



# ANNUAL REPORT 2017/2018



**MAARI MA HEALTH**  
ABORIGINAL CORPORATION



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MAARI MA  
HEALTH  
ABORIGINAL  
CORPORATION

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**MAARI MA HEALTH**  
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# OUR VISION & VALUES

## VISION

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





# 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 MEMBERS

## CHAIRPERSON MAUREEN O'DONNELL

Maureen is a Wilyakali Elder belonging to the Barkintji language group.

Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked in Aboriginal affairs tirelessly campaigning for equality for Aboriginal people.

Maureen is the Chairperson of the Broken Hill Community Working Party. Maureen is also a Director of the Broken Hill Local Aboriginal Land Council and on the Board of Management for the Mutawintji National Parks and Wildlife Service.

Maureen commenced her role with the Maari Ma Board in 1997.



## DES JONES

Des 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 Chairperson of the Murdi Paaki Regional Assembly.

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

Gloria is a Barkintji Elder residing in Balranald.

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

Fay is a Ngiyampaa – Barkintji woman residing in Ivanhoe.

Fay has been employed for 36 years as an Aboriginal Education Assistant with the Department of Education and Communities and is based at the Ivanhoe Central School.

Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party.

Fay commenced her role with the Maari Ma Board in 1998.



## CHERYL BLORE

Cheryl is a Barkintji woman who resides in Menindee.

Cheryl has been involved in education for over 30 years as an Aboriginal Education Officer with the Department of Education and Communities at the Menindee Central School.

Cheryl has been involved with the Menindee Local Aboriginal Land Council for more than 30 years, holding positions as secretary and Chairperson.

Cheryl commenced her role with the Maari Ma Board in 2006.



# CHAIRPERSON'S REPORT

Everyone plays a role every day to make Maari Ma successful and we have reached another year where our clients come to Maari Ma and feel valued, are treated with respect and are provided with the best possible care available to us. From our transport officers who make sure our clients get to their appointments, our administration assistants who ensure everything runs smoothly and our health workers and doctors who provide the treatment - everyone contributes to our goal of keeping our people well and closing the gap. This also includes our visiting specialists. Our Chronic Disease Strategy mantra is 'while prevention is better than cure, control is better than complication'. The job that our GPs and visiting specialists play in caring for our clients and managing their chronic conditions is equal to none. Some of our GPs have been with us for over a decade. I thank them for their choice to work with us and our communities. They keep our people well, living longer and importantly out of hospital and help them navigate an often unknown and daunting path forward with respect and understanding, and that is always very much appreciated.



The number of our visiting specialist days continues to grow each year. There was a 6% increase in the number of days of specialist visits compared to last year and a 10% rise in patient consults. In addition, we are continually reviewing our mix of specialists to ensure they are meeting the health needs of our communities. I thank our staff for supporting the visiting specialists – without their expertise and assistance we would not be able to run our clinics as effectively and efficiently as we do.

Thank you to staff in Healthy Start who work hard to make sure our young children have their health checks and that they do get a healthy start in life. There has been a strong focus on smoking

in pregnancy this year and the Tackling Indigenous Smoking (TIS) program has been working hard helping pregnant mums to quit, stopping kids from taking up smoking and helping people to quit if they've started. Smoking is one of the major reasons why we have a ten-year life expectancy gap and that is not acceptable. As a Board we have been aware that we have needed not only supportive programs to get our people to quit but we have needed to reach out into our communities. Smoking cessation programs have been at Maari Ma for many years. We've had a Smoking cessation specialist visit every three months and our frontline staff have been trained to deliver smoking cessation treatment.



More recently the Federal Government funded TIS initiative meant we could significantly expand what we do, and we've stepped up and stepped out into the community with locally designed and locally delivered programs. If you're driving about you'll see a colourful car wrapped in our TIS logo, at any large event there'll be a table of resources and staff yarning to community about the health effects of smoking, and more recently we've got our own TIS Superwoman mascot raising awareness in our communities chatting to kids and mums. Facebook is also a big part of our approach to get the message to our young people. All the research shows that smoking has its beginnings in adolescence and if people don't start smoking when they're teenagers it's unlikely they ever will. We know also that family and peer groups play a significant role in the uptake of smoking. It's tough to give up the smokes, it's better not to take them up in the first place. As a Board we're focused and we're serious – we need to stop our mob from dying too young because of tobacco. All of our staff are involved one way or another in achieving this goal but a specific thank you to the staff who are driving these very important programs. Progress is impossible without change and we are working to change social norms relating to smoking and support families to educate their children against smoking. I believe only when this happens will we see real progress with reduced smoking rates. Let us make future generations thank us for doing this.

The roles of staff who work in our other non-clinical programs are no less important and they are also to be commended for their work. The Early Years program for example continued to make big strides and it was a proud moment last December when 20 youngsters graduated from the two-year HIPPI program. Those working tirelessly but often not seen are staff in Finance and IT and they have had big years doing additional work. Both support the Marrabinya program and IT ensured a smooth transition for staff who relocated to new premises.

Thank you to all our staff. An organisation is only as good as the people who work in it and they care for our clients with skill and compassion every day. Our organisation runs smoothly because of the guidance it receives from CEO, Bob Davis and his senior management team. Bob leads with humility and respect and our organisation would not have made the strides it has done without him. Thank you to Haylee Rogers who works with ease and efficiency, and whose support of the Board is always valued. My appreciation to my fellow Board members is immeasurable – they provide insight and awareness to move forward to higher goals and achievements, and I thank them for that. Above all thank you to you, our communities, for putting your health in our hands. We will always work tirelessly for you.

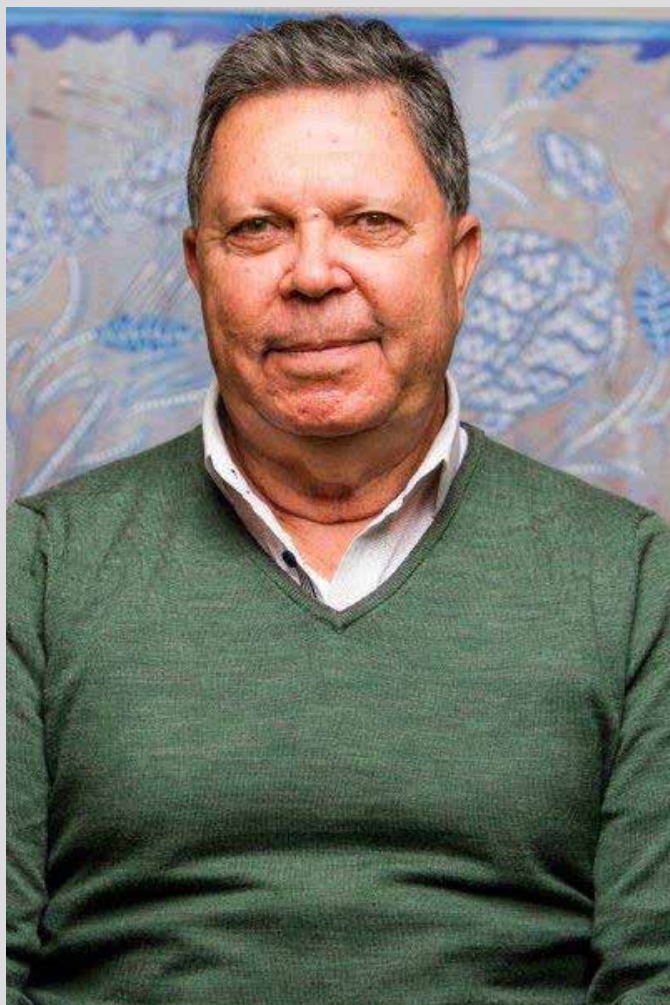
**MAUREEN O'DONNELL**

**Chairperson**



# CHIEF EXECUTIVE OFFICER'S REPORT

Yet another busy year has gone by marked by staff comings and goings, meetings, awards, celebrations, and commiserations.



Every three years, Maari Ma is assessed against the Health and Community Service standards of the Quality Improvement Council. It is beneficial to be able to review what we do across all aspects of the organisation against these standards: Are we a quality organisation? Do we provide quality services? Do we have quality external relationships? I know many staff participated in the 18 working groups we established to compile our evidence against each of the 18 standards: collectively, the evidence was very compelling and the reviewers' feedback was particularly pleasing - Maari Ma was seen to be a truly community-controlled organisation and one which shows leadership in the region and beyond.

Another pleasing aspect of the accreditation process is feedback provided to the reviewers from people external to the organisation about us: clients, service partners, and funding bodies, all endorsed what we do and how we do it, noting our partnership with our communities. First and foremost, that is why we exist: *families, individuals and communities achieve good health, wellbeing and self-determination, supported by Maari Ma.*

This year we have started, or are about to start, a number of new services. We have expanded our allied health capabilities with two allied health assistants in training, working alongside our in-house and visiting allied health services, supporting children with developmental and behavioural needs. We were directly approached by FACS to take on two programs: the first, Getting It Together, supporting young people with drug and alcohol issues to remain engaged with school and their families in Broken Hill; the second, Aboriginal Evidence Building Partnership, sees PwC's Indigenous Consulting partnering with WINGS to find appropriate outcome measures for the young people



accessing the services provided by WINGS. And we worked with Save the Children Australia to neatly transition the Wilcannia playgroup over to Maari Ma management, as well as begin a new service, funded by the Department of Education and Communities, with the playgroup team visiting Wilcannia families in their homes to extend the early learning experiences of 2 and 3 year olds. All of these new services have come about because of Maari Ma's experience and expertise, and build upon this to further support our clients and communities.

I would like to commend the Marrabinya team spread across all of western NSW, and their support team based in Broken Hill, for the incredible results over a full 12 month period. During the period July 2017 through to the end of June 2018, Marrabinya processed a total of 1764 referrals for the year. From these referrals a staggering 14,170 support services were brokered on behalf of clients referred to Marrabinya by their usual treating GP; this equates to approximately 270 supplementary services each week or 8 services per referral. Of the 1764 referrals, 661 were new referrals to the Marrabinya program. That is more than 1700 Aboriginal people with chronic disease being supported to access the care they require.

It is also encouraging to see two of our long standing and successful programs extended: HIPPY – working with 4 and 5 year olds in Broken Hill to prepare for school, extended for another 2 years; and Tackling Indigenous Smoking, extended for 4 years. Both are critical to our clients and community – helping children reach their full potential by giving them the best possible start at school, and assisting everyone in the community to kick the smoking habit, the single biggest killer of Aboriginal people.

I have been very pleased to see how adaptable our organisation is, weathering funding uncertainties,

changes to work location or line management. I believe this is testament to our Board's unwavering guidance and direction-setting for the work we do, and to staff who are committed to their jobs. My sincere thanks to our Board Chairperson, Maureen O'Donnell and her fellow Board members for their support, and to all of the Maari Ma staff, scattered across the majority of NSW, for your passion and commitment.

**BOB DAVIS**  
Chief Executive Officer



# PRIMARY HEALTH CARE

For more than 20 years the Maari Ma Primary Health Care Service has been delivering quality and integrated services to the communities of the Far West. We made a number of significant achievements in 2017/18 of which the team is very proud.

We are sincerely thankful for the continued support of the Aboriginal communities of the far west of NSW which enables us to grow and develop our work, and keep preparing for the challenges of the year ahead.

## ATSI HEALTH CHECKS

Health checks remain an important focus of our work to help ensure Aboriginal people receive primary health care matched to their needs by encouraging early intervention, diagnosis and intervention for common and treatable conditions that cause morbidity and mortality.

1,371

ATSI Health checks  
completed by  
Maari Ma doctors  
across the region in  
2017/18

## BROKEN HILL PRIMARY HEALTH CARE SERVICE

### Clinic

The Clinic team focuses on screening and assessment of patients who present to the walk - in clinic, assisting doctors with procedures and the follow up of patients. This year the team implemented an Influenza Vaccination Strategy across the service, and achieved outstanding results including 95% of patients in the Keeping Well cohort and 100% of staff offered immunisation.

An important aspect of the screening process is identification of risk factors for chronic disease, such as smoking and obesity. All team members are trained to provide brief interventions and refer patients for intensive counselling.

Annual health checks are an integral part of all teams' objectives and the Clinic team uses opportunistic presentations to begin this work.

Examples of the activities performed in the clinic include triage, wound care, pharmacy, visiting specialist assistance and preparation for clinics, immunisations, pathology, diabetes screening, completing IPTAAS forms and organising travel, home visits and liaising with external services such as Royal Adelaide Hospital.

The Clinic team welcomed two new registered nurses to the team, and Aboriginal Health Practitioner, Shannon Henderson is successfully completing the first year of a Bachelor of Nursing degree.

