



DURRI

Aboriginal Corporation Medical Service

Annual Report 2008/09

Acknowledgements

The Board of Directors, Darren Kershaw, Acting CEO, Executive Officers and all the Staff of Durri ACMS who have prepared program reports and other pertinent information. Also to Tracey Parker and Alicia Stewart for the compiling the Annual Report.

About the Reports

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

Staff lists and photographs are those for programs and activities were delivered from 1st July 2008 through to 30th June 2009.



Durri

Aboriginal Corporation Medical Service

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Durri

TO GROW IN GOOD HEALTH

Our Vision

Achieve and maintain better health and wellbeing outcomes for our 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 ACMS' core purpose is to operate an Aboriginal medical service, involve Aboriginal people in the planning and provision of health care, train Aboriginal people as health service providers, encourage Aboriginal people to better utilise existing health and social services, and to access funding for training and health care service delivery.

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."



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
7 years



Secretary
Jo-Anne Kelly
Independent Consultant
Governance Training Completed 08
Service on Board
18 months



Treasurer
Colleen Campbell
AEO South Kempsey Primary School
MYOB Training Governance Training Completed 08
Service on Board
3 years



Director
Ivy Brown
Aboriginal Student Support Officer TAFE
Governance Training Completed 08
Service on Board 6 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
6 years



Director
Kim Donohue
Public Servant
Governance Training Completed 08
Service on Board
5 years



Director
Mary-Lou Buck
Aboriginal Heritage and Cultural Advisor with RTA
Governance Training Completed 08
Service on Board
7 years



Director
Debra Morris
Coordinator
Kempsey Aboriginal Community
Justice Group
Service on Board
7 months



Director
Ausilio Garth Fatnowna
Diploma in Education
Cert 4 TAA
Cert 2 Mentoring
Service on Board
7 months



Public Officer
Isobel Bradshaw
Finance Team Leader - Durri ACMS
Governance Training Completed 08
Service on Board
3 years



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.



Chairperson's Report



Gerald Hoskins

Thank you to all who have been involved in Durri ACMS since it was created by the Community. Your commitment and dedication is valued.

It is my pleasure to deliver this year Annual Report for Durri ACMS. The year has been highlighted by the engagement of consultant the consultant firm Twenty 20 Integrated Solutions Propriety Limited by the Board of Directors to develop another level of Governance and Management for the Organisation. I wish to acknowledge and thank the Board of Directors for their ongoing support and vision to ensuring our communities receive the best health care possible.

The changes to the Corporations (Aboriginal and Torres Strait Islander) Act have also meant changes to the Constitution of Durri ACMS. Greater accountabilities and penalties for Directors and Corporations under this Act mean stronger governance frameworks will need to be in place. The Durri ACMS Board of Directors has ensured obligations and commitments are in place now and well into the future.

The resignation of Mrs. Roslyn Roach required the Board to rethink the types of programs and the levels of management support required within Durri ACMS to ensure ongoing services and programs to our communities for the next twenty years. I thank Roslyn for her lengthy time and contribution. Thank you also to Tracey Lonergan for the work she started during her three month appointment towards the end of 2008. Although we have said farewell to other Executive Officers we are in the process of recruiting new Executive Officers within our Finance, Clinical and Human Resource service areas.

I take this opportunity to especially acknowledge Darren Kershaw as Acting Chief Executive Officer for an interim period to provide leadership and direction to the Organisation. His willingness and dedication is unchallenged and he remains a vital asset to the operation of Durri ACMS. Darren has balanced his commitment as Acting CEO at Durri ACMS with commitment to his communities in the Nambucca Valley.

The development of the Nambucca Valley Services has been at a strong rate and the future for their independence from Durri ACMS is not far away.

Despite the high levels of change and interruption to structures within Durri ACMS, I take this opportunity to acknowledge the ongoing commitment, professionalism and dedication of our communities, all Durri Staff and Board. I thank them for their efforts and their contribution towards the ongoing development of Durri ACMS.

Keep on Closing the Gap

Gerald Hoskins



Chairperson's Report Cont..

Durri ACMS attendance at meetings held:

Board Members Name	Number of Board Meetings Eligible to Attend	Number of Meetings Attended	Number of Board Committee Eligible to Attend (Finance)	Number of Meetings Attended
Gerald Hoskins	11	11	11	11
Tony Gray	11	10	11	10
Ivy Brown	11	8	11	8
Mary Button	11	11	11	11
Colleen Campbell	11	10	11	10
Ruth Maruca	4	4	4	4
Kim Donohue	11	7	11	7
Jo-Anne Kelly	11	4	11	4 Leave from duties from the 3/3/09 to 20/7/09
Mrs Shirley Kelly	11	9	11	4
Debra Morris	7	6	7	6
Mary- Lou Buck	11	7	11	7
Ausilio Garth Fatnowna	7	4	7	4



CEO's Report



Darren Kershaw
Acting CEO



Norma Kelly
Executive Assistant

It is with great pride and honour that I present to you the 2008/09 Durri ACMS Annual Report. This report highlights the programs, activities, staffing and achievements Durri has made over the past year.

