# 2016 / 2017
# ANNUAL REPORT

MAARI MA HEALTH
ABORIGINAL CORPORATION

**Contact**
Chief Executive Officer
PO Box 339, Broken Hill, NSW 2880
**Phone** (08) 8082 9888 | **Fax** (08) 8082 9889

Front cover by: Bob Davis. Images by: Jamie Billing. Edited by: Philippa Quinn.

MAARI MA HEALTH
ABORIGINAL CORPORATION

# 2016 / 2017
# ANNUAL REPORT

MAARI MA HEALTH
ABORIGINAL CORPORATION

# 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


NEW SOUTH WALES
BROKEN HILL
Broken Hill
Menindee
Tibooburra
Wilcannia
Ivanhoe
Wentworth
Balranald

# Contents


| | |
|---|---|
| Our Board | 6 |
| Chairperson's Report | 8 |
| Chief Executive Officer's Report | 10 |
| Primary Health Care Service | 14 |
| Community Engagement and Support | 26 |
| Specialist Services | 30 |
| Early Years Project | 32 |
| Research | 36 |
| Community Safety Research Project | 36 |
| Marrabinya | 40 |
| Corporate Services | 42 |
| Workforce Development | 44 |
| WINGS | 48 |
| Finance Report | 50 |
| Partnerships | 68 |
| Maari Ma Staff | 70 |

# Our Board Members

*From back left; Des Jones, Cheryl Blore, Bob Davis.*
*From front left; William Bates, Maureen O'Donnell, Fay Johnstone, Gloria Murray*

## MAUREEN O'DONNELL

### Chairperson

Maureen is a Barkintji Elder belonging to the Wilyakali language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked in Aboriginal affairs, tirelessly campaigning for equality for Aboriginal people and is the Chairperson of the Broken Hill Community Working Party. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council, she is on the Board of Management for the Mutawintji National Park, and 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 - Chairperson of the Murdi Paaki Regional Housing Corporation, Chairperson of the Murdi Paaki Regional Assembly and Board member of the Dareton Local Aboriginal Land Council. Des has a strong interest in Aboriginal economic development, revival of Aboriginal culture, language maintenance and sites protection. Des likes to meet and socialise with people and has a keen interest in sports, 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 is currently a member of the Balranald Health Advisory Council and the Balranald Local Aboriginal Land Council. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria plays an active part in the Balranald community supporting local community members to achieve their goals. Gloria commenced her role with the Maari Ma Board in 1998.

## FAY JOHNSTONE

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

## CHERYL BLORE

Cheryl is a Barkintji woman who resides in Menindee. Cheryl has been employed for over 30 years as an Aboriginal Education Officer with the Department of Education and was based at 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.

## WILLIAM BATES

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

# CHAIRPERSON'S REPORT

I can clearly remember the time in 2005 when, as a Board, we talked about the urgent need to get a shift in direction that would make a real and lasting difference in health outcomes for Aboriginal people in our region. We were still a relatively young organisation then – a few months shy of our 10th anniversary, and while we'd achieved a fair bit and had grown into quite a strong and vibrant service we could see more needed to be done.

We'd built health and wellbeing programs, access to health services had improved, and we'd brought some stability to the region. It was all good work but it wasn't enough. Our collective vision became stronger, and our major priority for the direction of Maari Ma became one of prevention and management of chronic diseases. It wasn't a new approach to Indigenous health and we drew on evidence from other areas to guide us, especially from the Northern Territory. But the development of the resulting Far West Chronic Disease Strategy was an indication of our commitment to improving Aboriginal health and our desire to provide innovative health services.

With a dedicated management team and key staff, the plans that were put in place would ensure the changes we made were sustainable. Ten years down the track that innovation has started paying off. On completion of a ten year evaluation we see a graph of potentially preventable hospitalisations for Aboriginal people for chronic conditions trending downwards. There are highlights of the evaluation elsewhere in this annual report and there are areas that have been identified that need improvement but to get these results is very encouraging and very heartening.

When the Indigenous Health Minister, Ken Wyatt AM, came to Broken Hill to launch the evaluation he said the results showed our programs were helping empower locals to lead healthier lives. He described some of our programs as 'jewels in the crown' to improving Aboriginal health. What a powerful endorsement!

While our programs may be the 'jewels in the crown' to improving Aboriginal health, it is our staff, both Indigenous and non-Indigenous, who are our most valuable asset. I felt a sense of immense pride when a third group of Aboriginal health worker trainees graduated last year. They are now working as practitioners in various programs at Maari Ma, and continuing to gain in confidence and skills. We have always actively promoted and provided employment opportunities for Aboriginal people and that will continue. There was a very special moment during the year when Maari Ma trained Aboriginal Health Practitioner and Registered Nurse, Tiffany Cattermole, as a student midwife, delivered a baby alongside our AMIHS Aboriginal Health Practitioner, Stevie Kemp. The baby was the grandson of another of our Aboriginal Health Practitioners, Jamie Billing. To me that was a significant occasion in our journey – our Indigenous workforce working side by side for our next generation. I also acknowledge the parents who will be guiding our next generation – the futures of those children look brighter today than those born in my generation or my children's generation because of the work that organisations such as ours are doing.

Anyone who knows me well knows that family means everything to me and I am driven by helping Aboriginal children to achieve their potential in life which can only be achieved through a whole of life approach. Our Chronic Disease Strategy highlights the fact that the risk of chronic disease in adulthood is associated with risk exposures across a person's lifetime. This underlines the importance of whole-of-life strategies and it underlines the importance of starting before birth. Our Early Years program continues to have a special place in my heart as it improves the opportunities and development for children in the 0 – 5 year age group and their families. From the Intensive Supported Playgroup in Broken Hill to Little Kids and Books, science and maths in the early years, and the Home Interaction Program for Parents and Youngsters (HIPPY), our Early Years program has a strong focus on the importance of parent-child relationships and the ability these have to shape a child's development and their future.

It is impossible to single out one program however as all our programs combine to bring about the results we are seeing today - a decade on since we implemented our Chronic Disease Strategy. From the worker greeting the client walking into the clinic to the worker providing education in the community – each one of our staff members is vitally important to our organisation as a whole. I thank each and every one of our staff for the work they do.

I would like to thank my fellow Board directors for their generous commitment of time during the past 12 months, and for their hard work and considered input. I am proud of the leadership of our organisation under our CEO, Bob Davis. Bob continues to guide our ship towards the big picture with determination and enthusiasm, and I am forever grateful for his advice, support and sound judgement. I sincerely thank Haylee Rogers whose work and dedication to the Board is appreciated by all Directors – Haylee always quietly goes that extra mile for us all. My final expression of gratitude goes to our communities who continue to put their faith and trust in us.

**MAUREEN O'DONNELL**
**Chairperson**

# CHIEF EXECUTIVE OFFICER'S REPORT

Thank you for the hard work and contributions from all of our staff, community members, external organisations, and private and government funding bodies.

2016/2017 was another tremendous period of activity and impact across the Maari Ma region, and for one project - Marrabinya, delivering services across the entire Western NSW PHN region, the largest PHN in NSW, covering an area of 433,379 square kilometres (53.5% of NSW).

In addition to our core business we also worked to maintain our strong commitment to women's rights, environmental issues, social justice and our continuing agenda on human rights.

Over 20 years of working side by side with the community has taught us that fulfilling people's immediate needs without addressing the root causes may not lead to lasting change. In the past 2 years we have supported the Board of Directors commitment to affirming the dignity of our people across the region by placing respect for human rights at the heart of our programs at Maari Ma and attacking discrimination and exclusion in the broader community as well as raising our profile within the forums of the United Nations. Upholding the rights of our people is not charity - it is a collective obligation of everyone.

The scale of our work continued to grow in the past financial year. Together with our staff and the support of our funders, some of what we accomplished follows;

- Managed grants and activities in excess of $16,000,000
- Employed 121 staff of which 67 were Indigenous
- 11 new Aboriginal Health Workers graduated, with all achieving registration as Aboriginal Health Practitioners with the Aboriginal & Torres Strait Islander Board of Health
- Over 60,000 patient interactions
- Over 1,500 health checks
- Over 90% of Aboriginal children immunised in our region within the 0-4 year age group
- More than 250 individual specialist clinic days with more than 1,750 patient consultations
- Over 4,321 services purchased by Marrabinya for more than 1,500 clients for the period November 2016 to July 2017
- For the second year in a row, nominated as a finalist in the Australian HR Awards
- The WINGS program was a recipient of the NAPCAN Play Your Part Award.

A further highlight was the launch by the Hon. Ken Wyatt, Minister for Indigenous Health, of our Chronic Disease Strategy Evaluation Report called Opening Doors. The report was an evaluation of the first decade of our strategy to combat chronic disease. The evaluation was a collaboration between Maari Ma and the Menzies School

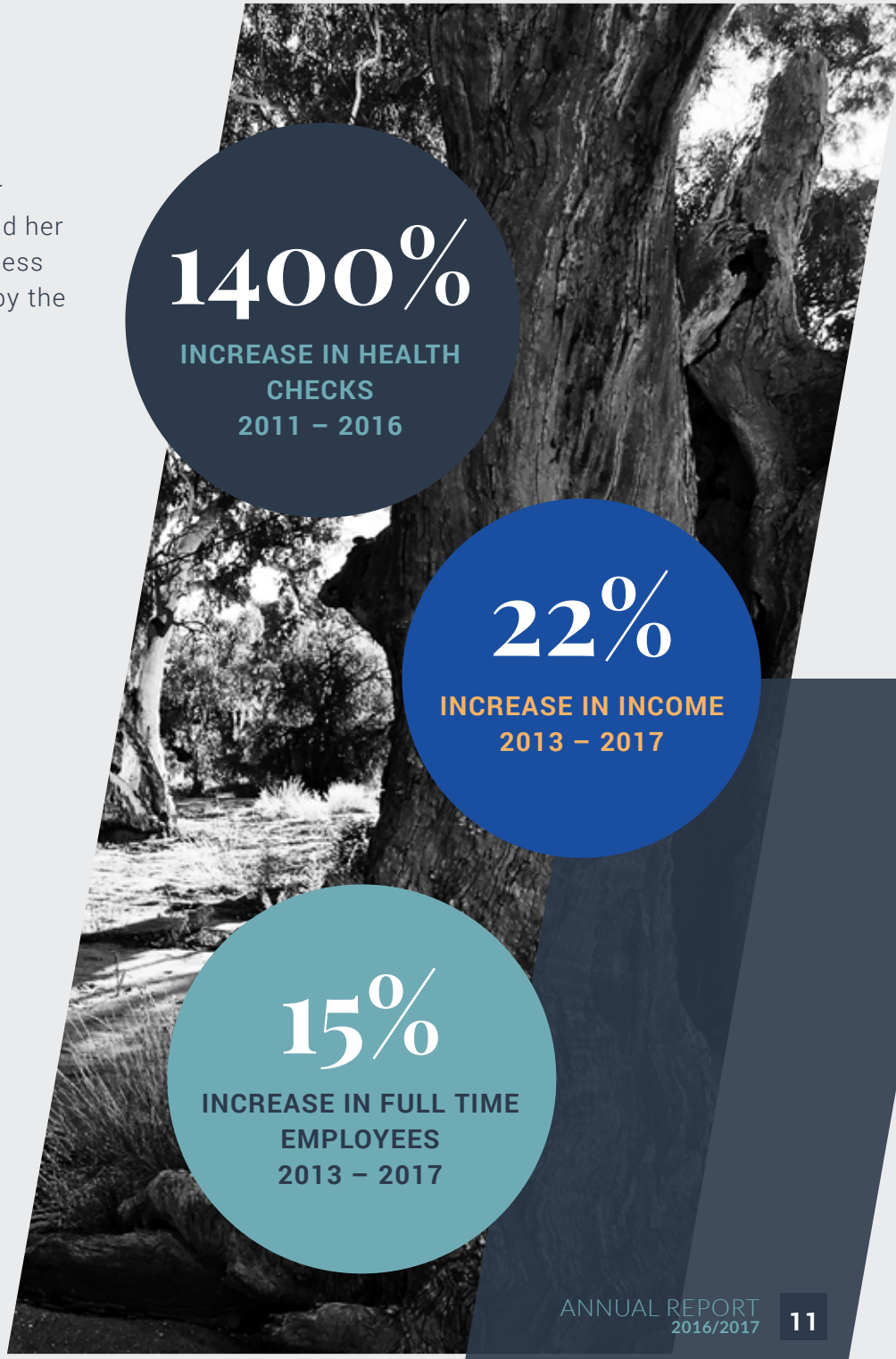
of Health Research in Darwin and drew upon hospital data held by NSW Health, clinical indicators from quality improvement processes, program administration data, interviews with key informants and took more than 12 months to undertake and document. The two volume report tracks the evolution of the Strategy from the early days of community engagement and service redesign to the implementation and growth of the Healthy Start and Keeping Well programs.

The backbone of the success of the Maari Ma Chronic Disease Strategy has been the staff and in particular the role of our Indigenous staff in supporting our community to access services: they are all role models within their families and communities.