## Community

A key service of the Maari Ma community team is providing care for a cohort of patients with a chronic cardiovascular disease. We offer compassionate and comprehensive health care, and engage with patients in their own home. The team works to provide follow up after medical appointments and liaises with the patient in preparation for scheduled and unscheduled care.

The team works in close partnership with the diabetes and respiratory clinical nurse consultants.

## Respiratory Service

Following the appointment of visiting Respiratory Physician, Simone Barry, it became apparent we needed to provide a more extensive respiratory service to the community. Registered Nurse, Kelly McGowan was appointed to this role, and she works with Simone and Aboriginal Health Practitioner, Jamie Billing to perform lung function tests such as spirometry, facilitating sleep apnoea studies and ensuring patients are followed up in the community.

Kelly is also providing support to the visiting cardiologist and pain physician, ensuring these clinics are well managed, and that patients are assisted to complete the necessary tests and investigations.

This service has been a very welcome addition to the team.

## Diabetic Clinic

The Maari Ma Diabetes Clinic provides advice and assistance to patients living with Type 1 or Type 2 diabetes, or people who are at risk of developing diabetes (this is called pre-diabetes). At Maari Ma, diabetes is managed by our diabetes educator in collaboration with a general practitioner, and Aboriginal health workers with the advice and guidance of a diabetes specialist (endocrinologist) for complex issues.

Over the past six years we have been extremely fortunate to have a partnership with the Royal Prince Alfred Hospital in Sydney. The endocrine

team visits Broken Hill and surrounding districts four times a year and also provides regular follow up services between visits. This service enables people with complex diabetes to be managed locally without having to leave their family and community.

This is important as diabetes is a national health priority, with the number of people with type 2 diabetes growing. Within 20 years, the number of people in Australia with type 2 diabetes may increase from an estimated 870,000 in 2014, to more than 2.5 million. Aboriginal and Torres Strait Islander people are twice as likely to develop diabetes.

If left undiagnosed or poorly managed, diabetes can lead to coronary artery disease (CAD), stroke, kidney failure, limb amputations and blindness. The early identification and optimal management of people with type 2 diabetes is therefore critical.





## Home Medication Reviews

The 2017/18 financial year has been a very positive one for pharmacy services provided at Maari Ma with the addition of Simon Wark as a pharmacist intern. Simon works every Thursday for Maari Ma in Broken Hill and Wilcannia, and his main duties have been medication reconciliation, staff education and improving efficiencies and accuracy in Webster packing systems. Simon's hard work has improved patient safety and increased awareness of medication management issues.

The Home Medication Review (HMR) program continues to be successful in terms of pharmacist access to patients with a 6% increase in the number of patients seeing the pharmacist for a HMR in 2017/18 compared to 2016/17. A total of 206 patients had HMRs across the region which included 32 patients in Menindee, 65 patients in Wilcannia and 109 patients in Broken Hill. Improving the HMR completion rate will be an area of continued focus so that more patients can achieve better health outcomes through optimising medication management.

## Healthy Start

The Healthy Start program is designed to improve the health of pregnant women, newborn babies, children 0-8yrs and their families.

This year we unfortunately said farewell to our paediatrician, Dr Shanti Raman, but were fortunate to employ Dr Andrew Tandy in that position.

The Healthy Start program is part of Maari Ma's Chronic Disease Strategy and aims to improve health outcomes through the proactive reduction of risk factors for chronic disease from pregnancy to when the child is eight years old. To achieve this outcome our team of doctors, nurses, Aboriginal health practitioners, midwives, allied health staff and visiting specialists work hard to ensure ATSI Health Checks are completed annually for all participants in the program.

A strong focus is our work to reduce smoking rates in pregnancy. We provide brief interventions, nicotine replacement therapy and counseling to women and their partners.

This year saw the expansion and integration of the Lead program into the fabric of the Healthy Start team. Aboriginal health practitioners perform lead testing, and provide education and counseling to families where high levels of lead are detected.

A bonus to the team was the introduction and employment of a women's health/sexual health nurse position. This role expands our service for patients with a Hepatitis B or C diagnosis, working with the GP to prevent complications of liver disease and offering treatment to eradicate the virus where possible. The team works closely with the Sexual Health Service provided by the Far West Local Health District.

Maari Ma is incredibly proud of the achievements of Barkintji woman, Tiffany Cattermole. Tiffany started working at Maari Ma as an administration assistant, and then subsequently completed her Aboriginal Health Worker training and then a Bachelor of Nursing. Two years ago Tiffany went to work at the Broken Hill Health Service and completed her midwifery training, and an additional twelve months' experience. She has now returned to Maari Ma and joined the midwifery team, enabling us to provide more choice to the community.

## Paediatric Allied Health

Last year we were fortunate to introduce a multidisciplinary service to children with a physical and/or behavioural disability by initiating a contract with the Novita Children's Service. Novita's occupational therapist and physiotherapist work alongside Maari Ma's speech pathologist to provide allied health assessments, therapy, equipment prescription and family support services to children and young people with special needs.

This financial year the service was enhanced and in addition to the monthly clinic the team is now able to provide therapy to children in their school. The service has also been expanded to Wilcannia.

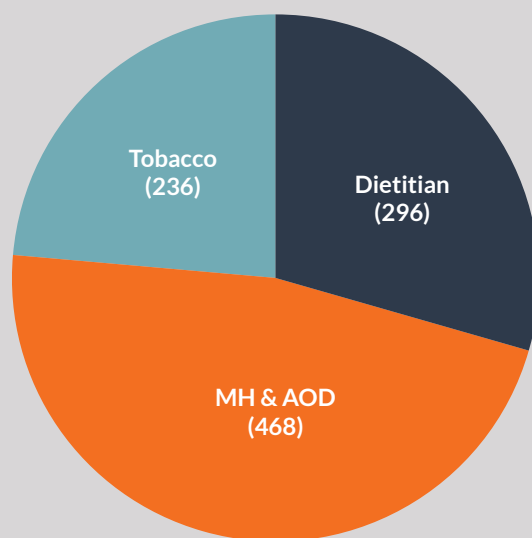
Two allied health assistant trainees commenced with Maari Ma in May and are contributing to the development of the service. These staff work closely with the occupational therapist from Novita and Maari Ma's speech pathologist providing cultural liaison with the family and reinforcing the therapy introduced by the team.



## PRIMARY CARE SPECIALIST SERVICES

This year Primary Care Specialist Services provided a range of mental health and alcohol and other drug services to the community in addition to dietetics and smoking cessation, with an overall aim of improving individual, family, social and emotional wellbeing.

In the past year the team has had a particularly strong focus on smoking cessation. This has included a focus on preventative and early intervention regarding the uptake of tobacco smoking with the communities' youth and supporting smoking cessation in the community.



REFERRALS JULY 2017-2018

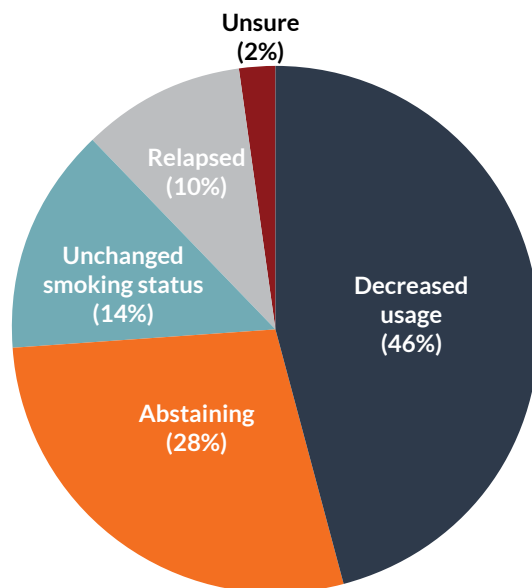
## Smokers Program

Tobacco smoking is a significant contributing factor to chronic disease and the single greatest preventable cause of all death and illness. Maari Ma regards smoking cessation as one of the most important facets of our approach to chronic disease prevention and management in our communities.

During the past year our Smoking Cessation Education Officer continued to strengthen the capacity of frontline staff to provide the Smokers Program to community members. The Smokers Program utilises best practice in time frames, is very flexible, and is based on individual and client focused needs. The program provides a combination of therapy for patients, including GP and caseworker support to aid the cessation process, and Nicotine Replacement Therapy (NRT).

The majority of Maari Ma frontline workers are trained and certified to deliver the Maari Ma Smokers Program which has seen the biggest number of community members accessing the program to date.

Professor Renee Bittoun, who has worked in smoking cessation for more than 30 years, continues to provide support to Maari Ma to ensure our clinical delivery is evidence based and best practice.



STATUS OF PATIENTS ACCESSING  
MAARI MA'S SMOKERS PROGRAM  
JULY-DEC 2017



## Dieticians

The nutrition program works towards improving the nutritional health of our communities. The team has a strong focus on promoting diet and nutrition across the lifespan including pregnancy, children and adolescents, through to adulthood. There are programs in place including cooking groups at preschools, schools and at Maari Ma which help increase confidence and skills in the kitchen to prepare healthy food.

The nutrition team continues to provide one on one dietetic consults across the region in Broken Hill, Menindee, Wilcannia, Ivanhoe, White Cliffs and Tibooburra.

This year there has been significant emphasis on program delivery for the communities' youth, including the After School Cooking Group, partnering with the PCYC for Active Kids, and various cooking groups in Wilcannia and Menindee. The team conducts the monthly Community Dinners in Wilcannia with approximately 50-70 community members in attendance per month.

## Primary Mental Health and Alcohol & Other Drugs

The PMH&AOD team works collaboratively with Maari Ma's GPs and Aboriginal health practitioners to provide social and emotional support to people experiencing issues related to substance use, trauma, grief and mental health.

The team provides services across the entire lifespan, including perinatally, child and adolescents, and adults. This team is supported by Psychiatrist, Jonathan Carne, Perinatal Psychiatrist, Ros Powrie and Addiction Specialist, Graeme Judson.

Some of the key work the team does is managing grief and loss/coping with change throughout the year in some primary schools in Broken Hill and Wilcannia, plus facilitating self-care/mindfulness programs in Broken Hill and Wilcannia Central School.

The PMH&AOD team also delivers a range of programs including,

- Aboriginal Mental Health First Aid
- Seasons for Growth (both Adult and Children's program)
- Circle of Security
- DrumBEAT
- Active Kids (partnered with PCYC).

The team is currently in the process of designing a program to deliver to the youth at Eagle Arts on alcohol and other drug issues, and mechanisms to address these. These programs are regularly delivered throughout the year.

The team also participates in interagency groups:

- Suicide Prevention
- Safety Action
- Mental Health Month
- Child and Family
- DV Interagency.

## Health Promotion

Some of the health promotional activities the teams participated in include:

- Women's Health-community luncheon to coincide with Jean Hailes Women's Health Week in September
- Autism Awareness stall and information day during Autism Awareness Week
- Mental Health Month-touring comedian Kevin Kropinyeri held events across the far west.
- Healthy Weight Week
- NAIDOC events within community, and at North Public School and Burke Ward Public School.
- White Ribbon Night
- Maari Ma's Day in the Park community event

## YOUTH HEALTH

The aim of the Youth Health program is to improve the overall health and wellbeing of Maari Ma clients aged 9-18. We aim to achieve this goal by ensuring that all clients receive an Annual Health Check, GP management plans for chronic conditions and appropriate follow up, asthma action plans, routine immunisations, and health education.

The Youth Health team is well engaged with the Youth School Services Interagency in Broken Hill, as well as the Child and Family Interagency. Through this engagement we have access to high schools in the Broken Hill area to provide education on health and the Maari Ma's services.

Tarissa Staker, with assistance from Aboriginal liaison officers from local primary schools, attended the Dhungala Choral Connection in Melbourne over the June long weekend, along with a group of six students, handpicked by Deborah Cheetham. Deborah is a Yorta Yorta woman, soprano, composer and educator, and has been a leader in the Australian arts landscape for more than 25 years.

The team presented at Crossroads, a health promotion activity at Willyama and Broken Hill High Schools, and were voted the most engaging and informative education session in a survey of students.



## TickiT

The TickiT program is going really well and has been well embedded in the Youth Health service. TickiT is an interactive, patient directed questionnaire that clients aged 12-18 are able to complete. The team has detected young people are more honest and up front in their answers using this system, which increases the ability of the health professional to tailor the health check to the needs of each individual client.

## Clontarf

The Broken Hill Clontarf Academy opened in Term 2 2016, and is located at Broken Hill High School.

The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander men, and by doing so equips them to participate meaningfully in society. Full time, locally based Clontarf staff mentor and counsel students on a range of behavioural and lifestyle issues while the school caters for their educational needs. The Foundation uses the existing interest the boys have for football to attract them to school and keep them there.

