



DURRI

Aboriginal Corporation Medical Service

ANNUAL REPORT
2004 - 2005

About the Cover

Artwork for the cover has been reproduced with the permission of the artist Richard Patrick Campbell. The front and back of the cover represent stations 1 and 14 respectively of a series of 14 pieces known as "Aboriginal Stations of the Cross".

In the spirit of reconciliation, "Aboriginal Stations of the Cross" was designed to give Australians an understanding about Aboriginal people, their communities and their relationship to the Creator Spirit. Richard Campbell uses symbolism and Aboriginal ways of doing and knowing that encapsulates the relationship that he has with God.

About the Artist



Richard Campbell
Place of Birth: Bowraville, NSW
Current Place of Residence: Kempsey, NSW

Richard Campbell is an accomplished artist, who has been painting for approximately 30 years. He is self-taught and is recognised as one of many Aboriginal artists who works with both contemporary and traditional mediums and symbols.

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Durri

Aboriginal Corporation Medical Service

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Acknowledgements

Brian Bradshaw for his assistance in gathering reports and other relevant information.
Stephen Blunden who exhibits leadership in all aspects of his work.
All Team Leaders and program staff who assisted by preparing their program reports and allocating time in their busy schedules to meet with the compiler.

About the Reports

The activity reports in this Annual Report are in many cases a summary of more comprehensive program reports provided by each program area. The full reports of each program can be obtained by contacting Brian Bradshaw, Program Coordinator, Durri Aboriginal Corporation Medical Service.

Staff lists and photographs include current staff who may have commenced with Durri since the end of the June 2005. This is to assist the community and other organisations identify the staff of each program as they exist at the time of preparing this report.

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Durri

To grow in good health

Vision

Better health and wellbeing
for
Aboriginal people and communities

Aims

To close the gap between Indigenous and non-Indigenous Australians
in life expectancy and health status
by
providing holistic health care
for
Aboriginal communities of the Macleay Valley

Goal

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 health status but also the wellbeing of our community.

Objectives

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

Durri will also support and assist Aboriginal communities in neighbouring regions to achieve better access to health care.

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

Philosophy

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

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

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

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

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

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

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

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

Board of Directors

Chairperson

Gerald Hoskins
Equity Manager
North Coast Area Health Service
Service on the Board: 2 yrs



Deputy Chairperson

Mary Button Campbell
Aboriginal Cultural Support Officer
Correctional Services
Service on the Board: 2 yrs



Secretary

Kim Donohue
Aboriginal Case Worker
DoCS
Service on the Board: 1 yr



Treasurer

Deleila Roberts
Office Manager
MAHA
(Macleay Aboriginal Housing
Association Cooperative Ltd)
Service on the Board: 2 yrs



Directors

Diana Davis
Sexual Assault Worker
Many Rivers Violence Prevention Unit
Service on the Board: 1 yr



Gerald Bradshaw
Aboriginal Sport Development Officer
Dept of Tourism, Sport & Recreation
Service on the Board: 2 yrs



Directors

Tony Gray
Works Manager
Guri-wa Ngundagar Aboriginal Corporation CDEP
Service on the Board: 6 yrs



Janet Smith
Administration Officer
Dunghutti Elders
Service on the Board: 4 yrs



Ruth Campbell
Dunghutti Elders
Service on the Board: 2 yrs



Ivy Brown
Aboriginal Student Support Officer
TAFE
Service on the Board: 2 yrs



Shirley Kelly
Aboriginal Community Elder
Service on the Board: over 20 yrs



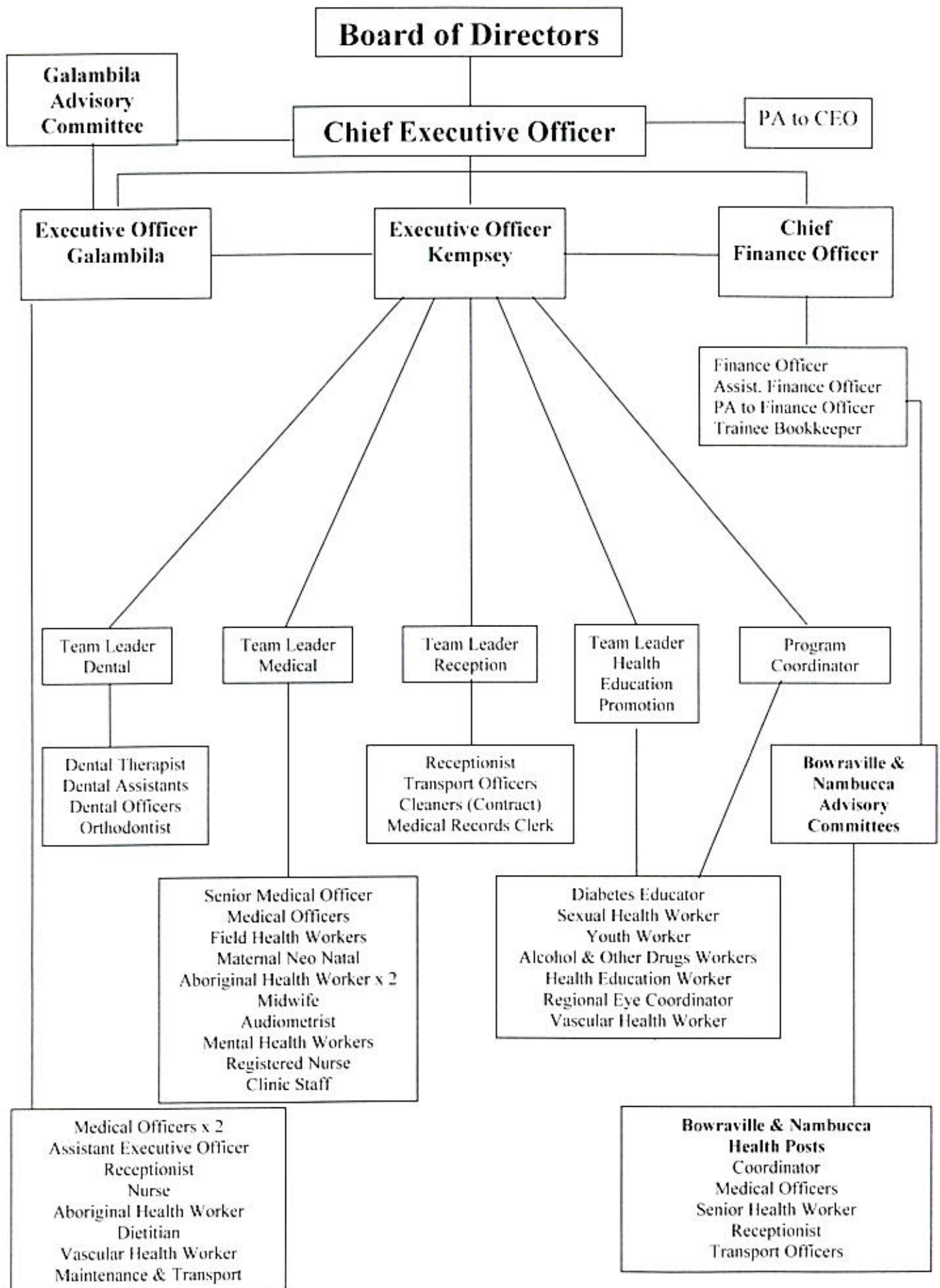
Mary-Lou Buck
Aboriginal Culture & Heritage Advisor
RTA
Service on the Board: 1yr



Public Officer

Stephen Blunden

Organisational Structure



Chairperson's Report

Gerald Hoskins

Chairperson

Many of you will know that it is now 28 years since a group of community representatives met to consider the poor health of Aboriginal people in Kempsey, and we consequently saw the establishment of Aboriginal Corporation Medical Service. In a year of much change in 2004/2005 we took great strides towards sharpening Durri's focus and establishing our strategies for achieving our goals.

Stephen Blunden has been reappointed as Chief Executive Officer after three years as Chairperson of ATSIC Many Rivers Region. This has not only brought a well respected person of talent and credibility back to the organisation, it provides a sound basis for moving in the directions that we have set for ourselves. I thank Laurie Clay for holding the reins during Stephen's absence and importantly for his vision, stamina and commitment to setting these directions with the Board.

Managing the return of staff employed during the Coordinated Care Trial has been uneventful and we welcome them back from their experience.

The establishment of Sub Committees on a range of topics and areas including policy have facilitated some excellent work on important issues. The continuing excellence of the course's available for health workers in our organisation remains a credit to the organisation. The recruitment to positions held vacant over time has strengthened Durri's service provision on the ground where it matters most.

The Board had worked hard on meeting both the demands of governance and the challenges of policy and strategic planning and I thank them for their support and assistance. Sound external relationships have been forged in an environment of change at both the executive and political levels.



Our work with the Partnership for Aboriginal Care through the Mid North Coast Aboriginal Health Partnership has cemented a strong bond amongst those who care about how we provide our services with other service providers, and importantly about health services in our community.

The restructuring of NSW health service boundaries have meant a focus on independence for a while until the structures are in place for mainstream services.

There is still a long way to go in terms of improving resources and partnerships, especially in community care, but I am heartened by the belief that the commitment is now there. In other areas such as legislative reform, there will be a greater need for Boards to remain committed and focussed to meet even tougher requirements.

As this is the first report from me as the Chairperson of Durri I would like to thank all staff and Board members who have assisted me, and also the wider membership who have provided both support and valuable input.

I believe that Durri will go on to achieve much for the Aboriginal communities and its people of the North Coast region and for those who are trying to help them.

Looking back on the issues that brought together the people at that meeting in 1977 one cannot but think that it is a long slow road.

"Walking together, working together will make it so much easier."

Chief Executive Officer

Stephen Blunden

Chief Executive Officer

It is with great pleasure that I return to Durri after a period as Chairperson of Many Rivers ATSIC Region Council. Whilst disappointing that the Commonwealth Government has disbanded ATSIC, it was a very rewarding time. Most pleasing on my return is the great condition that I find Durri in, and I must thank Laurie Clay, the Board and all staff for their commitment. Given that Laurie was acting Chief Executive Officer for the period of this Annual Report, a copy of his report has also been included.

The move into York Lane several years ago has proven to live up to expectations. It has given us the space to develop a quality health service and has allowed us to expand the level and range of services. But it is important to remember, we still have a long way to go!

Our community, our families, still suffer from unacceptable poor health. We have built a strong foundation and achieved a lot, but we need to take Durri to the next level to build a healthy future for our people.

At this stage however, it is worth noting some important achievements, and exploring the opportunities for moving forward.

Firstly, I wish to make special mention of the ***Diabetes and Chronic Disease Program***. We were recently informed that the School Based Diabetes Prevention Program conducted in conjunction with Biripi and Awabakal AMS's, and the University of Newcastle, has been awarded \$1.5M funding for the next five years. This is great news! Not only does it allow us to better understand diabetes related issues among our children, it will allow us to put in place action to prevent the development of Type II Diabetes in our kids.

As well, it directly compliments our Chronic Disease Program which is conducted on a regional level in conjunction with Biripi and Galambila. We have recently appointed a Regional Coordinator, Ms Karen Dell.



Laurie Clay will return to his substantive position. Everyone is familiar with the enormous contribution Laurie has made over the years and we are excited that he will have additional people to work with.

The ***Substance Abuse Program*** continues to be extremely important. Substance abuse is one of the biggest destroyers of individuals, family and community, and we are fortunate that we have the services of someone as experienced as Dr Fares Samara to help us.

Dr Samara has been with us for about 17 years. He is now recognised as somewhat of a guru in substance abuse in Aboriginal communities, and is often called upon to lecture and provide training to other doctors.

Together with the Ray Nean and Dawn Evans, we have a very strong Alcohol and Other Drugs Program. It is no coincidence that the Gimbesi Warriors Rugby League team has implemented a "no alcohol" policy at their home games. We are having an influence, and I wish to congratulate the Warriors on this initiative, and their success this year.

Our vision is to see the establishment of a "***Healing Place***" where we can implement a holistic approach to individuals and families affected by alcohol and other drugs. The more immediate challenge is for us to keep pace with the growing demand. This is particularly highlighted with the demands from the prison, which is now firmly established in Kempsey. Apart from the inmates, families relocate to be close to their loved ones and this places additional stress on our services.

At the end of the day, ***the North Coast Area Health Service needs to recognise the demand on our services, and be more giving of their resources.***

I estimate that we need an additional \$250,000 to meet these demands including employing a female worker, and ensuring we are able to hang on to valuable resources such as Dr Samara.

Our youth are our future and we must pay particular attention to their needs. During my time as Chairperson, Many Rivers ATSIC conducted community consultations throughout the region and it was clearly identified that youth are a major priority. Durri's Youth Program continues to grow, but we have a major gap for women and girls in both the Youth and Alcohol and Other Drugs programs.

At a recent visit to Durri the ***NSW Minister for Aboriginal Affairs, Hon. Milton Orkopoulos, acknowledged the need for a female Substance Abuse Worker and female Youth Worker.***

As ATSIC Regional Council Chairperson I was extremely privileged to be invited to visit a Women's Camp. These camps appear to be helping to break down barriers as it was reported that the young girls and women are beginning to open up to their grandmothers. This provides an exciting opportunity and we must follow their lead.

We have been asked to auspice on behalf of the Macleay Valley, a grant of \$53,000 for the ***Goulawah Program.*** This program will build on the work of George Donovan, his compatriots and WKNIP, to conduct male youth camps which have been conducted without funding. They didn't just talk about it, they simply went out and did it. It is great that they now have some funding to take it even further.

Mental health continues to be a major challenge. We have developed excellent cooperation with the prison and Wayne Smith now shares his time with Durri and Correctional Services. This has been a good initiative, but it highlights that we need to strengthen our capacity. We also have a good female mental health worker in Robyn Sealy, but we need to build the skills of others to ensure we continue to provide a comprehensive service.

The Maternal Neo-Natal Program is another one of our real success stories. The Djuli Galban has been identified as a "Best Practice" site by OATSIH. This is one of only three sites identified throughout Australia. Well done to Karen Beattie and Delya Smith for their efforts. They have significantly improved the opportunity for young

women in our community to enjoy healthy babies and motherhood.

I believe this award places us in a good position to argue for a place on the Commonwealth's new \$104M "Healthy for Life" Program. We have received strong support to expand the program across the region and hope to attract funding to employ an additional Midwife/Nurse and Senior Aboriginal Health Workers to run an outreach program across the Hastings, Nambucca and Coffs Harbour areas. We have also received indications of support from Grafton and Casino AMS's, and are ambitious enough to see the program expanding as far north as Tweed Heads. Southern Cross University and the North Coast Area Health Service have also indicated their support.

Our association with universities, research and teaching hospitals continues to grow This helps us attract funding, and more importantly it enables us to learn a lot about the health of our people and how to improve the chance of them enjoying good health. It also enables us to teach others, including doctors and other health professionals, in providing care to our people.

One example is the program with Dr Neil Hunter from Westmead Dental Hospital where he worked with Jonine Gilmore and the Dental Team, and the Bellbrook community to explore the state of dental health of Bellbrook. The results of this study are awaiting approval of the community to allow them to be published.

Whilst we have now established the Adult Dental Program, ***one of our great needs is for an Adult Denture program.*** Currently we send patients to Redfern AMS for Dentures. We thank Naomi Mayors for her support with this, but it is difficult for patients and costly. We need to provide this service locally.

It is important also to recognise that we have a broader responsibility to contribute to Indigenous health by supporting our neighbours, communities and agencies throughout NSW and broader, and that our contribution has great benefits for Durri and our community.

Durri needs to work closely with the North Coast Area Health Service and other AMS's on the North Coast to develop optimal care for all Indigenous people in the region.