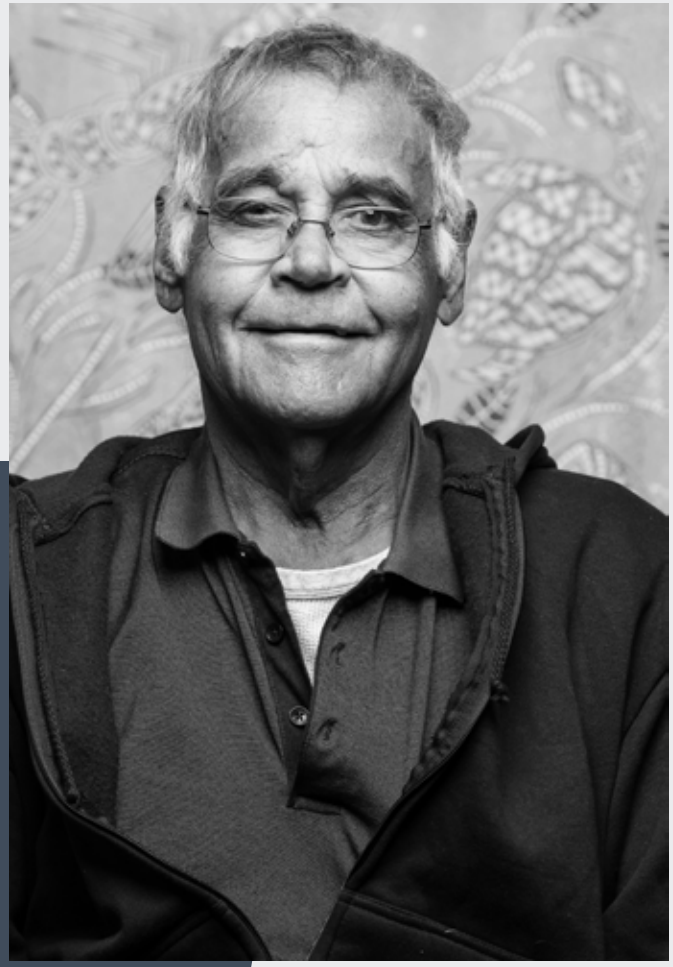
Our greatest assets are the talented and passionate people we employ: they are the ones who make it happen for our organisation and our community. However our staff are more than just skilled workers - they are all passionate about making a difference in the communities we service.

I acknowledge the leadership of our Chairperson, Maureen O'Donnell, and her fellow Board members for their tireless work, and the support given to me by the Executive Management team.

**BOB DAVIS**
**Chief Executive Officer**



# WILLIAM BATES
# 1950 - 2017



The Board of Directors and staff mourned the loss in September 2017 of Maari Ma's founding Chair and Director, William Bates. William was a Wanyuparlku/Malangapa/Barkintji Elder from Wilcannia. He was our first chairperson when we began as an organisation more than 20 years ago and returned to the Board to champion the health and wellbeing of our communities in 2010 – particularly the community of his beloved town, Wilcannia.

William was a man whose presence commanded attention and he used his gift of leadership to the fullest involving himself not only in the area of improving Aboriginal health in the far west but improving Indigenous rights and freedoms in numerous areas. He was driven to bring about better housing and standards of living, reduce crime rates, improve water supplies and significantly fight for our people's land rights. At the 40th anniversary of the NSW Aboriginal Land Council on September 29th William, as one of the original councillors, was honoured as a New South Wales true land rights legend. Sadly he passed just days before that commemorative event but his legacy will continue in his next and following generations. A new evening star now shines over our region reminding us to never give in and never give up. William Bates will always be remembered.

William Bates: Founding Chairperson and Director of Maari Ma Health Aboriginal Corporation, Chairperson of the Murdi Paaki Regional Enterprise Corporation, Director of the Murdi Paaki Regional Housing Corporation Ltd, Chairperson of the Mutawintji National Park Board of Management, Chairperson of the Mutawintji Local Aboriginal Land Council, Aboriginal Torres Strait Islander Commission (ATSIC) Councillor of the Murdi Paaki region and a strong advocate for the current Murdi Paaki Regional Assembly as long time representative and Chair of the Wilcannia Community Working Party.

# Primary Health Care

**We thank the community for their continued support of Maari Ma and acknowledge the work our staff have done throughout the year. They have worked tirelessly to produce some wonderful health outcomes.**

Our commitment to quality improvement continues and this year we joined the Menzies School of Health Research to evaluate the last 10 years of our Chronic Disease Strategy.

Our staff show a commitment to quality policies and procedures that assist us in our ongoing accreditation processes. Maari Ma's Primary Health Care Service (PHCS) in Broken Hill has been successful in attaining Australian General Practice Accreditation Limited (AGPAL) accreditation for the third time. To achieve accreditation, a practice team works over a three-year period to implement the Royal Australian College of General Practitioners (RACGP) Standards for general practices (the recognised national standard), which provides a template for quality care and risk management. The staff, the clinics, and all policies and procedures at the regional PHCS were assessed by AGPAL surveyors late last year with notification of accreditation being received just before Christmas.

In our region we now have 3,300 people on our books. Last year we conducted 1,500 health checks and had 60,000 interactions with patients.

Evening Ear Nose and Throat (ENT) clinics were trialled this year for the first time. Our visiting ENT surgeon provided a monthly clinic from 6 pm to 9 pm. Children were able to attend clinics without having to take time off school and for parents, time off work. The clinic is supported by practice administration and clinical staff who all agreed the new time slot resulted in some real benefits for everyone.

# PRACTICE ADMINISTRATION

Practice Administration is the engine house of the service and the staff are also the first people patients see on entering the PHCS. Practice Administration primarily functions to keep clients' details current, register all eligible clients for various government incentives that provide cheaper medication and care, and transport patients to and from medical appointments at either Maari Ma or at the local hospital.

Practice Administration works across all other teams to provide support and assistance, such as scanning clinical documents into the electronic medical file, managing all fleet vehicle maintenance and bookings, submitting Medicare claims, doing appointment reminder telephone calls, acting as advocates for community members, and participating in health and other promotional activities such as White Ribbon events.

On a sad note, long time Practice Administration Assistant, Lowra Koraba resigned and headed home to Queensland to be closer to family. On a positive note, Tamara Brache returned from maternity leave and currently works four days a week.

Callan Rogers was excited to be re-elected to the Murdi Paaki Regional Assembly as a young leader and attends the Broken Hill Community Working Party meetings when available.

## IPTAAS

IPTAAS is the Isolated Patients Travel and Accommodation Assistance Scheme. This is a NSW Government scheme designed to help with financial assistance towards travel and accommodation costs when a patient needs to travel more than 100kms for specialist medical treatment that is not available locally.

Maari Ma supports our patients by assisting with IPTAAS applications, and booking travel and accommodation for patients when they are not able to organise this themselves.

For the 2016/17 year there were 317 travel requests made by 172 people. This shows an increase of 105% in requests and a 74% increase in people assisted compared to 2015/16.

Of the 172 people 74 (43%) were male, 66 (38%) were aged under 15, and 16 (9%) were aged over 65. Of the 317 requests for assistance 306 (97%) appointments and bookings were attended. This is an excellent result for the community and an example of where Maari Ma commits time and money to ensure our community receives quality health care.

## TRANSPORT

The Patient Transport team do a great job getting our patients to appointments on time. The transport service continues to be very busy as demonstrated in the table below.

| | 2015/2016 | 2016/2017 |
|---|---|---|
| Transport provided to Maari Ma Broken Hill and Wilcannia | 14,025 | 13,297 |
| Transport to other places | 1907 | 1460 |

**BROKEN HILL PRIMARY HEALTH CARE SERVICE**

**IN 2016/17 WE HAD**

**20,382**

**OCCASIONS OF SERVICE***

*This is a decrease from last year however the way that the Commonwealth Department of Health counts occasions of service has changed, as has the way our patient information system records these.

# CLINIC AND COMMUNITY TEAM

Maari Ma has a team of registered nurses and Aboriginal health practitioners who work at the service and in the community to support patients. In the clinic the staff liaise closely with general practitioners to assess patients on presentation.

The team based primarily in the community works mainly in people's homes, provides education and implements the cycle of care for patients with a chronic disease.

The team based in the PHCS assesses and reviews patients coming to the clinic, assists general practitioners with minor procedures, manages the list of patients who require follow up, assists with procedures, completes specialist follow up and completes GP recommendations, for example arranging podiatry or Home Medication Reviews. The PHCS team also attends specialist handover and videoconferencing, home visits, collection of pathology, wound management, brief interventions such as smoking cessation, transport and delivery of medications, and generally ensures patients have a smooth flow through the service.

A new role of respiratory nurse was established to complement the service provided by our visiting respiratory physician. The RN works to ensure patients with a respiratory disorder referred by our GPs have appropriate work up prior to the specialist appointment and then timely follow up. The RN is also trained to administer sleep studies for patients with suspected sleep apnoea, and fit CPAP (Continuous Positive Airway Pressure) masks and equipment where indicated.

Last year we were fortunate enough to graduate a cohort of Aboriginal health workers after an 18-month traineeship. Most of these trainees are in permanent employment in the service and all have gained registration with the Australian Health Practitioner Regulation Agency as Aboriginal health practitioners.

## DIABETIC CLINIC

The Maari Ma Chronic Disease Strategy (2005) has a guiding principle:

**While prevention is better than cure, control is better than complication.**

Gina Faulkner, our diabetes clinical nurse consultant (CNC), recently completed a credentialed diabetes educator post graduate certificate. Clinics are run at both Broken Hill and Wilcannia.

We work as a multidisciplinary team, ensuring our diabetic clients are at the centre of our work, and aim to improve their self-management.

Maari Ma PHCS continues to receive the Outback Vascular Health Service. The endocrinology team visits Broken Hill and surrounding communities regularly. This service enables people with complex diabetes to be managed locally without having to leave their family and community.

Maari Ma, in pursuance of "best practice," follows diabetes research outcomes and has recently purchased new technology. The team is supportive in looking for innovative ways and equipment to achieve better outcomes for our families such as an interstitial glucose monitoring system.

## HOME MEDICATION REVIEWS

The 2016/17 financial year has seen a significant reduction in the number of patients with a completed Home Medication Review (HMR).

In total there were 133 HMRs completed for the financial year which is a 22% drop on the previous financial year. The pharmacist conducted interviews with 195 patients during the 2016/17 financial year which means 62 patients did not have their HMR completed with the GP.

This will be an area of focus for those involved in the HMR program at Maari Ma to identify and overcome barriers to patients completing the HMR process by seeing their GP to discuss the pharmacist's report.

# HEALTHY START AND STRONG FAMILIES

The Healthy Start program is designed to improve the health of pregnant women, newborn babies, children 0-8yrs and their families. The aims of the Healthy Start program are to ensure mothers and children have an annual ATSI health check, offer increased support to women during their pregnancy by involving Aboriginal health practitioners in their care, continue to increase immunisation rates overall by education, recalls and catch up schedules, continue to decrease the rates of smoking in pregnancy, work with the Lead team to test all children, and provide information on nutrition and healthy lifestyles.

Maari Ma's immunisation rate remains high within the 0-4 year age group with over 90% of Aboriginal children immunised in our region.

The midwifery team consists of a midwife and Aboriginal health practitioners (AHPs) who provide services in Broken Hill and Wilcannia. The AHPs and midwife are part of the Aboriginal Maternal and Infant Health Service (AMIHS) and support pregnant women by assisting them to attend clinic and other associated appointments, and during labour and up to 6 weeks after birthing. The team is supported by female GPs Dr Marion Christie, Dr Priscilla Htun, and Dr Penny Roberts-Thomson, and by Dr Vic Carroll. Dr Carroll is a GP obstetrician who delivers care in Broken Hill, Wilcannia, Menindee and Ivanhoe and performs basic sonography for pregnant women to assist with dating pregnancies and diagnosing some obstetric concerns.

Midwifery and child and family health clinics are held in Broken Hill four days per week in conjunction with home visits. A GP works with the staff at least three days a week, which has allowed the team to expand the range of services they offer. The team has been able to maintain an average rate of 89% of ATSI health checks for children aged six weeks to eight years and for women six weeks postnatal.

The team also has a full time speech therapist who provides therapy at Maari Ma, in the schools, and engages families through playgroup.

The Maari Ma Lead team liaises closely with Healthy Start following up children and families who have been screened and returned a blood lead level above the national guidelines. Funded by the Broken Hill Environmental Lead Program (BHELP), we are now able to provide incentives such as toys for children who are being tested. Dr Garth Alperstein, our Healthy Start consultant, has provided a lot of guidance to the lead program this year including updating our lead management guidelines.

# NOVITA CHILDREN'S SERVICES

This year, Maari Ma contracted Novita Children's Services to provide a range of therapy to Maari Ma children aged under seven years with disabilities. Novita is a South Australian non-government organisation providing allied health assessments, therapy, equipment prescription and family support services to children and young people with special needs. The provision of a culturally safe, accessible, relevant and child focused allied health service has been prioritised by Maari Ma for improved outcomes for children under the care of the Maari Ma paediatrician. Prior to August 2016 the provision of allied health disability services for child clients of Maari Ma was largely the responsibility of the Far West Local Health District. Children with autism or other developmental delays used to be referred to the Broken Hill Health Service multi-disciplinary allied health team, which resulted in the Maari Ma paediatrician and Healthy Start team being outside the loop with regard to what was happening with their patients.

Novita supplies a paediatric physiotherapist and occupational therapist for each clinic at Maari Ma's speech therapist works with the Novita team during these clinics. The link with Novita means that our speech therapist is also now provided with clinical supervision by a senior Novita speech therapist through a combination of face to face visits, telehealth/ videoconferencing technologies, phone and email.

This year, 71 children were seen at the monthly clinics, including 32 new referrals to the multi-disciplinary team. Planned improvements for 2017/2018 include training an Aboriginal health practitioner to work as an allied health assistant with Novita, to be able to provide follow up for children and families between clinics.