Maari Ma's services understands that education is a key to improving health outcomes for Aboriginal and Torres Strait Islander people, and we support the Clontarf Foundation in Broken Hill providing the health care necessary to support this cohort of youth.

## DENTAL

The dental service in Broken Hill operates two chairs, with the Royal Flying Doctor Service providing free oral health care to adults three days per week. The child dental service is provided by a dental therapist and dental assistant, aided by Aboriginal Health Practitioner Christene Polanski, who is completing a Certificate IV in Dental Assisting.

Dental Consultant, Dr Sandra Meihubers continues to provide support and expert advice to the team, mentoring team members.

The team regularly visit the region's schools to monitor oral health and provide ongoing support. The team is also involved with health checks locally and in outreach areas such as Wilcannia, Menindee and Ivanhoe.

The team successfully passed Dental Accreditation in 2017 with the Australian Dental Association.

## STUDENTS

This year we hosted one medical student and one nursing student. A number of pharmacy students were also on site throughout the year, supervised by Maari Ma Pharmacist, Alex Page.

## WILCANNIA PRIMARY HEALTH CARE SERVICE

The Wilcannia Primary Health Care team consists of Aboriginal health practitioners, doctors, nurses, administration staff and transportation officers.

The team delivers services to Aboriginal people and their families, and works closely with mainstream agencies to provide access to a broad range of services.

Services provided include general practice, chronic disease management, child and family health, women's health, mental health, drug and alcohol counseling, ante natal and post-natal care, health promotion and oral health. These services are supplemented by a range of visiting medical specialists such as cardiology, paediatrics, podiatry, and endocrinology.

Staff routinely do transport for patients needing to attend medical appointments in Broken Hill or elsewhere, and work closely with other health care providers in Adelaide and Mildura.

Health promotion is a large part of the work the team performs and Wilcannia participates in all community events. The monthly Wilcannia Community Dinner has been providing the community with healthy meals and a chance to get together for more than a decade and is hugely popular with between 50-70 residents attending each month. Maari Ma also helps fund a number of community events, such as Mental Health Month.

The team works closely with staff from Wilcannia Multi-Purpose Service, the Royal Flying Doctor Service and Far West Local Health District.



# SPECIALIST SERVICES

Maari Ma continues its strong support of the visiting specialists' calendar including a cardiologist, renal physician, paediatrician, ophthalmologist, ear, nose and throat surgeon, adult psychiatrist, perinatal psychiatrist, pain specialist, respiratory physician 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 Primary Health Care Service). To complement the medical specialists there have been visits by smoking cessation specialists, echocardiographers, optometrists, podiatrists, an early intervention occupational therapist and a pain management physiotherapist, as well as improved access to exercise stress tests.

We have a continuous process of review to ensure specialist services meet the clinical and health needs of our community. In 2017/18 we enhanced our echocardiography service by linking to the existing Adelaide Cardiology contracted service. This has brought gains in continuity of service between the two specialties.

Overall there were more than 280 individual specialist clinic days with more than 1,950 patient consultations.

This is an increase of 6% in days and 10% in patient consults compared to 2016/17.

DISCIPLINE	TOTAL VISIT DAYS	TOTAL PATIENTS SEEN
Cardiology	12	100
Ear, nose and throat	17	188
Echocardiography	13	119
Endocrinology	24	221
Occupational therapy (early intervention)	11	60
Ophthalmology	22	140
Optometry	20	145
Paediatrics	55	251
Pain management	4	22
Pain management physiotherapy	7	10
Perinatal psychiatry	12	121
Podiatry	38	316
Psychiatry	18	95
Renal medicine	12	43
Respiratory medicine	6	79
Smoking cessation	12	31
Stress tests	-	11





# COMMUNITY SUPPORT AND ENGAGEMENT

The variety of ways Maari Ma supports our communities reflects the interests and aspirations of our communities. We respond positively to as many of these requests as we can. While we are not funded for this activity, it is Maari Ma's way of giving back to communities that support the work we do.

This year we have financially contributed to the following activities locally and more broadly:

- Broken Hill Eisteddfod
- Homework books for Broken Hill and North Broken Hill schools
- Broken Hill Basketball Association
- Broken Hill PCYC
- Clontarf Foundation
- Broken Hill Regional Art Gallery
- West Darling Arts in support of the Far West Aboriginal and Torres Strait Islander Art Prize
- Short Black Opera
- White Ribbon
- Cohoe Roosters Football Club
- Broken Heel Festival

## LEAD PROGRAM

The Lead program has continued to work with families with newborn babies and children up to 5 years of age.

Point of care lead testing is now recommended from 6 months of age promoting prevention before children come in to contact with lead, and possible risks of lead within the home and yard.

The program has supported families with education enabling positive actions to reduce the effects of lead, such as encouraging the lead smart top tips to help reduce children's lead levels: encouraging wet wiping, leaving shoes outside, mopping, and monitoring children's hand to mouth behaviours – these are educational tips that are beneficial to reducing lead levels in children.

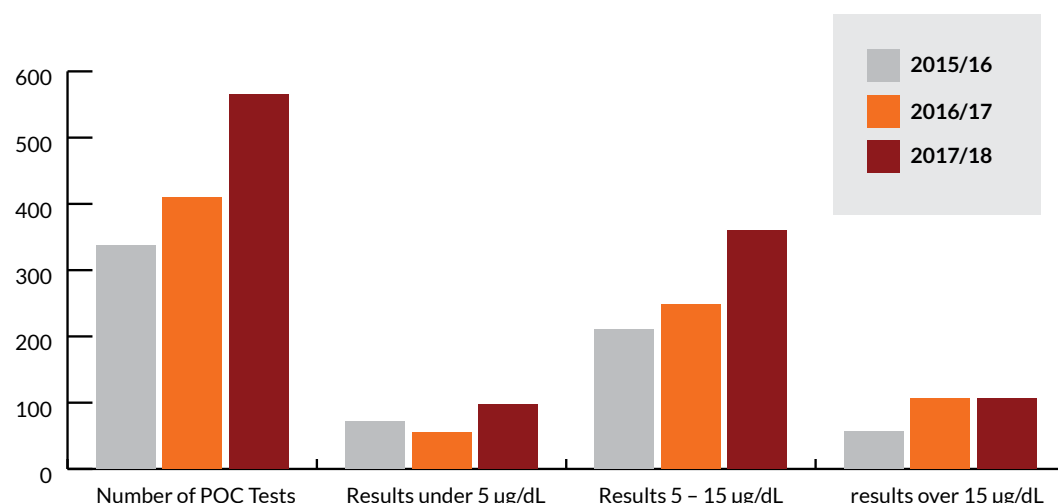


Promotional T-Shirts with slogans by the Lead program

The Lead program has continued to support families with information and support, incentives and resources at the time of the point of care test for children, and incentives for the home such as lawn seed. Approximately 100 sandpits have been delivered with lead free sand.

During the year the program has worked together with visiting specialists and GP registrars to provide education relating to lead in our community. These sessions have enabled discussions and provided important information to those who were not familiar with living with lead.

### POINT OF CARE TESTS CARRIED OUT SINCE 2015/16



### SUMMARY OF POINT OF CARE BLOOD RESULTS FROM 2015-2018

BLOOD LEAD RANGE	YEAR 2015/16	YEAR 2016/17	YEAR 2017/18
≤ 5 µg/dL	71	55	98
5 – 15 µg/dL	211	248	360
≥ 15 µg/dL	56	106	107
TOTAL NUMBER OF POC TESTS	338	409	565

Point of care tests have increased by more than 200 tests per year since 2015/16.

## Testing

The lead program has been trained to use an XRF machine to test soils and paints at homes of families with children with an elevated blood lead level.

Recently the machine has been recalibrated to be able to test plastics as some toys and outdoor play equipment has been found to have lead content which may increase children's blood lead level.



## Play Equipment and Renovations

Lead room renovations have commenced, and the area will be larger for families to be able to comfortably be in the room whilst their child has their lead test.

We are proposing a wall mural will be put on one wall as a distraction tool for children during the lead test and the Lead clinical chair has been reupholstered in bright colours which children have enjoyed.

A play equipment area will be developed in the existing courtyard. The equipment has been sourced from Imagination play and will provide a safe play area for children whilst they wait for appointments.

The Healthy Start waiting area equipment to engage and occupy children while they wait for appointments has been sourced with children with high lead levels and behavioural issues in mind. These tools will enhance skills such as cognitive, motor sensory and fine motor skills.



Play equipment ordered for front of PHCS courtyard and re upholstered test chair





# TACKLING INDIGENOUS SMOKING PROGRAM

## Yarning Groups

Ten art classes were held in this reporting period with steady attendance from community members.

Art classes at the Broken Hill Regional Art Gallery were initiated as a way of engaging with chronic disease clients, pregnant women and hard to access clients.

This was an opportunity for the Tackling Indigenous Smoking (TIS) team to discuss tobacco with clients in a relaxed environment.



Participants at art classes

## Community Events

TIS staff organised/attended 9 community events:

- NAIDOC Fun Day in the Park
- Children's Day in the Park
- World COPD Day
- World Cancer Day
- Close the Gap Day
- International Women's Health Day
- Maari Ma's Community Event
- World No Tobacco Day
- NAIDOC breakfast



Close the Gap Day March 2018



NAIDOC Breakfast



## Health promotion

Maari Ma has a number of vehicles that are used by staff in the community. The TIS car wraps promote the program. Positive feedback has been received about the design and reinforcing the TIS message in the community.



Our Youth hip-hop TV ad was re-recorded following feedback from community.

The Cancer Risk quiz & information that were promoted by TIS on World Cancer Day are now used in PHCS Triage.

## Quit Stories

Local quit champions are promoted as positive local role models in the community via monthly Quit Stories. Stories of community members who have quit or are on the journey feature on our Facebook page and in the Community Newsletter. The response received from community has been remarkable with many likes, comments, shares and tags.



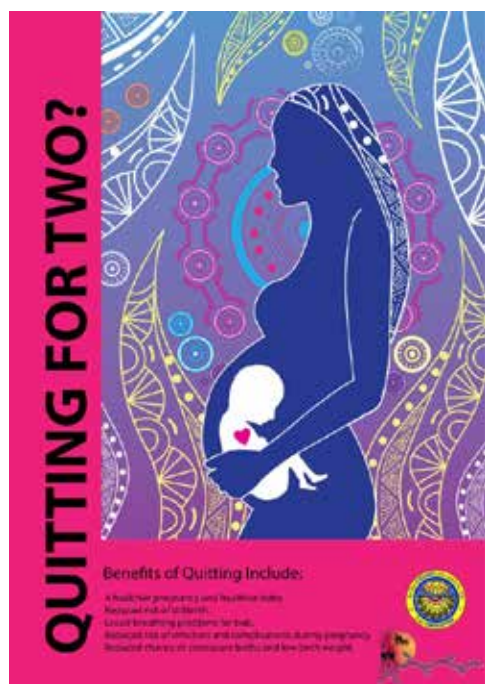
Quit stories





## Health Education

- 'your guide to quitting' - an A5 sized comprehensive self-help booklet for smokers and those trying to quit. It has been designed and worded to make it locally relevant.
- 'Find out how much poison is in your blood' - a pull-up banner depicting addiction levels and health effects that correspond to different Carbon Monoxide readings obtained after a breath test on Smokerlyzer. The information has been presented in two separate sections- one for pregnant mums and their bubs and one for adults.
- 'benefits v/s effects' – a two sided poster with a pregnant mum on each side. One side highlights effects of smoking on mum and bub, other side highlights benefits of quitting for mum and bub. It has been designed and worded to make it locally relevant. These will be used in the Healthy Start corridor.



Quit poster

## Mascot

- TIS is currently working on a no-smoking female superhero mascot as well as an educational model to show the effects of smoking in pregnancy.



Quit banner

## Outreach

- TIS is currently setting up Yarning Groups and Smokefree Homes and Cars in Wilcannia. Community Dinner and Information Day at the Wilcannia Health Service were occasions where TIS engaged with the community.
- TIS is also in the process of setting up the program in Ivanhoe.



Wilcannia Info Day



Willyama High School Expo



## Working With Local Organisations

### Smokefree Workplaces

TIS has engaged with a total of 14 local organizations in Broken Hill region.

Meetings were conducted with all 14 organisations to offer support in:

- updating/creating Smoke Free Workplace Policy (SFWP),
- providing brief intervention training to staff, and
- providing information and promotional resources.

A follow-up Smokefree Workplace Survey was conducted with 4 organizations to tailor the support according to the needs. The results of the survey have been communicated to the respective organizations and their response is awaited.