This last year has proven to be a turbulent year for Durri ACMS, the Kempsey Community, our cousins north in the Nambucca Valley and for Aboriginal health overall.

With the greater focus on the delivery of Health Services to achieve an increase in the life expectancy of Aboriginal Australians by the Federal and State Governments; this has also increased the focus of Durri ACMS programs and activities to meeting the needs and expectations of the local and regional Aboriginal Communities.

All this comes under the Federal Government's "Closing the Gap" campaign to reduce the gap in Aboriginal life expectancy rates. Durri ACMS plays a key role in this strategy and I believe can become a role model organisation for the successful achievement of "Closing this Gap" over time.

My program portfolio is to provide the drive and direction for Durri ACMS into the future. A future which will question each program and require us as a Community to ensure that these services are relevant to our health needs and achieve the positive results in primary health care that each individual Aboriginal person requires from a health service.

This also includes a range of visiting specialists whom visit Kempsey and conduct their clinics in Durri ACMS. Other primary health services include regional programs such as the Eye Clinic, Chronic Disease and Healthy For Life programs which delivers services the Mid and Far North Coasts.

Our key areas of business are the delivery of the medical clinics with our doctors, dental team and nursing staff to treat the urgent medical needs of our Aboriginal Community.

Our program staff provide much needed promotional services to raise awareness of health trends and issues. Other staff provide direct primary health care services by visiting people in their homes or conducting workshops and group work in the community.

All these services are also in place and available to our cousins in the Nambucca Valley. Durri ACMS continues to auspice and assist in providing services through the Darrimba Maarra Clinic at Nambucca Heads and the Giingan Darrunday Marlaangu Clinic at Bowraville.

Without these two health clinics, access to primary health care for Aboriginal people would need to be provided through mainstream services. Bowraville Health Clinic has also become the key primary health care provider in Bowraville due to limited access to other doctors in the township. This is an achievement of some significance given the history of the Bowraville Township.



CEO's Report Cont..

During the 2008/09 financial year Durri auspiced two activities which have very strong connections to the needs and aspirations of the local Aboriginal community.

Firstly, the Wutuma Keeping Place project. This funding was received from the Indigenous Co-ordination Centre (ICC) to develop the Keeping Place as a historical record of Aboriginal culture of the Valley. Being a major project there has been a lot of focus on planning and development.

Whilst not at the stage of securing funding for the entire project to date, we have worked with the Wutuma committee to develop a design and architectural plans for the Keeping Place.

The positive to come from this project is the development of the Dunghutti-Nguku Aboriginal Art Gallery at South Kempsey.

The second project is the Dunghutti Youth Shared Responsibility Agreement (SRA). This project was also funded by the ICC however this funding came to an end this year. This project provided cultural camps at Crescent Head for many Aboriginal young people from Kempsey and was coordinated by Uncle George Donovan.

Durri will be working hard with other organisations in Kempsey to keep Uncle George's dream alive to continue to support all young people in the Valley and instill both understanding of and pride in the local Aboriginal culture.

Finally I would also like to thank all the staff and members of the Board of Directors for their support during this time.

It is amazing what can be achieved when we all work together.

Darren Kershaw
Acting CEO

During 2008/09 OATSIH provided funding for the following Senior Management positions. Although these positions were recruited in July 2009 I would like to introduce these new Managers to the community.



Kelli Barham
Human Resource
Manager

Enabling Durri to be an employer of choice in Aboriginal health and supporting a skilled and flexible workforce.



Leanne Spencer
Program Manager

Management of all health & clinical programs to ensure the achievement of the objectives and requirements are managed effectively.



Narelle Cochrane
Practice Manager

Manage the operations and delivery of health services to ensure prevention, early detection, diagnosis and health care intervention services are managed to achieve improved health outcomes for the client and the community.



Adam Lysle
Business Services
Manager

Incorporating all strategic delivery of primary and allied health care services, initial contact, transportation services, procurement, budget management, administration, finance, security, asset management, IT and safety services for Durri ACMS.



Executive Officer – Clinical Services

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Leanne Spencer

It is with great pleasure and honour that I present this report as Executive officer of Clinical Services for the second year.

It has been a challenging and rewarding year with many changes to staff, clinical and program structure. There have been so many improvements in clinical service delivery and a wide range of services increased as you will see throughout the report.

These changes have been made with the objective of improving health in the Indigenous community. With a large population of indigenous clients and a high mortality rate in the community, Durri ACMS is crucial in the need to close the gap.

The message of being well is promoted and delivered to the community to make sure the Indigenous community does not suffer from chronic disease and overall health is improved. Health promotion and screening have become a priority for program's, targeting the youth and the community to ensure chronic disease is prevented and monitored effectively.

Over the last year the staff at Durri ACMS have worked together through many difficult times and I would like to thank them all for their professionalism and support.