# PRIMARY CARE SPECIALIST SERVICES


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

In the past year the team has given particular emphasis to smoking cessation. This has included a focus on prevention and early intervention regarding the uptake of tobacco smoking with young people and further supporting smoking cessation in the community.

## 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 region.

During the last year Maari Ma's Smoking Cessation Education Officer continued to strengthen the capacity of frontline staff to provide the smokers program to community members. The smokers program is a 12-week program that provides combination therapy for patients, including GP and caseworker support to aid the cessation process as well as Nicotine Replacement Therapy (NRT).

The majority of Maari Ma frontline workers are trained and certified to deliver the Maari Ma smokers program which has enabled the largest number of community members to access the Maari Ma smokers 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, providing both education and training for staff and face to face consultations with complex patients.

## DIETITIANS

Maari Ma's nutrition program works towards improving the nutritional health and knowledge of our communities. The team has a strong focus on promoting a healthy diet and nutrition in pregnancy and children's early years by working within schools, pre-schools and with the Aboriginal Maternal and Infant Health Service (AMIHS) team.

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

This year has seen significant emphasis on program delivery for the communities' youth. Childhood obesity is a major concern as it is an indicator of children at risk of developing a chronic disease in later life. The team has been partnering with Broken Hill's PCYC to implement the Active Kids program to at-risk kids which has been very successful. Another popular strategy to tackle childhood obesity is the Afterschool Cooking Group which teaches children about nutrition and cooking. We also introduced a Cooking and Craft group in Broken Hill, and a cooking group with the Wilcannia Preschool.

## PRIMARY MENTAL HEALTH, ALCOHOL & OTHER DRUGS

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

There has been significant growth within the team with service delivery currently being offered across the entire lifespan, including perinatal, child and adolescent, and adult mental health.

This team is supported by psychiatrist, Dr Jonathan Carne, perinatal psychiatrist, Dr Ros Powrie, and addiction specialist, Dr Graeme Judson.

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

# YOUTH HEALTH

The Youth Health team is a reasonably new program for Maari Ma, commencing in September 2015, and aims to improve the health and wellbeing of clients aged nine to 18 years who live in Broken Hill. The Youth Health team comprises an Aboriginal Health Worker, a nurse and a male and female general practitioner. Key services provided by the Youth Health Clinic include:

- Annual Health Checks
- Health care coordination – supporting young people to navigate the health system
- Immunisations – including ensuring that all males and females of the appropriate age are vaccinated as part of the Gardasil program
- Asthma action plans
- Sexually Transmitted Infection (STI) information and screening
- Contraception options
- Confidential yarning
- Health promotion activities
- Providing information and education on youth health issues including: puberty, sexuality, cyber safety, sexting, relationships, smoking/alcohol/drugs, body image, nutrition and physical activity, mental health and local youth projects
- Supporting parents and carers of young people

The Youth Health Clinic aims to provide services that empower the community and increase the capacity of young people to make informed choices about their health care.

# CLONTARF

The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander boys and young men and by doing so, equips them to participate meaningfully in society. The Foundation believes that failure to experience achievement when young, coupled with a position of under-privilege, can lead to alienation, anger and more serious consequences. As a prelude to tackling these and other issues, participants are first provided with an opportunity to succeed and in turn raise their self-esteem. The vehicle for achieving this outcome is Australian Rules and/or Rugby League. The Foundation uses the existing passion that Aboriginal and Torres Strait Islander boys have for football to attract them into school and keep them there. Maari Ma has joined with Broken Hill High School (BHHS) to support the establishment of a Clontarf academy at BHHS and this is its second year.

Education is a key to improving health outcomes for Aboriginal and Torres Strait Islander people, and Maari Ma financially and materially supports the Clontarf Foundation in Broken Hill. This year our team has provided health checks for Clontarf participants and education sessions on health and fitness related issues.

# HEALTH PROMOTION

A sample of the health promotion events the teams participated in include:

- A women's health community luncheon to coincide with Jean Hailes Women's Health Week in September, held in conjunction with our Tackling Indigenous Smoking and Lead teams
- Autism awareness stall and information day during Autism Awareness week
- Mental Health Month - touring comedian Kevin Kropinyeri headlined at events across the region
- Healthy Weight Week

# NAIDOC DAY ACTIVITIES

NAIDOC Day (National Aborigines and Islanders Day Observance Committee) has its origins in the emergence of Aboriginal groups in the 1920s which sought to increase awareness in the wider community of the status and treatment of Indigenous Australians.

NAIDOC Week is held in the first full week of July. It is a time to celebrate Aboriginal and Torres Strait Islander history, culture and achievements, and is an opportunity to recognise the contributions that Indigenous Australians make to our country and our society. It is an important week on the Maari Ma calendar and this year we continued our support of the Broken Hill organising committee by participating in the major local event in Sturt Park.

Staff from all teams in the organisation spent many hours promoting health and healthy lifestyles along with food, giveaways and fun activities for families. The event was extremely successful and a good example of community working together to provide a great time for the whole family.

# STUDENTS

Maari Ma continued its support of the student training program coordinated by the University Department of Rural Health by providing clinical placements to medical, nursing and pharmacy students throughout the year.

We have supervised and mentored six medical students, six pharmacy students and two nursing students over the previous 12 months.

# WILCANNIA PRIMARY HEALTH CARE SERVICE

Wilcannia Primary Health Care Service was unable to recruit a permanent nurse manager this year and relied on agency staff and Broken Hill RNs, Daniel Jackman and Heather Curyer, to alternate weeks providing clinical and supervisory oversight to the Wilcannia team.

General practitioners were working in Wilcannia four to five days each week, with Dr Marion Christie, Dr Priscilla Htun and Dr Penny Roberts-Thomson providing Healthy Start and women's health care every week. These clinics are supported by local staff AHP, Jenny Edwards and RN Lillian Gaiter, and outreach clinician Child and Family Health Nurse, Sherlie Barnett.

Dr Stephen Gaggin was the primary GP for adult care in Wilcannia continuing his two days per week walk in and booked appointments. In Dr Gaggin's absence, Drs Aung Sithu and Alex Beaudoin provided care to Wilcannia clients.

Wilcannia was very fortunate to attract RNs, Amanda Everett and Deborah Cushing to join the local team of AHPs, Veronica Edwards, Dana Newman, Kevin Bates and Kerry King.

Dana, Kevin and Kerry all successfully completed their AHW traineeship this year and are now all registered AHPs working in their community.

Support services were provided by Lynley Rebbeck and Lowra Koraba as Clinic Coordinators, assisted by Robbie Harris on transport.

Most of the Maari Ma visiting specialist services travelled to Wilcannia to provide clinics, including paediatrics, cardiology, a renal physician, podiatry, ophthalmology and endocrinology.

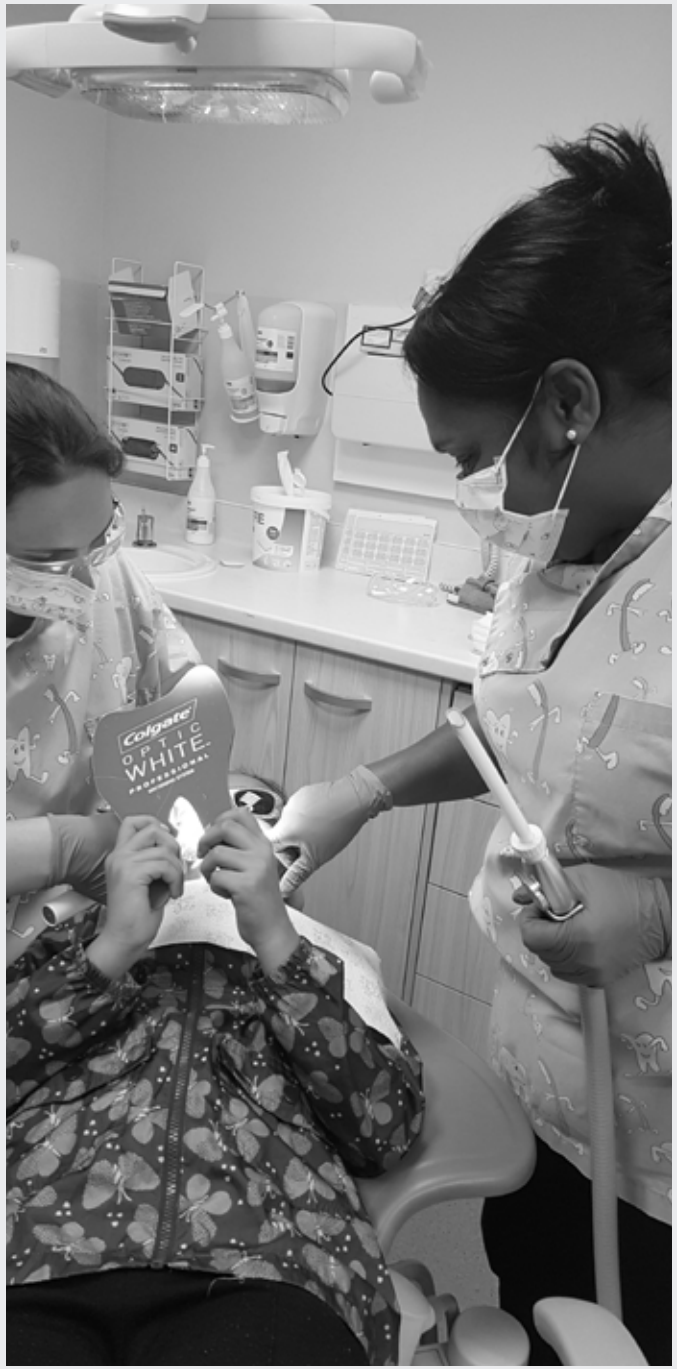
# DENTAL

The Dental team welcomed back team leader, Erin Commins from maternity leave but unfortunately was not able to successfully recruit another dental therapist for most of this year following the resignation of Abilhasha Srishanmuganathan. Erin and dental assistant, Penny Billings continued to provide regular child dental clinics in Broken Hill, Menindee, Wilcannia and Ivanhoe.

An exciting new collaboration with the Royal Flying Doctor Service saw the commencement of an enhanced adult dental service in Maari Ma three days per week. This service is provided by a RFDS dentist and is available to Maari Ma clients.This is the first time Maari Ma has been able to provide this frequency of adult clinics.

Our congratulations to Maari Ma Consultant Dentist, Dr Sandra Meihubers, who has been awarded a Member (AM) in the General Division of the Order of Australia for significant service to dentistry, to remote Indigenous communities and through international humanitarian oral health care programs.Sandra was one of a dozen people recognised for their contribution to Indigenous Australia in the Queen's Birthday 2017 Honours List. Sandra's late husband - architect and a founding director of Healthhabitat, Paul Pholeros, was awarded an AM in 2007 in recognition of his outstanding service to the health and wellbeing of the Indigenous population of Australia and the Torres Strait Islands.

Sandra has been working with Maari Ma since 2000 and her contribution to our organisation and our communities during that time has been outstanding. We have been very grateful for her ongoing commitment. Sandra provides on- and off-site support and mentoring to our staff and strategic guidance to our oral health program.





**CHILD DENTAL CLINICS ARE REGULARLY HELD IN BROKEN HILL, MENINDEE, WILCANNIA AND IVANHOE**

# Community Engagement and Support

## TACKLING INDIGENOUS SMOKING PROGRAM

In the last year the Tackling Indigenous Smoking (TIS) team has focused on providing education to youth, promoting the program through radio, TV ads and at events, supporting local organisations to develop a Smoke Free Workplace Policy and supporting community members in managing their smoking through our Yarning Group.

Education sessions were provided to youth in schools in Wilcannia and Broken Hill. The focus was on the effects of smoking and passive smoking. Quit support information was also discussed with students.

We have also engaged with youth to develop a radio ad that promotes the TIS program. Three TV ads have been recorded and aired in the past year and they focus on pregnant women, families and youth.

| Surveys run by TIS Team | Participants |
|---|---|
| NAIDOC Family Fun Day 2016 | 27 |
| Broken Hill High School Services Expo 2016 | 260 |
| Youth Survey 2016 | 69 |
| Smokefree Workplace Survey- Maari Ma Staff Survey 2016 | 61 |
| Smokefree Workplace Survey- Maari Ma Staff Survey 2017 | 63 |
| Smokefree Workplace Survey- Local organisations 2017 | 44 |
| Smokefree Mums 2017 | 8 |

| Facebook Statistics for the TIS TV ads | | | | |
|---|---|---|---|---|
| Ad | People reached | Views | | Shares |
| TV ad #1 | 2963 | 1349 | 27/3 | 21 |
| TV ad #2 | 6533 | 2976 | 54/6 | 65 |

Maari Ma's Smoke Free Workplace Policy was recently updated and circulated to staff. In line with this, new "no smoking" signage has been developed and installed at the Regional Office and at the Primary Health Care Service. The signs are photos of community members taken by Aboriginal Health Practitioner, Jamie Billing. A "smoke free" message is on each sign encouraging community members to not smoke around our health service and their families, and to encourage them to be smoke free.

The TIS team met with a number of local organisations in the past year, offering support to develop or update their Smoke Free Workplace Policies as well as education sessions with tobacco specialist, Renee Bittoun.

Monthly Yarning Groups are held at the Primary Health Care Service for community members and Maari Ma staff to attend. The Yarning Groups are for smokers, ex-smokers, or friends or family members of smokers who are trying to support

them to quit. The group is community controlled and we have community leaders who attend to support group members. It is a relaxed, non-judgemental and confidential environment where community can share their stories and experiences.