The organizations have been supplied with No Smoking signage, information and promotional resources. The organizations also receive invitations about upcoming education sessions/webinars/teleconferences with specialists.

## Health education

- Engagement with organizations within the Youth Services School Interagency (YSSI) network is also ongoing.
- TIS has been engaging with WINGS, Wilcannia Central School, Broken Hill High School and Willyama High School, Clontarf and Eagle Arts.
- Education sessions have been delivered at Wilcannia Central School, Clontarf and Eagle Arts.
- The Year 7 Day and Services Expo for Broken Hill High School and Willyama High School were also attended by TIS.
- A Colour Fun Run was organized in Wilcannia along with the support of WINGS.



Health education session in progress at Wilcannia Central School



Kids at the Colour Run at Wilcannia



## Smokefree Environments

### Smokefree Homes & Cars

Families who have at least one smoker in the household are recruited to join the 8 week project where a TIS project officer visits weekly to check the CO reading.

MONTH	VISITS
August 2017	16
September 2017	14
October 2017	20
November 2017	7
December 2017	4
January 2018	8
February 2018	4

Information and incentives are supplied to families throughout the project and data is collected and collated. 66% of families that completed the project reported that monitoring the CO levels has changed their smoking behaviour.

## Maari Ma's Smokefree Workplace

- "No Smoking" signage for our Primary Health Care Service building and our Regional Office building have been installed with an objective of behaviour change amongst staff who smoke. The feedback about personalising the signage by using members of community to encourage people to quit, has been very positive.
- Maari Ma Health's Smoke Free Workplace Policy was recently revised. A follow-up survey was conducted to ensure the staff were aware of the updated policy.
- The monthly quit stories shared via Facebook and Newsletter also feature Maari Ma staff who have quit or are trying to quit. The objective is to promote positive role models within staff.

## Staff Training & Workshops

- Regular attendance at NBPU national and jurisdictional workshops
- Regular attendance at NBPU teleconferences
- Regular attendance at teleconferences and meetings with addiction specialists
- Child Protection Training
- First AID Training
- CPR Training
- White Ribbon Course



No-smoking signage around the PHCS

# COMMUNITY SERVICES AND PROGRAMS

## EARLY YEARS

The Early Years Program (EYP) continues to grow and develop as a result of current best evidence, and the response and feedback from our local communities. The EYP includes families and their children aged from birth to five years. The program is underpinned by Maari Ma's Chronic Disease Strategy, our Early Years Learning Framework and our Strategic Plan – all aimed at improving the development and wellbeing of Aboriginal children and young people in the far west of NSW.

The foundation of the EYP is the importance of play and early literacy in maximising future life outcomes for children, and the significance of attachment for successful child rearing and their healthy social and emotional wellbeing. Each family and their culture is always taken into consideration when implementing the foundations of the EYP.

The various aspects of the EYP do not occur in isolation and work across four communities (Ivanhoe, Menindee, Wilcannia and Broken Hill) and different disciplines. These disciplines include the early childhood education and care sector, the health sector, and the child and family support sector.

The programs provide flexibility so that they can be varied and are appropriate for all children and their families in our communities. Clinicians from Maari Ma's Primary Health Care Service are highly involved in the literacy and engagement programs (Little Kids and Books and playgroups), and literacy is embedded across the whole of the health service, for example the Healthy Start early literacy component of our clinic schedule.

The importance of clinicians and the EYP working together to achieve this learning foundation has been critical to our continued success.





## Little Kids and Books

The concept of this program is based on building a quality book supply in homes. Research shows that access and experiences in sharing books with family prior to starting school has long term benefits to children's achievement in learning to read and their success in starting school. The focus of the program is sharing language through group time, providing information around the importance of singing, talking and reading with little kids, and modelling reading one on one. A set picture book is the focus of the session and every family keeps a copy of this book at the end of the session. It is a specific part of playgroup in some locations and a stand-alone program in others. It is also an opportunity for social inclusion for our families.



## Intensive Supported Playgroup – Broken Hill

Playgroup provides a supported play based program with a multidisciplinary team. The team includes a Healthy Start child and family nurse, HIPPY coordinator, Early Years project leader, Early Years support officer, educator, dietitian, mental health, social worker, speech pathologist and dental assistant. This program is built around structured planning that is based on appropriate developmental play, singing, storytelling, reading, social inclusion, positive and respectful relationships, the highlighting of awareness of attachment, and a culturally safe space for families and their children. Children from just a few weeks old to four years attend, with the average age of three. The average attendance each week is 36 children and parents. There has been a significant reduction in four and five year olds attending playgroup as we have actively supported families to access local early childhood education and care services, for example, preschools. The playgroup team supports families to identify the barriers that prevent many Indigenous children from attending preschool. Once the barriers are identified, initial support for the enrolment process is provided and ongoing support is available to ensure regular attendance is maintained.

The success of the playgroup is a result of the high importance placed on building relationships between staff and families/children, and supporting parent/child relationships. Community engagement is vital to the attendance at playgroup and this is carried out all week prior to each playgroup.





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

HIPPY at Maari Ma is achieving in all four of the HIPPY outcome areas required by HIPPY Australia. A visit by HIPPY Australia in March 2017 confirmed this:

**CHILDREN DEVELOP  
A LOVE OF LEARNING EARLY;  
this is maintained throughout their  
lives; families are empowered  
and engaged in their children's  
learning; tutors and parent/  
carers are engaged in training and  
employment; and  
families are engaged and  
invested in their local  
community.**

HIPPY currently has 53 enrolments and is continuing to engage families in various activities that contribute towards the success of the four outcome areas. HIPPY remains in a working partnership with the Department of Education and Communities to ensure Indigenous children and their families are supported in the orientation process when starting formal schooling and to ensure the best possible start to school is achieved. HIPPY maintains a good relationship with the local college, preschools and various community services to ensure families have access to all opportunities in their local community. There has been great success in developing parent education and training this year with a number of HIPPY parents enrolling in short courses available at the local college.

A new HIPPY assessment tool is working well and is encouraging HIPPY tutors to build their capacity as professional learners. The tool was developed by HIPPY Australia to ensure that each HIPPY tutor is ready and confident to pursue work, further education or other life pathways once their two-year employment period with HIPPY is complete.

## Early Years Discussion Group

Collaboration between the Early Childhood Education and Care (ECEC) sector has continued with participation in the Early Years Discussion Group. This monthly forum has extended to include advisory opportunities and networking for HIPPY. Significant discussions have been facilitated by early childhood education experts at Gowrie under the Yarnin' Circle format: this has allowed ECEC educators to be supported to develop their understanding and knowledge of Indigenous perspectives in early childhood with the aim of developing and improving inclusive practices.

This year saw the completion of the three-year project with Wollongong University (initially with Macquarie University): An early childhood community-based mathematics and science approach to addressing Indigenous disadvantage in remote communities. The goal of the project was to contribute to closing the gap in the NSW communities of Broken Hill, Wilcannia and Menindee. Specifically, it sought to establish a sustainable and ongoing partnership between educators, local health service providers, and Aboriginal families in the region. In addition, it aimed to enhance scientific literacy and numeracy skills among young Australian children, and increase family involvement with children's education and uptake of community health as well as educational services.

This project was widely acclaimed by all involved as providing rich learning experiences for educators, families and health staff alike. The last phase of the project is the data collection and completing the final report of the research project.

## Professional Development

As part of the Early Years team's commitment to ongoing learning, we have engaged in workshops, online training, conferences and community events. This year the EYP has supported community events including: Child Protection Week in Menindee, National Aboriginal and Torres Strait Islander Children's Day, NAIDOC, National Children's Week, Harmony Day, International Day of the World's Indigenous Peoples and National Families Week.

LeeAnn Adams (Early Years Support Officer) and Lesley Harvey (Early Years Project Leader) had the opportunity to present a paper at the Australian Early Development Census Conference in Melbourne. The paper was titled: *Embedding child development and early literacy in an Aboriginal health service: addressing all of the AEDC domains at once*. The paper highlighted the evidence gathered to establish the Early Years programs, the focus of our programs, and the outcomes we are achieving against the Closing the Gap measures. We were pleased to be able to fly Maari Ma's flag at such a prestigious conference.



## HEALING PROGRAM

**Maari Ma Health welcomed funding for our own researched, designed and developed Healing Program through the NSW Government's Domestic and Family Violence Innovation Fund to address the cycles of domestic and family violence. Only seven organisations in the state were successfully funded through this initiative.**

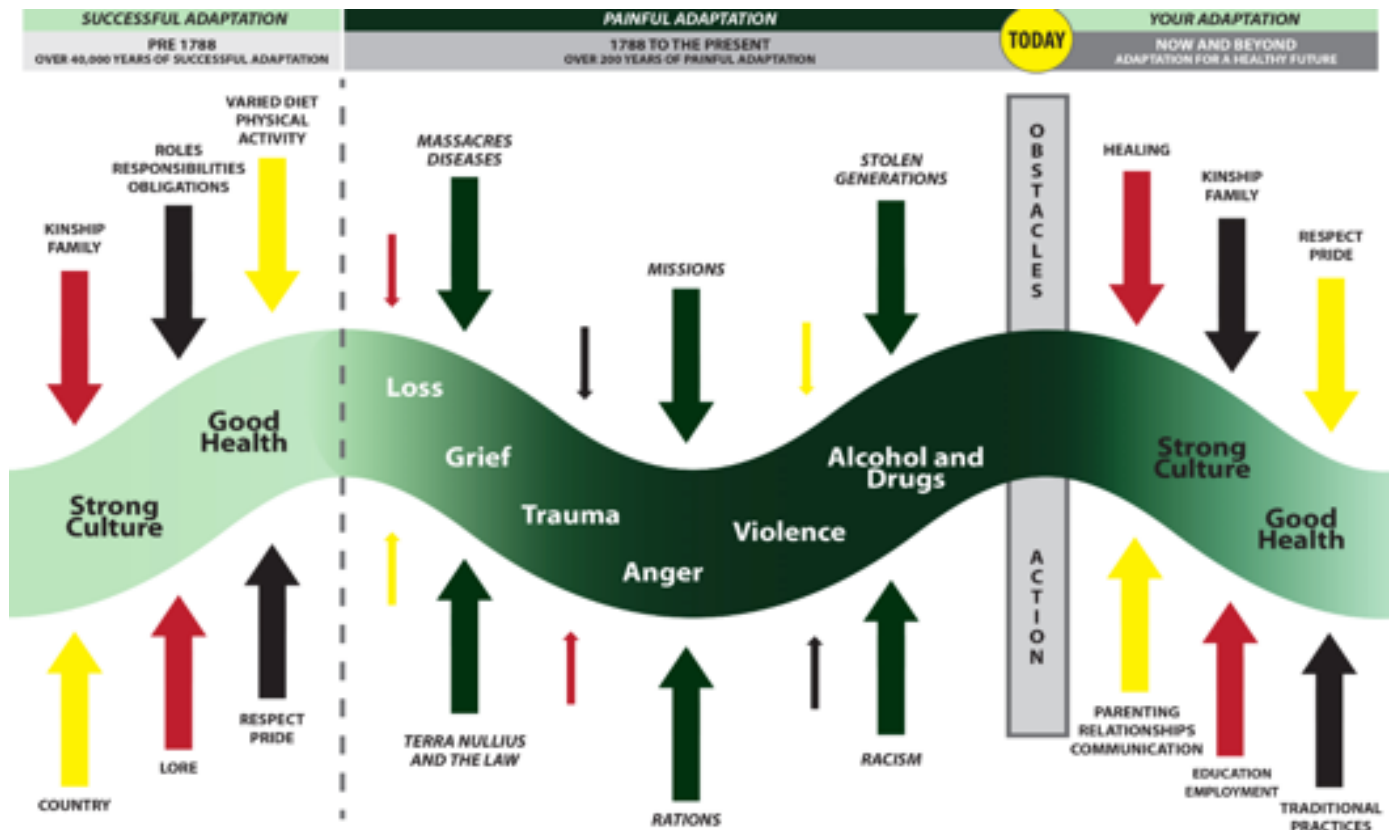
Kalypi Paaka Mirika employed seven new staff members to join the three pre-existing staff (the team had a relatively high staff turnover which delayed the implementation of the program to our target communities). Towards the end of the reporting period the team was able to make headway and engaged and rolled out programs into

Broken Hill, Menindee and Wilcannia. The team consists of one manager, three full time female and one full time male staff members as well as one-part time male staff member.

2017-2018 saw the ongoing roll out of Kalypi Paaka Mirika, Barkindji language for "Clear River Ahead" Healing Program. Kalypi Paaka Mirika is now a five-day program which looks into the impacts that historical events have had on individuals and communities, the effects of transgenerational traumas and how we can help someone with these issues.