Some of the highlights have included:

- Employment of a Registered Nurse to complete child health checks. This is vital as we have such a large young population and prevention is better than cure.
- Commencement of a contract Psychiatrist allowing for better care for our mental health patients on a fortnightly basis from Sydney.
- A 30 % increase in Adult health checks and 98% of child health checks.
- Several staff have enrolled and will complete their Cert 111 in Health Care in December 2009.
- Transition of PAC to the AMS for brokerage.
- Funding received for Safety Anytime project for safety houses.
- Area health service award for " All children being safe program ".
- Development and launch of the Diabetes school based resource package.
- The chronic disease team providing Asthma friendly schools training to 129 teachers across the region.

There are also so many highlights and improvements that are too numerous to mention. This has only been achieved through the hard work and dedication of all our staff. The next year will be even more challenging with a new line of management assisting in service delivery.

I would like to take this opportunity to thank the Reception and Transport staff for all their hard work and dedication, and also for the improvements they have made at the front line. Also a big thanks to Oral Health and the Clinic staff, it has been a busy year with a dramatic increase in patient numbers. Their professionalism and dedication has been inspiring and a pleasure to manage. I look forward to the next year and working closely with the Program staff. This year will be full of challenges for the program staff and will result in many health benefits to the community in a coordinated approach. I would like to take this opportunity to thank the Board for their support in this position and mostly to all the staff for making me feel so welcome and proud to be part of the team.

I look forward to the challenges and goals ahead and most of all to providing a report full of health outcomes in the best interests of the Indigenous community in the years to come.



Durri Clinic

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)

CLINIC:



Maryanne Field
Clinical Nurse Specialist
Team Leader



Sam Hoskins
Endorsed
Enrolled Nurse



Terry Flynn
Registered Nurse
(Casual)



Noelene Brown
Endorsed Enrolled Nurse

DOCTORS



Dr Peter Fletcher
General Practitioner



Dr Wendy Olden
General Practitioner



Dr Carol Booth
General Practitioner



Dr Sherif Andraos
General Practitioner



Dr Mohammad Jaffer
Registrar



Dr Cuong Vo
Senior Registrar

Snapshot

The clinic provides holistic, culturally sensitive, medical and nursing clinical services, as a core and integral part of the services provided by Durri ACMS to the Aboriginal community within the Macleay Valley.

Aims

- Ensure the continuous improvement in the provision of quality care.
- Improve 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.
- Apply a holistic and culturally sensitive approach to the care given.
- Provide an approachable, friendly and professional environment for the members of the community.
- Maintain confidentiality.

Community Engagement Events:

- Dr Carol Booth participated in the Cancer Road Show.

Key Achievements

Maintained a high quality clinical, educative and supportive service to the Aboriginal community in an extremely busy and challenging environment, with increasing patient presentations and expectations.

2008 - 2009	No.
No. of Patient presentations	22,602
No. Recalls	732
No. Dressings	4716
No. Supplies given	2226
No. Blood pressures > 130/75	1721
No. Blood glucose levels > 8.0mmol	1160

N.B. Due to the increasing complexity of patient needs and presentations, the above data is actually an under-report of the clinics activities.

Staff Qualification and Professional Development Improvement:

- Noelene Brown obtained Statement of Attainment in Medication Administration.
- Nursing staff attended relevant in-service and education sessions as able.



Auntie Narn giving the Welcome to Country at Durri Day April 09



Sam Hoskins, at work in the Clinic

Reception, Medical Records & Transport

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Alicia Stewart
Reception Team Leader



Kathleen Davis
Receptionist



Loretta Smith
Receptionist



Cecily Griffen
Female Transport Officer



Colleen Campbell-Cook
Female Transport Officer
(Maternity Relief)



Geoffrey Brown
Male Transport Officer



Dennis Smith
Male Transport Officer
(CDEP Participant)



Shalane Hoskins
Medical Records Clerk
(Casual)



Snapshot:

Durri ACMS Reception and Transport areas will help make accessibility to Health Care Service Providers, internal and external, attainable for clients of the service.

Aims:

Our aim is to provide the best possible service to ensure that access to Health Providers for members of the Aboriginal community is ascertainable and available where possible.

Highlights:

- Approximately 58 new patients per month.
- 3406 patients on PractSoft.
- Durri now has a visiting Psychiatrist, Dr Jonathan Carne, who comes to the service two days per week each fortnight.
- 6460 patients Transported to Durri, Allied Health Providers, Specialists, etc..

Community Engagement Events:

- Helping with fundraising events and national awareness days e.g. Daffodil Day, Closing the Gap, etc.
- Participation in NAIDOC festivities.

Key Achievements:

- Files being converted to new filing system.
- Medical Records not activated within the last six months are now kept onsite.
- Reception now making the majority of appointments including visiting Specialists.

Program Compliance:

To ensure that access to Aboriginal Health is ascertainable by clients of Durri ACMS, especially involving the transportation of clients to other Allied Health Service Providers and Specialists outside Durri ACMS.

