

DURRI

ABORIGINAL CORPORATION
MEDICAL SERVICE



ANNUAL REPORT
2001 / 2002

DURRI

Aboriginal Corporation Medical Service

PO Box 136
KEMPSEY NSW 2440
Ph. 6562 6733

Report 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

Cover

Photograph: Signing of the Agreement for the Mid North Coast Aboriginal Coordinated Care Trial
(l to r standing) Mr Stephen Blunden CEO Durri, Mr Terry Clout CEO Mid North Coast
Area Health Service, Ms Robin Roberts CEO Biripi
(seated) Mr Jim Stirling Chairperson Durri, Ms Edith Hall Chairperson Mid North Coast
Area Health Service, Mr Peter Smith Chairperson Biripi, Mr Des Clarke Director Biripi

Artwork designed by Wayne Smith, Kempsey NSW

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DURRI

ABORIGINAL CORPORATION MEDICAL SERVICE

BOARD

Chairperson	:	Jim Stirling
Deputy Chairperson	:	Brian Bradshaw
Secretary	:	Wendy Cowan
Treasurer	:	Jeanine Sines
Directors	:	Mary-Lou Buck
	:	Raymond Clay
	:	Rodney Cowan
	:	Tony Gray
	:	Shirley Kelly
	:	Karen Rhodes
	:	Tom Sines
	:	Janet Smith
Public Officer	:	Stephen Blunden

DURRI

ABORIGINAL CORPORATION MEDICAL SERVICE

VISION

Better health and wellbeing

for

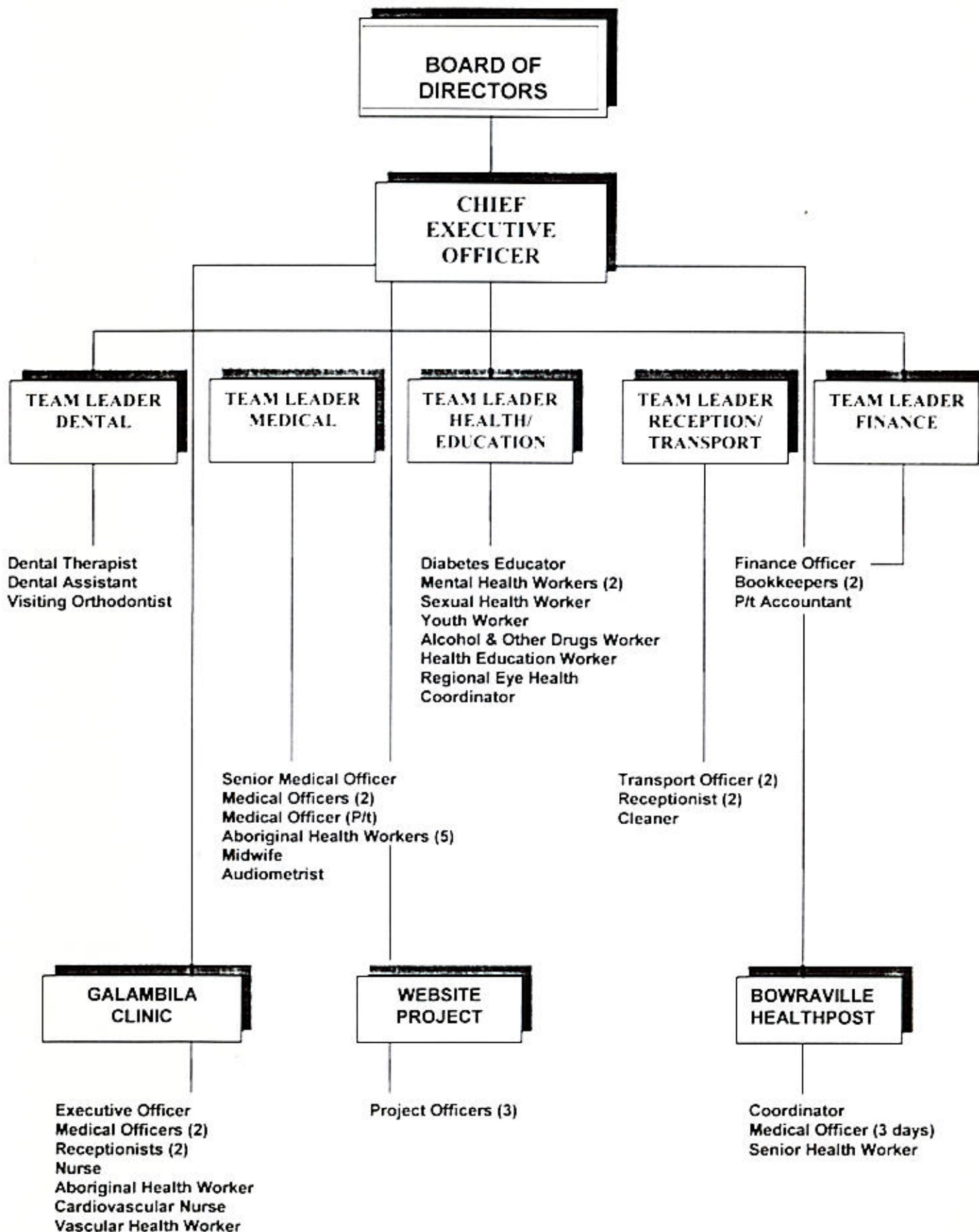
Aboriginal people and communities.

Aim

To provide a holistic approach to health care for the Aboriginal communities of the Macleay Valley as well as other areas as determined from time to time.

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 wellbeing of our Aboriginal community.

ORGANISATIONAL STRUCTURE



CHAIRPERSON

Another year sees Durri continuing to grow to meet the ongoing health needs within our community. With this growth comes increased responsibility, and it is important that we now stabilise the organisation to ensure that we continue to provide the best possible service to the community.

The Board has recognised this and has supported the proposal to explore a new Constitution. It is intended that this will reflect the increased level of accountability required to govern this much larger organisation that Durri has developed into.

In recognising the increased responsibility we have to our community the Board committed resources to finalise the Board Policy and Procedures Manual. It is expected this will help new and existing Board members in understanding their responsibilities and obligations. As a Board, we have an extremely important responsibility to ensure the community has access to the best possible health care.

Throughout the year our dedicated CEO, Steve Blunden, and his team have been working hard to put in place a new structure that also ensures accountability and supports the highly committed staff that we are very fortunate to have. It is fitting that we can now welcome Paul Morris as the new Office Manager. Paul brings with him extensive experience and I am sure will be of great assistance to Steve and all staff in the day to day management of Durri's services.

I should also make note of Dr Victoria Payne and her appointment as Senior Medical Officer and welcome her into this challenging role. Early in the year we said farewell to Dr Peter Fletcher, who made such a great contribution to Durri and our community in the time that he was here. We are fortunate to have had, and continue to have, such committed and skilled medical leadership.

Significant achievements over the past year include the signing of the agreement for Durri to be part of the Mid North Coast Coordinated Care Trial. This has been a project in development through the Mid North Coast Aboriginal Health Partnership which includes



Durri, Biripi Aboriginal Corporation Medical Centre and the Mid North Coast Area Health Service. This project is one of only six to be funded throughout Australia, from an initial 130 plus proposals. It represents one of the most significant developments in Aboriginal Health. As such, it will be watched by the rest of Australia. We not only have a responsibility to our community to ensure they get the best return for this investment, but we also have a responsibility to indigenous communities throughout Australia to demonstrate that this is a good way of delivering care to people.

In respect of our accommodation, it has been somewhat frustrating (to say the least) that we have not all been able to move into the York Lane premises. However, it is testimony to the dedication and commitment of staff that despite all the disruptions they have put their heads down and got on with the job of delivering the best possible care to the community.

I am extremely proud of all the staff. This includes our highly skilled medical and nursing staff, our committed health workers and other program staff and our support staff in admin, transport and accounts.

I am also proud that Durri has been able to continue to support our close neighbours by assisting with the development of services in Bowraville, Nambucca, and Coffs Harbour through Galambilla.

I wish to thank my fellow Board Members for their support, and look forward to Durri continuing to help our community to achieve a health status comparable to the rest of the community.

Jim Sterling
Chairperson

CHIEF EXECUTIVE OFFICER



The provision of high quality health care to our community continues to be a challenging process. In reflecting on another year, I am continually proud of the way Durri staff respond in sometimes trying circumstances. Our new building should have been completed earlier this year, but due to contractual and construction issues it is still to be completed. This has meant staff have had to operate in makeshift accommodation. It has been a frustrating process for all concerned including the community. I wish to thank the staff, and the community for their tolerance and continued dedication under these circumstances. We all look forward to the time when York Lane is fully operational.

Coordinated Care Trial

On a much brighter note, Durri, in conjunction with our partners, Biripi Aboriginal Medical Centre and the Mid North Coast Area Health Service have now been approved to conduct a Coordinated Care Trial. This is a major initiative and will put us under the spotlight both nationally and internationally. The Coordinated Care Trial will test a new way of funding and providing care to our community, particularly for those with complex care needs. It is only one of six such projects in Australia. This includes three indigenous and three non-indigenous trials. Ours is the only Trial to receive approval in NSW. Given that there were in excess of 130 proposals it was a major achievement just to get approved. As such, I should thank our partners, Biripi AMS and the Mid North Coast Area Health Service, Durri staff that have been involved, members of the various consultative groups and the Project Team.

Partnership

The benefits of Partnership continue to show through. My personal belief is that it is only by developing a whole of Government and community approach that we will begin to see real improvements in the health of our people. Coordinated Care, the Chronic Disease Project and the support that we offer our neighbours are all examples of the benefits that can be achieved by working together.

What will Coordinated Care mean for Durri and our community?

The Trial will equip Durri with additional resources to provide better support for people with complex care needs. Each person who agrees to participate will have a comprehensive care plan developed, be allocated some additional resources to purchase services, and assigned a Care Coordinator to help organise care and support.

The rest of the community will benefit through the delivery of enhanced community wellbeing strategies. These will include improved screening and population health programs.

New IT System

A further benefit of the Trial will be an improved Patient Information System. The Trial has assisted Durri in making application to OATSIH (Office of Aboriginal and Torres Strait Islander Health) for funds to implement a computerised Patient Information and Recall System. This will be supplemented by Trial resources to provide us with a "State of the Art" system, which will be implemented as staff move into York Lane.

Chronic Disease Program

Another success of the Mid North Coast Aboriginal Health Partnership has been the development of the Chronic Disease program, which will target cardiovascular disease, diabetes and nutrition. Laurie Clay now has a regional role in diabetes education, and Jack Griffin will be moving into a role in cardiovascular disease prevention.

New Senior Staff

I am also pleased to welcome Paul Morris to our team as Office Manager. Paul brings with him a wealth of experience in health care management. I am looking forward to his support and trust all staff will afford him the support I have always received.

Dr Victoria Payne is familiar to all of us, so it was pleasing that with the departure of our good friend and brother Dr Peter Fletcher, Dr Payne agreed to take on the role of Team Leader. This is a very demanding task. We are all aware of how important it is for medical staff to go beyond being a normal GP to have an impact on the health of our community.

Supporting Our Neighbours

We have been pleased to continue to support the development of Galambila. The Galambila Report included in this report shows a continued growth in services. Galambila is now independently incorporated but remains auspiced by Durri. The Durri Board has agreed to Galambila moving to complete independence, but this will occur over 2 to 3 years, as they establish their infrastructure and demonstrate their capacity to manage. A new Board has been established at Galambila with Durri continuing to act in an advisory capacity.

We are also pleased to have assisted the Nambucca Valley communities in establishing a clinic in Nambucca. Funding has been approved for the rental of rooms for a clinic in the centre of Nambucca. Durri will assist with medical support, which will also be provided by Dr Danny Ryan.

We will be seeking additional funding to secure a full time doctor commitment for both Nambucca and Bowraville.

We continue to provide support to the Bowraville Health Outpost. The Bowraville section of this report indicates how their services are continuing to grow. There is an urgent need for an Admin Support Worker and Aboriginal Health Worker to assist in addressing local community needs.

A major issue continues to be the appointment of a Health Coordinator for Bellbrook. I strongly urge the Mid North Coast Area Health Service to move on this appointment or hand funding for the position over to Durri. Bellbrook needs our strongest support and commitment.

Training

Two priorities exist in respect of training:

Firstly, it is a priority that all staff receive training in report writing to help us fulfill our reporting requirements to funding bodies and the community.

Secondly, training has already commenced in the use of the new IT system. Feedback has been very positive. This will be made available to all staff in preparation for the roll out of the system.

To the Future

The Commonwealth has indicated their support for Durri to enter into a strategic planning process. As an organisation we have grown quite dramatically over the past few years and we need to make sure that we continually develop in a way that best addresses the needs of our community.

Durri is built on a commitment to improving the health of our people. We need to continue to explore every opportunity for advancing this cause.

