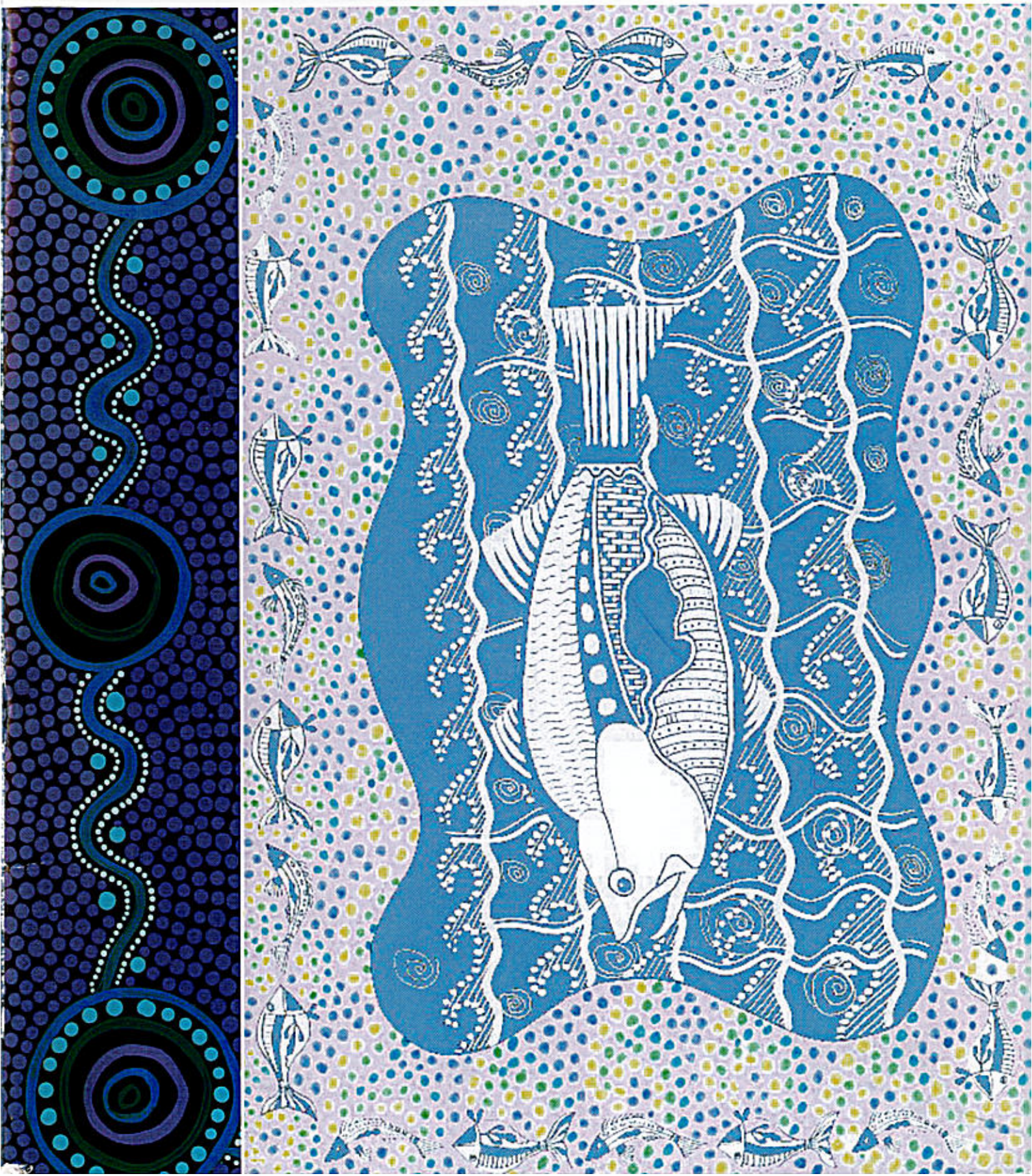


DURRI

Aboriginal Corporation Medical Service

ANNUAL REPORT 2000 / 2001



CONTENTS

	Page
BOARD OF MANAGEMENT	i
OBJECTIVES	ii
PHILOSOPHY	iii
CHAIRPERSON'S REPORT	1
CHIEF EXECUTIVE OFFICER'S REPORT	3
GENERAL HEALTH & MEDICAL SERVICES	
MEDICAL SERVICES	5
NURSING TEAM	7
HEALTH WORKER SUPPORT	8
SUPPORT STAFF	
ADMINISTRATION & RECEPTION	9
TRANSPORT	10
FUTURE DIRECTIONS & CHALLENGES	11
PROGRAMS	
DIABETES	12
ALCOHOL & OTHER DRUGS	15
SEXUAL HEALTH	18
DENTAL HEALTH	19
HEARING HEALTH	21
DJULI GALBAN	23
MENTAL HEALTH	26
YOUTH	29
KEMPSEY COMMUNITY WEBSITE PROJECT	30
PARTNERSHIP - ASSISTING OTHER COMMUNITIES & PROGRAMS	
REGIONAL EYE PROGRAM	31
GALAMBILA	33
BOWRAVILLE	35
GOORI GALBAN	37
FINANCE	38

Cover Design

The cover features two designs:

The border is representative of the Mid North Coast Aboriginal Health Partnership.

Designed by Mandy Davis, Forster, NSW.

Copyright: Artwork may not be reproduced in any form without the express written consent of the three partners: Biripi Aboriginal Corporation Medical Service, Durri Aboriginal Corporation Medical Service and the Mid North Coast Area Health Service.

The remaining artwork is designed by Wayne Smith, Kempsey, NSW

Copyright: Wayne Smith

BOARD OF MANAGEMENT

CHAIRPERSON:	Jim Stirling
DEPUTY CHAIRPERSON:	Brian Bradshaw
SECRETARY:	Janet Smith
TREASURER:	Janine Sines
DIRECTORS:	Allan Smith
	Karen Rhodes
	Mary-Lou Buck
	Raymond Clay
	Rodney Cowan
	Anthony Gray
	Shirley T Kelly
	Thomas Sines
PUBLIC OFFICER:	Stephen Blunden

This report has been compiled by:

ACHIEVE
Outcomes Australia Pty Ltd
Helping you to get better results

Ph: (02) 6652 2193
Mob: 0418 280 604
achieve@optusnet.com.au

for:

Durri Aboriginal Corporation Medical Service

PO Box 136
Kempsey NSW 2440
Ph: (02) 6562 6733

OBJECTIVES

"The aim of Durri is to provide a holistic approach to health care for the Aboriginal communities of the Macleay Valley. Our goal is to make primary health care and education accessible to all members of the community in a culturally appropriate and spiritually sensitive manner, endeavouring to improve not only the health status but also the well-being of our Aboriginal Community."

OBJECTIVES

- To establish, administer and operate an Aboriginal Medical Service (AMS) to cater for the health needs of Aboriginal people in the area bound by Nambucca Heads to Port Macquarie and west to Bellbrook.
- To improve the health status of the Aboriginal communities of Greenhills Aboriginal Community, Burnt Bridge Aboriginal Community, Kempsey and surrounding areas through the implementation of appropriate medical care and disease prevention programs.
- To involve Aboriginal people in the planning and provision of health care for their communities.
- To train Aboriginal people as Field Officers and Health Workers.
- To teach Aboriginal people to better utilise existing health and social services.

Durri Aboriginal Corporation Medical Service (Durri) also supports and assists Aboriginal communities in neighbouring regions to achieve better access to health care.

Durri is guided by the recommendations, goals, objectives and targets established by the Royal Commission into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy.

PHILOSOPHY

Durri's core philosophy is not just to treat ill-health, but to look at a wider picture of inequity. The spirit of an entire people has been badly damaged, most visibly in substance abuse, and the harm exacerbated by inadequate housing and water supply, limited employment opportunities and low income. None of these problems can be fixed by a trip to the doctor.

For Aboriginal people, individual health has long been woven into the fabric of family and community as an important part of its cultural and social well-being. This "whole-of-life" philosophy includes the "life-death-life" cycle. Aboriginal cultural values and social organisation are centred on the extended family so, traditionally, knowledge of cultural practices, social order, health and welfare have always been derived from that shared wisdom.

Durri differs from conventional health services because, first and foremost, it is responsible and accountable to the Aboriginal community. This guarantees a significant degree of control by Aboriginal people over their own affairs which enables changing needs in the community to be addressed independently of policy made elsewhere. Moreover, this independence has allowed Durri to adopt "total health" as a goal rather than "individual treatment" which focuses only on illness after it has developed. In this way, Durri is better equipped to develop health promotion and prevention objectives, as well as integrate treatment into a comprehensive health service for the community.

Beyond the provision of culturally sensitive and high quality medical, nursing and dental treatment to the Aboriginal community of the Macleay Valley, Durri provides ongoing support to genuine efforts at improving Aboriginal housing, access to education, training and employment. It also strives to ensure that Aboriginal issues are prominently on the table at every relevant health and welfare forum. These multiple roles share equal importance in the struggle to improve the well-being of Aboriginal people.

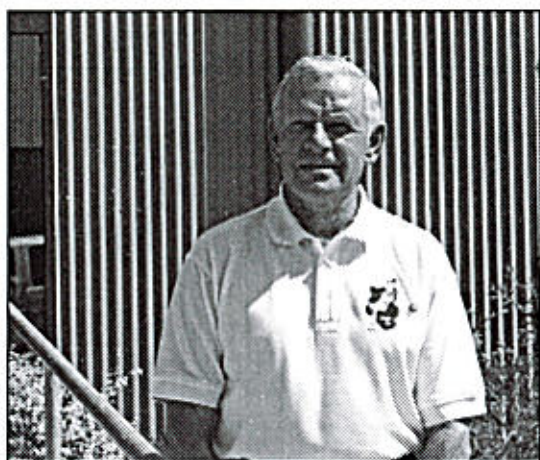
In addition, the Chief Executive Officer represents the Aboriginal community – and indeed the wider Kempsey community – on many peak health committees and has regular access to political decision-makers at both State and Commonwealth levels. Durri likewise cooperates with many local organisations and agencies – such as the Mid North Coast Area Health Service, the local Shire Council, the College of TAFE, Skillshare, Job Network, primary and secondary schools and pre-schools – as partner, adviser and advocate on behalf of the Aboriginal community. These networks ensure an ongoing improvement in the resources and services available for Aboriginal people.

The organisational culture developed at Durri maximises employment opportunities for Aboriginal people in the health team. Multi-skilling is encouraged and invariably there is a shared willingness to step from one role to another when the workload demands. The growth and success of Durri AMS could not have been achieved without this team spirit. Above all, the staff of Durri is willing to "go the extra mile" to ensure community health and well-being. These characteristics only make sense because, as individuals and as an organisation, we respect each person and every community we serve. This culture of respect is apparent in the volume of fieldwork, follow-up, liaison and health surveillance undertaken by Durri.

The format of this report is intended to reflect the overall philosophy of Durri. It stresses the community orientation of service delivery, health promotion, early intervention and prevention measures.

"Even if only one person is sick, the whole community hurts."

CHAIRPERSON'S REPORT



"I take pleasure in being part of the dedicated team that is Durri."

This has been a very progressive year for Durri Aboriginal Medical Service. The most obvious advancement has been the development of the new facility in York Lane, Kempsey.

It is great to see that we are finally getting a new base from which Durri can continue to develop. It offers potential for growth in services over the next 5 to 10 years. It is important however that we do not lose sight of our broader role with the community, and indeed the region.

Durri's primary objective is to enhance the opportunities for Aboriginal people in the Macleay Valley to enjoy the best possible health. This means ensuring that all communities within the Valley have good access to services. The continued development of our outreach services is critical in achieving this objective. It is absolutely essential that as well as developing our service through York Lane, we must continue taking health to the community.

As well, it is important to recognise that we can't do it on our own. The notion of Partnership is more than rhetoric. To ensure the best possible access to health services for our community, it is essential that we continue to build links with other agencies, including the Area Health Service, and other indigenous services. It is pleasing that many of the program reports included in this Annual Report mention active partnerships with other agencies. It is by working together as a community that we will achieve the best for our people.

Partnership is, however, a two-way process. The changes occurring in other services have a direct effect on Durri. We must advocate hard for the maintenance, and indeed enhancement of service

through the hospital. Any downgrading of services will have a major impact on Durri and the community. Whilst the economic rationalists may believe that people can travel to Port Macquarie or Coffs Harbour, the reality is much different. It ignores the social and cultural influences on how our people live. If the Mental Health ward does not re-open for example, people will only travel if it is absolutely essential. This means they will stay with their families and community as long as possible and delay going to hospital. Clearly, they will look to Durri to help them.

Similarly, the development of the Prison has major implications. It is important that the State and Commonwealth Governments, as well as the relevant Departments, recognise these implications and support Durri in providing an appropriate response. Extra demands place additional stress on our staff and resources.

On a Regional level, Durri continues to support other communities in establishing essential health care. Over the past 12 months we have put substantial energy into assisting the Bowraville community and the ongoing establishment of the Galambila service in Coffs Harbour. In doing this, it is important that we manage the handing over of these services to the control of the local communities in a way that gives them the best chance of succeeding.

Our Board has been undergoing substantial training to assist individual members to understand their roles and responsibilities. We have identified senior staff as partners to work with each individual Board member, so that we may learn more about the day to day function of the organisation.

Being a Board member carries with it certain responsibilities. It is important that we continue to develop the skills of individual Board members to ensure they can manage these responsibilities, and work in the best interest of the community.

We are fortunate to have an excellent senior staff team at Durri, led by our very dedicated CEO, Steve Blunden. I know that Steve will acknowledge that his job is made easier by the strong team he has built around him.

A continual challenge for us is to ensure we are able to recruit qualified and capable staff. Durri must take a short and long term view of this. It is essential that we identify the best possible people

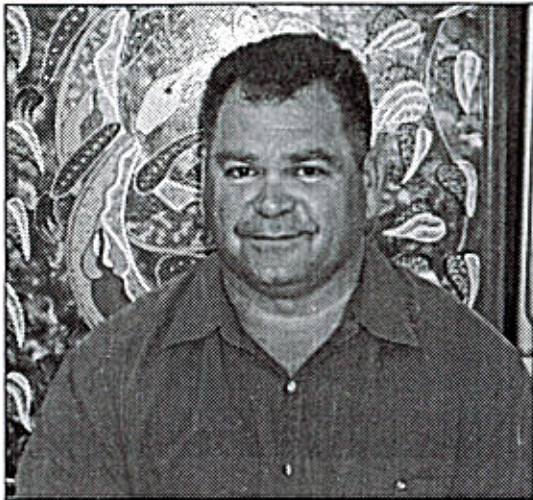
for each position, but it is also important that we work with the community to establish training programs to increase the capacity within the community to fill the jobs as they develop.

There is no doubt in my mind that Durri will continue to develop and grow. We need to keep our eye on the ball. In expanding as a service, we must ensure that we continue to provide the best possible services on the ground.

This year represents a coming of age for Durri. We are a major provider of health care and a major employer within our community, but our number one challenge still remains the improvement of the health of our people.

Jim Stirling
Chairperson

CHIEF EXECUTIVE OFFICER'S REPORT



Durri has gone through a period of substantial growth over the past few years. This is most visibly demonstrated by the beginnings of our move into our new York Lane premise. We have outgrown our old accommodation and the new building offers the opportunity for the development of additional high quality services over the next 5 to 10 years. Particularly now that funding has been approved which will enable us to complete the refurbishment.

This growth in service delivery will help us address the needs of our community and is a reflection of our responsibility to ensure access to the best possible health care to our people. However, in continuing to move forward we need to recognise the full range of our responsibilities.

Firstly, we have a responsibility to continue to expand and improve the services we offer the community.

Under all criteria, our people still suffer an unacceptably poor standard of health. We must continue to work hard to change this situation by developing the best possible health care service.

This report provides clear evidence of the commitment individual staff and programs have toward their work. I am extremely proud to be part of such a dedicated and professional team. We continue to see more patients / clients every year, and our reputation for providing quality care continues to grow. However, almost every program has identified the need for more resources. How do we manage this? How can we expand and ensure we continue to improve the quality of care

"I am particularly pleased to note our continued impact on people with diabetes, with a further reduction in the number of people admitted to hospital with complications. Our education and patient management program is clearly having an impact."

that we provide? How do we ensure that our limited resources are directed toward the most important areas?

To help us answer these questions Durri will this year launch into a Strategic Planning process. It will be a consultative process involving all staff and the community. It will help us identify priorities for development, and it will look at all aspects of the organisation including our management and organisational structure.

Secondly, we must recognise that we cannot do it on our own.

We have an important role to ensure that other agencies recognise and accept their responsibilities in respect of the health of Aboriginal people on the Mid North Coast.

We have been an active player in the Aboriginal Health Partnership and this has seen us move to resolve some long term issues including:

- the delivery of Renal Dialysis services; and
- together with Biripi, we have received a grant of \$50,000 per annum to assist in the provision of adult dental services.