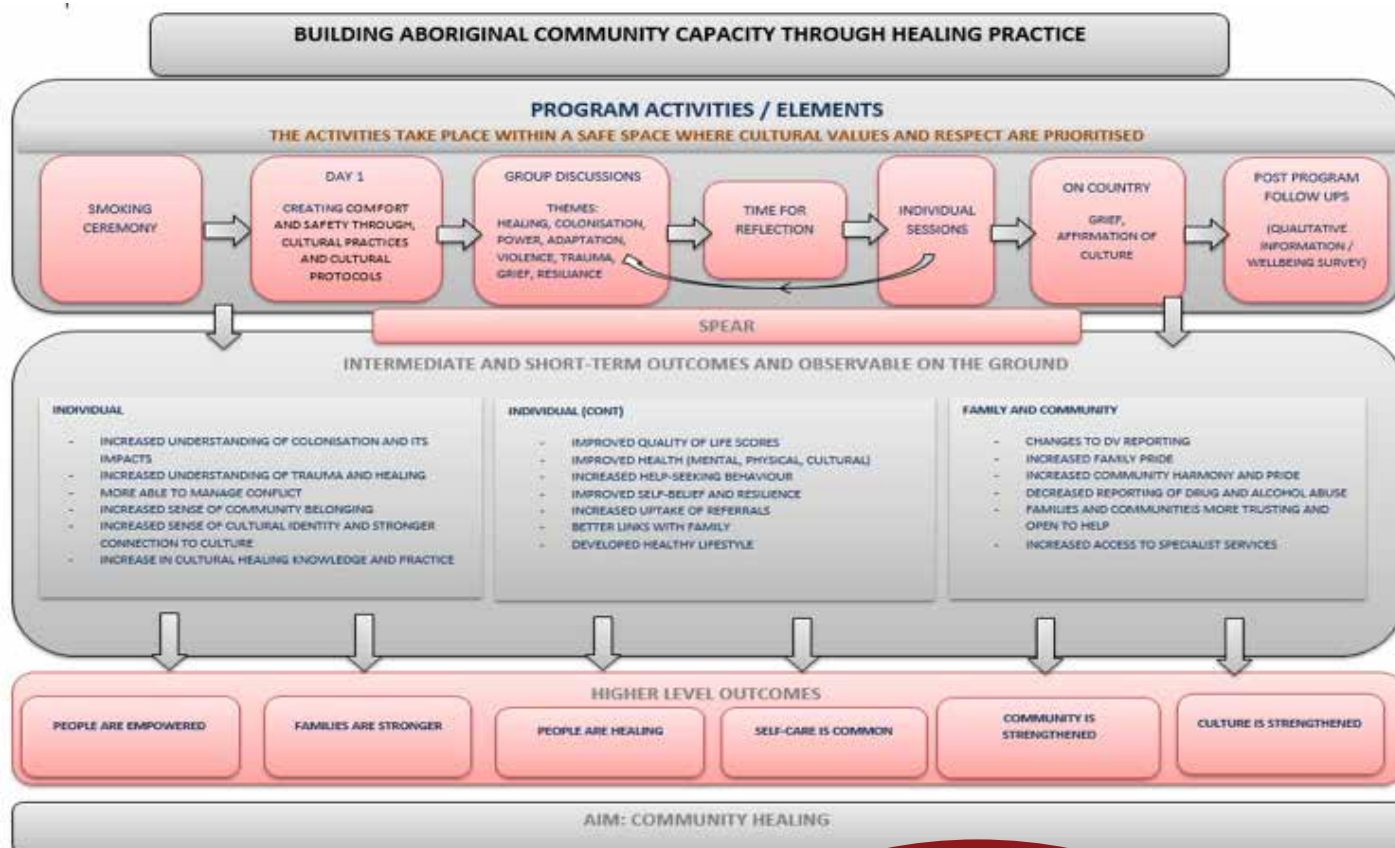
Kalypi Paaka Mirika relies on local metaphors throughout the program which may help assist our community members throughout their journey of change and healing. The metaphors help our community to put in place coping strategies and goal setting frameworks relating to a change of behaviors, how to deal with loss and grief, and setting short and long term goals for self.

THE PROCESS OF ADAPTATION IS PRESENTED IN THE DIAGRAM BELOW:





## BUILDING ABORIGINAL COMMUNITY CAPACITY THROUGH HEALING PRACTICE



The program relies heavily on our strength and resilience not only as individuals but as a community. We try to show that although we have many obstacles that may slow us down throughout our lives we are still here after 50,000 plus years.

All staff members of the Kalypi Paaka Mirika Healing Program have been trained in facilitation of the program through University of New South Wales School of Psychiatry and Traumatic Stress Clinic. This training has been valuable to the development of local Aboriginal people in the facilitation methods required to deliver psycho-social programs.

Kalypi Paaka Mirika engaged an external evaluator to assess the pilot program which involved 70 people. The evaluation shows that our locally designed program not only heals but builds our community's capacity.

Kalypi Paaka Mirika has been accepting referrals both internally and externally and we hope this continues into the future as we strive to get as many community members as possible to begin a healing journey.

**“The aim of the Kalypi Paaka Mirika Healing Program is to heal past traumas - witnessed and / or passed down through the generations.**

**The program guides the community in finding their own solutions to issues they are experiencing in a healthy manner. It is therefore a collective healing program that aims to address collective trauma.**

**Importantly, Maari Ma Health has co-designed a program with the community that has local cultural frameworks at the core of the program but that also utilises western therapies”.**

**(John Price, Social Compass).**

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The WINGS 'Drop In' Centre provides a variety of activities that seek to engage young people from age five to 17 years. WINGS has two areas for youth to assemble and socialise every day after school and during school holidays.

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Big changes occurred at the Gloria King Memorial Drop in Centre this year.

Natika, our WINGS Coordinator, was seconded to Family and Community Services (FACS) for 12 months. This provided the opportunity for another local, Tania Lawson, to be supported to step up into the coordinator's role.

Tania has had assistance from Natika, received on the job training as well as professional development.

Thank you to Youth Sector Specialist, Louise Moriarty who was previously the director of Maari Ma's youth/circus/performance program for 10 years. Louise has come back to assist the WINGS team and to provide support in targeted and coordinated activities for our young people, particularly adolescents. This has included DrumBEAT, music, poetry, community events, circus skills and entrepreneurial skill building.



The past 12 months has also seen our staff profile change with the addition of more senior women from our community; Anne Currie and Tammy King have complemented the steady work of elder, Aunty June, and have also backed up Casey and Phillip.

The new strategies and activities, and an increase in staff numbers, have led to an increase in participation numbers in the Centre's various activities, particularly with teenagers. This also has a lot to do with Jake Whyman, one of our new casual staff members.

Our funding has moved to align to the reforms of the NSW Government's targeted early intervention strategy which has provided the guidance for a number of localised strategies implemented at WINGS. This has included opportunistic skill development training for young people in nutrition, computers, sport, dance, art and craft, and some personalised strength-based activities.

We have focused on building a committed and strong leadership group of community members and stakeholders to guide our programs. This has meant that we have been able to have a smooth transition into our new staff roles with the support of the community. We have also had increased participation in our school holiday programs and other local community events by other visiting and Wilcannia-based services, which has meant our young people are supported more broadly in the community.

We continue to seek guidance and feedback from our community reference leaders.





## The Marrabinya program is operated as a brokerage service for eligible Aboriginal and Torres Strait Islander people.

When a client is diagnosed with cardiovascular disease, chronic respiratory disease, liver disease, cancer, diabetes mellitus or renal disease, their GP will develop a GP Management Plan (GPMP) with them. The GPMP is a written record about what the client needs in order to assist them to manage their chronic condition. The plan identifies the client's health priorities, lists actions the client can take to help manage their condition, and sets out the support services and other health care appointments with specialists and/or allied health care providers required to assist the client to manage their condition. The GP will then complete a Marrabinya referral for the client, identifying the support services and appointments the client requires assistance with.

The Marrabinya care link workers will then work with the client and organise to purchase the support services requested by the client's GP. This model of care ensures both the client and their GP are at the forefront and in control of managing the diagnosed illness.

### SUPPORT SERVICES OFFERED BY MARRABINYA

Marrabinya provides a range of brokerage services to assist eligible clients to better manage their chronic illnesses. Support services Marrabinya can help with include the following;

- Payment of consultation fees associated with health appointments e.g. diagnostic tests, specialist appointments
- Travel and accommodation to attend health appointments
- Webster packs for clients with poly pharmacy to assist with medication compliance
- Assisted breathing equipment including CPAP tubing and masks, spacers, nebulisers
- Medical footwear that has been prescribed and fitted by a podiatrist
- Spectacles up to the value of \$250.

## Marrabinya Eligibility

To be eligible for support from the Marrabinya program Aboriginal and Torres Strait Islander clients must;

- Live in the Western NSW Primary Health Network region (see map of region below)
- Be referred to the program by their usual treating doctor, and
- Have a current GPMP for an already diagnosed chronic disease.

Marrabinya provides support services for Aboriginal and Torres Strait Islander clients already diagnosed with one or more of the chronic lifestyle diseases listed below;

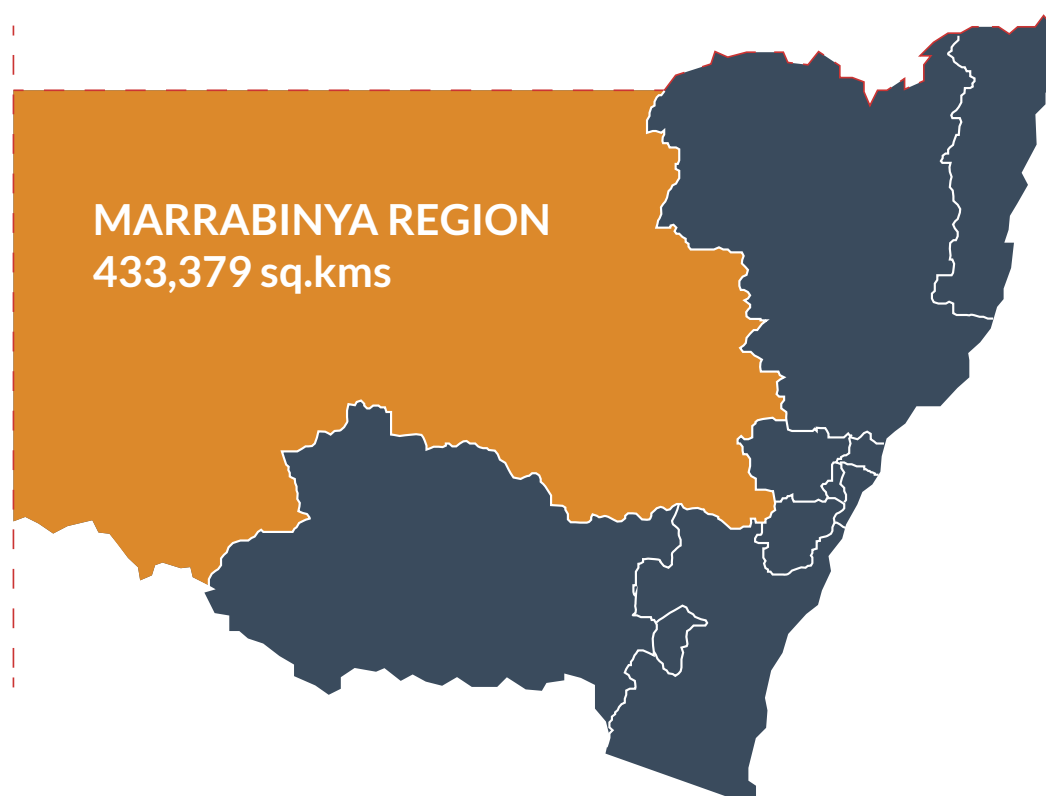
- Cardiovascular disease
- Diabetes mellitus
- Chronic respiratory disease
- Chronic kidney disease
- Cancer
- Liver disease.

Any referrals that are out of scope or do not clearly meet Marrabinya's targeted chronic diseases are assessed on a case by case basis by an assessment team made up of the Marrabinya program manager, clinical nurse specialist and Maari Ma Health's director of medical services. Additional information to support out of scope referrals must be provided by the client's GP prior to finalising the assessment of the referral.

## Operational footprint

Marrabinya operates throughout the Western NSW Primary Health Network region which is a total area of 433,379 square kilometres (see map below).

The total population of this region is estimated to be over 309,900 people and approximately 10.5% of people in the region identify as Aboriginal and Torres Strait Islander (ABS, 2016). To manage the Marrabinya program over such a large geographical area it has been necessary to section the region into a series of smaller clusters. Each cluster has one care link worker assigned to work across the cluster.



