

# ANNUAL REPORT

2015/2016





**MAARI MA HEALTH**  
**ABORIGINAL CORPORATION**

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## OUR VISION

ABORIGINAL PEOPLE  
LIVE LONGER AND  
CLOSE THE GAP -  
FAMILIES, INDIVIDUALS  
AND COMMUNITIES  
ACHIEVE GOOD HEALTH,  
WELLBEING AND  
SELF-DETERMINATION  
SUPPORTED BY  
MAARI MA.





## OUR VALUES

### COMMUNITY

We acknowledge the connection with community and effectively communicate regarding programs to promote awareness and knowledge of health issues impacting on the Indigenous communities and their families; to work collaboratively towards healthier lifestyles and wellbeing for all Indigenous People.

### COMPASSION

We respect people as individuals and will be empathetic in understanding people's pasts and the issues and challenges they face. We will make no judgement in the choices people have made and will actively work with people to assist in their healing process.

### CULTURE

Aboriginal people have a rich culture involving custom, lore and value system based on the sustainability of their spiritual connection, belonging, obligation and responsibility to care for their land, people and environment.

### EMPOWERMENT

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

### QUALITY

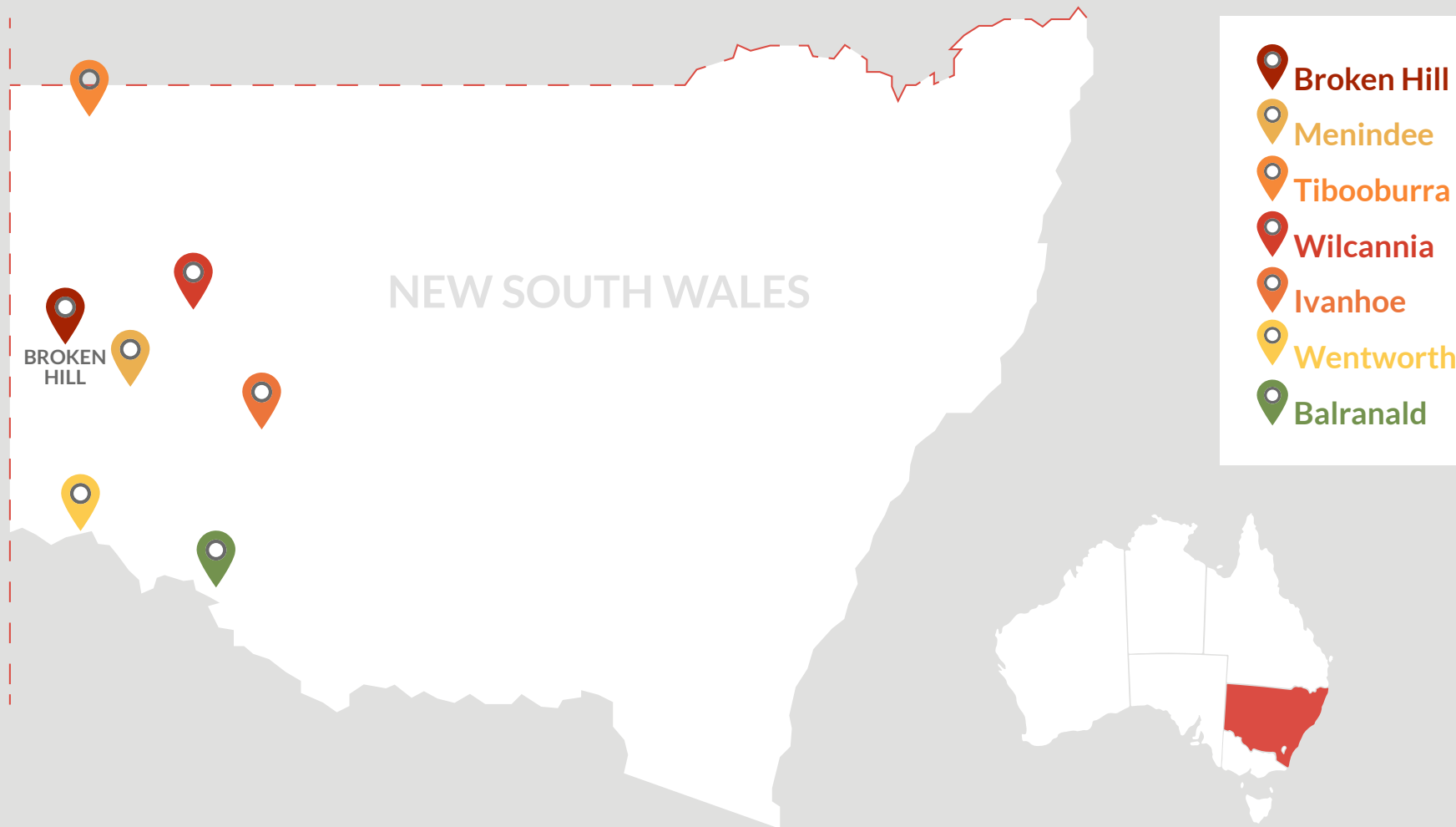
We strive for best practice in everything we do. Our workforce is skilled, competent, confident and innovative. We demonstrate integrity and pride in our work. We encourage and recognise outstanding performance.

### RESPECT

We treat others in the community and the workplace with respect, compassion, courtesy, listen and allow them to have their say and express their opinions and ideas, encouraging self-confidence and dignity, building a respectful rapport between staff and community to encourage positive attitudes and behaviours.



# OUR REGION





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## OUR BOARD



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



**DES JONES** is a Murrawari 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 and a Board Member of the Dareton Local Aboriginal Land Council. 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.



**GLORIA MURRAY** is a Barkintji Elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria plays an active part in the Balranald community supporting local community members to achieve their goals. Gloria commenced her role with the Maari Ma Board in 1998.





**FAY JOHNSTONE** is a Ngiyampaa – Barkintji woman residing in Ivanhoe. Fay has been employed for 34 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party and a member of the Ivanhoe Health Advisory Council. Fay commenced her role with the Maari Ma Board in 1998.



**CHERYL BLORE** is a Barkintji woman who resides in Menindee. Cheryl has been employed for 30 years as an Aboriginal Education Officer with the Department of School Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 30 years, holding positions as secretary and chairperson. This year, Cheryl took 12 months leave from Menindee Central School to act as Relieving Chief Executive Officer at the Menindee Local Aboriginal Land Council. Cheryl commenced her role with the Maari Ma Board in 2006.



**WILLIAM BATES** is a Wanyuparlku/Malangapa/Barkintji Elder and founding Chairperson of Maari Ma and is a very active member of the Wilcannia community. William has been involved in the advancement of Indigenous rights for many years and continues to make a significant contribution on the various committees on which he sits such as: Chairperson, Murdi Paaki Regional Enterprise Corporation; Director, Murdi Paaki Regional Housing Corporation Ltd; and Chairperson of the Mutawintji National Park Board of Management.



## CHAIRPERSON'S REPORT



After the momentous year we had with our 20th anniversary last year and the opening of our new Primary Health Care Service, I thought that we might have taken a bit of a breather this year – just let the celebrations settle and move forward surely and steadily. Not so. The Board, the management and the staff have been forging ahead with new programs and partnerships, enhanced existing programs, an increased number of staff and a corresponding increase in clients.

I looked back at our 2006 annual report to see the number of staff we had working then was 47. This year we have 117 working either full time, part time or casual which is an increase of 9 on last year. We've grown in the past 12 months because we are training our third cohort of Aboriginal health workers. Nine new trainees and three existing employees started their studies last August and will complete their course at the end of this year. That's a great achievement not only for our organisation but the communities we serve. Good luck to all our trainees in their final months of study and for their registrations next year.

The Board has been committed for some time to establishing an environmental health unit at Maari Ma to address some of the environmental health issues in our communities – smoking in homes and cars and its effects on families, and elevated lead levels in children and lead around homes in Broken Hill. That commitment became a reality this year. Under a revised Federal Government Tackling Indigenous Smoking initiative, we changed to a population / environmental health and workforce capacity building approach to tackling smoking. We also entered into a partnership with the Broken Hill Environmental Lead Program (BHELP) to deliver its' Aboriginal specific lead programs. These two programs now come under the umbrella of our Environmental Health Unit (EHU). Our aim is that

the EHU will help to bring about improved environmental health conditions in our communities and subsequent improved health outcomes for our people so that we can live longer lives. The EHU is another significant milestone for Maari Ma as it underscores our continued drive to grow as an organisation. Our greatest success to closing the gap will be interventions that target many determinants of health which is why we have been working in such areas as the early years and now with the establishment of the EHU.

Our work in the early years and early childhood education is exceptional and it has given me joy to see how staff have transformed the Child and Family Building this year into a place that is enriching our children's learning. With Playgroup, staff not only see children exploring their world and learning through play, they see them gaining confidence and social skills, and see parents taking time out to enjoy playing with their children. The sense of community that results from our Playgroup promotes wellbeing and connectedness. HIPPIY – the Home Interaction Program for Parents and Youngsters – is one of the most successful in Australia. We now have four HIPPIY tutors working with more than 50 Aboriginal families across Broken Hill to support their 4 and 5 year olds to be ready for school with literacy, numeracy and writing skills. Our work received national and international recognition when we were chosen as one of only a few of the more than 100 HIPPIY sites in Australia to be visited by the program's international director and national manager. Our HIPPIY coordinator and tutors are doing a wonderful job at building strong relationships with our HIPPIY families and one of my highlights during the year was presenting our first HIPPIY youngsters with their graduation certificates. There is collaboration and trust, and importantly this generation is getting the opportunity that many in my

generation didn't. I look to our future with hope and optimism that we at Maari Ma might be building some of Australia's Indigenous leaders of tomorrow.

I was very proud when CEO, Bob Davis and Manager Community Services and Programs, Justin Files, were on the world's stage at the fifteenth session of the United Nations Permanent Forum on Indigenous Issues (UNPFII). The UNPFII is the UN's central coordinating body for matters relating to the concerns and rights of the world's Indigenous peoples. We partnered with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC) in recognition of the strong connections between health and education. Justin presented the jointly developed paper on the engagement and disengagement of Indigenous youth, and the issue of youth suicide. I thank Bob and Justin for their presence at the UN.

While last year we celebrated 20 years as an organisation, this year we celebrate the length of service of our longest serving Board Director, Des Jones. Des has been on the Maari Ma Board for 20 years. He has worked tirelessly for us and is always committed to improving the lives of Aboriginal people in our region – not just in health but through other organisations as well including the Murdi Paaki Regional Housing Corporation and Dareton Local Aboriginal Land Council. Des has always had a strong focus on effective governance and the Board's strategic vision. I thank him for always being there. His professionalism and his friendship are a gift to me, and a blessing to the Board. Equally, I thank all Directors for their hard work and support during the year and I thank our wonderful staff. My gratitude goes to our CEO, Bob Davis for his strategic vision, vast knowledge and for always putting Maari Ma forward on the state and national stage – and now with the

UN, on an international platform. Our organisation couldn't be in better hands. The Board always runs smoothly with him at the helm, together with Haylee Rogers whose efficiency and thoroughness are exemplary. Above all, I thank our communities for putting into our trust their most valuable asset – their health.

**Maureen O'Donnell**  
Chairperson



# CHIEF EXECUTIVE OFFICER'S REPORT



In our 21<sup>st</sup> year of operations we were able to provide more care to more people than any other time in our history. While the fact that we are able to help more people to obtain needed health care is rewarding, regrettably it is also a reflection of the growing basic health needs that exist among our people.

We recorded over 57,000 occasions of service, a 27% increase on the previous year, and we provided 16,000 patient transports.

There were many other outstanding organisational achievements during this period:- winner of the Far West NSW Business Awards in the medium to large business category and overall winner taking out the Outback Spirit Award; the Early Years Discussion Group won the Advocacy for Children award at the NSW Children's Week Awards; we were successful in becoming a White Ribbon Accredited Workplace; and the Gloria King Memorial Youth Wings Drop In Centre at Wilcannia was recognised for the work it does with young people by receiving a highly commended award in the category - Service Working with Aboriginal Young people at the NSW Youth Work Awards and was the NSW winner of the NAPCAN (National Association for Prevention of Child Abuse and Neglect) Play Your Part Award.

We partnered with the Clontarf Foundation this year and became a corporate sponsor of Broken Hill Clontarf Academy. As a partner we share Clontarf's belief in the value of long term investment in capacity building for young Aboriginal men which will result in benefits for the individual students as well as the local and broader community. As such, an important component of the partnership



between the Foundation and Maari Ma is the development of a strong relationship between the students, Academy staff, and the partners and communities who support the program.