Stephen Blunden
Chief Executive Officer

CLINIC SERVICES

Staff

Medical

Dr Victoria Payne	Team Leader
Dr Noel Morrison	F/t
Dr Bruce Griffiths	P/t just started
Dr Peter Fletcher	Left During Year
Dr Andrew Braithwaite	Left During Year
Dr Harriet Playle	Registrar
Dr Vasuki Knanpathipilla	Registrar
Dr Hammal	Registrar
Dr Catherine Speechly	Registrar
Dr Cathy Davies	Paediatrician

Health Worker / Nursing

Gail Blanch	EN / Health Worker
Daniel Hodgkins	EN / Health Worker
Keith Roberts	Health Worker

Administration

Alicia Stewart	Team Leader
Loretta Williams	
Deleila Roberts	Left

Transport

Richard Dixon
Lorretta Williams

temporary facilities whilst the renovations of York Lane are completed.

Staffing

Doctor staffing levels are too low. It is difficult to both recruit and maintain doctors. Dr Payne believes there is a need for at least seven doctors to provide the core service. This includes:

- 2 full time doctors in the clinic
- 1 doctor providing 1/2 time to field services, and 1/2 time to administration
- 2 doctors providing program support
- 2 Registrars



The Medical Report could not be provided without first acknowledging the work over the last few years of Dr Peter Fletcher. "Fletch" and Dr Andrew Braithwaite both moved on during the year.

As Team Leader, Dr Fletcher in particular played an important role in building and maintaining the high standard of medical service provided through Durri. He has now moved to the Northern Territory to further his experience in indigenous health.

As the new Team Leader Dr Victoria Payne believes to be an effective doctor within an Aboriginal Medical Service there is a need to work closely with health workers and health education programs. She explains: *"The complex role of doctors in an organisation like Durri is often underestimated. You are partially a GP, but predominantly a practitioner of community medicine. Additionally, the role has significant non-clinical demands and requires above all an underlying commitment to improving the health of indigenous communities"*

As with other parts of the organisation, the medical service has been operating under difficult circumstances with the move to

There is also a need for a research component which would provide information for clinical support, and an extra attraction for doctors interested in developing their expertise in community medicine.

Durri is identified as an area of need which allows for the employment of an overseas trained doctor

A major issue this year is that despite the community being identified as an area of high need Durri has not had a Registrar allocated for the coming year. Added to this, Dr Cathy Davis will be retiring as the visiting Paediatrician.



On a brighter note, there has been an offer of a visiting Ophthalmologist, and there is a proposal for a women's clinic to be run by Dr Harriet Playle

Ongoing Poor Health

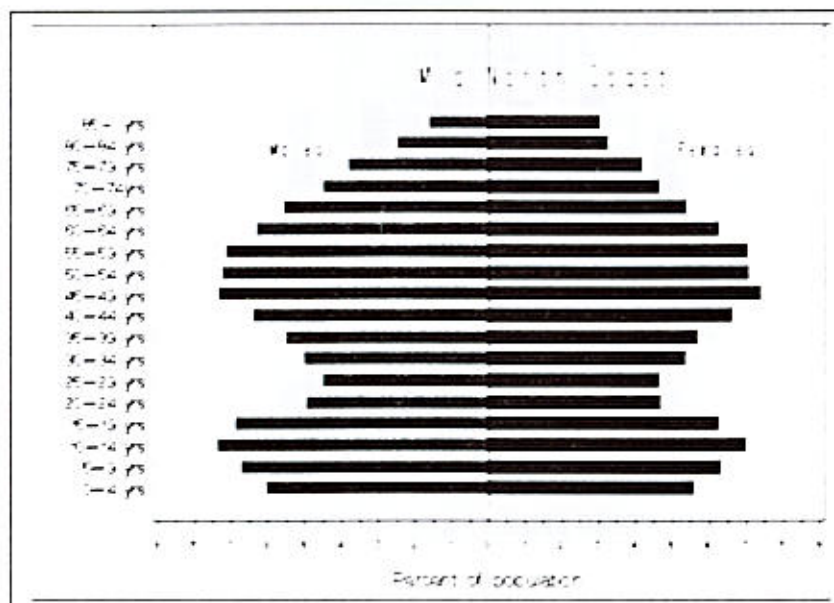
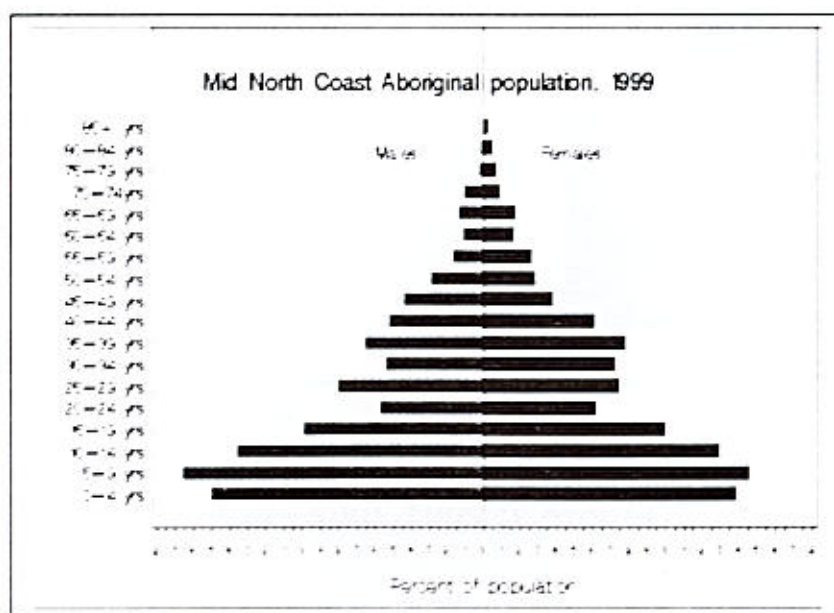
The following charts highlight the effect of the ongoing poor state of health within our communities. Aboriginal communities on the Mid North Coast are similar to those throughout Australia. Life expectancy is still at least 20 years shorter than the rest of Australia. The age profile shows a young population

Dr Payne explains:

"It is uncommon to see Aboriginal people living beyond 60 years of age. I suggest it is less than 10% of the population.

I am really worried about the high levels of diabetes and heart disease. I see too many people (predominantly men) in their 30's and 40's with serious heart disease

The poor state of Aboriginal health is highlighted when you compare it with other indigenous nations throughout the world. It does not compare favourably at all."



Source: Mid North Coast Aboriginal Health Plan 2000 - 2005

Clinical Activity

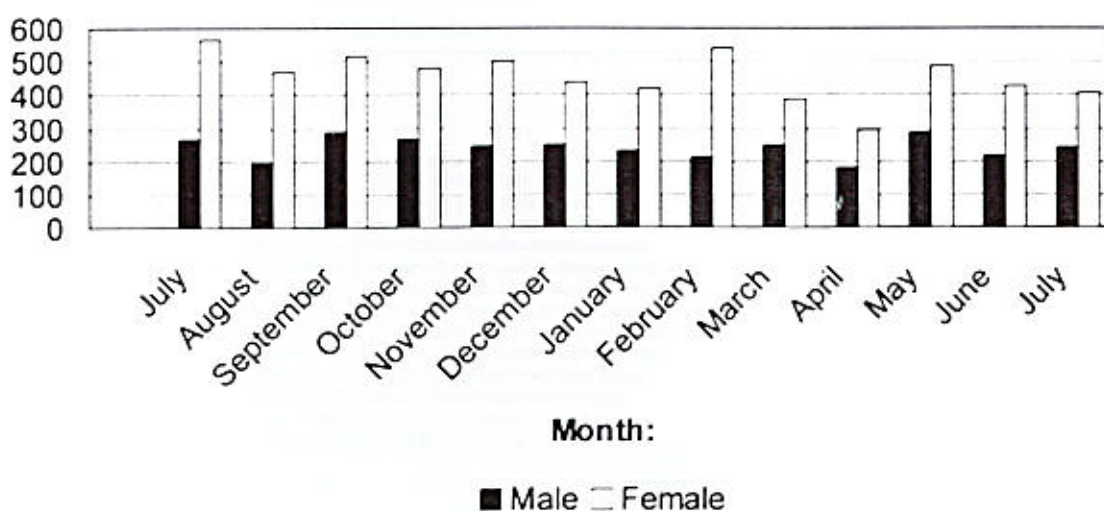
The medical team works closely with Health Workers and other programs to address health issues within the community.

- Doctors Clinic
Daily clinics operate through Durri Clinic
- Durri Health Worker Clinics (daily)
 - Community Visits
 - Burnt Bridge (Old and New)
 - South West Rocks (Fig Tree)
 - Crescent Head (Loftus Road)
 - TAFE College



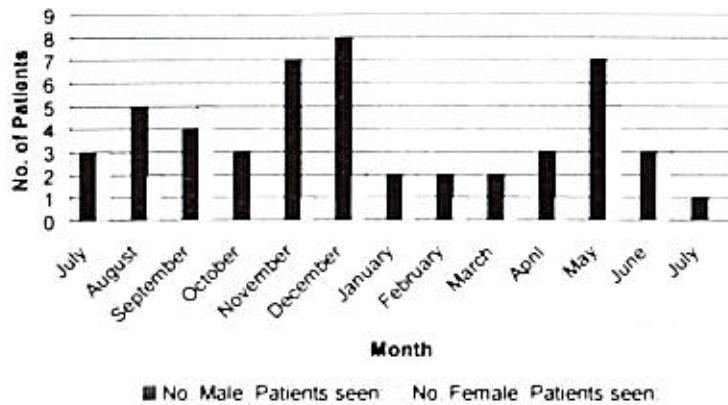
- Bellbrook / Mirwinni Gardens
Dr Paul Appleton delivers this service from Bellbrook.
- Special Service Clinics
 - Paediatrics (Monthly - Dr Cathy Davis)
 - Immunisation (Weekly - Karen Beattie, Delya Smith)
- Clinical Service Provision Supplementing other Programs
 - Diabetes (Professor Coliaguri and his team from the Prince of Wales Clinic)
 - Addictions (Dr Faris Sumara 2 days / week - Tuesday and Wednesday)
 - Counselling - Sue Baughman (Weekly)
 - Eye Health - visiting Optometrist
 - Antenatal Dr David Lunnay, Dr Colin Farquharson
- Non Clinical Activities
 - Continuing education of Aboriginal Health Workers (weekly)
 - External Student training (med students, physio, nursing and high school students)
 - Mentoring of registrars (weekly)

Figure 1: 2001 2002 Patient Stats



A total of 9056 patient visits were recorded during 2001/2002.

Figure 2: Paediatric Clinic Stats



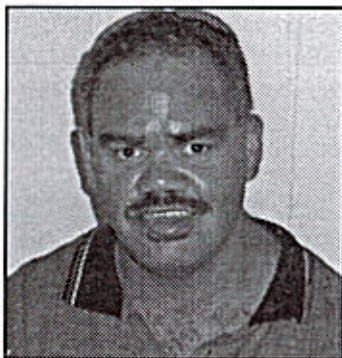
Support Services

Reception

Reception are the first point of contact for the community and are sometimes regarded as the hub of the organisation. It is essential that they know the whereabouts of staff and abide by the strictest standards of confidentiality

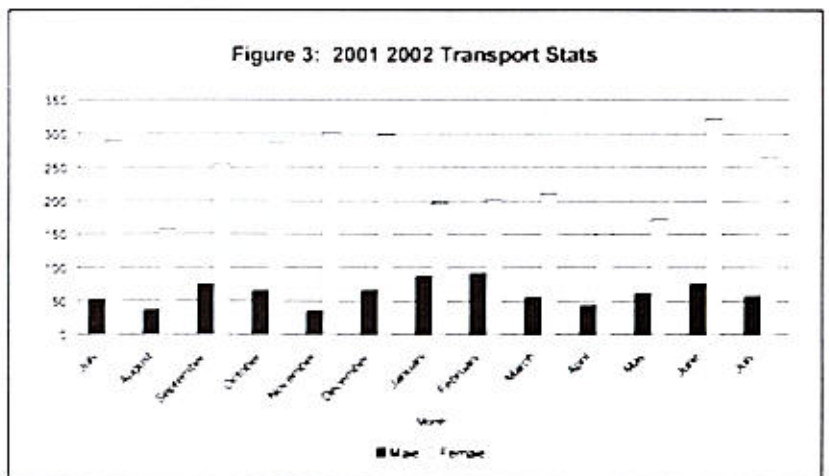


Transport



The transport service provided by Durri is an essential service for the community. It is extremely important in ensuring the community accesses the best available care

Figure 3: 2001 2002 Transport Stats



DJULI GALBAN PROGRAM

"Djuli" meaning child and "Galban" meaning women in the local Dunghutti language

The Djuli Galban program, through the provision of culturally appropriate services, has greatly increased the access of Aboriginal women and children to health services resulting in their improved health.

Staff

Karen Beattie Clinical Nurse Consultant / Midwife
Delya Smith Aboriginal Maternal Health Worker

The Djuli Galban program provides accessible community based and culturally sensitive antenatal and postnatal services, child immunisation, and other child health services to Aboriginal women and infants of the Macleay area. It has greatly increased the access of Aboriginal women and children to health services leading to significantly improved health outcomes.

Djuli Galban provides clinic services at Durri, and outreach services to all Aboriginal communities of the Macleay Valley. These include Burnt Bridge, Bellbrook, Mirriwinee Gardens, Crescent Head, Hat Head, South

West Rocks, Stuarts Point, Eungai and the Kempsey area.

