

# DURRI

Aboriginal Corporation Medical Service



ANNUAL REPORT

2005 - 2006



### **Acknowledgements**

Stephen Blunden who exhibits leadership in all aspects of his work.

Brian Bradshaw for his assistance in gathering reports and other relevant information.

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 a summary of comprehensive reports provided by each program. The full reports can be obtained from the Program Coordinator, Durri Aboriginal Corporation Medical Service.

Staff lists and photographs include current staff who may have commenced with Durri since the end of June 2006. 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.

## **Durri**

**Aboriginal Corporation Medical Service**

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Report compiled by

**ACHIEVE**   
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# Contents

	<b>Page No.</b>
<b>Preliminary</b>	
Vision & Goals	i
Philosophy	ii
Objectives	iii
Board of Directors	iv
Chairperson's Report	1
Chief Executive Officer's Report	3
<b>Clinic Activity</b>	
Durri Clinic	6
Field Work	9
Reception, Medical Records & Transport	9
Sexual Health	11
Well Women's Clinic	12
<b>Health &amp; Education Programs</b>	
Alcohol & Other Drugs / Addictions	13
Dental Health	15
Families First	18
Hearing Health	19
Maternal Neonatal (Djuli Galban)	21
Mental Health	23
Vascular Health	25
Youth	26
Visiting Allied Health Services	27
Program Coordinator's Report	28
<b>Regional Programs</b>	
Chronic Disease	29
Eye Health	31
Many Rivers School Based Diabetes Prevention Program	32
<b>Auspiced Services</b>	
Bowraville Aboriginal Health Clinic	33
Galambila Executive Officer's Report	35
Darrimba Maarra Health Clinic	37
Partnership for Aboriginal Care (PAC)	38
<b>Administration</b>	
Finance Team	39
Financial Report	40

# Durri

*To grow in good health*

## Our Vision

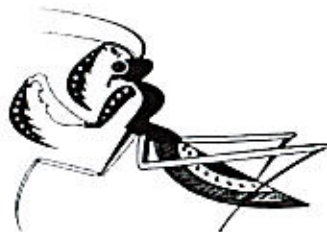
*Better health and wellbeing for Aboriginal people and communities*

## To achieve this we must

*close the gap between Indigenous and non-Indigenous Australians  
in life expectancy and health status*

## We will do this by

- \* *providing holistic health care for the Aboriginal communities we serve*
  - \* *making primary health care and education accessible to all*
  - \* *in a culturally appropriate and spiritually sensitive manner*
    - \* *focusing on wellbeing as well as health status*



# 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.

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.

Durri cooperates with many local organisations and agencies 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.

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

## 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 Aboriginal people & communities 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.*

## Board of Directors



**Chairperson**  
**Gerald Hoskins**  
Equity Manager  
North Coast Area Health Service  
Service on the Board: 3 yrs



**Deputy Chairperson**  
**Ivy Brown**  
Aboriginal Student Support  
Officer  
TAFE  
Service on the Board: 3 yrs



**Secretary**  
**Kim Donohue**  
Aboriginal Case Worker  
DoCS  
Service on the Board: 2 yrs



**Treasurer**  
**Deleila Roberts**  
MAHA (Macleay Aboriginal  
Housing Association Cooperative)  
Service on the Board: 3 yrs



**Gerald Bradshaw**  
Aboriginal Sport Development Officer  
Dept of Tourism, Sport & Recreation  
Service on the Board: 3 yrs



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



**Ruth Campbell**  
Dunghutti Elders  
Service on the Board: 3 yrs



**Janet Smith**  
Administration Officer  
Dunghutti Elders  
Service on the Board: 5 yrs



**Tony Gray**  
Works Manager  
Guri-wa Ngundagar Aboriginal Corporation CDEP  
Service on the Board: 7 yrs



**Mary Button-Campbell**  
Aboriginal Cultural Support Officer  
Correctional Services  
Service on the Board: 3 yrs

**Colleen Campbell-Cook** (photo not available)  
Interim replacement for Mick Clay  
Diana Davis (resigned, photo not available)  
Mick Clay (resigned, photo not available)



**Public Officer**  
**Stephen Blunden**

# Chairperson's Report

## Gerald Hoskins



It is with great pleasure and some sadness I present to you our Annual Report for 2005/06. This is my second Chairperson's report and it has been a challenging and successful year for Durri Board and staff. I wish to acknowledge on a sad note the resignation received from CEO Stephen Blunden, and we acknowledge the enormous contribution he has made to Durri and Aboriginal communities on the North Coast and across NSW for the past 27 years.

During Steve's time Durri has grown from a one room health worker/nurse service to what you see today which is a \$12m organisation with over 30 programs and a medical clinic with 5 doctors, nurses and health workers and many other related services. He has been instrumental in forcing the Aboriginal health agenda and providing leadership locally, throughout NSW and at a national level.

As most of you will be aware, his commitment to the broad agenda of Aboriginal health has in recent years, taken him away from Durri on a regular basis. We should remember that it is through his participation in forums at all levels that has helped establish the profile and reputation of Durri, and enabled us to attract funding and be involved in many cutting edge developments. This includes projects such as the Partnership for Aboriginal Care (PAC). He has also made a large commitment to

our close neighbours resulting in the development of services in Bowraville, Nambucca Heads and Coffs Harbour.

We are currently in the process of advertising the CEO position and look forward to working with our other senior managers to support the new CEO on arrival.

In terms of the work of the Board over the last year, I am pleased to report on a number of significant achievements. Our approach at the Board level is to apply good governance principles and tackle key strategic issues that will have a long term impact on the work of Durri and the health of the community, without interfering in the day-to-day management of the organisation.

During 2005/06, we have reviewed a number of policies and procedures such as Recruitment and Selection Policy, Motor Vehicle Policy, Draft Codes of Conduct for Staff and Board, Auspice Arrangements and Finance Processes.

We have worked hard to change some casual and contract positions so that staff in these roles can enjoy the ongoing security of employment within Durri. Our expectation in return is that they are able to plan and implement longer term strategies to address key health issues.

With the growth of Durri, the Board and its members are faced with enormous challenges in maintaining an understanding of what the organisation is about and implementing suitable accountability processes, whilst allowing the CEO and his senior staff to manage the service. At the same time, we also have responsibilities to the many organisations we now auspice. In response to this, the Board has recognised the need for all Board members and senior management to regularly participate in

Governance Training. Additionally, we have legitimate expectations for participation in similar training by the organisations we auspice.

The Board needs to implement risk management processes within both Durri and the organisations we auspice and at the same time be accountable to the community. Our choice of which policies and procedures we review are considered within this framework. One of which is the need for a clear and transparent employment process. Additionally, we need to establish a suitable complaints procedure.

Our constitution was last reviewed in 1996, and we have identified some shortcomings as well as the need to move with the external demands placed on us by State and Commonwealth Governments as

the funding bodies of our services. Our constitution needs to be updated to ensure we comply with these requirements but at the same time maintain the notion of community control. We also require different categories of membership, none the least of which it is important for us to recognise the long term commitment of individuals by identifying them as life members. Our constitution does not currently cater for this.

Finally, we can all be proud of the ongoing development of Durri in the provision of high quality health care to our community.

I would like to thank the Board and all our staff for their commitment, and particularly the community for the honour they bestow on us to carry out this important work.



Durri is now based in a spacious modern facility in York Lane, Kempsey

## CEO's Report Stephen Blunden



It is with some sadness, but great pride that I present this, my last Annual Report as Chief Executive Officer of Durri. I look back at where we started in 1979, 27 years ago in a tiny 12 x 12 room and an even smaller budget, compared to what we have now.

We can all be extremely pleased with our achievements. Durri is now one of the largest Aboriginal Medical Services in Australia. It not only provides a comprehensive range of care to our community, but has played an important role in helping establish services in our neighbouring communities. Durri is also a major player in the North Coast Aboriginal Medical Service Health Alliance and the North Coast Aboriginal Health Partnership. With them we have developed cutting edge initiatives such as the Partnership for Aboriginal Care (PAC), and have made valuable contributions to the national Aboriginal health reform agenda.

Of importance to our community is the reality that this is the first Annual Report in which we have retained the same core medical team as the previous year. Durri now has a comprehensive and stable foundation on which we can continue to build a healthy future for our people. We are now part of the University of NSW Rural Medical School and offer a unique environment for doctors, as clinicians, educators and trainees.

There remain, however, many more challenges ahead and I encourage all staff, the Board and the community to continue to meet these challenges head on.

This Annual Report outlines many of our achievements. We have continued to develop as a service and we have implemented new processes which will ensure the ongoing development of Durri into the future.

The Action Planning process is one example. It reflects an agreement by the State and Commonwealth Governments to use a single process for monitoring our achievements. At the same time, it will help ensure the efficient use of our resources to achieve the best outcomes for the community. I implore all staff to apply themselves to the action planning and reporting processes. They are dynamic and ongoing, and will help you in the development of your own program.

Another first for Durri was that we included in our Action Plans the development of governance processes for the Board, and the establishment of a Management Team that will provide more ongoing and active support for all Durri programs.

Additionally, the process helped us identify a number of areas needing attention. Most recently we conducted a review of our Dental Program and are part way through a review of our Reception and associated services.

Our reception area is the first point of contact for the community. It is extremely important that they are made to feel welcome and cared for whenever they enter the building. Durri belongs to the community, and care for our community is what we are about.

It is essential that all staff recognise this and the responsibility of our reception staff to treat

community members as their number one priority. The reception area is not a place for personal business, and only reception staff should be there. It is the beginning of the continuity of care process and should reinforce our family and community values. We need to provide all visitors with the TLC we would provide to our own family – as that is who they are, our brothers, sisters, aunties, uncles, mothers and fathers. We are an Indigenous service that prides itself on our cultural heritage and values. They are entitled to our greatest respect and all the TLC we can muster.

In terms of major issues, it continues to be of some frustration to me that transport remains unfunded. Transport services are essential as they enable us to facilitate the active and ongoing involvement of all members of our community in high quality health care. This is a core issue for improving health. We at Durri view transport services as an important early intervention strategy. In any community with a poor health profile, people tend to get used to being ill and they don't seek help until much later in their illness than might otherwise be the case. This often means that normally easily treatable conditions become permanent incapacities, and preventable illnesses become life threatening. Transport services allow us to actively encourage participation in health care and ultimately save millions of dollars for the public health system.

We had a massive 112% increase in the number of transportations provided this year. It is essential that we gain more adequate funding for this important early intervention strategy.

In the meantime, we continue to do the best we can and have established regular transport services between Bowraville and Nambucca, and Durri on Wednesdays and Thursdays. We are hoping that this particular service will soon receive funding

under each of these communities Shared Responsibility Agreements (SRA).

Whilst on the topic of Bowraville and Nambucca, there are a few other developments worth mentioning.

The extensions to the Bowraville Health Outpost have been designed and we are also hoping the cost of the development will be picked up through the Shared Responsibility Agreement. This second stage is part of the community's original plan and needs to be completed.



Alicia Stewart  
Personal Assistant

We are very keen to also move ahead with the development of the Nambucca Multi Purpose Centre, but are currently being held up by the Local Lands Council who has not yet signed off on the land. Most of the funding has been secured, although we are hoping for a contribution from the Nambucca Shared Responsibility Agreement, and tenders for the Project Manager have been called.

I appeal to the Land Council to please make this land available to Darrimba Maarra and allow this much needed development to proceed.

We have also been working as a member of the Many Rivers Aboriginal Medical Service Health Alliance on a number of projects including the

Healthy For Life program. After submitting an expression of interest in February this year, we were granted funding to develop the proposal. Kim Thompson is currently working on this which has the potential to attract \$1.3M to \$1.5M for the next three years. If our submission is successful, the project will run from Port Macquarie through to Tweed Heads and enhance continuity of care of a newborn child through to adulthood.

Durri continues to play a leading role in the development and integration of the Partnership for Aboriginal Care (PAC). PAC is identified as a separate program, but in reality PAC represents a process that should eventually be integrated into our overall service delivery.

Some recent good news is that NSW Health has now agreed to provide recurrent funding for an Early Childhood Nurse and another Senior Aboriginal Health Worker. These positions will also enhance our capacity for continuity of care throughout the life of an individual.

The Early Childhood Nurse will fill the gap for 0 to 5 year olds, following on from our exemplary Maternal Neonatal Program.



Steve Blunden & past Chairperson Jim Stirling  
at Steve's Farewell

The Senior Health Worker position will complement the work of our clinic and medical team within the community, and be a much needed assistant for our existing Senior Aboriginal Health Worker, Allan Hoskins.

Our finance team continues to provide an exceptional service and are second to none. Ros Roach and her team Debbie and Isobel, with some assistance during the year from Aleisha, provide the highest level of financial accountability. As you will note in the Finance Team report, the amount of financial resources they manage has grown exponentially and they still have the same team they had 10 years ago. There is an urgent need for a second accountant to assist this team with the growing regional responsibilities.