The Smoke Free Homes & Cars Project officially commenced in 2017. Maari Ma purchased 15 Carbon Monoxide Monitors under the TIS program to give out to community members who were interested in monitoring the carbon monoxide levels in their home. The aim of this project is to raise awareness around passive smoking and encourage clients to consider quitting.

Smoking cessation education and training is provided to frontline staff under the TIS program. The training enables staff to provide brief interventions to clients and case manage clients on the Smoker's Program.

**Professor Tom Calma AO with Project Officer Smoke Free Homes & Cars, Jessica Ierace, Project Officer Smoking Cessation Education, Tiffany Lynch, Project Officer Tobacco Control, Anshul Kaul and Manager of the National Best Practice Unit, Desley Thompson at the NSW/ACT Jurisdictional TIS Workshop.**

# LEAD PROGRAM

**The Lead Program works closely with families and with children aged one to five years.**

**The program engages with families by providing ongoing support through lead education, home visits to families and by providing various incentives throughout the year which promote and assist in the reduction of lead levels.**

**Lead education is provided by the Lead Program and Healthy Start for children whose blood lead level is between 5-15 micrograms per deciliter (ug/dl). For children whose blood lead level exceeds these levels the Lead Program will visit the home to attempt to find the source of lead. The current lead guidelines target children with a blood lead level over 5 ug/dl. The program aims to reduce lead levels both in children and in the home by recommending some simple precautions that could reduce the risks of lead.**

## POINT OF CARE TESTING

Testing is carried out at Healthy Start and is offered in line with immunisations and ATSI health checks. Testing is targeted at children aged one to five years.

Below is a table outlining the number of point of care tests carried out last financial year and this financial year. The table shows the results of children tested and outlines the number of results under the recommended guidelines of 5 µg/dl and the number of results over the guidelines.

| Blood lead range | 2016/17 | 2015/16 |
|---|---|---|
| ≤ 5 µg/dL | 55 | 71 |
| 5 – 15 µg/dL | 248 | 211 |
| ≥ 15 µg/dL | 106 | 56 |
| **Total number of POC Test** | **409** | **338** |

Lead mainly enters the body through ingestion, either in hand to mouth activity or eating. Lead can be found in contaminated soil or dust in Broken Hill. The soil that surrounds homes that were, and often still are, painted with lead-based paint can be contaminated as well as inside the house. Often the paint is peeling and children may eat the flakes of contaminated paint. Our team helps families to understand where children might be accessing lead in their home environment.

## LEAD PROMOTIONS

- T-shirts have been created and will be handed out at this year's NAIDOC Day. The t-shirts aim to promote healthy diet, lead prevention, hand washing, keeping dust down and safe drinking water.
- Towels have been provided to each person in a household with a child with a blood lead level over 15ug/dl: this is to encourage hand washing and to assist in lowering blood lead levels.
- Small and large sandpits have been provided to families with the goal of reducing blood lead levels by providing safe play areas. Children who live in areas with elevated lead in soils and/or paint can be at risk of having raised lead levels.

**MAARI MA'S LEAD PROGRAM HAS WORKED CLOSELY WITH BROKEN HILL ENVIRONMENTAL LEAD PROGRAM (BHELP) IN PROMOTING A LEAD SMART ATTITUDE WITHIN OUR COMMUNITY. FAMILIES FROM MAARI MA WERE INVOLVED IN DEVELOPING TELEVISION ADS, RADIO ADS AND POSTERS AS WELL AS BROCHURES, COOK BOOKS AND RECIPE CARDS WHICH ALL ENCOURAGE A LEAD SAFE APPROACH WITHIN OUR HOMES AND OUR COMMUNITY.**

## REMEDIATION

Maari Ma is working together with Broken Hill Environmental Lead Program and the Department of Public Works on house remediation for families with children with elevated blood lead levels. Remediation aims to safely removing the source of lead from the home indoors and outdoors depending on the identified lead source.

## TOP TIPS

- Hand washing: Always before meals.
- Diet: For reducing lead absorption the key nutrients are vitamin C, calcium and iron.
- Wet wipe: Vacuuming and sweeping can recirculate leaded dust; wet wiping and mopping are most effective.
- Keep home dust free: Seal any skirting boards and gaps in walls, doors and windows to reduce dust coming into the house.
- Do not drink rain water: Tap water is best for lead-free drinking water in Broken Hill. Rain water tanks may contain lead from aerial dust.
- Leave shoes outside: Shoes can carry lead from outside into the home so are best left outside.Also wash toys that have been outside and keep pets outside.

# COMMUNITY ENGAGEMENT

## TELEVISION AND RADIO ADVERTISEMENTS

During 2017 the Tackling Indigenous Smoking program has worked closely with the community focussing on youth, pregnant mums and bubs, and the elderly. Staff prepared scripts suitable for the recording of three separate advertisements being aired on local television station BKN-7. The focus is on the effects of smoking and how smoking can impact on all our families.

## COMMUNITY NEWSLETTER

Maari Ma's community newsletters for both the Broken Hill and Wilcannia communities are published on a monthly basis. While providing information on services they also acknowledge community events, functions, promotions and any changes to Maari Ma programs or services. They also have a page dedicated to new born babies. The newsletters are a great way to promote health awareness as well as introduce new staff members to the communities.

## COMMUNITY SURVEY

A community survey has been in the planning for some time and earlier this year a team of four staff including Maari Ma's data analyst met and finalised its roll-out. It's designed with a specific focus on chronic disease and community access to health programs but includes all programs run at the Primary Health Care Service (PHCS). It also incorporates the way information is fed back to the community.

The survey hopes to engage the community so that they feel comfortable and able to provide individual feedback about the experiences they had at the PHCS. This includes their experiences with clinical and/or non-clinical staff.

Maari Ma is using the program Survey Monkey which has the ability to generate a detailed evaluation at the end of the survey. The evaluation will be used as a guide to consider possible changes including improved access to Maari Ma's current programs and services.

The survey is designed for everyone, and we are encouraging our community to participate and have their say. The survey can be completed via one of the iPads set up in the waiting room area at the PHCS.

## MAARI MA FACEBOOK

Our communities continue to effectively engage in promotions via the Maari Ma Facebook page. There have been more than a 1000 likes targeted at our promotions with communities actively engaging in comments and providing feedback. Facebook has the capacity to target all age groups, but has particular traction with the younger audience by engaging through creative campaigns focusing on health and wellbeing.

# COMMUNITY SUPPORT

Each year, Maari Ma responds to various community requests to support activities, families or individuals in need of assistance. The requests are always varied and some are urgent. Without specific funding to support such requests we have to assess each one carefully against our client support policy and the available funds.

**This year we have financially contributed to the following activities:**

- **FW RDA Excellence in Business Awards**
- **Broken Hill Eisteddfod**
- **Broken Heel Festival**
- **Homework books for Broken Hill and North Broken Hill primary schools**
- **Menindee Knockout Football Competition**
- **Footballers travelling to Nation of Origin competition**
- **Dareton Men's Group**
- **West Darling Arts in support of the Far West Aboriginal and Torres Strait Islander Art Prize**
- **Short Black Opera**
- **Back to School vouchers**
- **White Ribbon**

# Specialist Services

## Maari Ma continues its strong internal support for visiting specialists.

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

We have a continuous process of review to ensure specialist services meet the clinical and health needs of our community. In 2016/17 we enhanced our suite of medical and allied health specialities with a respiratory physician and an early intervention occupational therapist; these were additions requested by clinical staff to meet a gap in our service delivery model.

Overall there were more than 250 individual specialist clinic days with more than 1,750 patient consultations. This is an increase of 18% in days and 28% in patient consults compared to 2015/16.

***Specialist service clinic summary***

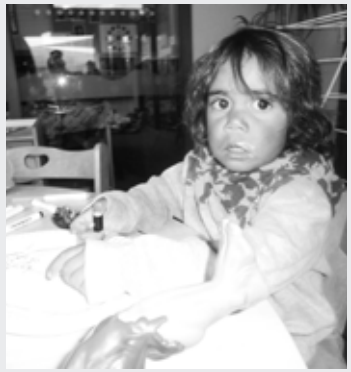
| Discipline | Total visit days | Total patients seen |
|---|---|---|
| Cardiology | 16 | 98 |
| Ear, nose and throat | 14 | 170 |
| Echocardiography | 12 | 93 |
| Endocrinology | 24 | 203 |
| Occupational therapy (Early intervention) | 10 | 71 |
| Ophthalmology | 24 | 173 |
| Optometry | 12 | 87 |
| Paediatrics | 54 | 251 |
| Pain management | 2 | 13 |
| Pain management physiotherapy | 8 | 23 |
| Perinatal psychiatry | 12 | 99 |
| Podiatry | 36 | 261 |
| Psychiatry | 18 | 92 |
| Renal medicine | 9 | 45 |
| Respiratory medicine | 6 | 58 |
| Smoking cessation | 10 | 26 |
| Stress tests | - | 12 |

# Early Years Project

**The Early Years Project is based on evidence that children's earliest and most powerful learning comes from their family. Experiences early in life will impact considerably on childhood learning and development, emotional wellbeing, and physical and mental health outcomes. Within all early years' programs there is a strong focus on the importance of play and parent-child relationships, and their importance in shaping a child's development. Play is a fundamental human right for all children regardless of age, gender, culture, social class or disability.**

This is reflected in the range of programs that we offer children and their families, with play experiences and relationships that help improve their quality of life. Intervention for improved education and health outcomes starts in the early years and continues throughout childhood. This involves high investment into early years' settings, and improving links between schools, health service, families and communities. If children's opportunities for play are restricted there are likely to be profound effects on their life experiences and more specifically on their physical and mental health.

The Early Years Project Leader has continued to provide early childhood expertise to early years' services across the region. This has included Save the Children playgroup program in Wilcannia, The Hub in Ivanhoe, and other services in Menindee and Broken Hill.



## INTENSIVE SUPPORTED PLAYGROUP – BROKEN HILL

Supporting the mental and physical health of parents is just as important as supporting the mental and physical health of children. The presence of a multidisciplinary team at playgroup helps parents relate to and make good decisions for their children. For example, we provide support and strategies to reduce the opportunities for parents to smoke by encouraging them to be with their children throughout the session.

Play is regarded as important in children's overall development but also to maintain a sense of community. For parents and families attending the playgroup, play is also helping them to develop social networks, and provide opportunities to interact with one another and with their children in play. We have seen an increase not only in the overall numbers of children and parents attending playgroup but also an increase in the number of babies and pregnant mums attending.

A significant contribution to the increase of families and children attending the playgroup is the role of the Early Years Support Officer and the role of engagement in the community. This role links families and children to the health service, promotes programs and services, and highlights the importance of the early years and preschool attendance. It also shows how children can learn and be supported by their peers, what parents can learn about their children's play, and the good tucker that's provided through the cooking group.

## LITTLE KIDS AND BOOKS

The program promotes reading prior to birth and throughout the years before school, building an understanding around the importance of reading at home and how this links to language acquisition. The program in Wilcannia, Ivanhoe, Menindee and Broken Hill supports families in the enjoyment of reading books and community engagement.

## EARLY YEARS DISCUSSION GROUP

Through monthly forums a number of barriers were identified as having an adverse impact on Aboriginal families and children attending preschool. These included accessing birth certificates and transport. Partnerships between the Early Years team and preschools have developed increasing Aboriginal children's attendance at preschool.

Gowrie NSW has visited Broken Hill and met with representatives of the Early Years Discussion Group to plan and implement Yarning Circles. The aim of the program is for educators to be supported to develop their understanding and knowledge of Indigenous perspectives in early childhood to better support services and encourage inclusive practises.

Yarning Circles promote:

- Cultural competency and inclusion of the Indigenous perspective
- Connections to community, valuing local knowledge and centre based practice
- Development of the participants' identity and strengthening relationships
- Creating a platform for local services to connect and develop a network of support to continue Yarning in other areas of inclusive practice.
- Empowering and strengthening participants to have a voice and be heard regarding personal attitudes, skills, knowledge and philosophies
- Closing the gap to barriers for Aboriginal and Torres Strait Islander children accessing early childhood services.

# HOME INTERACTION PROGRAM FOR PARENTS AND YOUNGSTERS (HIPPY)

HIPPY is well established in Broken Hill with 54 current enrolments. The target number for HIPPY enrolments is 25 families per age group. There are 20 families enrolled in Age 5 with the decrease in numbers due to families relocating rather than lack of interest. There are 34 families enrolled in Age 4. HIPPY has continued to use the enrolment process as an opportunity to support families to enrol their children into preschool. This year HIPPY has supported 16 families to enrol in preschool that might not otherwise have done so. HIPPY is continuing to close the gap in Indigenous preschool enrolments.

The end of 2016 saw 22 children and their parents graduate from HIPPY. This was a proud moment for families and an opportunity to review what they had achieved throughout their two years in HIPPY. Many parents would have walked away from the graduation with a sense of pride and achievement knowing that their participation contributed to their child's desire to learn, and their literacy, numeracy and social skills. It also gave parents the opportunity to reflect upon their role as their child's first teacher. A big congratulations to all of the 2016 HIPPY graduates.

