



DURRI

Aboriginal Corporation Medical Service

Annual Report 2007/08



Acknowledgements

Board Members, Chief Executive Officers, Executive Officers, Team Leaders and Program Staff who assisted by preparing their program reports and allocating time in their busy schedules to meet with the compiler, Tracey Parker.
Artwork: Richard Campbell & Wayne Smith

About the Reports

The activity reports in this Annual Report are a summary of comprehensive reports provided by each program.

Staff lists and photographs include current staff who may have commenced with Durri since the beginning of July 2007. 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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Durri

Aboriginal Corporation Medical Service

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 enable 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 invariable. 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 are 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 Corporation Medical Service (ACMS) 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 in 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 NCAHS
Governance Training Completed 08
Service on Board
5 years



Vice Chairperson
Tony Gray

Aboriginal Community Elder
Governance Training Completed 08
Service on Board
9 years



Secretary
Jo-Anne Kelly

Independent Consultant
Governance Training Completed 08
Service on Board
6 months



Treasurer

Colleen Campbell

AEO SK Primary School
Governance Training Completed 08
Service on Board
2 years



Director
Ivy Brown

Aboriginal Student Support Officer
TAFE
Governance Training Completed 08
Service on Board
5 years



Director
Shirley Kelly

Aboriginal Community Elder
Governance Training Completed 08
Service on Board
Over 30 years



Board of Directors



Director
Mary Button

Aboriginal Cultural Support Officer
Correctional Services
Governance Training Completed 08
Service on Board
5 years



Director
Ruth Maruca

Dunghutti Elders
Governance Training Completed 08
Service on Board
5 years



Director
Mary-Lou Buck

Roads & Traffic Authority
Governance Training Completed 08
Service on Board
6 years



Director
Kim Donohue

Public Servant
Governance Training Completed 08
Service on Board
4 years



Public Officer
Isobel Bradshaw

Medicare Officer Durri ACMS
Governance Training Completed 08
Service on Board
2 years



Governance Trainer
Alan Eldridge

Certified Practising Accountant, Registered Tax Agent, Registered Business Consultant, CPA Public Practitioner, Justice of the Peace, Bachelor of Applied Science (Health Information Management), Master of Business Administration (MBA), Fellow of CPA Australia, Fellow of the Institute of Taxation Australia, sits on a number of business and government advisory boards such as the Small Business Development Corporation and the Australian Tax Office Business Advisory Committee.



Chairperson's Report

Gerald Hoskins



It is my honour to present this Chairpersons report to you. The past year was marked by great challenges and significant achievements as we completed the transition to a new management structure involving a new tier of senior management executives to support the Chief Executive within our organisation.

The main aim of the establishment of a new tier across Durri ACMS and its auspice was to provide further support to frontline clinical services. Throughout the past year, our communities and employees have witnessed changes with the resignation of the Chief Executive Officer, Ms Janelle Sterling, who joined us for 18 months before resigning to pursue other interests. Her presence whilst short provided new direction and identified further responsibilities for the Board to review. The opportunities she presented have ensured that savings achieved by Durri ACMS are invested in frontline clinical and community care.

I must also acknowledge Mrs Roslyn Roach who had graciously taken over the reigns for an interim period to provide leadership and direction to the organisation. Her willingness and dedication is unchallenged and she remains a vital asset to Durri operations. Both these senior managers have taken Durri to the next steps in its review of operations and services.

Durri ACMS is moving towards ensuring there is delivery of more clinical and community services than ever before. We achieved a number of early key targets as a result of intensive governance support by Mr Alan Eldridge with support from our major funding body, Department of Health and Ageing - Office of Aboriginal and Torres Strait Islander Health, in the past 4 months leading up to a current review of services and structures within Durri ACMS. Our employees have continued to work with great professionalism and dedication in meeting the 'challenges of change' and I take this opportunity, on behalf of the Board, to thank them for their efforts and their contribution towards the development of the newer 21st Century Durri ACMS.

The main achievements of this Board include the development of a comprehensive Draft Business Plan to attract three year funding contracts for each service, A Review and Implementation of a new Organisational Structure and the development of a Draft Clinical and Community services framework which will come from the review of services.

Extensive community and clinical consultation will continue to build on the strengths of both the management and employees and the services we currently provide. Future participation and input from the membership of Durri ACMS and the public as well as our employees is expected to greatly benefit service planning and delivery and we look forward to working closely with the communities and stakeholders.

We have made major inroads into addressing the number of patients waiting more than 2 hours for their consultations with medical professionals

Durri ACMS is committed to community and clinician involvement in health, and is aware of the need for Durri ACMS to work closely with other service providers. We will be reviewing our professional relationships to ensure maximum benefits from our involvement.



With the North Coasts fastest growing and youngest Aboriginal population, meeting the emerging health needs of our communities will continue to be a challenge for Durri ACMS. The nature of our population has resulted in a marked increase in activity within Durri. The demand for Aboriginal community health services are expected to grow significantly over the next decade, highlighting the importance to plan for future healthcare needs. We also recognise the integral role that prevention, early detection and early intervention programs play in the delivery of good health care.

Yours in Unity

Gerald Hoskins

Durri ACMS attendance at meetings held:

Director	Board Held	Attended	Special Held	Attended	Training Held	Attended
Brown, Ivy	12	9	5	4	4	2
Buck, Mary-Lou	12	8	5	3	4	3
Button, Mary	12	11	5	5	4	2
Campbell, Colleen	12	10	5	5	4	2
Maruca, Ruth	12	5	5	2	4	2
Donohue, Kim	12	7	5	2	4	4
Gray, Tony	12	12	5	5	4	2
Hoskins, Gerald	12	12	5	3	4	3
Kelly, JoAnne	12	5	5	1	4	4
Kelly, Shirley	12	10	5	4	4	4
Bradshaw, Isobel	12	12	5	5	4	4
Eldridge, Alan	12	6	5	2	4	4

CEO's Report

Interim CEO Tracey Lonergan Executive Assistant, Norma Kelly



Durri Aboriginal Corporation Medical Service (Durri) has had a challenging and exciting year with continued growth in both staff numbers and program delivery; structural changes with the demise of PAC (Partnerships for Aboriginal Care); and the release of Galambila Aboriginal Health Service Inc from being auspiced by Durri. To support the continued growth of the organisation the Durri Board have been involved in a governance training program that will incorporate a review of the organisational vision and long-term objectives. This is particularly appropriate given the evolution of Durri over the past 30 years to the organisation that it has become today. Once this is complete, the executive will be undertaking a strategic business planning process that will involve all aspects of the organisation from clinical services to human and financial resource allocation.

Total grants awarded across the Durri Aboriginal Corporation Medical Service were in excess of \$10m and the clinics are busier than ever as indicated below. Galambila provided over 10,400 GP consultations on their own – more than justifying their move to incorporate separately on July 1 as mentioned above. Their full account has been provided by their new CEO at the end of this report.

There are two new General Practitioners and two additional medical specialists available to service our clients through the Cardiology Specialist Clinic and a Respiratory Specialist Clinic at Durri. In addition we have been awarded funding for an Adolescent Psychiatrist at Durri and have secured the services of a Psychologist to offer outreach services at the Bowraville Clinic.

The Health Assessment Teams were successfully transitioned from the PAC program (Partnerships for Aboriginal Care) to the individual Aboriginal Corporation Medical Services during the year. These teams add enormous value to the provision of integrated, holistic care and there are plans to dramatically increase the number of health assessments and care plans across our client base over the next year.

Some of the highlights of the year include:

- Co-ordination of the Bellbrook Health Pitstop Outreach Day by Families First which saw contributions from teams across the Health Service
- The NAIDOC Week school and community health promotion campaigns
- Revitalisation of the 'Molar Patroller' Dental Truck which resulted in a 500% increase in the utilisation of the dental service in the Nambucca Valley
- Introduction of 'Tooth Bling' incentives
- The creation of the first Social and Emotional Well-being group
- Development of the Indigenous Hip-Hop project, 'Fit Chicks', 'Shake-a-leg' and the First Contact Touch Football Team
- Implementing the 'Growing in Good Health' nutrition project for the region's schools
- Training 202 teachers in Asthma First Aid at our local schools
- New Eye Health Clinics in Nambucca Valley and Lismore
- Maintaining a high utilisation of the postnatal services (over 95%) and over 80% of women presenting to antenatal prior to 20 weeks gestation period
- The mapping of over 300 food and physical activity providers in the community to assist with developing Diabetes prevention programs
- Commencement of the Healthy for Life project at Kempsey
- Health screening at seven schools in the Nambucca Valley



Patient numbers:

- Durri Clinic has seen a 15% increase in patient numbers
- Darrimba Maarra Health Clinic has seen a 10% increase in patient numbers
- Bowraville Aboriginal Health Clinic has seen a significant increase in patient numbers due to the steady growth of the population within the area
- Macksville Pac Unit has had a 50% increase in patient numbers

Physical changes at Durri have included the extension of the medical records room and the provision of a children's play area; the inclusion of 7 new washbasins to clinic spaces and the conversion of the health assessment room into two new clinic spaces. Nambucca Valley's plans for a new fitout and expansion of existing accommodation are well underway with funding being negotiated to finalise the redevelopment. Support services have also been expanding with over 7,500 patients transported by the Durri Transport service and the ongoing implementation of PracSoft which now has over 4,000 patients details recorded online. 07/08 also saw a serious attempt to introduce quality control processes in our clinical services to the standards set by the Royal Australian College of General Practitioners. Financial services also saw improvements to their service delivery model resulting in a reduction in Medicare rejections and an increase in Practice Incentive Payments. Medical and financial records were also moved offsite to secure storage facilities.

I would like to take this opportunity to thank all staff for a job well done so far this year. I would also like Durri ACMS to look forward to the challenges and changes ahead for 08/09 as we endeavour to incorporate the organisational vision and long-term objectives in our day to day roles.

Tracey Lonergan

Interim CEO



Executive Officer – Clinical Services

Leanne Spencer



It is with great honour and pleasure that I present my first report as Executive Officer of Clinical Services at Durri ACMS.

The position of Executive Officer of Clinical Services is a new Middle Management position established in March 2008.

The position was established to improve middle management of clinical services as a support person to the CEO.

With 90 percent of staff now being coordinated under this new position, it is an extremely challenging, interesting and satisfying role.

Dr Penelope Richards initially was appointed to this position however, resigned in July 2008.

Since starting at Durri ACMS in April 2008, as CNS in other roles, I have been amazed and inspired by the deliverance of holistic care to the wonderful and deserving Indigenous Community.

With a large population of Indigenous clients and a high morbidity rate in the community, Durri ACMS is essential in the need to increase life expectancy to Indigenous Community Members.

There have been so many improvements in clinical services and a wide range of services increased. The clinic is even busier and outreach programs are expanding. Many achievements have been made, as you will see in this report, all with the objective of improving health in the Indigenous Community.

Health promotion and screening are a priority for most programs targeting the youth and community to ensure chronic disease is prevented and monitored effectively.

The message of being well is being conveyed to the community to make sure the Indigenous Community does not suffer from chronic disease and overall health is improved.

There are so many challenges ahead not just to myself but for the whole of Durri. They will be rewarding and fulfilling in the best interests of the Indigenous Community.

My vision is to:

- continue in an important and challenging role
- to improve and encourage continuing education and support to Indigenous Workers within the organisation
- to support and encourage staff within the organisation for further career advancement
- to decrease waiting times in the clinic and to continue to improve service delivery across all areas
- to have health prevention just as important as the chronic treatment to ensure total well being for the Indigenous Community is achieved.

I would like to take this opportunity to thank the board for appointing me in this position and mostly to all the staff for making me feel so welcome and part of the "family".

I look forward to the challenges and joy in the year ahead and most of all to providing a report full of outcomes in the best interests in the Indigenous Community in the years to come.



Durri Clinic



Maryanne Field



Sam Hoskins



Terry Flynn



Noelene Brown



Allan Hoskins

Staff Maryanne Field, Team Leader

Clinic Staff Sam Hoskins, Enrolled Nurse/AHW
 Terry Flynn, Registered Nurse
 Noelene Brown, Senior Enrolled Nurse/AHW
 Allan Hoskins, AHW/Community Field Worker (Public Health Program)

Doctors Peter Fletcher, GP
 Wendy Olden, GP
 Carol Booth, GP
 Cuong Vo, Senior Registrar
 Sherif Andraos, GP
 Zarlina Darus-Mustapha, Registrar (completed term June 08)
 Mohammed Jaffer, Registrar (commenced July 08)
 Cherif Meena, GP - Port Macquarie PAC Medical Centre



Dr Peter Fletcher



Dr Wendy Olden



Dr Carol Booth



Dr Cuong Vo



Dr Sherif Andraos



Dr Zarlina
Darus-Mustapha



Dr Mohammed Jaffer



Dr Cherif Meena

Aims

Our aim is to improve the health of the Indigenous Community through the provision of holistic and culturally sensitive medical and clinical services as an integrated part of the broader service at Durri ACMS.