At this stage it is important that I express my appreciation to the commitment of all staff, the Board and the community in making Durri what it is today. I apologise for not naming each and every one of you. I am aware of the enormous commitment you have to improving the health of our community.

I am moving north to take on new challenges and adventures with the Cape York and Torres Strait Islander communities, but this region is my home, and I will return. Indeed, it is my vision that I one day return as Chairperson of the Board and assist in a different way in the development of our important service.

I am comforted by the fact that I leave Durri and our community in your good hands to care for and nurture, but remember....

*I am only a phone call away!*

# Durri Clinic



Maryanne Field  
Registered Nurse  
Team Leader

*"I'd like to take this opportunity to thank all the clinic staff for their hard work and support during the year."*

## The Team

<b>Clinic</b>	Maryanne Field	RN/Team Leader	
	Noelene Brown	Enrolled Nurse	
	Gail Blanch	Enrolled Nurse	Resigned August 2006
	Samuel Hoskins	Enrolled Nurse	Casual
<b>Doctors</b>	Dr Murray Barrell	GP	
	Dr Peter Fletcher	GP	P/T
	Dr Cherif Meena	GP	
	Dr Wendy Olden	GP	P/T
	Dr Cuong Vo	Registrar	
	Dr Ken Yagmur	GP	Resigned December 2005
<b>Field Worker</b>	Allan Hoskins	Senior Aboriginal Health & Promotions Worker	
<b>Reception</b>	Norma Kelly	Team Leader	
	Loretta Smith	Receptionist	On 12 months leave without pay
	Cecily Griffen	Receptionist	
	Richard Widders	Trainee Receptionist	Resigned
	Jessica Welsh	CDEP Participant	2 days/wk
	Kathleen Davis	CDEP Participant	2 days/wk
<b>Medical Records</b>	Aleisha Bradshaw	Medical Records Clerk	12 month contract position
<b>Transport</b>	Geoff Brown	Transport Worker (male)	
	Cheryl Quinlan	Transport Worker (female)	Commenced October 2006
	Cecily Griffen	Transport Worker (female)	Transferred to Reception

# Durri Clinic (continued)

## Key Achievements

***Retained our core team of doctors for more than 12 months***



Dr Murray Barrell



Dr Peter Fletcher



Dr Cherif Meena



Dr Wendy Olden



Dr Coung Vo

### ***9,395 patient visits***

- an average of 781 patients per month
- 40% more than 2004/05

### ***Accreditation with Australian General Practice Accreditation Ltd***

- confirms our compliance to mainstream standards, policies & procedures
- enables us to receive Practice Incentive Payments through the Health Insurance Commission
- provides the framework for continuous improvement in the provision of quality care to the community

### ***Campus of the University of NSW***

#### ***School of Medicine***

- we will host Medical students from 2007
- enhances the cultural understanding of new doctors
- adds value to our Medical staff as it provides them with teaching opportunities
- enhances patient care

#### ***Registrar placement & training***

- recognised by the Royal Australian College of General Practice (RACGP) & Australian College of Rural & Remote Medicine

## Future Directions & Challenges

### ***Early detection & intervention remain high priorities***

- people in communities with a poor health profile have lower health expectations
- they learn to live with poor health
- they present much later in the progression of disease
- late presentations lead to complications that could often be avoided



Noelene Brown  
Enrolled Nurse

### ***We still need to reduce the incidence of major risk factors***

- 31.2% of patients screened had diastolic blood pressure greater than 80 mmHg
- 19.68% of patients screened had blood sugar levels (BSL) greater than 8.0 mmol
- behaviour change is essential

### ***Apply the holistic model & improve the coordination & continuity of care***

- integrate PAC (coordinated care) processes into clinic
- implement a Patient Information System across the whole service
  - a single client record
  - shared assessments
  - accessible and used from reception, to clinic, to doctors and other programs
- identify a non-medical Care Coordinator

### ***Mandatory and regular staff education & training***

- improve knowledge and skills across all clinic and program staff

### ***High demands on clinic staff***

- strong medical team has increased demands on clinic staff
- the increased clinical workload makes it difficult for staff to record all activities leading to under reporting of activity including patient support, education, referral and follow up by nurses & other health workers



Geoff Brown  
Transport Worker



Cheryl Quinlan  
New Transport Worker

## Durri Clinic (continued)

### Field Work



Allan Hoskins  
Senior Aboriginal Health  
& Promotions Worker

#### ***Field work is an essential early intervention strategy***

- provides support to doctors in the clinic at outposts & during home visits
- includes Greenhills Centre, Burnt Bridge old & new, Crescent Head, South West Rocks, BDAC Nursing Home, Kempsey Hospital
- incorporates an holistic health check and patient program
- focus includes children & adults

## Reception, Medical Records & Transport

### Key Achievements

#### ***Introduction of Medical Director & PRACSOFT***

- new computer system for the recording of patients details and medical records
- includes online validation of Medicare details
- patients are added to the program at their initial consultation

#### ***Training has also occurred for the reception staff in PIRS***

- (formerly known as JADE)
- Patient Information Recall System
- the system is still undergoing development

### Key Achievements

#### ***Continuity of the doctors' roster***

#### ***Saw 2,417 clients***

- 1,096 on field trips (422 adults, 674 children)

### Future Directions & Challenges

#### ***Need to maintain doctor's timetable for field visits***

#### ***Need for a female field worker***

- it is inappropriate for a male health worker to approach a woman requiring treatment

#### ***Need to regularly visit Stuarts Point***

#### ***Need for more health promotion***

- incorporating schools and PAC program
- targeting more primary and secondary school children about wellbeing information

#### ***Appointment of a Medical Records***

#### ***Clerk for 12 months***

- to update the management of medical records
- will ensure compatibility with electronic systems

#### ***6,744 Transportations***

- an essential early intervention strategy
- 6,006 local transportations
- a massive 112% increase on last year's local transportations (2,825)
- 738 long distance transportations

## Reception, Medical Records & Transport (continued)

- Manage all enquiries from the community
- Includes patient visits, clients for all programs and all telephone enquires
- Coordinate appointments, manage medical records and assist with referrals and transport



Norma Kelly  
Team Leader

*"Thank you to those who have helped in reception and transport whenever we have been short staffed."*



Cecily Griffen  
Receptionist

## Future Directions & Challenges

### ***Provide a welcoming & caring environment for the community***

- consistent with our cultural & family values of care and respect

### ***Managing the high demands***

- large increase in patient numbers

### ***To monitor and reduce waiting times***

- Need to establish benchmarks

### ***Ensure all staff are competent with the PIRS (formerly known as JADE)***

- Patient Information and Recall System

### ***To establish a more efficient & effective messaging system for staff***

- Only reception staff should be in reception area

### ***Secure additional Transport Workers***

- to cope with the more than doubling of demand (112% increase)
- need identified relief transport workers



Aleisha Bradshaw  
Medical Records Clerk



Kathleen Davis  
Receptionist  
(P/T, CDEP)

# Sexual Health

## Objectives

- Promote sexual health as an important part of the overall health of the community
- Address issues such as shame & secrecy
- In conjunction with doctors, offer support to patients including:
  - one-on-one counselling
  - pathology testing
  - other secondary services as required



Ro-anne Stirling-Kelly  
Aboriginal Sexual Health Worker

## Key Achievements

### ***Re-established the Sexual Health Service***

- as an integral part of the Clinic

### ***Counselling & testing***

- effectively established counselling & Sexually Transmissible Infections (STI) testing service

### ***Sexual Health Promotion***

- invited to speak at several organisations including
  - Melville High School
  - Kempsey Vocational College

### ***Assist in the general clinic***

- 70 hours work in clinic
- 140 condoms given out
- accompany & provide support to clients required to travel to Newcastle for day surgery

### ***Networking with other service providers***

- Mid North Coast Area Sexual Health Unit
- Kempsey District Hospital Mental Health Unit
- Community Sexual Assault Service

## Future Direction & Challenges

### ***Develop Primary School Program***

- pilot at West Kempsey Primary School

### ***Develop High School Program***

- build on work with Melville High Girls Group
- work with Youth Program to adapt to boys groups
- work with Kempsey Vocational College

### ***Expand In-Service Workshops***

- tailored to the needs of each organisation

### ***Outreach Services***

- establish monthly Bowraville Clinic

### ***Sexual Health Promotion***

- work with other programs & services to strengthen sexual health education
- together with Mid North Coast Area Sexual Health Team develop the Project "Chlamydia ... 2 Easy" campaign

# Well Women's Clinic

Kim Thompson  
Registered Nurse

## Objectives

- This program began in November 2005 and arose out of needs identified by clinical medical staff to address the screening of Aboriginal women, by a female clinical worker
- The screening addresses cervical screening, breast checks & the opportunity to discuss "women's business" externally to a doctor's medical consultation
- The Well Women's Clinic works in consultation with the medical clinic and sexual health unit

## Key Achievements

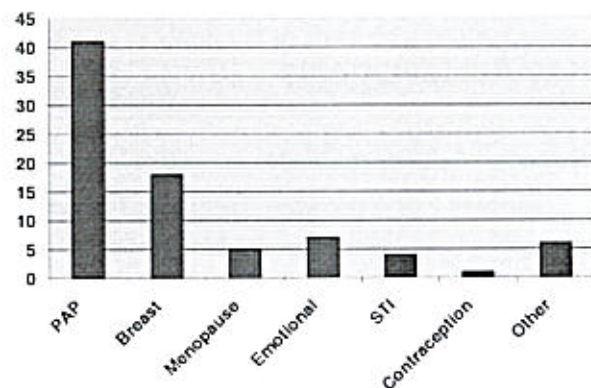
### ***Established a regular clinic***

- Well Women's clinic is conducted on Fridays, varying between 1 & 4 sessions per month

### ***55 women accessed the service***

- each woman is allocated one hour per appointment
- Kim held a very high rate of accuracy for pap smears, over 95% accuracy
- women are notified by mail of results

Chart: Type of Services Provided



## Future Directions & Challenges

### ***Operate the Well Women's clinic, every Friday***

- currently it is not operational in the RN's absence

### ***Increase utilisation of the clinic***

- the program is gaining a positive profile as evidenced by the number of women requesting appointments

## Alcohol & Other Drugs / Addictions



Ray Nean  
A&OD Worker / Team Leader



Dr Fares Samara

### Objective

- Design, deliver & evaluate health promotion, social initiatives, risk reduction & curative activities directed at substance abuse within the Aboriginal community of the region

### Key Achievements

#### **Regular Addition Clinic**

- operates 2 days per week, Tues & Wed at Durri
- staffed by medical officer & A&OD worker
- 25-30 patients attend weekly
- most drug dependence issues especially in connection with mental health are dealt with

#### **Promotion & Education**

- information sessions at Kempsey Vocational College for 15 - 17 year olds
  - including games regarding alcohol & other drugs & sexual health education
  - 65 attended, both male & female
- information session at South Kempsey Public School on the effects of tobacco & alcohol
  - attended by 80 children in years 5 & 6

**Table: A&OD Client Activity**

Total number of clients seen at Clinic & AOD program	413
New clients	57
Counselling - cognitive behavioural therapy, motivational interviewing	363
Relapse prevention	329
Controlled drinking diary	47
Urine drug screens (UDS)	39
Medications / pharmacotherapies (approximate number)	189
Letters of support	78
Referrals	65
Referrals to rehabilitation centres	16
Transport to & from clinic / Durri	73
Quit smoking program	26
Care plans	17
Quit cannabis	33
Informative drop-in visits - community members seeking information	55
Detoxification	38
Home detoxification	21
Home visits	492
Phone enquiries	389

### **Successful conduct of Men's Group**

- men involved in the program have outings to discuss health related issues amongst themselves & offer support to each other
- include BBQs, fishing, days out to Crescent Head, Hat Head, Point Plummer & South West Rocks

### **Back 2'Yre Best**

- developed through the men's group
- a 12 week program to develop holistic fitness
- involves participants being weighed & measured at the beginning & then reviewed every 4 weeks
- conducted with the support of doctors & physiotherapists
- the men were offered Drug & Alcohol diaries, gym memberships & nutrition talks

## **Future Direction**

### **Community Drug Action Team**

- Ray & Dr Samara are both members of the Community Drug Action Team
- looking towards setting up a website to acquire community members to participate on the team
- activities include breathalysers at Kempsey Cup Day to prevent drink driving, information days at schools & assisting in the planning of the Family Focus Camp as well as Croc Fest

### **Family Focus Camp**

- funding of \$7,000 has been secured for another camp in the new year

- 3 hours per day, 3 days per week
- 14 participants began
- 9 completing the program
- results included lowered blood pressure, weight loss & increased fitness

### **Family Focus Camp (Linga Longa)**

- \$3,000 was received for a one-off family focus camp for families affected by drugs & alcohol
- held at Linga Longa (near Telegraph Point)
- attended by approximately 15 people, both adults & children
- offered information, relaxation & games related to drugs & alcohol
- key presence was by Magistrate Evans who gave people the opportunity to sit & talk him informally

- up to 25 people will be able to attend
- it is hoped to build on the positive outlook of the program with activities such as the camp

### **Female A&OD Worker**

- Female Drug & Alcohol Worker to begin with a 12 month contract, position advertised but recruitment not yet achieved

### **Co-location of Offices**

- it is hoped in the future that Ray & Fares will be more closely located in the office
- this has proved extremely beneficial in the past

## Dental Health

Sue Harris  
Child Dental Therapist  
Program Coordinator  
(P/T, 0.5 FTE)



Norma Griffen  
Dental Assistant  
(P/T, 0.5 FTE)

## Other Team Members

Ruth Powick	Team Leader / Dental Assistant	F/T (Adult Program)
Tina Chapman	Dental Assistant	P/T (0.5 FTE)
Andrea Lock	Dental Therapist	Resigned August 2006, P/T
	Dental Officer	Provided by Western Sydney Area Health Service from July to December 2005. Then locums as available.