## THE HIPPY TEAM

**The HIPPY team consists of a HIPPY coordinator, HIPPY support and engagement officer and four HIPPY home tutors. The HIPPY team is continuing their working partnership with the Department of Education to ensure that all HIPPY children are supported at their intended primary school. The number of Indigenous children who attend school orientation sessions is relatively low. Indigenous children are not getting the same start as their non-Indigenous peers and the orientation process is a contributor to a successful start. It is hoped this partnership will improve the attendance of Indigenous families at school orientation, and also establish a relationship of mutual trust and respect between Indigenous families and their school's Aboriginal Education Officers.**

**HIPPY Tutors, Terina King and Cyndal Bennett started a Certificate II in Community Services. HIPPY has provided both Terina and Cyndal the opportunity to build their capacity as professional learners.**

**HIPPY Coordinator, Michelle Parker is part of a Working Group to develop the Pathways to Possibilities (P2P). The P2P will be implemented across all Australian HIPPY sites and will be a two-year assessment tool for tutors and their coordinators to prepare tutors for successful employment and other activities beyond HIPPY. Accompanying these resources will be new HIPPY Learning Management System (LMS) online tutor modules, set to be released next year. These will cover topics related to getting ready for work as well as other 'at work' topics such as workplace health and safety, workplace culture, and time management. HIPPY tutors will benefit immensely from this new tool.**

# Research

# COMMUNITY SAFETY RESEARCH PROJECT

The Community Safety Research Project is a complex study with the aim of understanding the precursors to violence, and also how stress and trauma are affecting our communities in the far west, in particular Broken Hill, Wilcannia and Menindee.

The 2016-2017 period saw the completion of the Adult Study which continues to inform the locally developed Healing Program.

The CSRP was successful in obtaining funding from the NSW Office of Women for the Healing Program, and will implement this in Broken Hill, Menindee and Wilcannia over the next two years.

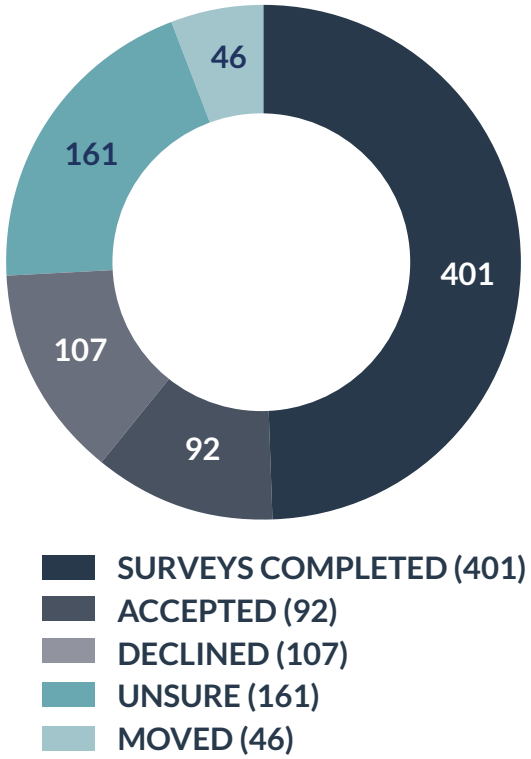
## THE ADULT STUDY

The Adult Study (quantitative) phase of the project was completed in the 2016-2017 period with more than 400 community members completing the surveys.

The CSRP engaged 737 community members across the three communities and 401 completed the survey, 107 declined the survey and 92 accepted but were not able to complete it for various reasons. Another 161 community members were unsure.

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

***Adult Study***



## HEALING PROGRAM

Kalypi Paaka Mirika, which translates from the Barkindji language into 'Clear River Ahead', is the name of Maari Ma's local healing program developed through information gathered from the qualitative phase (Yarning Stories) and also influenced by the Adult study (Quantitative phase) of the CSRP. It includes information for community members to commence a healing process.

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

The CSRP team has welcomed new staff members who have undergone training in facilitation of the Healing Program, and we look forward to implementing the program in Broken Hill, Wilcannia and Menindee over the next two years. The Healing Program will start to accept referrals both internally and externally in the near future. We are hoping that as many community members as possible will participate and begin a healing journey together.

# MAARI MA CHRONIC DISEASE STRATEGY EVALUATION: OPENING DOORS

This year, Maari Ma finalised an important project commenced in 2015: an evaluation of our Chronic Disease Strategy (CDS). When the CDS was developed and articulated back in 2005, we did not know how far it would take us as an organisation, or what the results might look like ten years on. But in 2015, in conjunction with Menzies School of Health Research, Darwin, we decided to critically analyse how far we had got in ten years towards achieving our goal of improving the health of Aboriginal people.

Over 12 months, researchers from Menzies reviewed hospital data held by NSW Health, clinical indicators from Maari Ma's quality improvement processes and program administration data, and interviewed 68 key informants.

The resulting two volume report documents key achievements during the Strategy's implementation, and priorities for further work in its key program areas of Healthy Start (for mothers, babies and children), Keeping Well (for adults) and health service support.

The report tracks the evolution of the Strategy from the early days of community engagement and service redesign to the implementation and growth of the Healthy Start and Keeping Well programs.

It also tracks the use of quality improvement processes to document changes in clinical outcomes for clients.

All areas of Maari Ma participated in the evaluation, particularly our longest serving staff. They were able to provide the background and 'local history' to the evolution of the CDS and its implementation, how we changed and why, giving the CDS context and sharing the hard lessons learned.

Some highlights from the evaluation include:

- More than a ten fold increase in the number of health checks undertaken from 2011 to 2015
- Doubling of the number of home medication reviews undertaken from 2012 to 2015
- Significant rise in the number of booked appointments (versus walk-in appointments) to provide planned chronic disease care and management
- Steady increase in women presenting for 5 or more antenatal visits since 2007

- Substantial growth in specialist clinics held in the primary care setting: from less than 100 in 2010 to almost 1000 in 2015 in Broken Hill, Menindee, Wilcannia and Ivanhoe. Visiting specialties include cardiology, nephrology, endocrinology, smoking cessation, echo technician, addiction physician, pain management, physiotherapy, paediatrics, psychiatry, and ear, nose and throat surgery.
- Child oral health services have seen the percentage of Aboriginal children with decay in baby teeth and permanent teeth decline from 2007 to 2011 in most towns, and the average number of decayed, missing and filled baby teeth and permanent teeth decline in most towns.

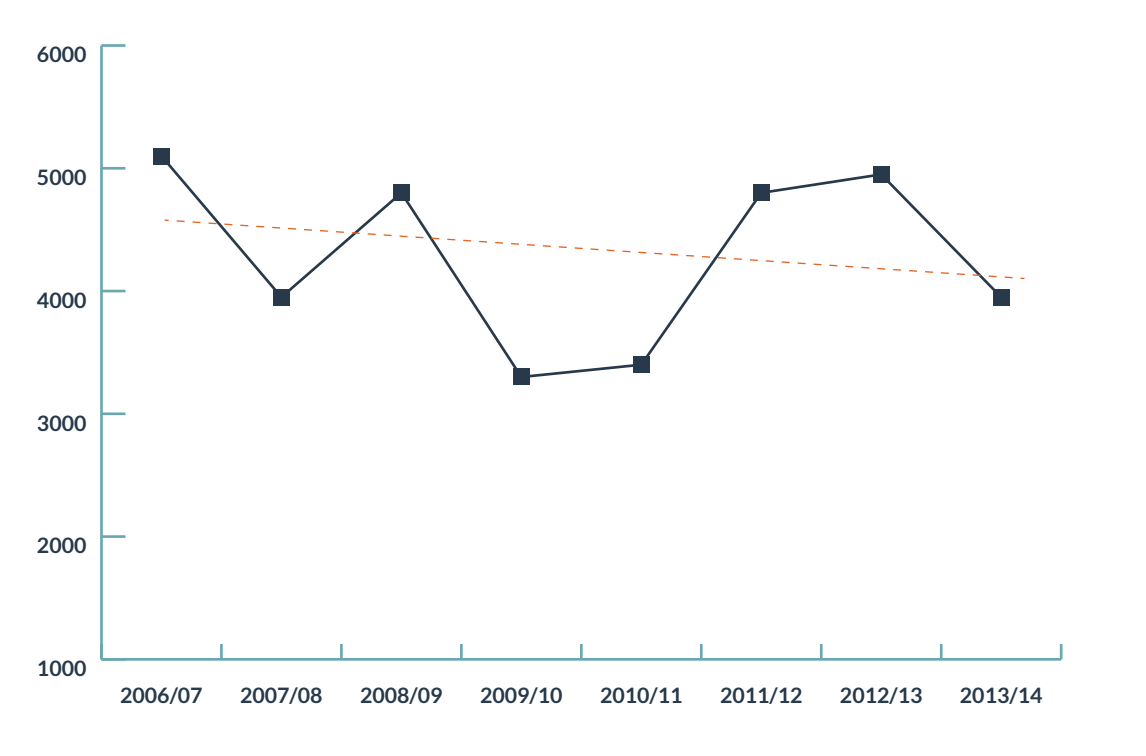
As an example, the potentially preventable hospitalisations due to chronic conditions for Aboriginal people in the far west versus non-Aboriginal people show a promising declining trend since 2006.

The report also shows that we still have a long way to go towards closing the gap in Aboriginal health but celebrates the significant achievements thus far.

The report is called “Opening Doors” and is a testament to the vision of our Board and all staff who have participated in the important work undertaken every day to improve Aboriginal health.

The report was launched by the Hon Ken Wyatt MP, Federal Minister for Indigenous Health, on 18 August 2017 in Broken Hill.

***Potentially preventable hospitalisations, chronic conditions, Aboriginal people, Broken Hill cluster***



# YOUTH HEALTH SERVICE: TICKIT EVALUATION

The Maari Ma Youth Health Service has been providing a coordinated and holistic approach to the health and wellbeing of Aboriginal young people through early intervention, health promotion, education and capacity building since clinics started in 2015. Youth Health services are currently provided to Aboriginal young people who are aged 9 – 18 years and who live in Broken Hill.

Addressing the needs of this age group is important as adolescence involves significant periods of social, emotional, physical and neurophysiological development. There are high rates of accidental deaths, mental health issues including suicide, obesity, substance use, and sexual health issues including sexually transmitted infections (STIs). Annual health checks are the core service that the Maari Ma Youth Health Clinic provides and a major component of the health check is a psychosocial assessment.

Psychosocial assessment in young people allows early identification of social, behavioural and emotional issues, and lifestyle risks that enables health workers to provide support and offer preventative interventions. The HEEADSSS psychosocial assessment tool provides a comprehensive assessment of the key areas of the young person's life. HEEADSSS focuses on the assessment of Home, Education and employment, Eating and exercise, Activities, hobbies and peer relationships etc., Drug use, cigarettes and alcohol etc., Sexual activity and sexuality etc., Suicide, depression, self-harm etc. and Safety. HEEADSSS is a way of engaging and building rapport with the young person, in order to get to know the young person's life while gathering a more in-depth history.

As a means of expediting this psychosocial assessment and better engaging with young people, Maari Ma has chosen to trial a modified version of the TickiT personal tablet technology which is an interactive mobile eHealth psychosocial assessment tool developed by Shift Technologies in Canada, for Aboriginal young people. The TickiT questionnaire is utilised during Annual health checks for young people between 12 – 18 years old. TickiT contains simple text and friendly graphics to engage young people, and has been modified by Maari Ma so the images, graphics, language and questions reflect the Aboriginal population of Broken Hill. Also, another category of questions has been added at the end of TickiT – Strong because the Youth Health Team felt it was important for the assessment tool to end on a positive note and so included questions that ask what makes the young person feel strong in their life.

Since its inception, the Maari Ma Youth Health Clinic has seen an average of ten 12 to 18 year olds per month for Youth Health Checks. Since we started using TickiT, 100% of the young people who had previously attended the service reported that they felt comfortable with the Youth Health Team. We were lucky to be assisted in the evaluation of TickiT this year by a public health officer trainee from Sydney, Jessica Hehir.

The team has completed 388 ATSI health checks since November 2015.

# Marrabinya

During 2016 Maari Ma Health and Bila Muuji Aboriginal Health Services formed a consortium to design and prepare a proposal to deliver the Western NSW Primary Health Network's (WNSW PHN) Integrated Team Care Activity (ITC) throughout the WNSW PHN footprint. The proposal included a bold new model of care and an impressive commitment to spend a minimum of 50% of the allocated budget on patient services, neither of which had previously been encountered by the Commonwealth. The main principles of the model included a new brokerage service to purchase health care services and medical aids while ensuring the patient's GP is at the centre of patient care. The service would be available to eligible patients of Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream General Practice. The WNSW PHN awarded the ITC contract to Maari Ma on behalf of the consortium and the program commenced operations on 1st November 2016.

Maari Ma and Bila Muuji were keen to roll out the program as a new independent program with a new identity and appropriate badging - hence the name 'Marrabinya' was adopted. Marrabinya is a Wiradjuri word meaning 'hands, stretch out the' which seemed appropriate given the aim of the ITC program to;

- Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- Contribute to closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal and Torres Strait Islander people.