A total of 2885 services were provided by the Djuli Galban program in 2001-2002.

Medical Support

In December 2001 our GP Obstetrician of many years, Dr Peter Fletcher, moved to Darwin. We have since been fortunate to contract the services of two GP Obstetricians in Kempsey, Dr David Lunnay and Dr Colin Farquharson.

ANTENATAL SERVICES

A weekly antenatal clinic is provided at Durri on a shared care basis between the Midwife and GP Obstetrician. Antenatal care is also provided at other times, or at home, if necessary. When required, antenatal women are assisted with transport to access clinic, screening and specialist appointments.

New Recall System

In January 2002, we introduced a system of recalling ATSI women for antenatal care. This involves hand delivering a reminder for their next antenatal visit stating that transport is available if required. We have found this to be effective in encouraging women to access antenatal services on a regular basis.

New Booklet

Djuli Galban is also developing an information book on pregnancy specifically for the women of the Macleay. We have found the publications available through NSW Health inappropriate.

Table 1: Number of Delivered Women who accessed Djuli Galban Antenatal Services

Women	No.
Aboriginal Women	51
Non-Aboriginal Women with Aboriginal Partner	7
Non-Aboriginal women	14
Total Women	72

Table 2: Antenatal Services provided by Djuli Galban Program

Service	No.
Antenatal Check (home)	22
Antenatal Check (clinic)	419
Assisted with Hospital Book-in	19
Recall for Antenatal Care (Jan-Jun 2002)	61
Total	521

Hospital Bookings

In 2001-2002, 97% (66/68) of ATSI women were booked into hospital prior to delivery.

All ATSI women are encouraged to book-in to hospital prior to delivery. If required, they are assisted with transport to book-in, or book-in papers are completed on their behalf.

From 1998 to 2002, the number of Aboriginal women accessing the antenatal service has remained relatively constant.

Between 75% and 80% of all delivered Aboriginal women in the Macleay access the Djuli Galban Antenatal Service.

Table 3: Aboriginal Birth Rates for the Macleay Area

	1999 2000	2000 2001	2001 2002
No. of Aboriginal Births	73	78	68
No. Accessing Djuli Galban Antenatal Services	57	61	51
Percentage supported by Djuli Galban program	78%	78%	75%

POSTNATAL SERVICES

576 services provided in 2001 - 2002

Over 95% of women offered the Djuli Galban postnatal follow-up service made use of the services.

The service is offered to all known Aboriginal postnatal women in the Macleay, including Aboriginal women who delivered elsewhere and returned to the area. The service is also offered to those non-Aboriginal women with Aboriginal partners.

Postnatal follow-up is offered as a home visit or within the clinic. Visits are provided weekly or more frequently if required, usually up to eight weeks postnatally, but may continue for as long as needed.

The service includes support to mothers in relation to their parenting, life issues, breastfeeding, and ensures that their infants are growing optimally.

"We have found that many of the non-Aboriginal women who used the Djuli Galban antenatal services continue to utilise the Djuli Galban clinic based postnatal, child health, and immunisation services due to the rapport and trust developed with the team."



CHILD HEALTH SERVICES

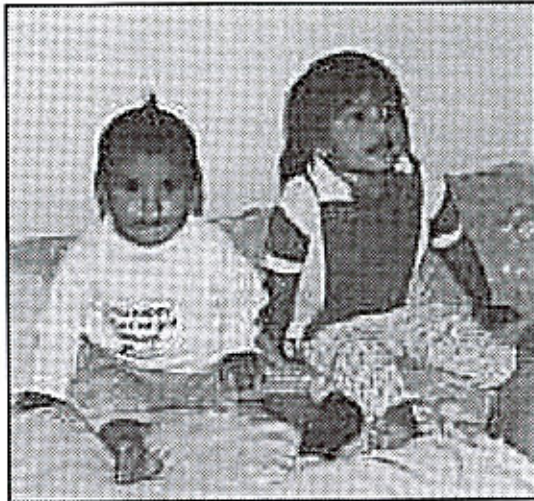
There has been an increased need for the Djuli Galban team to provide child health services, as most Aboriginal women do not access mainstream services. These services follow on from the postnatal service. Over the past two years, we have identified an increased need for more frequent and longer term home visiting and follow-up for some women and their infants.

Issues generating this need include:

- premature infants
- "at risk" infants due to social/environmental factors and child protection issues

- the need for extra support in parenting, postnatal depression and 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.



Immunisation Services

The Djuli Galban team provide 99% of all immunisations (child and adult) at Durri AMS.

Childhood immunisation services continue to be a significant part of our workload. A weekly morning immunisation clinic is held, with transport assistance provided.

The maintenance of a computerised immunisation register and recall system is very time consuming, however, it enables us to target those children in the community who are behind on their immunisations.

In June 2002, the Djuli Galban program was successful in obtaining a one off funding grant to support the existing childhood immunisation program. This will enable us to:

- replace our current unreliable computer system
- facilitate our access to the ACIR
- improve our recall system
- better monitor our vaccine storage
- purchase equipment for child health services
- develop health promotional resources

The uptake of childhood immunisation services remains high, with an average of 30 children immunised each month.

Our childhood immunisation rate has increased from 50.6% in 1997 to 87.8% in December 2001 (as per the Australian Childhood Immunisation Register).

LIAISON AND CONSULTATION

The Djuli Galban Team have been involved in consultation with various agencies regarding child and women's health issues, including:

- Kempsey Women's Refuge
- Department of Community Services
- Proposed Kempsey Correctional Facility
- Paediatricians
- Australian Childhood Immunisation Register
- Department of Health (NSW)
- Port Macquarie Division of General Practice
- Other Durri AMS Programs
- Other Aboriginal Medical Services
- Preschools
- Mid North Coast Area Health Service
- Kempsey Family Support Services
- AHMRC

Meetings / Committees / Projects

- MNC Aboriginal Maternal and Infant Health Strategy Advisory Group
- MNCAHS Cervical Screening Reference Group
- MNCAHS Women's Health Advisory Group
- MNCAHS Women's Health Network
- MNC Families First Implementation Group
- MNCAHS Child and Family Health Nurses Network
- MNC Aboriginal Child and Family Working Group
- MNC Coordinated Care Trial Clinical Reference Group

THE COST OF BEING SUCCESSFUL

The Djuli Galban program has evolved and changed since its beginning nearly ten years ago. Today the program provides regular community outreach, culturally sensitive antenatal, postnatal, child immunisation and child health services to Aboriginal women and children in the Macleay area.

Aboriginal women are provided with individualised, flexible, supportive care and education, to facilitate the best possible outcomes for themselves and their babies.

The building of relationships with the Aboriginal community and the reputation of a flexible, culturally sensitive community based service, can be demonstrated by the increased utilisation of these services. This increased access has had a positive impact on the health of Aboriginal women and children.

As a result of the increased utilisation of the Djuli Galban services, the health of the community has improved, but it has also increased the stresses placed on the team to maintain a high quality service.

With our very busy and extended workload we often feel that we are "bandaiding" issues, due to limited time and resources to develop targeted mothercrafting or antenatal programs and interventions, to address issues such as our high teenage pregnancy rate and high rate of smoking.

Djuli Galban has been the subject of very positive reviews, but has a funding

commitment only until 2003, and the present funding level is inadequate.

The recognition that Aboriginal Maternal and Infant Health is a priority issue, and the implementation of the NSW Aboriginal Maternal and Infant Health Strategy have been important milestones for Aboriginal Perinatal Health.

The future also looks potentially busier with the impact of the new Kempsey Correctional facility. This will house up to 50 women including pregnant women, and women with their children (aged 0-5 years).

Durri AMS looks to becoming a key participant in service provision. Many associated families may also move into the area, which will place increased demand on services.

The key elements to the success of the Djuli Galban program include consultation with the local Aboriginal community, involvement of local Aboriginal Health Workers, the sense of ownership of the program by the community and the Aboriginal Medical Service, and an Aboriginal community controlled Health Service.

The Djuli Galban program aims to continue to evolve in response to the changing needs of the community, providing a foundation for the development of other significant health strategies, and further improving the health of Aboriginal communities of the Macleay.

PERINATAL DATA OF ATSI WOMEN OF THE MACLEAY VALLEY

There were a total of 304 births (indigenous and non-indigenous) at Kempsey District Hospital.

Of the 68 ATSI women who gave birth in 2000-2001:

- 51 ATSI women delivered at Kempsey District Hospital (16.7%)
- 7 ATSI women delivered elsewhere due to complications
- 8 ATSI women who received antenatal care at Durri delivered elsewhere due to relocation

- 2 ATSI women delivered elsewhere and moved to the Macleay area postnatally

Table 4: Antenatal Service Provision

Provider of Antenatal Care	No. Delivered Women	%
Durri	51	75
Other Kempsey GP	10	14.7
Bellbrook	3	4.4
Out of Area	2	2.9
No Antenatal Care	2	2.9
Total	68	100

There were also 11 non-Aboriginal women with Aboriginal partners who delivered in 2001-2002. However, their perinatal data is not included in this overview.

Table 5: Maternal Age

Age Group	No/68	%
13-16	5	7.3
17-19	14	20.6
20-30	36	53
30-40	13	19.1
40+	0	0

Most teenage pregnancies occurred in the 17-19 year old age group. In this group

- 3 delivered their second baby
- 2 delivered their third baby

Table 6: Gestation at First Antenatal Presentation

Gestational Age	No.	%
< 20 weeks	60	88.2
> 20 weeks	6	8.8
Nil antenatal care	2	3.0
Total	68	100.0

88.2% of ATSI women in the Macleay area presented before 20 weeks gestation for antenatal care. This is significant when compared to 2000 NSW Midwives Data Collection where only 67.6% of ATSI mothers in NSW presented before 20 weeks gestation (compared to 87% of non ATSI mothers).

Table 7: Social Risk Factors

Factor	No/68	%
Smoking	45	66.2
ETOH	6	8.8
THC	29	42.6
Other Drugs	4	5.9

As demonstrated in the above table, smoking and drug use in pregnancy continues to be a significant issue in our community, with 66.2% of mothers smoking and 42.2% admitting to using marijuana (yarnandi) during pregnancy.

Table 8: Antenatal Complications

Antenatal Complications	No/68	%
Gestational Diabetes	1	1.5
Pregnancy Induced Hypertension	1	1.5
Suspected IUGR	9	13.2
Premature Labour (< 37 weeks)	7	10.3
Other	8	11.8
Complications requiring transfer / delivery elsewhere	7	10.3

Early detection and management of complications ensure optimal health outcomes for both mother and baby, and are significant in reducing perinatal mortality and morbidity.

Table 9: Gestation at Birth

Gestation of Baby (Weeks)	No.
< 25	1
25 - 30	1
31 - 34	5
35 - 37	4
> 37	55

A premature infant is defined as "an infant born before 37 completed weeks gestation" (p14 Midwives Data Collection 2000). As demonstrated above 16.6% (11/66) of babies born to ATSI mothers in the Macleay area were premature.

In 2000, the rate of prematurity in ATSI babies in NSW was 11.6%, which is one and a half times higher than the rate of 7.3% for NSW overall (MDC 2000). Clearly, the rate of premature births amongst ATSI women in the Macleay is unacceptably high.

Table 10: Gender of Babies

Gender of Baby	No.
Male	32
Female	32

Birth-weight

Low birth-weight is defined as a birth-weight less than 2,500gms.

In 2001-2002, **15.4%** (10/65) of ATSI babies in the Macleay area were low birth-weight, with the majority of them being pre-term. Of the babies delivered at term (greater than 37 weeks gestation), **3.6%** (2/55) were low birth-weight.

Table 10: Birth Weights

Birth-weight (grams)	No.
< 1000	1
1001 – 1500	2
1501 – 2000	3
2001 – 2500	4
2501 – 3000	20
3001 – 3500	23
3501 – 4000	10
> 4001	2

Admission to Special Care Nursery/Neonatal Intensive Care

A total of 11/65 (**16.9%**) of ATSI newborns required admission to either a Special Care Nursery or Neonatal Intensive Care Unit. The reasons included:

- prematurity
- respiratory distress
- jaundice
- poor feeding
- infection

Postnatal Readmission (0 - 8 weeks)

Only 1 infant (1/65) was readmitted for observation due to a query apnoeic episode or reflux.

Perinatal Mortality

There were two perinatal deaths (both stillbirths) (2/65)

- 35/40 FDIU
- 21/40 placental abruption

There were no neonatal deaths.

DENTAL THERAPY PROGRAM

Staff

Susan Harris	Dental Therapist	Part time
Jonine Gilmore	Dental Therapist	Part time
Norma Griffen	Dental Assistant	Part time

The Dental Therapy program is a "Best Practice Project", and has been in operation for over six years. The program is school based and extends service to Aboriginal children aged 0 to 17 in the Macleay, Nambucca and Hastings areas. Consistent with the Durri policy of duty of care to the whole community, the program also provides service to non-indigenous children who either telephone or present at the clinic with dental pain.

The Dental Therapy program recorded a decrease in activity compared to previous years. This was predominantly due to the need to relocate to temporary premises and the shortage of qualified dental personnel willing to relocate to country regions.

Fortunately, the Dental Therapy program was able to secure the use of the vacant school dental clinic situated on the grounds of West Kempsey Public School.