## Marrabinya Staff

The Marrabinya program is staffed by one full time program manager, one part time clinical nurse specialist, seven full time care link workers and two finance officers. The Marrabinya crew also draw on support from Maari Ma Health's IT and senior management teams. Marrabinya staff are stationed in Broken Hill, Bourke, Brewarrina, Coonamble, Condobolin, Dubbo, Cowra and Bathurst. Due to staff working as a part of a virtual team it is extremely important for the team to get together regularly. Marrabinya staff meet face to face every three months, and these meetings are scheduled around the region. To date we have met in Dubbo, Condobolin, Bourke and Orange. Our next scheduled meeting will be held during September 2018 in Cowra NSW.



Back Row L-R: Bianca (Finance), Desley (CLW), Kym (CLW), Leah (CNS), Lee-Anne (Finance), Possum (CLW), Jacob (CLW), Front Row R-L: Rochelle (Finance), Joanne (CLW) Sandra (CLW), Melissa (CLW), & Donna (Program Manager)



## 2017 – 2018 RESULTS

### Referrals

During the reporting period of 01 July 2017 through until 30 June 2018 Marrabinya processed 953 referrals for females and 811 referrals for males - a total of 1764 referrals for the year. From these referrals, 14,170 support services were brokered on behalf of clients referred to Marrabinya by their usual treating GP. Broken down further this equates to approximately 270 supplementary services each week or eight services per referral. Of the 1764 referrals, 661 were new referrals to the Marrabinya program.

### Services Purchased

- Transport, fuel and accommodation = 4370
- Specialist appointment costs = 796
- Allied health appointment costs = 94

### Medical aids

- Assisted breathing equipment = 408
- Blood sugar/glucose monitoring equipment = 35
- Dose administration aids = 8318
- Medical footwear = 34
- Mobility aids = 97
- Spectacles = 18

Of the appointments brokered, the top three medical specialists and allied health services are listed below.

### Top Three Specialists

- Cardiology
- Ophthalmology
- Neurology

### Top Three Allied Health

- Physiotherapy
- Podiatry
- Dietitian

Since the Marrabinya Service commenced on 01 November 2016 we have processed 3,208 referrals and provided 19,621 brokered support services to help Aboriginal and Torres Strait Islander people who have been diagnosed with a chronic disease safely manage their illness while living independently at home.

The Marrabinya model ensures care co-ordination stays with the general practice, allowing for better co-ordinated care for the client and ensures the client, the GP and the practice nurse are all well informed of the client's health care requirements and what support is being brokered on behalf of the client.

In addition to this, the Marrabinya model also encourages empowerment for Aboriginal and Torres Strait Islander clients by supporting them to take ownership of their health while reassuring them that they have access to the resources needed to manage their illness at home and attend scheduled health care appointments as they fall due.

# CORPORATE SERVICES

Small but mighty! The Corporate Services team is very much a 'backroom' function of Maari Ma but punches well above its weight in terms of activity. We continue to support activities well beyond Maari Ma's traditional footprint such as Marrabinya workers across all of western NSW, as far east as Bathurst, and Murdi Paaki Services in Cobar. We are also involved in making sure Maari Ma's various contracts and funding agreements are implemented and reported against as required.

## INFORMATION TECHNOLOGY (IT)

The Regional Office move from 428 Argent St to 82 Crystal St in Broken Hill was yet another puzzle for our IT Manager to resolve regarding connectivity for our various services such as finance, payroll and email. A wireless link was established and everything was up and running as soon as we moved in.

The IT team also does a great job of keeping our remote workers and teams 'on air'.

- They have been instrumental in the success of Marrabinya, our brokerage service which supports Aboriginal people with a chronic disease to access services recommended by the doctor. Laptops, phones, printers, 1800# and a database have helped our workers to support our clients across all of western NSW.
- As part of Maari Ma's ongoing support of the Murdi Paaki Regional Assembly (MPRA), the region's peak Indigenous governance group, the IT team has supported the establishment of Murdi Paaki Services, the MPRA's operational arm, in offices in Cobar.

- This year we have trialed the use of electronic tablets in the community and are also looking to trial their use by staff at WINGS.

Because of the importance of our IT infrastructure to Maari Ma's business activities, we extended our financial audit with PwC this year to include a 'health check' of our IT systems. With such a small team, it is good to have fresh eyes review our systems and security. The review provided affirmation for the team of our systems, and made a number of useful recommendations which are being implemented. We are also developing a data breach management plan.



## ACCREDITATION

Maari Ma is proud to have achieved accreditation in a number of important service areas, namely dental and primary health care services. But we also continuously work towards achieving organisational accreditation in terms of being a quality organisation, providing quality services and having quality external relationships. Importantly, we are a workplace that does not tolerate violence against women and we champion this cause in the community.

This year we re-established the 18 working groups that correspond to the 18 Health and Community Service Standards under the Quality Improvement Council (QIC). Each group reviewed each standard and what Maari Ma does to achieve each one. For example:

- The organisation's financial management reflects its goals and supports an efficient and sustainable service. (standard 1.7)
- Assessment and planning are undertaken at individual and community levels to ensure services and programs are responsive (standard 2.1)
- The organisation collaborates with other organisations and positions itself strategically within the wider service system (standard 3.2)

The groups then collected the evidence and submitted this for review. Two accreditation experts reviewed our evidence and then visited us over four days in late May. They interviewed Board members, the CEO, managers, staff, clients and some of our stakeholders. While it was a busy few days, the reviewers were very complimentary of Maari Ma's work.

Their feedback on the last day highlighted the following strengths:

- Our research and evidence based approach
- Our use of data to improve services
- Our population health, public health, early intervention focus
- The work done by our Early Years project
- The sense of ownership of the organisation by clients and belonging by the community
- Our CQI culture
- The obvious continuum of health promotion, prevention, early intervention and treatment
- Our strong partnership with external specialists, particularly in chronic disease management
- We are an employer of choice with a supportive collegial environment
- Our internal and external communication is strong
- We have robust leadership within Maari Ma and in the region
- We have a strong focus on cultural capability
- Our staff are committed to Maari Ma's vision and values.

We have been re-accredited for a further three years. Well done to all of our staff - everyone plays a role every day to make Maari Ma successful.



## REPORTING

Each of Maari Ma's grants and funding agreements require a report back to the funding provider, either every three, six or 12 months. The reports not only reflect basic information such as the number of people who come through our door, but also how well we provide our services, for example our cycle of care for people with a chronic disease, or care for pregnant women.

This year we participated in the Commonwealth Department of Health's development of a new system for on-line reporting. The Commonwealth is putting a lot of effort into improving the quality of the data regarding Aboriginal health and the new portal is one part of this. We also met with consultants, KPMG, working on behalf of the Commonwealth and they provided feedback on Maari Ma's systems for collecting data. Eventually the Commonwealth will move to a system of funding Aboriginal health services on the basis of the population served and need as indicated in the data so these processes are all important for our future.

While some reporting is quantitative and done on-line, much of it is still qualitative written reports. All areas of the organisation know how important our reporting is to ongoing funding and cooperate with our reporting team for this to be achieved on time.

## SPECIALIST SERVICES COORDINATION

While we did not add any new visiting specialist services to our schedule this year, we have made some changes to a few, each one requiring communication, coordination and orientation for the visitor and local staff. Our new Perth-based community paediatrician is settling in, we are now getting a monthly echo-technician service from the same Adelaide-based group which provides our cardiology service, and our monthly evening ear, nose and throat (ENT) surgeon's clinic continues with some improved transport support for our clients. Many of Maari Ma's visitors this year have commented on our impressive schedule of visiting services. We continue to work with our communities, and local staff in Wilcannia, Menindee and Ivanhoe, to support clients to access these services.



# WORKFORCE

This year we successfully started using our on-line recruitment program providing on-line applications for all of our vacant positions. It is another part of our change towards a completely digital and cloud based Human Resources Information System and has helped us to manage our recruitment in a much more effective way.

While we didn't offer Aboriginal health worker traineeships this year we continued our practice of supporting training positions and welcomed two new allied health assistants in training in our Healthy Start team.

## WORKFORCE DEVELOPMENT STRATEGY

As an Aboriginal community controlled organisation serving Aboriginal communities, our priority will always be the recruitment and retention of Aboriginal staff and growing Aboriginal leadership. This is outlined in our new Workforce Development Strategy for 2017-2020, which we launched in December last year. Over the next four years Maari Ma has committed to:

- Increasing the number of qualified Aboriginal staff and their length of employment with Maari Ma.
- Focusing on Aboriginal leadership growth, succession planning and Aboriginal representation at all levels within Maari Ma.
- Ensuring the cultural capability of all staff through training as part of our Cultural Competency Framework.
- Having a trained, skilled and well supported workforce that works with great professionalism and care.

## PERFORMANCE DEVELOPMENT & REVIEW FRAMEWORK

This year we also launched our new Performance Development & Review Framework which was designed with input from a wide range of employees and a working group. Our aim was not only to find a simple and effective way of giving feedback to staff about performance and having regular discussions about training and development opportunities, but also to give staff a chance to discuss their work and how Maari Ma can assist them to work better. The feedback from staff and managers has been positive.

## RECOGNITION OF SERVICE

We would like to acknowledge the following people for achieving significant milestones, and their years of dedicated service to Maari Ma and our clients during the past year:

## AUSTRALIAN HR AWARDS – MAARI MA VOTED ‘EMPLOYER OF CHOICE’

Maari Ma was voted runner up in the ‘Not for Profit & Public Sector’ category of the Australian Employer of Choice HR Awards at a gala awards ceremony in Sydney last September. We were one of eight finalists in our category and received a ‘Highly Commended’ award. We felt very proud to see Maari Ma’s name and logo on the big screens in a large function room filled with more than 800 people, and some of the largest and well known companies from around Australia in attendance.

For the third year in a row, we have again been nominated as a finalist in the 2018 awards in the same category. No other company or organisation has been nominated for three years in succession. These awards judge organisations on their commitment to staff, training, benefits, innovation, flexibility, general working conditions, leadership, trust and diversity. It’s great to see hard work in supporting our staff being rewarded in this way.

### 5 YEARS

Callan Rogers	Ann Bennett
Helen Freeman	Carol Doyle
Marsha Files	Jenny Walters
David Doyle	Phillip Hunter
Casey Harris	

### 10 YEARS

Carmel King
Robbie Harris

### 15 YEARS

Christopher Eastwood
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### 20 YEARS OF SERVICE

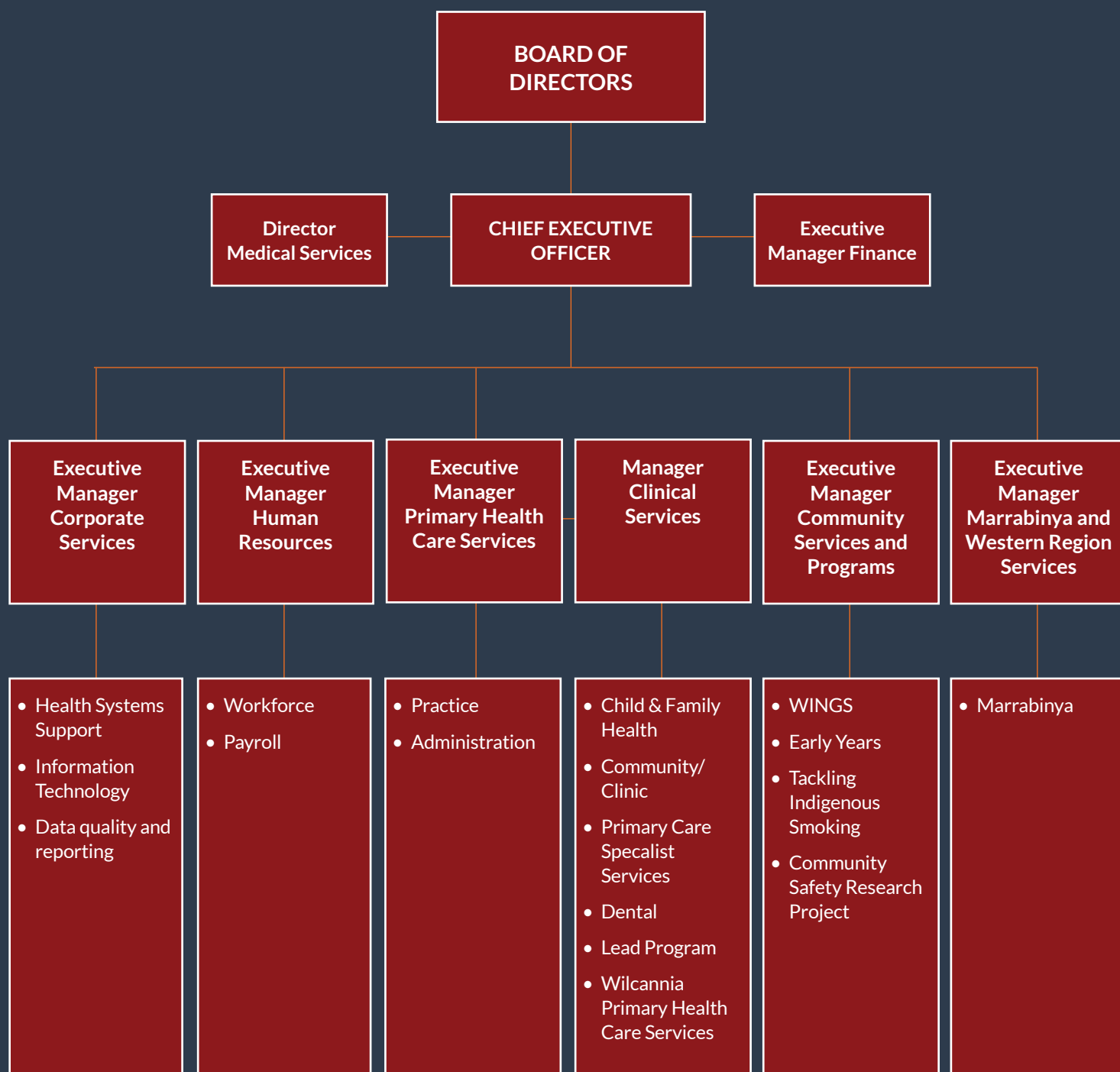
In February 2018 we acknowledged the special milestone of 20 years of service by Kaylene Kemp and Guy (Smiley) Crawford.