## Objectives

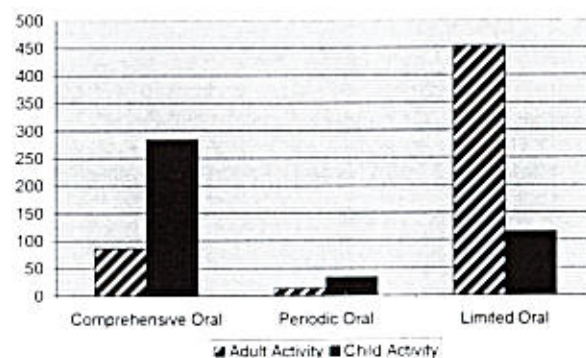
- Improve dental health status of Aboriginal communities in the Macleay, Hastings & Nambucca Valleys
  - ensure the availability and efficient delivery of appropriate dental care, preventive and education programs
- Monitor the oral health status of Aboriginal people and communities
  - develop and implement data systems with identified and appropriate performance indicators
- Empower Aboriginal communities to take responsibility for their dental health through culturally appropriate nutrition and dental health programs

## Key Achievements

### ***Major difference between child & adult activity***

- most child activity relates to comprehensive examinations & development of a treatment plan
- most adult activity is "limited oral examinations" in response to "relief of pain"

**Chart: Type of Examinations Adult vs Child**



## Key Achievements Child Program

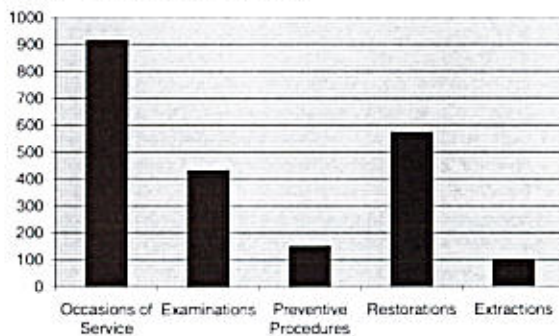
### Comprehensive Service

- comprehensive examination
- development of a treatment plan
- treatment, preventive procedures & referrals
- oral hygiene advice & education

### 914 child appointments

- an increase of 31.6% from 2004/05 (625)
- 1 appointment equals 1 occasion of service

Chart: Child Dental Activity



### Oral health education in schools

- Dalaigur Pre-school
- Greenhill Primary School
- Bowraville Pre-school Health Expo
- Aldavilla, Millbank, Kinchela & Greenhill Primary Schools

### Other health promotion activities

- regular 'brush-ins'
- 'Healthy Eats' Campaign
- Croc Fest
- NAIDOC Week
- provide toothbrushes & toothpaste to clients during dental examinations
- dental health education sessions, emphasising correct tooth brushing method & healthy diet



Tina Chapman  
Dental Assistant  
(P/T, 0.5 FTE)



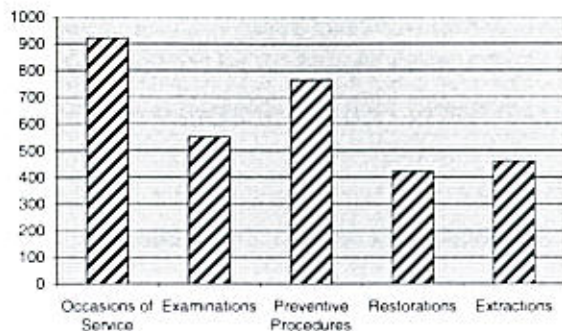
Ruth Powick  
Team Leader  
Dental Assistant (F/T)

## Dental Health (continued)

### Key Achievements Adult Program

#### 920 Adult appointments

Chart: Adult Dental Activity



- a decrease of 40% from 2004/05 (1,535)
- primarily due to lack of a dentist for most of the 2nd half of the year
- adult services must be provided by a dentist
- assistance provided by Westmead Centre for Oral Health during the first half of the year
- Only intermittent locums during 2nd half of year

#### Manage "relief of pain"

- limited resources means "relief of pain" is prioritised over all other adult dental activity
- in the absence of a dentist "relief of pain" patients are provided with a voucher to see a private dentist

## Future Directions & Challenges

#### Consider the results of a review

- a review of the Dental Program has been initiated by Durri management
- future directions will be subject to the review findings

#### Need to recruit a Dentist

- essential for the adult program
- need to advertise & explore options with Westmead Centre for Oral Health

#### Develop dental health education program

- raise awareness of good oral hygiene with parents & carers
- possible targets include pre-schools & day care centres, primary schools, high schools, TAFE & community groups

- work with other programs to develop oral health education
- regular "brush-ins" in non-fluoridated areas
- continue opportunistic education & distribution of toothbrushes & toothpaste during appointments

#### Better manage administration, data & transport demands

- transport, administration & ISOH all place demands on clinic staff
- identify & implement a new structure & processes to manage these demands

#### Explore HIC dental rebate

- in conjunction with medical clinic for complex care patients

# Families First



Rickey Luland  
Male Family Support Worker  
Commenced November 2005  
(20 hours/week)

*"The most important thing is to give parents the knowledge, skills & support to help them function more effectively."*

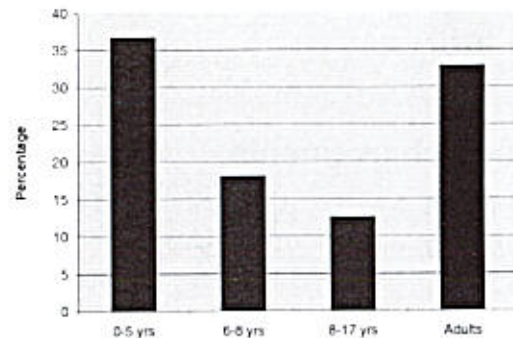


Dawn Evans  
Female Family Support Worker  
(Resigned May 2006)

## Objectives

- Improve family access to support services through developing a better coordinated network of prevention & early intervention services
- Support communities to develop skills required to meet the needs & demands of families, specifically targeting the 0 - 8 years of age with a priority for the 0 - 5 age group.

Chart: Client Profile



## Key Achievements

### ***Employed a male worker***

- target Indigenous male sole parents

### ***Provided ongoing support to 8 families***

### ***Family fun days***

#### ***Bellbrook families at Crescent Head***

- 20 families attended
- held in conjunction with Youth Worker & Aboriginal Sports Development Worker

#### ***Kempsey families in Port Macquarie***

- organised with Kempsey Family Services
- 83 participants

### ***Supported various play & craft groups***

Table: Services Provided

Activity	Total
Housing	16
Maternity	6
Home Visits	115
Child Health	46
Family Health	29
Extra Support & Education	17
Parent/Carers Group	6
Counselling	13
DOCS/Recalls	8
Transport	42

## Future Directions & Challenges

### ***Need to fill the female worker position***

### ***Introduce 'Our Family Focus' course***

- will aim to enhance the life skills of parents
- once a month

# Hearing Health

## Objectives

- Reduce the incidence of Otitis Media in Aboriginal children
- Improve hearing among Aboriginal children
  - primary target group are children aged 0 - 5 years
- Increase the number of Aboriginal parents who actively seek treatment for their children's hearing/ear problems
  - raise community awareness of the impact Otitis Media has on Aboriginal children
  - increase the compliance with the use of medications



Ellis Bradshaw  
Aboriginal Health Worker  
(Audiometry)

## Key Achievements

### ***405 Audiometry client services***

#### ***Regular Durri clinics***

- 2 clinics per week at Durri
- one for funded target group
- the other includes non-target group (eg. older children & adults)
- referrals come from other Durri programs, local GPs, Australian Hearing, schools, concerned parents & carers

#### ***Developed outreach activities***

- included school & community screening
- in Hastings, Macleay & Nambucca Valley areas
- screen as many 0-12 year old children as possible

#### ***Developed links with other services***

- referrals from local GPs, Partnership for Aboriginal Care (PAC), other Durri staff,

- Australian Hearing, local school representatives, allied health services
- assistance provided by Australian Hearing in early intervention & education programs, aid fitting, audiometry screenings & testing
- Dr Chris Prowse, ENT Surgeon accepts our referrals & bulk bills Durri clients

#### ***Established recall procedures***

- initially in writing
- if no response, a home or school visit is conducted

#### ***Assisted with travel to specialist appointments***

- provide transportation or petrol vouchers, particularly for out of town appointments

**Table: Audiometry Clients**

Service	Target Group	Non-Target Group
Audiometry Services Provided	183	222
Clients referred to GPs	46	39
Clients referred Australian Hearing	6	8
Clients referred to ENT Specialist	4	2
Transport	17	14
Client Recalls & Follow-ups	35	67

## Future Directions & Challenges

### ***Promote the hearing health program***

- the Hearing Health Worker position was vacant for a period of time
- there is a need to increase the awareness of the program within the community

### ***Maintain regular clinic within Durri***

- regular clinics facilitate ease of referral

### ***Develop a structure screening program***

- there is a need to ensure we screen all children in their pre-school & primary school years to facilitate early intervention & improve hearing & education outcomes
- this will also allow us to monitor the incidence of Otitis Media among Aboriginal children
- support needs to be negotiated with schools

### ***Most Children identified as needing an intervention should receive one***

- there is no benefit screening unless we ensure that those that require intervention receive it
- work in conjunction with the Education Department & North Coast Area Health Service
- follow up initial screenings after 2 - 3 months with those identified & record any children missed in initial screening

### ***Improve the hearing among adult Aboriginal population***

- a strategy needs to be developed for adults
- will require the identification of additional resources
- in the interim adults can be seen by appointment through the regular weekly clinics



# Maternal Neonatal (Djuli Galban)

Provide Aboriginal women with high quality & accessible antenatal & postnatal care, appropriate to their needs



Karen Beattie  
Clinical Nurse Consultant / Midwife

Delya Smith  
Aboriginal Maternal Health Worker

*"We would like to thank Dr Colin Farquharson for his continuing support for the program."*

***Provided antenatal & postnatal support to 109 women***

***75 – 80% of all pregnant Aboriginal Women in the Macleay use this service***

***Through the year 65 of these women delivered 68 babies***

***Childhood immunisation rate increased from 50.6% in 1997 to 90.8% in 2006***

***Completed Exemplar Site Report***

## Antenatal Care

- Increase the number of women presenting before 20 weeks gestation
- Screen for risk factors
- Early detection & management of high risk pregnancies

## Key Achievements

### ***84% present before 20 weeks gestation***

- Since 2000 rate has been 82 – 90%
- Rate for ATSI women across NSW 58 – 82%

**Table: Risk Behaviours**

Risk Behaviour	No.	%
Tobacco	60	64.5
Alcohol	14	14.1
IV Drugs	2	2.0
Cannabis	17	17.2

**Table: Complications During Pregnancy**

Complication	%
Pre-existing Type 2 Diabetes	3
Gestational Diabetes	4
Pregnancy Induced Hypertension / Pre-eclampsia	3

**Table: Teenage Pregnancies**

12 – 16 yrs	17 – 19 yrs	% of Aboriginal Women Seen
3	20	23.2

## Postnatal Care

- Identification & appropriate care of low birth weight infants
- Identification & appropriate care of premature infants

## Delivery & Birth Data

The type of delivery has implications for the type of postnatal care for both the women and the infant

**Table: Type of Delivery**

	%
Normal Vaginal	81.5
Elective Caesarean Section	7.7
Emergency Caesarean Section	9.2

## Key Achievements

### **13.2% low birth weight babies**

- Low, taking into account the presence of risk factors

**Table: Birth Weight**

Birth Weight (grams)	%
Less than 2500	13.2
2501 – 4500	85.3
More than 4500	1.7

### **13.2% premature births**

- Less than 37 weeks gestation
- This is consistent with NSW data

### **Most antenatal women continue to use the service postnatal**

- Utilisation has increased from 59.6% in 1994 to 96% in 2006

**Table: Postnatal Service Provision**

	No.
Home Visits	242
Clinic Visits	136

## Completion of the Exemplar Site Report

The Djulji Galban program was identified in 2004 as one of three sites to participate in the National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site Initiative. Each site was identified because it was seen to have developed effective models unique to their situation and the needs of their client population.