This is achieved through:

- improving the coordination and continuity of care
- facilitating access to services in a timely manner
- provision of outreach services
- provision of health education and preventative health care
- providing an approachable, friendly and professional environment for the community
- ensuring strict confidentiality

Key Achievements

- Patient numbers at Durri Clinic have increased dramatically and service delivery has become integrated into a holistic care model allowing early detection and management of chronic conditions.
- Statistics show that patient numbers seen in the clinic 2007-2008 were 11,662 in comparison to 10,186 for the 2006-2007 period.
- The majority of patients present with a number of conditions that require complex case management and referral to appropriate services, both internal and external, are ensured.
- Doctor numbers have increased to ensure the provision of high quality comprehensive clinical services.
- Specialist physicians have been secured through the MSOAP program with cardiologist and respiratory physicians now available at Durri ACMS. The clinic doctors are able to refer patients to this program thereby improving patient outcomes and decreasing the need for community members travelling to Sydney for specialty review.
- The Health Assessment Team (originally the PAC Care Cell) has now been integrated into the daily operations of the clinic. With the integration of the Health Assessment Team into the normal operations of the clinic this allows for the holistic health assessment of the patient and referral to appropriate services at Durri ACMS.

The clinic at Durri also has continued to provide a wide range of support to the following special service clinics including:

- Antenatal
- Immunisation
- Diabetes
- Drug and Alcohol
- Hearing
- Eye Health
- Sexual Health
- Women's Health
- Outreach Field Trips
- Mental Health

The primary health target for the clinic is to reduce the gap in indigenous morbidity rates and the improvement of health for the local community.

I would like to thank all the medical, clinical and reception staff for their hard work, dedication and professionalism over the past year.

Grants Awarded

Nil

Conference presentations

Nil



Reception, Medical Records & Transport

Staff

Brian Bradshaw, Employee Services Officer
Alicia Stewart, Reception Team Leader
Kathleen Davis, Receptionist
Loretta Smith - Receptionist
Cheryl Quinlan, Medical Record Clerk
Cecily Griffen, Female Transport Officer
Geoffrey Brown, Male Transport Officer
Dennis Smith, CDEP Participant
David Scholes, Maintenance



Brian Bradshaw



Alicia Stewart



Loretta Smith



Cecily Griffen, Cheryl Quinlan & Kate Davis



Geoff Brown



Dennis Smith



David Scholes

Aims

Our aim is to provide the best service possible to ensure that clientele can access the health services that they require.

Highlights

- 4,048 patients are currently on PractSoft
- 861 new patients added to PractSoft

Key Achievements

- Child Play Area ascertained
- Extension of Medical Records Room
- Staff attended Medical Reception Training at RACGP
- Approx 500 patients per month Transported to Durri ACMS, Allied Health Professionals, Specialists, etc
- Files are being converted from cardboard to plastic
- The Wheel Chair Access Bus now has anchor points for the transportation of large numbers of clients
- The changeover of the nine seater has taken place and replaced with a more appropriate vehicle for our older clients

Month	Male	Female	Port Macquarie	Coffs Harbour	Taree	Sydney	Allied Health	Other	Total for Month
July	112	465	9	0	1	1	38	82	708
August	129	402	12	1	0	1	44	89	678
September	131	355	11	0	0	1	41	83	622
October	152	459	10	1	0	1	32	76	731
November	120	349	9	0	1	1	31	55	566
December	110	322	9	0	0	1	29	43	514
January	131	315	13	1	0	1	40	66	567
February	124	382	17	0	0	2	33	86	644
March	145	459	17	2	2	1	32	72	730
April	122	352	19	0	0	1	38	86	618
May	141	399	13	1	0	1	49	78	682
June	151	356	13	0	0	2	32	73	627
TOTAL FOR YEAR	1568	4615	152	6	4	14	439	889	7687

Grants Awarded

Nil

Conference presentations

Nil



Public Health Program

Allan Hoskins
Aboriginal Health & Promotions Worker



Aims

The aim of the program is to provide support to Doctors, liaise with the community and to work in with other Health Service Providers to ensure that health care services are accessible by all community members and that sufficient follow up care is provided upon discharge of clientele from Kempsey District Hospital.

Highlights

- Improved communication between Worker and Allied Health Services
- Networking with other services regarding Health Promotional Material
- Membership with the Regional Men's Group

Aboriginal Male	Aboriginal Female	Non Aboriginal Male	Non Aboriginal Female	Home Visits
220	231	10	14	150

Key Achievements

- Continuity of a Doctor Roster has been established for Greenhill.
- A rapport has been established with Kempsey District Hospital which involves the Worker being informed of client discharges.
- Maintained Hearing Health Position for a period of three months which targeted school aged children.

Grants Awarded
Nil

Conference presentations
Nil



Sexual Health

Ro-Anne Stirling-Kelly

Senior Aboriginal Health Worker/Aboriginal Sexual Health Worker



Esa Menna

Registered Nurse (Casual Oct 07 to June 08)

Aims

The overall aim of the Durri Sexual Health Program is to reduce the incidence of sexually transmitted and blood borne infections within the Aboriginal communities of the service area.

Sexually transmitted and blood borne infections can cause complications if left untreated and many of these infections do not have obvious symptoms.

Strategies

The program attempts to address the above by:

- incorporating sexual health into other existing programs
- offering school based education programs so that our young people can make informed choices in their lives
- providing fun and innovative outreach clinical / educational services
- providing community awareness programs at every available opportunity to reduce the stigma around sexual health.

Program Highlights and Key Achievements:

- Roanne graduated from the Aboriginal Medical Research Council Aboriginal Health College with a "Diploma of Case Management" with a focus on Aboriginal Sexual Health
- Our "Many Girls" project was nominated by the Collaborative centre for Research and won a NSW Health Aboriginal Health Award in the category of "Strengthening Aboriginal Families and Children". Norma Kelly and Roanne accepted the award on behalf of Durri at the Annual NSW Health Aboriginal Health Awards Ceremony in North Sydney. Norma and Roanne were interviewed by local and National radio and had a full page article in the local paper showcasing the work being done at Durri ACMS.
- Invited to sit on the project reference group as the female Aboriginal Sexual Health Worker representative for the NSW Department of Health Aids and Infectious Diseases Branch and Aboriginal Health & Medical Research Council joint STI / HIV media campaign.
- Roanne presented an overview of Durri's award winning "Many Girls" programs to the Honourable Ms Linda Burney MP during her visit to Durri
- Invited to join the advisory committee for the development of the NSW Aboriginal Sexual Health Cultural Respect and Communication Package.
- Coordinated local focus groups consisting of 38 young people, community members, Elders and other workers who had input into the NSW Health / AH&MRC media campaign.
- Participated in the Bellbrook Health Pitstop Day which was a hugely successful outreach clinic organised by Richard Kelly and Ruth (Rooster) Dunn.
- Invited to work as a Research Assistant for the AH&MRC's Youth STI Survey using palm pilots at "Yabun" – Survival Day concert '08
- Created the character "Sister Sparkling Clean" who facilitated personal hygiene workshops for Bellbrook School Camp.
- Coordinated the Kempsey presentation of "Chopped Liver" for 150 people, the biggest audience ever to view the play in NSW.

Conference Presentations:

- Delivered the "Transmissions for Indigenous Peoples" section of the Hepatitis NSW Rural Roadshow Outreach Tour. Workshops were held at Kempsey District Hospital, Durri ACMS, Port Macquarie Base Hospital and Kempsey Correctional Facility in partnership with Hepatitis Australia.
- Crocfest '07 Presented 40 minute educational sessions on STI's and BBI's for 180 secondary school students over the two days of Kempsey Crocfest.
- Health Promotion Programs in "Working with Youth" a slide show presentation and overview of Durri ACMS Sexual Health Program at the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Health Promotion Conference.



Well Women's Clinic (“While Ya Down There” Program)

Cathy Turnbull, Women's Health Nurse
Ro-Anne Stirling Kelly, SAHW



Aims

Improve Cervical Screening rates among ATSI women. Improve education and health promotion regarding women's health issues among these women. Help screen women for sexually transmitted infections with referrals to GPs and Roanne Stirling-Kelly.

Highlights

- Successful recruiting of Aboriginal women for Well Women's Screening by promoting service and continuing outreach services with Ro-Anne eg “Pit Stop” Health Day at Bellbrook organised by Richard Kelly and Ruth Dunn.
- Outreach clinics to South Kempsey x 2.

Key Achievements

- 110 women seen, 78 of those ATSI
- Under screened women >4yr between pap smears = 33
- Never screened = 9
- Women referred for high grade cervical abnormalities = 4
- 10 ATSI women recruited for NSW Breast Screen in June 2008

Grants Awarded

Women's Health Nurse funded by the division of General Practice.

Conference Presentations

“While Ya Down There” program promoted by Ro-Anne.

Alcohol & Other Drugs / Addictions

Dr Fares Samara
Raymond Nean (resigned Nov 07)



Aims

To minimise the harm associated with Drugs & Alcohol use within the Macleay Valley. The use and misuse of alcohol and other drugs in our community is large and increasing.

Highlights

- Recruitment of Melanie Kennedy into Merit Program
- Ongoing Addictions Clinics once a week.

Key Achievements

- Naidoc Week School Health Promotion.
- Naidoc Week Community Health Promotion.
- World No Tobacco Day Displays.
- Drug Action Week 18th June – 22nd June 2007.
- Cannabis Dependence Study with 30 clients, data collated with assistance of University of Sydney and then presented, in poster format, at the Australasian Professional Society on Alcohol and Drugs Conference in Sydney in November 08.

Merit (Magistrates Early Referral Into Treatment)

Melanie Kennedy, Aboriginal Health Worker



Aims

- Support all persons with addiction issues through the legal system.
- Support family members when their loved ones are going through the legal system.

Highlights

- Winning scholarships to attend a conference as well as a scholarship for university

Key Achievements

- Acceptance in first time offered University course Graduate Diploma Indigenous Health Substance Misuse.

Grants Awarded

- Department of Health and Ageing \$230,000

Conference Presentations

Nil



Oral Health

Staff Lindi Gill, Dental Therapist (Commenced October 2007)
Raymond Danton, Dental Officer (3 days per week)
Ruth Powick, Dental Assistant
Norma Griffen, Dental Assistant
Tina Chapman, Dental Assistant



**Tina Chapman &
Lindi Gill**



Ray Danton



"A Smile Says a Thousand Words"



Ruth Powick



Norma Griffen

Aims

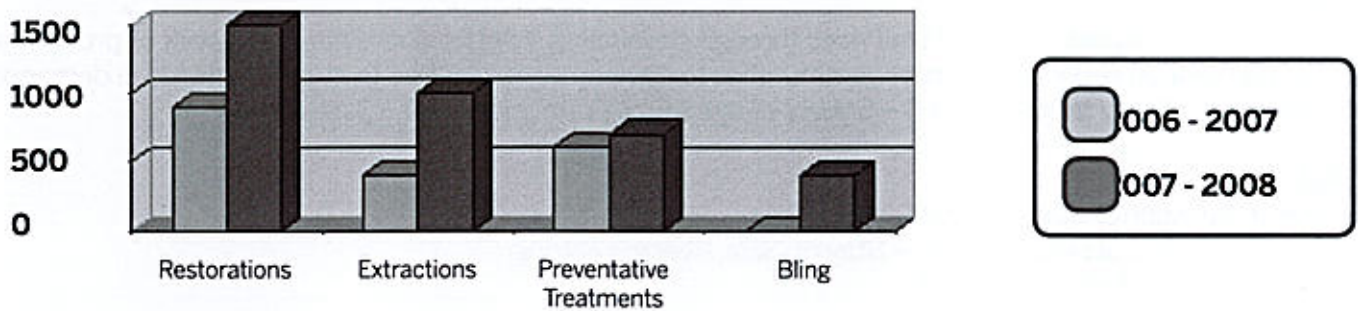
We aim to improve the Oral Health of Indigenous people in our area and therefore contribute favourably to the improved over all health of our clients

Highlights

- Successful retention of two clinicians, allowing for functioning Adult and Child & Adolescent specific services.
- Revitalisation and reintroduction of the 'Molar Patroller' dental truck.
- Introduction of 'Tooth Bling' to child & adolescent clinic for clients who complete all of their dental treatment.
- Many educational and promotional sessions to schools, mothers groups and other community events including NAIDOC day celebrations.

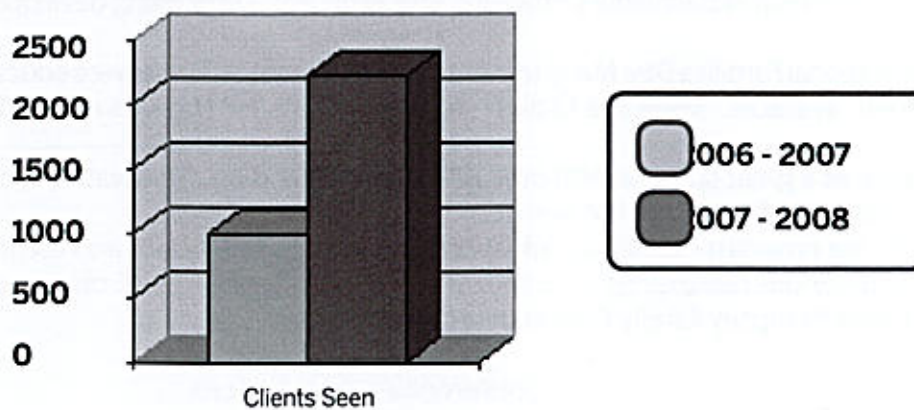
Key Achievements

- 20 Oral Health Education and Promotion sessions delivered
- Regular visits to Bowraville in the molar patroller a saw 500% increase in Nambucca Valley clients utilising the dental service
- We have managed to substantially increase the provision of clinical services
- 2215 Appointments were completed
- 1575 Individual teeth were lovingly restored
- 668 Tooth extractions were performed



If every tooth we extracted was lined up end to end, the tooth line would be 13 metres long - about the same size as a semi trailer.

