Corporation are drawn up so as to give a true and fair view of the income and expenditure and cash flows of the Corporation for the year ended 30 June 2008 and the state of affairs of the corporation as at 30 June 2008
- (b) the financial statements have been prepared in accordance with the requirements of the Aboriginal Councils and Associations Act 1976, and
- (c) at the date of this statement there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they fall due.

The financial statements have been made out in accordance with Australian accounting Standards and Urgent Issues Group Consensus Views to the extent indicated in note 1(a) to the financial statements.



Chairman

Dated this 2nd day of September 2008



Maari Ma Region



Kilometres from the Regional Office, Broken Hill

Community	Kilometres
Wilcannia	195
Tibooburra	335
Menindee	110
Wentworth Shire	280
Ivanhoe	310
Balranald	470



'Queen city of the West'.

Working With Us



Accommodation

Make a difference to the health of people living in rural and remote far west New South Wales.

What we expect of you

- Commit to Maari Ma's vision: improving the health outcomes in our communities.
- Apply your excellent skills in our primary health care framework.
- Help us tackle the tough issues in remote health.
- Excel in a multidisciplinary team environment.

We offer

- Salaries and conditions equivalent to the NSW Health System awards.
- Generous salary packaging provisions.
- Relocation assistance.
- Access to further training and development.

Employment opportunities

We actively promote and provide employment and development opportunities for Aboriginal people.

We work within multi-disciplinary teams with both Indigenous and non-Indigenous people working in partnership to provide services.

Our workforce includes qualified and student primary health care workers, registered nurses, administrative staff, information technology and systems staff, dental therapist and assistant, dietitians, project officers, community aides and managers with a range of qualifications.

We currently have offices located at the Regional Office and Maari Ma - Primary Health Care Service in Broken Hill and our Southern Office in Dareton.

Through the Agreement with the Greater Western Area Health Service, we also support the health services within the region in attracting and developing their workforce to facilitate the implementation of the Maari Ma Chronic Disease Strategy Framework.

For information on currently advertised vacancies, please call our Regional Office on (08) 8082 9888 or email gbarnes@gwahs.health.nsw.gov.au or dtonna@gwahs.health.nsw.gov.au

Expressions of Interest

Even if there are no current jobs advertised, we welcome expressions of interest at any time. This can help us match suitable applicants with future opportunities or suggest positions you may not have considered.

Please call, email (details above) or mail an Expression of Interest Form (see www.maarima.com.au) and resume / curriculum vitae to:





The Human Resource Manager
Maari Ma Health
PO Box 339
Broken Hill, NSW 2880

We will acknowledge receipt of your expression of interest and advise you of existing or upcoming opportunities.

Current Positions

Current positions are advertised on our website www.maarima.com.au Position descriptions, application forms, guidelines for applicants and information for applicants are also downloadable from the website.

How to apply

Please complete the Application Form listed with the position.

To assist you to complete the application form and for information about supporting documentation, please read the guidelines for applicants.

Applicants may be requested to provide confirmation of Aboriginality for positions where Aboriginality is a job requirement.

Record checks

We follow the NSW Department of Health policy requiring all staff and successful applicants to undergo a criminal record check. The checks are intended to identify people who may, because of convictions such as violence or sexual offences, put our clients' personal safety or health at risk. Traffic violations and other minor offences are not of interest.

You may be eligible for employment if you have a criminal record. Everyone is considered on their circumstances. We will talk to you about this, privately.

We will ask you to sign a Prohibited Employment Declaration which says you are not prohibited by law from working in any child related position.

If the position you are applying for, primarily provides services to children, we will arrange a 'working with children check' which is a broader check of criminal records and the same consideration is given.

Maari Ma Regional Office

443 Argent Street

PO Box 339

Broken Hill NSW 2880

Phone 08) 8082 9888

Fax 08) 8082 9889

Maari Ma Primary Health Care Service

428 Argent Street

PO Box 799

Broken Hill NSW 2880

Phone 08) 8082 9777

Fax 08) 8082 9778

www.maarima.com.au



MAARI MA HEALTH