As well, through the Mid North Coast Aboriginal Health Partnership:

- funding has been approved for a regional chronic disease program;
- funding has been committed to enable us to establish a methadone clinic; and

- we remain committed to the development of Coordinated Care.

Additionally, I will now represent the whole of the Macleay Hastings on the Board of the new Rural Medicine School. This is being developed in conjunction with the University of NSW, Southern Cross University, the Mid North Coast Area Health Service, and the Port Macquarie and Mid North Coast Divisions of General Practice. It is expected that this new School will ultimately improve our access to medical officers.

The Partnership provides an important forum for discussing and addressing these types of issues but, as our Chairperson has said, *"we need to keep our eye on the ball"*. The opening of the prison, and any downgrading of hospital services in Kempsey have major implications for Durri. We must ensure the focus is on "what is best for the community", and we cannot afford to take on services that should be provided by others.

Thirdly, as an agency with extensive experience in the delivery of health care, we have a responsibility to work with our neighbouring brothers and sisters to help them improve access for their communities.

We continue to work with Bowraville to improve access to quality services. Galambila is going from strength to strength. Bellbrook and Miriwini Gardens continue to benefit from our support, but it

is essential that the Area Health Service fills the Coordinator's position as soon as possible.

Wauhope and Port Macquarie have limited access to culturally appropriate services, and even make a regular journey to Armidale for adult dental care. There is an urgent need for us to meet with these communities and discuss how we can help them.

Finally, it remains essential that individuals accept responsibility for their own health.

We cannot do it all for them! Rather, our role is to support individuals and families, so they have the knowledge, skills and access that will enable them to take good care of themselves.

We have had many achievements this year as shown in the following pages. I am particularly pleased to note our continued impact on people with diabetes, with an ongoing reduction in the number of people admitted to hospital with complications. Our education and patient management program is clearly having an impact.

Our staff work extremely hard with limited resources. While our overall budget has grown, we are often provided with only the salary component and few program funds.

There are many examples of the effectiveness of our programs throughout this report, and all staff should be congratulated on a job well done.

Steve Blunden
Chief Executive Officer

GENERAL HEALTH & MEDICAL SERVICES

"A team approach is applied throughout Durri where skilled workers assist each other in providing the best possible care to the Community."

MEDICAL SERVICES

Medical Team

<i>Dr Peter Fletcher</i>	GP
<i>Dr Andrew Braithwaite</i>	GP
<i>Dr Ray Wamer</i>	GP-FMP Registrar (until January 2001)
<i>Dr Veena Joshi</i>	GP-FMP Registrar (until July 2001)
<i>Dr Catherine Speechly</i>	GP-FMP Registrar (since July 2001)
<i>Dr Kathy Davis</i>	Paediatrician
<i>Dr Faris Samara</i>	GP 1 day/week Bowraville 2 days/week D&A



The function of the medical team is to deliver culturally sensitive and effective health care services to the Aboriginal people of the Macleay Valley. This includes clinical services, health education and the promotion of healthy lifestyles. The medical team works in collaboration with a wide range of parallel services within and from outside of Durri to deliver the following:

- ❖ Durri Health Workers Clinic
- ❖ Doctor's Clinic ("general practice")
- ❖ Community Visits ("field trips")
- ❖ Special Service Clinics
 - Antenatal Care
 - Diabetes
 - Drug & Alcohol Addiction
 - Hearing / Otitis Media
 - Immunisation
 - Mental Health
 - Ophthalmology / Eye Health
 - Paediatrics
 - Renal Medicine
 - Women's Health

In addition, Durri's doctors (when available) provide weekly practical and theoretical in-house training for Health Workers and other staff.

Patient Consultations

The total number of patient consultations in the doctors clinics and field trips in 2000 / 2001 was approximately 10,000 (excluding Bowraville).

Clinic Numbers 2000 / 2001

<i>General Practice</i>	7300
<i>Women's Health</i>	171
<i>Paediatrics</i>	53
<i>Antenatal</i>	450
<i>Addiction (D&A)</i>	486
TOTAL	8460

Field Trips (excludes Bowraville)

<i>BDAC</i>	40
<i>Burnt Bridge</i>	530
<i>Crescent Head</i>	48
<i>Greenhill</i>	144
<i>SKNIP</i>	240
<i>South West Rocks</i>	200
<i>TAFE</i>	240
<i>WKNIP</i>	144
TOTAL	1586

There was drop in absolute numbers this year of approximately 13%, which reflected the increased number of field trips, and the inability to employ locum doctors to cover periods of leave. While sessions in the main clinic were generally fully booked, some field trips were not attracting many patients. Thus, it was decided that the field trips to WKNIP, SKNIP and Greenhill would be replaced by extra doctor's sessions in the main clinic, with transport offered to patients from these areas.

The doctor's clinics have in general been well staffed, although locums to cover periods of leave remain difficult to find. The use of locums as a means of attracting potential new recruits should continue to be encouraged and funded.

The ongoing high level demand underscores the need to maintain and build on the current level of staffing. At the same time, the new policy of accepting new patients only if they are a family member of an existing patient, has proved an effective means of improving access for Aboriginal clients.

After hours care is provided by Kempsey District Hospital (KDH), a situation formalised as part of the current accreditation process.

Community Visits (Field Trips)

For most of the year the expanded field trip program operated. This included visits to TAFE, South West Rocks, Burnt Bridge, BDAC, Crescent Head, Bowraville, Kempsey Hospital, SKNIP, WKNIP and Greenhill and by the Aboriginal Health Worker accompanied by one of the doctors.

The lack of utilisation of the latter three clinics led to the replacement of these clinics with extra sessions in town. The more focussed field trips program will also allow continuity of service, should medical recruitment prove difficult.

Paediatric Clinic

Durri continues to provide paediatric services to the community through a visiting Paediatrician Dr Cathy Davis. Dr Davis visits Durri on the first Monday afternoon and the third Friday morning of each month. Referrals are made to these clinics by Durri doctors. The high demand has resulted in a constantly full appointment book.

The total number of children seen in 2000 / 2001 was 53.

Women's Clinic

A specific Women's Clinic operated until February 2001 with Dr Sally Cleworth in attendance for two sessions each week. Dr Sally's departure (for further studies) coincided with the commencement of a full time GP Registrar, Dr Veena Joshi. Consequently, women's health issues could then be dealt with in a "culturally appropriate manner" through her GP Clinics.

Durri looks forward to Dr Sally's return, in a mental health capacity.

Training

Durri continues to host medical students, mostly from Newcastle and Sydney Universities, plus ongoing involvement with the John Flynn Scholarship Scheme, and "Assistant-in-Nursing" students from BDAC. Durri also continues to host RACGP Training program registrars – Dr Ray Warner and Dr Veena Joshi this year.

We are currently involved in negotiations with the new local GP Training Consortium and anticipate ongoing registrar placements. We are also involved with preparations for the new NSW University Rural Health Faculty, which will include long term medical student placements.

Courses undertaken by Durri medical officers this year include: Masters in Public Health, Diploma in Child Health, Masters in Drug and Alcohol Medicine, and Advanced Obstetrics Diploma.

Medical staff represent Durri on several committees and education forums, including:

- ❖ KDH VMO Staff Council
- ❖ MNCAHS Aboriginal Advisory Committee
- ❖ Hospital Liaison Committee
- ❖ RACGP/TP Registrars
- ❖ Port Macquarie Division of General Practice
- ❖ KDH Antenatal Classes

Accreditation

Durri has registered for accreditation and is preparing for this to occur in December 2001. This will have the benefits of improving the quality of care in the service, allowing ongoing hosting of GP Registrar doctors, and allowing access to Federal Government funding. It may also assist in attracting quality medical personnel.

GENERAL HEALTH & MEDICAL SERVICES (Continued)

NURSING TEAM



Gail Blanch	EN
Karanne Nean	EN
Beverley Trindall	RN (left November 2000)
Ellis Bradshaw	EN (left May 2001)
Bronwyn Leon	EN – (moved to Bowraville Sept 2001)

- Composing First Aid Kits for Various Organisations
- Providing Medical Supplies, e.g. bandaids, Betadine and bandages
- Assessing patients and handling numerous phone enquiries

The goal of the nursing team is to assist in facilitating improvements in Aboriginal health in the clinic setting, and to ensure patients confidentiality and privacy at all times.

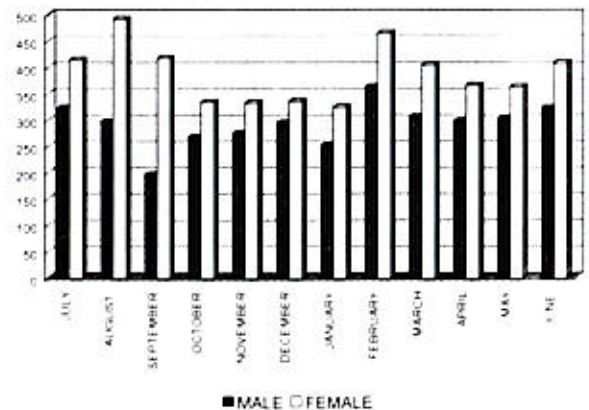
Patient Numbers

In total we have had 8,164 nursing consultations during the year. These are in addition to the doctors consultations.

The nursing team conducts preliminary screening, assesses the urgency of each case, triages patients prior to them seeing the doctor, and arranges transport to a hospital or specialist. We also assist the doctor where necessary, and provide support and comfort for child patients. Nursing staff services include:

- Blood Pressure
- Blood Sugar Level
- HBAIC
- Temperature, Pulse and Respiration
- Weights and Heights
- ECG
- Urinalysis
- Oxygen Therapy
- Dressings
- Spirometry
- Removal of Sutures
- Ear Toilets
- Ventolin Nebuliser Therapy
- Infection Management
- Removal of Plaster

CLINICAL PATIENTS 2000-2001



The statistics indicate that male client visits have increased by 7.5% from last year. It appears male clients are becoming more aware of their health problems and are visiting the Clinic more regularly for treatment.

Assisting Doctors in Treatments

A key role is also to assist doctors. This may include:

- Suturing
- Excision
- Incision
- Pap Smears
- Plasters
- Removal of Foreign Bodies

- Intravenous antibiotics
- Administering medication
- Injections

Extra Duties

Nurses maintain medical supplies, linen and equipment for clinics, field trips and sporting events, and arrange instrument sterilisation as required.

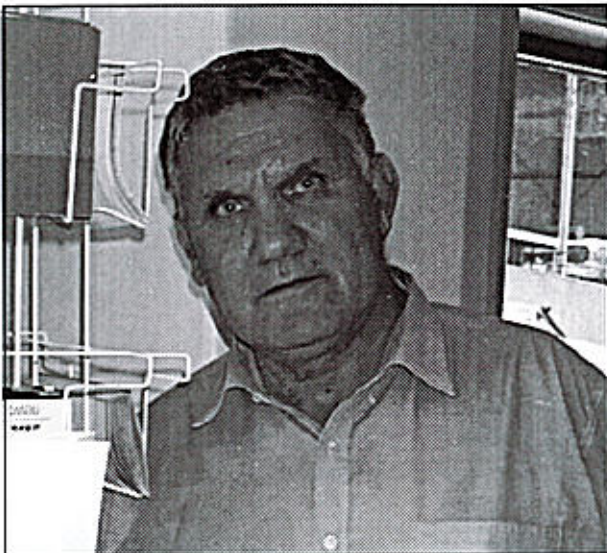
HEALTH WORKER SUPPORT

"Aboriginal Health Workers provide a key link between the community and Durri. They are the front line of the organisation. They give people the confidence to talk to doctors and others and they help identify problems."

Aboriginal Health Workers have important and essential roles in all of Durri's programs. Their roles are essential to the success of all programs and have been described under each program.

Keith Roberts

Aboriginal Health Worker



Keith Roberts continues to work closely with the medical clinic and the doctors. He provides a key link to communities and family groups in and around Kempsey. Keith spends the major part of his time in the community.

Home Visits

Keith visits people in their homes to check on how they're going. He checks blood pressure and blood sugar levels. He may assist with dressings, and where necessary he makes referrals to the doctors or other programs within Durri.

Supporting GP's

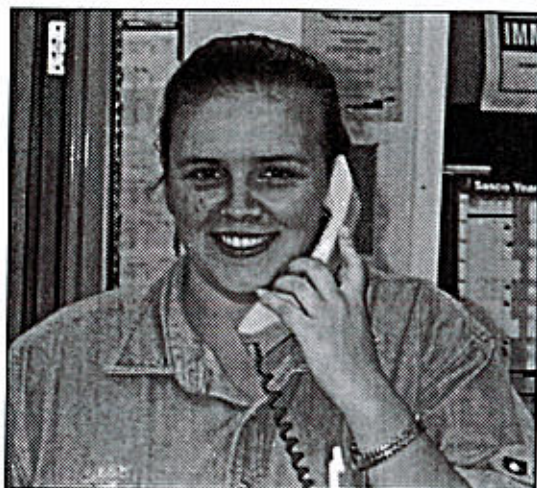
Keith assists doctors during community visits. He will often give patients more confidence to talk to the doctor, and help doctors identify people in need within the community.

GENERAL HEALTH & MEDICAL SERVICES (Continued)

SUPPORT STAFF

ADMINISTRATION & RECEPTION

<i>Norma Kelly</i>	<i>Deputy CEO</i>
<i>Loretta Williams</i>	<i>Receptionist</i>
<i>Deleila Roberts</i>	<i>Admin Support & Reception</i>
<i>Alicia Stewart</i>	<i>Receptionist – on maternity leave</i>



Reception staff are the first point of contact in the clinic. They provide an efficient service in managing patients including coordinating transport and follow-up appointments, and administration of client records and payment.

They manage in excess of 10,000 patients each year including all those that visit the doctors, nurses, and other services such as the Antenatal Clinic.



Health Point - Computerised Bulk Billing

Health Point provides a direct link to Medicare and will enable a more efficient administration of the bulk billing process. It will also allow a more effective determination of whether or not the patient is currently registered with Medicare, and will bring the reject percentile down.

Medical Records

We expect that in the near future we will also be able to become computerised in areas such as Medical Records.

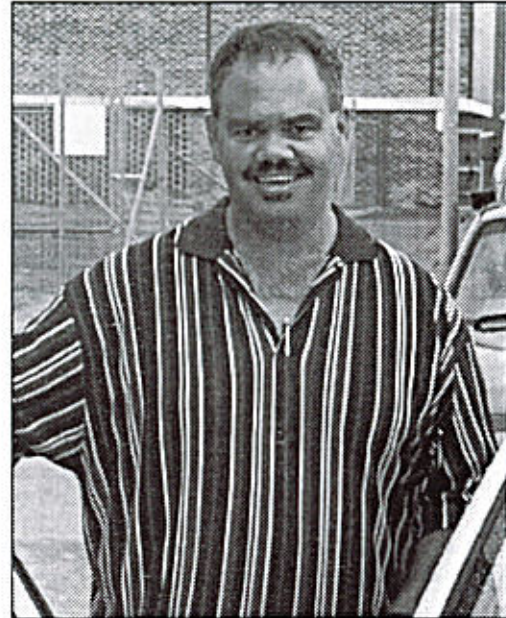
First Aid

80% of all Durri staff have now received First Aid training.



TRANSPORT

"Our transport service is essential. It is a major concern that it remains unfunded. It is only with the support of the CDEP Program that we have been able to offer this extremely important service to the community."



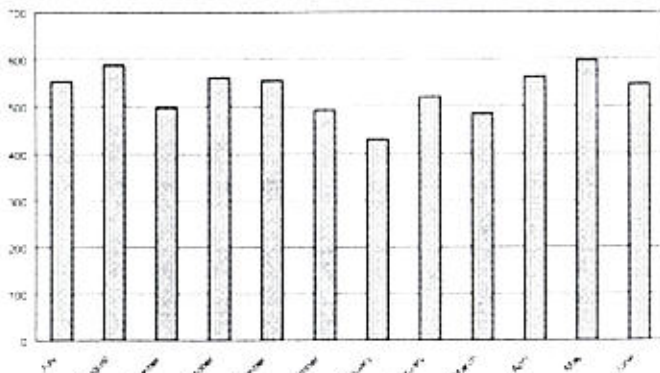
<i>Richard Dixon</i>	<i>Transport Officer</i>
<i>Julia Gray</i>	<i>Transport Officer</i>
<i>Daren Holten (left)</i>	<i>Transport Officer</i>
<i>Judye Kelly (left)</i>	<i>Transport Officer</i>

A key objective of Durri is to improve access to high quality health care. Our transport service is essential in ensuring this and it is a major concern that it remains unfunded. It is only with the support of the CDEP Program that we have been able to offer this extremely important service to the community.