To move a double unit dental clinic is a major undertaking. The extensive relocation process and the operational reduction from a two chair to a single chair clinic had severe impact on the level of dental service provision. A further impact was made through staff taking maternity, long service and other leave, without the necessary replacement staff.

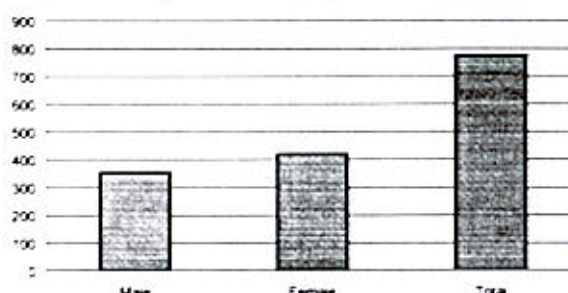
The protocol of the Mid North Coast Area Health Service School Assessment Program (SAP) restricts the inclusion of pre-schoolers, certain primary school children and most high school students from receiving treatment, even in a relief of pain situation. The exclusion of certain non-indigenous children has had an untoward effect on the level of service provision.

It is hoped that the inclusion of a three unit dental clinic in the renovated building in York Lane and a recently initiated recruitment strategy will enhance the provision and delivery of dental services in the next year.

School children are transported to the Durri clinic. Currently, 18 primary and pre-schools are on the dental transport agenda. High school students are generally requested to make after school appointments.

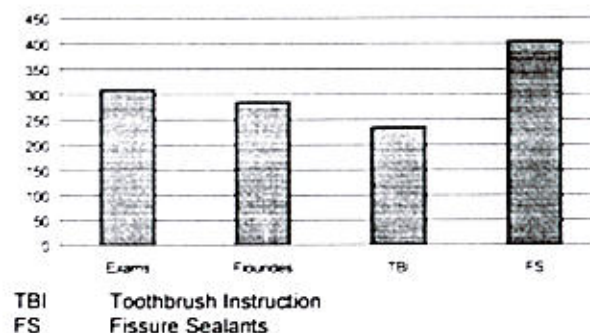
The Dental Therapy program also offers a mobile service, by way of a truck known as the "Molar Patroller" to schools and communities in outlying parts of the region.

Figure 1: Occasions of Service



A total of 775 occasions of service (421 female, 354 male) were provided.

Figure 2: Examinations & Preventive Treatments



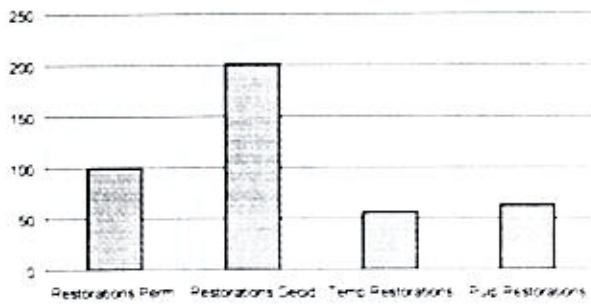
Clinic Dental Health Promotion

During each examination and oral health assessment, the patient is supplied with an oral hygiene pack consisting of a toothbrush and tube of toothpaste, and is instructed on the correct brushing technique. The patient is requested to brush their teeth and gums using the advised method. Good oral hygiene habits and healthy food options are discussed.

Dental health packages are also distributed during school and community group dental health education sessions.

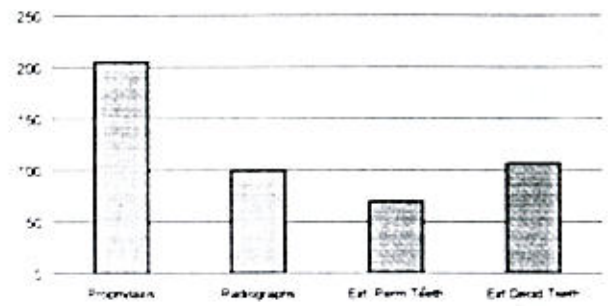
Restorative Procedures

Figure 3: Restorative Procedures



Other Dental Treatments

Figure 4: Other Treatments



Orthodontic Services

256 orthodontic services were provided.



ALCOHOL AND OTHER DRUGS



Staff

Raymond Nean AOD Worker
Dr Faris Sumara

The past year has seen some changes with the Alcohol & Other Drugs program. The Addiction Clinic has been increased to two days per week (Tuesdays and Wednesdays), with every second Wednesday an outreach clinic to South West Rocks.

GENERAL CONSULTATIONS

Home Visits

This service allows the person / persons seeking information, counselling and support in the comfort of their home.

Table 1: Home Visits

Gender	No.
Male	158
Female	63
Total Clients	221

Topics discussed during home visits include AA meetings, rehabilitation centres, general information, issues relating to family members, counselling, detoxification options, and court/probation and parole issues.

The AOD program also includes home visits to persons who are undergoing a Home Detoxification program (see statistics under Home Detoxification program).

Durri Visits

As in the past year, clients continue to be more willing to come to Durri AMS building to access the AOD worker. This can be linked to the AOD worker having his own office, and also clients feeling more comfortable to come into the building.

Table 2: Durri Visits

Gender	No.
Male	165
Female	92
Total Clients	257

This total does not include persons from the Addiction Clinic who attend on Tuesdays and Wednesdays.

Topics discussed during these visits are similar to those listed for home visits.

DETOXIFICATION

Table 3: Drugs clients have detoxed from

Drug Used	No.
Alcohol	13
Heroin	25
Benzodiazepine	2
Total Clients	40

Home Detoxification

Since the Home Detoxification program started last year, there has been a decrease in the admittance of patients to Kempsey District Hospital (KDH) for detoxification. Those that do not meet the home detoxification criteria (mainly alcohol user) are referred to KDH.

Table 4: Home Detoxification

Gender	No.
Male	23
Female	11
Total Clients	34

With the Home Detoxification program clients need regular follow-up during the 5–7 day program. This involves doing home visits once daily to client's homes, which include taking blood pressure, going through the Alcohol Withdrawal Scale (AWS), measuring fluids intake, and other activities.

Alcohol and heroin are still the main drugs that involve the Home Detoxification program.

Cannabis detoxification is done on a reduction scale (see Cannabis Quit program).

Hospital Detoxification

Table 5: Hospital (KDH) Detoxification (Alcohol Only)

Gender	No.
Male	2
Female	4
Total Clients	6

AOD staff visits to see how the person is coping. This involves providing support to the person to get through the detoxification process.

CANNABIS PROGRAMS

Cannabis Quit Program

The Cannabis Quit program is a 6-step guide. Clients are given a quit cannabis book that outlines the process

Stages of Change

- Preparing for Change
- Strategies for Change
- Managing Withdrawal
- Putting it All Together
- Relapse Prevention

The client goes through each stage of the book with the support of the Alcohol & Other Drug Counsellor.

Table 6: Participants in Cannabis Program

Gender	No.
Male	36
Female	15
Total Clients	51

Clients often start the program and then lapse back into cannabis use, as they may go through the cycle of change a number of times before succeeding.

Cannabis Reduction Program (Detoxification)

The Cannabis Reduction program is designed for clients who want to reduce their cannabis use. It can also be used as a detoxification method. Clients are not stopping their use completely, but decreasing over a period of time.

Both the client and the Alcohol & Other Drug Counsellor prepare the program, and daily/weekly follow-ups are scheduled to ensure it is working.

For example, the sample cannabis reduction plan below could apply to a client smoking approximately 30 cones per day. (Clients who smoke less would do a shorter program.)

Table 7: Sample Cannabis Reduction Plan

Week	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1	30	28	29	27	25	26	25
2	25	23	24	22	21	23	21
3	21	19	20	18	17	18	17
4	17	15	16	14	15	13	12
5	12	11	10	11	10	9	9
6	9	7	6	7	5	4	4
7	4	3	4	2	3	2	2
8	2	1	0	2	1	0	1
9	1	0	1	0	0	0	0

Clients are allowed to smoke only what is allocated in the daily column. If they only smoke 25 cones on Monday in week 1, they are not allowed to carry the 5 cones left over into Tuesday. The start of each new week begins with less or the same amount of cones with what they finished with on Sunday.

Table 8: Participants in Cannabis Reduction Program

Gender	No.
Male	11
Female	2
Total	13

The program as been going for approximately 5-6 months, and has had considerable success with those clients who are highly motivated.

Some have stopped cannabis use, while others have reduced their usage by half.

REHABILITATION CENTRES

The AOD program fields a lot of enquiries from persons who would like to enter a rehabilitation centre for treatment. This involves completing an application form with the person, and numerous phone enquiries regarding the application (eg. waiting period, and other information).

A lot of people who are enquiring about rehabilitation centres are referred from Court or Probation Parol.

The AOD program has referred clients to Bennelong Haven (Kempsey), Freeman House (Armidale), Namjeria Haven (Lismore), Kamira Farm (Central Coast), The Glen (Newcastle), Orana Haven (Brewarrina), Oolong House (Nowra), and Kedesh House (Berkley).

Table 9: Referrals / Attendance to Rehabilitation Centres

	Male	Female	Total Clients
Referrals	28	7	35
Attended	17	4	21
Phone Enquines			60
Transport Provided			7

The AOD program also provided bus / train tickets to clients who could not afford to pay for their tickets. This was due to them having only enough to pay their first week's rent at the rehabilitation centre. The total money spent on client tickets totalled to approximately \$200.

ADDICTION CLINIC

The Addiction Clinic as been running for approximately 3½ years, and is staffed by the Alcohol & Other Drug worker and Dr Samara. The clinic operates two days per week (Tuesdays and Wednesdays).

We receive referrals from a vast range of services in the Macleay Valley including the Department of Community Services, Probation Parol, Court House, other GPs, family and friends.

The clinic operates on an appointment basis, and people can also just drop in.

Since the clinic started three years ago, over three hundred people have utilised this important service. In the past twelve months, the clinic has seen 164 clients for various reasons. Of the 164 clients seen, 102 were new to the clinic.

Addiction Clinic Statistics for 2001-2002

Table 10: Addictions Clinic Activities

Clients	164
New Clients	102
Consultations	483

Table 11: Addictions Clinic Consultations

Consultation Type	
Counselling	431
Relapse Prevention	267
Controlled Drinking Diary	35
Cannabis Quit Program	29
Urine Drug Screen (UDS)	34
Quit Smoking Program	27
Home Detoxification	34
Hospital Detoxification	6
Education (Individuals and Groups)	13
Referrals	103
Letters	167
Resources - Pamphlets	200+
Transport from Clinic	57
Phone Enquines	200 +
Pharmacotherapy	63
Medications	100 +

The Controlled Drinking Diary, Quit Cannabis, and Quit Smoking programs are done individually.

OTHER ACTIVITIES



Community Development / Health Promotion

Table 12: Community Development / Health Promotion Activities

Program	Location	Target Group	Sessions	Approx. No.
A&OD Information	Kempsey & Melville High Schools	Yr 7 - 12	6	200
Standard Drinks	West Kempsey Community House	14 -16 yrs	1	8
A&OD Information	Bowraville Aboriginal Health Clinic	Adults	1	15
A&OD Information	Goorie Galbans Women's Group	Adults	1	20
Alcohol & Driving Relapse Prevention	Traffic Offenders Program	Adults	3	45
A&OD Info / Website Development	TAFE	Adults	6	25
A&OD Awareness	Community Radio / Tank FM		2	

Community Development Activities

The A&OD program is actively involved in the following groups and community development activities:

- Traffic Offenders Program (TOPs)
- Alcohol Injury Task Force
- Liquor Consultative Committee (LCC)
- Youth Program (Andrew Roberts)
- Youth Alcohol Awareness Camps (YAAC)
- Youth Group
- House of Youth
- Youth Expo Conference
- Case Conference Kempsey Community Health
- Probation Parol
- Greenhill Drug Action Team
- Methadone Program
- Bring them Home Submission
- Grow Support Group
- Men's Group
- Hasting Macleay AOD Interagency
- Goorie Galbans

Court Support

This involves the AOD worker attending court, and/or writing letters supporting persons who are involved in counselling, education or some form of AOD treatment.

Table 13: Court Support Activities

Court Support Activities	No.
Letters	39
Attend Court	5

Fit Packs

Distribution of Fit Packs is kept to a minimum. Only 39 Fit Packs were given out this year

TRAINING

The A&OD Worker was involved in the following training programs and workshops

Ray Nean is to be congratulated on graduating with a Diploma Alcohol & Other Drugs (completed with a credit pass)

Program / Workshop	Location	Duration (days)
Gambling Counselling	Port Macquarie	2
Healing Time	Nambucca Heads	3
Ethical Conduct	Kempsey	1
Stress Management	Kempsey	1
Sexual Health	Kempsey	1
Youth Leadership	Port Macquarie	1

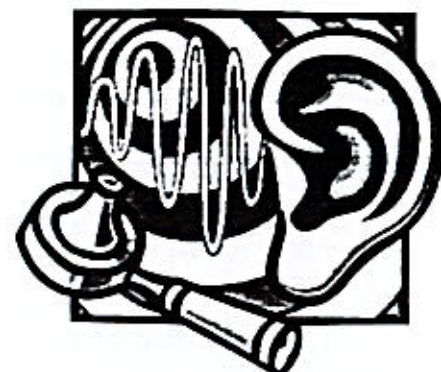
FUTURE PLANS

In the next twelve months, the AOD program would like to give the Addiction Clinic a more user-friendly name. It would also like to expand the Addiction Clinic through more outreach services.