Quantity of Aboriginal Lives Enhanced:

Transports completed:

Month	Male	Female	Port Macquarie	Coffs Harbour	Sydney	Newcastle	Allied Health	Other	Total for month:
July	115	480	10	0	0	0	42	92	739
August	121	415	13	0	0	1	50	85	686
September	141	368	8	1	1	0	39	91	649
October	146	469	9	0	2	0	33	85	744
November	119	380	8	0	2	0	36	79	624
December	112	330	8	0	2	0	30	53	535
January	137	325	14	1	1	0	28	55	561
February	132	395	16	0	1	0	33	68	645
March	150	488	19	0	0	1	35	72	765
April	128	384	16	1	1	0	52	92	674
May	150	421	14	0	0	1	49	88	723
June	153	401	12	0	1	0	50	76	693
Total for year:	1604	4856	147	3	11	3	477	937	8038

Recorded visits on PractSoft for each Medical Practitioner:

Doctor	Yearly total:
Peter Fletcher	605
Zarlina Daruis-Mustapha	72
Mohammad Jaffer	1216
Cuong Vo	1287
Sherif Andraos	937
Carol Booth	619
Wendy Olden	532
Total for year:	5268
March	150
April	128
May	150
June	153
Total for year:	1604

577 Patients were seen by Visiting Specialists that were billed via PractSoft (Dr Carne 36 patients, Dr Samara 203, Dr Cranswick 96 and Dr Farquharson 242)

Staff Qualification and Professional Development Improvements:

- Alicia Stewart – received Advanced Return to Work Coordinator Certificate
- Loretta Smith – studying for Certificate III in Aboriginal Health Worker
- All staff attended in house training, meetings, etc.



Oral Health

Funding Body: NSW Department of Health/North Coast Area Health Service



Lindi Gill
Dental Therapist



Raymond Danton
Dental Officer



Ruth Powick
Dental Assistant



Tina Chapman
Dental Assistant



"A Smile Says a Thousand Words"



Norma Griffen
Dental Assistant

Locum Staff:

- Mary Meawad, Dental Officer – Locum
- Richard Michniewicz, Dental Officer - Locum
- Brian Ditchfield, Dental Officer – Locum

Aims

Our aim is to improve clients Oral Health and therefore contribute to improved overall health by:

1. Delivering a comprehensive Clinical Oral Health Service.
2. Delivering education and promotion.
3. Providing outreach communities with regular Oral Health services.

Highlights

- 19 Oral Health educational & promotional sessions delivered with more than 1,600 show bags handed out.
- 2,588 appointments completed.
- 1,168 individual teeth restored.
- 924 teeth extracted.
- By providing Oral Health Services, Durri has saved each client (e.g. family of 4) approx \$175 out of pocket expenses if using private practice.
- Increased Medicare revenue.



Community Engagement Events:

- NAIDOC Week celebrations
- School groups
- Mothers groups

Key Achievements:

- Functioning adult and child services both regularly and 3 days per week.
- 12 weeks of full time (5 days per week) adult services, with the recruitment of 3 locums.
- Continuance of outreach services to Bowraville Health Outpost, for both adult and child clients.
- Treatment block trial at South Kempsey Public School.
- Managed overall increase in clinical service provision.
- Decreased general anaesthesia waiting list by providing in house treatment.

Program Compliance:

The five key Oral Health performance indicators were met. Including occasions of clinical service, Oral Health promotion, staff training and local partnership with mainstream services.

Staff Qualification and Professional Development Improvements:

- Tina Chapman successfully completed Certificate IV in Dental Radiography, enabling Tina to conduct x-rays.
- Tina Chapman and Norma Griffen attended the Dental Assistants conference.
- Dental Assistants upgrade training attended by Tina Chapman, Norma Griffen and Ruth Powick.
- Lindi Gill attended the Aboriginal Oral Health Work & Dental Therapy Conference.
- In house upgrade and training for computer program information system for Oral Health.

Quantity of Aboriginal Lives Enhanced:

Participants	Activity
2,588	Clients treated clinically
12	Young Mums Groups, Education
160	Preschool groups (x4), Education
90	High School groups (x3), Education
More than 1,250	Cultural Day Promotion/Education
97	Staff and Client Promotion Days



Happy Customers of Durri Dental



Public Health Program

Funding Body: NSW Department of Health



Allan Hoskins
(Currently on
leave without pay)



Raelene Davis

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 with Allied Health Services.
- Networking with other services regarding Health Promotional Material and Events.
- Membership with the Regional Men's Group.

Aboriginal Male	Aboriginal Female	Non Aboriginal Male	Non Aboriginal Female	Home Visits
296	278	10	14	150

Key Achievements

- Continuity of a Doctor Roster established for Greenhill.
- A rapport has been established with Kempsey District Hospital regarding information of client discharges.

Staff Qualification and Professional Development Improvements:

- Maintained Hearing Health Position for a period of three months which targeted school aged children.
- Allan is currently studying for his Certificate IV in Endorsed Enrolled Nursing.