Our relationship with Bila Muuji continued to grow and Maari Ma was invited to become a formal member of Bila Muuji Aboriginal Health Services Incorporated, which was a great highlight for us. Bila Muuji is a regional body comprising Aboriginal community controlled medical services from Brewarrina, Bourke, Coomealla, Coonamble, Dubbo, Forbes, Orange, Wellington and Walgett.

We partnered with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC) Aboriginal Corporation Australia and delivered a joint intervention at the United Nations Permanent Forum on Indigenous Issues Fifteenth Session in New York held from 9-20 May 2016. Maari Ma and NATSIHEC asked members of the Permanent Forum to:

*“Urge nation states to implement their commitment to the principles of Indigenous sovereignty and social justice by ensuring Indigenous peoples are able to exercise their right to Education and Health without conditions, encumbrances or suspension of other rights guaranteed by the Declaration of Human Rights and the Declaration of the Rights of Indigenous Peoples”*

The presentation was well received by the 1600 members attending the Forum.

To deliver our services we have smart, talented people at all levels of the organisation whose energy comes from a desire to serve our people and our communities, and who are committed to creating a robust culture of accountability while not forgetting the community is always the centre of our thinking.

As we continue to forge ahead with new initiatives and partnerships, our organisational culture has to be front and centre of everything we do.

While it is difficult to predict with certainty what the future climate will be like, I do know that organisations such as ours will continue to face a growing list of challenges they will need to conquer. Our communities will also continue to need better healthcare, transportation and appropriate support services.

Sometimes challenges can become distractions, but instead, we focus on the organisation's vision of supporting our families, individuals and communities to achieve good health, wellbeing and self-determination.

As always, I acknowledge the tremendous efforts and commitment of the Board of Directors and the staff in partnership with the community, and the major funding bodies that make all of this possible: the Australian Government Department of Health, and in particular, the NSW/ACT State Office, NSW Ministry of Health and their Centre for Aboriginal Health, Aboriginal Affairs NSW, Department of Prime Minister and Cabinet, Indigenous Land Corporation, NSW Department of Families and

Community Services, NSW Department of Justice, Western Health Alliance Ltd, Beyond Medical, GP Synergy, Brotherhood of St Lawrence, NSW Rural Doctors Network, Far West Local Health District, University of NSW, Broken Hill Environmental Lead Program, Pharmacy Guild, the Scully Fund and the continued support of the CAGES Foundation.

**Bob Davis**  
Chief Executive Officer



# PRIMARY HEALTH CARE SERVICE

## Primary Health Care

As we come to the end of another successful year it is time to reflect back on the achievements over the past 12 months.

Our services are delivered from 2 central locations-Broken Hill and Wilcannia. Maari Ma-employed staff also work as part of the Far West Local Health District team at the Menindee and Ivanhoe Health Services.

From the 1st July 2015 to the 30th June 2016 the Broken Hill and Wilcannia Primary Health Care Services provided 57,326 episodes of care. We treated 2821 clients, 2270 of these were of Aboriginal heritage.

## Broken Hill Primary Health Care Service

We have now spent a full 12 months in the new building and have been able to use this time to fully integrate all services. With the co-location of services we have seen a change in the way the multidisciplinary teams work together. Team members talk and consult with each other regularly and barriers between disciplines are non-existent. The collegiality between the general practitioners (GPs), nurses and allied health team is a rewarding outcome.

Our objectives to improve service delivery through better coordination of services has been met. With the teams functioning well together we can deliver more comprehensive primary health care services. Our training programs for GP registrars and medical students are enhanced due to the way we can position less experienced staff between senior GPs and nursing staff. We can now offer seamless integrated care for maternal and child health, and chronic disease management for Aboriginal people

The Broken Hill Primary Health Care Service provides acute care, chronic disease management, health promotion and community development. We have both booked appointments and a walk-in service for people who are acutely unwell and can't wait for a booked appointment. Access to the walk-in appointments is via a triage system where a registered nurse assesses each patient and then prioritises care.

We are very fortunate to have a team of enthusiastic and dedicated staff including GPs, Aboriginal health workers, registered nurses, allied health staff and administration staff.

## Occasions of Service 2015/2016

	2015/16	2014/15
Occasions of Service	57,326	45,100
Number of Clients	2,821	3,905
Number of Aboriginal Clients	2,270	3,176

## Achievements:

- During the past year Maari Ma provided 57,326 episodes of care in Broken Hill and Wilcannia. This care was provided to 2821 clients, 2270 of whom were of Aboriginal descent.
- Intake of 9 trainee Aboriginal health workers are completing Certificate IV in Primary Health Care (Practice). Seven of these trainees are based at Broken Hill and one is in Wilcannia and another in Menindee. Completion date of the traineeship is December 2016.
- Development of the Medical Director (MD) Business Rules document, in collaboration with the Information Technology team. This document will teach and guide new and inexperienced staff on the way we use MD in this practice.
- Participation in the Depression Tool Validation Study in conjunction with the George Institute. (See Research for further information)
- Maari Ma was accredited as a White Ribbon organisation in November 2015. The Workplace Accreditation Program recognises workplaces that are taking active steps to prevent and respond to violence against women. We are proud to have continued our work as a White Ribbon accredited organisation, with fundraising and promotion activities throughout the year.
- For the 2015/2016 year Maari Ma supplemented IPTAAS (Isolated Patients Travel Accommodation and Assistance Scheme) support for 99 clients to enable 154 visits to specialists away from their home community.



## Practice Administration

As the first point of contact for clients it is Practice Administration staff's responsibility to be a smiling, welcoming face to greet the client as they enter the service. Practice Administration staff have a critical role in the care delivery process as they must keep the appointment book up to date, notify the doctor or allied health clinician the patient has arrived, update client details such as their address and contact numbers, and also confirm/update Medicare and Health Care Card numbers including the expiry date.

The transport service forms an essential link in the chain of care overseen by the Practice Administration team.

## Transport 2015/2016

	2015/16	2014/15
Transport provided to Maari Ma in Broken Hill and Wilcannia	14,025	11,161
Transport to other places	1907	1860





## Clinic and Community Team

The clinic and community teams comprise registered nurses and Aboriginal health practitioners who work both within the service itself and out in the community.

The team works hard to provide best practice care to those clients who have a chronic condition such as diabetes or heart disease and also to work with clients who are at risk of developing a chronic condition. This preventative work is focused on every person having an annual ATSI (Aboriginal and Torres Strait Islander) Health Check. Follow up and review of any abnormalities or concerns that are identified are then conducted.

As part of their preventative approach to health care, the team participates in health promotion events throughout the year. One of the most important days in the calendar is NAIDOC Week where Maari Ma staff and clients join with multiple service providers to celebrate the history, culture



and achievements of Aboriginal and Torres Strait Islander people. NAIDOC is celebrated not only in Indigenous communities but by Australians from all walks of life.

The team collaborates regularly with other service providers as part of multi-disciplinary meetings which enable us to provide the best care available for our clients. For example, we routinely work with the Far West LHD Palliative Care staff to provide end of life care where required, as well as Uniting Care Miraga and Outback Pharmacies. Involving all these disciplines allows us to coordinate care, ensuring there is no duplication of services and the client receives the quality and type of service they need.

## Healthy Start and Strong Families

The Healthy Start program is designed to improve the health of pregnant women, newborn babies, children 0 to 8 years and their families. Over the past year the team has



aimed to improve attendance for ATSI Child Health Checks, offer more support to women during their pregnancy and birth to improve outcomes, increase immunisation rates overall, and decrease smoking in pregnancy by positive interventions and nicotine replacement therapy (NRT) provision.

This year also saw the implementation of a dedicated Environmental Health Unit (EHU) within Maari Ma. This unit includes a dedicated lead team to focus on children with high blood lead levels and work with families to reduce these levels to below the safe threshold. The Healthy Start team works closely with the EHU in accessing families and following up children.



Healthy Start and Strong Families has achieved remarkable results with 86% of children aged 6 weeks to 8 years old having ATSI Health Checks.

We were very fortunate to recruit Tamara Jones to the Healthy Start team. Tamara is an Aboriginal woman who completed her midwifery studies in December 2014 and then did a graduate year at the Broken Hill Health Service. Tamara works as a midwife and provides antenatal and postnatal care to our Aboriginal women and children.

Long term Maari Ma GP Dr Vic Carroll expanded his role as Maari Ma's GP obstetrician from January 2016. Dr Carroll is now able to provide more support to the midwifery team and sees pregnant women in Broken Hill and Wilcannia.

## Mobile Clinic

The Maari Ma mobile clinic is based in Broken Hill but also travels to the remote communities of Wilcannia and Menindee to provide additional services to patients in these areas. The mobile clinic team normally consists of an Aboriginal health worker, registered nurse and general practitioner.

Wilcannia organised a very successful influenza vaccine promotion using the mobile clinic and staff were able to vaccinate more than 40 Wilcannia residents in two days. Other services provided from the mobile clinic include ATSI Health Checks, chronic disease care, health promotion and follow up of results.

## Diabetic Clinic

Diabetes education continues to be an important primary health care and primary care prevention strategy for the team at Maari Ma. We currently have a full time diabetes clinical nurse consultant (CNC) who is also a credentialed diabetes educator running clinics at both Broken Hill and Wilcannia. One of our senior registered nurses working in the Community team is also completing the credentialed diabetes educator process supported by the diabetes CNC and Maari Ma.



The diabetes program at Maari Ma delivers a high level of diabetes care for the community with a major focus on reducing diabetes complications and hospital admissions for diabetes related issues. We are fortunate to have the ongoing support of the Endocrinology team from Royal Prince Alfred Hospital, Sydney consisting of two endocrinologists, diabetes educator and podiatrist who conduct comprehensive diabetes clinics at Broken Hill, Wilcannia, Menindee and Ivanhoe four times a year. This service enables people with complex diabetes to be managed locally without the need to leave their family and community.

We have had some major successes with diabetes management in Broken Hill and communities with a positive reduction in average HbA1c (3 monthly average blood glucose levels) results, mainly achieved through the early commencement of insulin therapy. We have also commenced our first patient on insulin pump therapy, a fifteen year old girl with type 1 diabetes mellitus. The

experience for the family has been both empowering and positive which will improve health outcomes. This experience has also enabled the doctors and medical students here at Maari Ma to learn more about insulin therapy, insulin titration and the complex formulas used to manage type 1 diabetes.

Maari Ma is in a strong position to continue to offer the best in diabetes education / management with our on-going mentoring program. We will continue to support other health care professionals /health organisations to ensure the people of Broken Hill and surrounding communities experience current best practice in diabetes education / management.

## Youth Health

The Youth Health Program is a pilot program developed and implemented over the previous 12 months. The program targets Aboriginal youth aged 9 – 18 years and is focused on prevention strategies such as engagement, health promotion, health education, screening, interventions and follow-up.

The Youth Health team (nurse, youth worker and GP) focuses on engaging youth in the community with home visits, and building relationships with the schools and other services.

Some highlights from the first 12 months include screening of all school aged children in Wilcannia by an audiologist and then an ear, nose and throat (ENT) surgeon. There were 96 children seen by the audiologist, with 29 of these children referred to the ENT specialist for follow up.

In June this year the Clontarf Foundation opened its doors to the male Aboriginal students at Broken Hill High School (BHHS). The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal men and by doing so equips them to participate meaningfully in society. The Foundation believes that failure to experience achievement when young, coupled with a position of under-privilege can lead to alienation, anger and more serious consequences. As a prelude to tackling these and other issues, participants are first provided with an opportunity to succeed and in turn raise their self-esteem. The vehicle for achieving this outcome is Australian Rules and/or Rugby League. The Foundation uses the existing passion that Aboriginal boys have for football to attract them into school and keep them there. The programs are delivered through a network of football academies established in partnership with local schools.

Funding for the Foundation's programs is received in equal parts from the Federal Government, State or Territory Governments and the private sector. Maari Ma is the local contributor to the Broken Hill academy. Feedback received



from the boys and the Clontarf staff has been overwhelmingly positive. There are 52 eligible students at BHHS.

Health promotion is a big part of the Youth Health team's work. Activities the team has participated in during the year include HIV Awareness Week, high school career days and EXPOs, and community education through various groups.

In January 2016 the Youth Health team introduced active wear to encourage youths to have their preventative health checks. The slogan "Got my check, just for the health of it!" is printed on caps and leggings.

### Primary Care Specialist Services

Primary Care Specialist Services provide a range of mental health and healthy lifestyle services to the community with an overall aim of improving individual, and family social and emotional wellbeing.

In the past year the team has had a particular focus on preventative and early intervention work through program delivery to the communities' youth.