Note: Male clients = 38% Female clients = 62%



Grants Awarded
Nil

Conference presentations
Nil



Families NSW (Formally Families First)

Richard Kelly, Male Support Worker
Delya Smith, Female Support Worker



Aim
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 – 5 years of age with a priority for the 0 – 3 age group.

- Highlights**
- Stall in the Mall for International Families Day
 - Greenhill Public School Program – Staying Safe, Keeping Strong
 - Health Pit Stop held at Bellbrook

- Key Achievements**
- Parent-Child interaction with a weekly Playgroup at the Kempsey Family Community Centre (formerly SKNIP).
 - South West Rocks Picnic Day for Bellbrook Community.
 - Attended the Arts & Craft Group at Greenhill. The group has been going for 5 years. This program is an opportunity for parents and kids to interact and spend time together. The group is now doing a TAFE program of Certificate 2 in Aboriginal Arts and Culture.
 - BBQ's at South Kempsey Family Community Centre and West Kempsey Family Community Centre (formerly SKNIP and WKNIP).
 - Assisted with the Greenhill School Protective Behaviours Program. This program is now being developed into an educational resource book.
 - Stall in the Mall was held for International Families Day. Many families attended the stall. There were educational pamphlets, stickers, and magnets available. "Millie the Clown" did balloon hats for the kids and children's faces were painted.
 - The Health Pit Stop at Bellbrook was a great success with over 100 people attending. This was coordinated by Richard Kelly in partnership with Ruth Dunn from the Kempsey Neighbourhood Centre
 - A total of 37 clients were seen by the program - 18 clients transported to appropriate health and community services - 13 clients were referred to various health programs and other community services - 6 clients referred to Department of Housing and West Kempsey Family Community Centre.

Grants Awarded
Nil

Conference presentations
Nil



Hearing Health

Michelle Bolt
Aboriginal Health Officer - Audiometry



Aims

Improve hearing among Aboriginal children through the region covered by Durri Aboriginal Corporation Medical Service.

Key Achievements

- All initial screenings and follow-ups within the Macleay Valley region attended to.
- Increase in the percentage of children within the age of 0-6 years whom have had their hearing screening attended to within the Macleay Valley Region

Grants Awarded

We were successful in receiving \$5000 to create a Breathing Blowing Chewing and Coughing Resource for the target group of 0-8years

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Social & Emotional Well-Being - Female

Karen Miranda,
Female Social & Emotional Well-Being Officer



Aims

Our aim is to enhance the mental health & general wellbeing of identified mental health clients by offering services to clients diagnosed with a mental health disorder.

Our goal is to improve the mental health of the community by offering services to clients who need help, but have not been diagnosed with a mental health disorder.

Key Achievements

Completion of first Social and Emotional Well-Being group for women at Crescent Head, Darayiga Guya Mapu.

Highlights

- Mental Health Week
- Work collaboratively with other Durri programs. This demonstrates a coordinated effort and genuine care for our clients

Grants Awarded

\$110 000 awarded from the Dept. of Health & Aging

\$230 000 awarded from the Dept. of Health & Aging

Conference Presentations

Karen Miranda presented Darayiga Guya Mapu at the National Nutrition Conference in Alice Springs.



Social & Emotional Well-Being - Male

Wayne Smith
Male Social and Emotional Well Being Officer



Overview

The Djirruwang Program was developed in collaboration with Aboriginal community based organisations, the Mental Health Industry and CSU to meet the needs of the Aboriginal & Torres Strait Islander Communities. It evolved from a pilot program in 1994 at Southern Area Health Service, NSW.

Aims

To provide a regional service to Clients to assist in their case management, enhance living skills and social interaction, provide a "social work" service for individuals, families and groups, and to provide a grief counselling service. To work collaboratively with other programs eg Alcohol and Other Drugs to maximise the capacity of the Social and Emotional Well Being Program within the existing resource base.

Highlights

Wayne graduated with a Bachelors Degree from Charles Sturt University.
Djirruwang Program: Bachelor of Health Science (Mental Health)

Key Achievements

- Regular Clinics held throughout the region, with 44 Aboriginal Males. There has been no Psychiatrist at Durri for the past 6 months so the clients are referred to the VMO at Community Health.
- Monday Men's Group with 8 participants, this gives the SEWB Worker the chance to check the maintenance and compliance of medication and side effects on the patient.
- Men's Healthy Body / Healthy Mind Project Tuesday and Thursday mornings with 12 participants. This project promotes a healthy attitude to the patients, improving their self confidence and enhancing self esteem, with the physical activities enhancing cardiovascular workouts.

Grants Awarded

\$110 000 awarded from the Dept. of Health & Aging
\$230 000 awarded from the Dept. of Health & Aging

Conference Presentations

Nil

Female Youth

Diana Davis Female Youth Worker



Aims

Enhance independence, safety, self-esteem and quality of life of youth within the Macleay Valley.

Highlights

- Boxing And Gym (BAG) program. This program was initially set up for Indigenous Males aged 16-18 in conjunction with PCYC. Involvement in this program for a short period of time in conjunction with the First Contact Touch Footy Competition (training for the young females) this program will continue.
- Indigenous Girls Group at Melville High School, this program was set up by Ro-Anne Stirling-Kelly and Cathy Turnbull. This program assists the young participants of the group with issues they face on a daily basis.
- Shake-a-Leg Program; Initially Allan was involved in this program; I participated in training for future programs within the schools.
- Coordinator of the 2007 Indigenous Hip Hop Project. This was a great success with the youth of the Macleay. We are very excited with the project and happy for it to happen again in the area.
- Local Touch Footy Competition. This was a first for the Youth Side in conjunction with Durri & PCYC, we won the competition, and the team are very keen to be involved in the next competition.
- First Contact Touch Footy Competition Project in conjunction with PCYC. This was the first time we entered a School Side with our team coming second.
- Fit Chicks Program. We have run a Self Defence Class & an Aerobics Class at PCYC. We still have a few other classes to run but are waiting for staff availability at PCYC one of these classes being Computer / Media Skills.

Key Achievements

- Boot camp was another program run for male and females on a Friday morning for a period of 2 months, this was held in conjunction with the Male Youth Development Worker and PCYC.
- Boxing and Gym (BAG) Program after school activity continued at PCYC, with Allan and I intervening in other PCYC activities.
- Fit Chicks Program which has funding to run different programs at PCYC. This was set up by Norma Kelly and Ro-Anne Stirling Kelly.
- Core Of Life Training in Coraki, I am now able to facilitate this training with a Mid Wife.
- Co-ordinated the 2007 Indigenous Hip Hop Project. We held workshops throughout schools of the Macleay area for the week then followed up with a big finale concert and a Friday night dance off competition for the whole of the community.
- Entered a Durri Youth Team and won the local touch football competition (summer comp) which ran over 4 months. All of the youths in the team were attending school so we entered it into the first contact Touch Football School side competition and were runners up out of 19 schools from NSW and QLD; also a highlight from this program was that the Final was showed on NITV.
- I participated in the Family Wellbeing Training in conjunction with James Cook University and Durri ACMS.

Grants Awarded

Nil

Conference presentations

Nil



Male Youth

Al Lockwood, Aboriginal Health Worker



Aims

Enhance independence, safety, self-esteem and quality of life of youth within the Macleay Valley.

Highlights

- Boxing And Gym (BAG) program for Aboriginal male youth aged 16-18 in conjunction with PCYC (continued on).
- Program at Melville High School targeting Aboriginal males in years 7-9 (continued on).
- Shake a Leg Program; facilitating traditional games to Kinchela and Milbank Primary Schools.
- Coordinator of the 2007 Indigenous Hip Hop project.
- Winners at local touch football competition with Durri youth side.
- Runners up at first contact touch football competition with School Side.
- Taking on roll as Team Leader for the Well Being Team.

Key Achievements

- Coordinating the Aboriginal Child Youth and Family Strategy Funding (ACYFS school holiday funding).
- Boot Camp Program run for male and females on a Friday morning for a period of 2 months, this was held in conjunction with the Female Youth Worker and PCYC.
- Boxing and Gym (BAG) Program after school activity continued on at PCYC, I also intervened in other PCYC activities.
- Melville High School class with Aboriginal males in years 7-8. Facilitated a Traditional Games Workshop at Croc Fest in September 2007.
- Coordinator for the 2007 Indigenous Hip Hop Project, which held workshops throughout schools of the Macleay Area for the week then followed up with a big finale concert at the end of the week on the Friday night with a dance off competition for the whole community.
- Entered a Durri Youth Team and won the local touch football competition (Summer Comp 2007) which ran over 4 months. All of the youths in the team were attending school so we entered it into the first contact Touch Football School Side Competition and were runners up out of 19 schools from across NSW and QLD; also a highlight from this program was the broadcast of the final of the game on National Indigenous Television (NITV).

Grants Awarded

Nil

Conference presentations

Nil

Chronic Disease

Staff Laurie Clay, Chronic Disease Worker
Sara Bowden, Chronic Disease Co-ordinator
Ben Williams, Chronic Disease Worker
Currently recruiting a Female Aboriginal Health Worker



Aims

To enhance the care provided for Aboriginal People with chronic illness, improve their quality of life and that of their carers and reduce co-morbidities and hospital presentations by:

- Delivering and assisting in the delivery of chronic disease services such as screening, education and specialist services to Aboriginal People suffering from chronic illness within the Aboriginal Communities from Coffs Harbour to Taree.

Chronic illness causes significant distress and burden for people with the illness, their family and carers. Chronic diseases also account for a significant number of potentially avoidable emergency department presentations, hospital admissions and readmissions.

Services provided include screening and education as well as specialty clinics such as Cardiology, Respiratory, Paediatrics as well as supporting Cardiac Rehabilitation Programs. Services are delivered through a team based approach within each network area (Taree, Kempsey and Coffs Harbour) and include the Aboriginal Medical Services and Outpost Services within the region.

Funding Goals of the Chronic Disease Program

- Enhance access to quality, multi-disciplinary, comprehensive primary health care services.
- Establish and maintain mechanisms for effective community participation in the ongoing review, planning and management of the health program.
- Adopt integrated approaches to planning and delivery of health services to maximise health gains for consumers.
- Manage services in accordance with an improvement framework including organisational and cultural change.

Highlights

- The continuation of the Cardiology and Paediatric Specialist Clinics at Durri ACMSC
- The commencement of the Cardiology Specialist Clinic at Biripi ACMS which is supplied by Dr Richard Cranswick.
- The commencement of the Respiratory Specialist Clinics at Durri ACMS which is supplied by Dr Christopher Clarke.
- Growing in Good Health Project assisting in 10 schools within the region developing fruit/vegetable gardens to increase fruit and vegetable consumption of Aboriginal Children.
- Facilitation of the first Aboriginal Cardiac Rehabilitation Program to go through the Kempsey District Hospital.
- Delivery of Promotion and NAIDOC celebrations to 6 schools within the region.

Key Achievement

- 259 Clients seen through the Specialist Clinics offered by the Chronic Disease Program for Respiratory, Cardiology and Paediatrics which means that 259 clients did not have to travel outside of their community to see a Specialist.
- 1056 Clients seen through Chronic Disease screening and education.
- Total of 202 Teachers within the Schools educated on Asthma First Aid.
- \$1,200 raised through the Diabetes Charity Golf Day for Diabetes Australia.

Grants Awarded

MSOAP funding for both an Adult & Youth, as well as an Adolescent Psychiatrist, for both Durri ACMS and Biripi.



Vascular Health

Donald Griffen, Aboriginal Vascular Health Worker



Aims

The aim of the Vascular Health Program is to improve the Vascular Health of Aboriginal People by promoting disease self management and establishing sustainable lifestyles programs. It also promotes prevention and management of related diseases, such as diabetes, cardiovascular disease, renal disease and hypertension. The Vascular Health Program promotes prevention and management of vascular disease through effective links with the Chronic Disease Program.

Highlights

- Community Garden at Greenhill
- Healing Program Bellbrook
- Community Garden at South Kempsey & Vocational College
- Cardiac Research Clinic.
- NRT (Nicotine Replacement Therapy) Program.
- Pedometer Program (at planning stage)

Key Achievements

- Secured funds to establish at community garden.
- Successful Healing program at Bellbrook.
- Cardiac Research clinics tri-monthly.
- Funds Community Garden South Kempsey.
- NRT (one client is three weeks into treatment and responding well).