## A SNAPSHOT OF OUR WORKFORCE

	30 JUNE 2018	30 JUNE 2017	30 JUNE 2016
Number of employees (full time, part time and casual)	124	121	117
Number of Indigenous employees	70	67	66
Percentage of Indigenous employees	56%	55%	56%
Full Time Equivalent (FTE) Employees	104	100	103
Percentage FTE Indigenous employees	51%	49%	55%



# ORGANISATIONAL CHART



# FINANCE REPORT

FOR THE YEAR ENDED 30 JUNE 2018

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

- Primary Health Care funded by the Commonwealth Department of Health;
- Marrabinya funded by Western Health Alliance Limited (operating as Western New South Wales Primary Health Network);
- Services funded by the Far West Local Health District and NSW Ministry of Health;
- Services funded by the Rural Doctors Network.

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 \$18,183,774 (after adjusting for unexpended grants) which is an increase of almost \$2m from the previous financial year. The primary reason for the increase was the commencement of new funding from the NSW Outback Division of General Practice and the NSW Dept. of Family and Community Services.

Expenditure for the year was \$18,179,098, again an increase of almost \$2m over the previous financial year. The increased expenditure reflects the new programs that commenced during the year. After taking into account the surplus on disposal of assets, Maari Ma's surplus for the year was \$109,943.

**CHRIS EASTWOOD**  
Executive Manager, Finance

## *Independent auditor's report*

To the members of Maari Ma Health Aboriginal Corporation

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### *Our opinion*

In our opinion:

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

- (a) giving a true and fair view of the Corporation's financial position as at 30 June 2018 and of its financial performance for the year ended.
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007*.
- (c) any applicable determinations made by the Registrar under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

### ***What we have audited***

The financial report comprises:

- the statement of financial position as at 30 June 2018
- the statement of comprehensive income for the year then ended
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the declaration of the directors.

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### *Basis for opinion*

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

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

### ***Independence***

We are independent of the Corporation in accordance with the auditor independence requirements of *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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### *Other Information*

The directors are responsible for the other information. The other information obtained at the date of this auditor's report comprises the Directors' Report included in the annual report, but does not include the financial report and our auditor's report thereon.



Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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### *Responsibilities of the directors 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 determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the ability of the Corporation to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

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### *Auditor's responsibilities for the audit of the financial report*

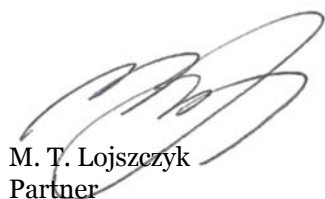
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.



PricewaterhouseCoopers

  
M. T. Lojszczyk  
Partner

Adelaide  
20 August 2018



## *Auditor's Independence Declaration*

As lead auditor for the audit of Maari Ma Health Aboriginal Corporation for the year ended 30 June 2018, I declare that to the best of my knowledge and belief, there have been:

- (a) no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*
- (b) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'M. T. Lojszczyk'.

M. T. Lojszczyk  
Partner  
PricewaterhouseCoopers

Adelaide  
20 August 2018

## DIRECTORS REPORT

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 2018 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
- Gloria Murray
- Fay Johnstone
- Cheryl Blore

### Board meetings

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

- |                     |   |
|---------------------|---|
| • Maureen O'Donnell | 3 |
| • Des Jones         | 5 |
| • Gloria Murray     | 4 |
| • Fay Johnstone     | 4 |
| • Cheryl Blore      | 5 |

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 of Wilyakali Aboriginal Corporation. She is also on the Board of Management for the Mutawintji National Park.

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 the Murdi Paaki Regional Assembly and is 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 and the Balranald Local Aboriginal Land Council.

Fay Johnstone is a Ngayampaa/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 involved in education for more than 30 years as an Aboriginal Education Officer with the Department of Education 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.

### 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 year.

## Review of Operations

The Corporation recorded a total surplus for the year of \$109,943 (2017: \$63,415).

## 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 (2017: \$nil).

## Significant Changes in the State of Affairs

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

## Matters Subsequent to the End of the Financial Year

No matter or circumstance has arisen since 30 June 2018 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 \$981 to insure the directors and managers of the Corporation (2017: \$1,381).

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 20 August 2018. The directors do not have the power to amend and reissue the financial statements.



**MAUREEN O'DONNELL**  
Chairperson

**Broken Hill | 20 August 2018**

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	2,568,602	3,810,986
Other financial cash assets	2	3,842,276	3,179,323
Trade and other receivables	3	193,480	356,330
<b>TOTAL CURRENT ASSETS</b>		<b>6,604,358</b>	<b>7,346,639</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	4	10,151,863	9,794,163
<b>TOTAL NON-CURRENT ASSETS</b>		<b>10,151,863</b>	<b>9,794,163</b>
<b>TOTAL ASSETS</b>		<b>16,756,221</b>	<b>17,140,802</b>
<b>CURRENT LIABILITIES</b>			
Unexpended grants	5, 6	2,346,169	2,217,254
Trade and other payables		2,085,688	2,979,506
Bank loans	8	42,030	42,030
Employee entitlements		1,812,616	1,474,775
<b>TOTAL CURRENT LIABILITIES</b>		<b>6,286,503</b>	<b>6,713,565</b>
<b>NON-CURRENT LIABILITIES</b>			
Bank loans	8	464,111	478,434
Employee entitlements		161,111	214,250
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>625,222</b>	<b>692,684</b>
<b>TOTAL LIABILITIES</b>		<b>6,911,725</b>	<b>7,406,249</b>
<b>NET ASSETS</b>		<b>9,844,496</b>	<b>9,734,553</b>
Accumulated surplus		9,844,496	9,734,553
<b>TOTAL ACCUMULATED SURPLUS</b>		<b>9,844,496</b>	<b>9,734,553</b>

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

## STATEMENT OF COMPREHENSIVE INCOME AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>REVENUE FROM CONTINUING OPERATIONS</b>			
Grant revenue	5	15,367,855	13,892,930
Medicare & primary health revenue		1,827,058	1,703,015
Sundry revenue		889,913	533,892
Bank interest		98,948	71,795
<b>TOTAL REVENUE FROM CONTINUING OPERATIONS</b>		<b>18,183,774</b>	<b>16,201,632</b>
<b>OTHER INCOME</b>			
Net gain on disposal of assets		105,267	48,557
Less: Expenditure	7	(18,179,098)	(16,186,774)
Income tax expense		-	-
<b>NET SURPLUS FOR THE YEAR</b>		<b>109,943</b>	<b>63,415</b>
Other comprehensive income		-	-
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>109,943</b>	<b>63,415</b>

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



## STATEMENT OF CHANGES IN EQUITY AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
Accumulated surplus at the beginning of the financial year		9,734,553	9,671,138
Net surplus for the year		109,943	63,415
Other comprehensive income		-	-
<b>ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>		<b>9,844,496</b>	<b>9,734,553</b>

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

## STATEMENT OF CASH FLOWS AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		<b>Inflows/(outflows)</b>	
Receipts from funding providers and customers (inclusive of GST)		19,582,246	17,785,068
Payments to suppliers and employees (inclusive of GST)		(19,529,080)	(17,173,237)
Interest received		119,737	57,794
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		<b>172,903</b>	<b>669,625</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant and equipment		(912,193)	(571,874)
Proceeds from sale of property, plant and equipment		174,182	97,179
Funds invested in term deposits		(662,953)	(1,102,989)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(1,400,964)</b>	<b>(1,577,684)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Receipts from lender		-	200,000
Payments to lender		(14,323)	(42,745)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>(14,323)</b>	<b>157,255</b>
<b>NET (DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS HELD</b>		<b>(1,242,384)</b>	<b>(750,804)</b>
Cash and cash equivalents at the beginning of the financial year		3,810,986	4,561,790
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</b>		<b>2,568,602</b>	<b>3,810,986</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 2018 reporting period and have not been adopted early by the Corporation; as below:

*AASB 9 Financial Instruments* (effective for annual reporting years starting on 1 July 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 years starting on 1 July 2019)

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.

### (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.

## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

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 & Unexpended Grants

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 – Medicare and Primary Health Revenue

Revenue from Medicare is recognised in the accounting period in which the services are rendered. Revenue from primary health is recognised when payments are received.

### (f) Revenue Recognition – Other Income

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

### (g) 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.



## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

### (h) 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.

### (i) 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.

### (j) Employee Entitlements

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.

### (k) 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.

## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

### (l) Income Tax

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

### (m) Comparative Figures

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

### (n) 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.

### (o) 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.

# NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

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

	2018	2017
	\$	\$
<b>CASH AND CASH EQUIVALENTS</b>		
Cash at bank	2,566,902	3,809,286
Cash on hand	1,700	1,700
	<b>2,568,602</b>	<b>3,810,986</b>
<b>OTHER FINANCIAL CASH ASSETS</b>		
Term deposits	3,842,276	3,179,323
	<b>3,842,276</b>	<b>3,179,323</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

	2018	2017
	\$	\$
<b>CURRENT</b>		
Trade receivables	60,415	103,859
Sundry receivables	39,155	57,326
Accrued income	42,428	98,207
Prepayments	51,482	96,938
	<b>193,480</b>	<b>356,330</b>

As at 30 June 2018, trade receivables of \$nil (2017 – \$4,640) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

### 4. Property, Plant and Equipment

	Freehold Land \$	Freehold Buildings \$	Plant & Equipment \$	Motor Vehicles \$	Total \$
<b>AT 1 JULY 2017</b>					
Cost	407,932	8,497,738	1,756,163	1,670,751	12,332,584
Accumulated depreciation	-	(889,785)	(865,866)	(782,770)	(2,538,421)
<b>NET BOOK VALUE</b>	<b>407,932</b>	<b>7,607,953</b>	<b>890,297</b>	<b>887,981</b>	<b>9,794,163</b>
<b>YEAR ENDED 30 JUNE 2018</b>					
Opening net book value	407,932	7,607,953	890,297	887,981	9,794,163
Additions	7,530	619,488	73,423	426,905	1,127,346
Disposals	-	-	(536)	(32,379)	(32,915)
Depreciation charge		(224,157)	(140,879)	(371,695)	(736,731)
<b>Closing net book value</b>	<b>415,462</b>	<b>8,003,284</b>	<b>822,305</b>	<b>910,812</b>	<b>10,151,863</b>
<b>AT 30 JUNE 2018</b>					
Cost	415,462	9,117,226	1,605,925	1,742,705	12,881,318
Accumulated depreciation	-	(1,113,942)	(783,620)	(831,893)	(2,729,455)
<b>NET BOOK VALUE</b>	<b>415,462</b>	<b>8,003,284</b>	<b>822,305</b>	<b>910,812</b>	<b>10,151,863</b>



## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

### 5. Grant Revenue

During the year, the Corporation received the following grants:

	2018 \$	2017 \$
Australian Government – Dept. of Health	6,655,467	6,416,717
Broken Hill Environmental Lead Program	250,000	291,577
Brotherhood of St Lawrence	223,805	198,589
Dept. of the Prime Minister & Cabinet	496,472	656,290
Far West Local Health District	937,768	1,253,908
GP Synergy	402,625	393,020
The Healing Foundation	5,000	95,000
NADA	18,390	-
NSW Dept. of Justice	115,600	115,600
NSW Dept. of Family & Community Services	780,806	246,310
NSW Ministry of Health	1,243,922	888,300
NSW Outback Division of General Practice	645,725	-
NSW Rural Doctors' Network	854,461	805,549
Pharmacy Guild	25,272	27,357
University of New South Wales	-	98,902
Western Health Alliance Limited	2,841,457	2,522,390
	<b>15,496,770</b>	<b>14,009,509</b>
Prior year unexpended grants	2,217,254	2,100,675
Unexpended grants carried forward	(2,346,169)	(2,217,254)
<b>GRANT REVENUE FOR THE YEAR</b>	<b>15,367,855</b>	<b>13,892,930</b>

### 6. Unexpended Grants

	2018 \$	2017 \$
Tied grant monies	836,169	792,254
Untied monies	1,510,000	1,425,000
	<b>2,346,169</b>	<b>2,217,254</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.

## NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

### 7. Expenditure

	2018 \$	2017 \$
Audit fees, including grant acquittals	152,955	107,922
Board expenditure	51,052	89,235
Client support	1,357,506	637,529
Community engagement	787,468	791,606
Consultants' fees	172,155	180,262
Depreciation	736,731	704,627
Insurance	56,605	57,819
Medical & dental costs	2,161,915	1,987,830
Meeting expenses	166,564	158,438
Miscellaneous expenses	70,761	70,141
Motor vehicle expenses	272,095	237,387
Printing, stationery & telephone	191,085	230,783
Property costs	596,777	688,525
Repairs & maintenance	229,248	270,853
Resources	58,883	130,766
Salaries & wages and on-costs	10,600,050	9,472,775
Staff costs	375,843	226,994
Travel & accommodation	141,405	143,282
<b>TOTAL EXPENDITURE</b>	<b>18,179,098</b>	<b>16,186,774</b>

### 8. Borrowings

	2018 \$			2017 \$		
	Current	Non-Current	Total	Current	Non-Current	Total
Secured Borrowings	42,030	464,111	506,141	42,030	478,434	520,464

#### Secured liabilities and assets pledged as security

The total bank loans of \$506,141 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

### 9. Key Management Personnel Disclosures

	2017 \$	2016 \$
Key management personnel compensation	1,692,658	1,588,107

Key management personnel comprise the Directors of the Corporation, the Chief Executive Officer and executive staff who report directly to the Chief Executive Officer.

There were no transactions other than compensation with key management personnel in the current year (2017: \$nil).

# NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

## 10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2018.

## 11. Commitments

### Lease commitments

The Corporation has no lease commitments at 30 June 2018.

## 12. Related Party Transactions

There have been no transactions with related parties during the year ended 30 June 2018.

## 13. 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.

## 14. Economic Dependency

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

## 15. Company Details

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

Membership numbers at the date of this report were 73 (2017: 77).

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

Maari Ma Health Aboriginal Corporation  
82 Crystal 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 50 to 68 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 2018 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 20 August 2018.



**MAUREEN O'DONNELL**  
Chairperson

**Broken Hill | 20 August 2018**



# PARTNERSHIPS

One of the comments made by our organisational accreditation reviewers this year, which was highlighted as one of our significant strengths, was the ownership of our programs and services by the communities we serve. This was heartening to hear as it acknowledges that Maari Ma exists first and foremost to support Aboriginal people to live longer and close the gap - supporting families, individuals and communities to achieve good health, wellbeing and self-determination.

We also have a strong partnership with our staff - to do the best job possible for our clients by working hard, upholding the organisation's values and being role models within the far west. Maari Ma reciprocates this commitment, supporting staff wherever possible in their careers and aspirations.

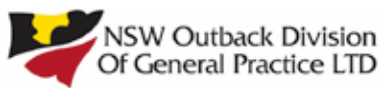
This year we have been pleased to have once again been chosen to partner with various funding bodies to undertake a number of new and innovative activities during 2018/19. These include the NSW Department of Education and Communities' Aboriginal Families as Teachers program (supporting early childhood education through activities in the home in Wilcannia) and the Aboriginal Evidence Building Partnership project (supporting staff in implementing outcomes reporting at WINGS) funded under Their Futures Matter. This coming year we will also re-establish the FACS funded Getting It Together program in Broken Hill, providing intensive case management of young people with drug and alcohol issues at risk of being estranged from family or school.

Murdi Paaki Services (MPS), the operational arm of the Murdi Paaki Regional Assembly, is now in place with Maari Ma's assistance. Going forward, we will continue to provide MPS with support as needed on a commercial basis.

We have numerous formal and informal partnerships. Formal partnerships usually involve funding for services or products while the informal partnerships usually occur through interagency activities. These include the Early Years Discussion Group's support for Children's Week in Broken Hill, and the Youth Services and Schools Interagency's activities supporting young people at the high schools in Broken Hill with health promotion and careers information.

We are grateful for ongoing financial support from a raft of government and non-government agencies (listed in our financial pages). We are again pleased to have been chosen by the Scully Fund and the CAGES Foundation, two philanthropic organisations both supporting the work Maari Ma is doing in the chronic diseases sphere and with Aboriginal children. Their ongoing commitment to the work we do is gratifying and we acknowledge their faith and shared investment in Maari Ma's vision.

Maari Ma's continued growth enables us to better meet the needs of the communities we serve and we are proud of the organisation we have become through this process. We will continue to work alongside other organisations in the Maari Ma region to advance the cause and the health of Aboriginal people.



# STAFF

## CHIEF EXECUTIVE

Bob Davis	Chief Executive Officer
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## OFFICE OF CHIEF EXECUTIVE

Haylee Rogers	Executive Assistant
Kate Gooden	Systems Development Manager
William Johnstone	Project Director, Murdi Paaki Regional Housing Project
Des Jones	Murdi Paaki Regional Assembly Chairperson

## REGIONAL OFFICE ADMINISTRATION

Renee Powell	Regional Office Coordinator
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## FINANCE

Chris Eastwood	Executive Manager
Lee-Anne Philp	Manager
Shane Hayward	Finance Officer
Kate Pittaway	Finance Officer
Bianca Files	Finance Officer
Rochelle Bottrell	Finance Officer

## CORPORATE SERVICES

Cathy Dyer	Executive Manager
Cath Kennedy	Data Analyst/Specialist Services Coordinator
Daniel Jackman	Coordinator Quality Improvement, Chronic Disease Prevention
Michael Hanley	Manager, Information Technology
Robbie Smith	IT Support Worker

## WORKFORCE

Kay Macsween	Manager, Human Resources
Renae Roach	Human Resources Coordinator
David Winter	Payroll Officer

## COMMUNITY PROGRAMS & SERVICES

Justin Files	Executive Manager
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## EARLY YEARS

Lesley Harvey	Project Leader
Janette Jones	Playgroup Assistant
Leann Adams	Support Worker
Michelle Parker	HIPPY Coordinator
Stephanie Newman	HIPPY Home Tutor
Shani Spencer	HIPPY Home Tutor
Liz Bennett	HIPPY Home Tutor
Renay Bates	HIPPY Home Tutor

### COMMUNITY SAFETY RESEARCH PROJECT

Marsha Files	Manager
Kate Balman	Project Officer
Alinta Edge	Family Wellbeing & Violence Prevention Worker
Terina King	Project Support Worker
Lukkas Dunlop	Project Support Worker
Murray Butcher	Project Officer
Warlpa Thompson	Project Officer

### WINGS DROP IN CENTRE (WILCANNIA)

Tania Lawson	Coordinator
June Jones	Youth Worker
Philip Hunter	Youth Worker
Casey Harris	Youth Worker
Anne Currie	Youth Worker
Tammy King	Youth Worker
Jake Whyman	Youth Worker

### TACKLING INDIGENOUS SMOKING

Jessica Ierace	Team Leader / Project Officer Smoke Free Homes & Cars
Anshul Kaul	Project Officer, Tobacco Control
Tiffany Lynch	Project Officer, Smoking Cessation Education

### LEAD PROGRAM

Lavinia Henderson	Project Officer
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### PUBLIC HEALTH/MEDICAL SERVICES

Hugh Burke	Director Medical Services
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### GENERAL PRACTITIONERS & SPECIALISTS

Than Soe	GP Registrar
Jean Kim	GP Registrar
Aye Han	GP Registrar
Shapla Mahmud	GP Registrar
Aung si Thu	General Practitioner
Priscilla Htun	General Practitioner
Stephen Gaggin	General Practitioner
Vic Carroll	General Practitioner
Marion Christie	General Practitioner
Michael Nugent	General Practitioner
Penny Roberts-Thomson	General Practitioner
Simone Barry	Respiratory Specialist

### PRIMARY HEALTH CARE SERVICES

Kaylene Kemp	Executive Manager PHCS
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**CLINICAL SERVICES**

Linda Lynott	Clinical Services Manager
Kelly McGowan	Respiratory Nurse
Gina Faulkner	Clinical Nurse Consultant - Diabetes

**PRACTICE ADMINISTRATION**

Kendy Rogers	Practice Manager
Lisa Kelly	Clinic Coordinator
Alannah Degoumois	Administration Assistant
Callan Rogers	Administration Assistant
Tamara Brache	Administration Assistant
Guy Crawford	Transport Officer
Ross Morris	Transport Officer
Anthony Rigney	Transport Officer (Casual)

**CLINIC TEAM**

Rebecca Conti	Clinic Team Coordinator
Shannon Henderson	Aboriginal Health Practitioner
Jackie Honan	Practice Nurse
Dorothy Joel	Practice Nurse

**COMMUNITY TEAM**

Claire Williams	Community Team Coordinator
David Doyle	Senior Aboriginal Health Practitioner
Sam Hooker	Aboriginal Health Practitioner
Jamie Billing	Aboriginal Health Practitioner
Heather Curyer	Primary Health Nurse

**YOUTH HEALTH**

Tarissa Staker	Aboriginal Youth Health Worker
Katy Wedderburn	Youth Health Nurse

**HEALTHY START**

Helen Freeman	Manager
Ann Bennett	Aboriginal Health Practitioner
Stevie Kemp	Aboriginal Health Practitioner
Bronwyn Johnson	Aboriginal Health Practitioner
Rachel Kennedy	Aboriginal Health Practitioner
Carol Doyle	Child & Family Nurse
Sherlie Barnett	Child & Family Nurse
Robyn Harris	Community Midwife
Tiffany Cattermole	Primary Health Nurse/Midwife
Kendall Jackman	Sexual Health/Women's Health Nurse
Erin Vale	Allied Health Assistant in Training
Mele Tuipulotu	Allied Health Assistant in Training
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
Kayelene Crossing	Primary Mental Health Worker
Karen Elston	Primary Mental Health Worker
Jade Shillingsworth	Community Dinner Assistant (Wilcannia)
Gemma Page	Dietitian

**ORAL HEALTH**

Erin Commins	Team Leader
Megan Hurst	Oral Health Therapist
Simone Baczynski	Dental Assistant
Christene Polanski	Aboriginal Health Practitioner / Trainee Dental Assistant

**WILCANNIA PRIMARY HEALTH**

Anne McGillivray	Manager
Robert Harris	Community Transport Officer
Kevin Bates	Aboriginal Health Practitioner
Kerry King	Aboriginal Health Practitioner
Dana Newman	Aboriginal Health Practitioner
Lillian Gaiter	Primary Health Nurse
Mandy Everett	Primary Health Nurse
Tessa Files	Clinic Coordinator /Administration Officer
Lynley Rebbeck	Clinic Coordinator /Administration Officer
Fran Scott	Administration Assistant
Jason Gowin	Clinical Nurse Specialist, ATSI Health Checks

**MENINDEE HEALTH SERVICE**

Deb King	Aboriginal Health Practitioner
Dimity Kelly	Aboriginal Health Practitioner
Carmel King	Community Transport Officer

**MARRABINYA**

Donna Jeffries	Manager, Western Region Health Services & Partnerships
Desley Mason	Care Link Worker
Joanne Bugg	Care Link Worker
Melissa Flannery	Care Link Worker
Jacob Bloomfield	Care Link Worker
Cheryl Swinton	Care Link Worker
Kym Lees	Care Link Worker
Sandra Ritchie	Care Link Worker
Stephen Hegedus	Care Link Worker
Leah Weedon	Clinical Nurse Specialist









**MAARI MA HEALTH**  
ABORIGINAL CORPORATION

## CONTACT

### MAARI MA REGIONAL OFFICE

82 Crystal 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

**[www.maarima.com.au](http://www.maarima.com.au)**