The youth program delivery has a particular focus on education regarding healthy lifestyle choices and creating resilience and coping skills to better equip them to deal with daily psychosocial stressors and lead fulfilling lives.

One of the major focuses for the team this year has been the Smokers Program. Tobacco smoking is a significant contributing factor to chronic disease and the single greatest preventable cause of all death and illness among Aboriginal people. Therefore, Maari Ma's Smokers Program is a key part of Maari Ma's approach to managing or preventing chronic disease in the far west. The Smokers Program is a 12 week program that provides combination therapy for patients, including GP and caseworker support to aid the cessation process, and nicotine replacement therapy (NRT).



In the last year there has been a significant focus on increasing community awareness regarding the impacts of tobacco smoking and the Maari Ma Smokers Program. In response to this there has been a significant increase in Maari Ma patients commencing the Smokers Program. To support this great program we have Professor Renee Bittoun, who has worked in smoking cessation for more than 30 years. Professor Bittoun visits Maari Ma quarterly to provide specialist consultation advice, and to work collaboratively with all frontline staff to increase their skills and knowledge in this area.

The nutrition program works towards improving the nutritional health of our communities. The team has a strong focus on promoting diet and nutrition in pregnancy and children's early years by working within schools, pre-schools and with the Aboriginal Maternal and Infant Health Service (AMIHS) team. This focus has included introducing children to new fruit and vegetables, and using strategies to increase food repertoire and tackle fussy eating.

This has included preschool touch and taste sessions, nutrition education and cooking at the schools, and weekly nutrition support at Broken Hill Playgroup and Cooking Group.

The nutrition team continues to provide one-on-one dietetics consults across the region in Broken Hill, Menindee, Wilcannia, Ivanhoe, White Cliffs and Tibooburra, and further promotes nutrition by highlighting special events such as World No Salt Day, International No Diet Day and National Nutrition Week.

Primary Mental Health and Alcohol & Other Drugs (PMH&AOD) Workers provide mental health and AOD services to women and their families who are patients of AMIHS with the aim of improving the social and emotional wellbeing for these women, their babies and extended families. The team works closely with the existing AMIHS team (midwife and AHW) in Broken Hill and Wilcannia, and works one-on-one with women in their perinatal period to build resilience, and decrease mental illness and substance abuse. The AMIHS team offers an excellent opportunity to contribute significantly to the prevention of chronic disease

by starting the 'wellness' process in babies and children in our communities.

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

The PMH&AOD team works collaboratively with Maari Ma's GPs and AHWs to provide holistic one-on-one care for patients experiencing issues related to substance use, trauma, grief and mental illness. There has also been a significant emphasis on the PMH&AOD team providing preventative programs to children and adolescents in our communities, with the goal of building confidence and resilience to decrease risk-taking behaviours and mental health issues.

This team is supported by Psychiatrist, Dr Jonathan Carne, who visits every 2 months and works with all patients regarding management of mental health & AOD use.

The team does a lot of health promotion activities as this is a way to engage the community and increase awareness regarding the importance of healthy lifestyle choices. Health promotion events can be as simple as Healthy Weight Week through to Mental Health Month, perinatal awareness events and Year 7 orientation days. All health promotion events are interactive and include activities such as the smoothie bike, beer goggles, Smoking Suzie Doll, carbon monoxide (CO) monitoring, stress ball making, etc.

A special achievement in the last 12 months has been the development of a partnership with the Broken Hill Police Citizens Youth Club (PCYC) for an Active Kids group, which is a group for children who are supported to engage in weekly activity and healthy lifestyle choices.

## Dental

We said farewell to our oral health therapist Abilhasha Srishanmuganatha this year who moved back to her family



in Sydney. However the child oral health program was strengthened with the return of Dental Team Leader, Erin Commins from maternity leave.

Our partnership with the Filling the Gap volunteer dentist program continued this year, and we were fortunate to have 5 volunteer dentists come to Broken Hill to supplement the part-time services of the Royal Flying Doctor dentist. These 5 dentists conducted 1251 services for 307 Maari Ma clients.

## Wilcannia Primary Health Care Service

Maari Ma delivers a wide range of primary and specialist health care services in Wilcannia by GPs, registered nurses, Aboriginal health workers, allied health staff, oral health, and a range of medical specialists. Maari Ma staff manage the appointment system for the Royal Flying Doctor Service in Wilcannia and work collaboratively with the Wilcannia Multi-Purpose Service (MPS) staff.

GP services increased with the introduction of a 2 day Healthy Start/Women's Health clinic and a 2 day Chronic Disease/General Medical clinic each week.

Wilcannia PHC service works in partnership with the community to improve health outcomes for all. There is a focus on antenatal and child and family services, and chronic disease prevention and management. The team has focused on Well Women's Health Checks over the past 12 months, often combining these with the Healthy Start clinics which has improved access for women.

The old Community Health Centre adjacent to the MPS has now been converted into a Child and Family Health Centre. All antenatal and child and family related services are provided out of this facility.

Most of the Wilcannia team's work is in the community working one-on-one with the client and their family or carer in their own home. Using this model means the staff get to know the client really well, what their home situation is and what support they have. They can use this information to plan care better and avoid situations where the client is left unprepared or unattended. Nurses and Aboriginal health workers each have a cohort of chronic disease clients they follow up, along with GP/allied health recalls that need attention.

Wilcannia was fortunate to recruit 3 trainee Aboriginal health workers this year, 2 of whom were existing workers upgrading their skills. The trainees officially complete their course at the end of 2016 and will add strength and dimension to the team in 2017.

## Home Medication Reviews

The 2015/16 financial year has been another successful year for Home Medication Reviews (HMR) at Maari Ma. In total there were 171 HMRs done across the financial year and Broken Hill again led the way with 102 patients accessing the service. Wilcannia had 47 patients have a HMR and Menindee had 22 and the 2015/16 numbers were almost identical to the watershed 2014/15 financial year. What was particularly pleasing about the last year is the steady increase in patients having their HMRs signed off by their GP in a timely manner. Credit for this is shared

amongst all the enterprising and hard-working Maari Ma employees for maximising health outcomes by striving to improve this invaluable service.

## Students

At Maari Ma we host various students from various disciplines working closely with the University Department of Rural Health based in Broken Hill. We have established a reputation as an excellent training facility and are a sought after undergraduate training destination.

Over the 2015/2016 year we facilitated placements of medical, nursing and pharmacy students from NSW and interstate universities at our primary health facility in Broken Hill. Maari Ma is often the students' first exposure to Indigenous health and their feedback on the team based comprehensive care approach that Maari Ma employs is very positive. All students commence their placement at Maari Ma with comprehensive interactive cultural awareness training. This provides our students with a solid foundation to commence their health interaction with our community. Over the previous year we hosted students from Wollongong, Adelaide, Tasmania, and Southern Cross Universities.

## Maari Ma's Medical Director Patient Recall System

During the past year we applied a Continuous Quality Improvement (CQI) framework to our work to review, improve and monitor our patient recall system.

At Maari Ma we use two recall systems:

- Ferret for managing scheduled care for our child health preventive program, and
- The recall function in Medical Director for managing our acute and general follow-up recalls as well as our scheduled care recalls for chronic disease management.

Ferret is designed for organising population level information and so it works well in the child health program context where

teams rely on the information to follow-up specific patient cohorts. However Medical Director recalls are designed for organising patient level information - they enable us to follow-up individual patients. It doesn't work as well for our chronic disease program where the teams often organise their work around following up specific groups of patients.

To address this, we've built an internal application that works with Medical Director recalls and it allows us to group and filter recall results. Use of the new application has significantly reduced the amount of time our clinicians sit behind a computer pulling the information they need to follow-up patients. The reduced administration time associated with organising recall information means our clinical staff can focus their efforts on patient follow-up and care.

In previous years the majority of our acute and general patient recalls were followed-up by one or two practice nurses. The improvements we've made to the overall recall system mean we now have a whole of service approach to managing and following up recalls with the Aboriginal health practitioners taking on a key role.

Our monitoring program provides the teams with monthly reports so they can track their progress against the targets set for the completion of scheduled care.

The acute and general recalls are monitored by the clinic manager weekly and we have in place robust clinical governance arrangements to ensure recalls are not missed.

Over the next 12 months we will continue to apply our CQI program to the patient recall system to ensure issues are identified and addressed early.







## COMMUNITY ENGAGEMENT AND SUPPORT

### Maari Ma Radio Commercials

Early this year Maari Ma staff participated in the preparation and voice over of 20 recordings for the local radio station. The radio commercials are specific to the programs currently running at the Primary Health Care Service (PHCS). The recordings have been added to 'on hold' messages when people call the PHCS. The advertisements are currently aired on a daily basis through radios 2BH and HILL FM, and promote mental health, after school cooking, child & family, speech therapy, early years and HIPPY, playgroup, closing the gap, spirometry, Community Safety Research Project, tobacco program, nutrition, AMIHS, women's health checks, dental program, home medication reviews, administration appointments, Medicare, PIP, transport, youth health checks, chronic disease and immunisations. Staff also encouraged community members to participate in these recordings.

### Community information packs

With an increasing number of enquiries from community this year Regional Office staff have been preparing and updating community information packs. These packs provide information from service providers in Broken Hill and range from homelessness for youth to family support including funeral assistance. The information packs are easy to read and only include information specific to requests including contact details of other service providers. Community will also be able to obtain 'cheat sheets'. These will include step by step information relating to the referral process for families who are currently working with Community Services. This information will provide details of other service providers in Broken Hill and how they work to keep families together.





## Community Newsletter

The Maari Ma community newsletter has been running in Broken Hill for 4 years and we had requests for a Maari Ma community newsletter for Wilcannia as well. In February this year we met with services at Wilcannia and discussed options for a Maari Ma Wilcannia community newsletter. Discussions were held with WINGS, Central School, St Therese's School and Wilcannia Radio Station. The first edition of the Maari Ma Wilcannia community newsletter was published in April 2016. 100 copies are sent out via staff travelling to Wilcannia and left at the Health Service. An electronic version is also emailed out to all service participants, is posted on our website and via our Facebook page.

The Maari Ma community newsletter for Broken Hill is distributed to community via the waiting room at the PHCS. Regional Office staff also distribute it to community. Community newsletters are distributed on a monthly basis. Staff encourage community participation and acknowledgement of community events and involvement. The newsletters are also posted on Maari Ma's Facebook page with a direct link to Maari Ma's website which has a copy of every newsletter published for Broken Hill and Wilcannia.

## Tackling Indigenous Smoking Program

In 2016 Maari Ma was successful in obtaining funding from the Department of Health under the new Tackling Indigenous Smoking (TIS) program for a three year period to 2018. In order to ensure a whole of organisation approach to tackling smoking, we've embedded smoking cessation into the role of all frontline clinical positions. A Project Officer position is dedicated to support the clinical workforce to deliver evidence based interventions. In addition we've established Project Officer positions to engage the community around preventing the uptake of smoking by young people, and supporting families to establish smoke free environments.

The new TIS program focuses on promoting awareness of the effects of cigarette smoking and reducing smoke within homes and cars. The program has a family emphasis and includes focus groups consisting of youth, Elders, pregnant mothers and staff. Staff engage with youth within the local high schools and other education facilities, attempting to identify risk factors of smoking, short and long term, and other issues associated with smoking such as chronic disease. The TIS focus groups aim to encourage community participation and feedback on cigarette smoking in our community and the effects this has on families.

The program also provides smoking cessation education and training to frontline staff who work towards supporting people to quit and help to establish local quit support groups.

As a team we will work to strengthen Maari Ma's Smoke Free Workplace Policy and we will work to engage other local organisations to support them to develop their own Smoke Free Workplace Policy, and provide support to those workers who want to quit.

## Broken Hill Environment Lead Program

A partnership MoU between Maari Ma & Broken Hill Environmental Lead Program (BHELP) was signed in March 2016. This includes two positions with Maari Ma to assess the homes of children affected by lead and support their families.

The partnership between Maari Ma & BHELP aims to see both organisations work closely together to improve blood lead levels for Aboriginal children and to prevent further exposure to lead in homes. Children are tested for lead through the Healthy Start program at the PHCS. Children are tested by finger prick and this is included in the child's ATSI Health Check. Lead tests are aligned to the immunisation schedules.

Home assessments are carried out at the homes of children who have lead levels higher than 15ug/dL (micrograms per decilitre) as a priority. Children with moderate blood lead levels will receive in-house education to further reduce

elevated lead levels. Home visits to carry out soil analysis via XRF (x-ray fluorescence) are conducted and families are provided with cleaning tips, cleaning products and safe play areas for children. Home assessments include obtaining data relating to environment, diet and a child's behaviour, for example, hand to mouth activity, or soil-eating. Soil and paint samples are taken to identify whether remediation is required. Remediation is carried out by BHELP who arrange contractors to do the required cleanup work with no cost to families. Remediation may vary including removing and replacing contaminated paint and soils from the home.