Where required Durri facilitates patient visits to clinics by assisting with transport to and from the clinic. Additionally, Durri will assist with transport to other communities for medical purposes.

A total of 6392 local transportations were provided this year.

Monthly Local Transportations



With the limited specialist services available within the local community, patients are often referred to other areas including Port Macquarie, Taree, Coffs Harbour, Newcastle and Sydney.

The reception, clinic and transport teams all work very closely together and for much of the time operate as a 'unit'. One section can rely on the other two sections, especially in the case of an emergency.

A total of 214 long distance transportations were provided.

	Port Macquarie	Coffs Harbour	Taree	Newcastle	Sydney
July	16	1	2	1	1
August	19	1	0	1	0
September	11	2	1	3	1
October	17	2	0	1	0
November	20	0	1	0	0
December	15	1	1	0	1
January	15	1	0	1	1
February	20	0	0	0	0
March	23	0	1	0	0
April	12	0	0	1	0
May	9	0	1	0	0
June	9	1	0	0	0
TOTALS	186	9	7	8	4

GENERAL HEALTH & MEDICAL SERVICES (Continued)

FUTURE DIRECTIONS & CHALLENGES

1. Computerisation

Computerisation of Durri is essential for the efficient maintenance of patient records, for the development of care plans, and to assist in data analysis. The implementation of a computer system would mesh well if it coincided with the move to the new building.

2. Coordinated Care

Durri has been actively involved in the development of a Coordinated Care proposal to the Commonwealth Department of Health and Aged Care, as a member of the Aboriginal Health partnership. We are currently awaiting a response from the Commonwealth, but are excited about the opportunities this project would provide for people with complex care needs and the overall community.

3. Research

Durri's involvement in research trials (eg. Newcastle University Community Intervention, the new Children's Hospital Kidney Disease Survey) offers opportunities for training of local staff in research methods, which should be fully utilised.

4. Human Resources

There is an ongoing need for the training of Health Workers within the community, to staff new programs and to cover periods of staff absence.

Recruitment of medical officers will also be a priority in 2001 / 2002.

With Durri now auspicing operations of clinics at Bowraville and Coffs Harbour, the opportunity exists to create a Public Health Officer position, which would concentrate on policy development, project proposals, research, education and training across this region (a similar position exists in the Kimberley group of AMS's).

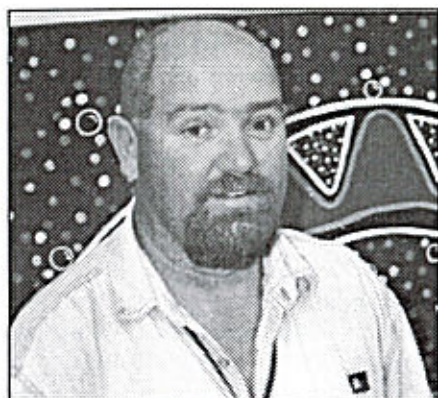
5. Kempsey District Hospital

Durri is active, and should remain so, in advocating maintenance and expansion of services at the local hospital, as this is where the vast majority of Aboriginal clients seek hospital care. Current services in Mental Health, Paediatrics and Surgery all appear threatened.

6. Correctional Services

There new Prison may offer the opportunity for Durri to improve the level of services it can offer to the community. Planning and preparation for this should commence in the coming year.

DIABETES



Laurie Clay	Diabetes Educator
Mary Anne Fields	Renal Nurse (until end of June then moved to hospital) (MNCAHS)
Michelle Woods	Aboriginal Health Worker (commenced October 2001)

Diabetes is endemic within our community. Much of it is lifestyle related, but it can be managed and the individual can achieve and maintain an active and normal life. We have achieved an enormous amount in our community, through education, training and clinic support programs, yet we are still well short of acceptable standards. We simply do not have the resources to provide the level of service needed within our community.

The Diabetes Program at Durri remains inadequately funded, even after extensive consultation and submission writing.

With the advent of a designated room for the diabetes service, an intensive effort has been made to reclaim patient confidence. We have a much better environment to provide quality care. Patients can inject insulin and monitor blood sugar levels in privacy, and within a hygienic environment. They do not have to go to the public areas they have had to use in the past, such as toilets, parks and car parks.

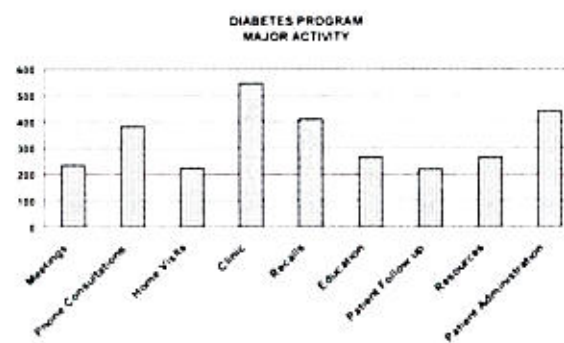
The statistical information indicates that in the past 5 years 1997-2001 there have been 31 deaths amongst people with diabetes. The offset of this is a steady increase in newly diagnosed people. Hospital admissions for diabetes have remained at a lower plateau since the completion of the Integrated Diabetes Pilot.

Our current diabetes register has 260 patients.

With the home stabilisation program we have cut the admission rates and bed stay at the local

"The Diabetes Program aims to improve access to quality services for people with diabetes. We continue to develop a high quality service, but we are severely restricted by a lack of funding."

hospital. Although we have not received direct correspondence, the nursing staff and diabetes educator at Kempsey Hospital have stated that for a 3 month period they have not admitted any Aboriginal people with diabetes for diabetes stabilisation or complications.



NB: The numbers reflect occasions of service. They do not indicate the time spent on each activity.

Screening/Clinics

Screening programs for Aboriginal people at risk of hypertension and diabetes has been conducted with the CDEP community projects at South Kempsey and West Kempsey. Diabetes clinics have also been initiated at Bellbrook and Bowraville health outposts and the Kempsey TAFE campus.

The diabetes screening and data base used in the Integrated Diabetes Pilot has been a most useful tool for the continuing use of data entry, statistics gathering and patient recalls.

12 diabetes clinics were conducted. Four of these were specialist Endocrinology Clinics.

10 Outreach Clinics were conducted at Bellbrook and Bowraville health outposts.

Client Support Services

Home Visits

We actively support people in their home with the aim of improving management and stabilisation of their condition for patients requiring insulin. This allows patients to remain in the community rather than expensive and time consuming days in hospital beds, and allows for holistic diabetes care.

DCA 2000 Pilot

DCA 2000 is a pilot program to test the benefit of a regular haemoglobin test for diabetes patients. The frequency of the test for individuals varies from every 3 months to once per year, depending on the type of diabetes and how well it is managed.

With the HBAIC as the basic template to gather information, it was decided that we would expand the data gathering to encompass other relevant information. This information will be valuable in evaluating the influence of co-morbidity.

Currently, Aboriginal Health Workers collect data through our main clinic. We are also collecting data through our monthly diabetes clinics and outreach community diabetes programs at Bowraville and Bellbrook. Home visits have been facilitated to cater for the patients who are unable to access the current clinic hours.

Our main clinic was chosen to gain optimal access for patients presenting at the clinic, either to be screened or to see the doctors. Patient files have a colour coding system on them that identifies if they have specific ill health.

We also encourage patients to monitor their diabetes daily, rather than waiting 3 months. The use of the DCA 2000 was emphasised to evaluate patients with diabetes, not as a screening tool.

The pilot is progressing reasonably well. Aspects of clinical knowledge, skills and management due to diminished access for patients was a concern during Laurie's period of absence from clinical duties. Aboriginal Health Workers and clinical nurses have now been trained in the use and evaluation of the DCA 2000 machine.

Diabetes Camp

There was no diabetes camp this year due to a lack of funding resources. This has been an important program in previous years.

Training Provided

In-service training was provided to:

- Three schools. The focus was on diabetes education and management
- Durri staff
- Two bus companies
- Indoor sports centre

Additionally:

- Facilitated Diabetes Education Workshop in Taree for 12 Aboriginal Health Workers
- Facilitated Community Renal and Cardiovascular Workshop at Durri for 26 participants
- Developed Diabetes Orientation Manual for Durri
- Organised in-service training at Durri on wound care, Diabetes, Renal Disease, Epilepsy and injury prevention

Renal Dialysis Unit

The clients and the community need to be aware of the diligence, professionalism and aptitude of our renal nurse, Mary Anne Fields. She continues to work without the support and interaction of a team, and with the utmost dedication.

After extensive consultation over the last couple of years, the Mid North Coast Area Health Service (MNCAS) has finally agreed to work together to provide the best possible renal dialysis service for the Kempsey community. It is with great relief that as of 1 July 2001 we will be seeing dialysis provided through one coordinated service managed through the MNCAS under the guidance of a Mid North Coast Renal Dialysis Committee. Laurie will be a member of this committee.

This report therefore reflects the final year of the service operated by Durri out of Booroongen Djugen (BDAC).

The service has been operating through BDAC for 3 years. It has functioned as a satellite verandah service with triages and protocols initiated by the Warnsey Renal Unit in Newcastle.

Our Dialysis Unit is set up with three single use machines. During the year three patients received dialysis 3 days per week, with the Unit functioning on Mondays, Wednesdays and Fridays.

Durri also supports the Unit by transporting patients to and from their home, and coordinating

services such as home care, meals, doctors' appointments and visits to specialists.

The major issues with the function of the Unit have been the limited number of patients that could benefit, and staffing of the Unit. There has been no back up or relief renal nurse available.

Even with the new Unit being established, renal services are unable to meet the current demand. We currently have 270 diabetes patients on our diabetes register. The most recent estimate suggests that 59% of these patients will develop renal problems. This compares with only 20% of non-Aboriginal people with diabetes. The actual numbers requiring dialysis at any one point in time may be small, but the implications for them and their families, if they are required to go elsewhere for dialysis, are enormous. Their individual support structures are critical in the quality of life of the patient, particularly as their condition deteriorates. It is essential that every effort is made to meet the growing demand for these services within the local community.

Partnerships

- Member of Durri Accreditation Committee
- Member of Kempsey Safe Communities Committee

- Member of Diabetes Educators Forum Mid North Coast
- Renal Advisory Committee
- Steering Committee World Indigenous Diabetes Conference 2003

Fund Raising

Laurie facilitated an Aboriginal Diabetes Golf Fundraiser for Diabetes Australia (76 participants).

Contributing to Diabetes Education at a Broader Level

- Provided Aboriginal Diabetes Abstracts to several Diabetes Journals
- Participant at National QAAMS DCA 2000 Diabetes Project for Aboriginal Communities

Training Received

- Diabetes Educator's Workshop (2 days) conducted by Paediatric Outreach Services, New Children's Hospital, Sydney
- Novo Nordisk Diabetes Workshop
- UNE Course Bachelor of Nursing Studies

FUTURE DIRECTIONS & CHALLENGES

Under Resourcing

The under-resourcing of the Diabetes Program continues to be a major concern. Nine different funding submissions were compiled during the year with no positive response. Diabetes is a major health concern within this community. It is essential that more resources are identified to address this issue.

Implications of New Prison

The development of the Prison within the Kempsey Region may be a positive or negative for the Diabetes Program. There is no doubt it will add

demands on the Program. If these additional demands are not supported with funding, the Program will struggle. Alternatively, if Correctional Services provides funding for support services, it may improve the economics of scale and assist us to develop a more viable Program.

New Dialysis Unit

We looked forward to the new level of cooperation with the Mid North Coast Area Health Service in the provision of dialysis. However, this will still not meet the entire demands of the community and we must continue to work to address this.

**** Stop Press****

At the time of going to print Durri was informed that the Mid North Coast Aboriginal Health Partnership was to receive \$1.05M over 3 years from the Commonwealth Department of Health and Aged Care for an Aboriginal Health Chronic Disease Program which will target Diabetes, Cardiovascular issues and Nutrition.

This is great news! It does not solve the lack of funding for diabetes services but it is a great step forward.

ALCOHOL & OTHER DRUGS



<i>Ray Nean</i>	<i>Alcohol & Other Drug Worker</i>
<i>Dr Fares Samara</i>	<i>Medical Officer</i> <i>2 days Addiction Clinic in Kempsey</i>

This year Ray has been working diligently to complete his studies for a Diploma in Alcohol & Other Drugs through TAFE three days per week. This limitation has meant the number of clients has necessarily been restricted compared to previous years. Ultimately we will have a much stronger Program with the combination of skills and experience Ray has now acquired, combined with the expertise of Dr Samara.

The Alcohol & Other Drug Program provides a quality service for its clients. Our aim is to provide a service throughout the Macleay Valley.

	General Client Contacts	
	Home Visits	Durri Visits
Male	165	88
Female	97	59
Total	262	147

Addiction Clinic

The Addiction Clinic has now been running for approximately 2½ years. It has a client base of 200+ persons, Aboriginal and non-Aboriginal, male and female. The Addiction Clinic is staffed by the AOD worker (Ray Nean) and a Doctor (Dr Fares Samara). It is conducted every Tuesday between 9.00am – 4.30pm. The clinic involves counselling, home detoxification, individual programs, education and ongoing support.

In the past twelve months there has been 486 visits to the clinic for various treatments.

Treatment services overlap, for example :

*Mr Jones is referred from Probation Parole with a cannabis problem.
Treatment – UDS for Probation Parole report, Cannabis Quit Program, Counselling with Cognitive Behavioural Therapy (CBT), Motivational Interviewing, care plan with other AOD workers, Pamphlets, Transport.*

Since 7 November 2000 the Addiction Clinic also had a Gambling Counsellor attending every Tuesday from 9.30am – 1.00pm.

Home Visits

Home visits are still conducted on a regular basis. They form an important part of the relationship between the AOD worker and the client. They provide an opportunity to monitor clients in their own environment, and to provide personalised support to them as required.

Durri Visits (in office)

Now that the AOD program has its own office (December 2000), clients are more willing to attend appointments at the medical centre.

Detox

	Detox			Follow Up
	KDH	Home	Total	
Male	5	33	38	109
Female	6	11	17	37
Total	11	44	55	146

Detoxification - Home

With the home detox program clients have to be screened and assessed by a doctor, or the AOD worker to see if they are suitable for the program. This involves assessing the individual's support structure (family, friends), mental health issues, and previous detox experience.

The home detox program requires the AOD worker to regularly visit the home to monitor the client's progress. These enable the AOD worker to assess the progress of the client using the Alcohol Withdrawal Scale (AWS), Blood Pressure, etc.

Home detox is conducted in collaboration with Community Health.

Detox - Kempsey District Hospital

Although Kempsey District Hospital (KDH) does not have any beds gazetted for detoxification, the AOD program, with help from Dr Samara, still utilises KDH for detox when possible.

Clients who have been admitted for detox are visited to encourage them to stay for the full length of detoxification, and also to see if they would like ongoing support from the AOD worker.

The AOD worker also visits people who have been admitted for other health reasons associated with alcohol and drug use.

Alcohol and Heroin are the main drugs that people wish to detox from, although two (2) controlled detoxification programs for Benzodiazepines addiction were conducted.

Rehabilitation Centres

The AOD program also refers clients to a number of rehabilitation centres around NSW. This is done through phone consultations or by faxing application forms to the rehabilitation centres.

The AOD program has also provided transport for clients. This is mainly for clients who attend Bennelong Haven.

A number of other rehabilitation centres were also contacted for AOD clients. This included phone calls regarding how long the waiting lists were.

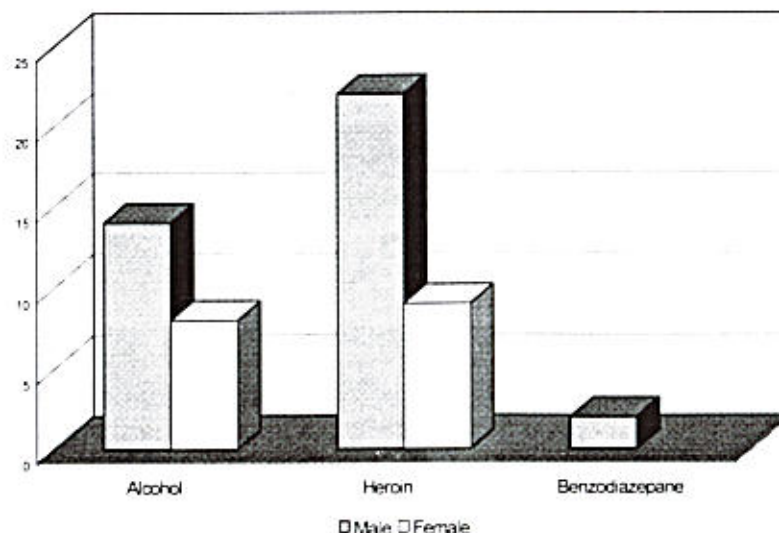
Court Support

This involves writing letters supporting clients who have been attending counselling, and education with the AOD workers. The AOD worker would sometimes attend court with the client.