**MARRABINYA TEAM**

**The 11 Marrabinya staff work remotely from each other but get together regularly to trouble shoot common issues, access training, learn about new processes and share knowledge and experience. The team are well supported by Maari Ma's IT and Finance teams.**

**Local Chronic Care Link Workers (LCCLW) are pictured with Maari Ma Finance staff. From left back: Rochelle (LCCLW), Michael (IT), Lee (Finance), Stephen (LCCLW), Sandra (LCCLW), Heather (LCCLW), Leah (CNS), Kate (Finance), Kym (LCCLW) From left front: Shane (Finance), Nina (LCCLW), Cheryl (LCCLW), Melissa (LCCLW), Donna (Manager). Absent: Pam (LCCLW); Bianca (Finance maternity leave).**

## HOW DOES THE SERVICE WORK?

Marrabinya provides a range of brokerage services to assist eligible patients to better manage their chronic illnesses. The services/supports must be documented in the patient's GP Management Plan (GPMP) and not available under any other government funded programs. The brokerage services include;

- Payment of gap fees associated with health appointments e.g. diagnostic tests, specialist appointments
- Travel and accommodation to attend health appointments
- Webster packs for patients with poly-pharmacy to assist with medication compliance
- Assisted breathing equipment
- Medical footwear prescribed and fitted by a podiatrist
- Spectacles up to the value of $250

## ELIGIBILITY

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

- Live in the WNSW PHN region
- Be referred to the program by their usual treating doctor and have a current GPMP
- Have a diagnosed chronic disease (Marrabinya focusses on the following lifestyle diseases causing excess mortality and morbidity);
  - Cardiovascular disease
  - Diabetes mellitus
  - Chronic respiratory disease
  - Chronic kidney disease
  - Cancer

## RESULTS SO FAR

### *Clients*

When Marrabinya commenced on 1st November 2016, approximately 600 patients were transferred over from previous ITC programs. Marrabinya's patient list, based on the number of episodes of care to Aboriginal patients, was 1,184 at the end of March 2017 and by the end of June 2017 this number grew to a notable 1,521 in just 7 months of operation.

### *Brokered services*

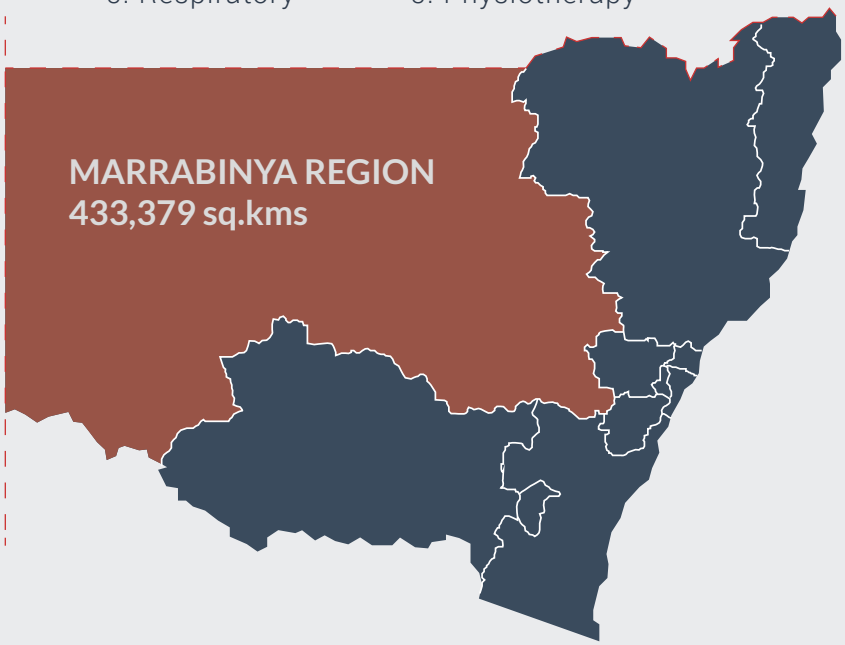
For the period 1st November 2016 to 21st July 2017, Marrabinya purchased 4321 services (for 1,500 clients from 1,900 referrals). All services brokered are processed (purchase order and payment) by Maari Ma's finance team.

**Services purchased:**

- Accommodation support (12%)
- Appointment cost (11%)
- Fuel cost (17%)
- Medical aid (26%)
- Transport (34%)

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

| **Specialists:** | **Allied health:** |
|---|---|
| 1. Cardiology | 1. Psychology |
| 2. Ophthalmology | 2. Sleep studies |
| 3. Urology | 3. Radiology |
| 4. Surgery | 4. Dietitian |
| 5. Respiratory | 5. Physiotherapy |



# Corporate Services

Much of the work of the Corporate Services team involves information, information management and support systems for other Maari Ma teams and the organisation as a whole, as evidenced below:

## INFORMATION TECHNOLOGY (IT)

The IT team continues to support the entire organisation with up to date computers and secure systems. A number of global cyber-attacks this year targeting health service providers highlighted the need for Maari Ma's systems to be as secure and robust as possible. All staff need to be vigilant so that they do not expose our IT systems to external vulnerability by opening emails which are dubious or connecting unsecured devices like USBs to our system.

The IT team, in conjunction with an external contractor, designed and developed an activity collection and reporting database for the Marrabinya team to assist them to manage the requests for services for more than 1200 clients spread across western NSW.

Significant effort also went into developing and regularly updating a web-based recall application which assists our clinicians to allocate a recall for a client receiving a program of care so they do not miss out on any steps.

Other activities included:

- Upgraded computers and wiring installed in Wings this year.
- Increased server storage capabilities to meet the needs of ever expanding IT systems.
- Work with contractors to install and configure messaging capabilities in our transport vehicles. This is a safe and confidential way for transport officers to receive new jobs while driving.
- Increased building security and safety with new surveillance cameras for the perimeter of the Primary Health Care Service.
- Increased speed of internet services in Wilcannia by combining multiple services; this also provides backup if one of the services fails.
- And the IT team relocated from rented premises in Argent St to the Regional Office.

## ACCREDITATION

The Primary Health Care Service completed its AGPAL re-accreditation this year and the entire organisation is preparing for our QIC re-accreditation in May 2018.

We completed five of our six quality improvement projects under QIC, and have commenced (and in some cases, finished) another six projects. Our identified projects are:

1. Documenting Maari Ma's cultural framework: Along with a strategic plan, a cultural framework is an important document for an Aboriginal community controlled organisation. The development of a cultural framework has been on Maari Ma's bucket list for some time.
2. Intranet review: We are looking at the positives and negatives of our current intranet with a view towards updating aspects of it in the coming year.
3. Funding agreement register: A centralised location on our intranet for a copy of each of Maari Ma's current funding agreements including reporting dates.
4. Pool vehicle management: With a large fleet, it has been difficult to develop a problem-free system for managing vehicle bookings, and keys and car maintenance. This project is investigating a new system for managing all aspects of the pool vehicles.
5. Performance management review: We have previously used PeopleStreme to manage staff performance processes however with the license for that software now expired, we are investigating a new performance management process which we hope to be able to link with ConnX, our human resources system.
6. Smoke-free Workplace policy: Maari Ma has had a Smoke-free Workplace policy for a number of years. With our Tackling Indigenous Smoking funding this year, it was timely to review and update our own policy as well as offer to work with other local organisations to develop a similar policy.

## SPECIALIST SERVICES COORDINATION

A lot of time and effort goes into planning for our large number of visiting specialist services. As reported elsewhere in this report, we have again increased the number of services provided to our clients: from five services in 2011/12 (paediatrician, eye registrar, cardiologist, nephrologist and endocrinologist) to 17 services in 2016/17, with a number of services supported by local team members including Aboriginal health workers and nurses. Talking to clients in advance of the specialist clinic, arranging their transport (and sometimes accommodation), tests required prior to the appointment, and follow up work (including booking hospital appointments for surgery) is a team effort coordinated by our specialist clinic coordinator and involving a client's GP, transport drivers, practice admin and others. As soon as one clinic is finished, planning for the next clinic commences.

## INFORMATION MANAGEMENT

With more than 20 different grants and funding streams, Maari Ma's reporting requirements each year are considerable with most grants requiring multiple reports through the year. Collecting the activity of each of our teams is important so that we can 1) leave front line workers to do what they need to do, rather than to do reporting, and 2) make the reporting process as efficient as possible. 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.

# Workforce Development

## NEW GRADUATES – ABORIGINAL HEALTH WORKER TRAINEES

In December 2016, 11 people successfully completed their traineeships in Certificate IV in Aboriginal & Torres Strait Islander Primary Health Care Practice. Of the 11 trainees, three were existing staff and eight joined us as new trainees. All of our new graduates successfully achieved registration as Aboriginal health practitioners with the Aboriginal & Torres Strait Islander Board of Health.

We know that our Aboriginal health practitioners are a vital link between the community and our health services so we are pleased that we were able to offer the remaining eight trainees full-time employment and career opportunities with us as Aboriginal health practitioners. We have since supported two of the graduates to study nursing and dental assisting which will provide them with additional qualifications and career paths.

Congratulations to all of our trainees on your achievement to become Aboriginal health practitioners.

## RECOGNITION OF SERVICE

The number of employees achieving milestones in their careers with us continues to grow. We would like to acknowledge the following people for achieving five and ten years of dedicated service to Maari Ma and our clients during the past year:

### 5 Years

Kevin Bates
Steven Harris
Kendy Rogers
Kate Pittaway
Jamie Billing
Kate Balman
Tiffany Lynch
Alannah Degoumois

### 10 Years

Deborah King
Cathy Dyer

## NEW H.R. TECHNOLOGY

This year we successfully completed implementing our digital/ cloud based HR system which has allowed the HR team to reduce our paper and manual administration by up to 60%. This has provided us with effective and contemporary recruitment, learning and development, roster and timesheet management, compliance, and employee information systems. It also offers employees a self-service portal to manage timesheets, leave applications and training/ development information with a mobile phone application that can be accessed anywhere, anytime.

This has been a very successful project with a positive response from staff, not to mention the scope for HR to spend more time on strategic HR initiatives such as building our Indigenous workforce capacity, promoting Indigenous leadership and supporting learning and development opportunities for all our staff.

## MAARI MA RECOGNISED AS 'EMPLOYER OF CHOICE' – AUSTRALIAN H.R. AWARDS

For the second year in succession, Maari Ma was recognised as a Top Performer in the Human Resources (HR) Director Magazine Employer of Choice Awards. This year we were one of five organisations in Australia nominated in the categories of 'Leadership' and 'Communication'.

Again, for the second year in a row, we were also nominated as one of eight finalists from around Australia in the 'Not for Profit & Public Sector' category in the Australian HR Awards. The winners will be announced in September.

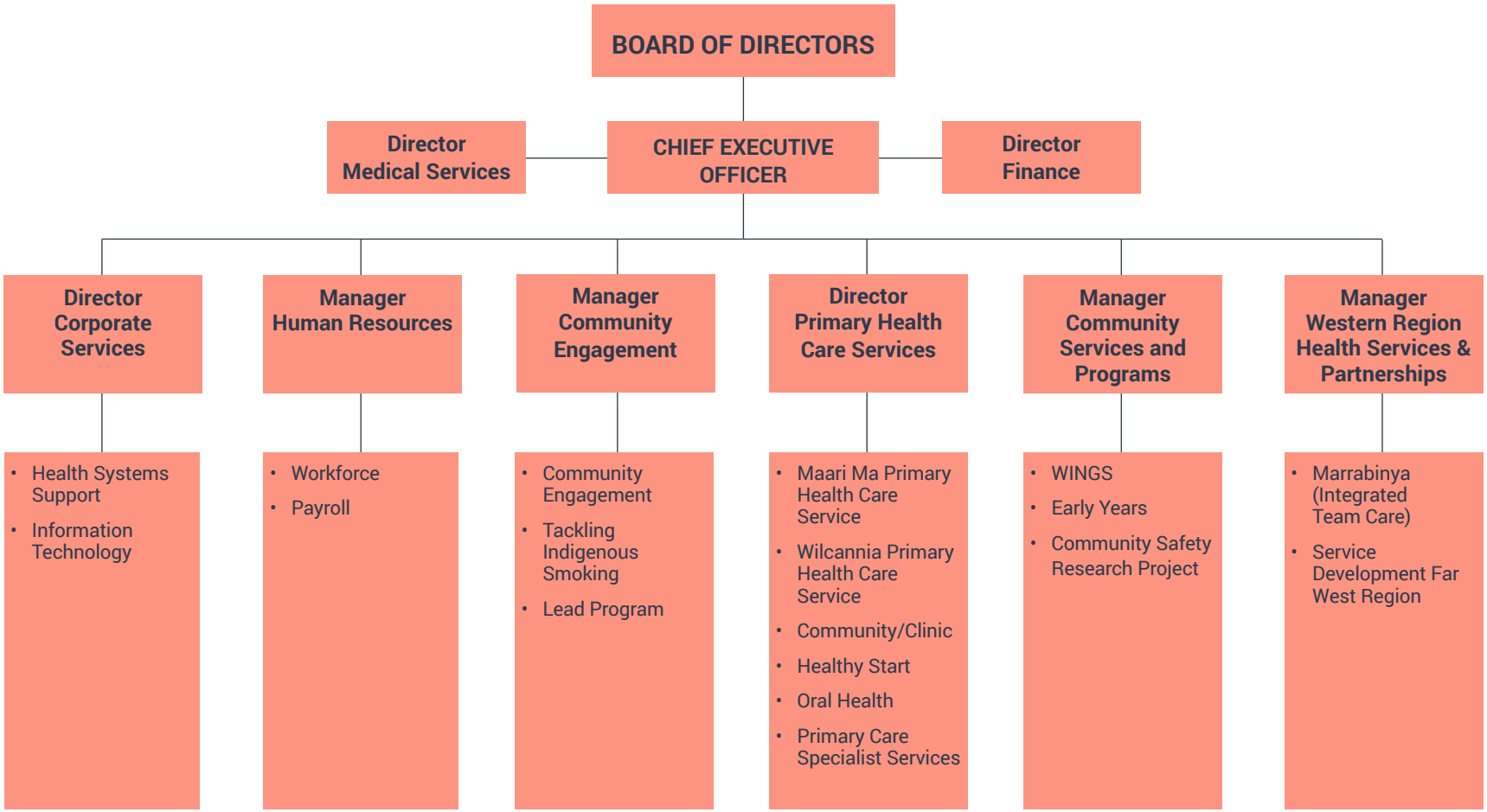
Once again, thank you to all of our staff who voted for us. It inspires us to continue to do everything we can to make Maari Ma an organisation that attracts good staff, and where people know they will be looked after and supported with good working conditions and career opportunities.