## Lead promotions

Maari Ma was involved in the preparation and recording of the BHELP lead health promotional posters, brochures and TV commercials which included some of our families. Part of the filming was carried out at the PHCS with the theme "Lead Smart". This will roll out shortly.

## Environmental Health Unit

The Tackling Indigenous Smoking and Lead programs sit within the newly established Maari Ma Environmental Health Unit, which is managed by Kaylene Kemp.





## SPECIALIST SERVICES

### Clinic summary

Maari Ma continues its strong internal support for visiting specialists. Our in-house medical specialists include a cardiologist, renal physician, paediatrician, ophthalmologist, ear, nose and throat surgeon, adult psychiatrist, perinatal psychiatrist, pain specialist and a multi-disciplinary endocrinology team all of whom visit the remote towns (or we transport patients to Broken Hill to see them at the PHCS). To complement the medical specialists, there have been visits by smoking cessation specialists, an echocardiographer, optometrist, podiatrist and pain management physiotherapist as well as improved access to exercise stress tests.

Overall there were more than 200 individual specialist clinic days with more than 1,300 patient consultations.

### Specialist service clinic summary

DISCIPLINE	TOTAL VISIT DAYS	TOTAL PATIENTS SEEN
Cardiology	12	74
Ear, nose and throat	4	73
Echo technician	12	90
Endocrinology	24	204
Ophthalmologist	24	196
Optometrist	18	122
Paediatrician	55	272
Pain management	2	10
Pain management physiotherapy	3	9
Perinatal psychiatry	12	55
Podiatrist	34	177
Psychiatrist	6	23
Renal medicine	9	54
Smoking cessation	11	24
Stress tests	-	6









# EARLY YEARS PROJECT

## Early Years

The Early Years Project (EYP) continues to improve the opportunities and development for children (0-5 years) and their families in the Maari Ma region. There are currently eight team members who support the aims of the project. Lesley Harvey is the Early Years Project Leader (EYPL), Michelle Parker is the HIPPY Coordinator and we have three HIPPY Home Tutors - Barbara Grose, Terina King and Cyndal Bennett. Latesha Adams is the HIPPY Support and Engagement Officer and has been accepted into Macquarie University under a full scholarship to complete her Bachelor of Teaching (birth to five years) for three years. Janette Jones continues to provide support to the Broken Hill programs as the Early Childhood Educator and Leeann Adams has recently joined the team as Early Years Project Support Worker.



The Early Years Project is based on evidence that children's earliest and most powerful learning comes from their family. Experiences early in life will impact considerably on childhood learning and development, emotional wellbeing, and physical and mental health outcomes. Within all early years programs there is a strong focus on the importance of parent-child relationships and the ability it has to shape a child's development. The EYP has embedded this into its programs by:

- Supporting families to develop a home environment that encourages a love of learning, literacy and numeracy skills
- Supporting parents to be actively involved in the education of their children
- Increasing parents' awareness of their role as their child's first teacher
- Providing contextualised information to parents around the importance of play and child development
- Encouraging and modelling positive interactions.

## Intensive Supported Playgroup – Broken Hill

The change of location to the Maari Ma Child and Family Building from the local TAFE has proven to be a success for the Intensive Supported Playgroup with enrollments continuing to increase. The families have embraced the new space and it is obvious that they feel a good sense of belonging.

The multi-disciplinary team of twelve (including a Healthy Start child and family nurse, the HIPPY Coordinator, the Early Years Project Leader, a dietician, a mental health worker, a speech pathologist, a family support worker, a male research project officer and an early childhood education support worker) work together to deliver an enriched early childhood environment that models parenting behaviour and builds connections to community.

The Little Kids and Books program continues to run each fortnight within the Playgroup. The children receive a book to take home and it is shared one-on-one with their parent/caregiver at group time. The EYPL leads the story providing an opportunity to model reading strategies that enhance children's literacy.

Families enjoy receiving weekly photos of their children engaged in play and images of positive interactions with adults. In addition, families take home a pack with the newsletter that includes the week's recipes, health and wellbeing information and follow up stories about the importance of play and positive parent-child interactions, and a key ingredient from the meal.

The Playgroup Cooking Group runs every Thursday in the Child and Family Building to prepare the meals for Playgroup the next day. Playgroup families join the dietician and the early year's educator to prepare and cook healthy and inspiring recipes based on their likes, and

the dietician's recommendation for healthy eating. The Cooking Group is a time for families to build relationships and contribute to the planning of the Playgroup. It also encourages an interest in cooking different recipes with healthy ingredients.





## Little Kids and Books

Making books an integral part of a child's life is crucial for their development. Little Kids and Books continues to implant this knowledge into the Broken Hill, Wilcannia and Menindee communities. Little Kids and Books is incorporated as part of the Intensive Supported Playgroup in Broken Hill, Save the Children's playgroup in Wilcannia and at the Children's Centre in Menindee. The program ensures that at each session families receive a high quality children's picture book. The picture book is shared as a group and the EYPL models engaging reading strategies that encourage children and their parents/caregivers to develop a strong love for reading books together.



## Promoting the value of Early Years through networks

To ensure the best development opportunities and outcomes for children it is critical to strengthen the network of early childhood services. The EYPL is a key player in the organisation of this network and chairs the Early Years Discussion Group (EYDG). The EYDG includes representatives from the Early Childhood Education and Care (ECEC) sector across the region and meets once a month to engage in discussion that seeks to improve outcomes for local children (0-5 years). Members of the group work together to ensure children experience quality support through their early years. It is also a time to confirm the available spaces in early childhood education settings allowing the EYPL to relay information to Maari Ma families. Another significant outcome of the EYDG is the collaborative planning of National Children's Week and other opportunities to promote child wellbeing. National Children's Week is not only to raise awareness of the importance of early childhood development but also to share the importance with families. The EYDG was recognised for this success and received an advocacy for children award - for individuals, groups, volunteers, media, organisations who have made an outstanding contribution



to children in the community. The EYPL and two ECEC representatives travelled to Sydney to receive the award from the NSW Children's Week Council.

The EYPL continues to share and exchange information with other community services in the Maari Ma region to promote a community collaborative approach. Regular participation in child and family interagency groups is key to this achievement. The EYPL provides ongoing support to other ECEC services in the region including Ivanhoe, Wilcannia, Menindee and Broken Hill.





## Macquarie University Project: maths and science in the early years

The Macquarie University project is well established and into its second year. The project is funded by the Australian Research Council and involves early childhood services across Broken Hill. The study is being conducted by Associate Professor Marina Papic, Dr Camilla Gordon, Ms Judy McKay-Tempest from Macquarie University and Dr Catherine Neilsen-Hewett from University of Wollongong. The research project is titled: An early childhood community-based mathematics and science approach to addressing Indigenous disadvantage in remote communities.

Members from the EYP and Healthy Start teams attended several professional development sessions in 2016 in Broken Hill, Menindee and Wilcannia, and there was lots of hands on experimentation in the area of mathematics and science.

The project aims to:

1. Improve scientific literacy and numeracy skills among young children
2. Increase family involvement with children's education and greater uptake of community health and educational services
3. Enhance pedagogical and leadership skills among early childhood educators and health professionals.

The project has raised awareness and has broken down some barriers for the Indigenous community through the family workshops. The notion that it is necessary to have succeeded at school in order to teach your children maths and science has been proven wrong. Families have thoroughly enjoyed learning and teaching their children maths and science through fun experiments and games. The family workshops have encouraged Maari Ma families to enrol their three year olds into preschool for next year.

The project will run for 3 years with the results to be published in academic journals and conference proceedings, presented at conferences and used for teaching purposes.



## Home Interaction Program for Parents and Youngsters (HIPPY).

HIPPY continues to provide benefits for children and families and there are currently fifty-two Maari Ma children enrolled in the two year program. Over the two years (in the years before and after starting school) HIPPY children work through weekly or fortnightly packs of play-based, educational activities with their parents and family. The children are encouraged to ask questions and try new things, developing their confidence and passion for learning which enables school-readiness. HIPPY helps children and their families develop a love of learning early that is maintained throughout their lives.

The first HIPPY graduation was held this year. Nineteen children and their families graduated from HIPPY at the YMCA. This important milestone was celebrated at the YMCA with a beautiful dinner, a jumping castle, slide and HIPPY graduation cake. Aunty Maureen O'Donnell presented the HIPPY children and their families with a gift and a graduation certificate. It was a very proud moment creating lots of smiles of pride and joy.

As previously mentioned the HIPPY teams consists of a HIPPY Coordinator, HIPPY Support and Engagement Officer and three HIPPY Home Tutors. Each fortnight the HIPPY team organises a group meeting for HIPPY families. The aim of the meetings is to build and strengthen families' connections to and engagement with their local community, and to expand their networks and knowledge around local resources. Families are also supported to access training and professional development opportunities, and are provided with referrals to employment or training services. There has been a huge success with many HIPPY parents enrolling into courses with local training provider Robinson College. In addition to this success, three HIPPY Home Tutors have enrolled in Community Services Certificate IV.

The HIPPY team continues to work towards closing the gap in Indigenous preschool enrolments. The Indigenous



children who are not enrolled in preschool are identified upon enrolment and the families are then supported to enrol their child into preschool. This year the HIPPY team enrolled twelve children into preschool – a great outcome. The HIPPY team has also established a relationship with the Department of Education. The Aboriginal Education Officers (AEOs) from each primary school were invited to a HIPPY group meeting. The invitation was extended to give HIPPY families the opportunity to meet their AEO and start to build a relationship. Building a relationship with the AEOs will ensure that families feel comfortable before starting school and allow for a smoother transition.

It is evident that HIPPY is benefiting our community when it was chosen from 125 sites across Australia for a visit by



the Director of HIPPY International Dr Miriam Westheimer and the National Manager of HIPPY Australia, Marian Pettit to observe the success of HIPPY in our community. It was obvious they were both very impressed during their visit. "Seeing the wonderful work you are doing gave us even more determination to continue the important work to keep the HIPPY model strong and vibrant in Australia" was just one of the positive comments received from Dr Miriam Westheimer. Positive feedback was also received from the National Manager, "Congratulations on providing a great facility for HIPPY. The early learning place is so welcoming. Keep up your wonderful energy and work". This acknowledgement reinforces the positive impact that HIPPY is having on our community.







# RESEARCH

## Continuous Quality Improvement

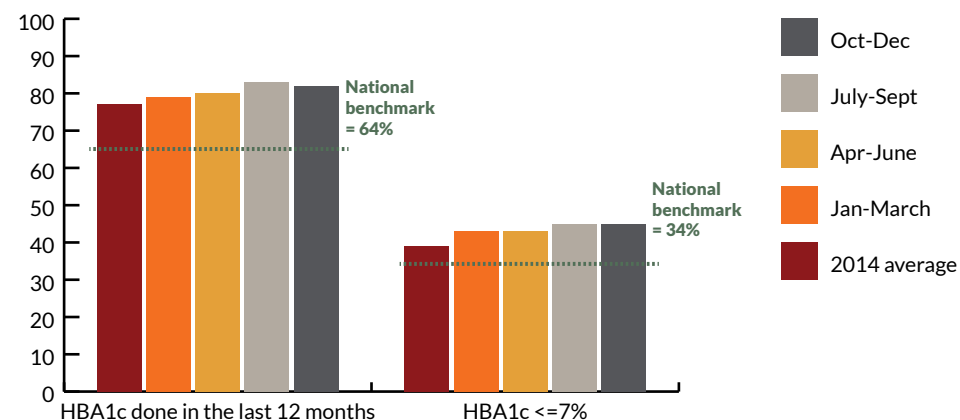
Maari Ma continues to use continuous quality improvement approaches to review and improve the services we provide. Over the past year we have reviewed outcome and process data for all of the Healthy Start, GP and Chronic Disease clinics throughout the region.

The following charts show Maari Ma's progress over the past year to improve chronic disease outcomes for Aboriginal people in our region. The benchmark shown on each chart (in green) is the national result reported in the Australian Institute of Health and Welfare's "National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: First national results June 2012 to June 2013" which was released in 2014. Maari Ma contributes to this national key performance indicator dataset.

The 2015 data is also compared to the average 2014 results.