Durri Health Care Unit

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Graham Ballard
Early Health
Assessment
Officer



Richard Dixon
(Assisting Male Mental
Health Program since
Nov. 2008)

Snapshot:

We provide adult members of the community with the opportunity to identify and address their own health problems. We do this by assisting them to complete regular 'health-checks' with their doctor.

We also work with people to develop 'care-plans'. These care-plans outline the steps that need to be taken in order to address the problems that have been identified through the health check.

Often there are many barriers to looking after our own health problems. It is the role of the care unit to help people acknowledge and find ways around these barriers.

This might mean providing financial assistance for the cost of medical specialists or other services such as an x-rays or ultrasounds. It might also mean referring people to other services or agencies outside of Durri.

We also assist in arranging transport to accompany people with visits to other services, act as supports for people who are in need and to visit people in the home if required.

Sometimes it just means providing a confidential space where people can come and talk and make the necessary phone calls and arrangements that will assist and support their health.

Aims

The aim of the Durri Care Unit is to limit or reduce the burden of chronic disease within the Durri service population. This is done using the enhanced primary care and chronic disease management items in the Medicare Benefits Schedule. Namely, the Aboriginal & Torres Strait Islander Health Checks also known as 'health assessments, and the GP Management Plan also known as a 'care plan'.

Highlights:

Designated Health Check Room

Now that we have our own space, we are able to complete all the parts of the health check and put them directly onto Medical Director for the GP's to access.

Doctor Support for Health Checks

Having access to doctors who are willing to complete the health checks is a very important and crucial part of our strategy to improve the health and well being of the community. The doctor's involvement gives medical supervision to the whole process and helps to prioritise areas of need.

Greenhill's Clinic:

I have been assisting the GP's with the Greenhill's clinic on Tuesdays. Although there is a lack of appropriate space at Greenhill's to do the health checks, I have been able to use these clinics as an opportunity to promote the health check service we offer. I would like to extend a big 'thank you' to health worker Cheryl Quinlan, who has been assisting with these



Clinical Support Officer

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Ben Somers

Aims:

The role of Clinical Support Officer developed as part of the follow on from the Australian General Practice Accredited Limited Accreditation process in 2008 during the course of which a range of issues were identified that required additional attention.

Highlights:

- Successful re-accreditation against the Royal Australian College of General Practitioner standards, valid until the 21/10/2010.
- Invited to participate in the Aboriginal Health & Medical Research Council Information Communication Technology & Information management reference group.
- Active planning and development progressing in regard to organisation wide accreditation.

Community Engagement Events:

This position provides second line support and advice.

Key Achievements

- Negotiations with Booroongen Djugun College resulted in additional training support for Aboriginal Health Worker Certificate III participants.
- Negotiations with Hastings Macleay General Practice Network has resulted in significant training opportunities for Durri staff at no cost to the organisation.
- Direct training & support delivered to Durri staff in the use of computers and clinical software.
- Support and advice to staff and management at Durri on a broad range of operational issues.

Quantity of Aboriginal Lives Enhanced:

Endeavours and actions which help strengthen the organisation indirectly benefit all of Durri's clients.

Conference Presentations:

24th April 2009, Durri Day Workshop, Presented Career Development Session to Durri ACMS South West Rocks, NSW.

Staff Qualification and Professional Development Improvements:

Statement as to study / personal development events undertaken.

Date	Topic	Provider	Cost to Durri
23rd May 2009	Recalls & Reminders, Triage & Appointment Book Management	Australian Association of Practice Managers	\$0
23rd May 2009	Privacy and confidentiality Training	Australian Association of Practice Managers	\$0
12th May 2009	Action for Health Reference Group meeting	Aboriginal Health and Medical Research Council, Sydney NSW	\$0
5th & 6th May 2009	Accreditation Review Cycle and Preparation Management Workshop	Quality Management Services Grafton, NSW	\$0
10th March 2009	Market Your Business Online For Free Workshop	Yarrowarra Aboriginal Cultural Centre Corindi Beach, NSW	\$0
4th & 5th March 2009	Northern Zone Accreditation Workshop	Aboriginal Health and Medical Research Council Coffs Harbour, NSW	\$0
3rd November 2008	Medical Director Training	Katrina Otto, Train IT Medical Port Macquarie, NSW	\$0
11th & 12th September 2008	Action for Health Conference	Aboriginal Health and Medical Research Council, Sydney, NSW	\$0
24th July 2008	Northern Zone Accreditation Model Project Meeting	Aboriginal Health and Medical Research Council Port Macquarie, NSW	\$0



Sexual Health

Funding Body: NSW Department of Health



Ro-Anne Stirling-Kelly
Aboriginal Health Worker



Diana Davis
Aboriginal Health Worker

Aims

Our aim is to reduce the incidence of sexually transmitted and blood borne infections within the Aboriginal communities of the service area.

Highlights:

- Funding secured for 'Hey Bruz'.
- Sexually Transmitted Infections Demonstration Project.
- Participated and developed 'Enjoy your Freedom' Sexually Transmitted Infections National Campaign.
- Outreach Clinic established at Kempsey Correctional Centre.