Cannabis Quit Program

Clients are given a booklet that outlines six steps to either cutting down or quitting cannabis. The book is for clients to self address their own cannabis problems. The AOD worker also works through the book with the client using Cognitive

CATEGORY OF DRUGS DETOXING FROM



behavioural therapy, and motivational interviewing.

Clients who are smoking a lot of cannabis are encouraged to cut down over a period of time, thus reducing withdrawal symptoms.

Healing Time Program

The healing time program has been conducted in a number of schools. It involved kids reading through a comic book that illustrates different journeys people take when using drugs. Class activities then revolve around these scenarios.

Meetings

Regular meetings were held with other agencies including:

Mental Health Workers, Gambling Counsellor, Reach Out Program, Drinks Without Drama

Program, Don Buchan – Computer Data Base, Youth Network, Juvenile Justice AOD Worker, Traffic Offenders Program, Probation Parole, Alcohol Injury Task Force, Youth Alcohol Awareness Camps, AOD Worker at Community Health, Bellbrook School Principal.

Workshops / Training

- 1 Home detox training, provided by Richard Rogers from Port Macquarie Community Health – 4 sessions.
- 2 Cognitive Behavioural Therapy Counselling Workshop.
- 3 Cannabis Quit Program – 1 day.
- 4 Diploma Alcohol and Other Drugs course – 2 years – completed all theory – 240 hours work placement to finish diploma.

FUTURE DIRECTIONS & CHALLENGES

Service Limitations

The service provided by the Alcohol and Other Drugs Program is limited by the resources available for it. This year we have been able to increase Dr Samara's time involved in the Program and this has been used to full benefit.

Female Worker

Durri is currently seeking funding for a female Drug and Alcohol Worker to work with female clients. We are hopeful of some of the Drug Summit money coming our way.

Need for a Specialised Detox Unit

The community needs a specialised Detox Unit to support patients more appropriately. There are an extremely limited number of beds available in the hospital and some reluctance to offer detox services. Nurses and doctors are less willing to take on detox patients because of their limited expertise and the lack of VMO's (Visiting Medical Officers).

Public Methadone Dosing Facility

There are also difficulties associated with the lack of a public methadone dosing facility. It is recognised that efforts are being made to address this, but the current lack of such a facility causes major problems for the existing target group.

****Stop Press****

The Mid North Coast Area Health Service have now agreed to provide Durri with \$78,000 per annum to establish a 25 person Methadone Dosing Unit. A consultation process involving the community, staff and other stakeholders will determine how this service will operate

SEXUAL HEALTH



<i>Peter Brown</i>	<i>Sexual Health Worker</i>
<i>Lance Moran</i>	<i>Relief HIV/STD Worker</i>

Durri is pleased that Peter Brown has recently joined the staff as a Sexual Health Worker. His experience in this field will enable Durri to develop a comprehensive program, built on Peter's skills, and partnerships within the community.

FUTURE DIRECTIONS

The following is an overview of the key directions Peter sees the program developing.

Education

Sexual Health education in the schools is essential. Durri's Sexual Health Program will complement the work of teachers and others by providing culturally sensitive input.

NSP (Needle Syringe Program)

Our aim will be to enhance strategies to reduce the use of dirty needles and encourage appropriate disposal. We will assist the Area Health Service (MNCALHS) in promoting needle exchange programs and conducting community education and awareness activities.

We have recently applied to the MNCALHS to be a legal "Fit Pack" distributor.

Counselling

An important responsibility is to provide support to people with existing sexual health issues. Counselling will be provided to people on a needs

basis. This can be provided in the office or as part of home visits, or through antenatal clinics.

Outreach Clinics

Outreach Clinics will provide screening, counselling and educational activities to the smaller and more remote communities.

Support & Advocacy

The Sexual Health Program has an important role in improving access to services throughout the community. This may include advocating for new services to be established, or providing support and advocacy for individual clients so that their needs are understood and met.

Training

It is anticipated that the Sexual Health Program will enhance the capacity of other workers to identify and respond to sexual health issues.

ACTIVITY DURING 2000-2001

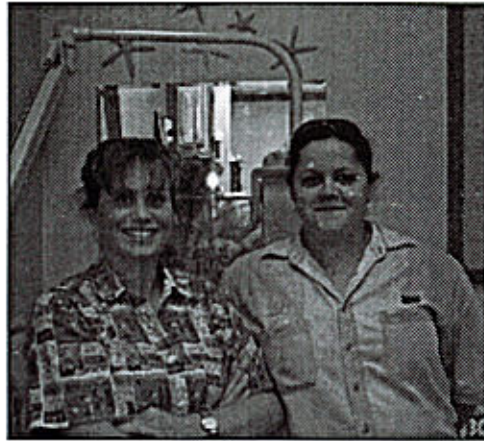
In the absence of a permanent worker, the Sexual Health Program was supported during the year by Lance Moran.

Activities included:

- Service to local public and private schools
- Presentation of HIV/STD program to youth camps, domestic violence workshops and men's health issues
- Providing support to HIV carer groups, attendance and presentation
- Monthly presentation at Diabetes groups
- HIV management and pre/post test counselling program
- Overall consultation with community regarding HIV/STD program

Most of these programs are locally or regionally based within the different communities. We have also had a good input through Tank FM Radio which has been accepted quite well.

DENTAL HEALTH



<i>Jonine Gilmore</i>	<i>Program Coordinator Dental Therapist</i>
<i>Kristy Harrison</i>	<i>Dental Assistant</i>
<i>Susan Harris</i>	<i>Dental Therapist (on LWOP)</i>
<i>Norma Griffen</i>	<i>Dental Assistant (Maternity Leave)</i>
<i>Dr John Fitzgerald</i>	<i>Specialist Orthodontist</i>

Dental health services are provided to approximately 95% of the primary school aged children residing in the Macleay Valley. The service achieves this percentage by providing a school-based dental program enhanced by transporting children to and from the clinics. Children enrolled at differing schools throughout the Macleay Valley are transported to the base clinic at Durri for dental health treatment.

A team approach is taken where the Dental Health Worker provides necessary clinical and non-clinical support for both the Dental Therapists and visiting Orthodontic Specialist at either Durri AMS, or with the mobile dental services.

Data included in this report reflects activity during the calendar year January to December 2000.

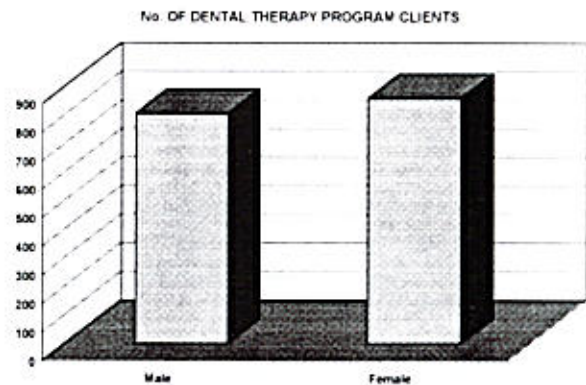
Dental Health Best Practice Project

The Dental Therapy Program (DTP)

The DTP provides dental health services to children from 0 to 18 years of age. Services are provided throughout the Macleay, Nambucca, Bowraville and Hastings areas.

Over the period of January to December 2000 the Dental Therapy Program provided dental health services to 1,659 patients.

For areas that are considered isolated, such as Bellbrook, Bowraville, Nambucca and Wauchope, the DTP will utilise the Mobile Dental Unit. The Mobile Dental Unit will either be situated at the school (pre or primary) or at the Aboriginal communities.



Locating the Mobile Dental Unit in these areas improves access to dental health services ensuring that children receive treatment required on an annual basis.

During the year 2000, the DTP currently provided dental health services to the following schools:

- Aldavilla
- Greenhill
- Bellbrook
- Kinchela
- Bellimpobini
- Nambucca Primary
- Bowraville Central
- Nguka Multipurpose Centre

Crescent Head
Daligur Pre-school
East Kempsey
South Kempsey
Frank Partridge
South West Rocks
Fredrickton
St Josephs
Gladstone
St Marys Bowraville
Wauchope Primary
West Kempsey

Orthodontic Service Provision

Orthodontic Specialist care is provided on a two day per month basis at the base dental clinic Durri AMS by a visiting Orthodontic Specialist.

Over the period of January to December 2000 the Orthodontic Specialist provided orthodontic care to 269 patients.

Orthodontic Specialist care is provided to those children who have been identified through the DTP as requiring treatment to correct crowding of the permanent teeth within the mandibular and maxillary dental arches. Treatment generally takes approximately eighteen months for each individual patient. During this time the patient is required to attend the Orthodontic Specialist clinic on a monthly basis.

It is essential that children requiring treatment meet the DTP criteria prior to the commencement of Orthodontic Specialist care. The criteria for treatment includes the following:

- Regular attendance for dental checks
- Completed all dental treatment required
- Above average oral hygiene
- Present on time for dental appointments
- Permanent dentition present

FUTURE DIRECTIONS AND CHALLENGES

New Dental Clinic

The dental service is looking forward to the move to the York Lane Facility when refurbishment has been completed. It will provide much improved facilities for treating children and adults.

Extension of the Dental Therapy Program

It is hoped that in the coming year we will be able to extend the DTP to Bowraville and Macksville communities.

Adult Dental Health

Adult dental health continues to be a major issue. Some funding has been received to facilitate new services to adults. A major challenge will be to

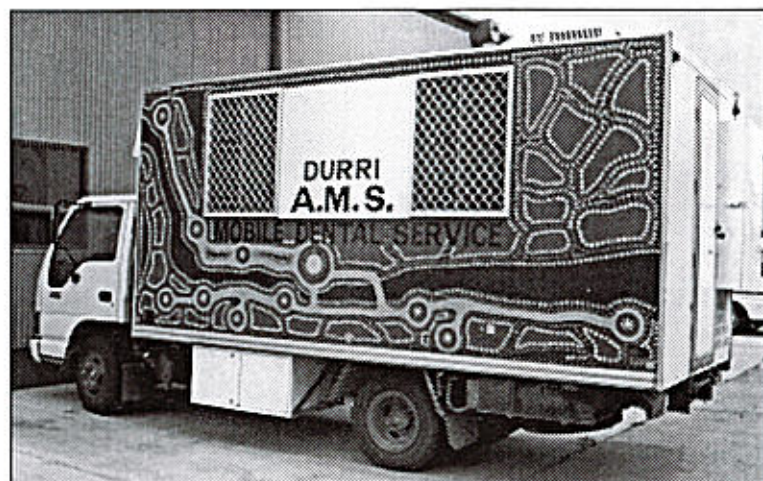
find the skilled staff to enable this service to be established.

DTP Report

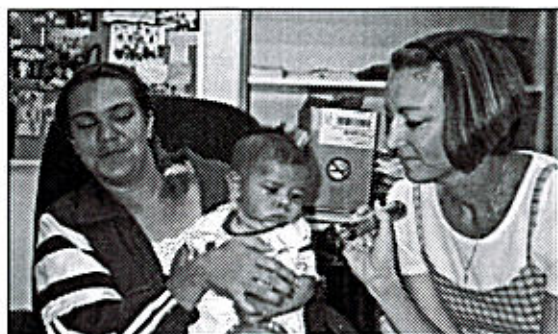
The Dental Therapy Program now has four years of data. This is due for analysis and reporting to provide a comparison with "The Dental Health Status of Aboriginal Children in the Macleay Valley 1990-1994", J. Gilmour, S. Harris 1994.

Staff Recruitment and Retention

Staff recruitment and retention is a major issue. It is difficult to find dental staff, but particularly so when funding is limited to one or two years. This makes it extremely difficult to offer any security associated with positions.



HEARING HEALTH PROGRAM



Ro-Anne Stirling	Audiometrist
Cecily Gnffen	Program Support (started June 2001)

An objective of the Hearing Program is to increase the understanding within the community that good hearing is not only desirable, but is also a reasonable expectation. There is still too much tolerance of poor hearing.

With the return of Ro-Anne from maternity leave, the Hearing Program has been able to re-establish the core activities of this essential service.

The activity indicators shown below do not include the children who present to the Durri General Clinic with Otitis Media (OM). They include only those children seen as part of the School Screening Program and the associated follow-up.

Activity Indicators	
No. of children 0-5 years screened	408
No. taken to Australian Hearing Service	42
No. taken to Ear Nose & Throat Specialist	44
No. of patients outside target group seen, assisted & referred	202

There would be a large number of children presenting with OM during the periods of time when Ro-Anne is out of the building. It would be difficult to estimate these numbers as the Clinic Health Workers are not always aware of the reason for presentation. This is a matter of discussion between the doctor and the parent of the child during consultation.

"While broad community education is important, the key focus of the hearing program is to provide a high standard of individual support and case management to ensure that individuals with identified conditions have the best possible chance of enjoying good hearing."

School Screening

The following three pre-schools have been screened twice per term:

- Gnargarjun Juliis
- Dalaigur
- South Kempsey

Additionally, all children (Aboriginal & non-Aboriginal) at Bellbrook Primary School were screened over two days. Although many were outside the usual target group, it was felt that these children warranted the attention as they do not have access to the usually available services due to their isolation.

Greenhill Public School was also screened this year to provide the new principal with a baseline of her pupils' hearing levels.

Outreach - Community Screening

Bowraville

A clinic is conducted at Bowraville each month. This clinic is open to all ages.

Clinic Presentations

Clients are referred internally by doctors and other health staff.

Home Visits

Home visits are kept to a minimum, and are conducted on a needs basis to allow follow up and case management.

Audiologist & Ear Nose & Throat Specialists

Assistance is provided to clients when referrals are made to the Australian Government Hearing Service Audiologist or ENT Specialist. The purpose being to enhance communication between the client and the specialist, and to ensure the client's needs and circumstances are well understood.

Community Education

Ro-Anne held the following Otitis Media education and awareness raising sessions:

- September 2000 – Benelong's Haven Family Rehabilitation Centre Parent Information
- October 2000 – Bellbrook School Transition Group Parent Information
- February 2001 – Kempsey South School Teacher Information

- March 2001 – In-Service Training for Durri staff
- June 2001 – Mid North Coast Otitis Media Awareness Day Public Information
- NAIDOC Week – an information stall was set up in the Mall. There is a need for a large sign or banner to read "DURRI AMS" for use at these events. There was over 200 people in the Mall on the day, the highlight being a Junior Fashion Parade organised by Dalaigur Pre-School.

Partnerships & Networking

- Department of Education – Itinerant School teacher for conductive hearing loss.
- GP's (referrals to ENT Specialist)
- Audiologist
- Speech Therapist (Community Health)

FUTURE DIRECTIONS & CHALLENGES

Continuity of Service Delivery

Additional recruitment and training of support workers needs to be implemented to ensure continuity of service delivery.

There is an identified deficit in the delivery of the Durri Hearing Program which is supported by the statistics for the 13 month period when Ro-Anne was on maternity leave. There is no other staff member trained to manage the Hearing Program in her absence and there was no full time relief worker allocated to the Hearing Program for this period.

The two other staff members who completed the Australian Hearing Services training no longer work at Durri.

Program Support

Cecily Griffen started work with this, and the Eye Health program, as a Program Support Worker in July 2001. She is currently undertaking Health Worker training and will be an asset to the program as her skills develop.

Speech Therapy Clinic

We are hoping to conduct a Speech Therapy Clinic at Durri to compliment the hearing program. This is currently being negotiated with the Mid North Coast Area Health Service.

DJULI GALBAN PROGRAM

"The Djuli Galban program provides services for 150-200 clients per month. These include:

- *antenatal*
- *postnatal*
- *early childhood*
- *40-60 childhood immunisations per month"*

"This program is a clear investment in the future of our community."



<i>Clinical Nurse Consultant, Midwife</i>	<i>Karen Beattie</i>
<i>Aboriginal Maternal Health Worker</i>	<i>Delya Smith</i>
<i>Families First Aboriginal Family Health Worker</i>	<i>Annette Dickson (Apr-May 2001)</i>
<i>Families First Aboriginal Family Health/Support Worker</i>	<i>Alison Morris (from July 2001)</i>

Djuli Galban is a program for Aboriginal women and children, focusing on the health needs of the family during pregnancy and the infant period. It was initially developed at Durri in 1992 and is funded by the NSW Alternative Birthing Services Program.

The service is aimed at enhancing the well-being of Aboriginal women and children, decreasing morbidity rates and providing culturally sensitive support, education and clinical services.

The program services the Aboriginal population of the Macleay Valley, including Kempsey, Burnt Bridge, Bellbrook, Miriwinni Gardens, Crescent Head, South West Rocks, Hat Head, Benalongs Haven, Stuarts Point and Eungai Rail.