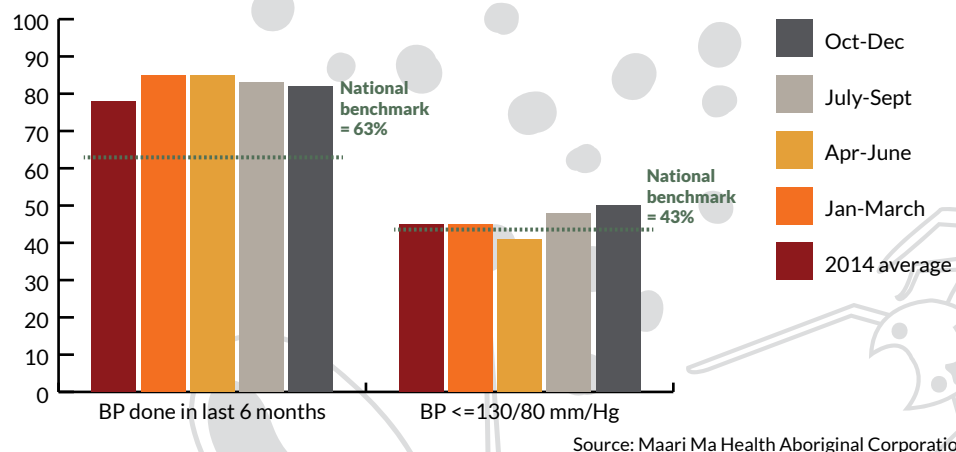
Maari Ma shows good results for regular monitoring of diabetic patients with results above the national result for both the measurements of HbA1c and blood pressure. The 'target optimal' measurements of HbA1c  $\leq 7\%$  and blood pressure  $\leq 130/80$  mmHg are above or on-par with national results.

**Proportion of regular Aboriginal diabetic clients who had their HbA1c measured in the last 12 months and whether that result was  $\leq 7\%$**



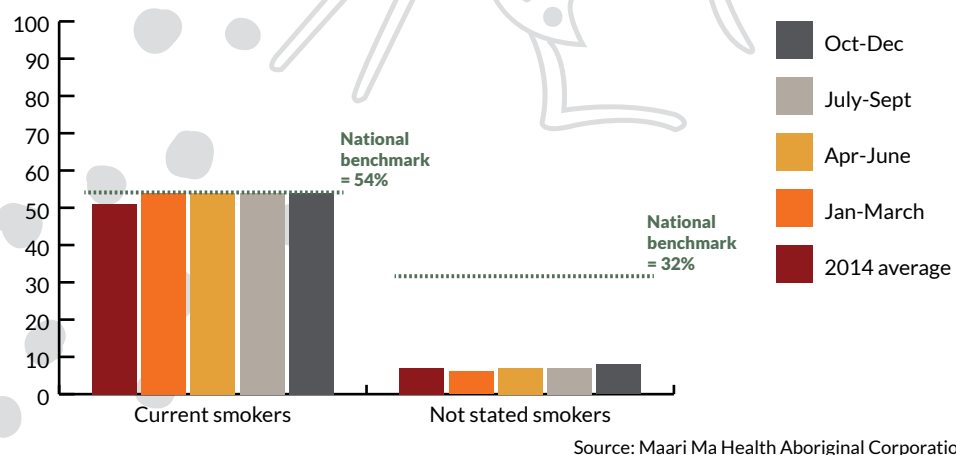
Source: Maari Ma Health Aboriginal Corporation

### Proportion of regular Aboriginal diabetic clients who had their blood pressure measured in the past 6 months and whether that BP result $\leq 130/80$ mmHg



There are a similar percentage of smokers in the region compared to the national benchmark. The proportion of all clients with their smoking status not recorded is much lower than expected: in all periods it was about a quarter of that expected or encountered elsewhere in other similar services.

### Clients aged over 15 who are smokers and those with no smoking status recorded



## Kanyini Vascular Collaboration

The Kanyini Vascular Collaboration (KVC) was established in 2005 by The George Institute for Global Health in Sydney and the Baker IDI in Central Australia. Maari Ma continued its formal involvement in the (KVC) this year. The KVC brings together a network of leading Indigenous and non-Indigenous researchers, Aboriginal medical services and community controlled services, community members and policy stakeholders from state and federal governments.

Kanyini is an important term used by a number of languages and can be translated as “to have, to hold and to care”. In essence, Kanyini describes the principle and primacy of caring for others – an obligation to nurture, protect and care for other people, family, country and the lore.

Maari Ma participated in the ‘Getting it Right’ study to test whether a shorter depression screening tool that has been specifically developed for Aboriginal and Torres Strait Islander people is valid. We were one of 10 sites that successfully recruited 50 people to the study. The results will be available in 2017 and we hope that if the study shows the tool is valid we will be able to use it soon.

## Chronic Disease Strategy Evaluation

2015/16 marked 10 years since Maari Ma launched its Chronic Disease Strategy (CDS). In keeping with our interest in continuous quality improvement, we decided that it was an appropriate time to look back on the evolution of the CDS and see what sort of impact it has had. Menzies School of Health Research in Darwin was commissioned to assist us in this work. Considerable data and historical documents were provided to the evaluation team, and the Board and a wide range of staff (both past and present) were interviewed for their views on the CDS after 10 years. The evaluation will also assist us to determine the direction of our work in the future.

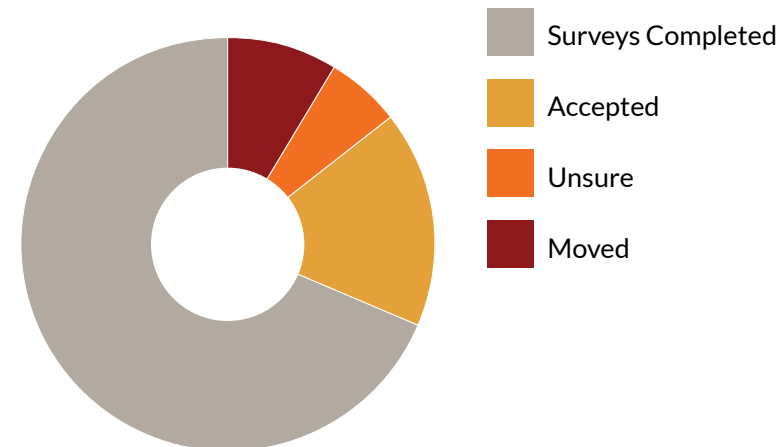


# COMMUNITY SAFETY RESEARCH PROJECT

The Adult Study continued through the 2015-2016 period and the Healing Program is also running in both Menindee and Broken Hill. The Community Safety Research Project (CSRP) remains a complex project that aims to understand the precursors of violence in communities and, through a healing program, assist those affected by loss, grief and trauma to begin a journey of healing.

## The Adult Study

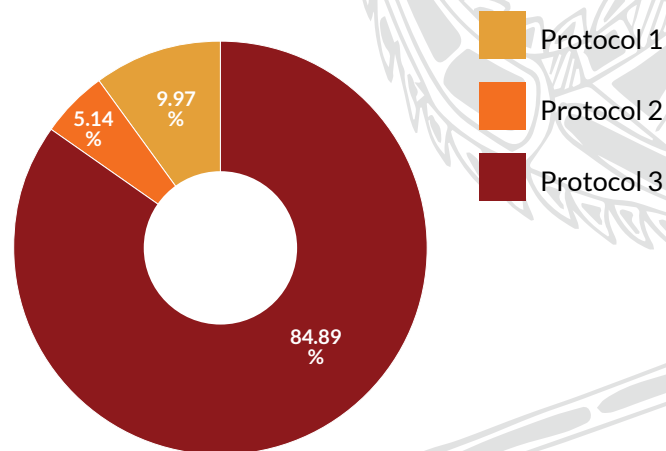
The Adult Study (quantitative) phase of the project continues to be implemented in Broken Hill and Menindee, with a total of 543 community members engaged; 343 surveys completed; 81 community members declined; 84 community members have accepted and are yet to complete the survey; 44 community members have moved away (either since or before engagement) and 29 community members said they are unsure.



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

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

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



## Healing Program

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

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

In 2015 – 2016 Maari Ma implemented the Healing Program in Menindee as well as Broken Hill and a total of 70 people commenced the program. It is run over a 2 month period with both group and individual sessions, and participants are followed up at 6 weeks and 6 months after completion of the program.



## CORPORATE SERVICES

Maari Ma has continued to grow this year in terms of staff and budget. In the past 10 years we have grown from 51 full time equivalent (FTE) staff and a budget of \$4.9 million in 2006 to 103 FTE and a budget of \$12.9 million in 2016. That's a 160% increase in budget and 67% increase in people, which is remarkable. With that growth has come increasing complexity and sophistication of all of our systems.

### IT

The Information Technology (IT) team continues to work towards evolving and improving Maari Ma IT systems to support program delivery. This year they undertook a major upgrade of the IT infrastructure by migrating old technology servers over to new hardware and the latest Windows Server operating systems. Aside from an unforeseen hardware issue during this process, the migration was successful and the new stable platform will see Maari Ma safely through the upcoming years.

The IT team, in conjunction with external contractors, finalised installation of top of the range IT and security systems for the new Primary Health Care Service building. The security features will provide a safe and secure environment for staff and patients alike.

A new Maari Ma website was commissioned and launched, improving use-ability and search-ability on mobile devices.

Our clinical and practice management software systems were also upgraded this year. In addition, the IT team assisted in the installation of the new HR system and upgrade of our accounting software.

### Accreditation

This year, we continued to progress with a range of quality improvement projects under our organisational accreditation through the Quality Improvement Council (QIC). These projects were developed to address identified gaps or areas for improvement from our accreditation review in May 2015.

Our identified projects are:

- Medical Director business rules document: Medical Director is our electronic medical records software. With new staff and locum doctors at the health service, it is important that everyone is using Medical Director in a consistent way. We have pulled all our 'rules' into one document and this is now in use, and being updated on an ongoing basis.
- Documenting the Maari Ma IT environment: Our IT network is very sophisticated and complex and IT networks are now vulnerable to a range of external hazards. With various upgrades we identified the need to have a document that could be used by another IT expert to assist to recover



or address any issues for our network if our IT manager were unavailable.

- Documenting Maari Ma's cultural framework: Along with a strategic plan, a cultural framework is an important document for an Aboriginal community controlled organisation. The development of a cultural framework has been on Maari Ma's 'bucket list' for some time.
- Updating Terms of Reference (TOR) and agendas for MMM and SHG: Maari Ma's Management meeting (MMM) and Strategic Health Group (SHG) are the two peak decision-making/guidance groups within our organisation. To ensure that all aspects of the organisation's operations were being considered at a senior level, the TOR for both groups and their respective agendas were reviewed.
- Improve utilisation of human resources (HR) software: Maari Ma uses performance management software and a number of paper-based systems to keep track of the employment records and performance of our staff. Consideration was given to improving the utilisation of our electronic system as well as moving a number of paper-based HR systems into a paper-less system.
- Update/improve fire safety documentation: In conjunction with our move to the new PHCS, we recognised the need to update not only our fire safety and training information but our emergency procedures policy.

We will shortly be due for a mid-cycle review of these quality improvement projects.

Our dental facility, policies and services have also achieved 3 year re-accreditation this year.

## Contract management/reporting

Significant staff time and resources are applied to seeking out funding for services and programs, developing submissions for new funding, and reporting against funding provided. Maari Ma has also entered into an auspice agreement with the Murdi Paaki Regional Assembly (MPRA) and in our role as secretariat for the MPRA we develop funding submissions, sign funding agreements and report against funded activities on behalf of the Assembly. This is an area of significant importance to us as it is linked to Maari Ma's reputation with funding bodies and potential success with subsequent funding applications. Maari Ma's ability to collect, manage, use, analyse and report data from our wide variety of activities is one of the reasons we continue to be successful in attracting funds for our services.





# WORKFORCE DEVELOPMENT

As always, our focus is on developing our workforce and providing employment, leadership and development opportunities. This includes a commitment to increasing our Indigenous workforce at every opportunity we get and we are pleased to have increased the number of Indigenous staff again this year.

In October we recruited a new Human Resources (HR) Manager – Kay Macsween - following the retirement of Glenis Barnes. Thank you to Glenis for many years of dedicated service to Maari Ma.

We used the opportunity of a new team to review our HR systems. We invested in new HR technology to replace all of our paper based systems. This will mean changes to the way we manage employee records and most of our HR administration systems. We will roll out the new HR system in 2016/17. We also continued to provide support to managers and employees in all areas of HR, including general industrial relations advice, training, recruitment, payroll and anything else that supports our staff to make their working experience at Maari Ma as rewarding as possible.