Community Engagement Events:

- Women's Health Day at Bellbrook.
- Participated in NAIDOC Week activities.
- Sister Sparkle at Preschools and schools promoting personal hygiene amongst school aged children.
- Girls Group at Melville High School allowing for Sexual Health education.

Key Achievements:

- Secured funding for male 'Hey Bruz' Sexually Transmitted Infections demonstration project.
- Melville High Girls Group continues providing excellent Sexual Health education service to the young women of the community.
- Participated and developed 'While Ya Down There' Project with the Women's Health Nurse.
- Conducted Sista Girls project in partnerships with Many Rivers and a camp.

Program Compliance:

The Sexual Health Program has delivered a culturally appropriate Sexual health education program to the young women of the Macleay Valley Region.

Staff Qualification and Professional Development Improvements:

- Dianna Davis has enrolled in Certificate III in Aboriginal Health Worker.

Program Type	Number attended
Melville High Girls Group	15 girls attended weekly for 40 weeks
Sista Girls	15 girls attended weekly for 40 weeks
Bellbrook Day	12 women



Hey Bruz Demonstration Project

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Adam Menz
(Photo unavailable)

Aims

The Hey Bruz program is a demonstration project aimed at improving the Sexual Health of Aboriginal and Torres Strait Islander males, aged 16- 25 years in the Macleay and Nambucca Valley's of NSW.

Highlights:

- Participated in the development of the program for the distribution of condom outreach dispensers across the region.
- Participated with PCYC to implement midnight basketball program.
- Participated in Aboriginal hip hop event.

Community Engagement Events:

- NAIDOC week activities.
- Midnight basketball.
- Dunghutti sports and recreation centre committee.
- Renal screening day in mall.
- Healthy outpost established at Kempsey Correctional Centre.

Key Achievements:

- Commendation letter received from the Department of Justice Health.
- Establishment of SMS messaging for notification of Sexually Transmitted Infections.

Program Compliance:

As a demonstration project reports are quarterly submitted to the AIHW (Australian Institute Health and Welfare) ensuring program compliance.

Quantity of Aboriginal Lives Enhanced:

- Condoms dispensed 6,280.
- 30 participants involved in midnight basketball, which was a project held throughout Kempsey and Nambucca Heads with PCYC.

Staff Qualification and Professional Development Improvements:

- Attended Love Bites training.

Alcohol & Other Drugs / Addictions

(Magistrates Early Referral into Treatment)

Funding Body: NSW Department of Health and North Coast Area Health Service



Dr Fares Samara
Addictions Doctor



Melanie Kennedy

Aims

Our aim is to support all persons affected by alcohol and drug misuse. It is not only the person who has the substance misuse issue that requires assistance but also all those who come into contact with. The promotion of health and the reduction of substance use within the community is a primary focus of my service delivery.

Highlights

- Oxfam Straight Talk Parliament.
- Safety Anytime funding received.
- Logo Competition for Safety Anytime.
- Aboriginal Women's Leadership Program.

Community Engagement Events:

- Community Fitness Programs.
- Women's Camp.
- Safety Anytime community consultation.

Key Achievements:

- Safety Anytime funding received and implemented.

Program Compliance:

Support Alcohol and Other Drug Clients in case management of their addictions. Incorporated into case management is transport, advocacy with all agencies, one on one support, family support, referrals, follow ups and any other requirement of all clients.

Quantity of Aboriginal Lives Enhanced:

- Through supporting those affected by alcohol and drug misuse a variety of community members' quality of life have been enhanced.
- 203 cases of services.
- Above 500 Gym Visits.

Staff Qualification and Professional Development Improvements

- Graduated Sydney University – Graduate Diploma Aboriginal Health Substance Misuse – Graduated first in the class
- Commenced Masters Aboriginal Health Substance Misuse – This is the highest nationally recognised University training in Aboriginal Alcohol and Other Drugs misuse area.
- Completed Murumali Stolen Generation Training.



Families NSW

Funding Body: Department of Community Services (DOCS)



Delya Smith
Female Support
Worker

Snapshot:

The Family Support Program is a child focused program with children aged 0-5 yrs, with priority given to children 0-3yrs. Other priorities are given to teenage parents, parents with a development disability, families with special needs and women in the antenatal period.

Aim

- Improve family access to appropriate support services through developing a better coordinated network of prevention and early intervention services.
- Improve the outcomes and well being of families with young children by providing support for parenting and facilitating informal support groups.
- Provide support in flexible convenient settings and build trusting relationships with families.
- To provide Aboriginal Primary School Students with non-threatening ways to feel safe and stay safe in their community.

Highlights

- The "All Children Being Safe Program" was a six week 'protective behaviours' program conducted at Greenhill Primary School in conjunction with Durri ACMS, North Coast Area Health Service, Schools As Communities and Women's Health. The Program was piloted at Greenhill School in 2008 and won the North Coast Area Health Service Awards in 2009.
- This Program has also been nominated for the State Health Awards.