Grants Awarded

\$1,500 dollars Greenhill Community Garden (Health Promotion Grant)
\$250,000 dollars (Healthy Active Australia Community & Schools Grant)

Conference Presentations

Nil

Eye Health

Daniel Cook, Regional Eye Health Coordinator



Aims

To improve the Eye Health of Aboriginal People across the region, that covers the area of Tweed Heads to Taree. This is to enhance the opportunity for all Communities to access regular Eye Health Clinics. We also aim to provide education and/or training for Health Workers and Community Members.

Highlights

- Aboriginal Health and Medical Research Council "Train the Trainer" half day workshop for "Doctor BBV Game" – which is an indigenous youth health promotion tool.
- Aboriginal Health and Medical Research Council two day workshop on the National Competency Standards for Aboriginal Health Workers/Assessors.
- Established new clinic in Nambucca Valley and Lismore.
- National Indigenous Eye Health Survey NIEHS
- Participation in service delivery, health promotion and celebration activities at local schools.
- Continuing to provide an essential service of high standard to the local community.

Key Achievements

New clinics established at Lismore and in the Nambucca Valley. The clinic in the Nambucca Valley will be held at the Bowraville Health Clinic and aims to provide a service for community members from Bowraville, Macksville, Nambucca and surrounding areas. It is planned to hold this clinic every two months.

Bowraville Health Clinic Snapshot		NIEHS Snapshot	
Client Seen	29	Client Seen	65
Glasses Ordered	20	Glasses Ordered	29

- The National Indigenous Eye Health Survey (NIEHS) was conducted in Port Macquarie. This is a survey of randomly chosen communities throughout Australia. Comprehensive eye tests were done and glasses ordered, when required, at no cost. I participated in the arrangements/negotiations for this to be conducted and will provide follow up with things such as referrals to specialists and glasses delivery.
- People who receive glasses through Durri ACMS now get a cleaning cloth along with their hard case.
- The program is also using sunglasses in various services/promotions/activities.
- I have assisted in education and awareness programs, fund raising and promotion activities, at schools. (eg: Naidoc Week Celebrations, Mother's Day Stalls.)
- The program has grown considerably over the past two years. The number of clinic sites has tripled. Outreach clinics/screenings have been held in local schools (pre/primary/high) and outposts such as Bellbrook.
- Negotiations are currently underway with two new sites. I am hoping that they will have eye clinics commencing soon.

Grants Awarded
Nil

Conference presentations
Nil



Kempsey Health Assessment Team

**Graham Ballard,
Early Health Assessment Officer**



Richard Dixon, Care Officer

Overview 2007-2008

There have been many changes to Care Unit in the last year. The main one being that we are no longer working as 'Partnership for Aboriginal Care' or (PAC). The funding to the PAC program has been stopped and the PAC program will soon no longer exist. However we are now employed by Durri ACMS & will continue to provide Health Checks and Care Planning for all Durri clients.

Aims

The focus of the Care Unit is to ensure that Aboriginal people are able to access the best available care for their needs. We do this by identifying, referring and in many cases helping to pay for services that the client needs to access in order to improve their health and promote healing.

Highlights

The Care Unit program uses the Medicare Aboriginal & Torres Strait Islander Health Checks as an opportunity to identify any health problems, whether they be physical, emotional or spiritual.

These Health checks are available for all ages from children through to Elders.

These health checks are done by the Health Workers and Nurses of the Care Unit team in partnership with the client and their GP.

Once these problems have been identified the team works with the client and the GP to develop a Care Plan. The Care Plan is map which shows us the way to better health.

The Care Plan will often include strategies for good health and referrals to other services, both within Durri and to anywhere that the client needs to go.

Key Achievements

It is the role of the Care Unit team to assist and support the client in getting access to any services that are needed.

The Care Unit Team strongly urges Durri clients of all ages to have a Health Check every 12 months. Often people have so many health problems around themselves and their people that they feel overwhelmed. We believe that the Care Unit program is an excellent way for people to begin to manage their health problems and those of their families.

Total No. of Health Checks for 2007-2008	176
Total No. of Care Plans for 2007-2008	112

Grants Awarded
Nil

Conference presentations
Nil

Maternal Neonatal (Djuli Galban)

**Karen Beattie,
Community Midwife/CNC**



**Maria Daley,
Maternal Health Worker (resigned May, 2008)**

Aim

The Djuli Galban Program provides accessible community based, culturally sensitive outreach services to Aboriginal Women and their infants in the Macleay Valley, focusing on the health needs of the family during pregnancy and the infant period.

These services include antenatal care, postnatal care, child immunisation and limited child health services. The women are provided with individualised, flexible, supportive care and education, to facilitate the best possible outcome for themselves and their baby. As well as home visits and outreach, regular clinics are held:

Clinics: Antenatal Clinic (weekly) every Thursday morning
Child Immunisation Clinic (weekly) every Wednesday morning

Goals for Antenatal Care:

1. Provide Aboriginal Women with high quality antenatal care that is accessible and appropriate to their needs
2. Increase the number of women presenting before 20 weeks gestation for antenatal care
3. Ensure appropriate screening for risk factors
4. Early detection and improved management of high risk pregnancies
5. To optimise pregnancy outcomes for teenage mothers and their infants
6. Provision of support, information and links to other services appropriate to individual needs

Goals for Postnatal Care:

1. Provide an accessible postnatal care service (up to 8 weeks) for Aboriginal women and infants appropriate to their needs.
2. Identification and appropriate care of low birth weight infants and premature infants.
3. Monitor growth, development and nutrition of infants.
4. Provide parents with support, information and links to other services.

Goals for Child Health Services (provided on a limited basis):

1. Monitor child growth, development and wellbeing.
2. Provide parents with support and information.

Goals for Childhood Immunisation:

1. Increase the rate of childhood immunisation
2. Maintain Durri Immunisation database and links with the Australian Childhood Immunisation Register.

Key Achievements

From 1998 – 2008 the number of Aboriginal Women accessing the Djuli Galban Program for antenatal care has remained constant at 75 – 80% of all pregnant Aboriginal Women in the Macleay Valley

- Since 2000, 82 – 90% of Aboriginal Women have presented before 20 weeks gestation for antenatal care.
- Utilisation of the Djuli Galban postnatal service by Aboriginal women has remained over 95%.

Grants Awarded

Nil

Conference presentations

Nil



Many Rivers School Based Diabetes Prevention Program

Nicole Turner, Diabetes Health Worker



Aims

This is collaboration with Durri ACMS and Newcastle University, collaboration is well established and has been in existence since 2002. This is the only study of its kind ever done in Australia with Indigenous Children. The aim of this program is to develop Type 2 Diabetes Prevention for Rural and Indigenous Children.

Highlights

- Australian delegate (committee member) for the Food Standards Australia New Zealand (FSANZ)
- National Nutrition Network conference (committee member)

Key Achievements

- Focus groups, held 10 groups with community people, to speak about food and physical activity
- Community Mapping - mapped over 300 food and physical activity providers in the local region
- Surveyed over 2,000 school children in the Kempsey and Taree area, with regard to their food and physical activity. This employed 11 casual field researchers to assist with gathering information.
- Ongoing 3 monthly meetings with community reference group.
- Shake-a-Leg Program is a school based program, which educates local school children on good food habits and physical activity in conjunction with Hunter Area Health Service.
- Croc Festival - where weights and heights were obtained for over 500 children.
- Naidoc Day with various schools in the Kempsey area. Played fruit games and spoke about Healthy Life Style with over 400 children from 5 local schools.

Grants Awarded

Nil

Conference Presentations

- Alice Springs National Nutrition Networks Conference, presented 4 papers
- CRIAH Coalition for Research to Improve Aboriginal Health, presented 3 papers Sydney
- NSW Nutrition Network meeting presented 1 paper Sydney
- Centre for Public Health Nutrition, professional development seminar presented 1 paper Sydney

Training/Courses

Cert IV AHW AH&MRC

Currently studying Bachelor of Applied Science Degree (Community Nutrition)

Nutrition Training NCAHS

Mandatory Training NCAHS

Senior First Aid Course



Diabetes Education Resource Package – Chronic Disease

Sammi Fatnowna



Aims

The aim of the Resource Project is to provide an Educational resource that will offer practical and sustainable activities for students in Stage 3 and 4 (Years 5-8) as well as TAFE students which will encourage the uptake of nutritious foods and physical activity with the aim of reducing the incidences of Type 2 Diabetes through a factual health focus teaching component

Outcomes

Through the gathering of information in the resource the students will:

- enhance knowledge of Type 2 Diabetes
- encourage the uptake of physical activity and nutritious foods
- increase motivation towards an active and healthy lifestyle
- enhance the capacity to make informed decisions regarding health

Highlights

- Logo Competition run in Term 2, 2008 in which 200 students across the Macleay Valley participated. A student from Gladstone Primary won with 2 runners-up from Kinchela & St Josephs Primary. The winning logo was made into stickers and put onto shirts for the Chronic Disease Team to wear.
- Attending the National Nutrition Networks Conference in Alice Springs in March. Delegates there put together recommendations in Indigenous Health for the Close The Gap summit in the area of Nutrition. This was a very positive & valuable event which will be of benefit to future generations.
- Holding a planning day in November for six Teachers and three Aboriginal Education Officers from across the Macleay Valley to discuss the outline ideas for the finished Diabetes Resource.
- Participating in a health-based 2 day camp, run at Bellbrook School with students and staff from Durri A.C.M.S

Key Achievements

- 4 Booklets in a boxed kit with stickers containing Kit Overview, Factual Health Booklet, Games & Physical Activity Booklet, Camp Manual Booklet
- Working on a Durri Chronic Disease Team slogan/logo with staff & producing shirts for the Team to wear to identify them + stickers made for Health Promotion

Grants Awarded

Nil

Conference presentations

Nil



Diabetes Resource Kit Content



Logo Design Winner
C. Meehan, Gladstone P.S.



Planning Day Group Activities



Healthy for Life



Dean Jarrett, Durri ACMS Site Co-ordinator

Aims

Healthy for Life (HfL) is an Australian Government Program that aims to improve the quality of child and maternal health services and chronic disease care, and to improve the capacity of the Indigenous Health Workforce. It is a continuous improvement program which allows us to step back and review our current service delivery in child and maternal health and chronic disease, to identify priority action areas for improvement, and to develop further the child and maternal health and chronic disease care provided to our community.

Highlights

Durri Aboriginal Corporation Medical Service has commenced the Healthy for Life project at the Kempsey Service. Dean Jarrett has commenced as the HfL Site Co-ordinator and is supported by the Many Rivers Alliance Regional Co-ordinator Jill McDonald. Dean previously worked for Durri as the Aboriginal Men's Health Worker Nambucca Valley, and we are delighted to have him join us in this position.

Key Achievements

Dean has commenced working with the regional co-ordinator and is busy auditing our services to describe the client care processes and develop a shared understanding throughout the organisation of the clients' experience when they enter the health service. He will work with the clinical team to support the health service development.

At the beginning of a new project, it can be challenging to get things off the ground, however we look forward to working with the whole Durri Team, to come together to share information and progress towards creating an even better service.



Healthy Life. Healthy Community.



Bowraville Aboriginal Health Clinic

Staff: Jacqueline Jarrett Senior Aboriginal Health Worker/
Coordinator,
Terry Flynn Registered Nurse,
Dean Jarrett Nambucca Valley Men's Health Worker,
Jaleel Jarrett Trainee Health Promotions Officer,
Michaela Fitzgerald Receptionist,
Erin Brown Transport Officer/Cleaner,
Barbara Caine Female Health & Well Being Worker,
Barry Toohey Male Health & Well Being Worker,
Timothy Ballangarry Groundsmen,
Doctor Vivienne Tedeschi
Doctor Daniel Ryan



Back Row: Erin Brown, Jaleel Jarrett, Dr Vivien Tedeschi
Front Row: Barry Toohey, Jackie Jarrett, Michaela Fitzgerald

Aims

Develop and deliver a holistic and culturally appropriate Health Service for the Aboriginal Community in the Bowraville and Nambucca Valley.

Highlights

- Doctors 4.5 days per week
- Information Technology (IT) Pracsoft and Medical Director
- Men's Health Worker
- Health and Well-being Workers
- Pracsoft and Medical Director

Key Achievements

- Medical records are now in dual form both computerised and a hard copy with Pracsoft and Medical Director in place.
- Mental Health of the Aboriginal Community in the Nambucca Valley is being met with support from Mid North Coast Division of General Practice by financially supporting a Psychologist outreach service to the Bowraville Health Clinic on regular basis.
- Allied Health supports a Maternal and Infant Care to the Aboriginal mums with programs to engage mothers in more preventative strategies and Ante-Natal and Post Natal Care.
- The Bowraville Clinic also provides services to the community with visiting agencies that include a Diabetic Educator in partnership with Mid North Coast Division of General Practice, Many Rivers Legal Service, a Solicitor providing legal advice to the Nambucca Valley, Aboriginal Men's Health Worker for the Nambucca Valley focusing on men's health addressing and closing the gaps between Employment, Health/Health Assessments and the social well-being of the Indigenous men within the Nambucca Valley.
- Macksville Neighbourhood centre provides Financial Counselling to community members who are struggling with managing finances. Booroongen Djugun providing Meals on Wheels services to the Disability Aged and Frail. Wesley Uniting Employment providing opportunities to local community increasing Employment and Training

Grants Awarded
Nil

Conference presentations
Nil



Macksville Health Assessment Team

Staff Harriet Playle, GP
Irina Holmes, RN
Tracey Bradshaw, Care Officer
Kahlia Bradshaw, Administration Officer



Irina Holmes



Tracey Bradshaw



Kahlia Bradshaw

Aims

The aims of the Health Assessment Unit are to improve the long term health outcomes of the Aboriginal People within our local communities, which include the townships of Nambucca Heads, Bowraville, Macksville, Stuarts Point, Eungai, Valla and Scotts Head.