## A SNAPSHOT OF OUR WORKFORCE

We maintained our commitment to increasing the number of Indigenous employees again this year. We had a slightly lower number of Full Time Equivalent employees and a lower percentage for our Indigenous staff during this year. This is the result of increased part-time working arrangements for many staff who have requested flexible working arrangements and a number of staff returning from parental leave.

| | 30 June 2017 | 30 June 2016 | 30 June 2015 |
|---|---|---|---|
| Number of employees (full time, part time and casual) | 121 | 117 | 108 |
| Number of Indigenous employees | 67 | 66 | 55 |
| Percentage of Indigenous employees | 56% | 55% | 52% |
| Full Time Equivalent (FTE) Employees | 100 | 103 | 85 |
| Percentage FTE Indigenous employees | 49% | 55% | 51% |

## ORGANISATIONAL CHART



# WINGS

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

In September 2016, WINGS was recognised for its initiatives that enhance the lives and wellbeing of children and young people. It was one of just two recipients of the 2016 NAPCAN Play Your Part awards in NSW which were announced at a special event in Sydney during National Child Protection Week.

The Centre has five local Indigenous workers, many of whom went to WINGS as children themselves, including Natika Whyman, our tireless Coordinator of the Centre's activities.

Natika and her team do a great job of making sure the children and young people of Wilcannia have a nurturing and protective environment to go to after school and in the holidays.

The most popular event over the last year has been the WINGS dance battle, with six teams registering and a total of 35 dancers. The children all gather in a circle and do a solo dance then the teams battle against each other. At the end of the night the children are presented with awards - best and fairest, best boy and girl dancer, an appreciation award and team awards.

In 2016 and 2017 WINGS welcomed an increase in collaborative efforts for the school holiday program. Without the support of the other agencies, the range of activities on offer would be limited. We are indebted to these agencies for supporting the school holiday programs.

Since having more hands on deck, attendance levels have increased. There have been up to 50 children and young people attending WINGS during the holidays each day and more than 30 attending each day during school term.


# WINGS

## WEEKLY ACTIVITIES

- Kids Cooking Classes
- Dance Battle
- Dance Classes
- Footy For Fun

## HIGHLIGHT

- NAPCAN Play Your Part Award 2016

## SPECIAL EVENTS

- NAIDOC Week Holiday Program
- Heaps Decent Music Workshops
- Discos
- Exploring Science activities with Maari Ma's Early Years project leader, Lesley Harvey

## AGENCIES/PARTNERS

- Wilcannia school ACLO
- Centacare
- FaCS
- Mission Australia
- Police
- SAOs
- Save the Children

# Finance Report

# FINANCE REPORT

## FOR THE YEAR ENDED 30 JUNE 2017

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

- Primary Health Care funded by the Commonwealth Department of Health;
- Marrabinya funded by Western Health Alliance Limited (operating as WNSW PHN);
- Rural Primary Health Services funded by Western Health Alliance Limited;
- 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 $16,201,632 (after adjusting for unexpended grants) which is an increase of just under $1m from the previous financial year. The primary reason for the increase was the commencement of funding of the new Marrabinya program.

Expenditure for the year was $16,186,774, an increase of 10% over the previous financial year. After taking into account the surplus on disposal of assets, Maari Ma's surplus for the year was $63,415.

**CHRIS EASTWOOD**
**Director of Finance**

# Independent auditor's report

To the members of Maari Ma Health Aboriginal Corporation

## 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 2017 and of its financial performance for the year then 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 2017
- 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.

## 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 the *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.

***PricewaterhouseCoopers, ABN 52 780 433 757***
*Level 11, 70 Franklin Street, ADELAIDE SA 5000, GPO Box 418, ADELAIDE SA 5001*
*T: +61 8 8218 7000, F: +61 8 8218 7999, www.pwc.com.au*

## *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.

## *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 gives a true and fair view and 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.

## *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. This description forms part of our auditor's report.

PricewaterhouseCoopers

M. T. Lojszczyk
Partner

Adelaide
31 August 2017

## Auditor's Independence Declaration

As lead auditor for the audit of Maari Ma Health Aboriginal Corporation for the year ended 30 June 2017, 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* in relation to the audit; and

(b) no contraventions of any applicable code of professional conduct in relation to the audit.

M. T. Lojszczyk
Partner
PricewaterhouseCoopers

Adelaide
31 August 2017

***PricewaterhouseCoopers, ABN 52 780 433 757***
*Level 11, 70 Franklin Street, ADELAIDE SA 5000, GPO Box 418, ADELAIDE SA 5001*
*T: +61 8 8218 7000, F: +61 8 8218 7999, www.pwc.com.au*



# Contents
## OF THE FINANCIAL STATEMENTS

Directors Report 54

Statement of Financial Position 56

Statement of Comprehensive Income 57

Statement of Changes in Equity 58

Statement of Cash Flows 59

Notes to the Financial Statements 60

Directors' Declaration 67

# DIRECTORS REPORT

## FOR THE YEAR ENDED 30 JUNE 2017

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 2017 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
- William Bates

## BOARD MEETINGS

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

| | |
|---|---|
| • Maureen O'Donnell | 7 |
| • Des Jones | 7 |
| • Gloria Murray | 5 |
| • Fay Johnstone | 5 |
| • Cheryl Blore | 7 |
| • William Bates | 6 |

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 Assembly, Chair of the Murdi Paaki Regional Housing Corporation and a Board Member of the Dareton Local Aboriginal Land Council.

**GLORIA MURRAY** is a Barkintji Elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council and the Balranald Local Aboriginal Land Council.

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

**CHERYL BLORE** is a Barkintji woman who resides in Menindee. Cheryl has been employed for more than 30 years as an Aboriginal Education Officer with the Department of Education and was based 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 Chair.

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

## QUALIFICATIONS, EXPERIENCE AND SOCIAL RESPONSIBILITIES OF THE SECRETARY

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

Bob has previously held positions as CEO/Director for a number of organisations including the Cape York Health Council, Partnership for Aboriginal Coordinated Care Trial and Biripi Aboriginal Medical Service. He has also held positions of Director

of Aboriginal Health for the Mid North Coast Area Health Service, NSW Assistant Regional Coordinator for the former National Aboriginal and Islander Health Organisation and Director of Land, Policy and Research Unit for the NSW Aboriginal Land Council.

## PRINCIPAL ACTIVITIES

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

## REVIEW OF OPERATIONS

The Corporation recorded a total surplus in the period of $63,415 (2016: $646,689).

## 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 (2016: $nil).

## SIGNIFICANT CHANGES IN THE STATE OF AFFAIRS

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

## MATTERS SUBSEQUENT TO THE END OF THE FINANCIAL YEAR

No matter or circumstance has arisen since 30 June 2017 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 $1,381 to insure the directors and managers of the Corporation (2016: $2,990).

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

The financial statements were authorised for issue by the directors on 31 August 2017. The directors do not have the power to amend and reissue the financial statements.

**Maureen O'Donnell**
**Director**

**Broken Hill | 31 August 2017**

# Statement of Financial Position

As at 30 June 2017

| | Note | 2017 $ | 2016 $ |
|---|---|---|---|
| **CURRENT ASSETS** | | | |
| Cash and cash equivalents | 2 | 3,810,986 | 4,561,790 |
| Trade and other receivables | 3 | 3,179,323 | 462,788 |
| Other financial cash assets | 2 | 356,330 | 2,076,334 |
| **TOTAL CURRENT ASSETS** | | **7,346,639** | **7,100,912** |
| **NON-CURRENT ASSETS** | | | |
| Property, plant and equipment | 4 | 9,794,163 | 9,968,604 |
| **TOTAL NON-CURRENT ASSETS** | | **9,794,163** | **9,968,604** |
| **TOTAL ASSETS** | | **17,140,802** | **17,069,516** |
| **CURRENT LIABILITIES** | | | |
| Unexpended grants | 5, 6 | 2,217,254 | 2,100,675 |
| Trade and other payables | | 2,979,506 | 3,450,512 |
| Bank loans | | 42,030 | 58,597 |
| Employee entitlements | | 1,474,775 | 1,251,408 |
| **TOTAL CURRENT LIABILITIES** | | **6,713,565** | **6,861,192** |
| **NON-CURRENT LIABILITIES** | | | |
| Bank loans | 8 | 478,434 | 304,612 |
| Employee entitlements | | 214,250 | 232,574 |
| **TOTAL NON-CURRENT LIABILITIES** | | **692,684** | **537,186** |
| **TOTAL LIABILITIES** | | **7,406,249** | **7,398,378** |
| **NET ASSETS** | | **9,734,553** | **9,671,138** |
| Accumulated surplus | | 9,734,553 | 9,671,138 |
| **TOTAL ACCUMULATED SURPLUS** | | **9,734,553** | **9,671,138** |

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

# Statement of Comprehensive Income

As at 30 June 2017

| | Note | 2017 $ | 2016 $ |
|---|---|---|---|
| **REVENUE FROM CONTINUING OPERATIONS** | | | |
| Grant revenue | 5 | 13,892,930 | 12,935,359 |
| Medicare & primary health revenue | | 1,703,015 | 1,552,946 |
| Sundry revenue | | 533,892 | 674,289 |
| Bank interest | | 71,795 | 85,181 |
| **TOTAL REVENUE FROM CONTINUING OPERATIONS** | | **16,201,632** | **15,247,775** |
| **OTHER INCOME** | | | |
| Net gain on disposal of assets | | 48,557 | 78,566 |
| Less: Expenditure | 7 | (16,186,774) | (14,679,652) |
| Income tax expense | | - | - |
| **NET SURPLUS FOR THE YEAR** | | **63,415** | **646,689** |
| Other comprehensive income | | - | - |
| **TOTAL COMPREHENSIVE INCOME** | | **63,415** | **646,689** |

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

# Statement of Changes in Equity

As at 30 June 2017

| | Note | 2017 | 2016 |
|---|---|---|---|
| | | $ | $ |
| Accumulated surplus at the beginning of the financial year | | 9,671,138 | 9,024,449 |
| Net surplus for the year | | 63,415 | 646,689 |
| Other comprehensive income | | - | - |
| **ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR** | | **9,734,553** | **9,671,138** |

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

# Statement of Cash Flows

As at 30 June 2017

| | Note | 2017 $ | 2016 $ |
|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | **Inflows/(outflows)** | |
| Receipts from funding providers and customers (inclusive of GST) | | 17,785,068 | 16,205,215 |
| Payments to suppliers and employees (inclusive of GST) | | (17,173,237) | (13,668,171) |
| Interest received | | 57,794 | 83,521 |
| **NET CASH FLOWS FROM OPERATING ACTIVITIES** | | **669,625** | **2,620,565** |
| | | | |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| Payments for property, plant and equipment | | (571,874) | (1,346,404) |
| Proceeds from sale of property, plant and equipment | | 97,179 | 173,184 |
| Funds invested in term deposits | | (1,102,989) | (2,076,334) |
| **NET CASH FLOWS FROM INVESTING ACTIVITIES** | | **(1,577,684)** | **(3,249,554)** |
| | | | |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | |
| Receipts from lender | | 200,000 | - |
| Payments to lender | | (42,745) | (35,822) |
| **NET CASH FLOWS FROM FINANCING ACTIVITIES** | | **157,255** | **(35,822)** |
| | | | |
| **NET (DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS HELD** | | **(750,804)** | **(664,811)** |
| | | | |
| Cash and cash equivalents at the beginning of the financial year | | 4,561,790 | 5,226,601 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR** | | **3,810,986** | **4,561,790** |

*The accompanying notes form an integral 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 2017 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 2018)

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

*AASB 2016-2 IASB issues narrow scope amendments to IAS 7 Statement of cash flows* (effective for annual reporting years starting on 1 July 2017)

The amendment to AASB 107 introduces additional disclosures that will enable users of financial statements to evaluate changes in liabilities arising from financing activities. The amendment requires disclosure of changes arising from:

- cash flows, such as drawdowns and

repayments of borrowings, and

- non-cash changes, such as acquisitions, disposals and unrealised exchange differences.

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

## (B) DEPRECIATION OF PROPERTY, PLANT AND EQUIPMENT

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

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

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

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

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

## (C) IMPAIRMENT OF ASSETS

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

## (D) REVENUE RECOGNITION – GRANT REVENUE & 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.

### (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 SERVICES 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.