Community Engagement Events:

- Participated in Healthy Way Forward Day at Kempsey Showground.
- Participated in the Breath Blow Cough Wash Chew Program with Sammi Fatnowna at Dalaigur and South Kempsey Preschools.
- Parent-Child interaction at weekly Playgroups at South Kempsey Family Centre, Young Mums Group at the Pensioner's Hall, Young Mums Group at Youth Space and Mothers Arts & Craft Group at Greenhill.
- Before School Screening Day at Dalaigur Preschool and South Kempsey Preschool.
- Women's Health Day at Bellbrook Health Post.

Key Achievements:

- The All Children Keep Safe Program was the winner of the Quality Awards for the North Coast Area Health Awards.
- Improved attendance of Mother's Groups.
- Increased clients attending Antenatal Educational Group - Tim Tams.
- A mother at risk was encouraged to attend the antenatal clinic which improved the mother and baby's health outcomes.

Families NSW CONT.

Program Compliance:

- 70% of parent/carers report an improved relationship with their child.
- 70% of parent/carers have reported increased supportive connections and use of local services.
- 70% parent/carers have reported significant progress towards their primary family goal.
- 70% families have been observed to have improved parenting behaviour.
- 70% of parent/carers reported using improved parenting practices.

Quantity of Aboriginal Lives Enhanced:

75 Aboriginal mother & child participants	Mothers Group South Kempsey
3 participants	Young Mums Group Pensioner's Hall
2 participants	Young Mums Group Youth Space
17 participants	Family Day Outing – Crazy Maze
2 participants	Tim Tams - Antenatal Educational Group
4	Specialist Appointments

Staff Qualification and Professional Development Improvements:

- Aboriginal Health Workers Course (currently completing).
- Child Protection Update.



Hearing Health

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Michelle Bolt

Aims

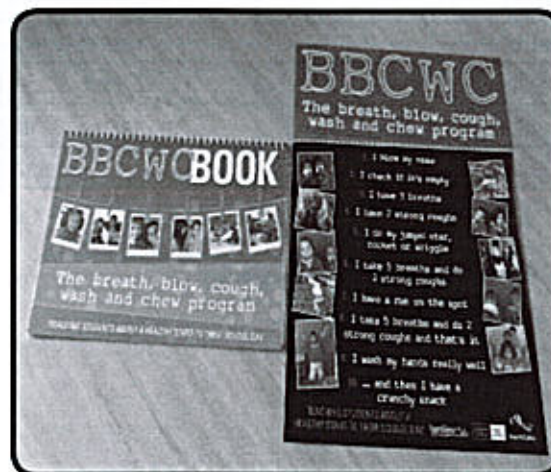
Improve hearing among Aboriginal children in the region covered by Durri ACMS.

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

Families NSW Program Mid North Coast. We were successful in receiving \$5000 to create a Breathing Blowing Chewing and Coughing Resource for the target group of 0-8years.



Breathing Blowing Chewing and Coughing Resource for the target group of 0-8years

Conference presentation Kalgoorlie Goldfields National Ear Health Conference



Michelle Bolt



Sammi Fatnowna

Aims

We were successful in being invited to the Kalgoorlie Ear Health Conference to promote and highlight the Breathe, Blow, Cough, Wash & Chew (BBCWC) Booklet and poster resource that has been developed in partnership with services across the Macleay Valley. The resource features students from Dalaigur and Kempsey South Preschools demonstrating the actions of the BBCWC program in an interactive and fun way. The resource is a visual teaching tool with the intention of having students empty their nose to clear their ears.

Unfortunately, Michelle was unable to attend the Conference so Sammi presented on their behalf. All items taken there were sold and order forms were also taken for the resource package.

Highlights:

The NSW Minister for Health, Mr Ken Wyatt, was very interested in taking both the BBCWC & the Diabetes Resource to distribute in his role in WA.

Community Engagement Events:

We delivered the BBCWC resource to all Schools, Preschools, day-care facilities, Home-Start across the Hastings/Macleay Valley.

Key Achievements:

- Presenting at a National Ear Health Conference.
- The resource being very well received and we have had enquiries/orders from all over Australia.
- We have recently been approached by Australian Hearing for the use of some photos of our local children.

Quantity of Aboriginal Lives Enhanced:

This resource is currently being used in all teaching settings across the Hastings/Macleay Valley with students 2-10 yrs old. We have received positive feedback from groups such as preschools, day-care and early childhood centres as well as Schools.

Conference Presentations:

Kalgoorlie Goldfields 'Beating the Drum to Hear' Conference 2009.

Social & Emotional Well-Being - Male

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Wayne Smith
Male Social and
Emotional Well
Being Officer



Richard Dixon
Aboriginal Health
Worker

Snapshot:

The Mental Health Program aims to enhance the mental health & general wellbeing of identified mental health clients by offering services to clients with a mental health disorder. 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.

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 and psychiatrist service at Durri e.g. Alcohol and Other Drugs, to maximise the capacity of the social and emotional well being program within the existing resource base.