The main goal is to combine the Mental Health Team, Youth, and Sexual Health to form a Social Emotional Wellbeing Team that covers all areas. This would involve a more detailed service to the clients.



HEARING HEALTH PROGRAM



Staff

Karanne Nean	Hearing Health Coordinator (relieving since February 2002)
Roanne Stirling	Hearing Health Coordinator (on leave)

The following report is a reflection of the statistics from February 2002.

Screening

Most hearing / ear screens are conducted at local schools and pre-schools. Schools attended included:

Kinchela Public School
Greenhill Public School
Frederickton Public School
West Kempsey Public School
South Kempsey Public School
Dalaguir Pre-school
Kempsey High School

Screenings identify children who have Chronic Otitis Media and ascertain those who might have reduced hearing levels.

Table 1: Screenings Conducted

Age Group	Male	Female	Total
2 - 5	26	54	90
5 - 10	83	68	151
10 - 15	24	11	35
Miscellaneous	4	10	14
			290

Table 2: Identified Otitis Media

Condition	Male	Female	Total
Otitis Media	18	30	48
Acute Otitis Media	13	11	14
Serious Otitis Media	12	24	36

Diagnosed Hearing Impairments

The importance of identifying children who are suffering a hearing loss is paramount to their education. If they can't hear, they can't learn.

Table 3: Diagnosed Hearing Impairments

Condition	Male	Female	Total
Fluctuating Conductive Hearing Loss	27	21	48
Sensorineural Hearing Loss	0	3	3

Audiograms

An audiogram is performed to identify hearing loss. The Hearing program examines most children. If a poor audiogram is indicated, these children are referred to Australian Hearing Service for a comprehensive testing in a sound proof booth.

Table 4: Referrals to Australian Hearing Service

Age Group	Male	Female	Total
2 - 5	16	20	46
5 - 10	33	30	63
10 - 15	10	4	14
Miscellaneous	0	0	0
			123

Table 5: Audiograms Performed

Age Group	Male	Female	Total
2 - 5	22	20	44
5 - 10	26	32	58
10 - 15	18	11	29
Miscellaneous	1	0	1
			132

Table 6: Number of Children Transported to the Australian Hearing Service

Female	48
Male	49
Total	97

Tympanograms & Otoscopy

Every child who is seen by the Hearing Health Worker has an ear check (otoscopy) and also a tympanogram. A tympanometer can detect fluid filled middle ear space ("glue ear"). The incidence of "glue ear" is ten times higher in Koori children than the general population, thus the incidence of fluctuating conductive hearing loss.

Table 7: Tympanograms & Otoscopies Performed

Age Group	Male	Female	Total
2 – 5	26	54	80
5 – 10	83	68	151
10 – 15	24	11	35
Miscellaneous	4	10	14
			280

Clinics held at Durri with an Audiologist

The partnership with Durri and Australian Hearing Service enables our community to access an Audiologist without having to travel away from Kempsey. An Audiologist has held three clinics at Durri since February 2002, and also helps with screenings at schools on a needs basis.

Table 8: Children Screened by Audiologist

Female	29
Male	21
Total	50

Children referred to Ear Noise and Throat (ENT) Specialists

The Hearing program ensures children attend appointments to Specialists. This includes making appointments, liaising with doctors who are referring and parents or caregivers. The program also provides transport to these appointments (52 trips since February 2002). The Hearing Health Coordinator may attend appointments with the parents to better case manage the ongoing care of their children.

Table 9: Children referred to ENT

Age Group	Male	Female	No.
2 – 5	12	18	30
5 – 10	9	12	21
10 – 15	3	5	8
Miscellaneous			
Total			59

Children required to have Surgery

Koori children often require surgery to have grommets. It is found that grommets assist the fluid in the middle ear space to drain more freely, thus reducing the prevalence of "glue ear". The improved hearing levels help our children to learn.

The Hearing program also provides transport to and from Port Macquarie Hospital for this surgery.

Table 10: Children who had Grommets Inserted

Age Group	Male	Female	No.
2 – 5	0	3	3
5 – 10	2	2	4
10 – 15	0	1	1
Total			8

Home Visits

To ensure optimum care and service is provided to the community, home visits are made to clients without means to a telephone or car. There have been 56 home visits since February 2002.

Future Direction

With the completion of the new Durri building, clinics for ear screening could be held on the same day as immunisation days, to access younger babies and children. It would also enable the Hearing Health Coordinator to liaise more closely with doctors and to see children on a drop in basis.

MENTAL HEALTH PROGRAM

Staff

Wayne Smith Mental Health Support Worker



The principal function of the Mental Health Support Worker is to provide case management for long term mental health clients. This includes providing support through the Living Skills programs, supporting families, and assisting with the care of long term clients.

The Mental Health program also provides support to victims of domestic violence and sexual assault, members of the stolen generation, individuals and families with grief and loss issues, and individuals with stress and depression related symptoms.

Our aims are to

- Improve the range, quality and effectiveness of Aboriginal health strategies which promote emotional and social well being among the Aboriginal population of the Macleay Valley
- Ensure that the Aboriginal population is more informed about mental health issues, and strategies to maintain their own mental health and to support Aboriginal people with a mental illness
- Reduce the incidence and prevalence of mental illness and associated disabilities
- Reduce the number of suicides
- Reduce the incidence and prevalence of depression and associated disabilities
- Ensure consumers and carers are more informed about signs of a first episode or a relapse of illness and how to respond
- Increase consumer and carer satisfaction with Mental Health Workers response to early warning signs
- Improve service access and better mental health outcomes for all Aboriginal people living in the Macleay Valley

- provide community education and mental health promotion in key settings

- Family
- Schools and other educational institutions
- Primary health care facilities including mother and baby health centres
- Disability support services provided by non-government agencies
- Community support services
- Employment and income support agencies
- Public housing and private support residential services
- Workplaces
- Courts

Case Management of Long Term Mental Health Clients

The Mental Health Support Worker works closely with the Aboriginal Mental Health Worker from Community Health and has case managed eight long term clients. Processes involved include:

- **Psychiatrist Appointments**
These involve transporting the client to the psychiatrist, and discussion with the psychiatrist about the client's concerns and daily activities.
- **Pathology Visits**
These are a necessity in the protocol of certain medications.
- **Supervising the Use of Medication**
It is necessary to supervise some clients taking their medication. This may be

because of their incapacity or non-compliance.

- **Regular Home Visits**
The Mental Health Support Worker makes several home visits each day. This is not only for long term clients, but other individuals affected by mental health issues (eg. family matters, violence, or family members or carers of long term clients with concerns).
- **Transportation**
We assist with the transport of scheduled clients. Unfortunately, individuals that are a danger to themselves, or to others, and refuse treatment have to be moved to gazetted units. For our clients this means being transported to Newcastle or Coffs Harbour for rehabilitation.
- **Liaison with Probation and Parole**
Some mental health clients have involvement with the judicial system and are on court orders for treatment. The Mental Health Support Worker will often attend interviews to establish rapport and support these clients.
- **Living Skills Program**
The Living Skills program is an important part of the rehabilitation services for long term clients diagnosed with mental health illness. This program is a highlight of the week for most participants. Activities include outings, sporting events, barbecues, fishing excursions and educational programs. The program operates once a week for a six-hour period.
- **Tele-medicine**
Tele-medicine enhances access to a number of important services for clients with mental illness. Professor Marie Bashir kindly donates her services to conduct assessments of clients. Tele-medicine is also used for educational programs by other programs including Community Health - Mental Health, and Department of Community Services (DoCS).

Training Provided

The two workshops delivered during the year included "Stress Management in the Workplace"

(an Inter-Agency Workshop) and a Tele-Medicine Workshop, "How to Use It".

Networking and Partnership

The Mental Health program works closely and in partnership with many other agencies to provide the best possible service to the community, and in particular, those with mental illness.

Committee Membership

The Mental Health Support Worker is a member of the following committees:

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

Training

The Mental Health Support Worker participated in the following training programs:

- A I N - Assistance in Nursing
- Aboriginal Arts & Cultural Practices - Certificate IV
- R.A.P. - Resource Adolescent Program
- Healing Time - Drugs in Schools Program
- Home Detox Program - Alcohol, Heroine
- First Aid Certificate
- Support Workers Certificate III - Mental Health
- Train the Trainer Program a NSW Aboriginal Health Information Strategy

YOUTH PROGRAM



Staff

Donald "Jack" Griffen Youth Worker

The Kempsey Youth Service is funded through a community service grant from the NSW Department of Community Services. The program caters for ATSI youth between the ages of 10 and 18, and provides transport, youth outings, financial assistance, sporting programs, education and support to other ATSI youth programs within the community.

Parenting Program

This project was embarked on with the assistance of Mid North Coast Community Health (MNCCH). The objectives were:

- to increase awareness of, and responsibilities for being a parent
- to increase the understanding of children's needs
- to increase the understanding of community needs

A series of community information sessions were planned. Limited interest was shown, although that which was shown was from young women. It is proposed to explore the option of a young mother's support group.

Community Development

Support was provided to the West Kempsey Neighbourhood Improvement Project (WKNIP) in the way of transport assistance to help five young girls attend distance education programs.

Assistance was also provided to South Kempsey Neighbourhood Improvement project (SKNIP) for the Mt Gravatt Touch Knockout Competition.

Promoting Health and Fitness

The objective of this project is to promote teamwork, health and fitness, and to encourage young people to stay at school. Programs are conducted to validate young people as respected members of the community.

Financial assistance is provided to Aboriginal youth to attend the health and fitness activities.

The program is designed to keep youth active through sporting activity. Sports where youth are mostly involved include Rugby League, Athletics, Basketball, Netball and Soccer.

"We deliberately focus on those who are keen to participate in the hope that they provide good role models for others to follow."

The Youth Service assisted 26 youth and provided five teams with levies and registration fees. **A total of 94 youth received financial assistance to compete at local and regional level.**

Throughout the year a request form and policy was developed to help gain better data to develop the program.

Greater adult involvement is essential, particularly in the form of coaching and refereeing.

It is hoped that other programs, such as nutrition education, will develop to complement these activities.

Crime Prevention

A series of meetings was held with the local Aboriginal Police Liaison Officers who are very supportive of Cultural and Heritage Camps for young people. These remain on the agenda but a number of issues need to be resolved including funding, insurance and public liability, transport and managing health problems.

School Retention

Youth Leadership programs were established at Melville and Kempsey high schools.

ATSI youth are more likely to drop out of school and attend TAFE courses as a result of the learning format and the relaxed environment. Our objective is to maintain young people's attendance at school.

KEMPSEY ABORIGINAL COMMUNITY WEBSITE PROJECT

Staff

Shannon Taylor	Project Manager
Meredith Izon	Senior Project Officer
Stacey Kelly-Greenup	Trainee Project officer
To be appointed	Website Manager

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

The project aims to:

- create greater access to the Internet and Information Technology in youth friendly locations;
- 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.

This initiative has been developed in a partnership between the Inspire Foundation, the Durri Aboriginal Corporation Medical Service, the

Djigay Centre for Excellence in Aboriginal Education in Kempsey and the North Coast Institute of TAFE.

The Project has been guided by an advisory committee made up of local service providers and interested members of the Kempsey community. The Dunghutti Elders Council and a specially formed Youth Advisory Committee have also been involved in the development of the project.

In partnership with Djigay, an Introduction to Computers Course has been established to provide increased technology training opportunities for local people. The students have also been involved in creating and collecting content to be featured on the website.

While the website will have a strong health focus it will also focus on key local community events happening in and around the Kempsey area. One such event was the trip Kathy Freeman made to Kempsey to promote the website and its benefits.

Kathy Freeman visiting Kempsey to promote the Website



A name and logo for the website has been chosen after a number of local people submitted their work. The chosen name is GOTM.com.au (Gooris On The Macleay).



The website will feature:

- Interviews with local service providers
- Health content
- Whazzup section – fun stuff happening in Kempsey
- Local Calendar – featuring key community events
- Local Aboriginal Art
- Stories, poems
- Music

The website has been designed to enable the community to publish their own content on an ongoing basis.

While bringing the Website to Kempsey is a benefit to the community it also has brought with it two positions. These

positions have been setup for young local Indigenous people to apply for help to increase the promotion of the website throughout the Indigenous community of Kempsey.

The project has received funding from the Commonwealth Departments of Family & Community Services and Education Training & Youth Affairs; NSW Health – Aboriginal Health Branch; the NSW Department of Information Technology & Management; ATSIC and The Myer Foundation. The project commenced in October 2001 and will be a model that can later be adapted in other Indigenous community settings in NSW and potentially nationally.



MID NORTH COAST ABORIGINAL DIABETES CHRONIC DISEASE PROGRAM

Staff

Laurie Clay Diabetes Educator

Diabetes Statement

The vision of the Mid North Coast Aboriginal Diabetes Chronic Disease Program is to improve diabetes health care and well-being for Aboriginal people with diabetes and their communities.