Antenatal Care

Djuli Galban's main role is the provision of antenatal care. This includes:

- weekly antenatal clinics on Thursday mornings
- identifying high risk pregnant women and ensuring they receive appropriate screening and care
- assisting with transport to ensure attendance at the antenatal clinic and specialist appointments

Djuli Galban staff work closely with GP's and other health workers to ensure the best outcomes for clients. Outreach antenatal services are also provided to high risk women, and home antenatal care provided to those women who at times cannot attend antenatal clinics.

Since its inception, the usage of the service has dramatically increased, with more women presenting early for antenatal care and attending more frequently, enabling the early detection and management of problems.

Postnatal Care

Djuli Galban maintains strong links with the maternity unit at Kempsey District Hospital (KDH) and the Special Care Nursery at Port Macquarie Base Hospital. Postnatal care is offered to all Aboriginal women who deliver at KDH, and those who deliver elsewhere and return to the Macleay Valley. This service is also offered to non-Aboriginal women with Aboriginal partners.

The service includes:

- Home Visits
 - These are provided weekly or more often as needed. They usually continue for 8 weeks but may be longer if needed.
- Monitoring the growth and development and general wellbeing of the baby.
- Breastfeeding Support.
- Mother Crafting Skills.
- General support for mother.

Approximately 98% of the Aboriginal women utilised the service. Almost all Aboriginal women who deliver at KDH nominated to be followed up by Djuli Galban.

Immunisation Services

Childhood Immunisations

The full range of childhood immunisation services are available every Wednesday morning between 9.00am and 12 noon. Djuli Galban administers 99% of all immunisation services provided through Durri, immunising 40-60 children per month.

Immunisation coverage of the community is facilitated by a computerised recall database. This is enhanced by the hand delivery immunisation reminders, and the provision of transport services.

Adult Immunisations

We also provide adult immunisation services including co-ordinating the Aboriginal Flu Pneumonia Immunisation Campaign, and providing outreach immunisation clinics between Nambucca and Port Macquarie.

Child Health Services

As most Aboriginal women do not access mainstream Early Childhood Nursing services, there has been an increased need for the Djuli Galban team to facilitate and provide child health services. This is an extension of the postnatal care service, and is provided in response to individual needs.

We have identified an increased need for more frequent and longer term home visiting and follow-up of some women and their infants. The circumstances where this is required include:

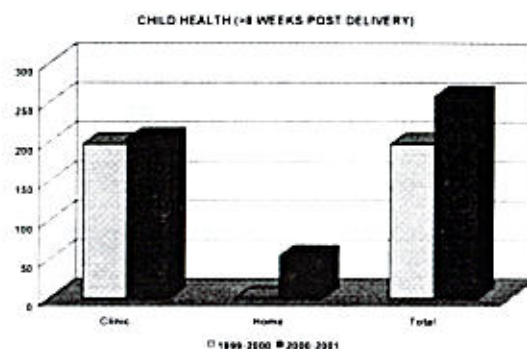
- the ongoing needs of a premature infant
- an "at risk" infant due to social/environmental factors and child protection issues, and
- an identified need for extra support in parenting due, for example, to postnatal depression or social isolation

The provision of a regular weekly immunisation clinic has been found to be the ideal opportunity to check child growth and development, discuss health and parenting issues, and provide a venue for parents/carers to ask questions and address concerns.

The increased awareness of the need for longer term follow-up support services is reflected in the

development of the Aboriginal Family Health Worker and Aboriginal Family Support Worker positions.

Following successful negotiation and submissions, three new positions have been obtained, and come under the umbrella of the Djuli Galban Program.



Aboriginal Family Health Worker

This position is funded for 1 day per week by NSW Government Families First Initiative, for 12 months. The aim being to promote the health and well-being of Aboriginal children and their families within the Macleay Valley, by enhancing and supporting existing Djuli Galban services.

Activities include:

- liaison with and assisting families to ensure the immunisation of infants and children.
- assisting to identify those children/families not accessing child health, screen and early intervention services.
- encouraging families to access services.
- provision of clinic and home-based health education and support to families with infants and small children (0-5 years).
- developing networks of people and services for Aboriginal families that will assist them to access child health services.
- assisting with transport to appointments/services.

Aboriginal Family Support Worker (Kempsey)

This position is funded 4 days per week by Families First and has been filled by Alison Morris, commencing in July 2001.

Aboriginal Family Support Worker (Bellbrook/ Upper Macleay)

This position is funded 2/3 days per week by Families First and is yet to be filled.

The aim of these positions is to provide support services for the Aboriginal communities of the Upper Macleay/Bellbrook region. The workers will provide support, regarding the needs of parents and carers, including: consultation and discussion with the community; work with existing services;

and the provision of "hands on" support to parents/carers (including pregnant mothers).

A key component of these positions will be to find ways to include pregnant women and young parents who do not currently access available services.

Issues addressed may range from mothercraft, parenting skills, hygiene, nutrition and early childhood development, and return to education for parents.

FUTURE DIRECTIONS & CHALLENGES

Djuli Galban has grown with the needs of the community, with more and more Aboriginal women and their children accessing the services. The Program provides continuity of care where women are able to see and develop a relationship with the midwife and Aboriginal Health Worker, both antenatally and postnatally.

An investment in this Program is an investment in the future of the community.

Establishing New Elements of the Program

The new positions discussed above are complementary to the existing Djuli Galban services. However, they will take time to evolve to their full potential. As with most new services, the worker needs to build up a relationship with the community.

Transport

The availability of transport for these positions is crucial in the provision of services, which are most often home-based. At present each worker has to negotiate for the availability of a vehicle, which is often difficult.

MENTAL HEALTH



Wayne Smith	Aboriginal Mental Health Worker
Diana Bradshaw-Davis	EN Started June 2001
Elizabeth Miller	Left September 2000
Lance Moran	Casual Relief Aboriginal Mental Health Worker

The goals of the Mental Health Program are:

- To promote emotional and social wellbeing among the Aboriginal population of the Macleay Valley.
- To ensure the community is better informed about Mental Health issues so that they are able to maintain their own mental health and support Aboriginal people with a mental illness.

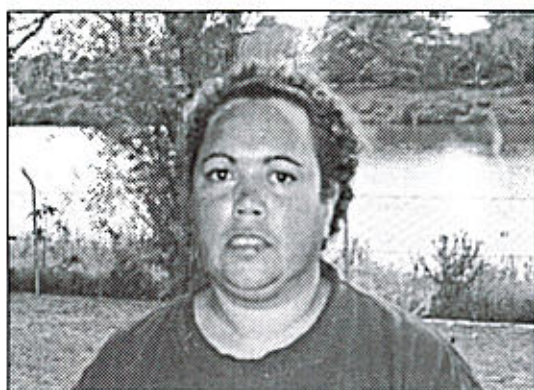
For most of the year Wayne Smith was the sole staff member of the Mental Health Program. Consequently, this report is a reflection of his activities only.

Case Management

Throughout the year Wayne, in conjunction with the Aboriginal Mental Health Worker from Community Health (Dana Clarke) have case managed eight long term clients. This included:

Home Visits

This is an important function that Wayne has been required to do several times daily. It is not only for long term clients, but other individuals affected by mental health issues, family matters, violence, and family members or carers of long term clients with concerns. During these visits Wayne monitors the clients' condition, informally assesses their needs,



assists clients and family to manage their condition and responds to their individual issues.

Supervising of Medication

Due to incapacity or non-compliance with taking medication, it is necessary to monitor clients, and assist some with their medication.

Assisting with Visits to a Psychiatrist

This involves transporting clients to the psychiatrist, and discussions with the psychiatrist about clients concerns and daily activities.

We have an important liaison role in ensuring the client's needs and issues are understood, and that the client understands the recommendations of the Psychiatrist. This requires cultural sensitivity and respect for the individual.

Transportation of Scheduled Clients

Unfortunately individuals who are a danger to themselves, or to others, and refuse treatment have to be transported to gazetted units. For our clients this means being transported to Newcastle or Coffs Harbour for rehabilitation.

Liaison with Probation & Parole

The nature of some mental health clients means involvement with the judicial system and court ordered treatment. *"The clients involved feel much more comfortable having myself involved in the interview. It is also an opportunity to explain my involvement with the client and his ongoing medication regime and living skills involvement."* (Wayne Smith).

Living Skills

This program assists with the rehabilitation of long term clients living with a diagnosed illness.

Living Skills Program is a highlight of the week for most of the participants and includes activities such as outings, sporting events, BBQ's, fishing excursions and education programs.

Living Skills is conducted in partnership with Community Health living skills group. Wayne and a rehabilitation nurse (male) hold guitar group lessons at the Community Health living skills house, where they teach a group of highly motivated young adults (17-35) to play the guitar. They have each saved to purchase their own instrument and have slowly but surely learnt to play, with several of the participants mastering at a much faster pace than the rest of the group. They show great pleasure in teaching the other members new songs. *"I find this a most enjoyable group of young people that have learnt something as enjoyable as the guitar to express their inner feelings."* (Wayne Smith)

Grand Final Excursion

Wayne, the transport officer and three clients made the 500km trip down to Sydney for the NRL grand final, an overnight excursion. We stayed in an inner city motel and the next day travelled to the stadium for the grand final. A first time experience for all. The enjoyment on the men's faces – these men never leave Kempsey.

Cricket Camp

Both, Community Health and Durri living skills group, combined to form a cricket team. Our team are the State champions and we had to defend and put together a three day camp to hold the event. The venue was the coastal town of Stuarts Point. The teams involved: 2 teams from Sydney (St George) and Bowral, one from Newcastle and of course the Kempsey side. Unfortunately we were unable to keep the trophy. The St George side from Sydney were victorious. The camp was a success with St George to host the next as defending champions.

Tele-Medicine

Our Tele-medicine facility is used for regular client assessments by Professor Marie Bashir. Additionally, it is used to conduct educational programs for Durri staff, and by Community Health – Mental Health, Child & Family Services and DoCS.

Community Treatment Orders

Wayne currently co-case manages two clients that are on community treatment orders with community health staff. These are the result of the clients being non-compliant with medication and having been held involuntarily in rehabilitation centres.

Clients are discharged into the community on legal undertakings. It is our responsibility to ensure that these clients are compliant with the orders and to take every step to ensure that the clients are made aware of the rights and responsibilities.

Birth to Death Workshops

Wayne and Lance Moran organised a 2 day workshop which was based on mental health issues in the community. The aim being to better utilise the services available in our community.

Guest lecturers from DoCS, Community Health, Women Against Violence Group, Council youth workers, and Professor Marie Bashir gave a summary on mental health issues – Depression in Aboriginal people often diagnosed with chronic schizophrenia instead of depressive disorders. Other discussions were facilitated on deaths in custody, women's refuge, and aged care hostel workers.

From all feedback we received, the workshop was a success.

School Workshops

Three initiatives have been conducted in the two local high schools. These were Resources for Adolescent Programs (RAP), Healing Time, a drugs in schools program and Reach Out.

RAP

RAP is a program that focuses on the self-esteem of young children. It is conducted over five 40 minute sessions. This year it was held at both Kempsey and Melville High Schools.

Healing Time

Healing Time is a drugs in schools program. This was also conducted at Kempsey and Melville High Schools.

Reach Out

Reach Out is a website project being developed in conjunction with Community Health, the Council and other local agencies. It will be targeting youth with the aim of increasing their awareness of services and providing them with a locally relevant website. It will also include the development of a CD ROM profiling youth services for youth.

Partnership and Networking

- Liaise with other community based professionals, such as:
 - Department of Community Services
 - Department of Housing Commission
 - Community Health
 - Community Housing
 - Salvation Army
 - Hospitals
 - Juvenile Detention Centres

- Prisons
- Probation and Parole
- Centrelink
- Rehabilitation Centres
- Courts
- Psychiatrists
- Doctors
- Pharmacists
- Real Estate Agencies
- Caravan Parks
- Other Mental Health Professionals
- Other Aboriginal Service Providers

Committee Membership

- Group Respite Home (Port Macquarie)
- Mid North Coast Area Mental Health
- Mid North Coast Area Aboriginal Mental Health Workers

FUTURE DIRECTIONS & CHALLENGES

New Worker

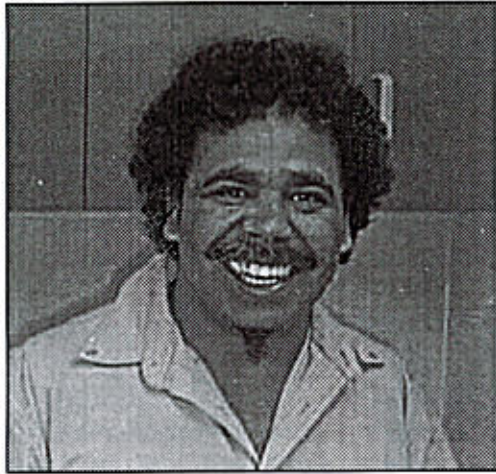
The appointment of Diana Bradshaw-Davis increased our capacity to support a wider range of clients and services.

Diana sees her role as providing support for women and families by working in conjunction with other program such as Goorie Galban and Families First. She believes the role will develop by working closely with groups and individual women to help them address concerns that they identify.

Kempsey Hospital Mental Health Wards

It is essential that the Mental Health Ward re-opens and continues to provide a service to the people of Kempsey. The closing of the ward would have major implications for Durri. It will significantly increase demand on our community based care as people are reluctant to move away from their family and community to receive care.

YOUTH PROGRAM



Jack Griffen

Youth Worker

The Youth Program aims to encourage the active involvement of Aboriginal youth of the Macleay in positive activities. To date the service has been provided through one male Youth Worker – Jack Griffen. Consequently, it has been primarily focussed on supporting males. The community desperately needs a female Youth Worker.

The target group are “at risk” youth. However, priority is given to supporting those who demonstrate a commitment and enthusiasm to be involved.

Sports Program

This year has seen a further consolidation of the sporting program as follows:

State and Regional Representation

Support has been provided to individuals involved in state or regional events. This has included assistance with things such as registration fees or transport.

During the year assistance was provided to 150 youth including:

- 2 cross country representatives
- 2 representatives in the Australian Koori Women’s Rugby League Team
- 5 representatives in the NSW Koori U11 Rugby League team
- 1 North Coast Track & Field athlete

Travel

The program has access to an 11 seater bus. Where appropriate competitors may also be provided with petrol vouchers to assist them to get to events.

School Activities

The Youth program has worked in conjunction with schools, other organisations, Mental Health, and the Alcohol and other Drugs programs to deliver a number of school based programs as follows:

RAP

This program has been specially adapted for Koori kids. It aims to give them coping skills for issues they may face during this stage of their lives.

Healing Time

During this program kids are taught to say no to drugs. It is based on a comic book story. The program was conducted at Melville and Kempsey high schools.

Strengthening Our Connection

Strengthening Our Connection is about culture, tradition and reconnecting to the land and animals. Finding our place within this land and discovering our country. Resurrecting indigenous beliefs, identifying sacred sites, making and recording tribal boundaries.

Weekend Warriors

Weekend Warrior’s are Koori youth and friends wishing to reconnect with traditional cultural values and learn bush survival skills.

Future Directions and Challenges

The community is in desperate need for a female youth worker. Durri has a responsibility to continue to work with other organisations such as the PCYC to advocate for this service.

Kempsey Aboriginal Community Website Project



<i>Shannon Taylor</i>	<i>Project Manager (Inspire Foundation)</i>
<i>Meredith Izon</i>	<i>Senior Project Officer (Inspire Foundation)</i>
<i>(to be recruited)</i>	<i>Traineeship</i>

The *Kempsey Aboriginal Community Website Project* is the pilot of a proposed statewide initiative to promote the emotional and social well-being of young Indigenous people.

The project will:

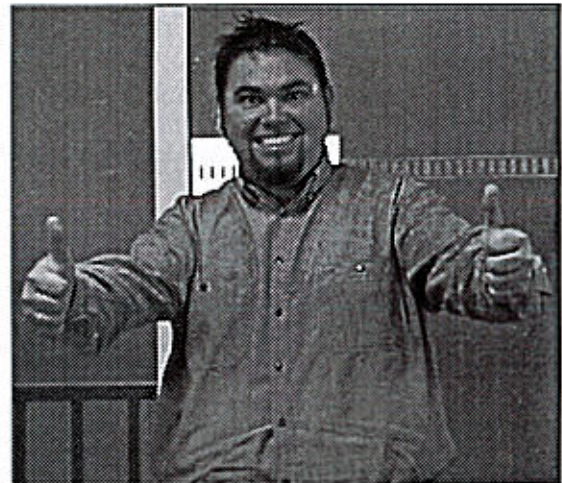
- create greater access to the Internet and Information Technology in locations identified by the target group;
- provide training in the use of IT to young Indigenous people;
- involve Indigenous young people in the research and design of culturally relevant content for a local youth oriented website.

Durri has worked with the Inspire Foundation to develop this initiative along with the Djigay Centre for Excellence in Aboriginal Education and the North Coast Institute of TAFE. This was in response to community demand following Inspire's visit to the town in June 1999 as part of the successful NSW Reach Out! Rural and Regional Tour! (The Big RORRT!) promoting Inspire's www.reachout.com.au website designed to help young people get through tough times.