The outcomes will be achieved through:-

- Care planning, care coordination, home visitations, and client contact within the clinic setting.
- Moving in with Bowraville Health Clinic until the Darrimba Maarra Health Clinic's renovations are completed, then to become part of Darrimba Maarra staff.
- Liaison between other Aboriginal Medical Services, Area Health Services and other service providers including Community, Non-Government agencies.
- Monitoring health trends/issues, strategies development and positive outcomes achieved
- Developing cultural sensitive primary health services.

Highlights

Its been a full packed year with many changes for everyone here in the Nambucca. These include the closing of The Partnership for Aboriginal Care and the appointment of a new Executive Officer. I would like to take this opportunity to welcome Darren Kershaw as our Executive Officer and wish him all best in this position.

The Nambucca Valley Care Unit was a devolution into Durri ACMS at the beginning of July 2007. We have continued to play an active role within Darrimba Maarra Clinic and Bowraville Health Clinic. The staff of Darrimba Maarra Health Clinic and the Nambucca Valley Care Unit, have moved to the Bowraville Health Clinic awaiting the renovations at Darrimba Maarra. This brings forth an exciting time, working together as one team, and having all our resources together, thereby giving our clients a more uniformed approach to their health care.

We would also like to congratulate Dr Harriet Playle and David her partner on the birth of their baby boy Carl, who was born 20th August 2008.

Key Achievements

In partnership with NCAHS, the Nambucca Valley OM Team, consisting of Tracey Bradshaw, Jaleel Jarrett, Irina Holmes and Paula Craig (NCAHS), has successfully screened 7 primary schools and pre schools.

Statistics over the past 12 months:-

Health Assessments:- 145 Care Plans:- 135 Care Plan Reviews:- 143

Grants Awarded
Nil

Conference presentations
Nil



Darrimba Maaraa Health Clinic



Staff Names Darren Kershaw, Executive Officer
Tracey Cohen, Senior Aboriginal Health Worker
Fiona Williams, Receptionist
Chris Donovan, Transport Officer / Cleaner
Belinda Donovan, (Reception Assistant)
Brooke Trindall, (Reception Assistant)
Corry Cutmore, (Data Entry)
Brooke, Belinda and Corry all completed their CDEP during the year and we wish them well for their future employment.

Overview of Organisation

Assist in the delivery of health care in a culturally sensitive manner which supports improvements in the health of the Aboriginal Community of the Nambucca Valley.

Aims

Our aim is to develop a holistic approach to the delivery of health care services to Aboriginal People in the Nambucca Valley.

In partnership with Allied Health Professionals ensure a culturally sensitive pathway for Aboriginal People when being treated within the health care system.

Develop health care services which are appropriate and responsive to the needs and aspirations of Aboriginal People in the Nambucca Valley.

Highlights

- Appointment of Executive Officer to support both Darrimba Maara and the Bowraville Health Clinic.
- Securing funds to expand and develop current office space at Nambucca Heads. It is anticipated new facilities will contribute to an increase in Aboriginal health care services.

Key Achievements

Continued partnership arrangements with Health Assessment Unit to help in the early detection of health needs and treatment.

Continued partnership with Ngurrula Aboriginal Corporation in supporting CDEP placements for young Aboriginal people to gain training and skills to further their employment opportunities.

Continuation of Otitis Media screening in local pre-schools and schools to address the health needs of our children and young people.

Grants Awarded

Ongoing commitment from Ngurrula Aboriginal Corporation for CDEP contribution towards Chris Donovan's position.



Galambila

Executive Officer's Report

David Kennedy Executive Officer

Alex Webb Chairperson Board of Directors



Overview of Organisation

Galambila Aboriginal Health Service Inc (Galambila) is located in Coffs Harbour. Galambila has been auspiced by Durri since its inception in 1998. In 2002 Galambila incorporated with a view to being released from auspice arrangements with Durri and operating as a stand alone Aboriginal Medical Service. Galambila has a Board of Directors of 7 and a membership of 150. The Galambila Board acts as an advisory committee to Durri under the principles of Aboriginal community control. After a prolonged developmental period Galambila is due for release from auspice in the last quarter of the 2007/2008 financial year. Agreement has been reached for Galambila to be directly funded from the 1st July 2008.

Galambila was established under a partnership model and has a range of partnerships with the Area Health Service, the Mid North Coast Division of General Practice, private specialists and allied health professionals. The effectiveness of these partnerships is a testament to Galambila's ability to engage with stakeholders to increase the range of services available to the local community.

In 2007/2008 Galambila provided 10,425 GP consultations. Services provided by other programs continues to increase at a rapid pace, for example Transport Officers provide 9234 occasions of transport this year compared to 7020 last year. Specialist services provided through Galambila include: Endocrinologist; Renal Specialist; Paediatrician; Psychologist; Psychiatrist; Optometrist; Audiologist; Echocardiogram Technician; Diabetes Nurse Educator; Speech Pathologist; Physiotherapist; Asthma Specialist; Obstetrician; Midwifery Service and Drug and Alcohol Counselling.

Staff

Executive Officer (F/T)

Finance Officer (F/T)

Practice Manager (F/T)

General Practitioner (P/T)

General Practitioner (P/T)

GP Registrars

Clinic Nurse (F/T)

Snr Aboriginal Health Worker male (F/T)

Snr Aboriginal Health Worker female (F/T)

Aboriginal Mental Health Worker (F/T)

Aboriginal Vascular Health Worker (F/T)

Care Officer (F/T)

Early Health Assessment Officer (F/T)

Care Unit Admin Officer (F/T)

Receptionist (F/T)

Receptionist (F/T)

Transport Officer (F/T)

Transport Officer (F/T)

Maintenance Supervisor (F/T)

Maintenance Worker (P/T)

Maintenance Worker (P/T)

Maintenance Worker (P/T)

David Kennedy

Aina Ranke

Natalie Wilson

Dr Helen Palmer

Dr Jane Deegan

(2 placements per year)

Karen Spark

James Hurley

Cheryl Soderlund

A Porter (replaced by MPullen)

Tyan King (resigned July 08)

Roslyn Hart

Lynne Jephcott

Michelle Collins

Delma Donnelly

Teresa Blair

Graham Morris

Eric Lockwood

Michael Farrell

Anthony Hart

Max Morris

Ricky Cohen

Aims

Galambila aims to provide and enhance service delivery in the following areas: primary health care, chronic disease prevention and management; mental health and social and emotional wellbeing; maternal and early childhood health; client transport and access to specialist services.

Galambila also aims to demonstrate to Durri and OATSIH that it has developed the necessary governance, management and service delivery structures to be released from auspice arrangements and directly funded by OATSIH.

Highlights

- Establishment of Finance Unit and recruitment of Finance Officer;
- Recruitment of Aboriginal Mental Health Worker;
- Achievement of independence;
- Significant increase in GP consults from 650 to 950 per month;
- Completion of three year Strategic Plan and 2nd OATSIH Action Plan.

Key Achievements

Galambila has made significant progress in its move to independence and release from auspice arrangements. All of OATSIH's milestones for independence have been achieved and Galambila will be directly funded by OATSIH from the 1st July 2008.

Galambila continues to provide a high level of advocacy and representation for Aboriginal health issues on the Mid North Coast. David Kennedy Executive Officer is the Chairperson of Many Rivers Aboriginal Medical Service Alliance, North Coast Director for the AH&MRC and State Director for NACCHO. David has also recently been appointed to the North Coast Area Health Advisory Council.

Grants Awarded

Galambila was successful in obtaining two grants under the NSW Aboriginal Health Promotion Community Grants Scheme. The first grant, for \$17,000, was for the Spring into Shape Program a healthy lifestyle (exercise and nutrition) program. The second grant, of \$47,000, was for the Pit Stop in the Park (men's health) Program, an early intervention men's health screening program.



Accreditation Project Officer

Ben Somers



Aims

Our aim is to prepare Durri ACMS for the 2008 accreditation inspection. Implement sustainable processes for continuous improvement and maintenance of clinical standards.

Highlights

To be advised after accreditation inspection date 20/08/08

Key Achievements

- The initial accreditation at Durri occurred in 2005. No maintenance of standards, continuous service improvement or quality control processes had been attended to since that time, nor had the deficit areas that were identified at 2005 accreditation been addressed.
- Commencing in September 2007 a concerted effort was required to address the 174 criteria as specified by the Royal Australian College of General Practitioners.
- Reestablishment of the Staff Immunisation Program,
- Development and implementation of Durri Computer Administration policy,
- Development and implementation of the Durri Infection Control Policy,
- Implementation of strategies to improve the quality of the clinical data base.
- Education and training of staff in the use of the existing clinical software
- Assessment of a range of clinical software options which may improve the efficiency and integration of clinical information.

Grants Awarded

Not applicable, however maintenance of accreditation standards is required for ongoing Practice Incentive Payments and Service Incentive Payments. It is anticipated the achievement and maintenance of accreditation standards is likely to become a mandatory requirement for ongoing OATSIH funding.

Additionally education and training provided to staff will assist to increase the return of Medicare income.

Conference Presentations

Not applicable, although we have been able to contribute to the Aboriginal Health and Medical Research Council of NSW plan to implement a regional strategy for AMS accreditation, the preliminary options paper is expected to be delivered to the Northern Alliance in the near future.



Finance Team

Staff

Roslyn Roach, Executive Officer Business & Corporate Services
Isobel Bradshaw, Team Leader, HIC/Medicare Officer
Robert Dodd, Accountant (Part Time)
Debbie Bradshaw, Bookkeeper (resigned Dec 07)
Kayla Shanney, Trainee in Financial Administration
Djaan Jarrett, Trainee in Diploma of Business – Accounting
Tracey Parker, Bookkeeper (commenced Jan 08)
Shalane Hoskins, Clerical Casual



Ros Roach



Isobel Bradshaw



Robert Dodd



Debbie Bradshaw



Kayla Shanney



Djaan Jarrett



Tracey Parker



Shalane Hoskins

Key Achievements

Fulfilled all financial management and reporting requirements including:

- All 35 funded programs in Durri
- All auspiced agencies and programs: Galambila, Bowraville, Darrimba Maarra, PAC, Sport & Recreation, Emergency Relief, Dughutti Youth Worker, Female Youth Worker, Watura Keeping Place & Environmental Trust
- Presentation of financial reports as required by CEO and BOD
- Legislative requirements such as ATO BAS, PAYG, Superannuation & HR
- Service Activity Reporting (SAR's)
- Preparation of Action Plan for 2008-09 financial year for entire organisation
- Budgeting and financial monitoring of programs
- Involvement in the purchase of Darrimba Maarra and two adjacent shops
- Submission writing to secure additional funding
- Increase in income by \$3 million over the year



HIC Online Claiming

- Medicare income down due to a change in Doctors
- Reduction in rejection rate (3%)
- Increase in PIP's Funding

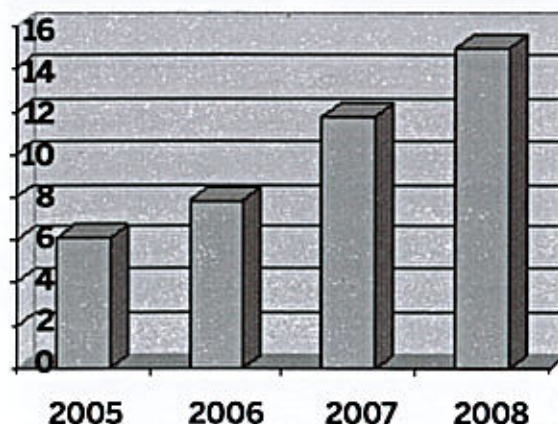
Future Directions and Challenges

- Continue to provide the best financial administration possible
- Continue the successful coordination and consolidation of all funded programs
- Continue to apply for additional funding sources
- Income growth
- Continue Workplace Roster for on-job training of staff
- Continue Team Meetings
- Team Structure changes with both Robert Dodd and Isobel Bradshaw stepping in as Acting EO whilst Ros was Acting CEO
- Implementation of Offsite Storage of Medical Records and Financial Records using Midcoast Document Services in Taree

Conference Presentations

- First Aid Certificates obtained by Kayla, Djaan and Tracey
- Pracsoft Training undertaken by Kayla, Djaan and Tracey – presented by Isobel
- Medicare and Pracsoft presentation by Isobel to staff at Galambila and Nambucca
- Continuance of OTEN by Kayla and Djaan
- AH&MRC Workshop attended by Ros
- OATSIH Workshop attended by Ros
- Board Governance Training undertaken by Isobel
- Lateral Violence Workshop attended by all Finance Staff

Growth in Financial Resources Managed



**DURRI ABORIGINAL
CORPORATION MEDICAL SERVICE**

General Purpose Financial Report
For the Year Ended 30 June 2008

Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

Financial Statements

For the Year Ended 30 June 2008



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

Financial Report

For the Year Ended 30 June 2008

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Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2008

Your Board present their report on Durri Aboriginal Corporation Medical Service (the Corporation) for the financial year ended 30 June 2008.