Our aims are:

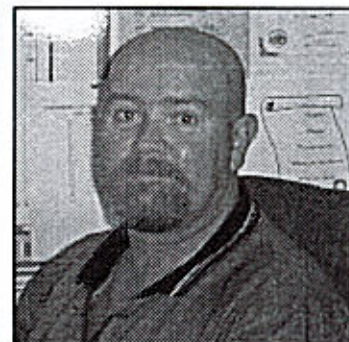
- to provide quality, culturally appropriate diabetes health care and education programs
- to achieve optimal health for Aboriginal people with diabetes
- to be the leading Aboriginal diabetes service provider nationally

We aim to benchmark quality diabetes services and clinical pathways as best practice standards in diabetes care in Aboriginal communities.

To do this we will:

- provide cognitive support and develop holistic concepts in diabetes education and management
- develop and implement early intervention programs using modern technology in diabetes facilitation
- network and liaise with other relevant and peak diabetes service providers

The Diabetes Educator will conduct extensive primary and early intervention programs, and promote diabetes management and health education programs through in-service training, diabetes clinics, and consultations. This will involve Aboriginal communities, schools, Aboriginal organisations and individuals in the delivery of primary health concepts.



A Positive Response

The Mid North Coast Aboriginal Diabetes Chronic Disease program has received a positive response from Aboriginal communities within the Mid North Coast.

Several communities have indicated that they do not require diabetes services. This is due to the services that their staff provide and those that are provided through the Mid North Coast Area Health Service diabetes educators. These communities and their services have indicated that they would prefer diabetes education and training for their staff and community members rather than diabetes clinical services.

Letters of introduction have been mailed to Land Councils, TAFE colleges, schools, brokerages, Aboriginal Medical Services, Aboriginal Health Outposts, Diabetes Educators, and Pharmaceutical companies. Several of these organisations have indicated that they may require our services at a later date.

The Diabetes Clinical Nurse Consultant from Port Macquarie Community Health services Wauchope and Laurieton, While Biripi AMS and Foster AMS are serviced by Diabetes Clinical Nurse Consultants from Taree Community Health and Foster Community Health respectively.

We have been able to strengthen links with allied health in various communities. This has enhanced a smoother transition for the program by providing improved access for diabetes patients.

The health status of patients is assessed through home visits, referrals, recalls to clinics, case management, and the implementation of best clinical practices and pathways.

Clinics

Communities that we are currently providing new diabetes services include Yarrowarra, Coffs Harbour, Bowraville, Bellbrook, Kempsey, Kempsey TAFE, Kempsey community houses at West and South Kempsey, Crescent Head and South West Rocks.

Nutritional Information

Nutritional information has come from Heinz, Sanitarium, Kellogg's, and the Dairy Cooperative. Handouts, diets and menus on glycaemic index are available from community centres that we service. Diabetes Australia has also contributed an educational CD rom.

Furthermore, we hold cooking and food sampling at the Diabetes Clinics at Durri, and we are investigating how best to service the communities with kitchen cooking sessions.

In-service Training and Education

Early intervention, education and awareness sessions have been facilitated for staff at Melville High School Kempsey, Booroongen Djugun Aboriginal Corporation, West Kempsey Primary School, South Kempsey Primary School, and Crescent Head Primary School.

Future Direction

It is envisaged that the Mid North Coast Aboriginal Diabetes Chronic Disease program will adhere to principles of excellence in diabetes education and management. An application can be made to the Australian Diabetes Association to become an Aboriginal diabetes centre of excellence based at Durri. This could potentially attract medical students, student nurses, TAFE students, and university community placements to the program.

The Mid North Coast Aboriginal Strategic Plan and the National Diabetes Strategy have provided a framework for operation and a clear direction for development.

Information & Technology

Pharmaceutical representatives provide a viable source of information and technology including products, clinical guidelines, resources and equipment. Data from the program will be analysed to determine morbidity and mortality rates, and to identify causes of health problems that place individuals and the community at risk.

Research, Education and Training

- Participated in the New Children's Hospital West Mead Kidney Survey in the Macleay area where 200 children were screened from 16 - 31 May 2002.
- Attended the Mental Health Conference at Port Macquarie focusing on psychological effects for people with diabetes.
- Presented at National Sorry Day on 26 May 2002 to the State Conference of Diabetes Australia held in Coffs Harbour where 150 people attended.
- Presented on local radio station in National Kidney Week the complication status and associated risk of diabetes and renal disease.
- Student placement in the diabetes program for one week.
- Participating with Jo Gwyn from the Newcastle University Community Survey and focus groups into Aboriginal people with Type II diabetes.
- Organised the first outreach Adult Endocrinology Diabetes Clinic at Coffs Harbour on 14 June 2002 where 28 participants attended.
- Provided diabetes in-service training to teachers at Kempsey High School where 27 people attended.
- During my presentation at the Diabetes Conference in Coffs Harbour on 26 May 2002, I was presented with the state award, **Sir Kempson Maddox Award**, for a unique contribution to diabetes and the diabetes movement.

SEXUAL HEALTH PROGRAM

Staff

Peter Brown HIV/Sexual Health Worker

The Sexual Health program had gone through a period of disruption and inactivity prior to the HIV/Sexual Health Worker starting at Durri in September 2001. An enormous amount of groundwork was required, such as developing the partnership with MNCAHS Sexual Health and meeting people in the communities of Bellbrook, Bowraville and Kempsey to ascertain their needs.

Despite the stigma attached to sexual health the program is progressing reasonably well. Education and awareness programs in Sexual Health have been provided to high schools, TAFE, staff, and individuals in person or over the phone. The Needle and Syringe Program (NSP) is supplying Fit Packs to discourage people sharing needles and syringes, and thereby providing harm minimisation not only for themselves but to Aboriginal communities.

HIV, sexually transmitted infections, and hepatitis are still major problems in Aboriginal communities. The stigma attached to sexual health makes it difficult to assess the magnitude of these diseases. Early detection of any viruses or infections is extremely important.

A key role for the HIV/Sexual Health Worker is to provide adequate early intervention education programs.

Programs and activities include:

- Ongoing education and awareness programs on HIV, Sexually Transmitted Diseases, and hepatitis to high schools in Kempsey, Macksville, and Nambucca. Approximately 50 females and 60 males aged 7-9, 10-12, 13-15, and 16-18 years have participated to date.
- Youth Workers Workshop, at Crescent Head for two days attracted 30 participants
- 30 TAFE students attended Durri for education and awareness in sexual health
- Assisting with a Youth Resource Package to be completed by TAFE students by mid December 2002
- Sexual Health team network meetings in Port Macquarie and Coffs Harbour
- Assisted with Local Youth Website
- Men's Health Forum with 35 participants
- Sexual Health Workshops
- Needle and Syringe Program and meetings
- Outreach Post / Bowraville (and soon to Bellbrook) with 30 participants
- Workforce Development Program State Committee
- Sports Program
Health education was provided to footballers going to the knockout competition in Sydney or Moree.
- AH&MRC Meeting on behalf of Durri

The Year to Date

- distributed 200 fit packs (total of 1000 syringes)
- distributed 600 packs of condoms
- 10 clients received one-to-one counselling
- referred 5 clients to other clinics
- organised transport for clients to specialist doctors
- acted as advocate for clients with health professionals
- provided education and awareness to over 100 students in high schools and TAFE
- worked in the doctor's clinic to cover when staff levels were short. This also allowed the HIV/Sexual Health Worker to interact with the community.

Future Challenges

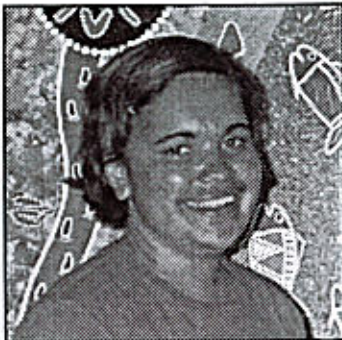
"Since Sexual Health is a "shame thing" within our communities and it overlaps other key areas in health, such as Alcohol & Drugs and Mental Health, I feel that there needs to be a more coordinated approach to these issues with doctors and Health Workers within Durri."

"Limited funding for this program makes it difficult to plan workshops for education and resources. However, I am thankful for the great partnership between Durri & MNCAHS Sexual Health, Aids Council of NSW (ACON) Mid North Coast and the network of other Sexual Health Workers within the region who provide me with resources and materials. I will continue to push for more funding for this program for all Aboriginal Sexual Health Workers."

REGIONAL EYE HEALTH PROGRAM

Staff

Robyn Scott-Blunden Program Coordinator
 Cecily Griffen Program Support
 Worker



INCREASED ACCESS

The community optometrist has provided eye services in conjunction with the Regional Eye Health Coordinator in a number of communities including Ballina, Casino, Lismore and Coffs Harbour. In addition, as another supporting strategy, Vincent Ang, an independent optometrist, has provided services in Coffs Harbour, Wauchope, Bowraville and Kempsey.

In conjunction with the International Centre for Eyecare Education, onsite optometrist services have been established in Armidale and Kempsey. It is anticipated that additional on site services will soon be negotiated in Taree and Coffs Harbour.

The Regional Eye Health Program is in its third year of operation, across an area that extends south from the Queensland border to Newcastle, and inland to Tamworth. Within this wide expanse of territory there are dozens of communities where Aboriginal people live. In order to best reach the majority of communities and community members, the program uses the existing Aboriginal medical Services and Health Outposts as conduits for the eye service.

Equipment Purchase

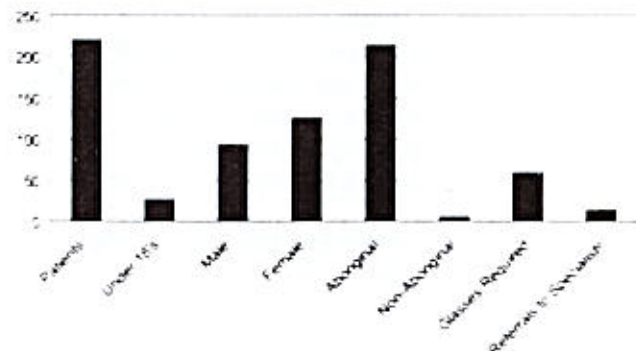
Based on a submission developed by the Regional Eye Health Coordinator, approximately \$20,000 in funding was approved by the Office for Aboriginal and Torres Strait Islander Health (OATSIH). These funds were used to purchase additional equipment such as slit lamps, eye charts and trial lens cases.

Creating Awareness

Schools continue to be a focus of the program. Eye health issues are discussed with students and teachers, with a goal of providing as much information as possible, in order to promote eye care and prevent eye damage.

Presentations are provided on an as needed basis. The Regional Eye Coordinator has taken part in numerous activities where information on eye health has been distributed. This includes participation in the Diabetes camps, as well as attending meetings of the Mid North Coast Aboriginal Chronic Disease Program, and the safe communities initiative.

Eye Health Program Stats 2001-2002



BOWRAVILLE ABORIGINAL HEALTH OUTPOST

Staff

Bronwyn Leon	Snr Aboriginal Health Worker	F/t
Paula Craig	Trainee Admin Officer	16 hr/wk
Leonie Wilmshurst	Volunteer Receptionist	12 hr/wk
Vacant	Cleaner	16 hr/wk
Vacant	Transport Officer	16 hr/wk



In October 1997, the Bowraville Aboriginal Health Outpost (Outpost) was established following a complex needs assessment process and as an outcome of the Bowraville Aboriginal Health Needs Project. Today, the Outpost's primary service provision is to those Aboriginal people within Bowraville and adjoining townships (Nambucca Heads and Macksville).

Programs

The primary role of the Outpost is to coordinate and facilitate outreach services for Aboriginal people within Bowraville Aboriginal community. The current programs that are being provided include the following.

Primary Health Care:

- Doctors Clinic
- Transport Program
- Clinic Triage by the Senior Aboriginal Health Worker
- Maternal and Infant Care Program
- Immunisation Program
- Otitis Media Program
- Chronic Disease Program
- Women's Health Program
- Child and Adolescent Health Program
- Sexual Health Program
- Eye Health Program
- Health Promotion Program

Social and Emotional Wellbeing:

- Mental Health
- Alcohol and Other Drugs
- Sexual Assault

- Family Violence
- Other Specialist Services

Administration and Management Support:

- Management Support Training
- Policy and Procedures
- Bowraville Aboriginal Local Health Plan Review
- Operation Health Plan

Staff Training and Development:

- Recurrent Funding
- Staff Recruitment
- Staff Training and Development
- Staff Personal Development Plan

Doctors

The Doctors Clinic that is provided by the Outpost is supported by a number of local doctors, which include Dr Danny Ryan, Dr Antonia North, Dr Denny Howard, and Dr Fares Samara.

Patient Consultation

- In June 2002, the clinic conducted a patient file audit, which there were 1,215 patients registered on the clinic database.
- During 2001/2002 there were 1,944 patient consultations
- Males represented 34.6%, whilst women represented 65.4% total number of patient consultants.