The report of the Exemplar Site project is finally complete and incorporates a comprehensive evaluation of the maternal health service, the health

outcomes achieved, identification of key elements to the success of the program, as well as opportunities for enhancement. This project will inform and influence the development of national policy, leading to a National Aboriginal and Torres Strait Islander Child and Maternal Health Framework.

***Durri is extremely proud of this program and its contribution to the national agenda!***

## Future Directions & Challenges

The major gap in child health service delivery is from 8 weeks to 5 years of age.

It is pleasing that funding has now been approved for the employment of an Early Childhood Nurse to develop services to fill this gap.

# Mental Health

Wayne Smith  
Mental Health Worker  
(P/T 5 days/fortnight)



Lillian Greenup  
Mental Health Worker  
(F/T from August 2006)

## Other Team Members

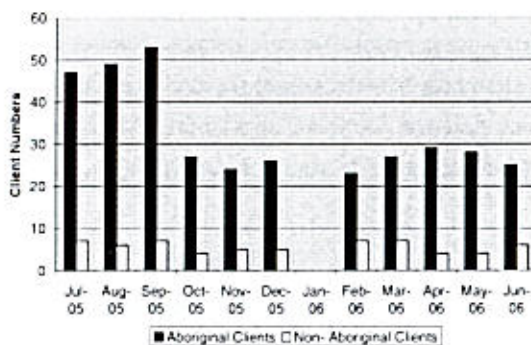
Dr Peter O'Brien	Visiting Psychiatrist	One day/week - Thursday
Robyn Sealey	Female Mental Health Worker	Resigned January 2006

## Objectives

- Improve the emotional and social wellbeing of the Aboriginal community
- Case manage long term clients with mental health problems
- Develop the independence of clients with mental health problems through Living Skills programs
- Support families who care for family members with mental health problems
- Increase the community's awareness of mental health problems and their early warning signs

## Key Achievements

### 420 client services provide



- Includes 318 home visits
- 261 counselling clients / sessions

### Ongoing provision of Living Skills

- once a week for 6 hours
- for long term clients

- improve their quality of life by developing skills in self-care and socialising
- provides some a reprieve from their isolative lifestyles

### Case management

- work intensively with individual clients
- provides access to basic social and economic entitlements that others take for granted
- a range of practical & therapeutic interventions
- assist with day to day living activities including transport, appointments to psychiatrist, pathology visits, and medication supervision
- regular home visits made to those home bound
- includes caring for oneself and relating to family and friends

### **Psychiatrist – 164 patient consultations**



Dr Peter O'Brien  
Visiting Psychiatrist

### **Successfully shared case management with Community Health**

- clients previously non compliant with medication and now under legal orders

### **Provide Transport**

- provided for scheduled clients who are in a state of psychosis to Coffs Harbour, Taree or Newcastle for rehabilitation

### **Liaison with Probation & Parole**

- case management of mental health clients involved in the judicial system

### **Effective use of Telemedicine**

- for assessments required by a psychiatric or health specialist from various hospitals

### **Communication Skills for Men**

- 6 men completed the program
- workshop 2 hours per week for 8 weeks
- relationship skills, stress & anger management

### **Mental Health First Aid Workshops**

- for Durri staff and other external organisations

### **261 Counselling Referrals**

- includes referrals made to & from the service

### **“Someone to talk to”**

- ensures there is always “someone to talk to” for clients, families, professionals and the community

## **Future Directions & Challenges**

### **Continuity with staff**

- mental health patients benefit from continuity
- we need to maintain a full compliment of staff for an extended period

### **Filling the 0.5 FTE male worker position**

### **Developing a strong link between the male & female workers**

### **Community development for women**

- targeting Aboriginal women, outreach, and meetings with the local women to address early intervention for mental wellbeing
- includes raising their self-awareness, providing them with tools to improve their mental health, organising social outings and activities, and conducting a program for self-care. If time permits, a local “Women’s Wellbeing Advisory Group” will be established.

# Vascular Health

## Objectives

- Improve the vascular health of Aboriginal people
  - Promote disease self management
  - Establish sustainable lifestyle programs
- Promote an integrated approach for the prevention and management of related diseases, such as diabetes, cardiovascular disease, renal disease and hypertension
- Promote the prevention and management of vascular disease through effective links with the Chronic Disease Program



Jack Griffen  
Aboriginal Vascular Health Worker  
Team Leader – Wellbeing Team

## Key Achievements

### ***Working closely with other programs***

- Alcohol & Other Drugs, Youth & Chronic Disease
- assisted with client assessments

### ***Conducted early vascular health assessments of young Aboriginal people***

- Youth Group at PCYC

### ***Guest speaker at Men's Camp at Linga Longa***

### ***"Know Your Heart" Program – Sudden Death in Young People under 35 years***

- 53 participants
- informed participants about the high level of young Indigenous and non-Indigenous people who are at risk of sudden death through unidentified heart disease
- held in conjunction with West Kempsey Renewal Project & Centenary Foundation
- Guest speaker Professor Chris Semsarian, genetic researcher from Centenary Foundation
- developed a Steering Committee & community based strategies

## Future Directions & Challenges

### ***Establish additional sustainable health promotion activities***

- re-establish Cooking Classes
- start Fruit and Vegetable Cooperative
- organise community walking groups particularly in South Kempsey and Kempsey West
- subsidising a Fitness Leader as introduction to exercise classes
- offer 'Heart Moves' training to community

- quarterly smoking cessation groups in Bellbrook
- establish nutrition programs for children

### ***Continue to work closely with other programs***

- in particular the Chronic Disease Team

### ***Continue to build knowledge & skills***

# Youth



Allan Lockwood  
Youth Worker  
(Full time)



Stacy Kelly-Greenup  
Youth Worker  
(F/T commenced August 2006)

## Objectives

- Develop programs & activities for Aboriginal youth
- Transport participants to & from activities as required

## Key Achievements

### ***169 participated in After-School Activities***

- included martial arts, boxing, indoor soccer & basketball
- transport of participants to PCYC was provided when necessary

### ***391 attended the School Holiday Programs***

- activities included squash, indoor cricket, swimming, and discos at the pool
- tenpin bowling days attracted up to 80 children per day in 2 sessions

### ***99 attended other youth service programs***

### ***272 participants received assistance in transport***

## Future Directions & Challenges

### ***Develop the Program with the Female Youth Worker***

### ***Facilitate the establishment of an Aboriginal Youth Advisory Committee***

- for 12-24 year olds
- recruit Indigenous youth
- young people need to control the agenda

### ***Develop sport and activity programs***

### ***Develop & promote the out-of-hours service & holiday activities***

### ***Maintain membership and coordination of ACYFS***

- Aboriginal Child & Youth Family Strategy
- it is hoped that this will offer leadership, mentoring and training to young people

# Visiting Allied Health Services

## Physiotherapy

Paul Eckman



### **575 patient services**

- clinic Tuesday & Thursday mornings
- average 5 attendees per clinic
- referrals received from Durri medical team & PAC
- includes management of musculoskeletal problems & injuries, support & input to occupational health & safety & workplace assessments of staff
- 

## Podiatry

David Cooper



### **190 patient services**

- clinic held twice per month
- total of 23 clinics held throughout the year
- 190 treatments and/or assessments
- 95 of them or 50%, were new to the podiatry service at Durri
- average of 8 attendees per clinic session
- 

## Psychologist

Sue Baughman (Photo not available)

### **Regular clinics**

- 3 times per week, full day
- clinic patient data, not available

# Program Coordinator's Report



Brian Bradshaw  
Program Coordinator

*"I would like to take the opportunity to thank all the program staff for an outstanding effort during 2005/06, as can be clearly seen by the individual program reports."*

## Key Achievements / Directions & Challenges

### ***Two full time staff in Families First***

- agreement for this to occur in 2006/07
- will allow program to be developed to its full capacity

### ***Collaborative approach leads to successful community programs***

- program staff collaborate with organisations including the North Coast Area Health Service, BDAC, Burren Dalai, Kempsey Shire Council and Kempsey Community Houses to present successful community focused programs
  - Croc Fest
  - Bowraville Community Pre-school Expo
  - NAIDOC Week Celebrations

### ***Representation***

- represented Durri at a number of forums including Koori Interagency Meetings, FIGS, PCYC, Kempsey Shire Council

### ***Accreditation***

- worked closely with Kim Thompson and Aleisha Bradshaw to upgrade our current medical records
- Durri due for reaccreditations in October, 2008.

### ***Internal Committees***

- need to maintain the membership & knowledge & skills of these committees
- training for specific areas will be considered
- eg. OH&S, Infection Control, Fire Safety, etc.

### ***Ongoing program enhancement***

Whilst Durri continues to seek additional funding for new and enhanced programs, there are many existing opportunities to improve program outcomes. This includes:

- application to the Action Planning & reporting processes
- working together to achieve the same goal

# Chronic Disease

A regional program operating across the whole of the Mid North Coast of NSW

## The Team

Sara Bowden	Program Coordinator Team Leader	Durri	(0.6 FTE) started January 2006
Laurie Clay	Chronic Disease Worker	Durri	13 years continuous service with Durri
Karanne Nean	Chronic Disease Worker	Durri	started May 2006
Jenny Freeman	Chronic Disease Worker	Galambila	4 years of service



Sara Bowden

Karanne Nean

## Objectives

- Conduct chronic disease screening clinics, specialist clinics, promotion & education & patient care plans
- Improve management of chronic diseases including respiratory disease, asthma, cardiovascular disease, renal disease & diabetes

## Key Achievements

### ***Established regular clinics***

- 12 clinics operated in 9 different locations
  - South West Rocks, Crescent Head, Taree (Biripi), Bowraville, Nambucca Heads, Wauchope, Bellbrook & Port Macquarie
- Prince of Wales Hospital, Specialist Endocrinologist clinics held every 3 months

### ***802 patients received services***

- 362 male patients
- 440 female patients

### ***Actively involved in education of health professionals***

### **Numerous health promotion activities**

- include Naidoc Week, Diabetes Charity Day Crescent Head, school based activities, TAFE education sessions, BDAC students, Bowraville Health Expo, Croc Fest, National Diabetes Week, Asthma Week, Heart Week

*"We wish to acknowledge the vision and trust that Steve Blunden has given us – to Durri and to our program specifically."*



Laurie Clay

Our most experienced Chronic Disease Worker

## Future Directions & Challenges

### **Train other health professionals, clients & the community**

- developing lesson plans to improve the management of chronic disease
- also developed clinical guidelines, management resources & interactive health promotion literature & models

### **Establish additional clinics**

- our capacity to establish clinics is directly linked to the commitment from the local community & workers to support clinics
- the Taree region is a priority for 2006/07

### **Acquire new diagnostic equipment**

### **Maximise the use of EPC items**

- Enhanced Primary Care (EPC) requires support from doctors and other providers in the development of care plans

### **Need to attract additional resources**

- we are hoping to attract MSOAP funding for specialist medical practitioners to travel to Galambila, Durri & Biripi to deliver services in cardiology, respiratory, renal and possibly paediatrics

### **Manage demands & resources**

- demands continue to increase on staff
- we have extremely large distances to cover in providing services across the whole region

# Eye Health

A regional program establishing eye health services from the Tweed in the north, south to Newcastle & west to Armidale



Daniel Cook  
Regional Eye Health Coordinator  
Started June 2006

*"Eye problems can be influenced by lifestyles and activities, but can be prevented or corrected through education and awareness.*

*The program could not operate without the support of local optometrists, the International Centre for Eyecare Education (ICEE), VisionCare, NSW Government "free spectacles program" & Precision Optics."*

## Objectives

- Establish eye health clinics & education programs to improve the eye health of all Aboriginal people throughout northern NSW
  - clinics are to be regular, sustainable & include educational programs

## Key Achievements

### **Maintained established clinics**

- 3 clinics per month at Durri
- 1 clinic per month at Wauchope
- 1 clinic per month at Port Macquarie

### **Assessed 208 clients**

**Table: Clinic Snapshot**

Male Attendees	87
Female Attendees	121
Number requiring glasses	143
% requiring glasses	68
% of diabetic attendees	15

## Future Directions & Challenges

### **Establish new clinics**

- need regular clinics throughout the region
- re-establish clinics in Ballina, Taree & Armidale

### **Building eye health knowledge**

- essential that the Coordinator builds knowledge & skills
- important to plan to skill other health workers across the region

# Many Rivers School Based Diabetes Prevention Program

A collaboration of Biripi, Awabakal & Durri Aboriginal Medical Services, Newcastle University Centre for Overweight & Obesity, and University of Sydney. It is a response to the high rates of diabetes in Aboriginal communities.