Board Members

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

Gerald Hoskins	Chairperson (Appointed Chairperson 02/07/2007, previously Deputy Chairperson)
Tony Gray	Deputy Chairperson (Appointed Deputy Chairperson 02/07/2007, previously Board Member)
Colleen Campbell	Treasurer
Jo-Anne Kelly	Secretary (Appointed Secretary 04/02/2008, appointed to the Board 17/12/2007)
Kim Donohue	Board Member (Retired as Secretary 04/02/2008)
Ivy Brown	Board Member (Retired as Chairperson 02/07/2007)
Shirley Kelly	Board Member
Ruth Maruca	Board Member
Mary Button	Board Member
Mary Lou Buck	Board Member
Gerald Bradshaw	(Retired 03/12/2007)
Janet Smith	(Retired 17/12/2007)

Board 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 ended 30 June 2008, after providing for income tax, amounted to \$874,854. The operating result represented a decrease of \$194,803 when compared to the profit of \$1,069,657 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 decreased by \$400,950 mainly as a result of a decrease in grant income. This decrease in grant income was partly offset by a decrease in expenditure of \$206,147 during the year ended 30 June 2008.



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2008

After Balance Date Events

The consolidated financial report of the Corporation as at 30 June 2008 included net assets relating to the Number 18 Program, Galambila Health Post, totalling \$2,282,058. After balance date, on 1 July 2008 the assets and liabilities relating to Galambila Health Post were transferred in accordance with the Deed of Transfer, from the Corporation to that entity.

As from 1 July 2008 Galambila Health Post has operated as an independent entity.

Except for the above transfer, no other 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 Board 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.

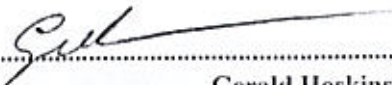
No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an auditor of the Corporation.


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.

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

Chairperson: 
Gerald Hoskins

Secretary: 
Jo-Anne Kelly

Treasurer: 
Colleen Campbell

Deputy Chairperson: 
Tony Gray

Dated: 13 October 2008

Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

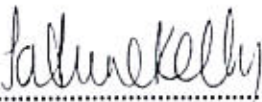
DIRECTORS' DECLARATION

The Board 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 Accounting Standards (including the Australian Accounting Interpretations); and
 - (c) comply with International Financial Reporting Standards as disclosed in Note 1; and
 - (d) give a true and fair view of the financial position as at 30 June 2008 and performance for the year ended on that date of the Corporation;
- (2) in the Board 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 Board and is signed for and on behalf of the Board Members by:

Chairperson: 
Gerald Hoskins

Secretary: 
Jo-Anne Kelly

Treasurer: 
Colleen Campbell

Deputy Chairperson: 
Tony Gray

Dated: 13 October 2008





NorthCorp
accountants

PARTNERS

Mark Hatherly B.Com.FCA
Winifred Gibson B.Com.ASSA/CMA
Robert Magnussen B.Bus.CA
Paul Fahy B.Bus.CA
Rodney Smith B.Bus.ACCA
Tony Faulder B.Com.CMA/Assoc.FA
Bart Lawler B.Com.CA

AUDITOR'S INDEPENDENCE DECLARATION

To the Board Member of Durri Aboriginal Corporation Medical Service

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2008 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
Registered Company Auditor

Dated: 13 October 2008

10-12 Short Street
PORT MACQUARIE NSW 2444



Chartered Accountants
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Liability Limited by a scheme approved under Professional Standards Legislation





NorthCorp
accountants
EXAMINER'S REPORT

PARTNERS

Mark Hatherly B.Com.FCA
Winfred Gibson FPA, ABIS, CPA
Robert Magnussen B.Bus.CA
Paul Fahy B.Bus.CA
Rodney Smith B.Sc. ABIS, CA
Tony Faulder B.Com. CPA, ABIS, CA
Bart Lawler B.Com. CA

**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 2008, comprising the Directors' 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 Audit 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 Board 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 Accounting Standards (including the Australian Accounting Interpretations) 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 Board 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 Board, together with the audited financial statements and independent audit report as contained in the financial report.

NORTHCORP ACCOUNTANTS

Robert Magnussen
Partner
Registered Company Auditor

10-12 Short Street
PORT MACQUARIE NSW 2444

Dated: 13 October 2008



Chartered Accountants
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NorthCorp
accountants

PARTNERS

Mark Hatherly FCA, FCS
Winifred Gibson FCA, ANZAC, CMA
Robert Magnussen BBusCA
Paul Fahy FCA, CA
Rodney Smith BBus, ANZAC
Tony Faulder BCom, CPA, ANZAC, FCA
Bart Lawler BCom, CA

INDEPENDENT AUDIT REPORT

To the Members of Durri Aboriginal Corporation Medical Service

Report on the Financial Report

We have audited the financial report of Durri Aboriginal Corporation Medical Service, which comprises the Balance Sheet as at 30 June 2008, and the Income Statement, Statement of Changes in Equity, Cash Flow Statement and Income and Expenditure Statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes, and the Directors' Declaration.

Board Members' Responsibility for the Financial Report

The Board Members of the Corporation are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

In Note 1, the Board Members also state, in accordance with Accounting Standard AASB 101: Presentation of Financial Statements, that compliance with the Australian equivalents to International Financial Reporting Standards (IFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Chartered Accountants

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INDEPENDENT AUDIT REPORT

To the Members of Durri Aboriginal Corporation Medical Service

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the Board Members of Durri Aboriginal Corporation Medical Service on 13 October 2008, would be in the same terms if provided to the Board Members as at the date of this auditor's report.

Auditor's 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 2008 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;
- (c) in compliance with Australian Accounting Standards (including the Australian Accounting Interpretations); and
- (d) in compliance with International Financial Reporting Standards as disclosed in Note 1.

NORTHCORP ACCOUNTANTS



Robert Magnussen
Partner
Registered Company Auditor

Dated: 13 October 2008

10-12 Short Street
PORT MACQUARIE NSW 2444



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

INCOME STATEMENT

For the Year Ended 30 June 2008

		2008	2007
	Note	\$	\$
Revenue	3	10,949,175	11,350,125
Bad and doubtful debts expense	4	(53,000)	(78,995)
Depreciation and amortisation expense	4	(522,302)	(545,516)
Employee benefits expense		(6,817,834)	(6,794,383)
Finance costs	4	(51,238)	(47,539)
Motor vehicle expenses		(189,800)	(230,735)
Office and administration expenses		(384,070)	(449,205)
Program and medical expenses		(1,450,627)	(1,458,006)
Repairs, maintenance and utility expenses		(378,808)	(410,667)
Other expenses		(226,642)	(265,422)
		<u>(10,074,321)</u>	<u>(10,280,468)</u>
Profit before income tax		874,854	1,069,657
Income tax expense		-	-
Profit attributable to members of the Corporation		874,854	1,069,657

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 2008

	Note	2008 \$	2007 \$
ASSETS			
Current assets			
Cash and cash equivalents	6	4,335,378	3,674,294
Trade and other receivables	7	191,937	750,817
Other current assets	9	57,318	22,276
Total current assets		<u>4,584,633</u>	<u>4,447,387</u>
Non-current assets			
Financial assets	8	1,332	2,189
Property, plant and equipment	10	7,416,551	6,084,102
Other non-current assets	9	-	45,107
Total non-current assets		<u>7,417,883</u>	<u>6,131,398</u>
TOTAL ASSETS		<u>12,002,516</u>	<u>10,578,785</u>
LIABILITIES			
Current liabilities			
Trade and other payables	11	382,353	437,852
Financial liabilities	12	69,991	185,969
Short-term provisions	13	513,773	577,101
Total current liabilities		<u>966,117</u>	<u>1,200,922</u>
Non-current liabilities			
Financial liabilities	12	147,065	394,366
Other long-term provisions	13	117,294	100,565
Total non-current liabilities		<u>264,359</u>	<u>494,931</u>
TOTAL LIABILITIES		<u>1,230,476</u>	<u>1,695,853</u>
NET ASSETS		<u>10,772,040</u>	<u>8,882,932</u>
EQUITY			
Reserves	15	2,714,686	1,700,432
Retained earnings		8,057,354	7,182,500
TOTAL EQUITY		<u>10,772,040</u>	<u>8,882,932</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

STATEMENT OF CHANGES IN EQUITY

For the Year Ended 30 June 2008

2008

	Retained Earnings	Asset Revaluation Reserve	Financial Assets Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2007	7,182,500	1,698,243	2,189	8,882,932
Profit attributable to members of the Corporation	874,854	-	-	874,854
Revaluation increment (decrement)	-	1,015,111	(857)	1,014,254
Balance at 30 June 2008	8,057,354	2,713,354	1,332	10,772,040

2007

	Retained Earnings	Asset Revaluation Reserve	Financial Assets Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2006	6,112,843	1,698,243	2,054	7,813,140
Profit attributable to members of the Corporation	1,069,657	-	-	1,069,657
Revaluation increment (decrement)	-	-	135	135
Balance at 30 June 2007	7,182,500	1,698,243	2,189	8,882,932

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 2008

	Note	2008 \$	2007 \$
Cash from operating activities:			
Receipts from customers		12,273,175	11,733,094
Payments to suppliers and employees		(10,486,917)	(10,203,872)
Dividends received		161	180
Interest received		144,189	88,490
Interest paid		(51,238)	(47,539)
Net cash provided by (used in) operating activities	18(a)	<u>1,879,370</u>	<u>1,570,353</u>
Cash flows from investing activities:			
Proceeds from sale of plant and equipment		506,303	560,417
Proceeds from sale of other investment		-	122,323
Acquisition of property, plant and equipment		(1,360,240)	(743,378)
Net cash provided by (used in) investing activities		<u>(853,937)</u>	<u>(60,638)</u>
Cash flows from financing activities:			
Proceeds from other non-current borrowings		-	245,124
Repayment of borrowings		(407,488)	(464,406)
Net cash provided by (used in) financing activities		<u>(407,488)</u>	<u>(219,282)</u>
Net increase (decrease) in cash held		617,945	1,290,433
Cash at beginning of financial year		<u>3,659,663</u>	<u>2,369,230</u>
Cash at end of financial year	6	<u>4,277,608</u>	<u>3,659,663</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 2008

	2008 \$	2008 \$
INCOME		
Aboriginal Health and Medical Research Council Immunisation	-	2,000
Administration Fees	25,397	419
Capital Funding – Buildings and Equipment	72,728	78,869
Commonwealth - Harm Minimisation	-	68,000
Commonwealth - Healthy for Life	719,375	535,000
Commonwealth Department of Health and Family Services	4,711,057	3,533,527
Co-operative Centre of Aboriginal Health	-	137,252
Department of Aboriginal Affairs	10,000	-
Department of Community Services	203,477	190,088
Department of Sport and Recreation	3,299	103,473
Emergency Relief	16,093	16,093
Environmental Trust Fund	18,508	-
General Practice Employment Training Funding	323,008	389,055
Hastings Macleay Division of General Practitioners	-	6,000
Hunter New England Area Health Service	4,500	50,000
Immunisation	29,133	18,969
Indigenous Co-ordination Centres (ICC)	77,000	171,125
Insurance Recoveries	1,706	10,465
Interest Received	144,189	88,490
Justice Health	(3,490)	-
Medicare Receipts	1,853,657	1,703,608
Medical Specialist Outreach Assistance Program (MSOAP)	75,234	65,864
Newcastle University	35,434	35,357
North Coast Area Health Service Grant	192,530	282,989
North Coast Division of General Practitioners	15,917	9,661
NSW Health Department	934,900	819,100
Partnership for Aboriginal Care Funding	1,166,162	2,840,588
Practice Incentive Payments	95,374	131,804
Profit on Sale of Non-Current Assets	27,386	10,067
Sundry Income	25,655	34,673
Wage Contributions - External	116,603	15,880
Workers Compensation Claims	81,729	11,776
	<u>10,976,561</u>	<u>11,360,192</u>
EXPENDITURE		
Accountancy	-	7,499
Administrative Costs	23,359	50,209
Advertising and Promotion	48,989	50,498
Annual Leave	(60,675)	165,434
Auditor's Remuneration	35,200	31,130
Bad and Doubtful Debts Expense	53,000	78,995
Bank Charges	11,872	11,383
Board of Directors' Meetings	49,704	26,657
Cleaning	59,218	67,715
Contractors	657,522	684,333
Consultancy - Review PAC IT system	3,900	-
Dental Referrals	33,292	12,932
Depreciation	522,302	545,516
Donations	4,853	2,762