## **Trainee Primary Health Workers**

In August, nine trainees and three existing employees commenced their study in Certificate IV Aboriginal & Torres Strait Islander Primary Health in partnership with TAFE Western. This included six trainees from Broken Hill, two from Wilcannia and one from Menindee. At the end of June all trainees were successfully working towards completion which is planned for December 2016. Maari Ma will support all of the trainees to achieve their clinical competencies next year to become registered Aboriginal Health Practitioners.







## Maari Ma Wins 'Employer of Choice' Awards

We were proudly voted as a Top Performer in the Human Resources Director (HRD) Magazine Employer of Choice Awards. The awards recognise organisations that are rated by employees in many areas including job satisfaction, trust, leadership, benefits, workplace flexibility and training/development opportunities. Maari Ma was recognised in two categories – Diversity and Inclusion, and Trust and Empowerment.

These awards acknowledge the hard work of all employees in doing everything possible to make Maari Ma a great place to work. A very big thank you to all our staff who voted for us.

As a result of these awards, in June we were selected as a finalist in the Australian HR Awards in the 'Not for Profit & Public Sector' category. The winners will be announced at an awards ceremony in September in Sydney.

## Workforce Data

	2015/16	2014/15	2013/14
Number of employees (full time, part time and casual)	117	108	102
Number of Indigenous employees	66	55	56
Percentage of Indigenous employees	55%	52%	56%
Full Time Equivalent (FTE) Employees	103	85	89
Percentage FTE Indigenous employees	55%	51%	50%

## Recognition of Service

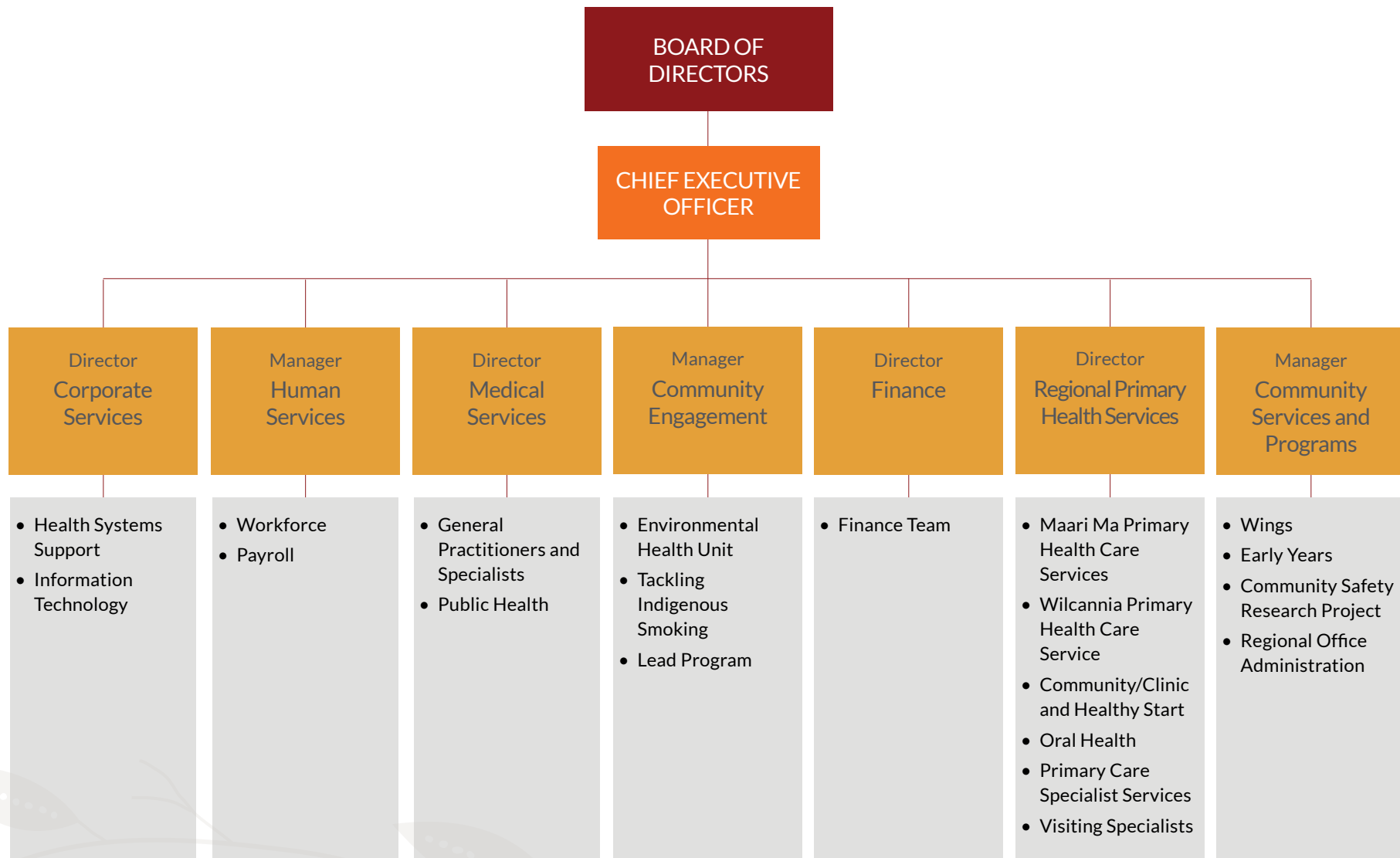
Eight employees achieved 5 years of service during this year. We would like to thank:

- David Winter
- Natika Whyman
- Lowra Koraba
- Fiona Burrows
- Michael Hanley
- Janette Jones
- Gina Faulkner
- Kelly McGowan

for their long term commitment to Maari Ma.



# ORGANISATIONAL CHART











# WINGS

During the year at WINGS Drop In Centre there were a number of different activities for the kids to enjoy including weekly kids cooking classes with a Maari Ma dietitian, dance classes run by Villiami Mafi, a performing arts teacher from Wilcannia Central School, and Footy for Fun at the football oval with Country Rugby League (CRL).

WINGS also held a number of special events such as Boys and Girls Group, Movie Nights, discos, music workshops with Heaps Decent and Aqua and Carnival Days held during the school holidays. Other activities held during the holidays were Black, Yellow & Red Disco during NAIDOC week, as well as an excursion to Broken Hill for the annual Family Fun Day.

This year WINGS started celebrating Book Week. Each year across Australia, the Children's Book Council of Australia (CBCA) brings children and books together to celebrate Children's Book Week. During this time schools, libraries, book sellers, authors, illustrators and children celebrate Australian children's literature. Activities for Book Week at WINGS included 'All About Me Books', where the children create their own book, and show and tell at the end of the week. Our children also made bookmarks and were presented with their own reading log for them to complete for the week. The idea behind this is to encourage the children to pick up a book to read by themselves with help or even if someone reads the book to them.





This year the holidays were filled with exciting activities with Early Years Project Leader, Lesley Harvey. The children participated in science activities and one of the activities created a colour-changing experiment with milk using food coloring and dish soap which resulted in an awesome reaction and a beautiful explosion of colours. There was also a celery and food colouring experiment as well as marble dipped vases.

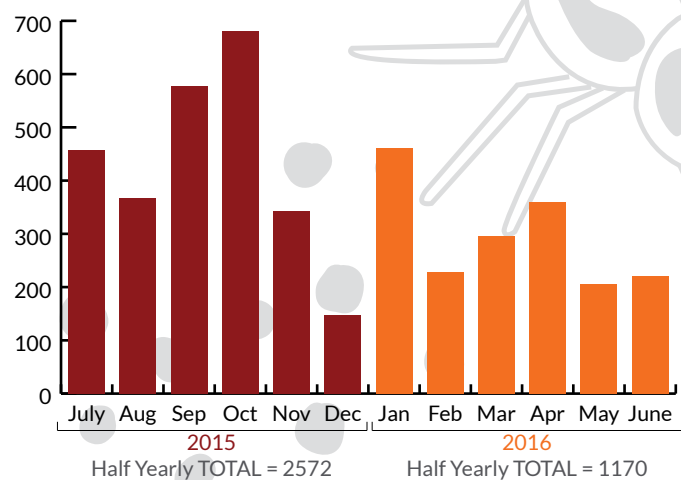
## Weekly Activities

- Kids cooking classes
- Footy for Fun
- Dance classes
- Art and craft activities

## Special Events

- NAIDOC week Holiday Program
- Heaps Decent music workshop
- Carnival Day
- Aqua Day
- Discos
- Boys and Girls Group
- Movie nights
- Book Week
- Exploring science

## Attendance data





# FINANCE REPORT

## FINANCE REPORT

For the year ended 30 June 2016

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

- Primary Health Care funded by the Commonwealth Department of Health (DoH);
- Finance and administration funded by DoH;
- Wilcannia services funded by DoH;
- Rural Primary Health Services funded by Western Health Alliance Limited (Western NSW PHN);
- Services funded by the Far West Local Health District;
- Community Safety Research Project funded by the University of New South Wales.

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

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

Maari Ma earned total revenue from operations of \$15,247,775 (after adjusting for unexpended grants) which is a decrease of approximately \$2.5m from the previous financial year. The primary reason for the decrease was the funding received for the clinic redevelopment in the prior year.

Expenditure for the year was \$14,679,652, an increase of 11% over the previous financial year. After taking into account the loss on disposal of assets, Maari Ma's surplus for the year was \$646,689.

**Chris Eastwood**

Director of Finance



## INDEPENDENT AUDITOR'S REPORT

### Report on the financial report

We have audited the accompanying financial report of Maari Ma Health Aboriginal Corporation (the "Corporation"), which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

### Directors' responsibility for the financial report

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

### Auditor's responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the

entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

### Independence

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

### Auditor's opinion

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

- (a) gives a true and fair view of the Corporation's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- (b) complies with Australian Accounting Standards – Reduced Disclosure Requirements.



**Kevin Reid**

Partner  
PricewaterhouseCoopers  
26 August 2016

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# DIRECTORS' REPORT

## DIRECTORS' REPORT

For the year ended 30 June 2016

The directors present their report together with the financial report of Maari Ma Health Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2016 and the auditor's report thereon.

### Directors

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

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

### Board meetings

There were 7 Board meetings held during the year. The number of meetings attended by each Board member is as follows:

MEMBER	MEETINGS ATTENDED
Maureen O'Donnell	7
Des Jones	6
Gloria Murray	5
Fay Johnstone	7
Cheryl Blore	7
William Bates	7

There are no Board committees.



## Qualifications, experience and social responsibilities of each director

**Maureen O'Donnell** is a Barkintji Elder belonging to the Wilyakali language group. Maureen is also the Chair of the Broken Hill Local Aboriginal Land Council and is on the Board of Management for the Mutawintji National Park and on the Board of the Far West Local Health District.

**Des Jones** is a Murrawari man and currently resides in Wentworth. Des is the Deputy Chair of Maari Ma. Des holds Board positions with other organisations including Chair of the Murdi Paaki Regional Housing Corporation and a Board Member of the Dareton Local Aboriginal Land Council.

**Gloria Murray** is a Barkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council, Balranald Indigenous Committee and Balranald Inc.

**Fay Johnstone** is a Ngilyampaa/Barkintji woman residing in Ivanhoe. Fay has been employed for more than 30 years as an Aboriginal Education Assistant with the Department of Education and is based at the Ivanhoe Central School. Fay is also the Chair of the Ivanhoe Aboriginal Community Working Party and a member of the Ivanhoe Health Advisory Council.

**Cheryl Blore** is a Barkintji woman who resides in Menindee. Cheryl has been employed for more than 30 years as an Aboriginal Education Officer with the Department of Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 30 years, holding positions as secretary and Chair and is now currently acting as their Relieving Chief Executive Officer.

**William Bates** is a Wanyuparlku/Malangapa/Barkintji elder and founding Chair of Maari Ma Health. He is currently Chair of the Murdi Paaki Regional Enterprise Corporation and the Mutawintji National Park Board of Management and sits on the Board of Murdi Paaki Regional Housing Corporation.

## Qualifications, experience and social responsibilities of the Secretary

**Bob Davis** is a Dhunghutti man and has more than 30 years' experience at Chief Executive Officer / Executive Director level within Aboriginal health with government and non-government organisations in NSW and Cape York.

Bob has previously held positions as CEO/Director for a number of organisations including the Cape York Health Council, Partnership for Aboriginal Coordinated Care Trial and Biripi Aboriginal Medical Service. He has also held positions of Director of Aboriginal Health for the Mid North Coast Area Health Service, NSW Assistant Regional Coordinator for the former National Aboriginal and Islander Health Organisation and Director of Land, Policy and Research Unit for the NSW Aboriginal Land Council

## Principal Activities

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

## Review of Operations

The Corporation recorded a total surplus in the period of \$646,689 (2015: \$4,427,450).