Throughout the project, young Indigenous people will work with a range of service providers, Elders, community members, and resources, to develop a website that is meaningful and expressive of their

identity and needs. While at the same time, they will develop computer and Internet literacy in a culturally appropriate and youth friendly environment.

Designed as a model that can later be adapted in other Indigenous community settings in NSW and potentially nationally, the website will enable facilitation of information sharing and community networking between communities in NSW around health and social issues, particularly relating to young Indigenous people. The web provides a powerful tool for health communication as the Reach Out! site (www.reachout.com.au) has demonstrated. The Internet not only offers an interactive and dynamic way of engaging young people in mental health promotion and prevention, but the technology itself creates opportunities for



collecting qualitative and quantitative data for service/program evaluation. The promotion of emotional and social well-being is a necessary basis to complement endeavours for education and employment opportunities for young Indigenous people in the new information economy.

The project has received support from a range of government agencies including the Commonwealth Departments of Family & Community Services and Education Training & Youth Affairs (DETYA); NSW Health – Aboriginal Health Branch; the NSW Department of Information Technology & Management; and the Many Rivers ATSIC Regional Council. The project commenced in October 2001 and plans are for the website to be launched mid-2002.

PARTNERSHIP ASSISTING OTHER COMMUNITIES & PROGRAMS

*"Strengthening Service to Communities
throughout the Region"*

REGIONAL EYE HEALTH PROGRAM

<i>Robyn Scott-Blunden</i>	<i>Program Coordinator</i>
<i>Cecily Gniffen</i>	<i>Program Support Worker</i>

The focus of the Regional Eye health Program for the first year and a half was kept to the local areas served by the Aboriginal Medical Services. However, with the new year, there was agreement to move into a wider sphere to include the Area Health Service staff, such as the Aboriginal Health Education Officers and other agencies with interests in Aboriginal Health. There was also agreement to shift the focus from mobile optometric services towards local optometrists providing regular services to the Aboriginal Medical Services. This has been, and will continue to be a lengthy process.

The process also requires the assistance and the reputation of the International Centre for Eyecare Education (ICEE). This organisation is recognised throughout New South Wales as a leader in eye care health and education. ICEE has links with optometrists throughout New South Wales, and they seem to be keen to be involved.

Equipment Purchase

The Regional Eye Health Program has been able to purchase eye charts and trial lens cases and frames for four services out of its program funds. The delivery of the equipment is expected by late October 2001.

Optometrist Visits

Twelve community visits were scheduled and completed. These included Armidale, Kempsey, Bowraville, Forster, Baryulgil, Uralla, Tingha and Grafton.

More than 400 people had their vision tested, and more than half required eye glasses.



Royal Institute for Deaf & Blind Children

Kempsey was fortunate to receive the services of the Royal Institute for Deaf and Blind Children in November 2000.

Approximately 90 children were tested for vision and hearing problems.

Similar visits were planned for Armidale and Grafton but unfortunately had to be cancelled to allow the organisation to complete it's structural review.

Training

A week long training session was held in Sydney in November 2000, sponsored by the International Centre for Eyecare Education. This included an overview of the Prince of Wales Eye Health Program, maintenance and repair of eyeglasses, and recognition of different eye diseases and problems.

In June 2001, the Coordinator also attended a two day training session focusing on diabetes and complications. This was coordinated through Dr Steven Coliguri.

The Coordinator also attended the Health Conference sponsored through the Aboriginal Health and Medical Research Council of New South Wales. The conference was held in Penrith and included sessions specifically addressing eye health and eye care.

Networking

Contact has been maintained with the different Aboriginal Medical Services, either through visits, phone calls or meetings. The Coordinator also

attended a Mid North Coast Aboriginal Health Partnership meeting and the NSW Aboriginal health Forum held in Grafton in May 2001.

Future Directions & Challenges

Program Evaluation

The Regional Eye Health Program is due to be evaluated next year. One of the key issues that needs to be considered is the vast area to be covered. The Program currently includes 5 Aboriginal Medical Services, with a possible addition of two next year, and at least 5 Health Outposts. It is virtually impossible for one person to organise appointments for people from Tweed Heads, Newcastle and Tamworth, and make sure they actually attend the appointment.

Our focus has been to support Aboriginal Medical Services and Health Outposts with enough information and resources to enable them to set up internal systems for appointments and referrals. The Regional Eye Health Coordinator should be a support person rather than a front line worker.

Eye Health & Diabetes

It is important that the funding body, employers and the community understand that Eye Health Educators are not substitute Diabetes Educators, or experts in end stage renal failure or other diabetes complications.

The Eye Health Program compliments diabetes programs, but it cannot be expected to fill gaps in Diabetes services.

Limited Travel Budget

The existing travel budget severely restricts the capacity to fully cover the existing geographical region of the program.

PARTNERSHIP

ASSISTING OTHER COMMUNITIES & PROGRAMS

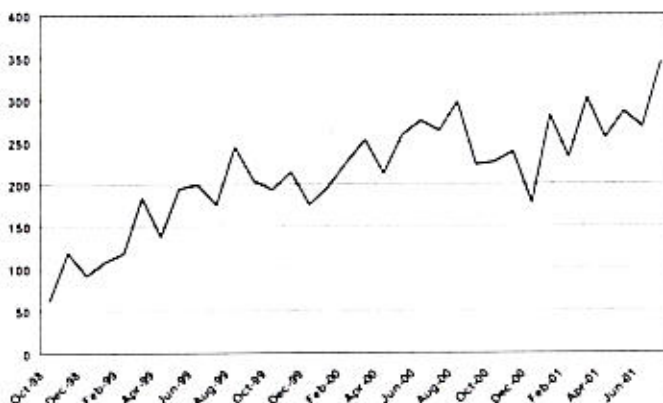
GALAMBILA

Durri continues to work in partnership with Yarrowarra Aboriginal Corporation, Mid North Coast Area Health Service, Mid North Coast Division of General Practice, Office of Aboriginal and Torres Strait Islander Health (OATSIIH), and the NSW Department of Health, to develop Galambila.

Our role is to auspice the service and assist in its development until it is able to function as a fully independent agency. As such, we provide an administrative and financial management framework, are a member of the Management Committee and, through our extensive experience, provide advice on service development.

Through a cooperative partnership, that has actively involved the local Aboriginal community, Galambila has become a major provider of health care to the community. The number of patients continues to grow, and there is no doubt it will have a major role in improving health and restoring physical, social and cultural well-being in the Aboriginal communities of the Coffs Harbour area.

Growth in Patient Consultations October 98 to July 2001



History

Galambila was opened in October 1998. It came about as a result of a community consultation process where the Aboriginal community expressed a need for their own health service. People were not accessing mainstream services at an appropriate level and there was a need to develop a more culturally appropriate agency to compliment mainstream services.

The clinic was established through seeding funding from the State and Commonwealth Governments. A venue was provide through the Mid North Coast Area Health Service at the Coffs Harbour Primary Health Care Centre. GPs were, and still are, provided through the Mid North Coast Division of General Practice.

Durri offered to auspice the service until it was able to operate independently. Steve Blunden currently sits on the Management Committee, and we provide an administrative and financial framework. Ros Roach currently allocates 2 days a week to facilitate the financial management.

Other staff support were provided by the Aboriginal Health and Community Health staff (Mid North Coast Area Health Service), and CDEP Trainees from Yarrowarra.

Current Service Operation

Galambila continues to operate out of Coffs Harbour Primary Health Centre. With the development of the new hospital and the relocation of Community Health, the building will be purchased on behalf of Galambila through a grant from the Commonwealth Government.

Doctors clinics currently operate 4 half days per week.

The Aboriginal health staff, clinic medical staff, and CDEP trainees from Yarrowarra work together to combat the Health issues that face the Aboriginal people of the Coffs Harbour catchment area. Other health professionals also participate in specialist clinics such as diabetes and infectious diseases.

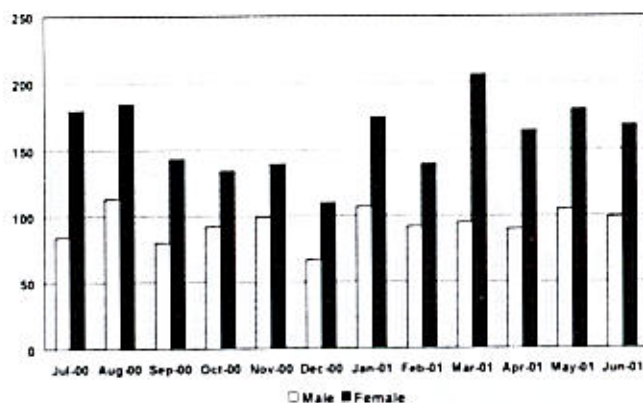
Health staff from other sectors are encouraged to attend Galambila to informally meet community members. So when a referral takes place, the client has already had contact and will feel more at ease.

Services provided through Galambila include:

- Transport services
- General Practice medical service
- Community Nursing services
- Parent education services
- Early childhood and immunisation service (provided by nurse)
- Health Assessments utilising EPC items

Service Utilisation

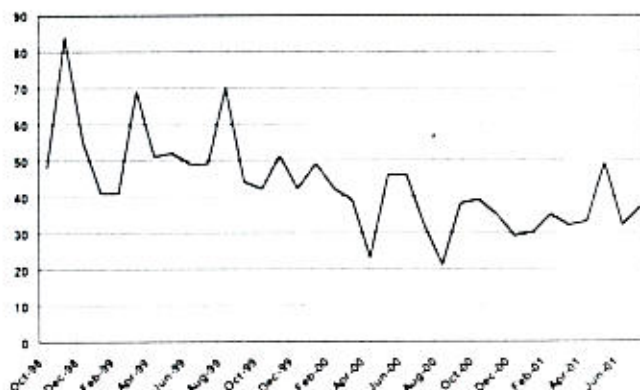
Galambila currently has some 1,500 patients, sees 300 people per month on average, and this number continues to increase.



New Patients per Month

Over the last 12 months Galambila continued to attract an average in excess of 33 new patients per month.

New Patients per month
October 90 to July 2001



****Stop Press****

New Executive Officer

Mr Steve Woods has been appointed as the new Executive Officer for Galambila. Steve brings with him a wealth of experience having formerly been the CEO of Bulgarr Ngaru AMS in Grafton, and a Special Projects Officer with the Commonwealth Department of Health & Aged Care.

FUTURE DIRECTIONS & CHALLENGES

Accommodation

With the move of the hospital and Community Health, there is an exciting opportunity for Galambila to establish a permanent base in the Primary Health Care Centre. This would provide excellent opportunities for growth in service development.

OATSIH have approved capital funding to enable the purchase of the building in December 2001.

Meeting Ongoing Demand

As community support for the Galambila continues to grow, so to does demand for services. The challenge will be to secure the necessary resources and staff to meet this growing demand.

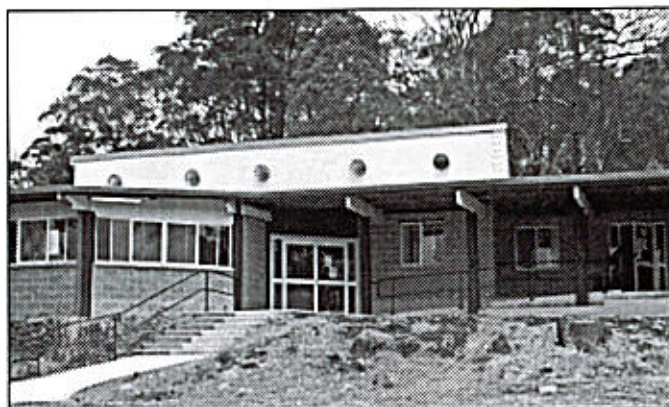
New Services

Funding has already been approved for the following services:

- Additional maternal and child health positions (1 Midwife, 0.3 Parent Support Worker)
- OATSIH have provided recurrent funding for the clinic which will include:
 - Full-time GP service
 - Additional Community Nurse
 - AHEO position
 - Administration support
 - Transport Officer position
 - Goods and Services recurrent funding

PARTNERSHIP ASSISTING OTHER COMMUNITIES & PROGRAMS

BOWRAVILLE



<i>Jaqui Jarrel</i>	<i>Snr Aboriginal Health Worker (On leave from July 2001)</i>
<i>Bronwyn Leon</i>	<i>Snr Aboriginal Health Worker (From September 2001)</i>
<i>Roslyn Darcy</i>	<i>Trainee Aboriginal Health Worker (full time) (2 days CDEP)</i>
<i>Mary-Anne Millgate</i>	<i>Reception 2 days / week (CDEP)</i>
<i>Michael Darcy</i>	<i>Cleaner 16 hrs / week (CDEP)</i>

Durri has continued to provide support to the Bowraville, Nambucca and Macksville communities through the ongoing auspicing of the Bowraville Clinic.

Current Activities

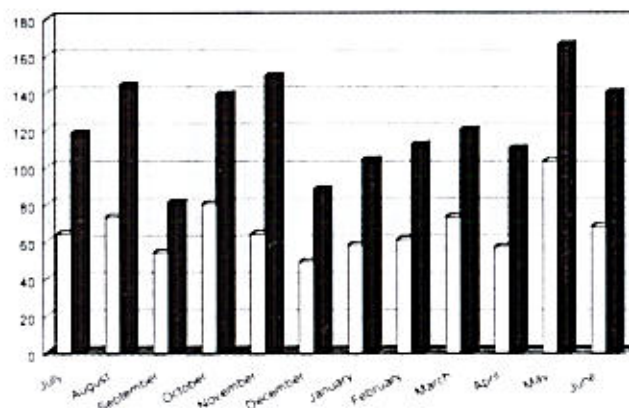
Doctors Clinics

Doctors Clinics currently operate with the support of a number of doctors

Monday 10.30am – 5.00pm	Dr Danny Ryan
Wednesday am:	Dr Denny Howard & Dr Toni North alternate Wednesdays
Thursday 10.30am – 3.30pm	Dr Samara

A total of 2,275 patient consultations were recorded for 2001 / 2001. 64.5% of these were female.

Number of Patient Consultations 2000 / 2001



Other Clinics

Other Clinics include:

- ❖ Diabetes Clinic - each month
- ❖ Hearing Clinics - each month
- ❖ Eye Health - every 6 months
- ❖ Psychologist - weekly if required

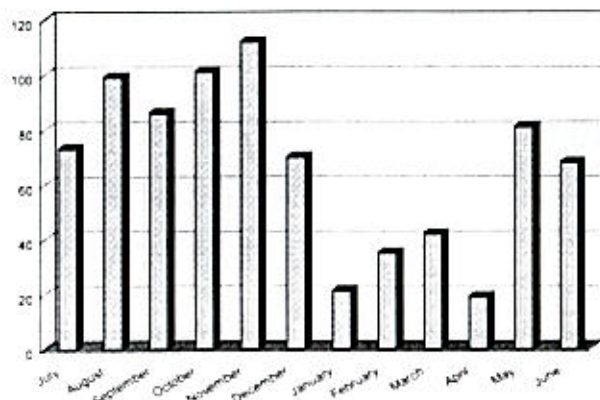
Families First also base their program within the health clinic.

Additionally, health promotion activities include:

- ❖ Water Aerobics
- ❖ Line Dancing
- ❖ Fruit & Veg Purchasing

Transport

Number of Patient Transportations 2000 / 2001



Transport is currently provided to and from clinics, and to specialist services elsewhere with the assistance of Tracey Cohen from the Mid North Coast Area Health Service.

A total of 807 transportations were provided during 2001 / 2001.



Future Direction & Challenges

Service Review

If we are serious about addressing the needs of the community, a more planned approach needs to be adopted for service development. Funding needs to be identified to support a service Review and strategic planning process. This will include a review of current programs and activities, a determination of community needs, and the development of priorities and action plans.

It is planned that this Service review will begin with a planning day involving staff, the community and representatives of other key agencies in the provision of health care.

Recruitment & Training

For the service to develop in Bowraville it is essential that staff have the skills necessary to carry out the functions expected of them by the community. Training programs need to be implemented which specifically address identified gaps in skills.

Adult Dental

We currently lease a small bus to transport people to and from clinics. This includes transporting adults to Armidale for dental health. It would clearly be more appropriate for these services to be provided locally.

PARTNERSHIP
ASSISTING OTHER COMMUNITIES & PROGRAMS

GOORIE GALBAN

<i>Madeline Donovan</i>	Coordinator
-------------------------	-------------

Durri has auspiced Goorie Galban for a number of years to enable it to get established within the community. It is pleasing that this year Goorie Galban believes it has reached a level where it can become a fully independent agency.

Goorie Galban provides support to Aboriginal women and families who may have domestic, housing, financial or legal problems. Their goal is

to strengthen family life, create a loving environment for children and build a safe and healthy community in which they can grow.