## Objectives

- Develop, implement & evaluate a community & school-based intervention to reduce the risk of Type 2 diabetes & other chronic diseases among Aboriginal children in rural NSW
  - encourage improvement in children's food habits & their participation in physical activity
- Enhance knowledge & skills in collaborating across organisations working in Aboriginal health research
- Build capacity in AMS's to undertake research in population health



Nicole Turner  
Diabetes Health Worker  
(3 days / week)

## Key Achievements

### ***249 children participated***

- years 5 & 6 from Kempsey West, Kempsey South, Crescent Head, Frederickton, Aldavilla, South West Rocks, & 3 schools in Taree
- included completing 2 food surveys, 3 food interviews, completing a physical activity questionnaire, wearing accelerometer to record activity levels & had their height & weight measured

## Future Directions & Challenges

### ***Data from the surveys is to be analysed***

- feedback provided to parents by the end of 2006

### ***Implementation of a Type 2 Diabetes prevention program in schools***

- improve physical activity participation & good food habits
- it is a challenge to acquire consent to have children to participate in the project

# Bowraville Aboriginal Health Clinic



## The Team

Jacqueline Jarrett	Senior Aboriginal Health Worker Coordinator	Full time
Monica Kelly	Health Promotions Officer	Casual 14 hours/week
Erin Brown	Male Health Worker CDEP – Guri Wa Ngundagar	Casual 14 hours/week
Jasmine Stadhams	Admin/Assistant CDEP – Ngurrala Aboriginal Corporation	Casual 14 hours/week
Gary Edwards	Transport Officer/Cleaner CDEP – Guri Wa Ngundagar	Casual 14 hours/week

Our vision is to improve access to health services and the wellbeing of Aboriginal communities living in Bowraville and the Nambucca Valley.

## Objectives

- Deliver effective & appropriate medical services
- Develop culturally appropriate health & education programs
- Promote health issues & healthier lifestyles
- Promote an exemplary work environment
- Liaise with other agencies & stakeholders and work in partnerships with key stakeholders

## Key Achievements

### **1,624 patients were seen this year**

- Mid North Coast Division of General Practice assists with 2.5 days of funding for local GPs from the Nambucca Valley to practice in the Bowraville Health Clinic

- doctors involved Dr Danny Ryan, Dr Denny Howard, Dr Antonia North, & Dr Vivian Tedeschi.

**259 transportations were provided to assist patient attendance**

### ***Continued to develop the range of programs offered***

- the primary role of the clinic is to coordinate & facilitate outreach services for Bowraville and Nambucca Valley Aboriginal communities
- allied health professionals including the Mental Health Worker, Sexual Health Worker, Family Violence Officer, & other health specialists regularly visit the clinic to compliment existing services
- other programs & services offered include:
  - Clinical Triage
  - Diabetes Education/Clinic
  - Maternal and Neo Natal Care
  - Immunisation
  - Partnership for Aboriginal Care Program
  - Hearing Health
  - Chronic Disease Program
  - Women's Health
  - Men's Health
  - Child & Adolescent Health
  - Sexual Health
  - Eye Health
  - Health Education & Promotion Programs
  - Alcohol & Drug Services
  - Healthy Lifestyle
  - Fresh Fruit & Vegetable Program
  - Linen Service

## **Future Directions & Challenges**

### ***Expanded Team***

- in 2007 financial year, funding is available to employ a Medical Receptionist & a Male Health Worker for a 12 month period for the clinic

### ***Stage 2 Development***

- we hope that work will commence on stage 2 of the development of the clinic

### ***Need to secure recurrent funding***

- due to limited funding, Bowraville Health Clinic is reliant on Guri Wa Ngundagar Aboriginal Corporation Kempsey (CDEP) and Durri to provide salary costs for casual staff
- we need to secure funding to offer permanent appointments to staff



# Galambila Executive Officer's Report



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 to the service 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 services, 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 acknowledge also the high level of commitment and professionalism of all staff of the service, and congratulate all staff for their efforts and achievements. The dedication of staff has ensured that the service has been able to meet the many challenges faced over the year. 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.

2005/2006 has been an eventful year with many positive developments for Galambila and the community. This report highlights the most significant of these developments and clearly shows

that Galambila continues to grow and to go from strength to strength.

Galambila has implemented three services this year and continues to enhance and expand its services and its partnership with key stakeholders, such as the Mid North Coast Division of General Practice and local private specialists.

### ***New Psychiatric, Renal & Endocrinology Clinics***

This year Galambila commenced a two day per month Psychiatry clinic. Two visiting Psychiatrists attend Galambila on alternate fortnights for full day clinics. We have also commenced a half day per month renal clinic. Finally, we have re-introduced the three monthly Endocrinology clinics in partnership with a specialist Medical Officer who is based in Coffs Harbour. In addition to these services, by the end of the calendar year, we will also commence a regular Asthma clinic.

### ***Funding for an Aboriginal Mental Health Worker***

Galambila has been successful in obtaining recurrent funding from the OATISH for the establishment of a full time Aboriginal Mental Health Worker position. Recruitment for the position will take place in the first half of 2006/2007. The position will work closely with the visiting Psychiatrists and Clinical Psychologist in the establishment of a group therapy service model to support mental health and wellbeing services currently provided.

### ***Highest Achieving PAC Care Unit***

Management responsibility for the Partnership for Aboriginal Care (PAC) Care Unit was devolved to Galambila in January 2006. This has allowed for integration of the Care Unit into Galambila resulting in a significant increase in service efficiency and effectiveness. The Galambila Care Unit is the highest achieving Care Unit in PAC.

I congratulate Care Unit staff on their achievements, and acknowledge their professionalism in dealing with the many challenges that devolution and integration created.

#### ***Transition to Independence***

Galambila has been successful in securing funds to commence stage two of Galambila's transition to independence. An Aboriginal consultant has been engaged to provide tailored governance training to the Galambila Board and senior staff, and to assist the organisation to develop a three year Strategic Plan and annual Business/Action Plan. These plans will clearly identify the activities and actions that are needed to ensure a smooth and successful move to direct funding from OATSIH. Galambila is negotiating an independence date with OATSIH and Durri ACMS with a date to be set to ensure independence before the end of 2007/08 financial year.

#### ***Recruitment of a Finance Officer***

A major milestone for independence is the establishment of a finance unit and the recruitment of a Finance Officer. To support the move to independence OATSIH has approved recurrent funding for a Finance Officer position. Recruitment for this position will commence in early 2006/07.

#### ***Many Rivers Aboriginal Medical Service Alliance***

This year four Aboriginal Medical Services and one Aboriginal Health Clinic formed the Many Rivers Aboriginal Medical Service Alliance. Founding members of the Alliance are Galambila, Durri ACMS

(Kempsey), Bulgar Ngaru AMS (Grafton), Dharah Gibinj AMS (Casino) and Bulgaweena Aboriginal Health Clinic (Tweed Heads). The Alliance aims to develop regional responses to Aboriginal community needs and to increase our chances of obtaining funding by identifying opportunities for pooling resources rather than competing for funds. The Alliance has approached the North Coast Area Health Service and has requested that the Area Health Service recognise the peak regional advocacy role of the Alliance. The Alliance has also requested that it is recognised as the peak body for negotiation of the North Coast AHS Aboriginal Health Partnership Agreement.

#### ***Healthy for Life (H4L)***

Galambila as part of the Alliance has made a significant achievement in the first months of the Alliance's operation by being successful in gaining funding under the new Healthy for Life (H4L) Commonwealth initiative. The H4L Program aims to develop innovative responses to early child and maternal health and chronic disease detection, prevention and management. Phase 1 of H4L involves a series of activities designed to allow services to identify what they are doing well, and to also determine areas for improvement including identifying current service gaps. If the Alliance is successful in gaining funding in phase 2 it is likely that we will receive funding for up to 6 positions across the region to fill the gaps identified during phase 1. Galambila will receive funding for one position and will aim to recruit an Early Childhood Nurse.

# Darrimba Maarra Health Clinic



Tracy Cohen  
Snr Aboriginal Health Worker  
(Full time)

*"We must take this opportunity to bid Mr Steve Blunden farewell and wish him good fortune in his future. Not many people know that Steve donated \$50 out of his own money to help us register our incorporation and for that, we will be forever grateful to him, not only for supporting this committee but for supporting the Nambucca Valley as a whole."*

## Key Achievements

### **758 clients on our books**

- number of clients accessing the clinic on a regular basis continues to grow yearly
- actively involved with the Partnership for Aboriginal Care (PAC) unit based in Macksville

### **Larger premises to be built in the near future**

- the community is eager to have an input into its design

### **Maintained service partnerships with many organisations:**

- Bowraville Health Clinic
- Durri Aboriginal Corporation Medical Service
- Galambila Health Clinic
- North Coast Area Health Service
- Partnership for Aboriginal Care
- Mid North Coast Division of General Practice
- North Coast Area Health Service
- Macksville Community Health Services
- Macksville Hospital
- Ngurrala Aboriginal Corporation (CDEP)

### **Continue to expand programs offered**

- programs provided by the clinic to the Nambucca Valley and Stuarts Point Aboriginal communities include:
  - Eye Clinic on a three monthly basis
  - Chronic Disease once a month
  - Anti Natal once a week
  - Diabetic Clinic once a month
  - Podiatry commencing in October 2006
  - Immunisation
  - Women's Health Clinic
  - Advocate & Referrals Service
  - Transport

### **1,499 patients doctor consultations**

- compared to 1,200 patients the previous year
- doctors providing quality care to our patients include Dr Danny Ryan, Dr Harriet Playle, & Dr Fiona McGovern
- demand for the service continues to grow

### **69 immunisations this year**

- compared to 38 immunisations last year

## Future Directions & Challenges

- the future plan is to enter into a Memorandum of Understanding with Durri
- we are currently negotiating with Nambucca Local Aboriginal Land Council for land to build our new, larger AMS building which is being funded by OATIS

# Partnership for Aboriginal Care (PAC)

## Kempsey Care Unit

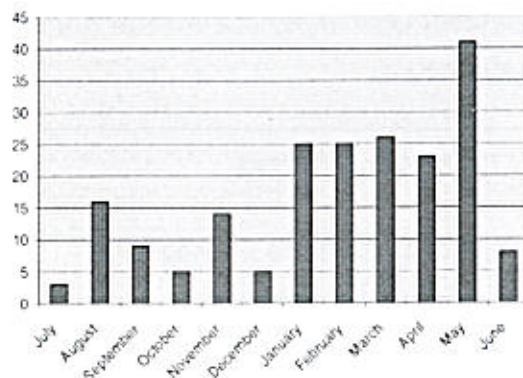


Tracy Davidson	Team Leader, Early Health Assessment Officer
Terry Flynn	Early Health Assessment Officer
Richard Dixon	Care Officer
Leanne Scholes Asper	Care Officer
Valmai Roberts	Administration Officer
Tracey Bradshaw	Administration Officer

## Key Achievements

### ***Developed approximately 200 Care Plans***

Chart: PAC Care Plans 2005/2006



### ***Continued to build a profile within the community***

- Croc Fest - community members who consented to the program were given information packs, stickers & bandanas
- VIBE – participated in 3 on 3 Vibe Basketball competition held over 2 days
  - medical health tent including a GP & 2 nurses to treat any injuries during the competition
  - giveaways including drink bottles, bandanas & information packs about the program

## Future Directions

- further integration required between PAC and the Aboriginal Medical Services within the region
- conduct at least 5 assessments of Aboriginal children per month
- need to provide outreach and connect with the community so that assessments and care plans can be conducted for the whole family and early intervention health strategies developed

## Finance Team



Roslyn Roach, Finance Officer  
Isobel Bradshaw, Assistant Finance Officer  
Debbie Bradshaw, Bookkeeper

*"Ros would like to thank the dedication of staff and girls over the years."*

### Key Achievements

#### ***Fulfilled all financial management & reporting obligations***

- includes all 33 funded programs in Durri
- all auspiced agencies & programs
  - Galambila, Bowraville, Darrimba Maarra, PAC, Sport & Recreation, Emergency Relief, Dughutti Youth Worker & Indigenous Women's Initiative
- reports as required by the Board & CEO
- legislative requirements such as BAS & PAYG
- Service Activity Reports (SARs)
- Budgeting

#### ***Improved HIC claims processing***

- Includes Medicare & PIPS (Practice Incentive Payment Scheme)

- Isobel is developing expertise & has implemented strategies to facilitate efficient claims processing
- Initiated health worker claims for rebates

#### ***Improved efficiency***

- 94% electronically operating

#### ***Assisted with many successful funding submissions***

- Drug & Alcohol Worker, Female Youth Worker, Healthy for Life Program

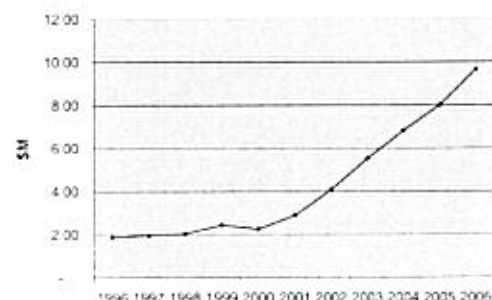
#### ***Adapted systems to International Accounting Standards***

### Future Directions & Challenges

#### ***Need for an Additional Accountant***

- financial staff level has remained the same
- huge increase in responsibilities
- much larger budget
- much larger staff profile (from 173 to 205, an 18% increase in the last year alone)

Chart: Growth in Financial Resources Managed





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NorthCorp Accountants  
ABN 35 579 861 794

CHARTERED ACCOUNTANTS

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Durri Aboriginal Corporation  
Medical Service

*Financial Statements*  
*For the year ended 30 June 2006*

Prepared by

NorthCorp Accountants  
109 William Street Port Macquarie NSW 2444  
northcorp@northcorp.com.au  
Phone: (02) 6583 1166  
Faecsimile: (02) 6583 4527

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Financial Report

For the Year Ended 30 June 2006

### CONTENTS

	<u>Page</u>
<b>Financial Statements</b>	
Governing Committees' Report	1
Governing Committee Declaration	3
Auditor's Independence Declaration	4
Examiner's Report	5
Independent Audit Report	6
Income Statement	7
Balance Sheet	8
Statement of Changes in Equity	9
Cash Flow Statement	10
Income and Expenditure Statement	11
Notes to the Financial Statements	13

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Governing Committees' Report

30 June 2006

Your Committee Members present their report on the Corporation for the financial year ended 30 June 2006.