## Distributions

The Rules of the Corporation do not allow any distributions to be made to the members of the Corporation and none were made during the financial year (2015: \$nil).

## Significant Changes in the State of Affairs

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

## Matters Subsequent to the End of the Financial Year

No matter or circumstance has arisen since 30 June 2016 that has significantly affected, or may significantly affect:

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

## Environment Regulation

The Corporation is not subject to significant environmental regulations.

## Insurance of Officers

During the year the Corporation paid a premium of \$2,990 to insure the directors and managers of the Corporation (2015: \$2,990).

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

The financial statements were authorised for issue by the directors on 26 August 2016. The directors do not have the power to amend and reissue the financial statements.

**Maureen O'Donnell**

Broken Hill | 26 August 2016

# STATEMENT OF FINANCIAL POSITION

As at 30 June 2016

	Note	2016 \$	2015 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	4,561,790	5,226,601
Trade and other receivables	3	462,788	648,467
Other financial cash assets	2	2,076,334	-
<b>TOTAL CURRENT ASSETS</b>		<b>7,100,912</b>	<b>5,875,068</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	4	9,968,604	9,400,161
<b>TOTAL NON-CURRENT ASSETS</b>		<b>9,968,604</b>	<b>9,400,161</b>
<b>TOTAL ASSETS</b>		<b>17,069,516</b>	<b>15,275,229</b>
<b>CURRENT LIABILITIES</b>			
Revenue received in advance		-	154,313
Unexpended grants	5, 6	2,100,675	2,680,007
Trade and other payables		3,450,512	1,760,834
Bank loans		58,597	58,272
Employee entitlements		1,251,408	1,096,308
<b>TOTAL CURRENT LIABILITIES</b>		<b>6,861,192</b>	<b>5,749,734</b>
<b>NON-CURRENT LIABILITIES</b>			
Bank loans	8	304,612	340,759
Employee entitlements		232,574	160,287
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>537,186</b>	<b>501,046</b>
<b>TOTAL LIABILITIES</b>		<b>7,398,378</b>	<b>6,250,780</b>
<b>NET ASSETS</b>		<b>9,671,138</b>	<b>9,024,449</b>
Accumulated surplus		9,671,138	9,024,449
<b>TOTAL ACCUMULATED SURPLUS</b>		<b>9,671,138</b>	<b>9,024,449</b>

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



# STATEMENT OF COMPREHENSIVE INCOME

As at 30 June 2016

	Note	2016 \$	2015 \$
<b>REVENUE FROM CONTINUING OPERATIONS</b>			
Grant revenue	5	12,935,359	15,573,768
Medicare & primary health revenue		1,552,946	1,444,106
Sundry revenue		674,289	461,360
Bank interest		85,181	182,233
<b>TOTAL REVENUE FROM CONTINUING OPERATIONS</b>		<b>15,247,775</b>	<b>17,661,467</b>
<b>OTHER INCOME</b>			
Net gain/ (loss) on disposal of assets		78,566	(31,506)
Less: Expenditure	7	(14,679,652)	(13,202,511)
Income tax expense		-	-
<b>NET SURPLUS FOR THE YEAR</b>		<b>646,689</b>	<b>4,427,450</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
Items that may be reclassified to profit and loss		-	-
Items that will not be classified to profit and loss		-	-
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>646,689</b>	<b>4,427,450</b>

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

# STATEMENT OF CHANGES IN EQUITY

As at 30 June 2016

	Note	2016 \$	2015 \$
Accumulated surplus at the beginning of the financial year		9,024,449	4,596,999
Net surplus for the year		646,689	4,427,450
Other comprehensive income		-	-
<b>ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>		<b>9,671,138</b>	<b>9,024,449</b>

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



# STATEMENT OF CASH FLOWS

As at 30 June 2016

	Note	2016 \$	2015 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from funding providers and customers (inclusive of GST)	2	16,205,215	14,519,561
Payments to suppliers and employees (inclusive of GST)	3	(13,668,171)	(13,074,830)
Interest received	2	83,521	233,495
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		<b>2,620,565</b>	<b>1,678,226</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant and equipment	2	(1,346,404)	(5,156,758)
Proceeds from sale of property, plant and equipment	3	173,184	100,296
Funds invested in term deposits	2	(2,076,334)	4,412,136
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(3,249,554)</b>	<b>(644,326)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Receipts from lender		-	100,000
Payments to lender	5, 6	(35,822)	(31,149)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(35,822)</b>	<b>68,851</b>
<b>NET (DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS HELD</b>		<b>(664,811)</b>	<b>1,102,751</b>
Cash and cash equivalents at the beginning of the financial year		5,226,601	4,123,850
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</b>		<b>4,561,790</b>	<b>5,226,601</b>

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 Corporation are set out below to assist in a general understanding of these financial statements.

These policies have been consistently applied to all years presented except where otherwise stated. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

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

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) and 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 statements of the Corporation comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the AASB.

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

The financial statements are presented in Australian dollars, which is the Corporation's functional currency.

Certain new standards and interpretations have been published that are not mandatory for 30 June 2016 reporting period and have not been adopted early by the Corporation; as below:

#### ***AASB 9 Financial Instruments (effective for annual reporting periods beginning on or after 1 January 2018)***

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

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

The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118, which covers contracts for goods and services, and AASB 111, which covers construction contracts. The new standard is based on the principle that revenue is recognised when control of a good or service transfers to a customer – so the notion of control replaces the existing notion of risks and rewards. The Corporation does not plan to adopt this standard early and there is not expected to be any material impacts once these standards are adopted.

#### ***AASB 2016-2 IASB issues narrow scope amendments to IAS 7 Statement of cash flows (effective for annual reporting periods beginning on or after 1 January 2017)***

The amendment to AASB 107 introduces additional disclosures that will enable users of financial statements to evaluate changes in liabilities arising

from financing activities. The amendment requires disclosure of changes arising from:

- cash flows, such as drawdowns and repayments of borrowings, and
- non-cash changes, such as acquisitions, disposals and unrealised exchange differences.

The Corporation does not plan to adopt this standard early and there is not expected to be any material impacts once these standards are adopted.

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

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

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

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

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

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



### (c) Impairment of Assets

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

### (d) Revenue Recognition – Grant Revenue

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

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

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

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

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

### (e) Revenue Recognition – Other Income

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

### (f) Cash and Cash Equivalents

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

### (g) Trade and Other Receivables

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

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

### (h) Trade and Other Payables

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

### (i) Employee Benefits

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

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period. 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 end of the reporting period.

The liability for annual 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 end of the reporting period. 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 end of the reporting period.

## (j) Goods and Service Tax

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

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

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

## (k) Income Tax

The Corporation is a public benevolent institution and, as such, is exempt from income tax.

## (l) Comparative Figures

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

## (m) Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable

expectation of future events and are based on current trends and economic data, obtained both externally and internally.

### *Key Estimates – Impairment*

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

## (n) Financial Instruments

### *Recognition and Initial Measurement*

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

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

### *Derecognition*

Financial instruments are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and

benefits associated with the asset. Financial assets are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.





## 2. Cash and Cash Equivalents and Other Financial Cash Assets

	2016 \$	2015 \$
<b>CASH AND CASH EQUIVALENTS</b>		
Cash at bank	4,560,090	5,225,001
Bank overdraft (Note 8)	-	(100)
Cash on hand	1,700	1,700
	<b>4,561,790</b>	<b>5,226,601</b>
<b>OTHER FINANCIAL CASH ASSETS</b>		
Term deposits	2,076,334	-
	<b>2,076,334</b>	<b>-</b>

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

## 3. Trade and Other Receivables

	2016 \$	2015 \$
<b>CURRENT</b>		
Trade receivables	157,086	504,158
Sundry receivables	105,507	8,190
Accrued income	28,771	35,424
Prepayments	171,424	100,695
	<b>462,788</b>	<b>648,467</b>

As at 30 June 2016, trade receivables of \$3,335 (2015 – \$528) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

#### 4. Property, Plant and Equipment

	Freehold Land \$	Freehold Buildings \$	Plant & Equipment \$	Motor Vehicles \$	Total \$
<b>AT 1 JULY 2015</b>					
Cost	314,328	7,873,565	1,566,891	1,384,207	11,138,991
Accumulated depreciation	-	(469,470)	(662,177)	(607,183)	(1,738,830)
<b>Net book value</b>	<b>314,328</b>	<b>7,404,095</b>	<b>904,714</b>	<b>777,024</b>	<b>9,400,161</b>
<b>YEAR ENDED 30 JUNE 2016</b>					
Opening net book value	314,328	7,404,095	904,714	777,024	9,400,161
Additions	93,604	612,879	134,531	454,391	1,295,405
Disposals	-	-	(4,341)	(61,640)	(65,981)
Depreciation charge	-	(204,939)	(131,349)	(324,693)	(660,981)
<b>Closing net book value</b>	<b>407,932</b>	<b>7,812,035</b>	<b>903,555</b>	<b>845,082</b>	<b>9,968,604</b>
<b>AT 30 JUNE 2016</b>					
Cost	407,932	8,486,444	1,646,589	1,455,984	11,996,949
Accumulated depreciation	-	(674,409)	(743,034)	(610,902)	(2,028,345)
<b>NET BOOK VALUE</b>	<b>407,932</b>	<b>7,812,035</b>	<b>903,555</b>	<b>845,082</b>	<b>9,968,604</b>

## 5. Grant Revenue

During the year, the Corporation received the following grants:

	2016	2015
	\$	\$
Australian Government – Dept. of Health	6,148,516	6,081,628
Beyond Medical	166,187	231,467
Broken Hill Environmental Lead Program	279,407	-
Brotherhood of St Lawrence	215,027	160,050
Dept. of Prime Minister & Cabinet	775,199	657,870
Far West Local Health District	1,362,402	1,464,088
Far West Medicare Local	(23,442)	841,589
GP Synergy	358,319	-
Indigenous Land Corporation	130,000	-
NSW Cancer Institute	-	28,636
NSW Dept. of Justice.	115,600	115,600
NSW Dept. of Family & Community Services	245,662	238,168
NSW Ministry of Health	866,555	852,255
NSW Rural Doctors' Network	709,288	701,787
SA Health & Medical Research	-	14,000
Pharmacy Guild	26,567	31,136
The Healing Foundation	-	20,000
Transport NSW	-	104,009
University of New South Wales	356,293	534,439
Western Health Alliance Limited	624,447	-
	<b>12,356,027</b>	<b>12,076,722</b>
Prior year unexpended grants	2,680,007	6,177,053
Unexpended grants carried forward	(2,100,675)	(2,680,007)
<b>GRANT REVENUE FOR THE YEAR</b>	<b>12,935,359</b>	<b>15,573,768</b>

## 6. Unexpended Grants

During the year, the Corporation received the following grants:

	2016	2015
	\$	\$
Tied grant monies	700,675	530,007
Untied monies	1,400,000	2,150,000
	<b>2,100,675</b>	<b>2,680,007</b>

The Corporation receives monies which are either contractually tied to specific purposes or contractually untied.

Where tied grant monies are received and are not fully expended at balance date, the unexpended amounts are recorded as Unexpended Grants in the Statement of Financial Position.

For untied monies, which are not fully expended at balance date, the unexpended amounts are also recorded as Unexpended Grants in the Statement of Financial Position. The purpose of the Corporation is to provide primary health care services to Aboriginal people in far west New South Wales. Untied monies are provided by various organisations to meet the objectives of the Corporation. Whilst such funds are received with no contractual rights to repay the unexpended amount, the policy of the Corporation is to only utilise these amounts for the purpose of its objectives. The Corporation has adopted this policy as it deems that there is an obligation to use such funds to meet its purpose.