The Partnership for Aboriginal Care (PAC) continues to build its impact. It is currently undergoing a review with the development of a new Business Plan which we believe should be supported by OATSIH and lead to it being an ongoing and recurrently funded program. A new Executive Officer, Mr Bill Trewlynn has recently been appointed and we welcome him to this important role. The challenge for PAC and the Partnership is to ensure coordinated care becomes much more integrated into everyday service delivery.

Durri continues to provide support to Bowraville, Darrimba Maarra and Galambila in helping to build their services. Summaries of their reports are found in the body of this report. We will continue to auspice these services, assist them in service development, and build their capacity to manage their own services.

I continue to participate in a number of state and national committees including being a member of the Advisory Council for the new Northern NSW Area Health Service, and Board Member of the NSW Aboriginal Housing Board.

There are many programs that I have not mentioned here, that make enormous contributions to Durri and the community. Their detailed reports can be found in this report. Additionally, I wish to thank all staff, the Board and the community for your ongoing support and commitment.

During the coming year we will selectively review some of our programs to ensure they provide optimal benefit to the community. As we continue to grow, we must remember to look at ourselves every so often to make sure we are do the best job we can for our people. The larger we get the more important this becomes.

Finally, we have recently appointed David Kelly as the Executive Officer of Durri and I would like to welcome him to the role. David will be responsible for the day to day operation of Durri and I encourage all staff and the community to support him in this challenging role.

I look forward to working with the Board, staff and community to continue our endeavours to improve the health and wellbeing of our people.



David Kelly
Newly appointed Executive Officer



Alicia Stewart
Personal Assistant to the CEO

Report from Laurie Clay

Laurie Clay

Acting CEO (to August 2005)



I would like to take the opportunity to thank all staff of Durri. It has been a most challenging year. Your commitment, dedication and professionalism are a credit to you and to our organisation.

The development of the new North Coast Area Health Service, the abolishment of ATSIC and the opening of the correctional facility in Kempsey has heightened our awareness of events this year.

The Board of Directors have had to endure a steep learning curve in governance. Their roles and responsibilities are dynamic and diverse. I would like to thank them for all their endeavours this year. The constitution will be upgraded in the coming year to encompass the true scope and range of services that Durri provides. This will be facilitated in consultation with the Aboriginal Health & Medical Research Council (AH&MRC).

We have implemented a range of new and upgraded policies and procedures aligned with legislation and procedural acts, and we provided mandatory training for staff in partnership with Kempsey Hospital. This included first aid, computer training, Correctional Health Training, and the use of fire extinguishers. We look to building on these skills.

The organisational structure and the role of Team Leaders have a significant impact on holistic service delivery and outcomes. Team Leaders continue to support and nurture staff as their roles and responsibilities develop.

For several months our doctor numbers were diminished due to a range of unfortunate circumstances. The doctors also facilitate holistic service delivery and, as with all staff, their work can never be under estimated or under valued. We have completed an area of need application for a period of four years to attract doctors, and this resulted in new doctors starting with Durri in December 2004 and January 2005. It will improve our ability to identify new doctors.

We continue to explore ways to recruit further services. Renal and paediatric clinics started in 2005. We are also involved with UNSW in medical student placements. As well, we have had student work placements and nursing student placements from Southern Cross University. This provides invaluable exposure in a professional cross cultural environment.

We have commenced adult dental services with the support of Westmead Hospital. This high quality and professional service has been of great benefit to the community.

The new Enhanced Primary Care (EPC) items through Medicare will increase the availability of services to the community. Durri staff have been involved in workshops with the Health Insurance Commission to ensure we make the most of these opportunities.

We have commenced services to the Kempsey jail and continue to liaise with Justice Health to further service provision as the jail reaches full capacity.

We have been able to expand the range and scope of allied health services to include basic foot care, podiatry services, physio services and dietetics. These now form an important part of the full range of services offered.

I have enjoyed the opportunity to act as Chief Executive Officer during Steve's absence. It has been a steep learning curve and I have gained many new skills. I also have a greater appreciation of the demands of the role and feel proud that I have been able to contribute at a broader level to the development of Durri and the improved access to better health care for the community.

I welcome Steve back and thank all of you for your support and wish everyone the best for the future.

Clinic Activity

Staff

Doctors	Dr Ken Yagmur	Team Leader F/t	
	Dr Cherif Meena	F/t	
	Dr Cuong Vo	3 days / week	
	Dr Murray Barrell	1 day / week	
	Dr Bruce Griffiths		Passed away October 2004
	Dr Fares Samara	Addictions Clinic 3 days / week Relieved in general clinic	
	Dr Ros Vaughan	PAC p/t	
	Dr Carmel Shanahan		
	Dr Harriet Playle	P/t then on maternity leave	Now p/t in Nambucca Clinic
Clinic Staff	Maryanne Field	Team Leader Registered Nurse	
	Gail Blanch	Enrolled Nurse Health Worker	
	Noelene Brown	Enrolled Nurse Aboriginal Health Worker	
	Daniel Hodgkins	Enrolled Nurse Aboriginal Health Worker	Resigned late 2004
Field Worker	Keith Roberts	Senior Aboriginal Health Worker	Retired February 2005
	Alan Hoskins	Senior Aboriginal Health Worker	Started August 2005
Reception	Norma Kelly	Team Leader	P/t during 2004/05, now f/t
	Isobel Bradshaw	Team Leader	Shared responsibility with Norma during 2004/05 Now returned to Finance
	Loretta Smith	Receptionist	
Transport	Darren Holten	Male Transport Officer	Till October 2004
	Alan Hoskins	Male Transport Officer	October 2004 till July 2005 now SAHW
	Cecily Griffen	Female Transport Officer	On maternity leave during first part of year now F/t
	Tracey Smith	Female Transport Officer	While Cecily was on maternity leave
	Bernadette Griffen	Female Transport Officer (acting)	Casual



Dr Cherif Meena



Dr Murray Barrell

Medical & Clinical

Maryanne Field

Team Leader



Durri is an extremely busy practice with a large number of clients, most of whom have complex medical conditions and social issues. We have experienced enormous growth over the past 10 years.

In 1995, 789 adult patients were seen, compared to 4,929 in 2005.

Unfortunately, even this large number was much smaller than it could have been due to a significant period of time when we were dramatically short of doctors. As can be shown in our Activity Summary data and the Monthly Patient Numbers chart, patient activity very closely reflects the availability of doctors.

It is clear that the demand for services is still much greater than the level of service we currently provide.

Table: Clinic Activity Summary

Includes patients that visited doctors and/or nursing staff.

Month	Female	Male	Children (< 14yrs)	Monthly Totals	Non ATSI
July	264	166	153	583	49
August	186	147	119	452	47
September	168	81	75	324	16
October	92	47	33	172	3
November	268	178	120	566	32
December	254	172	162	588	43
January	217	142	126	485	49
February	209	173	124	506	47
March	331	215	252	798	58
April	270	167	163	600	44
May	407	230	233	870	43
June	375	170	232	777	65
Totals	3041	1888	1792	6721	496

Doctor Movement

Sad Loss of Dr Griffiths

It was with deep sadness that we lost Dr Bruce Griffiths on 15 October 2004 to a very aggressive brain tumour. He is greatly missed. His dry wit and sense of humour will never be replaced but most importantly his tremendous support and continual encouragement in times of stress for the Clinic staff was unsurpassed. He is also a great loss for the rest of Durri and for the community in general.

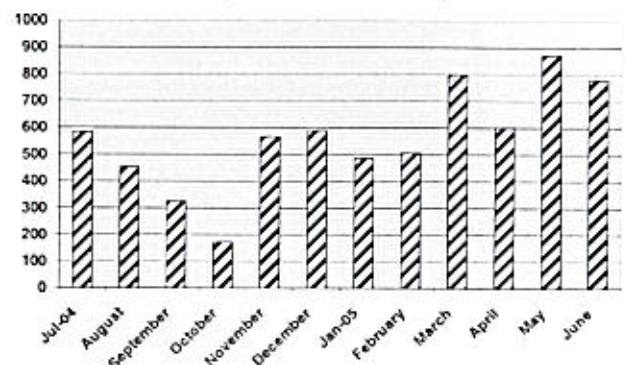
Sleep peacefully Dr Bruce.

Doctor Vacancies

While we have had trying times in the clinic during 2004 with the departure of Dr Shanahan, and the earlier departure of Dr Victoria Paine, and Dr Harriet Playle on maternity leave, we now have a full component of doctors for 2005/06. We have secured the services of Dr Cherif Meena and Dr Ken Yagmur who work full time, Dr Cuong Vo who works three days a week, and Dr Murray Barrell who works one day per week. We expect this team to grow even more in the coming year.

Chart: Monthly Patient Numbers

Demonstrates the impact of the availability of Doctors



Impact of Other Services

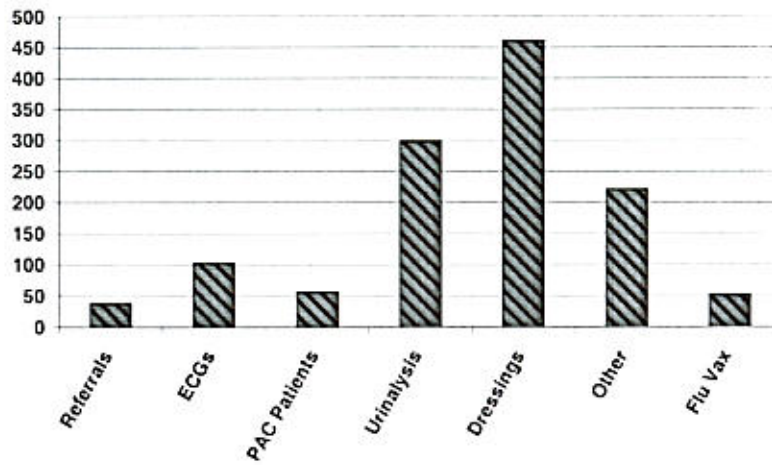
The opening of the Kempsey Correctional Centre has had less of an impact to the clinic than first anticipated, though a number of social issues have arisen.

The Partnership for Aboriginal Care (PAC) continues to have an impact on the clinic in regards to patient numbers. We have been fortunate to have Dr Ros Vaughan again this year and this has lessened the burden on the clinic staff.

Appreciation

In conclusion, I would like to thank my staff and the other programme staff for their help during the past year and to sincerely thank Laurie Clay for his tremendous support and loyalty.

Chart: Procedures Performed by Clinic Staff



Gail Blanch



Noelene Brown



Dr Peter Fletcher

A welcome return to a friend of Durri in 2005

Community Field Officer

Uncle Keith Retires

After 26 years of dedicated service, Uncle Keith Roberts retired in February 2005.



"A Healthcare Pioneer"

"A passionate crusader for adequate Indigenous health care"

"An heirloom and statesman for Aboriginal health"

These were quotes reported in the Macleay Argus describing the invaluable role Uncle Keith has played in the development of Durri and in improving the health of our community. Laurie Clay reflected the thoughts of many when he said, "We will be able to place another person in the position, but the loss of experience and knowledge cannot be easily replaced. He is the figure the Kempsey community hold at a pinnacle, and will be missed no end."

Field Officer Activity

Uncle Keith placed enormous importance on getting out into the community. His belief and values are reflective of those of Durri as a whole. They have been reported in earlier Annual Reports but given their significance, are repeated here.

The marginalisation of Aboriginal culture and social traditions has significantly increased the importance of Aboriginal Health Workers in the provision of health services to the community. The immediate benefit brought by Aboriginal Health Workers is more effective care of patients and their families. The potential is to secure earlier interventions and a broader utilisation of services by clients.

A particularly important role for Aboriginal Health Workers is the implementation of opportunistic screening targeting at risk chronic disease clientele as well as those with established chronic disease.

During the year, Uncle Keith's role continued to focus on community visits including Greenhill, South West Rocks, Crescent Head, Burnt Bridge, TAFE, BDAC, Bellbrook, Miriwinni, and Kempsey District Hospital.

Table: 2005 Field Worker Statistics

	No
Adults	402
Blood Glucose Levels	485
Blood Pressure	500
Dressings	300
Other	615
TOTAL	2302

Note: Due to Uncle Keith's retirement these statistics represent only 7 months activity

Durri takes this opportunity to thank Keith for the enormous contribution he has made to the community and to the development of Durri.

New Field Officer

Alan Hoskins



Alan Hoskins was appointed as Senior Aboriginal Health and Promotions Officer in July 2005. This title acknowledges the important health promotion activity of the field officer. It is expected that Allan will continue community visits and assist Doctors on their visits. His initial focus will be on the aged and those with known medical needs who find it difficult to visit Durri.

Challenges

An ongoing challenge is the need for a female Field Officer. It can be awkward for a male worker to approach a female client needing treatment. It may be considered to be "Women's Business". If a female worker was employed the program would have the capacity to extend further than it currently does.

Reception

Norma Kelly

Team Leader



*"We take pride in our work
and in the important work of Durri
in enhancing the health of our community."*

Reception Activity

The Reception team are the first point of contact for the community. The positive image they present and support they offer patients, the community and representatives of other organisations sets the tone for any visitors to Durri.

Apart from the reception of patients and handling telephone enquiries reception activities include:

- Managing appointments for all doctors as well as:
 - Foot Clinics Tues am
 - Women's Clinics Tues pm
 - Immunisation Wed am
 - Hearing Clinic Wed pm
 - Ante-natal Thurs am
 - Podiatrist alt. Fridays
 - Diabetes Clinic Fridays
- Patient file retrieval and storage
- Patient transport enquiries
- Managing appointments for, and transport to specialists and x-rays
- Managing and coordinating IPTAAS travel and accommodation
- Liaising with the Health Insurance Commission to ensure patients have Medicare numbers
- Mail distribution
- Switchboard

Transport

Transport services are provided to Aboriginal people who do not have any other means of getting to and from appointments at Durri, or to other services to which a referral is made by a Durri doctor.

Despite the enormous demand for this service, the transport service remains unfunded.

Durri has two Transport Officer positions, one male and one female. These positions are subsidised by the CDEP program.

Local Transport

Transport is provided within the immediate Kempsey area including West Kempsey, South Kempsey, East Kempsey, Greenhill's and Burnt Bridge.

Table: Transport Activity 2004/05

Month	Female	Male	Total
July	208	86	294
August	268	92	360
September	167	66	233
October	79	18	97
November	191	70	261
December	147	38	185
January	124	32	156
February	213	61	274
March	205	83	288
April	141	49	190
May	205	68	273
June	164	50	214
	2112	713	2825
Petrol Vouchers			673

Note: This is local transport activity only

It should be noted that the level of activity was again strongly influenced by the availability of doctors.

Long Distance Transport

Given the limited access to specialist services within the Macleay region special arrangements are made to enable patients to attend appointments in Port Macquarie, Coffs Harbour, Taree, Newcastle and Sydney. In some cases relay arrangements are made with other Aboriginal Medical Services and we thank Biripi and Awabakal for their support.



Aboriginal patients often prefer an Aboriginal Worker to assist them on the transportations. This allows the patient to feel more relaxed and comfortable about the appointment.

Wheel Chair Access Bus

Durri now has a new Wheelchair Access Bus, funded through a one off grant from OATSIH.

First Aid Training

Transport staff have all completed their St John's First Aid Certificate, and attended other mandatory training including manual handling and infection control.

Issues

Given the high demand for transport services, there is often the need for another staff member and vehicle to be utilised. This impacts on other services. The desired outcome would involve the employment of a full time officer with a designated vehicle, to fulfil the transport requirements on days when long distance transports occur.

The transport service provides a vital link to better health for our people and our future. It reinforces the vision, aims and objectives of the organisation.

Chronic Disease Program

Diabetes / School Based Diabetes

Terry Flynn Registered Nurse
Nicol Turner Enrolled Nurse



The Diabetes Program provides services for patients with diabetes in Kempsey and surrounding areas. We adopt a holistic approach, treat their current symptoms and help them to manage their disease in order to prevent the development of complications. The program also aims to educate the general community about diabetes and how it can be prevented. It also monitors for early indicators of diabetes.