New Patients

- During 2001/2002 there were 110 new patients who attended the Outpost.
- Total number of Aboriginal patients who attended the Outpost was 81 (73.6%), which males = 39 (35%) and females = 42 (38%).
- The number of non-Aboriginal patients who attended the Outpost = 29 (26.4%), which males = 15 (14%) and females = 14 (13%).
- Total number of Aboriginal patients visiting the Outpost = 32, which males = 13 (11.8%) and females = 19 (17.2%).
- Total number of non-Aboriginal patients visiting the Outpost = 15 (14%), which males = 6 (5.5%) and females = 9 (8.1%).

Transport

Transport continues to be a crucial program ensuring that all clients have adequate access to primary health care and specialist services. The Outpost provides outreach services to those Aboriginal people residing in Nambucca Heads and Macksville.

Due to the limited funding, the clinic has had to review its program, which has involved restricting its service provision to transporting clients to and from the clinic. It also includes transporting clients who are referred by the clinic's Medical Officers to attend specialist services either situated locally or at Coffs Harbour, Kempsey and Port Macquarie.

Chemist Vouchers

In 2001/2002 the Outpost issued 97 chemist vouchers. The purpose of the chemist vouchers is to provide financial assistance to those clients who currently hold a pension or health care card in particular, to access a medication that prevents the client from being admitted to hospital.



GALAMBILA

Board

Mick Mackay	Chairperson
Shaun Hart	Deputy Chairperson
Del Donnelly	Secretary
Shirley Charles	Treasurer
Stephanie Hart	Director

Staff

Steve Woods	Executive Officer
Cheryl Soderlund	Aboriginal Health Worker
Natalie Wilson	Administration Officer
Karen Spark	Clinical Nurse
Tyan King	Cardiovascular Health Worker
Petrina Tankel	Cardiovascular Registered Nurse
Larrissa Hart	Reception
Eric Lockwood	Transport Officer
Graham Morris	Transport Officer
David Hart	Transport officer
Jim Hurley	Aboriginal Education Officer
Kate Skinner	Midwife
Janelle Powell	Midwife
Ivy Ferguson	Aboriginal Health Worker
Helen Palmer	Doctor
Jane Deegan	Doctor
Christine Yelf	Doctor
Bruce Watts	Doctor

Visiting Specialists

Max Brimsmead	Obstetrician
Anand Naidoo	Paediatrician
Vincent Ang	Optometrist

Durri auspices Galambila, but has a joint commitment with the Galambila Board to support a gradual move to total independence over the next couple of years.

During the year existing programs continued to expand their activity levels and new programs were initiated.

Galambila now has five days of the week covered by doctors. This is a great demonstration of the cooperation between Galambila, Durri, private GPs, Mid North Coast Division of General Practice and Mid North Coast Area Health Service. All are committed to the development of a first class community controlled health service for the Aboriginal communities of the Coffs Harbour region.

New services to develop include:

- Adult and Child Dental Health Services
- Diabetes Clinics
- An Outreach Program of School Screening



Unique Management Structure

The governing body of Galambila includes an Aboriginal Community Board supported by associate member organisations. There are currently five community members on the Board, chaired by Mr Mick Mackay.

Associate Members include:

- Mid North Coast Division of General Practice
- Durri
- Yarrowarra CDEP
- Mid North Coast Area Health Service
- NSW Health Department

Programs

Programs conducted and managed through Galambila include:

- AMP (Aboriginal Midwifery Program)
- Doctors Clinics
- Aboriginal Health Worker Services
- Transport
- Cardiovascular Program
- Clinical Nursing

Programs supported through visiting services include:

- Families First
- Centrelink
- Diabetes

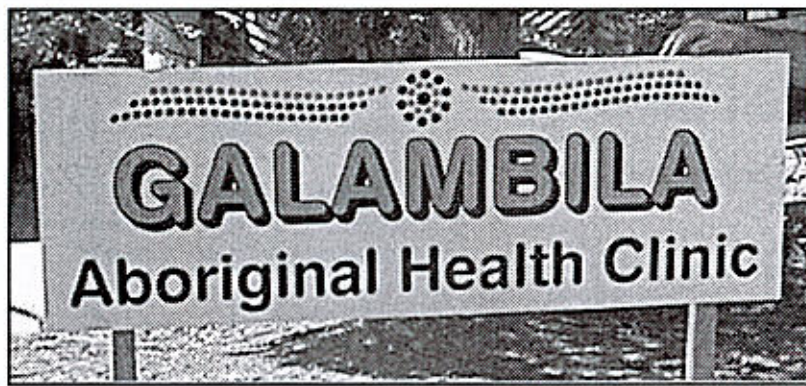
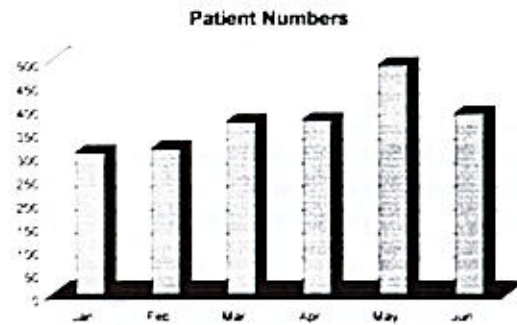
- Podiatry
- Sexual Health
- Drug and Alcohol
- Audiology

Visiting Specialists include:

- Paediatrics
- Optometrist
- Obstetrician

- 84% Aboriginal

- 16% non-Aboriginal



FINANCE TEAM

Staff

Ros Roach	Finance Officer
Isobel Bradshaw	Assistant Finance Officer
Debbie Bradshaw	Bookkeeper
Walter Miller	Part time Accountant

The financial activity for Durri for the year has been similar to 2000/2001. However, it is expected to increase again in the new financial year with further work on the York Lane building and the onset of the Coordinated Care Trial.

The finance unit has been able to respond to the increased demands. It is pleasing to note that we have been able to continue with our good record of lodging all financial reports on time, and had a 100% compliance record with the Taxation Department.

All staff within the finance section have now received training in first aid and Ros Roach received Occupational Health and Safety training.

Computerisation of Medicare

The processing of computerised Medicare payments has been fully implemented and is now a part of normal business. It has significantly improved the payment process.

Bowraville and Galambila also have been set up for computerised Medicare payments.

Auspicing Other Agencies

Up to five days each month is spent by Ros on managing the financial processes for Galambila and Bowraville. Nambucca will add to this workload over the next year with the opening of their clinic.

New Asset Management System

We have introduced a new Asset Management System this year to enable easier management of Durri's increasing assets.



DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 87 5

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2002

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GOVERNING COMMITTEES' REPORT

Your Committee Members present their report on the Corporation for the financial year ended 30 June 2002.

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
Brian Bradshaw	Raymond Clay
Jeanine Sines	Rodney Cowan
Wendy Cowan (appointed 14/11/01)	Alan Smith (resigned 14/11/01)
Tom Sines	Karen Rhodes
Mary-Lou Buck	Janet Smith
Tony Gray	

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 \$926,576. The operating result represented a decrease of \$810,447 when compared to the profit of \$1,737,023 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 revenue during the year amounted to \$4,712,900 (2001: \$5,073,257). Total expenditure during the year amounted to \$3,786,324 (2001: \$3,336,234).

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

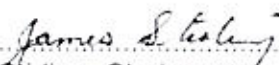
Since the end of the previous financial year, no Committee Member has been paid or become entitled to be paid a benefit (other than a benefit included in the aggregate amount of emoluments paid or due and payable to the Committee Members shown in the Financial Statements, or the fixed salary of a full 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.

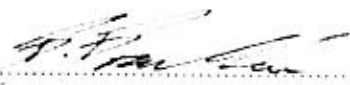
PROCEEDINGS ON BEHALF OF CORPORATION

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

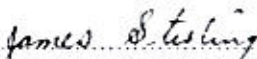
Dated: 23rd day of September 2002

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 2002 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: 23rd day of September 2002



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 COMM FCA
WINIFRED GIBSON
ROBERT MAGNUSSEN B BUS CA
PAUL FAHEY B BUS CA
RODNEY SMITH B FIN ACMM CA

Scope

We have audited the financial report of Durri Aboriginal Corporation Medical Service for the financial year ended 30 June 2002, 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: 23rd September 2002

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 2002, 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

- so as to give a true and fair view of the Corporation's financial position as at 30 June 2002 and of its performance for the year ended on that date;
- in accordance with the Aboriginal Councils and Associations Act 1976, and the Rules of the Corporation; and
- 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: 23rd September 2002

CHARTERED ACCOUNTANTS

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STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
Revenues from ordinary activities	2	5,136,900	5,073,257
Employee benefits expense		(1,820,744)	(1,591,717)
Depreciation and amortisation expense	3	(298,538)	(173,565)
Borrowing costs expense	3	(52,425)	(40,790)
Other expenses from ordinary activities		(2,038,617)	(1,530,162)
Profit from ordinary activities before income tax expense	3	926,576	1,737,023
Income tax expense relating to ordinary activities	1	-	-
Net profit from ordinary activities after income tax expense attributable to members of the Corporation	14	926,576	1,737,023
Total changes in equity other than those resulting from transactions with owners as owners		926,576	1,737,023

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2002

	Note	2002 \$	2001 \$
CURRENT ASSETS			
Cash assets	5	1,413,504	854,975
Receivables	6	972,329	582,964
TOTAL CURRENT ASSETS		2,385,833	1,437,939
NON-CURRENT ASSETS			
Other financial assets	7	1,210	1,306
Other	8	20,722	26,881
Property, plant and equipment	9	2,029,422	2,045,160
TOTAL NON-CURRENT ASSETS		2,051,354	2,073,347
TOTAL ASSETS		4,437,187	3,511,286
CURRENT LIABILITIES			
Payables	10	87,025	59,179
Interest bearing liabilities	11	447,810	139,956
Provisions	12	154,804	130,789
Other	13	722	3,500
TOTAL CURRENT LIABILITIES		690,361	333,424
NON-CURRENT LIABILITIES			
Interest bearing liabilities	11	80,359	444,258
Provisions	12	20,352	13,969
TOTAL NON-CURRENT LIABILITIES		100,711	458,227
TOTAL LIABILITIES		791,072	791,651
NET ASSETS		3,646,115	2,719,635
EQUITY			
Retained profits	14	3,644,905	2,718,329
Reserves	15	1,210	1,306
		3,646,115	2,719,635

**STATEMENT OF CASHFLOWS
FOR THE YEAR ENDED 30 JUNE 2002**

	Note	2002 \$	2001 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		4,236,053	4,366,467
Payments to suppliers and employees		(3,468,604)	(3,015,877)
Interest received		25,705	15,841
Borrowing costs		(52,425)	(33,827)
Dividends received		48	15
		<hr/>	<hr/>
Net cash provided by (used in) operating activities	18(a)	740,777	1,332,619
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		729,948	543,279
Purchase of property, plant and equipment		(856,151)	(1,465,034)
		<hr/>	<hr/>
Net cash provided by (used in) investing activities		(126,203)	(921,755)
CASH FLOW FROM FINANCING ACTIVITIES			
Repayment of lease liability		-	(52,450)
Repayment of borrowings		(56,837)	(9,423)
Proceeds from hire purchase		28,233	110,469
		<hr/>	<hr/>
Net cash provided by (used in) financing activities		(28,604)	48,596
Net increase (decrease) in cash held		585,970	459,460
Cash at beginning of financial year		781,807	322,347
		<hr/>	<hr/>
Cash at end of financial year	5	1,367,777	781,807
		<hr/> <hr/>	<hr/> <hr/>

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 2002**

	2002	2001
	\$	\$
INCOME		
NSW Health Department	545,700	491,000
Commonwealth Department of Health and Family Services	2,021,360	1,335,533
Capital Funding – Buildings & Equipment	353,240	1,715,047
Department of Community Services	131,886	94,984
ATSIC	184,873	223,020
Mid North Coast Area Health Grant	259,238	73,629
Family and Community Services Grant	57,000	57,000
Immunisation Grant	7,100	5,000
DEET Grant	-	3,883
DETYA Grant	-	31,600
Nambucca Health Post	10,000	-
EN Training	32,000	-
Wage Contributions	89,772	32,824
Emergency Relief	12,691	19,110
Rent Received	40,402	48,019
Medicare Receipts	432,766	342,448
Interest Received	25,705	15,841
Immunisation	12,287	18,591
Workers Compensation	14,429	17,312
Motor Vehicle Lease Contributions	20,529	-
Land and Buildings Asset Revaluation	165,216	-
Profit on Sale of Non-Current Assets	10,180	38,399
Miscellaneous	7,485	5,137
	<u>4,433,859</u>	<u>4,568,377</u>
EXPENDITURE		
Accountancy	2,000	135
Advertising & Promotion	13,665	7,976
Administrative Costs	21,193	662
Annual Leave Provision Expense	13,212	9,158
Auditors Remuneration	14,088	12,900
Addiction Clinic	50,872	24,428
Art & Culture	22,909	19,275
Bank Charges	6,520	5,802
Cleaning	27,025	27,217
Contractors	321,219	129,940
Depreciation	298,538	173,565
Dental Referrals	26,204	9,032
Donations	4,155	7,168
Doubtful Debts Expense	1,453	-
Electricity & Gas	14,061	12,725

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**ADDITIONAL FINANCIAL DATA
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2002**

EXPENDITURE (continued)	2002	2001
	\$	\$
Expendable Equipment	3,444	9,226
Emergency Relief Expenses	11,816	382
Farewell Dinner	787	-
Funeral Expenses	3,354	2,027
Goorie Galban Women's Group	21,291	-
Insurance	19,115	13,326
Interest on Loan	35,451	33,827
IWI Program	18,926	27,337
Laundry	3,387	3,671
Legal Costs	-	12,053
Licenses	681	613
Long Service Leave Provision Expense	10,222	4,248
Medical Supplies	68,349	72,821
Medical Waste	5,343	5,567
Motor Vehicles	145,248	119,687
NAIDOC Spending	29,037	42,400
Postage & Freight	2,039	1,558
Printing & Stationery	32,060	34,472
Program Expenses	26,352	22,942
Publications	66	-
Orthodontist	8,248	7,665
Rent	34,939	42,065
Rates	14,711	13,755
Recruitment Expenses	13,028	3,729
Repairs & Maintenance	46,032	20,043
Security Costs	3,024	1,910
Seminars & Meetings	13,463	46,105
Sports Program Spending	52,685	85,130
Superannuation Contributions	130,366	115,318
Supplies – Dental	11,054	25,868
Telephone	71,482	57,287
Travel Expenses	31,668	17,596
Traditional Law	4,968	4,685
Tuition	67,223	16,302
Website	-	1,500
Wages	1,666,944	1,462,933
Workers Compensation	13,890	25,545
Uniforms	1,886	7,972
Youth Program	9,770	13,823
Loss on Sale – Non-Current Asset	37,820	15,983
	<u>3,507,283</u>	<u>2,831,354</u>
Net Profit/(Loss) After Tax	<u>926,576</u>	<u>1,737,023</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

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 covers Durri Aboriginal Corporation Medical Service as an individual entity.