Goorie Galban provides counselling, direct support and referral services. They work closely with other relevant agencies to ensure access to the best possible support structures for women in need.

"Durri is pleased to have provided assistance to Goorie Galban and wishes it the best for the future."

FINANCE

<i>Ros Roach</i>	<i>Finance Officer</i>
<i>Isobel Bradshaw</i>	<i>Assistant Finance Officer</i>
<i>Debbie Bradshaw</i>	<i>Bookkeeper</i>
<i>Walter Miller</i>	<i>P T Accountant (Started August 2001)</i>

The financial position of Durri reflects the overall growth of the past 12 months. The budget has more than doubled in size as a result of an increase in the number of programs, the development of the York Lane facility, and the expansions of Galambila.

Additionally, the demands on the Finance section have increased as a result of the introduction of the GST and changes in legislation.

It is great that we have been able to recruit an addition part time accountant, Walter Miller, to assist in future years. WE welcome Walter to the team.

The Unit has been able to respond to these increased demands and it is pleasing to note that we



have been able to continue with our good record of lodging all financial reports on time.

Brief staff meetings continue to be held each morning, and comprehensive training is offered through in-service programs and by supporting staff through external education programs.

During this year Ros completed her Bachelor of Business Degree, and obtained accreditation as a "return to work coordinator". Isobel and Debbie have both enrolled in an Associate Diploma in Accounting, and are assisted by Ros who tutors them 2 nights per week.

Future Directions & Challenges

On-line Payments

A move to on-line payments of salaries and wages would save a substantial amount of work for the accounts section. This is standard practice for most agencies the size of Durri and needs to be seriously considered.

Computerisation of Medicare

Computerisation of Medicare would substantially hasten the processing of bulk billing with the Health Insurance Commission, and reduce the opportunity for missing payments for individual patients.

Future Changes in Legislation

Changes in legislation have a potentially major impact on the Finance section. We remain sensitive to these but must recognise the resource implications.

Auspicing Other Agencies

Galambila has grown substantially over the past three years which again has major resource implications for Durri. Currently Ros commits 2 days each week to finance work associated with Galambila.

Durri Aboriginal Corporation Medical Service



**Financial Report
For the Year Ended 30 June 2001**

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2001

CONTENTS

GOVERNING COMMITTEES' REPORT	PAGE 1
GOVERNING COMMITTEES' DECLARATION	PAGE 3
EXAMINER'S REPORT	PAGE 4
INDEPENDENT AUDIT REPORT	PAGE 5
STATEMENT OF FINANCIAL PERFORMANCE	PAGE 6
STATEMENT OF FINANCIAL POSITION	PAGE 7
STATEMENT OF CASHFLOWS	PAGE 8
INCOME AND EXPENDITURE STATEMENT	PAGE 9
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS	PAGE 11

GOVERNING COMMITTEES' REPORT

Your Committee Members present their report on the Corporation for the financial year ended 30 June 2001.

COMMITTEE MEMBERS

The names of Committee Members in office at any time during or since the end of the year are:

Jim Stirling	Shirley Kelly
Jeanine Sines	Raymond Clay
Tom Sines	Rodney Cowan
Mary-Lou Buck	Alan Smith
Brian Bradshaw	Karen Rhodes
Tony Gray	Janet Smith (Appointed 27/11/2000)

Committee Members have been in office since the start of the financial year to the date of this report unless otherwise stated.

PRINCIPAL ACTIVITY

The principal activity of the Corporation during the financial year was the conduct of a Medical Centre.

No significant change in the nature of this principal activity occurred during the financial year.

OPERATING RESULTS

The profit of the Corporation for the financial year amounted to \$1,737,023. The operating result represented an increase of \$1,941,247 when compared to the loss of \$204,224 for the previous financial year.

DIVIDENDS

There has been no dividend paid or recommended to be paid during the financial year.

REVIEW OF OPERATIONS

Total income received during the year amounted to \$5,103,799 (2000: \$2,608,384). Total expenses paid during the year amounted to \$3,366,776 (2000: \$2,812,608).

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

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

AFTER BALANCE DATE EVENTS

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation in future financial years.

FUTURE DEVELOPMENTS

The Committee Members are not aware of any likely developments that will materially affect the results of the Corporation's operations in future financial years.

INDEMNIFYING OFFICERS OR AUDITOR

During the financial year the Corporation held a Directors and Officers Insurance Policy. The policy has an exclusion clause which precludes any further disclosure.

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an auditor of the Corporation.

COMMITTEE MEMBERS' EMOLUMENTS

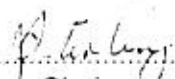
Since the end of the previous financial year, no Committee Member has been paid or become entitled to be paid a benefit (other than a benefit included in the aggregate amount of emoluments paid or due and payable to the Committee Members shown in the Financial Statements, or the fixed salary of a full time employee of the Corporation) by reason of a contract made by the Corporation or a Related Corporation, with a Committee Member or with a firm of which a Committee Member is a member, or with a Corporation in which a Committee Member has a substantial financial interest.

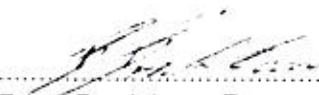
PROCEEDINGS ON BEHALF OF CORPORATION

No person has applied for leave of Court to bring proceedings on behalf of the Corporation or intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings.

The Corporation was not a party to any such proceedings during the year.

Signed in accordance with a resolution of the Members of the Committee:


.....
Jim Stirling, Chairperson


.....
Brian Bradshaw, Deputy Chairperson

Dated this 2nd day of October 2001

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

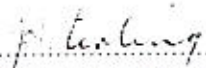
A.B.N. 52 730 046 875

GOVERNING COMMITTEE DECLARATION

The Committee Members' of the Corporation declare that:

1. the financial statements, comprising the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and notes to and forming part of the financial statements:
 - a) have been made out in accordance with the Aboriginal Councils and Associations Act 1976, and the Rules of the Corporation;
 - b) comply with Accounting Standards; and
 - c) give a true and fair view of the financial position as at 30 June 2001 and performance for the year ended on that date of the Corporation;
2. in the Committee members' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Members of the Committee and is signed for and on behalf of the Committee Members by:


.....
Jim Stirling, Chairperson


.....
Brian Bradshaw, Deputy Chairperson

Dated: 2nd day of October 2001



NORTHCORP
ACCOUNTANTS

EXAMINER'S REPORT

TO THE REGISTRAR OF ABORIGINAL CORPORATIONS PURSUANT TO SECTION 59(3) OF THE ABORIGINAL COUNCILS AND ASSOCIATIONS ACT, 1976 DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

PARTNERS

MURRAY SALLAWAY CA
MARK HATHERLY B.Com FCA
WINIFRED GIBSON
ROBERT MAGNUSSEN B.Bus CA
PAUL FAHEY B.Bus CA
RODNEY SMITH B.Fin. Accn. CA

Scope

We have audited the financial report of Durri Aboriginal Corporation Medical Service for the financial year ended 30 June 2001, comprising the Governing Committees' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and notes to and forming part of the financial statements. We have expressed our opinion on those general purpose financial statements as set out on the Independent Auditor's report as contained in the financial report. We now report to you pursuant to Sub-section 59(3) of the Aboriginal Councils and Associations Act 1976.

The Corporation's Governing Committee is responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Durri Aboriginal Corporation Medical Service.

Our audit has been conducted in accordance with Australian Auditing Standards and the requirements of the Aboriginal Councils and Associations Act 1976 to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements and statutory requirements so as to present a view which is consistent with our understanding of the Corporation's financial position, and performance as represented by the results of its operations and its cash flows.

The examiner's opinion expressed in this report has been formed on the above basis.

Examiner's Opinion

In our opinion,

- (i) The Governing Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Associations Act, the Regulations thereto and the Rules of the Corporation; and
- (ii) The Statement of Financial Position, Statement of Financial Performance, Statement of Cash Flows and Income and Expenditure Statement are based on proper accounts and records; and
- (iii) A copy of the report has been given to the Governing Committee, together with the audited financial statements and audit report as contained in the financial report.

NORTHCORP ACCOUNTANTS

Robert Magnussen
Partner
Registered Company Auditor

109 William Street
PORT MACQUARIE NSW 2444

Dated: 2nd October 2001

CHARTERED ACCOUNTANTS

109 WILLIAM STREET, PO BOX 166, PORT MACQUARIE, NSW 2444 • DX7406 PORT MACQUARIE
TELEPHONE (02) 6583 1166 • FACSIMILE (02) 6583 4527 • EMAIL northcorp@northcorp.com.au

Liability limited by the Accountants Scheme, approved under the Professional Standards Act 1994 (NSW)





NORTHCORP
ACCOUNTANTS

INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

PARTNERS

MURRAY SALLAWAY CA
MARK HATHERLY B COMM FCA
WINIFRED GIBSON
ROBERT MAGNUSSEN B BUS CA
PAUL FAHEY B BUS CA
RODNEY SMITH B FIN ADMIN CA

Scope

We have audited the financial report of Durri Aboriginal Corporation Medical Service for the financial year ended 30 June 2001, comprising the Governing Committees' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and notes to and forming part of the financial statements. The Corporation's Governing Committee is responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Corporation.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements and statutory requirements so as to present a view which is consistent with our understanding of the Corporation's financial position, and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion, the financial report of Durri Aboriginal Corporation Medical Service is properly drawn up:

- a) so as to give a true and fair view of the Corporation's financial position as at 30 June 2001 and of its performance for the year ended on that date;
- b) in accordance with the Aboriginal Councils and Associations Act 1976, and the Rules of the Corporation; and
- c) in compliance with Accounting Standards and other mandatory professional reporting requirements.

NORTHCORP ACCOUNTANTS

Robert Magnussen
Partner
Registered Company Auditor

109 William Street
PORT MACQUARIE NSW 2444

Dated: 2nd October 2001

CHARTERED ACCOUNTANTS

109 WILLIAM STREET, PO BOX 166, PORT MACQUARIE, NSW 2444 • DX7406 PORT MACQUARIE
TELEPHONE (02) 6583 1166 • FACSIMILE (02) 6583 4527 • EMAIL northcorp@northcorp.com.au

Liability limited by the Accountants Scheme, approved under the Professional Standards Act 1994 (NSW)



DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2001

	Note	2001 \$	2000 \$
Revenues from ordinary activities	2	5,103,799	2,608,384
Employee benefits expense		(1,591,717)	(1,498,478)
Depreciation and amortisation expense	3	(173,565)	(159,210)
Borrowing costs expense	3	(40,790)	(39,918)
Other expenses from ordinary activities		(1,560,704)	(1,115,002)
Profit from ordinary activities before income tax expense	3	1,737,023	(204,224)
Income tax expense relating to ordinary activities	1	-	-
Net profit from ordinary activities after income tax expense attributable to members of the Corporation	15	1,737,023	(204,224)
Total changes in equity other than those resulting from transactions with owners as owners		1,737,023	(204,224)

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE
A.B.N. 52 730 046 875

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2001

	Note	2001 \$	2000 \$
CURRENT ASSETS			
Cash Assets	5	854,975	367,106
Receivables	6	32,145	29,024
Other	7	550,819	14,492
TOTAL CURRENT ASSETS		1,437,939	410,622
NON-CURRENT ASSETS			
Other Financial Assets	8	1,306	-
Other	9	26,881	-
Property, Plant and Equipment	10	2,045,160	1,274,556
TOTAL NON-CURRENT ASSETS		2,073,347	1,274,556
TOTAL ASSETS		3,511,286	1,685,178
CURRENT LIABILITIES			
Payables	11	59,179	43,253
Interest Bearing Liabilities	12	139,956	461,280
Provisions	13	130,789	120,315
Other	14	3,500	22,061
TOTAL CURRENT LIABILITIES		333,424	646,909
NON-CURRENT LIABILITIES			
Interest Bearing Liabilities	12	444,258	45,929
Provisions	13	13,969	11,034
TOTAL NON-CURRENT LIABILITIES		458,227	56,963
TOTAL LIABILITIES		791,651	703,872
NET ASSETS		2,719,635	981,306
EQUITY			
Retained Profits	15	2,718,329	981,306
Reserves	16	1,306	-
		2,719,635	981,306
Capital & Leasing Commitments	17		

These Financial Statements should be read in conjunction with the attached independent audit report
The accompanying notes form part of these financial statements

**STATEMENT OF CASHFLOWS
FOR THE YEAR ENDED 30 JUNE 2001**

	Note	2001 \$	2000 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		4,366,467	2,241,868
Payments to suppliers and employees		(3,015,877)	(2,237,712)
Interest received		15,841	12,302
Borrowing costs		(33,827)	(39,918)
Dividends received		15	-
		1,332,619	(23,460)
Net cash provided by (used in) operating activities	19(a)	1,332,619	(23,460)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		543,279	387,952
Purchase of property, plant and equipment		(1,465,034)	(480,491)
		(921,755)	(92,539)
Net cash provided by (used in) investing activities		(921,755)	(92,539)
CASH FLOW FROM FINANCING ACTIVITIES			
Repayment of lease liability		(52,450)	(13,980)
Repayment of borrowings		(9,423)	-
Proceeds from hire purchase		110,469	-
		48,596	(13,980)
Net cash provided by (used in) financing activities		48,596	(13,980)
Net increase (decrease) in cash held		459,460	(129,979)
Cash at beginning of financial year		322,347	452,326
Cash at end of financial year	5	781,807	322,347

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**ADDITIONAL FINANCIAL DATA
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2000**

	2001	2000
	\$	\$
INCOME		
NSW Health Department	491,000	366,549
Commonwealth Department of Health and Family Services	1,335,533	1,301,617
Capital Funding – Buildings & Equipment	1,715,047	-
Department of Community Services	94,984	56,473
ATSIC	223,020	-
Mid North Coast Area Health Grant	73,629	-
Family and Community Services Grant	57,000	-
Immunisation Grant	5,000	-
DEET Grant	3,883	-
DEET – Wage Contribution	32,824	49,486
DETYA Grant	31,600	-
NUAA Funding	-	4,750
Emergency Relief	19,110	11,388
Membership Fees	92	108
Rent Received	48,019	38,313
NRMA Dividends	15	-
Medicare Receipts	342,448	348,486
Interest Received	15,841	12,302
Insurance Recoveries	-	1,126
Immunisation	18,591	27,876
Administration Fees	8,980	-
Administration Fees – ATSIC	21,562	-
Workers Compensation	17,312	205
Diabetes Contribution	3,008	-
Patient Contributions	1,090	-
Miscellaneous	932	1,753
Profit on Sale of Non-Current Assets	38,399	23,659
	<u>4,598,919</u>	<u>2,244,091</u>
EXPENDITURE		
Accountancy	135	650
Advertising & Promotion	7,976	6,912
Administrative Costs	31,204	25,609
Annual Leave Provision Expense	9,158	9,180
Auditors Remuneration	12,900	12,650
Addiction Clinic	24,428	-
Art & Culture	19,275	-
Bank Charges	5,802	5,196
Cleaning	27,217	26,009
Contractors	129,940	123,328
Depreciation	173,565	152,451
Amortisation of Leased Assets	-	6,759
Dental Referrals	9,032	248
Donations	7,168	2,650
Electricity & Gas	12,725	11,008

These Financial Statements should be read in conjunction with the attached Independent Audit Report

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**ADDITIONAL FINANCIAL DATA
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2001**

EXPENDITURE (continued)	2001	2000
	\$	\$
Expendable Equipment	9,226	2,262
Emergency Relief Expenses	382	12,870
Funeral Expenses	2,027	3,111
Insurance	13,326	17,026
Interest on Loan	33,827	34,722
IWI Program	27,337	-
Laundry	3,671	3,472
Legal Costs	12,053	14,103
Licenses	613	556
Long Service Leave Provision Expense	4,248	(3,851)
Medical Supplies	72,821	75,843
Medical Waste	5,567	464
Motor Vehicles	119,687	104,986
NAIDOC Spending	42,400	-
NUAA Funding Expenses	-	4,750
Postage & Freight	1,558	1,671
Printing & Stationery	34,472	28,783
Program Expenses	22,942	16,128
Publications	-	35
Orthodontist	7,665	8,052
Renal Dialysis	-	1,251
Rent	42,065	39,620
Rates	13,755	13,787
Recruitment Expenses	3,729	3,768
Repairs & Maintenance	20,043	14,876
Security Costs	1,910	2,819
Seminars & Meetings	46,105	51,154
Sports Program Spending	85,130	-
Superannuation Contributions	115,318	93,460
Supplies – Dental	25,868	17,370
Telephone	57,287	51,926
Travel Expenses	17,596	847
Traditional Law	4,685	-
Tuition	16,302	16,221
Website	1,500	-
Wages	1,462,933	1,399,645
Workers Compensation	25,545	18,602
Uniforms	7,972	1,282
Youth Program	13,823	9,883
Loss on Sale – Non-Current Asset	15,983	4,171
	<u>2,861,896</u>	<u>2,448,315</u>
Net Profit/(Loss) After Tax	<u>1,737,023</u>	<u>(204,224)</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board, the Aboriginal Councils and Associations Act 1976, and the Corporation's Rules.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Corporation in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation.