With the incidence of diabetes unacceptably high, we must continue to increase the effort.

The number of clients on the diabetes register is 384.

Community Visits

This year saw the continuation of regular clinics and screening programs in Bellbrook, Nambucca and Bowraville and the commencement of visits to Wauchope. These visits involve monitoring and educating patients with diabetes, mainly changing dressings, running blood glucose level tests and encouraging compliance to medications.

Home Visits

Home visits continued to focus on clients in need of emergency help or who are disadvantaged in the management of their disease due to lack of transport to health care.

Prince of Wales Hospital Support

The Prince of Wales hospital visited and saw a total of 78 patients. They measure patient's glucose levels in blood and urine, their weight and height. During the visit, their testing machines were calibrated as part of our quality assurances measures.

Antecedents of Renal Disease in Aboriginal Children

Antecedents of Renal Disease in Aboriginal Children (ARDAC) is run by Westmead Children's Hospital. This screening program through local schools is responsible for early diagnosis of Type II diabetes in some children.

Chart: Monthly Clients - Male Clients

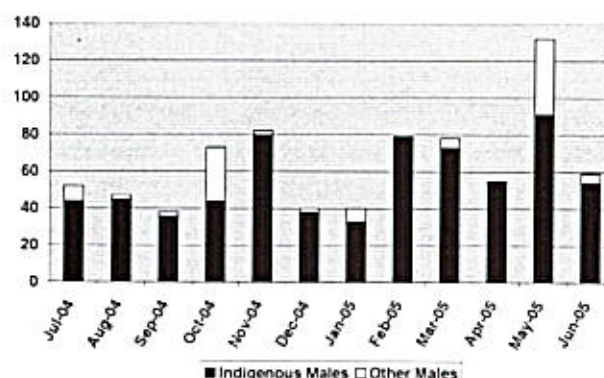


Chart: Monthly Clients - Female

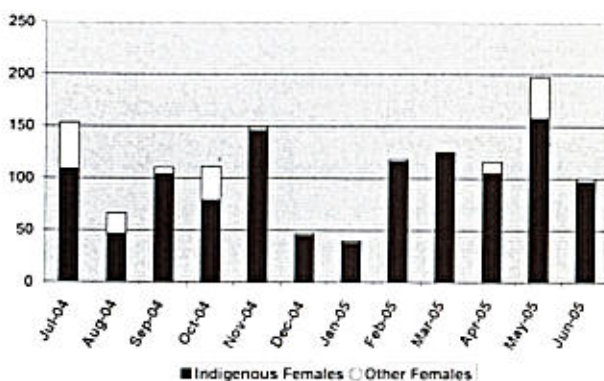
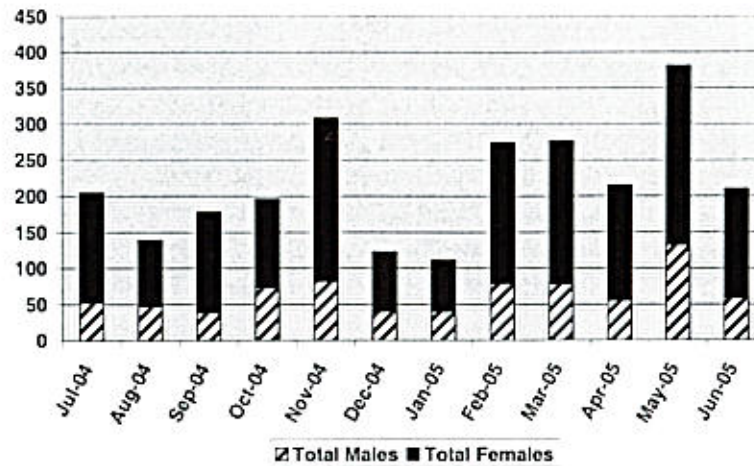


Chart: Monthly Clients - Male & Female



Anecdotally, the Ambulance staff report a reduction in the number of calls to hypoglycaemic / hyperglycaemic incidents, and a consequent reduction in admissions to hospital. Unfortunately, hard data is not available.

School Based Diabetes Prevention Program

This program is being conducted at a regional level in conjunction with the University of Newcastle, Biripi AMS and Awabakal AMS. Nicol Turner coordinates the program within Durri.

The project has two main aims:

1. The development of a primary school Type II Diabetes Prevention program.
2. The development of viable and reliable measurement tools for dietary intake and physical activity.

In Kempsey the following activity occurred:

- Groups were conducted in 6 Primary school – Kempsey West, Kempsey South, Crescent Head, Frederickton, Aldavilla and South West Rocks
- Interviews were conducted with all Principals to gain an understanding of the food sold in canteens and physical activity programs
- 30 parent interviews were conducted

Quality Assurance

The Quality Assurance in Aboriginal Medical Services (QAAMS) program continues with the support of the

University of Adelaide. This ensures our practices and equipment are maintained at a high standard.

Funding

The Federal Government has now approved \$1.5M funding for this important regional program to continue for the next three years.

Training

During the year Terry attended many training seminars and courses including the completion of a certificate in Diabetes Education and Management from the University of Technology. He attended the Novo Nordisk Pharmaceuticals Rural Diabetes Educators Day Infection Control / Wound Management Update, a Paediatric Resuscitation Workshop and a Wound Management Seminar (Band-aids and Beyond).

The Way Forward

It is proposed to conduct more regular clinics including a possible clinic for the Kempsey prison.

In the more long term, objectives include increasing the staff involved in diabetes education at Durri and networking with other diabetes educators to increase knowledge.

Ultimately, the aim is to continue to keep track of existing patients and include other diabetes sufferers to provide aid and education on how they can live life the best they can.

Dental Health

Susan Harris

Program Manager, Dental Therapist



Staff

Team Leader	Ruth Powick	Snr Dental Assistant
	Angela Bramley	Dental Assistant
	Tina Chapman	Dental Assistant
	Norma Griffen	Dental Assistant
	Sara Bowden	Dental Assistant
	Andrea Lock	Dental Therapist (casual)
Dental Officers	Provided through Westmead Dental Hospital	

The Dental Program was first introduced in 1989 with the implementation of an early intervention program for children.

In 1995, the introduction of the Commonwealth Dental Health Program provided Durri with funding to recruit a dentist to provide dental treatment to the adult Aboriginal community. However in 1997, the Commonwealth program was abolished and Durri was unable to maintain a comprehensive adult service.

In January 2004, Durri was once again able to provide a comprehensive dental service to both Aboriginal children and adults.

Whilst exciting, the consequential demands on the Dental Program have continued to expand during 2004/05. At the same time, we have been met with a number of major challenges including staffing difficulties, changes in practice and OH&S requirements, and increasing costs of dental items.

Resources

Currently the Dental Program is conducted by:

- 1.5 FTE Dental Therapists for the Child Program
- 3 Dental Assistants
- 2 Dental Officers on rotation from Westmead Hospital for the adult program.

The Dental Clinic has three operational dental units or chairs, a mobile dental unit known as the "Molar patroller" - an Isuzu truck fitted with a dental chair and equipment. This is in desperate need of upgrading to meet new OH&S standards.

Child Dental Therapy Program

Dental health education programs were offered through schools, TAFE and community groups throughout the Macleay, Hastings and Nambucca Valleys. Most pre-schools and primary schools received dental health education sessions.

Due to changes in OH&S, and the need for parents to be present, all dental treatments were provided in the Durri clinic.

The activity levels for children are down compared to previous years because:

- We have had fewer staff this year.
 - The permanent full time Dental Therapist position was vacant for most of 2004/05, and family matters necessitated leave without pay for two permanent part time dental assistants
- Changed practice requirements now mean that parents must be present for their child's treatment.
- The budget has not increased to keep pace with the increased costs of providing the service.

Table: Children's Dental Program Activity

Occasions of Service	625
Examinations	251
Preventive Procedures	837
Restorations	319
Extractions	58

Adult Dental Program

The Adult Dental Service is provided with the assistance of Western Sydney Area Health Service, Westmead Centre for Oral Health, Rural Placement Program. Two Dental Officers from a team of approximately ten, rotate to provide general and emergency dental treatments.

Durri's funding is limited to 1.2 FTE (full time equivalent) positions. With the support of North Coast Area Health Service (0.6 FTE) and Justice Health (0.2 FTE), this has been boosted to 2 FTE positions.

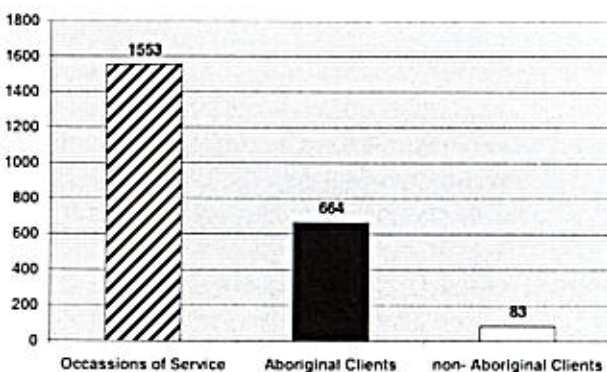
The dental program offers emergency and general dental care. General care includes restorative and preventive treatments supported by health education and promotional programs to individuals, schools and community groups.

Due to funding restraints, staff recruitment issues and the soaring cost of service delivery, emergency care takes precedence and long waiting lists for adult general treatment continue to grow.

Table: Adult Dental Activity

Occasions of Service	1535
Examinations	719
Preventive Procedures	489
Restorations	580
Extractions	675

Chart: Adult Dental Activity



Water Fluoridation

Community Water Fluoridation continues to be the foremost public dental health issue. Endorsement of water fluoridation by Kempsey and Hastings Shire Council seems

imminent. Durri supports this as it will help to improve the dental health status of present and future generations.

Future Directions

The introduction of the adult dental program has encouraged additional parent involvement in their children's dental health.

Dental health education and promotion to all schools and community groups is a priority. In order to achieve this, additional resources are required to meet new OH&S and practice requirements. Strategies required include:

- devising a new dental health education policy
- devising a new transport policy
- upgrading the truck to meet new requirements so that it can be used for mobile clinics

Additionally, we need to restructure staff positions and develop a clinic plan to better manage the increased demands. A dental receptionist is necessary to manage the clinic and the ISOH data system. It is also hoped to establish an Aboriginal designated trainee Dental Assistant position with the support of the CDEP program.

Systems need to be implemented to ensure we gain optimal use of Medicare rebates including the use of the new EPC (Enhanced Primary Care) items.

Acknowledgements

I would like to commend the Dental Team, in particular Ruth Powick who accepted the challenge of overseeing the dental program during a very difficult period.

Many thanks to Westmead Centre for Oral Health, and Heather Cameron who instigated the rural rotation program. Dental Officer Hayley Dixon's involvement in the AGPAL accreditation process was also greatly appreciated.

I would like to acknowledge Jonine Gilmour's contribution to Durri. As an employee of Durri for over 15 years, Jonine conceived and implemented the Durri Dental Program. She continually worked to improve and expand a culturally aware dental service for the Aboriginal community. Unfortunately, Jonine is no longer associated with Durri and the Dental Team would like to acknowledge her commitment, professionalism and dedication.

Mental Health

Mental health encompasses social, emotional and spiritual wellbeing of individuals, families and communities. Stigma remains a major problem for people with mental health problems and there is enormous overlap of drug and

alcohol issues. Assumptions are often made that someone is intoxicated, with little or no consideration of the possibility of a mental illness.

*"Our approach is holistic,
with a focus on mental health rather than just mental illness."*

Male Program

Wayne Smith

Aboriginal Mental Health Worker



Case Management

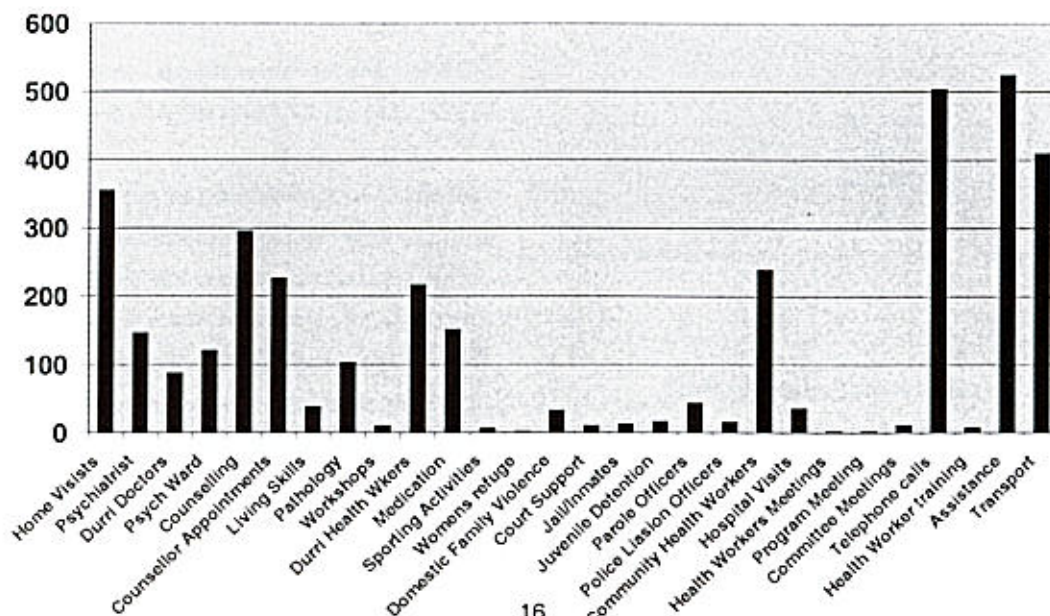
In conjunction with the Aboriginal Health Worker from Community Health, I have case managed eight long term clients. This includes liaising and providing support with visits to Psychiatrists, pathology and other appointments including telemedicine consultations, supervising

medications, home visits to support clients and others, providing a living skills program, and liaising where necessary with Probation and Parole.

Education

- Community Skills for Men – South West Rocks**
Clients develop coping skills in dealing with anger, stress, relationships and improve communication skills.
- Communication Skills for Teenagers – South Kempsey Vocational College**
As for Men's Workshop
- Anti Smoking Workshop – Tobacco and Marijuana – South Kempsey Vocational College**
I presented a talk on drug induced psychosis and the effects of smoking marijuana, and conducted health assessments on all 39 participants.

Chart: Male Mental Health Program Activity



Female Program

Robyn Sealy

Aboriginal Mental Health Worker

In March 2004, I took 12 months study leave to complete my Enrolled Nurse Certificate IV. I am proud to say *that I was one of the first three Aboriginal nurses in Australia to complete the Medications Endorsement*, which is now a compulsory part of Nurse training.

I returned to my position as Female Mental Health Worker in March 2005, but still work part time at Kempsey District Hospital to keep up and further develop my clinical skills base.

Future Directions

1. Increasing Demand for Adolescent Services

Whilst the primary target includes Aboriginal females of all ages throughout the Macleay Valley, I have found an increasing need for appropriate adolescent services for males and females.

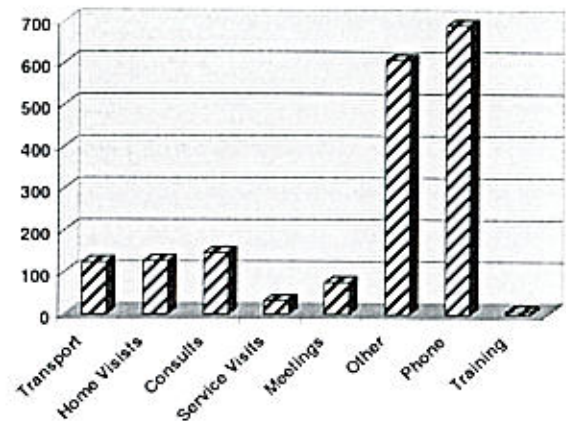
2. Grief and Loss Program

This program has been developed in conjunction with Sue Baughman, Clinical Psychologist from the Division of General Practice. An initial pilot program was conducted with extremely positive feedback. All participants attended all sessions and we have since been requested to run this group again.