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 Rate
Buildings	4.0%
Motor Vehicles	22.5%
Plant and Equipment	13.5 – 40%
Office Furniture and Equipment	7.5 – 40%
Medical Equipment	7.5 – 40%
Leased Assets	25.0%

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

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 long service 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).

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

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

	2002	2001
	\$	\$
Operating Activities:		
Government grants	3,704,860	4,082,630
Medicare income	432,766	342,448
Rent received	40,402	48,019
Interest received – other persons	25,705	15,841
Sundry income	54,729	41,040
	4,258,462	4,529,978
Non-Operating Activities:		
Land and buildings asset revaluation	165,216	-
Proceeds on sale of property, plant and equipment	713,222	543,279
	878,438	543,279
Total Revenue	5,136,900	5,073,257

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 3 - PROFIT FROM ORDINARY ACTIVITIES

2002

2001

\$

\$

Profit from ordinary activities before income tax has been determined after:

(a) Expenses**Borrowing Costs:**

Other persons	35,451	33,827
Hire purchase charges	10,454	-1,161
Other borrowing costs	6,520	5,802
Total Borrowing Costs	52,425	40,790

Depreciation of Non-Current Assets:

Buildings	43,642	31,885
Plant and equipment	254,896	135,094
Leased plant and equipment	-	6,586
Total Depreciation	298,538	173,565

(b) Revenue and Net Gains

Net gain/(loss) on disposal of non-current assets

Property, plant and equipment	(27,640)	22,416
	(27,640)	22,416

NOTE 4 – AUDITOR'S REMUNERATION

Remuneration of the auditor of the Corporation for:

- Auditing the financial report	14,088	12,900
- Other services	-	430
	14,088	13,330

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 5 - CASH	Note	2002	2001
		\$	\$
Cash on hand		1,100	900
Cash management account			-
Tax account		42,575	2,498
Capital account		347,829	227,920
Long service leave account		65,862	133,067
No. 3 Bank account		2,548	-
No. 4 Bank account		217	3,992
No. 5 Bank account		2,949	3,372
No. 6 Bank account		28,941	11,321
No. 7 Bank account		-	6,543
No. 8 Bank account		15,671	2,057
No. 9 Bank account		29,437	8,429
No. 10 Bank account		70,595	4,480
No. 11 Bank account		21,735	7,329
No. 12 Bank account		-	6,533
No. 13 Bank account		32,051	-
No. 16 Bank account		3,224	-
No. 17 Bank account		272,350	18,651
No. 18 Bank account		189,727	202,286
No. 19 Bank account		17,665	27,002
No. 20 Bank account		28,648	8,382
No. 23 Bank account		1,033	2,139
No. 24 Bank account		56,646	37,987
No. 25 Bank account		106,156	90,087
No. 27 Bank account		76,545	50,000
		<u>1,413,504</u>	<u>854,975</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		1,100	900
At call with financial institutions		1,412,404	854,075
Bank overdraft	11	(45,727)	(73,168)
		<u>1,367,777</u>	<u>781,807</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 6 – RECEIVABLES

Current	2002	2001
	\$	\$
Medicare debtors	36,322	31,895
Less provision for doubtful debts	(1,453)	-
	<u>34,869</u>	<u>31,895</u>
Sundry debtors	937,460	550,819
Deposits refundable	-	250
	<u>972,329</u>	<u>582,964</u>

NOTE 7 - OTHER FINANCIAL ASSETS

Shares in listed corporations – at market value	<u>1,210</u>	<u>1,306</u>
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NOTE 8 - OTHER ASSETS

Non-Current		
Deferred interest	<u>20,722</u>	<u>26,881</u>

NOTE 9 – PROPERTY, PLANT AND EQUIPMENT

Land and Buildings

Freehold land at valuation	<u>285,000</u>	<u>310,000</u>
Buildings and improvements at valuation	765,000	240,000
Buildings and improvements at cost	221,356	851,047
Less accumulated depreciation	-	(48,621)
Total buildings	<u>986,356</u>	<u>1,042,426</u>
Total land and buildings	<u>1,271,356</u>	<u>1,352,426</u>

Plant and Equipment

Plant and equipment at cost	1,194,276	1,068,823
Less accumulated depreciation	(436,210)	(376,089)
Total plant and equipment	<u>758,066</u>	<u>692,734</u>
Total property, plant and equipment	<u>2,029,422</u>	<u>2,045,160</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 9 – PROPERTY, PLANT AND EQUIPMENT (Cont.)

Current Value of Land and Buildings

Land and buildings at 1 York Lane are included in the financial statements at independent valuation. The land and buildings were valued on 30 June 2002 at \$1,050,000 by Registered Valuer Doug Hedge F.V.L.E (Val) F.V.L.E (Econ) of Bruce Noble Pty Ltd on the basis of fair current value. Land and buildings at 47 Smith Street are included in the financial statements at sales contract value. The property was sold on the 28th August 2002 for \$424,000. The increase 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 \$	Total \$
Balance at the beginning of year	310,000	1,042,426	692,734	2,045,160
Additions	-	221,356	653,815	875,171
Disposals	(250,000)	(174,000)	(333,587)	(757,587)
Revaluation	225,000	(59,784)	-	165,216
Depreciation expense	-	(43,642)	(254,896)	(298,538)
Carrying amount at the end of year	285,000	986,356	758,066	2,029,422

NOTE 10 - PAYABLES

Current

Unsecured Liabilities

Trade creditors

2002
\$

2001
\$

87,025

59,179

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 11 – INTEREST BEARING LIABILITIES

Current	Note	2002	2001
		\$	\$
Secured Liabilities			
Bank overdraft no. 1 account	11(b)	34,688	59,607
Bank overdraft no. 2 account		921	1,371
Bank overdraft no. 3 account		-	2,845
Bank overdraft no. 7 account		950	-
Bank overdraft no. 12 account		2,687	-
Bank overdraft no. 15 account		6,026	5,543
Bank overdraft no. 16 account		-	2,674
Bank overdraft no. 22 account		455	1,128
Hire purchase loan		16,210	16,649
Bank loan	11(a), (b)	385,873	50,139
		<u>447,810</u>	<u>139,956</u>
Non Current			
Secured Liabilities			
Bank loan	11(a), (b)	-	350,438
Hire purchase loan		80,359	93,820
		<u>80,359</u>	<u>444,258</u>
(a) Total Current and Non-Current Secured Liabilities:			
Bank overdraft		45,727	73,168
Bank loan		385,873	400,577
Hire purchase loan		96,569	110,469
		<u>528,169</u>	<u>584,214</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 11 – INTEREST BEARING LIABILITIES (cont.)	2002	2001
(b) Security Details	\$	\$
<p>The bank overdraft and bank loans are secured by registered first mortgage over the freehold land and buildings of the Corporation.</p> <p>The carrying amounts of non-current assets pledged as security are:</p>		
Freehold Land and Buildings	1,695,356	1,352,426
NOTE 12 – PROVISIONS		Note
Current		
Employee entitlements	12(a) 154,804	130,789
Non-Current		
Employee entitlements	12(a) 20,352	13,969
(a) Aggregate Employee Entitlements Liability	175,156	144,758
	No.	No.
(b) Number of Employees at Year End	48	37
NOTE 13 - OTHER LIABILITIES	\$	\$
Current		
Grants in advance	722	3,500
NOTE 14 - RETAINED PROFITS		
Retained profits at the beginning of the financial year	2,718,329	981,306
Net profit/(loss) attributable to the Members of the Corporation	926,576	1,737,023
Retained profits at the end of the financial year	3,644,905	2,718,329

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 15 – RESERVES	Note	2002	2001
		\$	\$
Asset revaluation reserve	15 (a)	1,210	1,306
<hr/>			
(a) Asset revaluation reserve			
Movements during the year			
Opening balance		1,306	-
Revaluation increment on listed shares		(96)	1,306
Closing balance		1,210	1,306
<hr/>			

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

NOTE 16 - LEASING COMMITMENTS

Operating Lease Commitments

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

Payable:-

- not later than 1 year	2,860	16,012
- later than 1 year but not later than 5 years	-	-
	<hr/>	<hr/>
	2,860	16,012

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

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 17 – REMUNERATION OF COMMITTEE MEMBERS	2002	2001
	\$	\$
Income paid or payable to all Committee Members of the Corporation by the Corporation and any related parties:	28,729	28,831
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	11
\$10,000 - \$19,999	-	-
\$20,000 - \$29,999	1	1

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

Jim Stirling
 Brian Bradshaw
 Jeanine Sines
 Wendy Cowan (appointed 14/11/01)
 Tom Sines
 Mary-Lou Buck
 Tony Gray
 Shirley Kelly
 Raymond Clay
 Rodney Cowan
 Alan Smith (resigned 14/11/01)
 Karen Rhodes
 Janet Smith

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

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

NOTE 18 - CASHFLOW INFORMATION

	2002	2001
	\$	\$
(a) Reconciliation of Cash Flows from Operations with Profit from Ordinary Activities after Income Tax		
Profit from ordinary activities after income tax	926,576	1,737,023
Non-cash flows in profit from ordinary activities		
Depreciation	298,538	166,979
Amortisation	-	6,586
Asset revaluation increment	(165,216)	-
Net (gain)/loss on disposal of property, plant and equipment	27,640	(22,416)
Changes in assets and liabilities:		
(Increase) decrease in receivables and other debtors	(389,365)	(539,446)
(Increase) decrease in other assets	6,159	(26,881)
Increase (decrease) in trade creditors and accruals	8,825	15,926
Increase (decrease) in provisions	30,398	13,409
Increase (decrease) in other liabilities	(2,778)	(18,561)
Cash flows from operations	<u>740,777</u>	<u>1,332,619</u>
(b) 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	45,727	73,168
Credit facility	385,873	400,577
	<u>431,600</u>	<u>473,745</u>
Facilities not utilised at balance date		
Bank overdraft	4,273	(23,168)
Credit facility	24,127	9,423
	<u>28,400</u>	<u>(13,745)</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 18 - 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. This loan was extinguished by utilising the proceeds on the sale of 47 Smith Street.

NOTE 19 - SEGMENT REPORTING

The Corporation operates a medical service on the Mid North Coast in NSW that incorporates preventative health care and outreach services. It derives its income from Government grants and medicare receipts.

NOTE 20 - 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 21 - 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 22 - CORPORATION DETAILS

The registered office of the Corporation is:

Durri Aboriginal Corporation Medical Service
1 York Lane
Kempsey, NSW 2444

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

NOTE 23 – 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>	
	2002 %	2001 %	2002 \$	2001 \$	2002 \$	2001 \$	2002 \$	2001 \$
Financial Assets								
Cash on hand	-	-	-	-	1,100	900	1,100	900
Cash at bank	1.82%	2.6%	1,412,404	854,075	-	-	1,412,404	854,075
Receivables and other assets	-	-	-	-	548,329	582,964	548,329	582,964
Shares in listed corporations	-	-	-	-	1,210	1,306	1,210	1,306
Total Financial Assets			1,412,404	854,075	550,639	585,170	1,963,043	1,439,245
Financial Liabilities								
Bank overdraft	10.97%	10.07%	45,727	73,168	-	-	45,727	73,168
Bank loans secured	8.8%	8.8%	385,873	400,577	-	-	385,873	400,577
Trade and sundry creditors	-	-	-	-	87,025	59,179	87,025	59,179
Hire purchase loan	9.42%	9.42%	96,569	110,469	-	-	96,569	110,469
Total Financial Liabilities			528,169	584,214	87,025	59,179	615,194	643,393

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 value 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.