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



Durri Aboriginal Corporation Medical Service

A.B.N. 52 730 046 875

INCOME AND EXPENDITURE STATEMENT

For the Year Ended 30 June 2008

	2008	2008
	\$	\$
EXPENDITURE (continued)		
Electricity and Gas	46,255	56,960
Emergency Relief Expenses	15,493	17,127
Expendable Equipment	20,197	9,495
FBT Expense	42,718	32,386
Funeral Expenses	523	1,762
Healthy for Life Transfer	-	42,139
Insurance	40,047	51,215
Interest on Loan	13,794	13,844
Indigenous Women's Incentive Program	3,456	3,083
Laundry	2,855	4,519
Lease Office Equipment	3,674	5,552
Legal Costs	5,160	3,600
Licenses	259	242
Long Service Leave	(348)	52,506
Loss on Sale – Non-Current Assets	41,683	36,524
Medical Supplies	99,749	124,913
Medical Waste	6,484	8,916
Motor Vehicle Expenses	227,244	264,430
National Aboriginal International Day of Celebrations	47,153	22,022
PAC Client Expenses	10,430	28,660
Patient Transport	13,008	24,415
Project Management - Building Feasibility	58,898	42,100
Postage and Freight	7,415	7,996
Printing and Stationery	58,336	57,164
Program Expenses	228,892	296,113
Publications	20,935	1,761
Rates	9,257	7,560
Recruitment Expenses	18,545	1,650
Rent	47,942	19,027
Repairs and Maintenance	77,978	71,183
Security Costs	22,652	7,631
Seminars and Meetings	50,935	9,037
Sports Program Spending	21,826	85,453
Superannuation Contributions	538,902	535,560
Telephone	81,498	143,504
Transfer Aboriginal Men's Programs	21,004	-
Transition Funding Galambila	167,947	32,701
Travel Expenses	52,957	86,449
Tuition	2,771	33,607
Uniforms	5,917	14,221
Wages	6,297,237	6,008,497
Wage External	68,406	13,627
Workers Compensation	157,351	211,655
Website grant refunded	-	47,500
Youth Program	1,736	17,166
	<u>10,101,707</u>	<u>10,290,535</u>
Net Profit/(Loss) After Tax	<u>874,854</u>	<u>1,069,657</u>

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



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2008

Note 1 Statement of Significant Accounting Policies

The financial report covers Durri Aboriginal Corporation Medical Service as an individual entity.

Basis of Preparation

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

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of this report are presented below. The accounting policies have been consistently applied, unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Accounting Policies

(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 a service is recognised upon the delivery of the service to the customers.

Grants from State and Commonwealth Governments and other funding bodies are generally recognised as income when the Corporation obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

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

(b) 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.

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 2008

Note 1 Statement of Significant Accounting Policies continued

(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) Financial Instruments

Recognition and Initial Measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provisions of the instrument. Trade date accounting is adopted for financial assets that are delivered within timeframes established by marketplace conventions.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Classification and Subsequent Measurement

(i) Financial assets at fair value through profit and loss

Financial assets are classified at fair value through profit or loss when they are held for trading for the purpose of short-term profit taking. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

(ii) 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 subsequently measured at amortised cost using the effective interest rate method.

Medicare debtors and other receivables are recognised as amounts receivable at balance date.

An allowance for impairment of receivables is established when there is objective evidence that the Corporation will not be able to collect all amounts due. Collectibility of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful receivables is established when there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the Income Statement.

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 2008

Note 1 Statement of Significant Accounting Policies continued

(d) Financial Instruments continued

(iii) Held-to-maturity investments

Held-to-maturity financial assets are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Corporation's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in equity of other entities where there is neither a fixed maturity nor fixed or determinable payments. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

(v) Financial liabilities

Non-derivative financial liabilities are subsequently measured at amortised cost using the effective interest rate method.

Fair value

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

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.

(e) 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.

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 2008

Note 1 Statement of Significant Accounting Policies continued

(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.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the Income Statement.

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.

The carrying amount of plant and equipment is reviewed annually by the Corporation 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 assets' 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 the Corporation commencing from the time the asset is held ready for use.

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 2008

Note 1 Statement of Significant Accounting Policies continued

(g) Property, Plant and Equipment continued

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

Class of Fixed Asset

Buildings	4.0%
Plant and Equipment	10-40%
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) Trade and Other Payables

Trade and other payables are carried at amortised cost and represent liabilities for goods and services provided to the Corporation prior to the end of the financial year that are unpaid and arise when the Corporation becomes obliged to make future payments in respect of the purchase of these goods and services.

(i) Borrowings

Borrowings are initially recognised at fair value, net of transaction costs incurred. Borrowings are subsequently measured at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption amount is recognised in the Income Statement over the period of the borrowings using the effective interest rate method.

Borrowings are classified as current liabilities unless the Corporation has an unconditional right to defer settlement of the liability for at least 12 months after the balance sheet date.

(j) 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.

(k) 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 2008

Note 1 Statement of Significant Accounting Policies continued

(l) **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.

(m) **Comparative Figures**

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

(n) **Critical Accounting Estimates and Judgments**

The Corporation evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

Key estimates - Impairment

The Corporation assesses impairment at each reporting date by evaluating conditions specific to the Corporation that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

The financial report was authorised for issue on 13 October 2008 by the Board.

Note 2 Accounting Standards

The following Australian Accounting Standards have been issued or amended and are applicable to the Corporation but are not yet effective and have not been adopted in the preparation of the financial statements at reporting date.

<u>AASB Amendment</u>	<u>Application Date of Amendment</u>
AASB 101: Presentation of Financial Statements	Effective for annual reporting periods beginning on or after 1 January 2009
AASB 8: Operating Segments	Effective for annual reporting periods beginning on or after 1 January 2009
AASB 2007-3: Amendments to Australian Accounting Standards	Effective for annual reporting periods beginning on or after 1 January 2009

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 2008

Note 3 Revenue

	2008	2007
	\$	\$
Operating activities		
Grant income	8,816,842	9,500,694
Medicare income	1,853,657	1,703,608
Interest received	144,189	88,490
Worker compensation claims	81,729	11,776
Dividend received	161	180
Other revenue	52,597	45,377
	<u>10,949,175</u>	<u>11,350,125</u>

Note 4 Profit from Ordinary Activities

(a) Expenses		
Depreciation		
Buildings	181,612	178,117
Plant and equipment	340,690	367,399
Total depreciation	<u>522,302</u>	<u>545,516</u>
Finance costs		
Other persons	13,794	13,844
Hire purchase	37,444	33,695
Total finance costs	<u>51,238</u>	<u>47,539</u>
Bad and doubtful debts		
Medicare debtors	53,000	78,995
Total bad and doubtful debts	<u>53,000</u>	<u>78,995</u>
(b) Net gain / (loss) on disposal of non-current assets	<u>(14,297)</u>	<u>(26,457)</u>

Note 5 Auditor's Remuneration

Remuneration of the auditor of the Company for:		
- Auditing or reviewing the financial report	33,880	30,950
- Under accrual in 2007 year	1,320	-
- Other services	-	180
	<u>35,200</u>	<u>31,130</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 2008

Note 6 Cash and Cash Equivalents

	2008	2007
	\$	\$
Cash on hand	1,540	1,540
Cash at bank		
Tax account	9,636	1,556
Capital Account	207,261	281,852
Long service leave No. 1 account	270,266	254,347
Long service leave No. 18 account	98,833	-
Long service leave No. 28 account	46,783	-
Rent Account	-	6,604
No. 2 Bank account	40,700	11,562
No. 3 Bank account	123,838	98,749
No. 4 Bank account	32,706	160
No. 5 Bank account	4,014	25,219
No. 7 Bank account	169,133	61,510
No. 8 Bank account	138,242	118,510
No. 9 Bank account	84,061	65,090
No. 10 Bank account	135	17,256
No. 11 Bank account	31,634	25,236
No. 12 Bank account	31,701	12,171
No. 15 Bank account	258,622	301,203
No. 16 Bank account	30,714	43,830
No. 17 Bank account	205,790	196,791
No. 18 Bank account	316,585	165,506
No. 19 Bank account	65,008	41,605
No. 20 Bank account	33,017	34,969
No. 22 Bank account	16,160	28,018
No. 23 Bank account	26,559	79,725
No. 23 Bank account - Female Youth	40,557	89,213
No. 23 Bank account - Dughutti Youth	12,046	54,944
No. 24 Bank account	17,416	44,947
No. 25 Bank account	10,797	50,143
No. 27 Bank account	301,355	227,758
No. 28 Bank account	31,074	62,962
No. 28 Bank account - Medicare	252,295	211,869
No. 29 Bank account	218,851	416,307
No. 30 Bank account	243,535	76,776
No. 34 Bank account	916,630	500,381
No. 35 Bank account	47,884	65,985
	<u>4,335,378</u>	<u>3,674,294</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 2008

Note 6 Cash and Cash Equivalents continued

Reconciliation of Cash

	2008	2007
	\$	\$
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	4,335,378	3,674,294
Bank overdrafts	12 (57,770)	(14,631)
	<u>4,277,608</u>	<u>3,659,663</u>

Note 7 Trade and Other Receivables

Current		
Medicare receivables	74,788	86,077
Provision for doubtful debts	(4,554)	(4,724)
	<u>70,234</u>	<u>81,353</u>
Other receivables	<u>121,703</u>	<u>669,464</u>
	<u>191,937</u>	<u>750,817</u>

Note 8 Financial Assets

Available for sale financial assets	8(a) <u>1,332</u>	<u>2,189</u>
	1,332	2,189
Less non-current portion	<u>(1,332)</u>	<u>(2,189)</u>
Current portion	<u>-</u>	<u>-</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 2008

Note 8 Financial Assets continued

(a) Available-for-sale Financial Assets Comprise:

	2008	2007
	\$	\$
Listed investments, at fair value shares in listed corporations	1,332	2,189
Total available-for-sale financial assets	1,332	2,189

Available-for-sale financial assets comprise of investments in the ordinary issued capital of Insurance Australia Group Limited. There are no fixed returns or fixed maturity dates attached to these investments.

Note 9 Other Assets

Current		
Prepayments	-	253
Deposits paid	1,500	8,250
Input tax credits	55,818	13,773
	57,318	22,276
Non-Current		
Deferred interest	-	45,107

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 2008

Note 10 Property Plant and Equipment

	2008	2007
	\$	\$
Land and buildings		
Freehold land		
Land at independent valuation - 2008	645,000	-
Land at independent valuation - 2006	1,177,700	1,177,700
Land at independent valuation - 2005	-	500,000
Total freehold land at valuation	1,822,700	1,677,700
Buildings and freehold improvements		
Buildings at independent valuation - 2008	3,080,000	-
Buildings at independent valuation - 2006	758,000	758,000
Buildings at independent valuation - 2005	-	2,500,000
Buildings at cost	488,726	36,717
Less accumulated depreciation	(158,688)	(278,117)
Total buildings	4,168,038	3,016,600
Total land and buildings	5,990,738	4,694,300
Plant and equipment		
Plant and equipment at cost	2,554,037	2,416,358
Less accumulated depreciation	(1,128,224)	(1,026,556)
Total plant and equipment	1,425,813	1,389,802
Total property, plant and equipment	7,416,551	6,084,102

(a) Movements in Carrying Amounts

	Freehold land	Buildings and improvements	Plant and equipment	Total
	\$	\$	\$	\$
Balance at the beginning of year	1,677,700	3,016,600	1,389,802	6,084,102
Additions	-	462,939	897,301	1,360,240
Disposals	-	-	(520,600)	(520,600)
Depreciation expense	-	(181,612)	(340,690)	(522,302)
Revaluation increment recognised in equity	145,000	870,111	-	1,015,111
Carrying amount at the end of year	1,822,700	4,168,038	1,425,813	7,416,551

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

	2008	2007
	\$	\$
Cost	4,319,973	3,857,034
Accumulated depreciation	(756,744)	(602,463)
Net book value	3,563,229	3,254,571

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 2008

Note 11 Trade and Other Payables

	Note	2008 \$	2007 \$
Current			
Unsecured liabilities			
Trade payables		210,249	262,364
Other payables		172,104	175,488
		<u>382,353</u>	<u>437,852</u>

Trade and other payables are expected to be paid in less than 6 months from the end of the financial year.

Note 12 Financial Liabilities

Current			
Unsecured liabilities			
ANZ Business Visa card		1,891	821
Secured liabilities			
Bank overdraft	12(a)(c)	57,770	14,631
Bank loan	12(a)(c)	10,330	9,975
Hire purchase loans		-	160,542
		<u>68,100</u>	<u>185,148</u>
		<u>69,991</u>	<u>185,969</u>
Non-Current			
Secured liabilities			
Bank loan	12(a)(c)	147,065	156,596
Hire purchase loans		-	237,770
		<u>147,065</u>	<u>394,366</u>
(a) Total current and non-current secured liabilities			
Bank overdraft		57,770	14,631
Bank loan		157,395	166,571
Hire purchase loans		-	398,312
		<u>215,165</u>	<u>579,514</u>
(b) The carrying amounts of non-current assets pledged as security are:			
Property, plant and equipment		<u>7,416,551</u>	<u>6,084,102</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 2008

Note 12 Financial Liabilities continued

(c) Bank and Mortgage Loans

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

Note 13 Provisions

	Annual leave	Long service leave	Wages	Total
	\$	\$	\$	\$
Opening balance at 1 July 2007	423,846	203,297	50,523	677,666
Additional provisions	-	-	14,424	14,424
Amounts used	(60,675)	(348)	-	(61,023)
Balance at 30 June 2008	<u>363,171</u>	<u>202,949</u>	<u>64,947</u>	<u>631,067</u>

Analysis of Total Provisions

	2008	2007
	\$	\$
Current	513,773	577,101
Non-current	<u>117,294</u>	<u>100,565</u>
	<u>631,067</u>	<u>677,666</u>

Note 14 Segment Reporting

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

Note 15 Reserves

(a) Asset Revaluation Reserve

The asset revaluation reserve records revaluations of land and buildings.