### Committee Members

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

Gerald Hoskins  
Deleila Roberts  
Kim Donohue  
Ivy Brown  
Shirley Kelly  
Tony Gray  
Ruth Campbell  
Mary Button-Campbell  
Gerald Bradshaw  
Diana Davis  
Janet Smith  
Colleen Campbell (Appointed 10/04/2006)  
Mary Lou Buck (Retired 14/11/2005)  
Raymond Clay (Appointed 14/11/2005, Retired 13/12/2005)

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

### Principal Activities

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 after providing for income tax amounted to \$18,656. The operating result represented a decrease of \$364,415 when compared to the profit of \$383,071 for the previous financial year.

### Dividends

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

### Significant Changes in State of Affairs

No significant changes in the Corporation's state of affairs occurred during the financial year.

### Review of Operations

Total revenue during the year increased by \$1,620,535 mainly as a result of an increase in grant income. This increase in grant income was offset by an increase in expenditure of \$1,984,950 during the year ended 30 June 2006.

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Governing Committees' Report

30 June 2006

### 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.

### Auditors Independence Declaration

A copy of the auditor's independence declaration has been received and is included in this financial report.

### Indemnifying Officers or Auditors

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.

### 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.

### Adoption of Australian Equivalents to IFRS

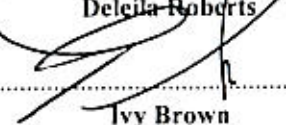
As a result of the introduction of Australian equivalents to International Financial Reporting Standards (AIFRS), the Corporation's financial report has been prepared in accordance with those Standards. There are no material differences in the Corporation's accounting policies arising from the adoption of AIFRS.

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

Chairperson:   
Gerald Hoskins

Secretary:   
Kim Donohue

Treasurer:   
Deleila Roberts

Vice Chairperson:   
Ivy Brown

Dated: 28 September 2006

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

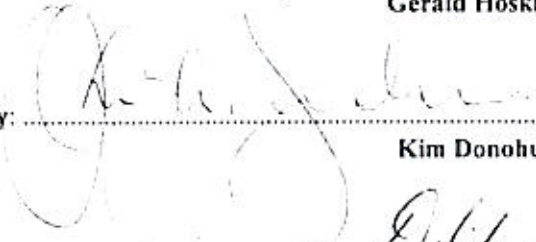
## Governing Committee Declaration

The Committee Members of the Corporation declare that:

- (1) the financial statements, comprising the Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, 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 Australian equivalents to International Financial Reporting Standards; and
  - (c) give a true and fair view of the financial position as at 30 June 2006 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:

Chairperson: .....   
Gerald Hoskins

Secretary: .....   
Kim Donohue

Treasurer: .....   
Deleila Roberts

Vice Chairperson: .....   
Ivy Brown

Dated: 28 September 2006



**NORTHCORP**  
ACCOUNTANTS

**PARTNERS**

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

## Auditor's Independence Declaration

To the Governing Committee of Durri Aboriginal Corporation Medical Service

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2006 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

NorthCorp Accountants

Robert Magnussen  
Partner

27 September 2006

109 William Street  
Port Macquarie NSW 2444

CHARTERED ACCOUNTANTS

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**NORTHCORP**  
ACCOUNTANTS

**PARTNERS**

MARK HATHERLY B COMM FCA  
WINIFRED GIBSON FFA AFFILIATE ICAA  
ROBERT MAGNUSSEN B BUS CA  
PAUL FAHEY B BUS CA  
RODNEY SMITH B FN ADMIN 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 2006, comprising the Governing Committees' Declaration, Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, 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 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 Australian equivalents to International Financial Reporting 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 Income Statement, Balance Sheet, Cash Flow Statement, Statement of Changes in Equity 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: 28 September 2006**

CHARTERED ACCOUNTANTS

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**NORTHCORP**  
ACCOUNTANTS

**PARTNERS**

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WINIFRED GIBSON FTA AFFILIATE ICAA  
ROBERT MAGNUSSEN B BUS CA  
PAUL FAHEY B BUS CA  
RODNEY SMITH B FA ADMIN CA  
TONY FAULDER B COMM CPA AFFILIATE ICAA

**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 2006, comprising the Governing Committees' Declaration, Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, 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.

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

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 Australian equivalents to International Financial Reporting 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 2006 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 Australian equivalents to International Financial Reporting Standards and other mandatory professional reporting requirements.

**NORTHCORP ACCOUNTANTS**

**Robert Magnussen**  
Partner  
Registered Company Auditor

**109 William Street  
PORT MACQUARIE NSW 2444**

**Dated: 28 September 2006**

CHARTERED ACCOUNTANTS

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# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Income Statement

For the Year Ended 30 June 2006

	Note	2006 \$	2005 \$
Revenue	3	<u>9,603,273</u>	<u>7,982,738</u>
Employee benefits expense		(5,696,617)	(5,014,190)
Depreciation and amortisation expense	4	(540,657)	(570,052)
Finance costs	4	(39,351)	(26,549)
Doubtful debts expense	4	(42,798)	(43,829)
Program and medical expenses		(1,405,288)	(955,814)
Repairs maintenance and utility expenses		(357,391)	(300,426)
Office and administration expenses		(388,114)	(312,330)
Motor vehicle expenses		(260,634)	(240,711)
PAC trial surplus refunded		(562,559)	-
Other expenses		<u>(291,208)</u>	<u>(135,766)</u>
		<u>(9,584,617)</u>	<u>(7,599,667)</u>
<b>Profit before income tax</b>		<b>18,656</b>	<b>383,071</b>
Income tax expense		-	-
<b>Profit attributable to members of the Corporation</b>		<b><u>18,656</u></b>	<b><u>383,071</u></b>

These financial statements should be read in conjunction with the attached Independent Audit Report  
The accompanying notes form part of the financial statements

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Balance Sheet

As at 30 June 2006

	Note	2006 \$	2005 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	6	2,398,756	1,818,276
Trade and other receivables	7	349,300	207,018
Financial assets	8	121,584	-
Other current assets	10	8,050	53,207
<b>Total current assets</b>		<b>2,877,690</b>	<b>2,078,501</b>
<b>Non-current assets</b>			
Financial assets	8	2,054	2,308
Property, plant and equipment	9	6,473,853	5,246,320
Other non-current assets	10	63,520	20,628
<b>Total non-current assets</b>		<b>6,539,427</b>	<b>5,269,256</b>
<b>TOTAL ASSETS</b>		<b>9,417,117</b>	<b>7,347,757</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	11	266,181	331,632
Short-term borrowings	12	247,585	39,026
Short-term provisions	13	392,776	192,982
Other current liabilities	14	60,000	-
<b>Total current liabilities</b>		<b>966,542</b>	<b>563,640</b>
<b>Non-current liabilities</b>			
Long-term borrowings	12	566,106	241,220
Other long-term provisions	13	71,329	71,147
<b>Total non-current liabilities</b>		<b>637,435</b>	<b>312,367</b>
<b>TOTAL LIABILITIES</b>		<b>1,603,977</b>	<b>876,007</b>
<b>NET ASSETS</b>		<b>7,813,140</b>	<b>6,471,750</b>
<b>EQUITY</b>			
Reserves		1,700,297	377,563
Retained earnings		6,112,843	6,094,187
<b>TOTAL EQUITY</b>		<b>7,813,140</b>	<b>6,471,750</b>

These financial statements should be read in conjunction with the attached Independent Audit Report  
The accompanying notes form part of the financial statements

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Statement of Changes in Equity

For the Year Ended 30 June 2006

2006

	Retained Earnings	Asset Revaluation Reserve	Financial Assets Reserve	Total
Note	\$	\$	\$	\$
Balance at 1 July 2005	6,094,187	375,255	2,308	6,471,750
Profit attributable to members of the Corporation	18,656	-	-	18,656
Revaluation increment (decrement)	-	1,322,988	(254)	1,322,734
<b>Balance at 30 June 2006</b>	<b>6,112,843</b>	<b>1,698,243</b>	<b>2,054</b>	<b>7,813,140</b>

2005

	Retained Earnings	Asset Revaluation Reserve	Financial Assets Reserve	Total
Note	\$	\$	\$	\$
Balance at 1 July 2004	5,711,116	-	1,920	5,713,036
Profit attributable to members of the Corporation	383,071	-	-	383,071
Revaluation increment (decrement)	-	375,255	388	375,643
<b>Balance at 30 June 2005</b>	<b>6,094,187</b>	<b>375,255</b>	<b>2,308</b>	<b>6,471,750</b>

These financial statements should be read in conjunction with the attached Independent Audit Report  
The accompanying notes form part of the financial statements

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Cash Flow Statement

For the Year Ended 30 June 2006

	Note	2006 \$	2005 \$
<b>Cash from operating activities:</b>			
Receipts from customers		9,761,842	8,626,823
Payments to suppliers and employees		(9,047,644)	(7,598,150)
Dividends received		199	100
Interest received		45,915	41,295
Interest paid		(39,351)	(26,549)
<b>Net cash provided by (used in) operating activities</b>	17(a)	<u>720,961</u>	<u>1,043,519</u>
<b>Cash flows from investing activities:</b>			
Proceeds from sale of plant and equipment		691,699	657,701
Acquisition of property, plant and equipment		(1,244,041)	(1,116,099)
Acquisition of other investments		(121,584)	-
<b>Net cash provided by (used in) investing activities</b>		<u>(673,926)</u>	<u>(458,398)</u>
<b>Cash flows from financing activities:</b>			
Proceeds from other non-current borrowings		616,205	126,393
Repayment of borrowings		(112,286)	(239,615)
<b>Net cash provided by (used in) financing activities</b>		<u>503,919</u>	<u>(113,222)</u>
<b>Net increase (decrease) in cash held</b>		<u>550,954</u>	<u>471,899</u>
Cash at beginning of financial year		<u>1,818,276</u>	<u>1,346,377</u>
<b>Cash at end of financial year</b>	6	<u>2,369,230</u>	<u>1,818,276</u>

These financial statements should be read in conjunction with the attached Independent Audit Report  
The accompanying notes form part of the financial statements