3. Grief and Loss for Frontline Workers

Again, in conjunction with Sue Baughman, we have developed a two day workshop for frontline workers to help with strategies and coping mechanisms. We have received

Chart: Women's Mental Health Program Activity
March to August 2005 only



very positive expressions of interest in this program and are planning to run the first workshop in September 2005.

4. Aqua Aerobics

This groups runs for one hour on Tuesday afternoons, for women only and transport is provided. We have received lots of referrals from doctors, and it is proving to be very successful.

5. Many Girls Program

In conjunction with Jen Cooke we have applied for funding to run this program. It is aimed at high school girls to build self-esteem, understand body image, cope with peer pressure and other things associated with growing up.

There has been much interest from schools and I have developed a partnership with the Many Rivers Violence Unit to assist with the project.

Issues

Need for a Full Time Male Worker

Wayne currently shares his time between Durri and Correctional Services. Whilst this reflects a great level of cooperation and partnership, it places strain on the capacity for Durri to manage our client load. We need to rebuild our capacity to ensure we have a full time male mental health worker within the facility.

Vehicle Access

Access to a vehicle is frequently difficult as it is shared with another worker. This at times makes it difficult to provide a comprehensive service.

Dr Sally Cleworth

Psychiatric Registrar (Newcastle Psychiatry Program)

I worked with the Mental Health Team at Durri, three days per week, to December 2004. This was a pilot program developed by the Durri team in conjunction with the mental health team at Kempsey District Hospital (KDH). Formal supervision was provided by Dr Graham Bloom, Clinical Director, Kempsey Mental Health Services and Dr Michael Paton, Clinical Director, Mid North Coast Area Health Service. Aboriginal Mental Health Workers, local elders and other Aboriginal community members acted as cultural consultants and advisors.

The role had many facets:

- Assessing patients referred by Aboriginal Mental Health Workers, KDH Mental Health Team, Kempsey Emergency Department, and GPs at Durri.
- Managing mental health problems including psychotic illness, depression, anxiety, post traumatic stress disorder, complicated bereavement, and postnatal psychiatric problems.
- Conducting consultations at Durri, KDH and in patient's homes.
- Assisting with treatment of Aboriginal patients on the mental health ward in conjunction with Aboriginal Mental Health Workers and the hospital Aboriginal Liaison Worker.
- Liaising with mainstream mental health service staff.
- Consultation with community organisations including Kempsey High School, Macleay Valley Vocational Training Centre, West Kempsey Community House,

Support of Dr Cleworth

Dr Sally Cleworth worked with the Mental Health Team since 2003 for her rural placement in Psychiatry. She has now moved to her next rotation, but provided enormous assistance, support and guidance to Robyn and Wayne. She also facilitated a strong partnership with Kempsey Hospital and enabled many patients to remain primarily with Durri. This providing an environment which our people find less threatening.

Since her departure there is a huge gap which continues to make our day to day duties more difficult.

DoCS, Department of Housing, Many Rivers Violence Protection Service, and Kempsey Women's Refuge.

- Attending the Aboriginal Mental Health Advisory Committee meetings for the Mid North Coast central area.

The major role of the registrar was clinical work, which could not be done without the trust, advice and support of Aboriginal workers, particularly Wayne Smith and Robyn Sealy. There was no replacement for Robyn Sealy, after she left for 12 months nursing training. Wayne had to fill both roles and did an outstanding job. The Aboriginal Mental Health Worker at KDH was also vacant during the year. These vacancies dramatically limited the capacity of the mental health team.

Over the 12 month period I directly treated about 100 patients and consulted with many more individuals in the form of family members and community organisations. These contact figures are low compared to that of a mainstream community mental health registrar, perhaps because of the different structure of the service, case management style, the complexity of individual patients and gradual development of trust in me. It was also limited by the vacancies mentioned above. Community development programs are vitally important and I support these activities directed by the Aboriginal workers.

It was a privilege to work at Durri and I remain dedicated to the effort of improving the mental health status of Aboriginal people, which is related to historical, political, social and community issues.

Vascular Health

Donald (Jack) Griffen

Aboriginal Vascular Health Worker

The aim of the program is to improve vascular health outcomes of Aboriginal people with, or at risk of vascular disease

Objectives

1. To promote a more integrated approach to prevention and management of vascular disease including diabetes, cardiovascular disease, renal disease, stroke and hypertension.
2. To build the capacity of Aboriginal Vascular Health Workers in the Mid North Coast.
3. To establish effective linkages and working relationships with the Mid North Coast Aboriginal Chronic Disease Program in Aboriginal Community Controlled Organisations.

The focus is on health education and health promotion.

The program is currently in its fourth year of operation. Originally funding was provided through the Mid North Coast Area Health Service. Durri is now funded directly by NSW Health.

Regional Focus

Monthly network meetings are held with Aboriginal Vascular Program workers at Biripi and Galambila Aboriginal Health Services. These help in the development of coordinated programs. Meetings are now facilitated by the Aboriginal Workers.

Activity

Cooking Classes

A cooking class was established to address the poor dietary intake of Aboriginal people and its relationship to obesity and chronic disease. Classes also acknowledge the lack of financial education among the target group.

There is now enthusiasm for establishing the "Spring into Shape" program developed at Galambila.



Bellbrook Quit Smoking Short Course

This program was held in partnership with the Mid North Coast Area Health Service Aboriginal Health Promotion Team, David Bobongie, Coordinator of Bellbrook and Mirriwinni Gardens, and Tracey Davidson, Registered Nurse, PAC. The project had a 20% success rate.

Training

Cardiovascular training was held in Wollongong which encompassed familiarisation with the heart. Additionally, I completed training in Taking Blood Specimens (pathology), ECG training, Infection Control, First Aid, and Durri Policy and Procedures including OH&S, Grievance, and Protecting Property and People.

The Way Forward

Key areas for development include:

- More active early education of children
- Establish functioning clinics throughout communities including cooking classes, Spring into Shape exercise classes and Quit programs.

Additionally, I have formulated Quit Smoking Diaries and Vascular Health Assessment Forms for distribution through other programs and Durri doctors.

There remains a need for further training and resources to ensure we are able to provide the community with accurate and effective information.

Sexual Health

Jen Cook

Sexual Health Worker



According to the National Indigenous Health Strategy sexual health includes FREEDOM. This includes:

- Freedom from fear, shame, guilt and violation, which affects self-esteem and harms individuals, communities and relationships.
- Freedom from disease, and unwanted and unplanned pregnancies.
- Freedom and the right to choose positive expressions of sexuality.

It's about having personal knowledge and skills to make healthy life choices and an ability to enjoy and control sexual behaviour based on personal and social values.

Our objectives are to deliver appropriate information, training and workshops on HIV / AIDS and sexual health care, and to provide support and care to those with sexual health issues

Clients accessing the program are cared for by means of a holistic approach. More often than not, this involves case management of clients including their family, friends and carers. This process encompasses support, care, counselling, education, and assessment and referral to appropriate services.

Working in partnership with other agencies is essential. It enables a more coordinated approach, the sharing of resources, broadens the skill base, and improves access for individuals and groups.

Sexual health also deals with Blood Borne Viruses (BBV), and harm reduction programs for people who choose to inject drugs. This entails working closely with Harm Reduction Workers and the Needle Syringe Program (NSP) to provide clean injecting equipment and educate individuals, health workers and our community about harm reduction, safe injecting, and BBV's such as Hepatitis C (HCV) and HIV

Youth Education

The Australian National Council on AIDS and Related Disorders (ANCARD) Working Party on Indigenous Australians Sexual Health found compared to the rest of the population:

- ***There is a younger age distribution of STIs (Sexually Transmitted Infections) in the Indigenous population and a higher proportion of female STIs cases.***
- ***Rates of notification of all STIs including Gonorrhoea, Syphilis and Chlamydia are higher.***
- ***The combine rate of STIs is stable whereas it is declining in the non-Indigenous population.***

We work closely with established networks and groups within our schools and community to provide information about BBVs, contraception, STIs and safer sex practices.

National Youth Week April 9–17, 2005

The Sexual Health Program was involved in an Aboriginal Boys (13–15yrs) Youth Camp and Aboriginal Girls (8–12yrs) Camp, both held at Crescent Head.

Women's Camp March 2005

Although at times I felt I was "preaching to the converted" this was an extremely enjoyable experience. We spent our time sharing knowledge and dispelling myths. A lot of fun was had by all... Secret Women's Business...

Kempsey Expo Fun Day

Students from Kempsey TAFE held a fun day, inviting local community services to take an active role by displaying our programs and promoting information to individuals and groups.

Health Worker Education

This included:

- Presenting information to Aboriginal Health Workers, other Durri staff and Board members during Durri Day in June 2005.
- Adopting an "open door" approach for health workers and other staff.
- Educating staff within the Population Health Unit of the Mid North Coast Area Health Service.
- Participation in the annual network meeting held in October 2004.

Contact Tracing

This is the process of identifying relevant contacts of a person with an infectious disease and ensuring that they are aware of their exposure.

With this comes the responsibility to evaluate the infected person's right to care and confidentiality. There are also community sensitivities and laws which must be adhered to.

Table: Sexual Health Education Activity

Activity	No of Activities	No of Participants	Aboriginal	Non-Aboriginal	Male	Female	No. of Positive Feedback
School Based Education	4	65	24	41	13	52	59
Aboriginal Youth Camp Education Sessions	3	74	74	0	48	26	69
Health Worker Education	2	35	24	12	15	21	36
One to One Sessions	32	14	9	5	9	5	12
Women's Camp	1	16	16	0	0	16	16
Info given via Telephone	19	12	Unknown	Unknown	4	8	17

Table: Individual Client Activity

No. of Clients	Service Provided	Service Facilitated	No. of Clients
14	One to one education including pre & post counselling / discussion	Treated at Durri	5
		Taken to Sexual Health Clinic	4
		Taken to Specialist	2
		Choose to seek treatment elsewhere	1

Table: Resource Distributed

Sexual Health Pamphlets Distributed	4,200
Condoms Distributed	4,572
Fit Pacs Distributed (Clean Injecting Equipment)	259

Future Directions

Issues

1. Sexual health is frequently interrelated with Drug and Alcohol, and Mental Health issues. A more cohesive response could be facilitated by providing one Team Leader for the three programs, and co-location.
2. The "shame" element around sexual health continues to impact heavily on numbers.
3. The program is poorly funded and relies on close partnerships with the Area Health Service and ACON.

Alcohol & Other Drugs / Addictions

Dawn Evans

Drug and Alcohol Worker

(2 days per week from February 2005)



The Addictions Clinic at Durri, in partnership with the AOD team at the North Coast Area Health Service, attempts to reduce the harm associated with the use of these drugs. The aim is to deliver curative, health promotion, risk reduction and social initiatives to the Aboriginal community of the region.

The program is normally staffed by a full time Alcohol and Other Drugs Worker and a Medical Officer, two days per week. Unfortunately, the Alcohol and Other Drugs Worker resigned in June 2004.

A part time female Alcohol and Other Drugs Worker, Dawn Evans was employed in February 2005. We will also be pleased to welcome back Ray Nean in the near future. The reestablishment of the full time position will enable the program to develop in response to the demands of the community.

The clinic deals with a wide range of issues related to substance abuse, alcohol and other drugs, including nicotine and prescribed drugs, and gambling. The outreach gambling service to Kempsey ceased last year, and has been relocated to Taree and Port Macquarie. It is hoped that this service will resume in Kempsey in the near future.

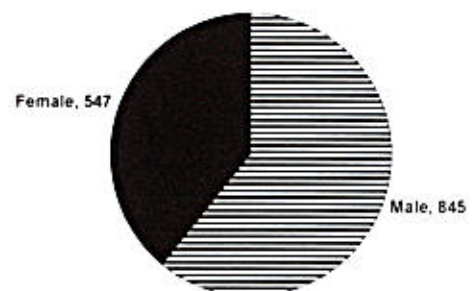
Addictions Clinic

The Addictions Clinic is based at Durri AMS two days a week, with approximately 25-30 patients attending weekly. It has been in operation since January 2000. Clients who utilise this clinic are assessed, counselled, and treated on an individual basis, using a holistic approach.

The Addictions Clinic receives referrals from other services throughout the Macleay Valley, including Probation and Parole, Kempsey Community Health, MERIT Program, General Practitioners and the Department of Community Services, and referrals by the courts.

Opiate addiction, is dealt with at the Community Health Centre, two days per week. Methadone, Buprenorphin and Naltrexone, case management and psychological interventions are used.

Chart: Addictions Clinic Clients



Detoxification

Alcohol and heroin have proven to be the primary drugs engaging the Home Detox Program. During a client's detoxification, they are closely observed and assessed in their home. If home detox is not appropriate, detoxification can be offered through Kempsey District Hospital (KDH), providing a bed is available. During this process the Worker is able to provide support and information for the client.

Rehabilitation

The Alcohol and Other Drugs Program fields a lot of enquiries from people who would like access to a rehabilitation centre. Many phone calls are made in an effort to locate an appropriate vacancy where the client would feel comfortable. The majority of enquiries are referred from Court or Probation and Parole.

Table: A&OD Worker Statistics

Counselling		Home Visits	Transport	Phone Consultations
Male	267			
Female	128			
Total	395	305	295	149

Dr Samara

Medical Officer (2 days/week)

Among involvement in numerous activities during the year Dr Samara achievements included:

- Accreditation with Level I of the Better Outcomes in Mental Health, so he is able to assess and refer patients with depression/anxiety to a psychologist.
- teaching an 18 week course in OAD Interventions at Kempsey TAFE.
- teaching AOD to medical students attached to the clinic at Durri as well as the School of Rural Health, UNSW based in Port Macquarie.
- acceptance in the newly formed Foundation Fellowship of the Chapter for Addictions Medicine at the Australasian College of Physicians. Formal admission to the College was celebrated May 2005 in Wellington, New Zealand during the Annual Scientific Convention of the College of Physicians.

Future Directions / Program Needs

1. Ideally the program requires at least four workers, two female and two male, so that clients can be seen from Kempsey to Nambucca in the south and Bellbrook in the west.
2. The program requires another vehicle for the transportation of clients.
3. The bus needs to be upgraded so the ability to carry more clients for group outings is improved.
4. There has been a reluctance to admit detoxifying clients to the general wards or mental health unit at KDH. There is an urgent need for specific detoxification beds in Kempsey

Education and Other Activities

Quit Program

A workbook is given to the client who are then encouraged to quit the use of alcohol and/or other drugs. The client is supported through this progression of change.

Drug Action week

A BBQ was held at Durri in partnership with Community Health. David Rogers, Program Manager from MERIT & DOGP, and a number of clients attended with their families. This was used to promote the service and encourage participants to inform others of the Addictions Clinic.



“Alcohol and other drugs use and misuse is large and increasing in our community.”

- Member of the Board of Directors of the Hastings Macleay Division of General Practice, and a member of the Mental Health Committee and the AOD Committee of the Division.
- Member of the Quality and Planning Committee of the North Coast Area Health Service.

Djuli Galban Program

Karen Beattie

Midwife

Delya Smith

Aboriginal Maternal Health Worker



The Djuli Galban Program is a maternal neo natal program, Djuli meaning child, Galban meaning women, in the local Dunghutti language. It provides accessible community based and culturally sensitive services for women and their infants, focusing on the health needs of the family during pregnancy and infancy. It operates through a clinic at Durri, and delivers outreach services to all communities in the Macleay Valley.

Exemplar Site

In April 2004, Djuli Galban was invited by OATSIH to participate as one of only three exemplar sites throughout Australia.