## 7. Expenditure

	2016	2015
	\$	\$
Advertising	20,661	18,005
Audit fees, including grant acquittals	105,297	101,378
Bank charges & interest	28,976	28,645
Cleaning & domestic supplies	152,573	120,544
Community activities	725,509	754,211
Computer software & support	118,270	97,396
Consultants' fees	206,527	217,970
Depreciation	660,981	518,293
Directors' expenses	63,708	58,409
Insurance	52,625	37,376
Medical & dental costs	2,231,863	1,694,907
Meeting expenses	93,952	67,123
Miscellaneous expenses	50,739	17,229
Motor vehicle expenses	212,656	228,570
Printing & stationery	110,795	95,586
Property costs	388,571	309,088
Relocation costs	-	20,623
Repairs & maintenance	166,932	157,330
Resources	207,432	87,067
Salaries & wages and on-costs	8,619,960	8,090,581
Staff costs	243,543	220,841
Telephone expenses	92,490	102,434
Travel & accommodation	125,592	158,905
<b>TOTAL EXPENDITURE</b>	<b>14,679,652</b>	<b>13,202,511</b>

## 8. Borrowings

	2016			2015		
	Current \$	Non-Current \$	Total \$	Current \$	Non-Current \$	Total \$
<b>SECURED</b>						
Bank loans	58,597	304,612	363,209	58,272	340,759	399,031
<b>TOTAL SECURED BORROWINGS</b>	<b>58,597</b>	<b>304,612</b>	<b>363,209</b>	<b>58,272</b>	<b>340,759</b>	<b>399,031</b>
<b>UNSECURED</b>						
Bank overdrafts*	-	-	-	100	-	100
<b>TOTAL BORROWINGS</b>	<b>58,597</b>	<b>304,612</b>	<b>363,209</b>	<b>58,372</b>	<b>340,759</b>	<b>399,031</b>

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

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

The total bank loans of \$363,209 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

### (b) Undrawn facilities

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

	2016 \$	2015 \$
<b>FLOATING RATE</b>		
Expiring within one year (bank overdraft)	-	200,000

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

## 9. Cash Flow Information

	2016 \$	2015 \$
<b>RECONCILIATION OF CASH AND CASH EQUIVALENTS</b>		
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	-	(100)
Cash at bank	1,700	1,700
<b>BALANCE PER STATEMENT OF CASH FLOWS</b>	<b>4,561,790</b>	<b>5,226,601</b>
<b>RECONCILIATION OF NET CASH FLOWS FROM OPERATING ACTIVITIES TO OPERATING SURPLUS (DEFICIT)</b>		
Operating surplus	646,690	4,425,350
Depreciation	660,981	518,293
(Decrease) / increase in unexpended grants	(579,332)	(3,497,046)
Net (surplus) / deficit on sale of non-current assets	(78,566)	31,506
Increase / (decrease) in trade and other debtors	185,679	(353,082)
Increase / (decrease) in trade creditors	1,712,039	286,515
(Decrease) / increase in other operating liabilities	(154,313)	65,241
Increase / (decrease) in provisions	227,387	201,449
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>2,620,565</b>	<b>1,678,226</b>

## 10. Key Management Personnel Disclosures

	2016 \$	2015 \$
<b>Key management personnel compensation</b>	<b>1,510,826</b>	<b>1,307,334</b>

There were no transactions other than compensation with key management personnel in the current year (2015: \$0).

## 11. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2016.

## 12. Commitments

### Lease commitments

The Corporation has no lease commitments at 30 June 2016.

## 13. Related Party Transactions

There have been no transactions with related parties during the year ended 30 June 2016.

## 14. Segment Information

The Corporation receives funding, primarily from the Australian Government, for the provision of a range of services in far west New South Wales. In addition, the Corporation is contracted by the Far West Local Health District to provide remote health services in the far west area of New South Wales. The Corporation'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.



## 15. 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.

## 16. Company Details

	2016	2015
Maari Ma Health Aboriginal Corporation is incorporated under the <i>Corporations (Aboriginal and Torres Strait Islander) Act 2006</i> . The liability of Members is limited to \$nil in the event that the Corporation is wound up.		
Membership numbers as at the date of this report were	77	77

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

### Maari Ma Health Aboriginal Corporation

428 Argent Street  
PO Box 339  
Broken Hill, NSW 2880

## DIRECTORS' DECLARATION

In the directors' opinion:

- (a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (b) the financial statements and notes set out on pages 4 to 22 are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, 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 2016 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 26 August 2016.



Maureen O'Donnell  
Director

Broken Hill | 26 August 2016



## PARTNERSHIPS

The work Maari Ma does is, first and foremost, done in partnership with our communities. We exist because of the support of the communities of the far west; we acknowledge the trust which is central to the success of that partnership and the mutual respect which keeps the partnership strong.

We continue to play a role in supporting the Murdi Paaki Regional Assembly (MPRA) through the provision of secretariat support to the Assembly but also through input to strategic activities of the Assembly such as in the implementation of the new Murdi Paaki Regional Plan. The importance of a strong Indigenous governance body for the region cannot be understated and Maari Ma is pleased to play a role in seeing the MPRA achieve its goals across western NSW.

Maari Ma has also offered its support this year to various local organisations seeking to provide services, or improve service provision, to Aboriginal people. While not formal partnerships, by offering our support to organisations such as the YMCA (for the running of its Desert Dash and in its bid to attract a significant NSW government grant for a redevelopment in Broken Hill) and Richmond RPA (in its bid to establish a 'headspace' in Broken Hill) we are supporting the efforts of these organisations to help Aboriginal people to access services. Similarly, we have supported the Broken Hill GP Super Clinic's efforts to establish an after hours service, White Leeds Arid Wetlands to establish an education centre, and the Clontarf Foundation to establish a Clontarf Academy at Broken Hill High School.

By way of formal partnerships, we are pleased to have entered into a formal arrangement with the newly established Broken Hill Environmental Lead Project (BHELP) to see the Aboriginal strategy within the BHELP activities implemented. We are now also participating in Bila Muuji Aboriginal Health Services activities. Bila Muuji comprises Aboriginal community controlled medical services from Brewarrina, Bourke, Coomealla, Coonamble, Dubbo, Forbes, Orange, Wellington and Walgett, all active in trying to address the health inequality in each of those communities.

Our formal partnership with Justice Health regarding GP services at Broken Hill jail and discharge planning for Maari Ma clients throughout the Justice Health system has proved to be a success and this continues.

We are pleased to have the continued backing of the Scully Fund. The Trustees of the Scully Fund have supported Maari Ma's Outback Vascular Health Service (OVHS) each year since 2009 with a substantial donation which has enabled the coordination and provision of services - a critical feature of the success of OVHS. We are similarly grateful to the CAGES Foundation for their ongoing support of the Healthy Start program. Dr Shanti Raman, our paediatrician, was instrumental in gaining the support of the Australian Indian Medical Graduates Association for a donation which we put towards the purchase of books for our Little Kids + Books program. This year we were also successful in receiving a Cristal Mining Community Grant which we used for books as well.

We continue to be grateful to our various government and non-government funding bodies for the opportunities they provide to us in working with our clients and communities to close the gap. Our work alongside various mainstream services in the far west region on health promotion, service provision, workforce training and development has been going for many years in both formal and informal ways. While the strength of these relationships may vary, their intent continues to be to achieve the good health and wellbeing of the Aboriginal people of far west NSW, and our combined efforts to see the health gap between Aboriginal and non-Aboriginal people closed.



**The Scully Fund**





The header features a dark red background with the text 'MAARI MA STAFF' in white. Above the text is a stylized orange and white Indigenous pattern. Below the text is a large, textured orange and white Indigenous pattern featuring a handprint and a branch.

# MAARI MA STAFF

## CHIEF EXECUTIVE

Bob Davis	Chief Executive Officer
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## EXECUTIVE SUPPORT

Haylee Rogers	Executive Assistant
Kate Gooden	Systems Development Manager
Kaylene Kemp	Manager Community Engagement
William Johnstone	Consultant
William (Sam) Jeffries	Murdi Paaki Regional Assembly Chairperson

## PUBLIC HEALTH/MEDICAL SERVICES

Hugh Burke	Director Medical Services
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## FINANCE

Chris Eastwood	Director Finance
Lee-Anne Philp	Finance Office Manager
Shane Hayward	Finance Officer
Kate Pittaway	Finance Officer
Aydan Simmons	Finance Officer

## WORKFORCE

Kay Macsween	Manager Human Resources
Renaë Roach	Human Resources Coordinator
David Winter	Payroll Officer

## COMMUNITY PROGRAMS & SERVICES

Justin Files	Manager Community Services & Programs
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### REGIONAL OFFICE ADMINISTRATION

Renee Powell	Office Manager
Lucinda Collins	Administrative Assistant

### EARLY YEARS

Lesley Harvey	Project Leader
Janette Jones	Playgroup Assistant
Leann Adams	Support Worker
Latesha Adams	HIPPY Educator
Michelle Parker	HIPPY Coordinator
Cyndal Bennett	HIPPY Home Tutor
Terina King	HIPPY Home Tutor
Barbara Grose	HIPPY Home Tutor

### COMMUNITY SAFETY RESEARCH PROJECT

Marsha Files	Manager
Fiona Mitchell	Project Officer
Bilyara Bates	Project Officer
Catherine Sanford	Project Officer
Kate Balman	Project Officer
Alinta Edge	Project Support Worker

### WINGS DROP IN CENTRE

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

### ENVIRONMENTAL HEALTH UNIT

Jessica Ierace	Team Leader/Project Officer Smoke Free Homes & Cars
Anshul Kaul	Project Officer Tobacco Control
Lavinia Henderson	Community Worker - Lead Program

### REGIONAL PRIMARY HEALTH

Linda Lynott	Director Regional Primary Health
Rachael Kennedy	Trainee Primary Health Worker
Christine Polanski	Trainee Primary Health Worker
Shannon Edwards	Trainee Primary Health Worker
Brooke O'Donnell	Trainee Primary Health Worker
Shannon Henderson	Trainee Primary Health Worker
Courtney O'Donnell	Trainee Primary Health Worker
Bronwyn Johnson	Trainee Primary Health Worker

### GENERAL PRACTITIONERS & SPECIALISTS

Nalin Fonseca	General Practitioner
Aung si Thu	General Practitioner
Priscilla Htun	General Practitioner
Stephen Gaggin	General Practitioner
Vic Carroll	General Practitioner
Marion Christie	General Practitioner
Ros Brooks	General Practitioner

Michael Nugent	General Practitioner
Muzaffar Karimov	General Practitioner
Belinda Lorenzo	GP Registrar
Jhavevana Useelananthan	GP Registrar
Shanti Raman	Paediatrician

### PRACTICE ADMINISTRATION

Kendy Rogers	Manager
Lisa Kelly	Clinic Coordinator
Alannah Degoumois	Administration Assistant
Rahel Boon	Administration Assistant
Callan Rogers	Administration Assistant
Tamara Brache	Administration Assistant
Guy Crawford	Transport Officer
Stanley Hart	Transport Officer

### CLINICAL AND COMMUNITY TEAMS

Kelly McGowan	Manager Clinical Teams
David Doyle	Manager Chronic Disease
Jamie Billing	Primary Health Worker
Codi King	Primary Health Worker
Luke O'Donnell	Primary Health Worker
Tiffany Cattermole	Practice Nurse
Eileen Adam	Practice Nurse
Nicole Lawler	Practice Nurse
Heather Curyer	Practice Nurse
Holle Pearson	Practice Nurse
Gina Faulkner	Primary Health Nurse
Michael Porter	Clinical Nurse Consultant Diabetes

### YOUTH HEALTH

Regan Chesterfield	Primary Health Nurse
Tarissa Staker	Aboriginal Youth Health Worker

### HEALTHY START

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

### PRIMARY CARE SPECIALIST SERVICES

Fiona Burrows	Manager
Peter Crossing	Primary Mental Health Worker
Jenny Walters	Primary Mental Health Worker
Kalynda Powell	Primary Mental Health Worker
Matt Jones	Primary Mental Health Worker
Susan Jordan	Primary Mental Health Worker
Karen Elston	Primary Mental Health Worker

Taylor Degoumois	Trainee Primary Mental Health Worker
Elsie Patterson	Dietitian
Jessica Hung	Dietitian
Leanne Martin	Community Cook Wilcannia
Steven Harris	Community Cook Wilcannia
Tiffany Lynch	Project Officer Smoking Cessation Education

### ORAL HEALTH

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

### WILCANNIA PRIMARY HEALTH

Judith Borg	Manager
Robert Harris	Community Transport
Kevin Bates	Community Support Worker
Kerry King	Community Support Worker
Dana Newman	Trainee Primary Health Worker
Mary Woolcock	Primary Health Nurse
Lillian Gaiter	Primary Health Nurse
Lindy Alderton	Primary Health Nurse
Lowra Koraba	Clinic Coordinator / Administration Officer
Lynley Rebbeck	Clinic Coordinator / Administration Officer

### MENINDEE

Debra King	Primary Health Worker
Dimity Kelly	Primary Health Worker
Sam Hooker	Trainee Primary Health Worker
Carmel King	Community Transport

### IVANHOE

Jamie Hughes	Community Transport
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### **Maari Ma Regional Office**

428 Argent Street  
PO BOX 339  
BROKEN HILL NSW 2880

**Phone** (08) 8082 9888  
**Fax** (08) 8082 9889

ABN 39 056 645 930  
ICN 2570

### **Maari Ma Primary Health Care Service**

439-443 Argent Street  
PO BOX 799  
BROKEN HILL NSW 2880

**Phone** (08) 8082 9777  
**Fax** (08) 8082 9778

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