(b) Financial Assets Reserve

The financial assets reserve records revaluations of financial assets.



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2008

Note 16 Disclosures on Board Members and Other Key Management Personnel

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

Board Members

During the financial year the following Board Members held office:

Gerald Hoskins	Chairperson (Appointed Chairperson 02/07/2007, previously Deputy Chairperson)
Tony Gray	Deputy Chairperson (Appointed Deputy Chairperson 02/07/2007, previously Board Member)
Colleen Campbell	Treasurer
Jo-Anne Kelly	Secretary (Appointed Secretary 04/02/2008, appointed to the Board 17/12/2007)
Kim Donohue	Board Member (Retired as Secretary 04/02/2008)
Ivy Brown	Board Member (Retired as Chairperson 02/07/2007)
Shirley Kelly	Board Member
Ruth Maruca	Board Member
Mary Button	Board Member
Mary Lou Buck	Board Member
Gerald Bradshaw	(Retired 03/12/2007)
Janet Smith	(Retired 17/12/2007)

Other Key Management Personnel

Janelle Stirling	Chief Executive Officer (Appointed 15/02/2007, Retired 06/05/2008)
Roslyn Roach	Acting Chief Executive Officer (Appointed 06/05/2008, Retired 12/09/2008), previously Chief Finance Officer
David Kennedy	Executive Officer (Galimbila)
Robert Dodd	Acting Executive Officer (Durri) (Appointed 06/05/2008, Retired 08/08/2008)
William Trewlynn	Chief Executive Officer (PAC)(Retired 26/10/2007)

(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 Board 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 Board Members, the Chief Executive Officer, Chief Finance Officer and other Executive Officers during the financial year. The aggregate compensation of key management personnel during the year comprising amounts paid or payable or provided for was as follows:

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



Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2008

(b) Key management personnel compensation continued

	2008	2007
	\$	\$
Short-term employee benefits	432,416	401,305
Post-employment benefits	75,793	76,259
Other long-term benefits	17,616	31,621
Termination benefits	32,894	30,449
Share-based payment	-	-
	<u>558,719</u>	<u>539,634</u>

Related party transactions

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

There were no transactions with related parties during the current financial year.

Note 17 Capital and Leasing Commitments

(a) Operating Lease Commitments

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

	2008	2007
	\$	\$
Payable - minimum lease payments		
- not later than 12 months	-	2,103
	<u>-</u>	<u>2,103</u>

The Corporation had a cancellable operating lease on office equipment with a lease period of 48 months payable monthly in advance. An option to extend the period of the lease by mutual agreement was not exercised.

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 2008

Note 18 Cash Flow Information

(a) Reconciliation of Cash Flow from Operations with Profit after Income Tax	2008	2007
	\$	\$
Profit after income tax	874,854	1,069,657
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
Depreciation, amortisation and impairments	522,302	545,516
Net (gain)/loss on disposal of property, plant and equipment	14,297	26,457
Changes in assets and liabilities		
(Increase)/decrease in trade receivables	558,880	(401,517)
(Increase)/decrease in other assets	10,065	4,187
Increase/(decrease) in trade payables and accruals	(54,429)	172,492
Increase/(decrease) in provisions	(46,599)	213,561
Increase/(decrease) in other liabilities	-	(60,000)
Cashflow from operations	<u>1,879,370</u>	<u>1,570,353</u>
(b) Credit Standby Arrangements with Banks		
Total facilities available:		
Bank overdraft	50,000	50,000
ANZ Business Visa Cards	10,000	10,000
	<u>60,000</u>	<u>60,000</u>
Facilities utilised at balance date		
Bank overdraft	50,000	14,631
ANZ Business Visa Cards	1,891	821
	<u>51,891</u>	<u>15,452</u>
Facilities not utilised at balance date		
Bank overdraft	-	35,369
ANZ Business Visa Cards	8,109	9,179
	<u>8,109</u>	<u>44,548</u>

The major facilities are summarised as follows:

Bank overdraft and ANZ Business Visa Cards:

Bank overdraft and ANZ Business Visa Card 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.

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Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2008

Note 19 Financial Risk Management

(a) Financial Risk Management Policies

The Corporation's financial instruments consist mainly of cash and cash equivalents, term deposits, accounts receivable, trade payables, bank overdraft and bank loan.

(i) Treasury Risk Management

The Board Members of the Corporation meet on a regular basis to analyse financial performance and to evaluate management strategies in the context of the most recent economic conditions and forecasts.

(ii) Financial Risk Exposures and Management

The main risks the Corporation is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk. The Corporation is not exposed to fluctuations in foreign currencies or to any material commodity price risk. The Corporation does not enter into, or trade, financial instruments for speculative purposes.

Credit Risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the Corporation. Credit risk may arise from exposures to customers and deposits with financial institutions.

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.

As at 30 June 2008 the Corporation had funds of \$4,333,838 (2007: \$3,672,754) deposited with Australian financial institutions.

Interest rate risk

The Corporation's main exposure to the risk of changes in market interest rates relates to the Corporation's cash at bank and term deposits.

The Corporation would not be materially affected by a change in market interest rates as the interest bearing deposits held by the Corporation are deposited at fixed interest rates and for periods less than 12 months. The amount invested by the Corporation in fixed rate interest bearing deposits as at 30 June 2008 was \$270,266 (2007: \$254,347) with an average interest rate of 5.25% (2007: 6.15%). The amount of cash deposited in variable interest rate bank accounts as at 30 June 2008 was \$4,063,572 (2007: \$3,418,407) with an average interest rate of 2.75% (2007: 2.68%).

Liquidity Risk

Liquidity risk is the risk that the Corporation will be unable to meet its payment obligations when they fall due. The Corporation manages liquidity risk by monitoring cash flows and ensuring that adequate cash reserves are maintained to meet the Corporation's financial commitments.

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

Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2008

Note 19 Financial Risk Management continued
(b) Financial Instruments

(f) Financial Instrument Composition and Maturity Analysis

The following table details the Corporation's expected and remaining contractual maturities for its financial assets and financial liabilities. The balance for financial assets is based on the undiscounted maturities including interest that will be earned on those assets except where the Corporation anticipates that the cash flow will occur in a different period. The balance of financial liabilities is based on the undiscounted cash flows at the earliest date on which the Corporation can be required to pay. The amounts include both interest and principal cash flows.

	Weighted		Floating Interest		Maturing within 1		Non-interest		Total	
	Average Effective		Rate		Year		Bearing			
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
	%	%	\$	\$	\$	\$	\$	\$	\$	\$
Financial Assets:										
Cash and cash equivalents	2.75	2.68	4,063,572	3,418,407	-	-	1,540	1,540	4,065,112	3,419,947
Short term deposits	5.25	6.15	-	-	270,266	254,347	-	-	270,266	254,347
Receivables	-	-	-	-	-	-	191,937	750,817	191,937	750,817
Investments	-	-	-	-	-	-	1,332	2,189	1,332	2,189
Total Financial Assets			4,063,572	3,418,407	270,266	254,347	194,809	754,546	4,528,647	4,427,300
Financial Liabilities:										
Bank loans secured	9.75	8.10	157,395	166,571	-	-	-	-	157,395	166,571
Bank overdrafts	13.30	11.65	57,770	14,631	-	-	-	-	57,770	14,631
Visa credit card	16.24	14.49	1,891	821	-	-	-	-	1,891	821
Trade and sundry payables	-	-	-	-	-	-	382,353	437,852	382,353	437,852
Hire purchase loans	-	8.89	-	398,312	-	-	-	-	-	398,312
Total Financial Liabilities			217,056	580,335	-	-	382,353	437,852	599,409	1,018,187

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 2008

Note 19 Financial Risk Management continued
(b) Financial Instruments continued

(ii) Interest Rate Risk Sensitivity Analysis

The Corporation has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on the current results and equity which could result from a change in this risk.

At 30 June 2008, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant would be as follows:

	2008	2007
	\$	\$
Change in profit or loss		
- Increase in interest rate by 1%	41,168	30,924
- Increase in interest rate by 1%	(41,168)	(30,924)
Change in equity		
- Increase in interest rate by 1%	41,168	30,924
- Decrease in interest rate by 1%	(41,168)	(30,924)

(iii) Analysis of Medicare Debtors and Other Receivables Past Due and Analysis of Impaired Medicare Debtors and Other Receivables

Medicare debtors and other receivables that are considered impaired amount to \$4,554 (2007: \$4,724) and represent 2.3% (2007: 0.6%) of total Medicare debtors and other receivables.

There has been no renegotiation of the terms of any Medicare debtors or other receivables. There is no collateral held as security by the Corporation in relation to Medicare debtors and other receivables.

The amount of Medicare debtors and other receivables that are past due or impaired are included in the "receivables" category of the Balance Sheet.

Medicare debtors and other receivables that are neither past due or impaired are considered by the Board to be collectible and there is no provision for impairment in relation to the balance of such receivables at balance date.

An analysis of past due and impaired Medicare debtors and other receivables is as follows:

Expected timing of recognition	Gross Medicare debtors and other receivables past due			
	Past due but not impaired		Impaired	
	2008	2007	2008	2007
	\$	\$	\$	\$
Less than 1 months overdue	73,597	94,587	1,622	-
1 months – 3 months overdue	25,828	32,632	1,720	3,041
More than 3 months overdue	18,441	42,379	1,212	1,683
Total	117,866	169,598	4,554	4,724

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 2008

Note 19 Financial Risk Management continued

(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.

Note 20 Economic Dependency

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

Note 21 After the Balance Date Events

The consolidated financial report of the Corporation as at 30 June 2008 included net assets relating to the Number 18 Program, Galambila Health Post, totalling \$2,282,058. After balance date, on 1 July 2008 the assets and liabilities relating to Galambila Health Post were transferred in accordance with the Deed of Transfer, from the Corporation to that entity.

As from 1 July 2008 Galambila Health Post has operated as an independent entity.

Except for the above transfer, no other 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.

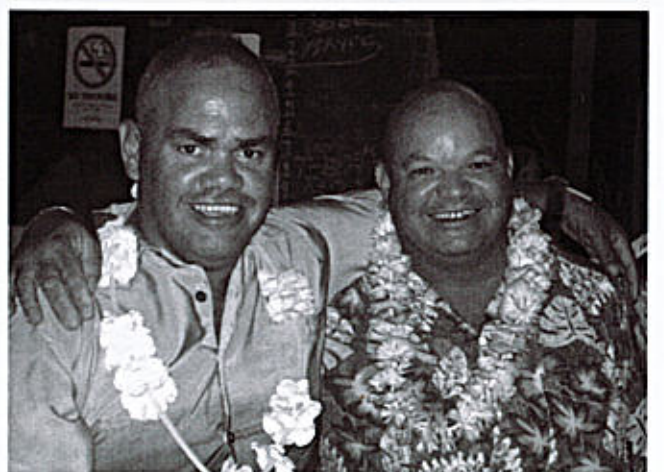
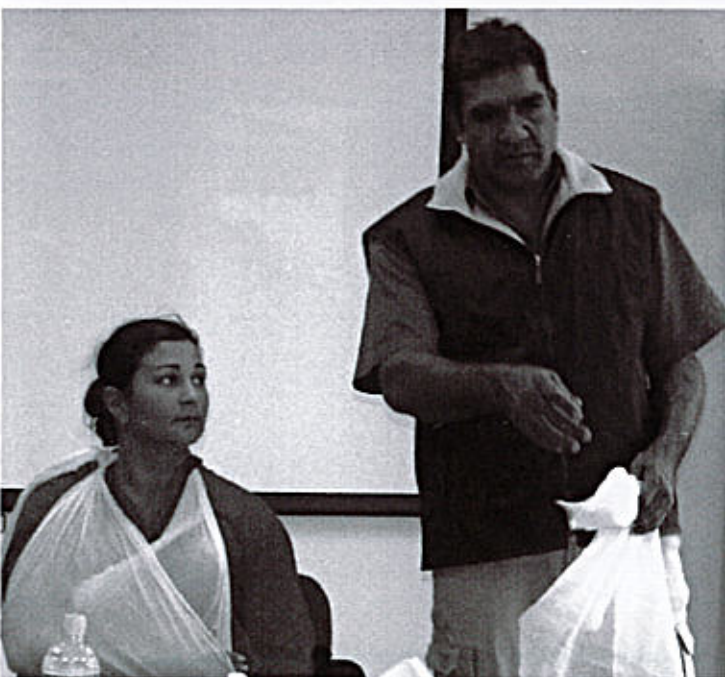
Note 22 Corporation Details

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

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