The Exemplar site initiative aims to demonstrate a successful service delivery model, and provide a mechanism to inform and influence national policy development, leading to a National Aboriginal and Torres Strait Islander Child and Maternal Framework. With the support of Kim Thompson, it has allowed us to comprehensively evaluate the program, identify the key elements to success, develop a guide for use by other AMS's, and enhance our capacity to assist in the development of new programs.

Antenatal Service

Antenatal women are assisted with transport to access the clinic, screening and specialist appointments. Education is provided at each pregnancy check-up or other times. Where possible we link younger antenatal clients to a younger parent antenatal class conducted by the Young Parent Worker and a Midwife from Kempsey Hospital.

Table: Antenatal Service Utilisation

Service	No.
Antenatal Check (home)	11
Antenatal Check (clinic)	455
Assisted with Hospital Book-in	21
Recall for Antenatal Care (Jan – June)	111
Education Support	459

Table: Utilisation of Durri

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
No of Aboriginal Babies	73	78	68	63	68	69
Antenatal Care at Durri	57	61	51	46	52	57
% Using Durri	78.1%	78.2%	75%	73.1%	76.5%	82.6%

The Djuli Galban program continues to be the major provider of antenatal care for Aboriginal communities in the Macleay Valley.

Perinatal Data of Aboriginal Women

Table: Maternal Age

Age Range	Pregnancies	%
12-15	2	3
16-19	16	23
20-30	38	54
30-40	14	20
40+	0	0
Totals	70	100

Teenage pregnancy continues to be significant, representing 26% of pregnancies.

Table: Gestation at First Presentation

Gestation Age	No.	%
< 20 weeks	60	88
> 20 weeks	8	12

Early presentation enables earlier prevention, detection and appropriate management of any potential problems to facilitate the best possible outcome for mother and baby.

Table: Antenatal Complications

	No.	% (of 70 births)
Gestational Diabetes	2	3
Pregnancy Induced Hypertension	9	13
Suspected IUGR	6	8.6
Premature Labour (< 37 weeks)	4	6

10.5% of babies (7/67) were premature (< 37 weeks). This is a decrease from last year's rate of 22%.

Table: Gender of Baby

Male	32
Female	37

Table: Birth Weight

Weight Range (grams)	No.
< 1000	0
1001 – 1500	0
1501 – 2000	1
2001 – 2500	8
2501 – 3000	17
3001 – 3500	24
3501 – 4000	10
>4000	8

13.2% (9/68) were low birth weight (< 2,500 grams), the majority being pre-term. This is consistent with ATSI babies throughout NSW (12.4%), but twice that for non-ATSI mothers (6.1%).

Postnatal Services

The postnatal follow-up service is offered either as home visits or clinic visits. These are provided weekly or more frequently if required, usually up to 8 weeks postnatally.

This service provides support and education in parenting, life issues, infant care, breast feeding and ensures that infants are growing optimally.

Table: Postnatal Activity

	No.
Home Visits	304
Clinic Visits	213
Support & Education	263

Child Health Services

It has been found that most Aboriginal women in the region have not been using the mainstream Early Childhood Nursing services, despite referral. There has been an increasing demand for Djuli Galban to provide this service, which has been done on a restricted basis.

We find that some women will ask to see the Djuli Galban team: "My baby's sick, can you look at him?" "What's this rash?", "My baby's not right, what should I do?" After assessing the infant we refer them to GPs if required. At times we are called by the GPs to assist with assessment, or to talk to and support the infant's mother.



Immunisation Services

The Djuli Galban team provide 99% of all childhood immunisations at Durri. A weekly morning immunisation clinic is held. This assists us to maintain contact with women and their children beyond the antenatal and postnatal period.

The provision of this service is time consuming and difficult due to our antenatal and postnatal workload. The Djuli Galban program is not funded for this, although we receive a small payment from the Immunisation Incentive Payment Scheme.

Table: Immunisation Activity

Immunisation Service	No.
Child	287
Adult	2
Recalls	158
History & Certificates	92
Administration and Interagency	103

Our immunisation rate has increased from 50.6% in 1997 to 95.2% in May 2005 as per the Australia Childhood Immunisation Register.

Women's Health Issues

The Program provides pregnancy testing, support and referral. We find that women also access the program to "have a chat" about health issues, family and relationship issues and stress in their lives. We provide a listening ear, informal counselling, support and referral.

Healthy Mothers & Babies Project

A small one off grant in 2004 has enabled us to produce a healthy message calendar as supplement to other activities. This was done with the assistance of the Djigay Centre, Kempsey TAFE and was produced in English and in the Dunghutti language.

Families First

Dawn Evans

Family Support Worker

(2 days/week)

Families First was introduced in NSW in 1998 with the North Coast as an initial implementation area and the Macleay Valley being one of the key target areas. The program aims to improve family's access to support services through developing a better coordinated network of prevention and early intervention services.

The Family Support Worker (Aboriginal) positions have been created to implement this aim and to work with parents in a culturally appropriate way to enhance their parenting skills in an endeavour to improve educational, social and health outcomes for children aged 0-8 years. Families First services are funded under the Department of Community Services (DoCS).

Aims

- To establish a support network for parents to develop parenting and living skills
- To provide a key link between early intervention and prevention services
- To provide community developed programs
- To ensure parents are in a better position to decide what help they would like for their families (decisions that are positive and holistic to the family)

Objectives

- To work with parents to improve their parental skills
- To assist in educational, social and health outcomes for parents and their children



Activity

Bellbrook

- 7 Indigenous families in Bellbrook who have children from 0-8 years are seen weekly
- 7 mothers and 8 children of non-Indigenous families are seen weekly
- Playgroup – 4 families, three Indigenous
- Transport 2 families a week

Kempsey

- Indigenous families in Kempsey who have children from 0-8 are seen weekly
- Playgroup – 14 families, all clients are Indigenous
- Referrals from Community Health, DoCS, Drug & Alcohol Program Durri, Durri GP
- Transports

Staff professional development has included Aggression Minimisation Workshop, Health Promotion in Aboriginal Communities Workshop, and NSW Aboriginal Drug and Alcohol Symposium ADAN Program.

Hearing Health Program

New Aboriginal Health Worker (Audiometry) Ellis Bradshaw



After an extended period of time that the Audiometrist and Hearing Health Worker positions have been vacant, Durri is pleased to welcome Ellis Bradshaw.

Ellis is an Enrolled Nurse and worked in the Lismore area for about 5 years. Earlier this year he completed his audiometry training and is now keen to apply himself to the position

Whilst Ellis is new to the role he is enthusiastic about the tasks ahead of him. He sees his priorities as re-establishing the regular clinics, and the school based screening and education programs.



Background

The Durri Hearing Health Program has been in operation since 2000. It is funded through the Office of Aboriginal and Torres Strait Islander Health (OATSIH), Commonwealth Department of Health and Ageing.

The funding is provided to facilitate access to health promotion, screening and early detection, referral for treatment, and follow-up.

Target Group

The priority target group is children 0 to 5 years. However, the program also provides assistance to other Durri clients where possible

Program Goal

The goal of the Hearing Health Program is to provide an effective and comprehensive professional audiometry service to the community, as identified by local needs, and in accordance with Durri policies and OATSIH guidelines.

Program Objectives

- To reduce the incidence of Otitis Media amongst Aboriginal children
- To improve Hearing amongst Aboriginal children
- To raise community awareness of the impact Otitis Media has on Aboriginal children
- To increase the numbers of Aboriginal parents who actively seek treatment for their children's Hearing/Ear problems
- To increase the incidence of compliance with medications following medical treatment

Youth

Alan Lockwood

Youth Worker

The Durri Youth Program aims to provide opportunities for disadvantaged kids to have some harmless fun, to promote active lifestyles and strengthen the relationships between youth, their families and the community.

This program cannot operate in isolation.

Networks are maintained with the local sport and recreation worker, the coordinators of South Kempsey, West Kempsey and Greenhills community houses and the PCYC.

Improvements

The program has seen a big improvement over the last 12 months in:

- the relationship with clients
- the coordination of activities with other services
- the support and supervision provided
- the finance we have been able to access
- the awareness of this youth service in the community.

The youth themselves have built a rapport with older community members especially through their touch football team.

Child and Youth Family Strategy

During the year I also coordinated the Aboriginal Child Youth and Family Strategy meetings.

NAIDOC Week

The highlight of this week was the trip to Sydney to see the third game of the NRL State of Origin. Forty youth from the Macleay Valley attended. It included a visit to the Cronulla Sharks and talks with the players.

The player's motivational career talks touched the youths as they were given the opportunity to see that some players were Aboriginal and came from rural areas.



Touch Football

Youth teams were entered in the men's touch comp at Crescent Head and in the Port Macquarie competition.

School Holidays Programs

166 people attended the first pool disco and had a great night, so two more were held in January 2005. The movie day was a huge success and gave parents an interesting place to go with their children as a family unit.

Boy's Culture Camp

19 boys participated in activities such as gathering and preparing food both culturally and mainstream. They were also shown how to respect themselves and each other and how to work effectively as a team. A Sexual Health Worker, Vascular Health Worker, and Drug and Alcohol Educator gave talks.

VIBE 3 on 3 Basketball & Hip-Hop Challenge

Staged at Melville High School, 83 teams participated in activities such as basketball, rapping about culture, beat boxing and face painting. Australian 100m sprint champion and national basketballer, Josh Ross, made a celebrity appearance.

Training

I completed a Level IV Certificate in Youth Work and also attended other training provided by Durri.

The Way Forward

There are two major ways the program can be developed:

1. Funding and employment of a female youth worker involved in the provision of more cultural activities for young girls.
2. Better access for the service to schools through Aboriginal Education Assistants.

Program Coordinator's Report

Brian Bradshaw

First of let me introduce myself to the Kempsey local Aboriginal community and other agencies not only in the Kempsey Shire but around the State and all funding bodies.

My name is Brian Bradshaw, I am a local Dunghutti man. I have lived and work in the local community for most of my life.

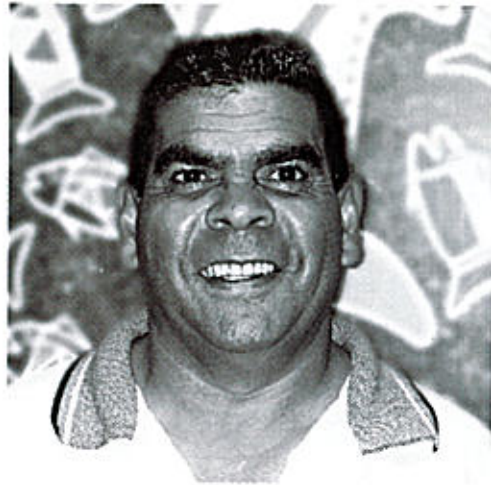
I first commenced work as the Program Coordinator in July 2003. As a former Board Member of Durri (6 years) I gained an insight into the day to day operations of the Medical Service, and the commitment the staff put into their work.

My duties as the Program Coordinator include:

- Supervising, coordinating and administrating the health team activities
- Representing Durri as required at senior level meetings with Government and other agencies
- Promoting the personal development with the team
- Undertaking, where appropriate, clinical, health promotion, social health and risk reduction services
- Monitoring the compliance of the team ensuring proper attention to duties, particularly the compilation of records and maintenance of health database, reporting as required
- Designing, implementing, monitoring, evaluation of programs and activities that promote the individual and collective health and wellbeing of the Aboriginal community of the Macleay Valley.

Mandatory Training

The financial year gave program staff and admin staff the opportunity to attended training in the fields of Mandatory Education, First Aid, Computers, Durri Information Days, OH&S and Fire Safety.



New Policies and Procedures to meet Accreditation Requirements

Because of the growth of Durri and the turnover of staff, the important policies and procedures have to be in place. With these policies and procedures comes committee's.

This year the Medical Service applied for accreditation and Durri had to meet certain criteria. We started a new patient filing system and we setup internal committees. Even though Program staff, admin staff, Clinical Nurse's and Doctors have their own workloads, they had to commit to committees. The committees in place today are:

- OH&S
- Fire Safety
- Accreditation
- Union
- Privacy
- Grievance
- In Service Training
- Infection Control

These committees are run by staff members and are vital to our service and to our community.

Regional Eye Health Program

Greg Brown

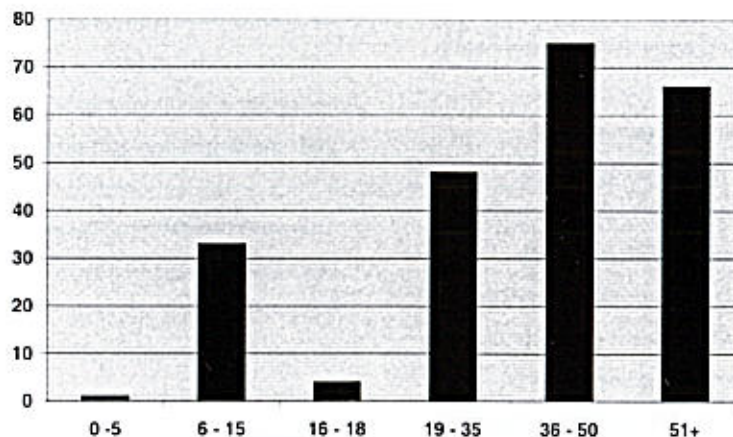
Acting Coordinator

(From July 2005)

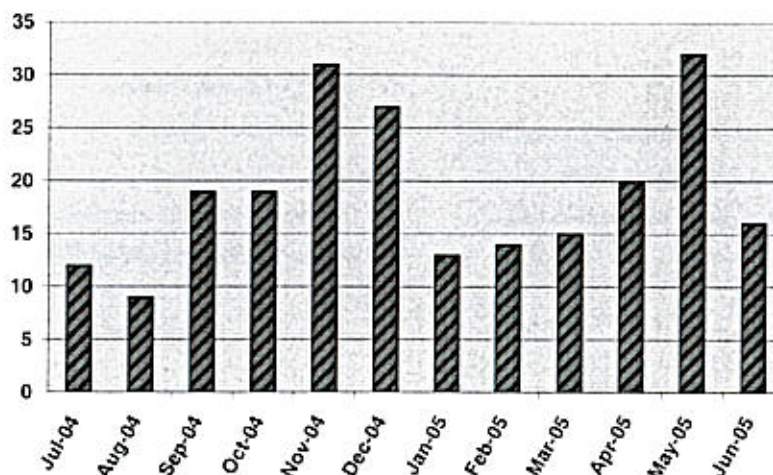


The purpose of the Regional Eye Health Program is to establish eye health clinics and education programs throughout Northern NSW. The Program's boundaries include Tweed Heads down to the Central Coast and extend east to Tenterfield and Armidale. Unfortunately, the program has been faced with difficulties due to staffing issues. The focus has been on the maintenance of existing clinics and services. It is anticipated that the regional program will gain new momentum once a permanent Coordinator is appointed.

**Chart: Patients seen at Durri by an Optometrist
By Age Category**



**Chart: Patients seen at Durri by an Optometrist
per Month**



Nutrition

Jenny Freeman

Nutritionist / Dietitian

Nutrition is part of the Mid North Coast Aboriginal Chronic Disease Program (MNCACDP), a Commonwealth funded program providing services to Aboriginal communities on the Mid North Coast. The Program has three specialists located at Galambila, Durri and Biripi. Nutrition has been offering dietetic services since January 2003 and is based at Galambila. It ensures culturally appropriate prevention, early intervention and clinical services for chronic disease.