**DURRI ABORIGINAL CORPORATION MEDICAL SERVICE**

A.B.N. 52 730 046 875

**INCOME AND EXPENDITURE STATEMENT**

**FOR THE YEAR ENDED 30 JUNE 2006**

	<b>2006</b>	<b>2005</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Administration Fees	15,025	16,443
Aboriginal Health and Medical Research Council		
Immunisation Funding	-	4,000
ATSIC	235,736	89,002
Capital Funding – Buildings and Equipment	29,568	130,000
Commonwealth - Exemplar Site	145,000	121,000
Commonwealth - Harm Minimisation	54,000	33,000
Commonwealth Department of Health and Family Services	3,477,163	2,409,384
Department of Community Services	190,746	139,011
Department of Sport and Recreation	100,270	-
Emergency Relief	25,777	15,468
Enrolled Nurse Contributions	-	(12,631)
General Practice Employment Training Funding	287,397	163,926
Immunisation	16,293	12,981
Inspire Foundation	-	22,121
Insurance Recoveries	4,762	3,164
Interest Received	45,915	41,295
Justice Health	18,045	13,924
Medicare Debtors	-	2,710
Medicare Receipts	1,129,671	818,783
Mid North Coast Area Health Grant	152,993	181,766
Mid North Coast Division of General Practitioners	2,520	116,508
Minister of Transport	48,000	-
Sundry Income	25,027	17,267
NSW Health Department	840,850	737,792
Partnership for Aboriginal Care Funding	2,566,026	2,790,655
Practice Incentive Payments	26,613	-
Profit on Sale of Non-Current Assets	47,318	14,244
Wage Contributions - External	148,950	17,169
Wage Contributions - Internal	-	9,213
Workers Compensation	16,926	88,787
	<u>9,650,591</u>	<u>7,996,982</u>
<b>EXPENDITURE</b>		
Accountancy	611	665
Administrative Costs	44,090	37,212
Advertising and Promotion	29,656	14,940
Annual Leave Provision Expense	92,745	(55,322)
Auditors Remuneration	25,040	27,077
Bank Charges	12,243	8,351
Board of Directors Meetings	16,616	11,431
Cleaning	61,295	62,419
Contractors	625,148	440,761
Dental Referrals	25,221	22,929
Depreciation	540,657	570,052
Donations	9,169	4,886
Doubtful Debts Expense	42,798	43,829
Electricity and Gas	51,226	38,024

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

**INCOME AND EXPENDITURE STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2006**

	2006	2005
	\$	\$
<b>EXPENDITURE (continued)</b>		
Emergency Relief Expenses	17,687	15,129
Expendable Equipment	3,570	888
FBT Expense	47,603	29,281
Funeral Expenses	4,414	2,814
Insurance	43,876	45,000
Interest on Loan	14,149	14,281
Indigenous Women's Incentive Program	12,814	2,500
Laundry	4,400	2,533
Lease Office Equipment	5,089	5,341
Legal Costs	4,795	17
Licenses	502	229
Long Service Leave Provision Expense	66,250	863
Loss on Sale – Non-Current Asset	154,455	37,335
Medical Supplies	121,931	102,655
Medical Waste	6,909	3,930
Motor Vehicle Expenses	285,836	252,979
National Aboriginal International Day of Celebrations Expenditure	51,485	6,724
Orthodontist	1,287	10,779
PAC Client Expenses	18,408	22,202
PAC Trial Surplus Refunded	562,559	-
Patient Transport	10,348	-
Postage and Freight	5,670	5,289
Printing and Stationery	67,637	75,515
Program Expenses	279,835	128,846
Publications	195	3,955
Rates	10,568	14,804
Recruitment Expenses	8,977	6,879
Rent	17,835	14,265
Repairs and Maintenance	63,609	62,319
Security Costs	7,618	7,493
Seminars and Meetings	86,294	71,322
Sports Program Spending	123,649	60,886
Superannuation Contributions	446,574	404,635
Telephone	155,105	111,946
Travel Expenses	90,645	40,555
Tuition	3,508	50,175
Uniforms	11,827	6,110
Wages	5,042,392	4,634,733
Workers Compensation	178,070	117,288
Website Expenses	695	-
Youth Program	16,350	14,162
	9,631,935	7,613,911
<b>Net Profit/(Loss) After Tax</b>	<b>18,656</b>	<b>383,071</b>

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 1 Statement of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Interpretations, 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 of Durri Aboriginal Corporation Medical Service complies with all Australian equivalents to International Financial Reporting Standards (AIFRS) in their entirety.

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.

#### Basis of Preparation

##### *First-time Adoption of Australian Equivalents to International Financial Reporting Standards*

Durri Aboriginal Corporation Medical Service as an individual entity has prepared the financial statements in accordance with the Australian equivalents to International Financial Reporting Standards (AIFRS) from 1 July 2005.

In accordance with the requirements of AASB 1: First-time Adoption of Australian Equivalents to International Financial Reporting Standards, adjustments to the accounts resulting from the introduction of AIFRS have been applied retrospectively to 2005 comparative figures excluding cases where optional exemptions available under AASB 1 have been applied. These accounts are the first financial statements of Durri Aboriginal Corporation Medical Service to be prepared in accordance with AIFRS.

The accounting policies set out below have been consistently applied to all years presented.

There are no material differences in the Corporation's accounting policies arising from the adoption of AIFRS.

Reconciliations and descriptions of the effect of transition from previous Generally Accepted Accounting Principles (GAAP) to AIFRS on the equity and net income of the Corporation are contained in Note 2 to this report.

#### Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value basis of accounting has been applied.

##### (a) Revenue

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

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of services 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).

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 1 Statement of Significant Accounting Policies continued

#### (b) Employee Benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. 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.

#### (c) 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.

#### (d) Impairment of Assets

At each reporting date, the Corporation reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the Income Statement.

Where it is not possible to estimate the recoverable amount of an individual asset, the Corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

#### (e) Financial Instruments

##### Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

##### Financial assets at fair value through profit and loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management and within the requirements of AASB 139: Recognition and Measurement of Financial Instruments. Realised and unrealised gains and losses arising from changes in the fair value of these assets are included in the Income Statement in the period in which they arise.

##### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost using the effective interest rate method.

##### Held-to-maturity investments

These investments have fixed maturities, and it is the Corporation's intention to hold these investments to maturity. Any held-to-maturity investments held by the Corporation are stated at amortised cost using the effective interest rate method.

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 1 Statement of Significant Accounting Policies continued

#### (e) Financial Instruments continued

##### Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

##### Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

##### Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

##### Impairment

At each reporting date, the Corporation assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the Income Statement.

#### (f) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the Balance Sheet.

#### (g) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

##### Property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

##### Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

Notes to the Financial Statements

For the Year Ended 30 June 2006

## 1 Statement of Significant Accounting Policies continued

### (g) Property, Plant and Equipment continued

#### Plant and equipment continued

The carrying amount of 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 that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the Income Statement during the financial period in which they are incurred.

#### Depreciation

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

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

Buildings	4.0%
Plant and Equipment	13.5-40%
Motor Vehicles	22.50%
Office Equipment	10-40%
Medical Equipment	20-40%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the Income Statement.

### (h) Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

Notes to the Financial Statements

For the Year Ended 30 June 2006

## I Statement of Significant Accounting Policies continued

### (i) Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

All other borrowing costs are recognised in income in the period in which they are incurred.

### (j) 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 Balance Sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

### (k) Comparative Figures

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 2 First-time Adoption of Australian Equivalents to International Financial Reporting Standards

#### Reconciliation of Equity at 01 July 2004

Note	Previous GAAP as at 01 July 2004 \$	Effect of Transition to Australian Equivalents to IFRS \$	Australian Equivalents to IFRS at 01 July 2004 \$
<b>CURRENT ASSETS</b>			
	1,355,377	-	1,355,377
	160,243	-	160,243
	29,170	-	29,170
	<u>1,544,790</u>	<u>-</u>	<u>1,544,790</u>
<b>NON-CURRENT ASSETS</b>			
	1,920	-	1,920
	5,005,810	-	5,005,810
	23,003	-	23,003
	<u>5,030,733</u>	<u>-</u>	<u>5,030,733</u>
	<u>6,575,523</u>	<u>-</u>	<u>6,575,523</u>
<b>CURRENT LIABILITIES</b>			
	132,948	-	132,948
	55,745	-	55,745
	257,915	-	257,915
	<u>446,608</u>	<u>-</u>	<u>446,608</u>
<b>NON-CURRENT LIABILITIES</b>			
	346,723	-	346,723
	69,156	-	69,156
	<u>415,879</u>	<u>-</u>	<u>415,879</u>
	<u>862,487</u>	<u>-</u>	<u>862,487</u>
	<u>5,713,036</u>	<u>-</u>	<u>5,713,036</u>
<b>EQUITY</b>			
	1,920	-	1,920
	5,711,116	-	5,711,116
	<u>5,713,036</u>	<u>-</u>	<u>5,713,036</u>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

Notes to the Financial Statements

For the Year Ended 30 June 2006

## 2 First-time Adoption of Australian Equivalents to International Financial Reporting Standards continued

### Reconciliation of Equity at 30 June 2005

	Previous GAAP as at 30 June 2005	Effect of Transition to Australian Equivalents to IFRS	Australian Equivalents to IFRS at 30 June 2005
Note	\$	\$	\$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	1,818,276	-	1,818,276
Trade and other receivables	207,018	-	207,018
Other current assets	53,207	-	53,207
<b>TOTAL CURRENT ASSETS</b>	<b>2,078,501</b>	<b>-</b>	<b>2,078,501</b>
<b>NON-CURRENT ASSETS</b>			
Financial assets	2,308	-	2,308
Property, plant and equipment	5,246,320	-	5,246,320
Other non-current assets	20,628	-	20,628
<b>TOTAL NON-CURRENT ASSETS</b>	<b>5,269,256</b>	<b>-</b>	<b>5,269,256</b>
<b>TOTAL ASSETS</b>	<b>7,347,757</b>	<b>-</b>	<b>7,347,757</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	331,632	-	331,632
Short-term borrowings	39,026	-	39,026
Short-term provisions	192,982	-	192,982
<b>TOTAL CURRENT LIABILITIES</b>	<b>563,640</b>	<b>-</b>	<b>563,640</b>
<b>NON-CURRENT LIABILITIES</b>			
Long-term borrowings	241,220	-	241,220
Long-term provisions	71,147	-	71,147
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>312,367</b>	<b>-</b>	<b>312,367</b>
<b>TOTAL LIABILITIES</b>	<b>876,007</b>	<b>-</b>	<b>876,007</b>
<b>NET ASSETS</b>	<b>6,471,750</b>	<b>-</b>	<b>6,471,750</b>
<b>EQUITY</b>			
Reserves	377,563	-	377,563
Retained earning	6,094,187	-	6,094,187
<b>TOTAL EQUITY</b>	<b>6,471,750</b>	<b>-</b>	<b>6,471,750</b>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 2 First-time Adoption of Australian Equivalents to International Financial Reporting Standards continued Reconciliation of profit or loss by nature (end of prior year)

#### Reconciliation of Profit or Loss for 2005

		Effect of Transition to Australian Equivalents to IFRS	Australian Equivalents to IFRS
	Previous GAAP		
Note	\$	\$	\$
Revenues from ordinary activities	(a) 8,640,440	(657,702)	7,982,738
	8,640,440	(657,702)	7,982,738
Bad and doubtful debts	(43,829)	-	(43,829)
Finance costs	(34,900)	-	(34,900)
Employee benefits expense	(4,984,909)	-	(4,984,909)
Depreciation and amortisation expense	(570,052)	-	(570,052)
Program and medical expenses	(955,472)	-	(955,472)
Motor vehicle expenses	(240,711)	-	(240,711)
Office and administration expenses	(312,332)	-	(312,332)
Repairs maintenance and utility expenses	(300,426)	-	(300,426)
Cost of capital items sold	(a) (680,792)	680,792	-
Other expenses from ordinary activities	(a) (133,946)	(23,090)	(157,036)
<b>Profit from ordinary activities before income tax</b>	<b>383,071</b>	<b>-</b>	<b>383,071</b>
Income tax expense relating to ordinary activities	-	-	-
<b>Profit attributable to members of the parent entity</b>	<b>383,071</b>	<b>-</b>	<b>383,071</b>

#### Notes to the reconciliations of equity and profit and loss at 1 July 2004 and 30 June 2005

(a) Reclassifications have been made to the Income Statement for the year ended 30 June 2005 as follows:

- Under Australian equivalents to IFRS, the sale of non-current assets must be reflected as a gain or loss on sale and not separately split between proceeds and costs of disposals.