## (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.

## 2. CASH AND CASH EQUIVALENTS AND OTHER FINANCIAL CASH ASSETS

| | 2017 $ | 2016 $ |
|---|---|---|
| **CASH AND CASH EQUIVALENTS** | | |
| Cash at bank | 3,809,286 | 4,560,090 |
| Cash on hand | 1,700 | 1,700 |
| | **3,810,986** | **4,561,790** |
| **OTHER FINANCIAL CASH ASSETS** | | |
| Term deposits | 3,179,323 | 2,076,334 |
| | **3,179,323** | **2,076,334** |

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

| | 2017 $ | 2016 $ |
|---|---|---|
| **CURRENT** | | |
| Trade receivables | 103,859 | 157,086 |
| Sundry receivables | 57,326 | 105,507 |
| Accrued income | 98,207 | 28,771 |
| Prepayments | 96,938 | 171,424 |
| | **356,330** | **462,788** |

As at 30 June 2017, trade receivables of $4,640 (2016 – $3,335) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

## 4. PROPERTY, PLANT AND EQUIPMENT

| | Freehold Land $ | Freehold Buildings $ | Plant & Equipment $ | Motor Vehicles $ | Total $ |
|---|---|---|---|---|---|
| **AT 1 JULY 2016** | | | | | |
| Cost | 407,932 | 8,486,444 | 1,646,589 | 1,455,984 | 11,996,949 |
| Accumulated depreciation | - | (674,409) | (743,034) | (610,902) | (2,028,345) |
| **Net book value** | **407,932** | **7,812,035** | **903,555** | **845,082** | **9,968,604** |
| **YEAR ENDED 30 JUNE 2017** | | | | | |
| Opening net book value | 407,932 | 7,812,035 | 903,555 | 845,082 | 9,968,604 |
| Additions | - | 11,294 | 129,753 | 432,399 | 573,446 |
| Disposals | - | - | (801) | (42,459) | (43,260) |
| Depreciation charge | - | (215,376) | (142,210) | (347,041) | (704,627) |
| **Closing net book value** | **407,932** | **7,607,953** | **890,297** | **887,981** | **9,794,163** |
| **AT 30 JUNE 2017** | | | | | |
| 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) |
| **NET BOOK VALUE** | **407,932** | **7,607,953** | **890,297** | **887,981** | **9,794,163** |

## 5. GRANT REVENUE

During the year, the Corporation received the following grants:

| | 2017 | 2016 |
|---|---|---|
| | $ | $ |
| Australian Government – Dept. of Health | 6,416,717 | 6,148,516 |
| Beyond Medical | - | 166,187 |
| Broken Hill Environmental Lead Program | 291,577 | 279,407 |
| Brotherhood of St Lawrence | 198,589 | 215,027 |
| Dept. of the Prime Minister & Cabinet | 656,290 | 775,199 |
| Far West Local Health District | 1,253,908 | 1,362,402 |
| Far West Medicare Local | - | (23,442) |
| GP Synergy | 393,020 | 358,319 |
| The Healing Foundation | 95,000 | - |
| Indigenous Land Corporation | - | 130,000 |
| NSW Dept. of Justice | 115,600 | 115,600 |
| NSW Dept. of Family & Community Services | 246,310 | 245,662 |
| NSW Ministry of Health | 888,300 | 866,555 |
| NSW Rural Doctors' Network | 805,549 | 709,288 |
| Pharmacy Guild | 27,357 | 26,567 |
| University of New South Wales | 98,902 | 356,293 |
| Western Health Alliance Limited | 2,522,390 | 624,447 |
| | **14,009,509** | **12,356,027** |
| | | |
| Prior year unexpended grants | 2,100,675 | 2,680,007 |
| Unexpended grants carried forward | (2,217,254) | (2,100,675) |
| **GRANT REVENUE FOR THE YEAR** | **13,892,930** | **12,935,359** |

## 6. UNEXPENDED GRANTS

| | 2017 | 2016 |
|---|---|---|
| | $ | $ |
| Tied grant monies | 792,254 | 700,675 |
| Untied monies | 1,425,000 | 1,400,000 |
| | **2,217,254** | **2,100,675** |

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

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

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

## 7. EXPENDITURE

| | 2017 $ | 2016 $ |
|---|---|---|
| Audit fees, including grant acquittals | 107,922 | 105,297 |
| Board expenditure | 89,235 | 63,708 |
| Client support | 637,529 | 138,286 |
| Community engagement | 791,606 | 607,884 |
| Consultants' fees | 180,262 | 206,527 |
| Depreciation | 704,627 | 660,981 |
| Insurance | 57,819 | 52,625 |
| Medical & dental costs | 1,987,830 | 2,231,863 |
| Meeting expenses | 158,438 | 93,952 |
| Miscellaneous expenses | 70,141 | 79,715 |
| Motor vehicle expenses | 237,387 | 212,656 |
| Printing, stationery & telephone | 230,783 | 203,285 |
| Property costs | 688,525 | 541,144 |
| Repairs & maintenance | 270,853 | 285,202 |
| Resources | 130,766 | 207,432 |
| Salaries & wages and on-costs | 9,472,775 | 8,619,960 |
| Staff costs | 226,994 | 243,543 |
| Travel & accommodation | 143,282 | 125,592 |
| **TOTAL EXPENDITURE** | **16,186,774** | **14,679,652** |

## 8. BORROWINGS

| | 2017 $ | | | 2016 $ | | |
|---|---|---|---|---|---|---|
| | Current | Non-Current | Total | Current | Non-Current | Total |
| Secured Borrowings | 42,030 | 478,434 | 502,464 | 58,597 | 304,612 | 363,209 |

**Secured liabilities and assets pledged as security**

The total bank loans of $502,464 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 | 1,588,107 | 1,510,826 |

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 (2016: $0)

# NOTES TO AND FORMING PART OF THESE FINANCIAL STATEMENTS

## 10. CONTINGENCIES

The Corporation had no contingent liabilities or contingent assets at 30 June 2017.

## 11. COMMITMENTS

### LEASE COMMITMENTS

The Corporation has no lease commitments at 30 June 2017.

## 12. RELATED PARTY TRANSACTIONS

There have been no transactions with related parties during the year ended 30 June 2017.

## 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 Islander) 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 77 (2016: 77).

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

Maari Ma Health Aboriginal Corporation
428 Argent Street
PO Box 339
Broken Hill, NSW 2880

## DIRECTORS' DECLARATION

**In the directors' opinion:**

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

**(b) the financial statements and notes set out on pages 52 to 63 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 2017 and of its performance for the year ended on that date.**

**This declaration is made in accordance with a resolution of the directors dated 31 August 2017.**

**Maureen O'Donnell**
**Director**

**Broken Hill | 31 August 2017**

# Partnerships

Maari Ma means 'working together, coming together' in the Barkintji language. The Board's vision that Aboriginal people of the region will achieve good health and well-being, supported by Maari Ma acknowledges that Maari Ma's principal partner in the work that we do is our communities: we walk with them in our joint work to improve the health of our clients. This was highlighted in the Chronic Disease Strategy Evaluation report, "Opening Doors":

"Looking back, we can see that our Chronic Disease Strategy provided a mechanism to open doors for the community. Like a series of doors, opening one after another, the service progressed side by side with our community – moving forward together and taking on board the health needs of Aboriginal people living in the outback."

We continue to acknowledge the strength shown by our communities in working with us to improve health for all.

This year we have worked alongside Bila Muuji Aboriginal Health Services in the implementation of Marrabinya across all of western NSW, and as partners in consortia for other projects. This united approach to improving Aboriginal health can only lead to improved services and a stronger voice for Aboriginal health services in western NSW.

We have been pleased to continue to support the Murdi Paaki Regional Assembly (MPRA) this year in its important work establishing an operational arm in Murdi Paaki Services, and its work negotiating with governments regarding the implementation of the regional plan as well as looking to improve Aboriginal housing in the region. We will be transitioning our support role for the Assembly to Murdi Paaki Services in the future.

Maari Ma has supported local organisations such as the YMCA to attract a substantial government grant to redevelop its Broken Hill base, and Richmond RPA (now Flourish) to establish a headspace service for young people in Broken Hill. We now look forward to working with these and other organisations to help Aboriginal people to access the services they need.

Our formal partnership with Broken Hill Environmental Lead Program (BHELP)

continues and enables us to support families with children with high blood lead levels, and to broadly educate our clients to ensure they live lead-safe and lead-smart in Broken Hill.

We have again been fortunate to have had aspects of our service delivery supported through philanthropic organisations. The Trustees of the Scully Fund have supported Maari Ma's Outback Vascular Health Service (OVHS) each year since 2009 with a substantial donation. This has enabled the coordination and provision of services which is such a critical feature of the success of OVHS. Similarly, we continue to be grateful to the CAGES Foundation for their ongoing support of the Healthy Start program.

We are grateful for ongoing financial support from a raft of government and non-government agencies. 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.

# MAARI MA STAFF

### CHIEF EXECUTIVE
Bob Davis – Chief Executive Officer

### 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
Rahel Boon – Administration Assistant

### FINANCE
Chris Eastwood – Director
Lee-Anne Philp – Finance Team Manager
Shane Hayward – Finance Officer
Kate Pittaway – Finance Officer
Bianca Files – Finance Officer
Rochelle Bottrell – Casual/Relief Finance Officer

### CORPORATE SERVICES
Cathy Dyer – Director
Cath Kennedy – Data Analyst
Michael Hanley – Manager Information Technology
Dustin Mitchell – IT Support Worker

### WORKFORCE
Kay Macsween – Manager Human Resources
Renae Roach – Human Resources Coordinator
David Winter – Payroll Officer

### COMMUNITY PROGRAMS & SERVICES
Justin Files – Manager

### EARLY YEARS
Lesley Harvey – Project Leader
Janette Jones – Playgroup Assistant
Leeann Adams – Support Worker
Latesha Adams – HIPPY Educator
Michelle Parker – HIPPY Coordinator
Cyndal Bennett – HIPPY Home Tutor
Terina King – 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 – Project Support Worker

### WINGS DROP IN CENTRE (WILCANNIA)
Natika Whyman – Coordinator
June Jones – Youth Worker
Philip Hunter – Youth Worker
Casey Harris – Youth Worker

### COMMUNITY ENGAGEMENT / ENVIRONMENTAL HEALTH
Kaylene Kemp – Manager

### ENVIRONMENTAL HEALTH UNIT
Jessica Ierace – Team Leader EHU / Project Officer Smoke Free Homes & Cars
Anshul Kaul – Project Officer Tobacco Control
Lavinia Henderson – Community Worker - Lead Program
Brooke O'Donnell – Aboriginal Health Practitioner - Lead Program

### PUBLIC HEALTH/MEDICAL SERVICES
Hugh Burke – Director Medical Services

### GENERAL PRACTITIONERS & SPECIALISTS
Aung si Thu – General Practitioner
Priscilla Htun – General Practitioner
Stephen Gaggin – General Practitioner
Vic Carroll – General Practitioner
Marion Christie – General Practitioner
Penny Roberts-Thomson – General Practitioner
Michael Nugent – General Practitioner
Alexis Beaudoin – GP Registrar
Shapla Mahmud – GP Registrar
Shanti Raman – Paediatrician

### PRIMARY HEALTH CARE SERVICES
Linda Lynott – Director

### PRACTICE ADMINISTRATION
Kendy Rogers – Manager
Lisa Kelly – Clinic Coordinator
Alannah Degoumois – Administration Assistant
Callan Rogers – Administration Assistant
Tamara Brache – Administration Assistant
Guy Crawford – Transport Officer
Stanley Hart – Transport Officer
Louallen Barron – Casual Transport Officer
Gabrielle Khan – Casual Transport Officer

## CLINIC AND COMMUNITY

David Doyle – Manager
Kelly McGowan – Respiratory Nurse
Jamie Billing – Aboriginal Health Practitioner
Shannon Henderson – Aboriginal Health Practitioner
Courtney O'Donnell – Aboriginal Health Practitioner
Sam Hooker – Aboriginal Health Practitioner
Codi King – Aboriginal Health Practitioner
Eileen Gaggin-Adam – Practice Nurse
Rebecca Conti – Practice Nurse
Kendall Jackman – Practice Nurse
Gina Faulkner – Clinical Nurse Consultant Diabetes

## YOUTH HEALTH

Regan Chesterfield – Youth Health Nurse
Tarissa Staker – Aboriginal Youth Health Worker

## 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
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
Taylor Degoumois – Primary Mental Health Worker
Elsie Patterson – Dietitian
Jessica Hung – Dietitian
Leanne Martin – Community Cook (Wilcannia)
Steven Harris – Community Dinner Assistant (Wilcannia)
Tiffany Lynch – Project Officer Smoking Cessation Education

## ORAL HEALTH

Erin Commins – Team Leader
Vacant – Oral Health Therapist
Penelope Billings – Dental Assistant
Christene Polanski – Aboriginal Health Practitioner / Dental Assistant in Training

## WILCANNIA PRIMARY HEALTH

Daniel Jackman / Heather Curyer – 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
Deborah Cushing – Primary Health Nurse
Lowra Koraba / Lynley Rebbeck – Clinic Coordinator /Administration Officer
Fran Scott – Casual/Relief Administration Assistant

## 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
Heather Davis – Chronic Care Link Worker
Nina Parsons – Chronic Care Link Worker
Stephen Hegedus – Chronic Care Link Worker
Pam Toomey – Chronic Care Link Worker
Cheryl Swinton – Chronic Care Link Worker
Kym Lees – Chronic Care Link Worker
Sandra Ritchie – Chronic Care Link Worker
Rochelle Dawes – Chronic Care Link Worker
Leah Weedon – Clinical Nurse Specialist

MAARI MA HEALTH
ABORIGINAL CORPORATION

## CONTACT

### MAARI MA REGIONAL OFFICE

428 Argent Street
PO BOX 339
BROKEN HILL NSW 2880

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

ABN 39 056 645 930
ICN 2570

### MAARI MA PRIMARY HEALTH CARE SERVICE

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

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

**www.maarima.com.au**

find us on facebook