Goals

1. Enhanced access to quality multidisciplinary, comprehensive primary health care service
2. Establishment and maintenance of mechanisms for effective community participation in ongoing review, planning and management of health services
3. Adopt integrated approaches to planning and delivery of health services to maximise health gain

Reason for Referrals

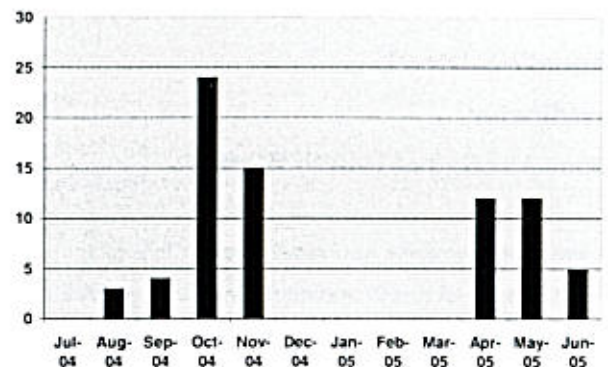
A "Reason for Referrals" resource has been produced and circulated to all health professionals with a referral form. The referral form provides contact information, relevant biochemistry, anthropometrics, presenting problem / diagnosis and reason for referral. It provides space for feedback from nutritionists to the referring health professional.

Activities

- **Cooking Demonstration**, Heart Week, May 2005
- **Nutrition Trivia Game** at Melville High School, April 2005
- **Training of Vascular Health Workers** in Nutrition
- **Healthy Eating Program** in collaboration with Sports and Recreation Officer with the target group being young girls
- **Training of Health Workers** in Nutrition

Service Data

Chart: Nutrition Client Numbers



The following data refers to the period March to May 2005.

- Most people attending nutrition services are female aged between 30 and 49.
- Most have multiple health conditions. Primarily most dietetic consultations are for weight. However, as clients also have hypertension, Type II diabetes (T2DM) and CVD a dietetic consult can be complex.

Chart: Primary Reason for Consult

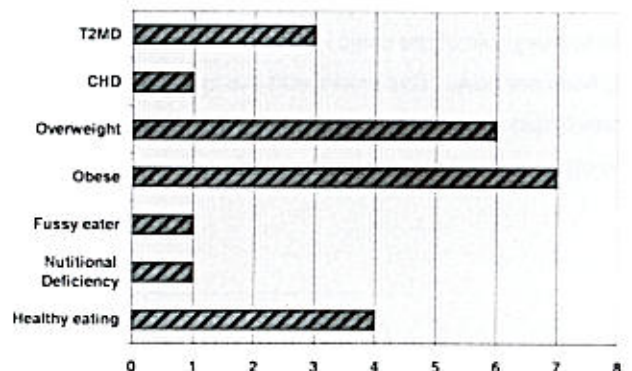
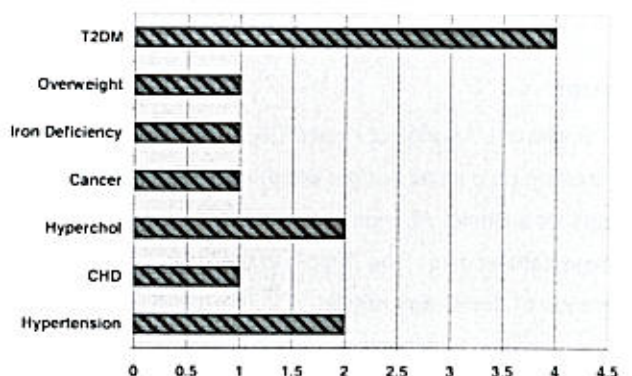


Chart: Secondary Reason for Consult



Bowraville

Aboriginal Health Clinic

Jacqueline Jarrett

Coordinator

Senior Aboriginal Health Worker

The vision of Bowraville Aboriginal Health Clinic is to develop a range of health and education services on a local level, which will improve the health and wellbeing of the Aboriginal community in the Nambucca Valley.

Objectives

- To deliver an effective and appropriate medical service
- To develop culturally appropriate health and education programs
- To promote health issues and healthy lifestyles
- To promote an exemplary work environment
- To liaise with other agencies and stakeholders

Programs

The primary role of the clinic is to coordinate and facilitate outreach services. This works with the support of Durri, the North Coast Area Health Service, General Practitioners and other visiting workers and specialists.

Issues

The Bowraville Aboriginal Health Clinic has been functioning on a small budget which only includes the wages for a Senior Aboriginal Health Worker and administration costs. The clinic has numerous costs for the operation of day to day needs.

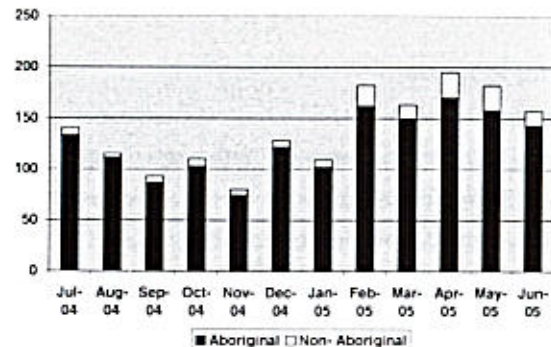
The Clinic staff is complimented by Ngurrala Aboriginal Corporation CDEP, and top-up from Durri for casual workers. This does not include training dollars.



GP Clinics

These clinics are supported by local GPs from the Nambucca Valley including Dr Danny Ryan, Dr Denny Howard, Dr Antonia North and Dr Vivian Tedeschi. Additional support was also provided this year by Dr Fares Samara.

Chart: Patient Numbers for Doctors' Clinics



A total of approximately 1650 patients attended GP clinics throughout the year.

Allied Health Workers visit the Bowraville Clinic when possible as these programs are desperately needed by the community.

The Bowraville Aboriginal Health Clinic has not received additional funding since established in 1997. The limited resources restrict performance and the benefits to the community.

Darrimba Maarra Health Clinic

Tracey Cohen

Senior Aboriginal Health Worker

Staff

Receptionist	Fiona Williams
Transport Officer / Reception	David Prosser
Transport Officer / Cleaner	Ricky Smith



Darrimba Maarra Health Clinic opened its doors in November 2003. It is located in Shop 13/42 Bowra Street Nambucca Heads.

The doctors on the Board are very culturally adjusted to the needs of the Aboriginal community. These include Dr Ryan, Dr Playle and Dr McGovern. They have an understanding of the holistic approach to health needed. To date we have enjoyed the challenge and the support of the Bowraville Health Clinic staff and the Nambucca Health Committee.

Due to a limit in funding when first setting up the clinic, we only allowed for a small modification to the premises and a three year lease was entered into. The community had outgrown these premises within the first three months. They continue to prove inadequate. A radio must be kept on to ensure confidentiality. Visiting specialists and other visiting services cannot provide their service unless there is no doctor rostered on, or the Aboriginal Health Worker gives up her room.

Partnership

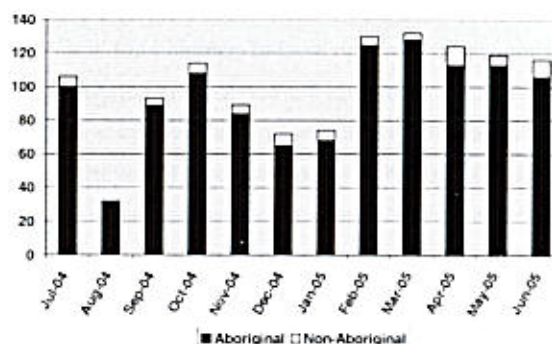
Darrimba Maarra enjoys strong partnerships with Durri, Bowraville Aboriginal Health Clinic, North Coast Area Health Service, PAC and the Division of General Practice



Doctors' Clinics

Doctors' clinics are available on Tuesdays and Thursdays

Chart: 2004/05 Clinic Stats



During 2004/05 we saw approximately 1200 patients.

Specialist Services include:

- **Diabetics Clinics**
Durri - every 2nd week
- **Partnership in Aboriginal Care**
3 days per week
- **Optometrist**
Every 3rd month
- **Burrin Dulai (Foster Care)**
1 day per week
- **Antenatal Clinic**
1 day per week
- **Paediatric Clinic**
Dr Naidoo every 2nd Friday
- **Immunisation**
With Doctors' Clinics
- **Women's Health**
Provided by North Coast Area Health Service
1 day per week

Galambila

David Kennedy
Executive Officer

I would like to take this opportunity to acknowledge and thank a number of people for their ongoing support and assistance throughout the year. Firstly, I thank the Galambila Board and acknowledge the significant efforts of each Board member in gaining an understanding of Galambila's operations, and in learning about the roles and responsibilities of a Board of Directors. This Board has demonstrated a substantial commitment to the service and the community over the past 12 months.

I also acknowledge the high level of commitment and professionalism of all staff of the service and congratulate them for their efforts and achievements. We are a small and dynamic group with a strong outcome focus and your energy, enthusiasm and motivation has enabled the service to achieve a high level of success.

Many thanks and much appreciation to Durri. In particular Laurie Clay and Ros Roach, for their unwavering support and commitment to Galambila. The two services have established a strong and ongoing relationship critical to Galambila's development. I look forward to another year of working with Ros. I also welcome back Steve Blunden as CEO and wish Laurie the very best in his return to his substantive position. I am sure we will all miss Laurie's regular visits, advice and good humour.

Thanks go to our many partners in particular the MNC Division of General Practice, the Area Health Service, our visiting specialist consultants and the Partnership for Aboriginal Care. Galambila's strength is built on effective partnerships and the ongoing commitment of our partners is a testament to their support for Aboriginal community control and self-determination.

Finally, I would like to acknowledge the support of the community in the ongoing growth of Galambila. The community's support for the service is clearly evident in the steadily increasing use of the service and the many compliments staff receive during the year.



Highlights and Achievements

- 7109 GP consultations, 592 consults per month
- The clinic nurse saw a total of 2400 clients
- Our Health Workers assisted 1152 clients
- We provided 6000 transports
- We supported the provision of 1980 specialist consults not including Maternal Infant Health services and PAC services
- We conducted 3 Endocrinology Clinics
- 3 'Spring into Shape' exercise programs
- We conducted 4 health camps (men, women, boys and girls)
- We held 3 school holiday programs

Accreditation

Galambila attained General Practice Accreditation through the Royal Australian College of General Practice (RACGP) in December 2004. Galambila is one of the first Aboriginal Medical Services to attain accreditation in NSW.

As a part of the accreditation process Natalie Wilson, Admin/Reception Team Leader has commenced the Diploma of Practice Management. Once completed Natalie will be appointed Practice Manager for the service.

This year Galambila also obtained medical student training facility accreditation, also through the RACGP. Fifteen fourth year medical students attended clinical placements throughout the year. Galambila also provides Aboriginal cultural awareness and cross cultural communication training to medical students in partnership with the School of Rural Medicine. Around 30 students attended training this year.

Galambila has established linkages with General Practice Education and Training (GPET) and North Coast GP Training (NCGPT) for the placement of GP Registrars. Galambila currently has one full time subsequent Registrar

who commenced as a basic Registrar and has received support through three terms. We also have one part time subsequent Registrar.

Major Review

In February, Galambila commenced a review of its services, management and governance structures to identify opportunities to develop and enhance the service. The review will identify specific developmental areas and evolve these into an action plan. The implementation of the plan will prepare Galambila for a release from current auspice arrangements, to direct funding from the OATSIH.

Aboriginal Health Alliance

Galambila has taken a lead role in the formation of an Aboriginal health alliance between five AMS from Taree to Casino. I am currently the interim Chair of the combined CEO Forum, the working group of the alliance.

New Services

Galambila has introduced new services including an endocrinology clinic and speech pathology service and is about to introduce a monthly psychiatric service.

Partnership for Aboriginal Care (PAC)

PAC has been implemented in Coffs Harbour and co-located with Galambila. This included providing GP and Aboriginal Health Worker staff to assist PAC with client health assessments and the development of care plans. The community is beginning to realise the benefits of PAC, and Galambila is committed to the continuation of PAC for the coming 18 months.

Galambila has also taken a strong stance on the future of PAC. This position includes Galambila representation on the PAC Executive Committee and Management Committee, and an integration of PAC services as a core program of Galambila. If successful this will ensure that Galambila receives due recognition as a full AMS and that PAC services are delivered in a manner consistent with the principles of Aboriginal community control.

Diabetes Management

This year Galambila commenced providing a three monthly endocrinology clinic in partnership with specialist diabetes clinicians, doctors and nurses from the John Hunter

Hospital. This clinic assists Galambila in the management of diabetes clients who are effectively self managing and whose self management is not sufficiently addressing their condition.

Vascular Health

The service's Aboriginal Health Worker and Aboriginal Vascular Health Worker attained ECG and venipuncture certification. They now regularly assist Galambila's GPs and Clinic Nurse in the provision of clinical support.

Community Nurse Rotations

Galambila and the North Coast Area Health Service entered into an agreement to rotate our Clinic Nurse with the Aboriginal Community Nurse every Tuesday. This agreement aims to increase the Community Nurse's exposure to Aboriginal clients and services. The agreement also allows Galambila's Clinic Nurse to maintain community linkages by having a regular presence in the community.

Conference Presentations

Galambila has attended and presented at several major health and general practice conferences this year, represented by a variety of staff. Galambila presented at the rural and isolated Aboriginal Community Health Symposium in Alice Springs and the annual GP Alliance Conference in Sydney to name just two.

Over the coming 12 months Galambila will continue to change and grow as we prepare for independent funding. Galambila will amend the current constitution and introduce longer terms for Board Directors to provide continuity within the Board and an increased level of stability. We will establish a finance position and begin to administer and manage some of the organisation's finances directly with the aim of developing our capacity to operate independently. We will act on the developmental opportunities identified in the Galambila review and continue to explore options for enhancing existing services and introducing new services, in particular dental services and an increased range of health education and promotion activities and programs.

Finally, I thank everyone once again and I look forward to an exciting, challenging and rewarding 2005/06

Partnership for Aboriginal Care

Mid North Coast Aboriginal Coordinated Care Trial

Bill Trewlynn

Executive Officer

The Partnership for Aboriginal Care Mid North Coast (NSW) Aboriginal Coordinated Care Trial tested a model of coordinated care for Indigenous communities which built on partnerships established between community controlled Aboriginal Medical Services, mainstream health service delivery, other non-government organisations, and private providers within a complex regional environment.

The model was flexible, designed to work across agency boundaries, and strongly influenced by the existing infrastructure within each local community. Care Coordination operated through a number of care coordination cells. These cells were located at Biripi Aboriginal Corporation Medical Centre, Durri Aboriginal Corporation Medical Service, and Galambila Aboriginal Health Service. Towards the end of the Trial a further cell was developed as part of the Darrimba Maarra Health Clinic in Nambucca Heads.

The model worked on the premise that the philosophy of coordinated care is extremely similar to the notion of holistic health care guiding the work of these agencies and that they required substantially less cultural shift than a mainstream service. The vision was that the Trial would enable the practice to move closer to the ideal.

It is important to recognise though, that the Trial not only focussed on Aboriginal Medical Services. The model was designed to explore and build on the links between these services and the surrounding mainstream services, community care agencies, and private practitioners such as GPs.

The model was a population model involving all Aboriginal communities on the Mid North Coast of NSW and explored the benefits of coordinated care for both a complex needs cohort and a population cohort. All people and agencies consulted prior to the Trial indicated that for the Trial to have any effect it must build commitment at both ends of the care spectrum.

The Trial proposed a model that would substantially improve access to more appropriate care by enhancing local services and infrastructure, and by being more responsive to individual and community issues. Two major groups were identified for Trial purposes – a Complex Needs Cohort and a Population Cohort.

Participants in the Complex Needs group were identified and recruited by existing service providers, key community influencers, or through self-referral. The Complex Needs group received comprehensive assessments, individually specific and goal oriented care plans, and a coordination of services that ensured a seamless delivery and continuity of care.

Selection of participants for the Population group consisted of the entire Aboriginal population of the Mid North Coast. Participants in the Population group received population health strategies including opportunistic screening, health assessment, and targeted population health programs.