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

<b>3 Revenue</b>		
	2006	2005
	\$	\$
<b>Operating activities</b>		
Government grants	8,349,708	6,972,095
Medicare income	1,129,671	818,783
Interest received	45,915	41,295
Worker compensation refunds	16,926	88,787
Dividend received	199	100
Other revenue	60,854	61,678
	<u>9,603,273</u>	<u>7,982,738</u>
<b>4 Profit from Ordinary Activities</b>		
<b>(a) Expenses</b>		
<b>Depreciation</b>		
Buildings	127,370	130,451
Plant and equipment	413,287	439,601
	<u>540,657</u>	<u>570,052</u>
<b>Finance Costs:</b>		
Other persons	14,149	14,281
Hire purchase	25,202	12,268
Total finance costs	<u>39,351</u>	<u>26,549</u>
<b>Bad and doubtful debts</b>		
Medicare debtors	42,798	43,829
Total bad and doubtful debts	<u>42,798</u>	<u>43,829</u>
<b>(b) Significant Revenue and Expenses</b>		
<b>The following significant revenue and expense items are relevant to explaining the financial performance:</b>		
Gain / (loss) on disposal of non-current assets	<u>(107,137)</u>	<u>(23,091)</u>
<b>5 Auditor's Remuneration</b>		
Remuneration of the auditor of the Company for:		
- Auditing or reviewing the financial report	24,600	24,175
- Other services	440	2,902
	<u>25,040</u>	<u>27,077</u>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 6 Cash and Cash Equivalents

	2006	2005
	\$	\$
Cash on hand	1,450	1,200
<b>Cash management accounts</b>		
Tax account	1,793	199,535
Capital Account	626,324	50,728
Long service leave account	-	115,586
Rent Account	6,469	8,087
No. 1 Bank account	-	37,939
No. 2 Bank account	15,127	2,361
No. 3 Bank account	101,128	76,506
No. 4 Bank account	400	359
No. 5 Bank account	8,714	6,885
No. 6 Bank account	394	393
No. 7 Bank account	15,892	1,229
No. 8 Bank account	120,786	122,327
No. 9 Bank account	29,561	27,468
No. 10 Bank account	1,601	5,804
No. 11 Bank account	-	33,606
No. 12 Bank account	-	3,709
No. 15 Bank account	231,394	77,353
No. 16 Bank account	17,183	134
No. 17 Bank account	67,423	83,985
No. 18 Bank account	173,437	140,247
No. 19 Bank account	-	3,249
No. 20 Bank account	20,990	28,107
No. 22 Bank account	1,298	30,331
No. 23 Bank account	220,502	14,674
No. 24 Bank account	22,180	4,347
No. 25 Bank account	47,665	24,206
No. 27 Bank account	180,448	178,303
No. 28 Bank account	41,030	143,386
No. 29 Bank account	431,410	366,869
No. 30 Bank account	14,157	29,363
	<u>2,398,756</u>	<u>1,818,276</u>

### Reconciliation of Cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash and cash equivalents	2,398,756	1,818,276
Bank overdrafts	(29,526)	-
	<u>2,369,230</u>	<u>1,818,276</u>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 7 Trade and Other Receivables

	2006	2005
	\$	\$
<b>Current</b>		
Medicare receivables	61,060	82,042
Provision for doubtful debts	(6,655)	(19,232)
	<u>54,405</u>	<u>62,810</u>
Other receivables	<u>294,895</u>	<u>144,208</u>
	<u>349,300</u>	<u>207,018</u>

### 8 Financial Assets

	Note		
Available for sale financial assets	8(a)	2,054	2,308
Held-to-maturity financial assets	8(b)	<u>121,584</u>	<u>-</u>
		123,638	2,308
Less non-current portion		<u>(2,054)</u>	<u>(2,308)</u>
Current portion		<u>121,584</u>	<u>-</u>

#### (a) Available-for-sale Financials Assets Comprise:

Listed investments, at fair value shares in listed corporations	<u>2,054</u>	<u>2,308</u>
<b>Total available-for-sale financial assets</b>	<u>2,054</u>	<u>2,308</u>

Available-for-sale financial assets comprise of investments in the ordinary issued capital of various entities. There are no fixed returns or fixed maturity date attached to these investments.

#### (b) Held-to-maturity Investments Comprise:

Term deposit	<u>121,584</u>	<u>-</u>
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# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 9 Property Plant and Equipment

	2006 \$	2005 \$
<b>Land and buildings</b>		
<b>Freehold land</b>		
Freehold land at valuation	<u>1,677,700</u>	<u>500,000</u>
<b>Buildings</b>		
Buildings and freehold improvements at valuation	3,258,000	2,500,000
Buildings and freehold improvements at cost (Revalued in 2006)	-	679,678
Less accumulated depreciation	<u>(100,000)</u>	<u>(59,232)</u>
Total buildings	<u>3,158,000</u>	<u>3,120,446</u>
Total land and buildings	<u>4,835,700</u>	<u>3,620,446</u>
<b>Plant and equipment</b>		
Plant and equipment at cost	2,497,660	2,608,173
Less accumulated depreciation	<u>(859,507)</u>	<u>(982,299)</u>
Total plant and equipment	<u>1,638,153</u>	<u>1,625,874</u>
Total property, plant and equipment	<u>6,473,853</u>	<u>5,246,320</u>

#### (a) Movements in Carrying Amounts

	Freehold land \$	Buildings and freehold improvements \$	Plant and equipment \$	Total \$
Balance at the beginning of year	500,000	3,120,446	1,625,874	5,246,320
Additions	-	19,636	1,224,407	1,244,043
Disposals	-	-	(798,841)	(798,841)
Depreciation expense	-	(127,370)	(413,287)	(540,657)
Revaluation increase recognised in equity	1,177,700	145,288	-	1,322,988
Carrying amount at the end of year	<u>1,677,700</u>	<u>3,158,000</u>	<u>1,638,153</u>	<u>6,473,853</u>

#### (b) Had land and buildings been stated at historical cost amounts they would be as follows:

	2006 \$	2005 \$
Cost	3,820,317	3,800,681
Accumulated depreciation	<u>(449,650)</u>	<u>(584,702)</u>
Net book value	<u>3,370,667</u>	<u>3,215,979</u>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 10 Other Assets

	2006	2005
	\$	\$
<b>Current</b>		
Prepayments	-	14,152
Deposits paid	8,050	9,157
Input tax credits	-	29,898
	<u>8,050</u>	<u>53,207</u>
<b>Non-Current</b>		
Deferred interest	<u>63,520</u>	<u>20,628</u>

### 11 Trade and Other Payables

<b>Current</b>		
<b>Unsecured liabilities</b>		
Trade payables	266,181	129,580
Other payables	-	202,052
	<u>266,181</u>	<u>331,632</u>

### 12 Borrowings

	Note	2006	2005
<b>Current</b>			
<b>Unsecured liabilities</b>			
Hire purchase loan		<u>195,388</u>	<u>16,355</u>
<b>Secured liabilities</b>			
Bank overdraft	12(a)(c)	29,526	-
Bank loans		<u>22,671</u>	<u>22,671</u>
		<u>52,197</u>	<u>22,671</u>
		<u>247,585</u>	<u>39,026</u>
<b>Non-Current</b>			
<b>Unsecured liabilities</b>			
Hire purchase loan		<u>413,250</u>	<u>79,703</u>
<b>Secured liabilities</b>			
Bank loans	12(a)(c)	<u>152,856</u>	<u>161,517</u>
		<u>566,106</u>	<u>241,220</u>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 12 Borrowings continued

#### (a) Total current and non-current secured liabilities

Bank overdraft	29,526	-
Bank Loans	175,527	184,188
	<u>205,053</u>	<u>184,188</u>

#### (b) The carrying amounts of non-current assets pledged as security are:

Freehold land and buildings	<u>4,835,700</u>	<u>3,620,446</u>
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#### (c) Bank and Mortgage Loans

The bank overdrafts and mortgage loans are secured by registered first mortgages over certain freehold property of the Corporation.

### 13 Provisions

	Employee entitlements	Total
	\$	\$
Opening balance at Friday, 1 July 2005	264,129	264,129
Additional provisions	199,976	199,976
Balance at Friday, 30 June 2006	<u>464,105</u>	<u>464,105</u>

#### Analysis of Total Provisions

	2006	2005
	\$	\$
Current	392,776	192,982
Non-current	71,329	71,147
	<u>464,105</u>	<u>264,129</u>

### 14 Other Liabilities

#### Current

Income in advance	<u>60,000</u>	-
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### 15 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.

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 16 Disclosures on Committee Members and Other Key Management Personnel

#### (a) Names of Committee Members and Other Key Management Personnel

##### Committee Members

During the financial year the following Committee Members held office:

Gerald Hoskins	Chairperson
Deleila Roberts	Treasurer
Kim Donohue	Secretary
Ivy Brown	Vice Chairperson
Shirley Kelly	
Tony Gray	
Ruth Campbell	
Mary Button-Campbell	
Gerald Bradshaw	
Diana Davis	
Janet Smith	
Colleen Campbell (Appointed 10/04/2006)	
Mary Lou Buck (Retired 14/11/2005)	
Raymond Clay (Appointed 14/11/2005, Retired 13/12/2005)	

##### Other Key Management Personnel

Stephen Blunden	Chief Executive Officer
Laurie Clay	Acting Chief Executive Officer
Roslyn Roach	Chief Finance Officer
David Kennedy	Executive Officer (Galimbila)
David Kelly	Executive Officer (Durri)
William Trewlynn	Chief Executive Officer (PAC)

#### (b) Key management personnel compensation

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any Committee Member (whether executive or otherwise) of that Corporation. Control is the power to govern the financial and operating policies of the Corporation so as to obtain benefits from its activities.

Key management personnel have been taken to comprise the Committee Members, the Chief Executive Officer, Chief Finance Officer and Executive Officers. The aggregate compensation of key management personnel during the year comprising amounts paid or payable or provided for was as follows:

	2006	2005
	\$	\$
Short-term employee benefits	497,350	311,272
Post-employment benefits	50,132	27,079
Other long-term benefits	53,032	8,380
Termination benefits	-	-
Share-based payment	-	-
	<u>600,514</u>	<u>346,731</u>

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 16 Disclosures on Committee Members and Other Key Management Personnel Continued

#### (c) Related party transactions

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties.

Transactions with related parties:

#### Key management personnel

Judith Clay was paid an amount of \$27,910.30 (2005: \$ 47,582.08 ) for cleaning services. Judith Clay is a related party of Committee Member Raymond Clay.

### 17 Cash Flow Information

#### (a) Reconciliation of Cash Flow from Operations with Profit after Income Tax

	2006	2005
	\$	\$
Profit after income tax	18,656	383,071
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
Depreciation	540,657	570,052
Net (gain) / loss on disposal of property, plant and equipment	107,137	23,091
Changes in assets and liabilities:		
(Increase) / decrease in trade receivables	(142,282)	(46,775)
(Increase) / decrease in other assets	2,268	(21,662)
Increase / (decrease) in trade payables and accruals	(65,451)	198,684
Increase / (decrease) in provisions	199,976	(62,942)
Increase / (decrease) in other liabilities	60,000	-
	<u>720,961</u>	<u>1,043,519</u>

#### (b) Credit Standby Arrangements with Banks

Credit facility	50,000	50,000
Amount utilised	(29,526)	-
Amount unutilised at balance date	<u>20,474</u>	<u>50,000</u>

The major facilities are summarised as follows:

#### Bank overdrafts:

Bank overdraft facilities are arranged with an Australian bank with the general terms and conditions being set and agreed to annually. Interest rates are variable and subject to adjustment.

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 18 Financial Instruments

#### (a) Interest Rate Risk

The Corporation's exposure to interest rate risk, which is the risk that a financial instruments 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, is as follows:

	Weighted Average Effective Interest Rate		Floating Interest Rate		Maturing within 1 Year		Non-interest Bearing		Total	
	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
	%	%	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial Assets:</b>										
Cash and cash equivalents	2.20	2.29	2,397,306	1,817,076	-	-	1,450	1,200	2,398,756	1,818,276
Short term deposits	5.10	-	-	121,584	-	-	-	-	121,584	-
Receivables	-	-	-	-	-	-	349,300	207,018	349,300	207,018
Investments	-	-	-	-	-	-	2,054	2,308	2,054	2,308
<b>Total Financial Assets</b>			<b>2,397,306</b>	<b>1,817,076</b>	<b>121,584</b>	<b>-</b>	<b>352,804</b>	<b>210,526</b>	<b>2,871,694</b>	<b>2,027,602</b>
<b>Financial Liabilities:</b>										
Bank loans secured	7.60	7.35	175,527	184,188	-	-	-	-	175,527	184,188
Bank overdrafts	11.15	-	29,526	-	-	-	-	-	29,526	-
Hire purchase loans	8.88	9.24	608,638	96,058	-	-	-	-	608,638	96,058
Trade and sundry payables	-	-	-	-	-	-	266,181	331,632	266,181	331,632
<b>Total Financial Liabilities</b>			<b>813,691</b>	<b>280,246</b>	<b>-</b>	<b>-</b>	<b>266,181</b>	<b>331,632</b>	<b>1,079,872</b>	<b>611,878</b>

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

# Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

## Notes to the Financial Statements

For the Year Ended 30 June 2006

### 18 Financial Instruments continued

#### (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 Balance Sheet and notes to and forming part of the financial statements.

The Corporation does not have any material credit risk exposure to any single receivable or group of receivables 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 values.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Balance Sheet and in the notes to the financial statements.

### 19 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.

### 20 Capital and Leasing Commitments

#### (a) Operating Lease Commitments

Cancellable operating leases contracted for but not capitalised in the financial statements

	2006	2005
	\$	\$
Payable - minimum lease payments		
- not later than 12 months	5,047	5,047
- between 12 months and 5 years	2,103	7,150
	<u>7,150</u>	<u>12,197</u>

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.

### 21 Corporation Details

#### Registered office

The registered office of the Corporation is:

Durri Aboriginal Corporation Medical Service

1 York Lane

Kempsey NSW 2440

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







**DURRI**

Aboriginal Corporation Medical Service