Property, plant and equipment are measured on the cost basis. The carrying amount of property, plant and equipment is reviewed annually by Committee Members to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line and diminishing value basis over their useful lives to the Corporation commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Type	Depreciation Rate
Buildings	Straight Line	4.0%
Motor Vehicles	Diminishing Value	22.5%
Plant and Equipment	Diminishing Value	13.5 – 40%
Office Furniture and Equipment	Diminishing Value	7.5 – 40%
Medical Equipment	Diminishing Value	7.5 – 40%
Leased Assets	Straight Line	25.0%

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 1 – STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Corporation are classified as finance leases. Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the Corporation will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Employee Entitlements

Provision is made for the Corporation's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

Contributions are made by the Corporation to employee superannuation funds and are charged as expenses when incurred.

Income Tax

The Corporation has been granted an exemption from income tax under Section 50-20 of the Income Tax Assessment Act 1997. The exempt status of the Corporation applies indefinitely or until such time as a change in circumstances warrants a review of the exempt status.

Revenue

Revenue from the sale of goods is recognised upon the delivery of the goods to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001****NOTE 1 – STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)****Cash**

For the purpose of the statement of cash flows, cash includes:

- (i) cash on hand and at call deposits with banks or financial institutions, net of bank overdrafts; and
- (ii) investments in money market instruments with less than 14 days to maturity.

Comparative Figures

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

NOTE 2- REVENUE	2001	2000
	\$	\$
Operating Activities:		
Government Grants	4,082,630	1,778,875
Medicare Income	342,448	348,486
Rent Received	48,019	38,313
Interest Received – other persons	15,841	12,302
Sundry Income	71,582	42,456
	<u>4,560,520</u>	<u>2,220,432</u>
Non-Operating Activities:		
Proceeds on Sale of Property, Plant and Equipment	<u>543,279</u>	<u>387,952</u>
Total Revenue	<u>5,103,799</u>	<u>2,608,384</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 3 - PROFIT FROM ORDINARY ACTIVITIES	2001	2000
	\$	\$
Profit from ordinary activities before income tax has been determined after:		
(a) Expenses		
Borrowing Costs:		
Other persons	33,827	32,916
Finance lease charges	-	1,806
Hire Purchase charges	1,161	-
Other borrowing costs	5,802	5,196
Total Borrowing Costs	<u>40,790</u>	<u>39,918</u>
Depreciation of Non-Current Assets:		
Buildings	31,885	31,400
Plant and Equipment	135,094	121,051
Leased Plant and Equipment	6,586	6,759
Total Depreciation	<u>173,565</u>	<u>159,210</u>
(b) Revenue and Net Gains		
Net Gain on Disposal of Non-Current Assets		
Property, plant and equipment	22,416	19,488
	<u>22,416</u>	<u>19,488</u>

NOTE 4 – AUDITOR'S REMUNERATION

Remuneration of the Auditor of the Corporation for:		
- Auditing the Financial Report	12,900	12,500
- Other Services	430	150
	<u>13,330</u>	<u>12,650</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 5 - CASH	Note	2001	2000
		\$	\$
Cash on Hand		900	1,266
ANZ Term Deposit		-	1,500
Cash Management Account		-	7,466
Tax Account		2,498	-
Capital Account		227,920	-
Long Service Leave Account		133,067	76,301
No. 2 Bank Account		-	835
No. 3 Bank Account		-	6,128
No. 4 Bank Account		3,992	52
No. 5 Bank Account		3,372	-
No. 6 Bank Account		11,321	56,656
No. 7 Bank Account		6,543	13,832
No. 8 Bank Account		2,057	21,068
No. 9 Bank Account		8,429	22,142
No. 10 Bank Account		4,480	481
No. 11 Bank Account		7,329	1,211
No. 12 Bank Account		6,533	3,211
No. 13 Bank Account		-	16,356
No. 15 Bank Account		-	7,230
No. 16 Bank Account		-	27,333
No. 17 Bank Account		18,651	54,961
No. 18 Bank Account		202,286	49,077
No. 19 Bank Account		27,002	-
No. 20 Bank Account		8,382	-
No. 23 Bank Account		2,139	-
No. 24 Bank Account		37,987	-
No. 25 Bank Account		90,087	-
No. 27 Bank Account		50,000	-
		<u>854,975</u>	<u>367,106</u>

Reconciliation of Cash

Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to items in the Statement of Financial Position as follows:

Cash on Hand		900	1,266
At call with Financial Institutions		854,075	365,840
Bank Overdraft	12	<u>(73,168)</u>	<u>(44,759)</u>
		<u>781,807</u>	<u>322,347</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001

NOTE 6 – RECEIVABLES

Current	2001 \$	2000 \$
Medicare Debtors	31,895	28,659
Deposits Refundable	250	365
	<u>32,145</u>	<u>29,024</u>

NOTE 7 - OTHER ASSETS

Current		
Sundry Debtors	550,819	13,313
GST Refundable	-	1,179
	<u>550,819</u>	<u>14,492</u>

NOTE 8 - OTHER FINANCIAL ASSETS

Shares in Listed Corporations – at Market Value	<u>1,306</u>	-
---	--------------	---

NOTE 9 - OTHER ASSETS

Non-Current		
Deferred Interest	<u>26,881</u>	-

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 10 – PROPERTY, PLANT AND EQUIPMENT	2001	2000
	\$	\$
Land and Buildings		
Freehold Land at Valuation	310,000	410,000
Buildings and Improvements at Valuation	240,000	375,000
Less Accumulated Depreciation	(31,600)	(31,400)
	<u>208,400</u>	<u>343,600</u>
Buildings and Improvements at Cost	851,047	-
Less Accumulated Depreciation	(17,021)	-
	<u>834,026</u>	<u>-</u>
Total Buildings	<u>1,042,426</u>	<u>343,600</u>
Total Land and Buildings	<u>1,352,426</u>	<u>753,600</u>
Plant and Equipment		
Plant and Equipment at Cost	1,068,823	834,124
Less Accumulated Depreciation	(376,089)	(356,656)
	<u>692,734</u>	<u>477,468</u>
Leased Assets – Capitalised	-	48,691
Less Accumulated Depreciation	-	(5,203)
	<u>-</u>	<u>43,488</u>
Total Plant and Equipment	<u>692,734</u>	<u>520,956</u>
Total Property, Plant and Equipment	<u>2,045,160</u>	<u>1,274,556</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 10 – PROPERTY, PLANT AND EQUIPMENT (Cont.)

Current Value of Land and Buildings

Land and buildings are included in the financial statements at independent valuation. The land and buildings were valued on 30 June 1999 at \$785,000 by Registered Valuer Bruce Noble F.V.L.E (Val) F.V.L.E (Econ) of Bruce Noble Pty Ltd on the basis of fair current value. The decrease in value has been taken up in the financial statements.

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Freehold Land \$	Buildings \$	Plant and Equipment \$	Leased Plant and Equipment \$	Total \$
Balance at the beginning of year	410,000	343,600	477,468	43,488	1,274,556
Additions	-	851,047	613,987	-	1,465,034
Disposals	(100,000)	(120,336)	(263,627)	(36,902)	(520,865)
Depreciation expense	-	(31,885)	(135,094)	(6,586)	(173,565)
Carrying amount at the end of year	310,000	1,042,426	692,734	-	2,045,160

NOTE 11 - PAYABLES

	2001 \$	2000 \$
Current		
Unsecured Liabilities		
Trade Creditors	59,179	43,253

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 12 – INTEREST BEARING LIABILITIES

Current	Note	2001	2000
		\$	\$
<i>Unsecured Liabilities</i>			
Lease Liability	17(a)	-	6,521
<i>Secured Liabilities</i>			
Bank Overdraft No. 1 Account	12(b)	59,607	34,800
Bank Overdraft No. 2 Account		1,371	-
Bank Overdraft No. 3 Account		2,845	-
Bank Overdraft No. 5 Account		-	9,568
Bank Overdraft No. 15 Account		5,543	-
Bank Overdraft No. 16 Account		2,674	391
Bank Overdraft No. 22 Account		1,128	-
Commercial Bills (Secured)		-	410,000
Hire Purchase Loan		16,649	-
Bank Loan	12(a), (b)	50,139	-
		<u>139,956</u>	<u>454,759</u>
		<u>139,956</u>	<u>461,280</u>
Non Current			
<i>Unsecured Liabilities</i>			
Lease Liability	17(a)	-	45,929
Hire Purchase Loan		93,820	-
		<u>93,820</u>	<u>45,929</u>
<i>Secured Liabilities</i>			
Bank Loan	12(a), (b)	350,438	-
		<u>444,258</u>	<u>45,929</u>
(a) Total Current and Non-Current Secured Liabilities:			
Bank Overdraft		73,168	44,759
Bank Loan		400,577	-
Hire Purchase Loan		110,469	-
Commercial Bills		-	410,000
		<u>584,214</u>	<u>454,759</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 12 – INTEREST BEARING LIABILITIES (cont.)	2001	2000
(b) Security Details	\$	\$
The bank overdraft and bank loans are secured by registered first mortgage over the freehold land and buildings of the Corporation.		
The carrying amounts of non-current assets pledged as security are:		
Freehold Land and Buildings	1,352,426	753,600
NOTE 13 – PROVISIONS	Note	
Current		
Employee Entitlements	13(a)	130,789 120,315
Non-Current		
Employee Entitlements	13(a)	13,969 11,034
(a) Aggregate Employee Entitlements Liability		144,758 131,349
		No. No.
(b) Number of employees at year end		37 34
NOTE 14 - OTHER LIABILITIES	\$	\$
Current		
Grants in Advance		3,500 22,061
NOTE 15 - RETAINED PROFITS		
Retained profits at the beginning of the financial year	981,306	1,185,530
Net profit/(loss) attributable to the Members of the Corporation	1,737,023	(204,224)
Retained profits at the end of the financial year	2,718,329	981,306

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 16 – RESERVES	Note	2001 \$	2000 \$
Asset Revaluation Reserve	16 (a)	1,306	-
<hr/>			
(a) Asset Revaluation Reserve			
Movements during the year			
Opening Balance		-	-
Revaluation increment on listed shares		1,306	-
Closing Balance		1,306	-
<hr/>			

The asset revaluation reserve records revaluations of non-current assets.

NOTE 17 - CAPITAL AND LEASING COMMITMENTS

(a) Finance Lease Commitments

Payable:

- not later than 1 year	-	11,275
- later than 1 year but not later than 5 years	-	54,973
Minimum Lease Payments	-	66,248
Less: Future Finance Charges	-	(13,798)
Total Lease Liability	-	52,450

The Corporation had two finance leases on motor vehicles which commenced in the 1999/2000 year. The leases were over four year periods with an option to buy or refinance at the end of the period at their residual amounts. Lease payments were made monthly in advance. These leases were paid out upon the disposal of the motor vehicles.

(b) Operating Lease Commitments

Non-Cancellable Operating Leases contracted for but not capitalised in the financial statements

Payable:-

- not later than 1 year	16,012	-
- later than 1 year but not later than 5 years	-	-
	<hr/>	<hr/>
	16,012	-

The Corporation has a non-cancellable operating lease on building premises

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 18 – REMUNERATION OF COMMITTEE MEMBERS	2001	2000
	\$	\$
Income paid or payable to all Committee Members of the Corporation by the Corporation and any related parties:	27,181	24,986
Number of Corporation Committee Members whose income from the Corporation and any related parties was within the following bands:		
	No.	No.
\$0 - \$9,999	11	9
\$10,000 - \$19,999	-	2
\$20,000 - \$29,999	1	-

The names of Committee Members who have held office during the financial year are:

Jim Stirling
Jeanine Sines
Tom Sines
Mary-Lou Buck
Brian Bradshaw
Tony Gray
Shirley Kelly
Raymond Clay
Rodney Cowan
Alan Smith
Karen Rhodes
Janet Smith (Appointed 27/11/2000)

Income paid or payable relates to insurance premiums paid by the Corporation on behalf of the Committee Members, wages and contract payments to Committee Members.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 19 - CASHFLOW INFORMATION

	2001	2000
	\$	\$
(a) Reconciliation of Cash Flows from Operations with Profit from Ordinary Activities after Income Tax		
Profit from ordinary activities after income tax	1,737,023	(204,224)
Non-cash flows in profit from ordinary activities		..
Depreciation	166,979	152,451
Amortisation	6,586	6,759
Net gain on disposal of property, plant and equipment	(22,416)	(19,488)
Changes in assets and liabilities:		
(Increase) Decrease in receivables and other debtors	(539,446)	9,279
(Increase) Decrease in other assets	(26,881)	-
Increase (Decrease) in trade creditors and accruals	15,926	7,842
Increase (Decrease) in provisions	13,409	5,327
Increase (Decrease) in other liabilities	(18,561)	18,594
Cash Flows from operations	<u>1,332,619</u>	<u>(23,460)</u>

(b) Non-cash Financing and Investing Activities

The Corporation has repaid the finance leases for the purchase of plant and equipment during the current financial year.

(c) Credit Standby Arrangements with Banks

Total Facilities Available:		
Bank Overdraft	50,000	50,000
Credit Facility	410,000	410,000
	<u>460,000</u>	<u>460,000</u>
Facilities Utilised at Balance Date		
Bank Overdraft	73,168	44,759
Credit Facility	400,577	410,000
	<u>473,745</u>	<u>454,759</u>
Facilities Not Utilised at Balance Date		
Bank Overdraft	(23,168)	5,241
Credit Facility	9,423	-
	<u>(13,745)</u>	<u>5,241</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001**

NOTE 19 - CASHFLOW INFORMATION (CONT'D)

The major facilities are summarised as follows:

Banking Overdrafts

The general terms and conditions for the bank overdraft are set and agreed to annually.

Interest rates are variable and subject to adjustment.

Bank Loan Facility

\$410,000 fifteen year loan, fixed for 10 years upon which the load reverts to a variable rate loan. The loan is a principle and interest instalment loan expiring on 24 October 2015.

NOTE 20 - SEGMENT REPORTING

The Corporation operates a medical service in Kempsey, NSW that incorporates preventative health care and outreach services. It derives its income from Government grants and medicare receipts.

NOTE 21 – RELATED PARTY TRANSACTIONS

The Committee Members are reimbursed for lost wages whilst on Corporation business. Amounts are paid at the rate at which the Committee Members are employed in their respective jobs.

NOTE 22 – ECONOMIC DEPENDENCY

The Durri Aboriginal Corporation Medical Services' continued operation is financially dependent on the continued support of the funding bodies for recurrent grant income. Without the continued support of the funding bodies, the Durri Aboriginal Corporation Medical Service may not be able to continue as a going concern, and assets and liabilities recorded in the financial statements may be required to be recognised at amounts other than stated.

NOTE 23 - CORPORATION DETAILS

The registered office of the Corporation is:

Durri Aboriginal Corporation Medical Service
51 Smith Street
Kempsey, NSW 2444

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2001

NOTE 24 – FINANCIAL INSTRUMENTS

a) Interest Rate Risk

The Corporation's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, are as follows:

	<i>Weighted Average Effective Interest Rate</i>		<i>Floating Interest Rate</i>		<i>Non-Interest Bearing</i>		<i>Total</i>	
	2001 %	2000 %	2001 \$	2000 \$	2001 \$	2000 \$	2001 \$	2000 \$
Financial Assets								
Cash on Hand	-	-	-	-	900	1,266	900	1,266
Cash at Bank	2.6%	2.97%	854,075	365,840	-	-	854,075	365,840
Receivables and Other Assets	-	-	-	-	582,964	43,516	582,964	43,516
Shares in Listed Corporations	-	-	-	-	1,306	-	1,306	-
Total Financial Assets			854,075	365,840	585,170	44,782	1,439,245	410,622
Financial Liabilities								
Bank Overdraft	10.07%	12.1%	73,168	44,759	-	-	73,168	44,759
Bank Loans Secured	8.8%	-	400,577	-	-	-	400,577	-
Commercial Bills	-	7.2%	-	410,000	-	-	-	410,000
Trade and Sundry Creditors	-	-	-	-	59,179	43,253	59,179	43,253
Hire Purchase Loan	9.42%	-	110,469	-	-	-	110,469	-
Lease Liability	-	9.49%	-	52,450	-	-	-	52,450
Total Financial Liabilities			584,214	507,209	59,179	43,253	643,393	550,462

b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The Corporation does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Corporation.

c) Net Fair Values

The net fair values of financial assets and financial liabilities approximates their carrying value. The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the statement of financial position and in the notes to and forming part of the financial statements.