Coordinating care minimised duplication of services/assessments, improving access to services and providing a cost effective way of delivering services to isolated and remote community members who, without the Trial, may not have had access. This flexible model of coordinated care empowered community members to participate fully in the decision making process of their care. The comprehensive assessment process enabled community members to identify and talk about all the issues impacting on their health and not just the specific diagnosis or problems identified in isolation.

The Partnership for Aboriginal Care is pleased to continue working in collaboration with Biripi AMS, Durri AMS, Hunter New England Health, North Coast Area Health and the many partner agencies on the Mid North Coast to deliver health initiatives over the coming months. We look forward to developing effective working relations to improve the health and to fill the gaps in the Health systems for Aboriginal people living on the Mid North Coast.

Accreditation

Kim Thompson



Durri underwent an accreditation survey visit on 30 August 2005 by Australian General Practice Accreditation Limited (AGPAL). AGPAL assesses medical practices against the standards developed by the Royal Australian College of General Practice (RACGP) titled *Standards for General Practice (2nd edition)*. The Standards focus on practice services, rights and needs of patients, quality assurance and continuing education, practice administration and physical factors.

The survey visit comprised of two surveyors (a GP and a Practice Manager) and involved assessment by direct observation, interviews with doctors and staff, review of documents (appointment books, practice information sheet, insurance and finance documents, professional registration and medical indemnity, practice policy and procedure manual, HIC feedback and assessment of the medical records), and review of patient surveys and feedback.

Prior to the survey visit, during 2004/05, Durri needed to address the following issues:

a) Medical Records

These required culling and archiving. A process of review of physical file type resulted in the selection of a new type of file which will be progressively introduced.

b) Clinical Aspects

Sterilisers in the dental clinic required validation by an external agent. A dedicated doctor's bag was established as was a dedicated spill kit for reception and the clinic. A register of pathology specimens was implemented and a patient education folder

c) Computers

Implementation of Medical Director (MD) and Pracsoft is underway. MD is being used in the clinic and Pracsoft is slowly being introduced in the reception area in conjunction with culling of files. HIC online implementation application is underway and Partnership for Aboriginal Care IT section is addressing the most appropriate platform on which to run HIC online. The introduction of MD will provide for an improved patient recall system.

d) Physical & Environmental Factors

Paper towel and soap dispensers were fitted in consulting rooms where required. Tea and coffee stores were relocated from the contaminated waste storage area. A major clean up and reorganisation was completed on the west wing. A play area in the waiting room will be established.

Ongoing

The culling and archiving of medical files and introduction of new file format will be an evolving process. The introduction of HIC online and use of Pracsoft software for Medicare claims and transmission as well as associated training of staff will require focus for a few months.

The staff members of Durri were very involved in the accreditation process and many of the appropriate practices were already in place and only required documentary support.

The decision from AGPAL as to Durri accreditation status should be available by mid November 2005.

Benefits of Accreditation

Benefits include:

- Access to the Commonwealth's Practice Incentives Program (PIP), quarterly payment separate to Medicare rebates.
- Recognition of complying with standards of practice by which the majority of mainstream medical practices are assessed
- Quality assurance improvement, reduction of medical litigation risk by the introduction of processes and systems for follow up and recall.

Finance Team

Ros Roach

Finance Officer

Durri now consists of 28 individual health and wellbeing programs. All of which are administered by the Finance team. In addition, Durri works in partnership with the North Coast Area Health Service to administer Galambila, Bowraville, Darrimba Maarra and the Partnership for Aboriginal Care.

Collectively this gives us a total budget in the order of \$8.6M to administer.

The current Finance Team consists of:

Ros Roach	Finance Officer
Isobel Bradshaw	Assistant Finance Officer
Debbie Bradshaw	Senior Bookkeeper
Aleisha Bradshaw	Admin Trainee



Audit & Reporting Requirements

Every individual program requires annual audited financial reports to be submitted to the funding bodies by the due date. Additionally, we are responsible for bi-annual reports to the Commonwealth, monthly BAS lodgements, FBT reporting requirements, maintaining an extensive asset register for all locations, weekly payroll and all employees' personnel records.

It is pleasing that we continue to receive very positive audits.

We are also responsible for Service Activity Reports (SARs), and are actively involved in the preparation of funding submissions.

Human Resources

Durri currently employees 173 staff.

The Finance Team are responsible for Human Resources. Ros is the Return to Work Coordinator, and Debbie is responsible for Occupational Health and Safety. As well, Isobel is the ENCORE Coordinator for breast cancer support.

Achievements

Achievements this year include:

- The introduction of a new payroll system which allows us to pay wages online.
- Isobel receiving training on the new Enhanced Primary Care (EPC) items for Medicare.
- The development and implementation of new policies and procedures.

The Way Forward

The coming year should see the appointment of an additional accountant to help with the enormous workload, and the full introduction of Medical Director. These initiatives should help us streamline our administrative procedures.

Durri Aboriginal Corporation Medical Service



**Financial Report
For the Year Ended 30 June 2005**

**DURRI ABORIGINAL CORPORATION MEDICAL
SERVICE
ABN 52 730 046 875**

**FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2005**

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DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

GOVERNING COMMITTEES' REPORT

Your Committee Members present their report on the Corporation for the financial year ended 30 June 2005.

COMMITTEE MEMBERS

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

Shirley Kelly	Gerald Bradshaw	
Tony Gray	Ivy Brown	
Janet Smith	Mary Lou Buck	(appointed 2/2/05)
Ruth Campbell	Diana Davis	(appointed 2/2/05)
Mary Button-Campbell	Kim Donohue	(appointed 2/2/05)
Gerald Hoskins	Noel Lockwood	(retired 2/2/05)
Deleila Roberts	Wendy Cowan	(retired 2/2/05)

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 \$383,071. The operating result represented a decrease of \$456,173 when compared to the profit of \$839,244 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 \$8,640,440 (2004: \$7,320,234). Total expenditure during the year amounted to \$8,257,369 (2004: \$6,480,990).

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

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

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

GOVERNING COMMITTEES' REPORT

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.

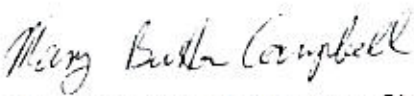
PROCEEDINGS ON BEHALF OF CORPORATION

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:


Gerald Hoskins, Chairperson


Mary Button-Campbell, Deputy Chairperson

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

GOVERNING COMMITTEE DECLARATION

The Committee Members of the Corporation declare that:

1. the financial statements, comprising the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, Income and Expenditure Statement 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 2005 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.

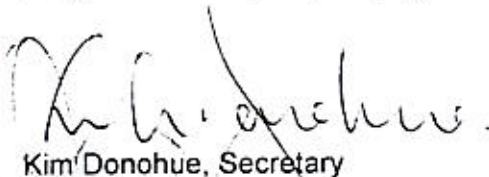
This declaration is made in accordance with a resolution of the Members of the Committee and is signed for and on behalf of the Committee Members by:



Gerald Hoskins, Chairperson



Mary Button-Campbell, Deputy Chairperson



Kim Donohue, Secretary



Deleila Roberts, Treasurer

Dated: 26 September 2005



NORTHCORP
ACCOUNTANTS

PARTNERS

MARK HATHERLY B COMM FCA
WINIFRED GIBSON FTA AFFILIATE ICAA
ROBERT MAGNUSSEN B BUS CA
PAUL FAHEY B BUS CA
RODNEY SMITH B FIN ACCTN CA
TONY FAULDER B COMM CPA AFFILIATE ICAA

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**

Scope

We have audited the financial report of Durri Aboriginal Corporation Medical Service for the financial year ended 30 June 2005, comprising the Governing Committees' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, Income and Expenditure Statement 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 in Australia 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: 26 September 2005

CHARTERED ACCOUNTANTS

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

Liability limited by a scheme approved under Professional Standards Legislation.



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

Scope

We have audited the financial report of Durri Aboriginal Corporation Medical Service for the financial year ended 30 June 2005, comprising the Governing Committees' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, Income and Expenditure Statement 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 in Australia and statutory requirements so as to present a view which is consistent with our understanding of the Corporation's financial position, and performance as represented by the results of its operations and its cash flows.

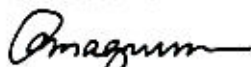
The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

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

- a) so as to give a true and fair view of the Corporation's financial position as at 30 June 2005 and of its performance for the year ended on that date;
- b) in accordance with the Aboriginal Councils and Associations Act 1976, and the Rules of the Corporation; and
- c) in compliance with Accounting Standards in Australia and other mandatory professional reporting requirements.

NORTHCORP ACCOUNTANTS



Robert Magnussen
Partner
Registered Company Auditor

109 William Street
PORT MACQUARIE NSW 2444

Dated: 26 September 2005

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2005

	Note	2005 \$	2004 \$
Revenues from ordinary activities	2	8,640,440	7,320,234
Employee benefits expense		(4,984,909)	(3,912,732)
Borrowing costs expense	3	(34,900)	(25,282)
Depreciation and amortisation expense	3	(570,052)	(432,382)
Doubtful debts expense	3	(43,829)	(30,609)
Programs and medical expenses		(955,472)	(747,986)
Repairs maintenance and utility expenses		(300,426)	(245,869)
Office and administration expenses		(312,332)	(191,975)
Cost of capital items sold		(680,792)	(533,098)
Motor vehicle expenses		(240,711)	(223,717)
Other expenses from ordinary activities		(133,946)	(137,340)
		<u>(8,257,369)</u>	<u>(6,480,990)</u>
Profit from ordinary activities before income tax expense		383,071	839,244
Income tax expense relating to ordinary activities	1	-	-
Net profit from ordinary activities after income tax expense attributable to members of the Corporation	13	383,071	839,244
Increase in asset revaluation reserve	14(a)	375,643	614
Total changes in equity other than those resulting from transactions with owners as owners		<u>758,714</u>	<u>839,858</u>

These financial statements should be read in conjunction with the attached Independent Audit Report

The accompanying notes form part of these financial statements

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2005**

	Note	2005 \$	2004 \$
CURRENT ASSETS			
Cash assets	5	1,818,276	1,355,377
Receivables	6	207,018	160,243
Other	8	53,207	29,170
TOTAL CURRENT ASSETS		<u>2,078,501</u>	<u>1,544,790</u>
NON-CURRENT ASSETS			
Other financial assets	7	2,308	1,920
Other	8	20,628	23,003
Property, plant and equipment	9	5,246,320	5,005,810
TOTAL NON-CURRENT ASSETS		<u>5,269,256</u>	<u>5,030,733</u>
TOTAL ASSETS		<u>7,347,757</u>	<u>6,575,523</u>
CURRENT LIABILITIES			
Payables	10	331,632	132,948
Interest bearing liabilities	11	39,026	55,745
Provisions	12	192,982	257,915
TOTAL CURRENT LIABILITIES		<u>563,640</u>	<u>446,608</u>
NON-CURRENT LIABILITIES			
Interest bearing liabilities	11	241,220	346,723
Provisions	12	71,147	69,156
TOTAL NON-CURRENT LIABILITIES		<u>312,367</u>	<u>415,879</u>
TOTAL LIABILITIES		<u>876,007</u>	<u>862,487</u>
NET ASSETS		<u>6,471,750</u>	<u>5,713,036</u>
EQUITY			
Retained profits	13	6,094,187	5,711,116
Reserves	14	377,563	1,920
		<u>6,471,750</u>	<u>5,713,036</u>

These financial statements should be read in conjunction with the attached Independent Audit Report

The accompanying notes form part of these financial statements

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2005**

	Notes	2005 \$	2004 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		8,626,824	7,365,252
Payments to suppliers and employees		(7,589,800)	(6,024,179)
Interest received		41,295	36,791
Borrowing costs		(34,900)	(21,543)
Dividends received		100	68
		<u> </u>	<u> </u>
Net cash provided by (used in) operating activities	17(a)	<u>1,043,519</u>	<u>1,356,389</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		657,701	509,155
Purchase of property, plant and equipment		(1,116,099)	(2,193,478)
		<u> </u>	<u> </u>
Net cash provided by (used in) investing activities		<u>(458,398)</u>	<u>(1,684,323)</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Repayment of borrowings		(239,615)	(170,002)
Proceeds from lease and hire purchase		126,393	243,597
		<u> </u>	<u> </u>
Net cash provided by (used in) financing activities		<u>(113,222)</u>	<u>73,595</u>
Net increase (decrease) in cash held		471,899	(254,339)
Cash at beginning of financial year		<u>1,346,377</u>	<u>1,600,716</u>
		<u> </u>	<u> </u>
Cash at end of financial year	5	<u>1,818,276</u>	<u>1,346,377</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2005**

	2005	2004
	\$	\$
INCOME		
NSW Health Department	737,792	558,325
Commonwealth Department of Health and Family Services	2,409,384	2,617,225
Capital Funding – Buildings & Equipment	130,000	86,591
Partnership for Aboriginal Care Funding	2,790,655	1,827,760
Department of Community Services	139,011	191,682
ATSIC	89,002	16,344
Mid North Coast Area Health Grant	181,766	312,523
Mid North Coast Div of GP's	116,508	9,360
GPET Funding	163,926	200,973
Commonwealth - PIRS	-	194,530
Commonwealth - Exemplar Site	121,000	24,000
EN Contributions	(12,631)	20,736
Commonwealth - Harm Minimisation	33,000	18,000
Department of Aboriginal Affairs	-	10,000
AH & MRS - Immunisation Funds	4,000	6,500
Inspire Foundation	22,121	-
Justice Health	13,924	-
West Sydney Health	-	7,019
Administration Fees	16,443	5,000
Wage Contributions - External	17,169	32,474
Wage Contributions - Internal	9,213	-
Emergency Relief	15,468	15,226
Rent Received	-	1,065
Medicare Receipts	818,783	560,082
Medicare Debtors	2,710	-
Interest Received	41,295	36,791
Immunisation	12,981	15,381
Workers Compensation	88,787	4,680
Insurance Recoveries	3,164	17,258
Profit on Sale of Non-Current Assets	14,244	10,453
Miscellaneous	17,267	21,554
	<hr/>	<hr/>
	7,996,982	6,821,532
EXPENDITURE		
Accountancy	665	2,800
Advertising & Promotion	14,940	11,952
Administrative Costs	37,212	24,001
Annual Leave Provision Expense	(55,322)	112,170
Auditors Remuneration	27,077	21,750
Bank Charges	8,351	9,975
Board of Directors Meetings	11,431	1,023
Cleaning	62,419	56,369
Contractors	440,761	352,367
Depreciation	570,052	432,382
Dental Referrals	22,929	26,207
Donations	4,886	5,212
Doubtful Debts Expense	43,829	30,609

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

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2005**

	2005	2004
	\$	\$
EXPENDITURE (continued)		
Electricity & Gas	38,024	34,311
Expendable Equipment	888	11,172
Emergency Relief Expenses	15,129	16,895
FBT Expense	29,281	42,261
Funeral Expenses	2,814	6,977
Insurance	45,000	34,069
Interest on Loan	14,281	11,354
IWI Program	2,500	18,662
Laundry	2,533	3,324
Lease Office Equipment	5,341	3,112
Legal Costs	17	1,255
Licenses	229	180
Long Service Leave Provision Expense	863	11,378
Medical Supplies	102,655	87,652
Medical Waste	3,930	2,637
Motor Vehicles	252,979	227,456
NAIDOC Spending	6,724	10,443
PAC Client Expenses	22,202	7,235
Postage & Freight	5,289	4,133
Printing & Stationery	75,515	51,747
Program Expenses	128,846	43,742
Publications	3,955	77
Orthodontist	10,779	7,385
Research	-	4,861
Rent	14,265	21,538
Rates	14,804	12,923
Recruitment Expenses	6,879	8,460
Repairs & Maintenance	62,319	50,910
Security Costs	7,493	4,841
Seminars & Meetings	71,322	27,106
Sports Program Spending	60,886	35,695
Superannuation Contributions	404,635	268,937
Supplies – Dental	-	46,357
Telephone	111,946	72,019
Travel Expenses	40,555	42,664
Tuition	50,175	49,370
Wages	4,634,733	3,520,247
Workers Compensation	117,288	50,189
Uniforms	6,110	3,106
Youth Program	14,162	4,395
Loss on Sale – Non-Current Asset	37,335	34,396
	<u>7,613,911</u>	<u>5,982,288</u>
Net Profit/(Loss) After Tax	<u>383,071</u>	<u>839,244</u>

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

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

Freehold land and buildings are measured on a fair value basis. It is the policy of the Corporation to have an independent valuation every three years.

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	22.50%
Plant and Equipment	13.5 – 40%
Office Furniture and Equipment	10 – 40%
Medical Equipment	20 – 40%

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 046 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

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 Benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and long service leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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).

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

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.

Adoption of Australian Equivalents to International Financial Reporting Standards

The Corporation is preparing and managing the transition to Australian Equivalents to International Financial Reporting Standards (AIFRS) effective for the financial years commencing from 1 January 2005. The adoption of AIFRS will be reflected in the Corporation's financial statements for the year ending 30 June 2006. On first time adoption of AIFRS, comparatives for the financial year ended 30 June 2005 are required to be restated. The majority of the AIFRS transitional adjustments will be made retrospectively against retained earnings at 1 July 2004.

The Corporation's management has assessed the significance of the expected changes and is preparing for their implementation. The Corporation's management is overseeing and managing the transition to AIFRS. The impact of the alternative treatments and elections under AASB 1: First Time Adoption of Australian Equivalents to International Financial Reporting Standards has been considered where applicable.

The Committee Members are of the opinion that the key differences in the Corporation's accounting policies which may arise from the adoption of IFRS are:

- **Impairment of Assets**

Under AASB 136: Impairment of Assets, the recoverable amount of an asset is determined as the depreciated replacement cost for not-for-profit entities. It is likely that this change in accounting policy will lead to impairments being recognised more often.

Impairment testing as at 1 July 2005 confirmed no impairment of assets as disclosed in the Corporation's financial statements at 30 June 2005.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

A.B.N. 52 730 048 875

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 2 - REVENUE	Note	2005	2004
		\$	\$
Operating Activities:			
Government grants		6,972,096	6,149,268
Medicare income		818,783	560,082
Rent received		-	1,065
Dividends received		100	68
Interest received – other persons		41,295	36,791
Worker compensation refunds		88,787	4,680
Sundry income		61,678	59,125
		<u>7,982,739</u>	<u>6,811,079</u>
Non-Operating Activities:			
Proceeds on sale of property, plant and equipment		657,701	509,155
		<u>657,701</u>	<u>509,155</u>
Total Revenue		<u>8,640,440</u>	<u>7,320,234</u>
NOTE 3 - PROFIT FROM ORDINARY ACTIVITIES			
Profit from ordinary activities before income tax has been determined after:			
(a) Expenses			
Borrowing Costs:			
Other persons		14,281	11,354
Hire purchase / lease charges		12,268	3,739
Other borrowing costs		8,351	10,189
Total Borrowing Costs		<u>34,900</u>	<u>25,282</u>
Depreciation of Non-Current Assets:			
Buildings		130,451	122,386
Plant and Equipment		439,601	309,996
Total Depreciation		<u>570,052</u>	<u>432,382</u>
Doubtful debts			
Medicare debtors		43,829	30,609
Total doubtful debts		<u>43,829</u>	<u>30,609</u>
(b) Net Loss on Disposal of Non Current Assets			
Property, plant and equipment		23,091	23,943
		<u>23,091</u>	<u>23,943</u>
NOTE 4 - AUDITOR'S REMUNERATION			
Remuneration of the Auditor of the Company for:			
Auditing the Financial Report		24,175	21,250
Other Services		2,902	2,800
		<u>27,077</u>	<u>24,050</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 2005**

NOTE 5 - CASH ASSETS	Note	2005 \$	2004 \$
Cash on hand		1,200	1,300
Cash management accounts			
Tax account		199,535	32,072
Capital account		50,728	67,978
Long service leave account		115,586	108,920
Annual Leave Term Deposit		-	48,543
Rent Account		8,087	22,961
No. 1 Bank account		37,939	66,450
No. 2 Bank account		2,361	-
No. 3 Bank account		76,506	72,309
No. 4 Bank account		359	-
No. 5 Bank account		6,885	-
No. 6 Bank account		393	247
No. 7 Bank account		1,229	9,752
No. 8 Bank account		122,327	16,488
No. 9 Bank account		27,468	18,992
No. 10 Bank account		5,804	2,591
No. 11 Bank account		33,606	66,721
No. 12 Bank account		3,709	-
No. 15 Bank account		77,353	50,075
No. 16 Bank account		134	1,187
No. 17 Bank account		83,985	166,441
No. 18 Bank account		140,247	211,239
No. 19 Bank account		3,249	6,926
No. 20 Bank account		28,107	29,536
No. 22 Bank account		30,331	196
No. 23 Bank account		14,674	17,955
No. 24 Bank account		4,347	17,002
No. 25 Bank account		24,206	32,079
No. 27 Bank account		178,303	103,092
No. 28 Bank account		143,386	11,381
No. 29 Bank account		366,869	157,636
No. 30 Bank account		29,363	15,308
		<u>1,818,276</u>	<u>1,355,377</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		1,200	1,300
At call with financial institutions		1,817,076	1,354,077
Bank overdraft	11	-	(9,000)
		<u>1,818,276</u>	<u>1,346,377</u>

These financial statements should be read in conjunction with the attached Independent Audit Report

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 6 - RECEIVABLES	Note	2005	2004
		\$	\$
Current			
Medicare debtors		82,042	66,160
Less provision for doubtful debts		<u>(19,232)</u>	<u>(29,495)</u>
		62,810	36,665
Sundry debtors		<u>144,208</u>	<u>123,578</u>
		<u>207,018</u>	<u>160,243</u>
NOTE 7 – OTHER FINANCIAL ASSETS			
Shares in listed corporations – at market value		<u>2,308</u>	<u>1,920</u>
NOTE 8 - OTHER ASSETS			
Current			
Prepayments		14,152	20,982
Deposits paid		9,157	8,877
Input tax credit		<u>29,898</u>	<u>(689)</u>
		<u>53,207</u>	<u>29,170</u>
Non-Current			
Deferred interest		<u>20,628</u>	<u>23,003</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 2005**

NOTE 9 - PROPERTY PLANT AND EQUIPMENT

	2005	2004
	\$	\$
Land and Buildings		
Freehold land at valuation	500,000	285,000
Buildings and improvements at valuation	2,500,000	765,000
Buildings and improvements at cost (Revalued in 2005)	679,678	2,485,829
Less accumulated depreciation	(59,232)	(179,985)
Total buildings	<u>3,120,446</u>	<u>3,070,844</u>
Total land and buildings	<u>3,620,446</u>	<u>3,355,844</u>
Plant and Equipment		
Plant and Equipment at Cost	2,608,173	2,386,352
Less: Accumulated Depreciation	(982,299)	(736,386)
Total plant and equipment	<u>1,625,874</u>	<u>1,649,966</u>
Total Property, Plant and Equipment	<u>5,246,320</u>	<u>5,005,810</u>

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 2005 at \$3,000,000 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.

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	285,000	3,070,844	1,649,966	5,005,810
Additions	-	19,797	1,096,302	1,116,099
Disposals	-	-	(680,792)	(680,792)
Revaluation increment	215,000	160,255	-	375,255
Depreciation expense	-	(130,450)	(439,602)	(570,052)
Carrying amount at the end of year	<u>500,000</u>	<u>3,120,446</u>	<u>1,625,874</u>	<u>5,246,320</u>

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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005

NOTE 10 - PAYABLES	2005	2004
	\$	\$
Current		
Unsecured Liabilities		
Trade Creditors	129,580	132,948
Other Creditors	202,052	-
	<u>331,632</u>	<u>132,948</u>

NOTE 11 - INTEREST BEARING LIABILITIES

Current

Secured Liabilities

Bank overdraft no. 2 account	-	1,465
Bank overdraft no. 4 account	-	352
Bank overdraft no. 5 account	-	7,104
Bank overdraft no. 12 account	-	79
Bank loan	11(a), (c) 22,671	22,368
	<u>22,671</u>	<u>31,368</u>

Unsecured Liabilities

Finance Leases	-	12,572
Hire purchase loan	11(b) 16,355	11,805
	<u>16,355</u>	<u>24,377</u>
	<u>39,026</u>	<u>55,745</u>

Non Current

Secured Liabilities

Bank loan	11(a), (c) 161,517	170,009
	<u>161,517</u>	<u>170,009</u>

Unsecured Liabilities

Finance Leases	-	81,914
Hire purchase	11(b) 79,703	94,800
	<u>79,703</u>	<u>176,714</u>
	<u>241,220</u>	<u>346,723</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 2005**

NOTE 11 – INTEREST BEARING LIABILITIES (cont.)		2005	2004
		\$	\$
(a) Total Current and Non-Current Secured Liabilities:			
Bank overdrafts		-	9,000
Bank loan		184,188	192,377
		<u>184,188</u>	<u>201,377</u>
(b) Total Current and Non-Current Unsecured Liabilities:			
Finance Leases		-	94,486
Hire purchase loans		96,058	106,605
		<u>96,058</u>	<u>201,091</u>
(c) Security Details			
The bank overdrafts and bank loans are secured by registered first mortgage over the freehold land and buildings of the Corporation.			
The carrying amounts of non-current assets pledged as security are:			
Freehold Land and Buildings		<u>5,246,320</u>	<u>5,005,810</u>
NOTE 12 - PROVISIONS	Note		
Current			
Employee Entitlements	12(a)	<u>192,982</u>	<u>257,915</u>
Non-Current			
Employee entitlements	12(a)	<u>71,147</u>	<u>69,156</u>
(a) Aggregate employee benefits liability		<u>264,129</u>	<u>327,071</u>
		No.	No.
(b) Number of Employees at Year End		<u>125</u>	<u>104</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 2005**

NOTE 13 – RETAINED PROFITS	2005	2004
	\$	\$
Retained profits at the beginning of the financial year	5,711,116	4,871,872
Net profit / (loss) attributable to the members of the Land Council	383,071	839,244
Retained profits at the end of the financial year	<u>6,094,187</u>	<u>5,711,116</u>
 NOTE 14 – RESERVES		
Asset revaluation reserve	<u>377,563</u>	<u>1,920</u>
 (a) Asset revaluation reserve		
Movements during the year		
Opening balance	1,920	1,306
Revaluation increment on listed shares	388	614
Revaluation increment on land and buildings	375,255	-
Closing balance	<u>377,563</u>	<u>1,920</u>

The asset revaluation reserve records revaluations of listed shares.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 15 – LEASING COMMITMENTS	Note	2005	2004
		\$	\$
Financial Lease Commitments			
Financial Leases for motor vehicles capitalised in the financial statements			
Payable:-			
- not later than 1 year		-	21,408
- later than 1 year but not later than 5 years		-	92,581
		<hr/>	<hr/>
		-	113,989
Deduct future charges		-	(19,503)
Lease liability	11(b)	<hr/>	<hr/>
		-	94,486

The Corporation has financial leases on four motor vehicles with between 3 – 5 year terms. There are no contingent lease provisions within the lease agreement and no options to renew the lease at the end of the term.

Operating Lease Commitments

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

Payable:-			
- not later than 1 year		5,047	4,057
- later than 1 year but not later than 5 years		7,150	12,197
		<hr/>	<hr/>
		12,197	16,254

The Corporation has a cancellable operating lease on office equipment with a lease period of 48 months payable monthly in advance. An option exists to extend the period by mutual agreement.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 16 – REMUNERATION OF COMMITTEE MEMBERS	2005	2004
	\$	\$
Income paid or payable to all Committee Members of the Corporation by the Corporation and any related parties:	-	45,062
Number of Corporation Committee Members whose income from the Corporation and any related parties was within the following bands:		
	No	No.
\$0 - \$9,999	14	17
\$10,000 - \$19,999	-	-
\$20,000 - \$29,999	-	-
\$30,000 - \$39,999	-	-
\$40,000 - \$49,999	-	1

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

Shirley Kelly
 Tony Gray
 Janet Smith
 Ruth Campbell
 Mary Button-Campbell
 Gerald Hoskins
 Deleila Roberts
 Gerald Bradshaw
 Ivy Brown
 Mary Lou Buck (appointed 2/2/05)
 Diana Davis (appointed 2/2/05)
 Kim Donohue (appointed 2/2/05)
 Noel Lockwood (retired 2/2/05)
 Wendy Cowan (retired 2/2/05)

Income paid or payable for the 2004 financial year relates to wages and contract payments to Committee Members. No wages and contract payments to Committee Members were made in the 2005 year. Insurance premiums paid in respect of Directors and Officers Liability Insurance could not be separately provided by the insurer during the current financial year and therefore have not been included in income.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

	2005	2004
	\$	\$
NOTE 17 - CASHFLOW INFORMATION		
(a) Reconciliation of Cash Flows from Operations with Profit from Ordinary Activities after Income Tax		
Profit from ordinary activities after income tax	383,071	839,244
Non-cash flows in profit from ordinary activities		
Depreciation	570,052	432,382
Net (gain)/loss on disposal of property, plant and equipment	23,091	23,943
Changes in assets and liabilities:		
(Increase) decrease in receivables and other debtors	(46,775)	(39,347)
(Increase) decrease in other assets	(21,662)	(28,255)
Increase (decrease) in trade creditors and accruals	198,684	54,478
Increase (decrease) in provisions	(62,942)	73,944
Cash flows from operations	<u>1,043,519</u>	<u>1,356,389</u>
(a) Credit Standby Arrangements with Banks		
Total facilities available:		
Bank overdraft	<u>50,000</u>	<u>50,000</u>
	<u>50,000</u>	<u>50,000</u>
Facilities utilised at balance date		
Bank overdraft	<u>-</u>	<u>9,000</u>
	<u>-</u>	<u>9,000</u>
Facilities not utilised at balance date		
Bank overdraft	<u>50,000</u>	<u>41,000</u>
	<u>50,000</u>	<u>41,000</u>

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.

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 18 - 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 19 – 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 20 - 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 21 - CORPORATION DETAILS

The registered office of the Corporation is:

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

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005**

NOTE 22 - 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:

	Weighted Average Effective Interest Rate		Floating Interest Rate		Non-Interest Bearing		Total	
	2005	2004	2005	2004	2005	2004	2005	2004
	%	%	\$	\$	\$	\$	\$	\$
Financial Assets								
Cash on hand	-	-	-	-	1,200	1,300	1,200	1,300
Cash at bank	2.29%	1.96%	1,817,076	1,354,077	-	-	1,817,076	1,354,077
Receivables and other assets	-	-	-	-	207,018	160,243	207,018	160,243
Shares in listed corporations	-	-	-	-	2,308	1,920	2,308	1,920
Total Financial Assets			1,817,076	1,354,077	210,526	163,463	2,027,602	1,517,540
Financial Liabilities								
Bank overdraft	10.90%	10.65%	-	9,000	-	-	-	9,000
Bank loan	7.35%	7.10	184,188	192,377	-	-	184,188	192,377
Trade and sundry creditors	-	-	-	-	331,632	132,948	331,632	132,948
Finance Leases	-	10.27%	-	94,486	-	-	-	94,486
Hire purchase loan	9.24%	9.56%	96,058	106,605	-	-	96,058	106,605
Total Financial Liabilities			280,246	402,468	331,632	132,948	611,878	535,416

(b) Credit Risk

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

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

(c) Net Fair Values

The net fair values of financial assets and financial liabilities approximates their carrying value.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Statement of Financial Position and in the notes to and forming part of the financial statements.