Highlights:

- Psychiatrist service by Dr Carne 2 days every fortnight.
- Group outing weekly for clients with mental illness/social emotional well being.
- Conducted Back to your Best fitness program for male mental health clients with excellent health improvements.

Community Engagement Events

- Mental Health Week .
- NAIDOC week.
- Mental Health Community meeting (weekly).
- Programs including Back to Your Best.
- Participated in Healthy Way Forward day at Kempsey Showground.

Key Achievements

- Ongoing Psychiatrist service secured and commenced for mental health clients in January 2009.
- Back to Your Best Program health and fitness group that consist of 22 clients collaboratively with other programs.
- Thursday Men's Group with 7 participants, this gives the SEWB Worker the chance to check the maintenance and compliance of medication and side effects on the patient.

Program Compliance:

The Male Mental Health Program has achieved all program requirements.

The Male Mental Health Worker has ensured liaison with community services, coordination with other program staff and best practice in mental health outcomes.

Social & Emotional Well-Being - Male Cont.

Acute mental health care is provided as required preventing mental health emergencies.

Through the back to your best program all participants have received education and training in healthy lifestyle choices and other social and emotional well being issues.

Quantity of Aboriginal Lives Enhanced:

Psychiatrist specialist clinics	57 clients from Jan to Aug
Back to your best program	22 clients
Number of referrals to other Allied Health Services	20 clients

Staff Staff Qualification and Professional Development Improvements:

- Aboriginal Mental Health first aid course.

Staff Qualification and Professional Development Improvements:

- Aboriginal and Torres Strait Island Mental Health First Aid Training.



Back to Your Best Fitness Program



Social & Emotional Well-Being - Female

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Karen Miranda

Aims

Our aim is to provide information and referral to families and carers. In working with mental health services, the Social & Emotional Wellbeing (SEWB) Officer works collaboratively with programs throughout Durri and with the North Coast Area Health Service in developing service responsiveness to the needs of families and carers. The SEWB officer is to provide an effective and comprehensive professional mental health service to the community, focusing on the social and emotional well-being needs of women.

Highlights

- Receiving the Healthy Active Australia grant from the Dept of Health of Ageing and commencing work as the project manager for the women's fitness program.
- Presenting the women's fitness program at a national conference.
- Employment of a psychiatrist.
- Stress Less Day (coordinated at Durri, focussing on keeping professional service providers emotionally well).

Community Engagement Events

- Health Promotion, Kempsey Showground. Thank you to Bunning's, Nestle, Akubra and Barsbys for the supply of quality goods to help promote health and well-being on the day.
- Social & Emotional Well-being camp. A 3 day camp was held at Crescent Head. The camp had a grief and loss theme and focussed on local women who were directly affected by a recent fatal car accident.
- Mental Health Promotion, in the Kempsey Mall.
- Fitness & well-being program for women. The Crescent Head program has continued with great success. Durri ACMS now have a women's fitness and well-being program running at PCYC.

Key Achievements

- Increase community access to the Visiting Medical Officer Dr. Carne.
- Develop an education program to enhance and deliver information about mental health and social and emotional well-being to staff and the communities.

Program Compliance

The SEWB program provides a quality professional program to the communities as identified by local needs and resources in accordance with Durri ACMS policies & procedures and OATSIH funding guidelines.

Social & Emotional Well-Being - Female Cont.

This table demonstrates the quantity through direct service delivery. The real quantity of Indigenous Lives that have been enhanced through the mental health program and the Social & Emotional Well-being programs could equate to hundreds. Our programs deal with individuals, their partners, families, children and communities. Social and emotional well-being encompasses all aspects of health.

Program	Number of consumers/clients
Health promotion, Showground	126
SEWB camp, Crescent Head	20
Mental Health Promotion	80
Women's fitness (Crescent Head)	60
Women's fitness (PCYC)	25
Stress Less Day	45
Psychiatry clinic	140

Staff Qualification and Professional Development Improvements

- Marumali Winangali Stage 1 & 2 completed. Marumali is the training program offered by Lorraine Peteers. It addresses a variety of ways for dealing with trans generational trauma and associated illness for survivors of the 'Stolen Generations'. It is also the compulsory training for 'Bringing Them Home' counsellors.
- Attendance at the National Aboriginal Mental Health Conference.
- Attendance at the National Alcohol & Drug Association and the Mental Health Coordinating Council (NADA/MHCC) Conference. This was a combined conference to deal with Mental Health and Substance misuse.
- Attendance at the University of Western Sydney. Studying a Bachelor of Community Welfare; currently in 3rd year 1st semester finishing in December 2009.

'Health does not just mean the physical well being of the individual but refers to the social, emotional and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.'

National Aboriginal Community Controlled Health Organisation



Chronic Disease

Funding Body: NSW Rural Doctors Network/Rural Health Service



Laurie Clay
Chronic Disease
Worker



Ben Williams
Chronic Disease
Worker



Sara Bowden
Program Cordinator



Cheryl Quinlan
Chronic Disease
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.

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.

Services provided include screening and education as well as specialty clinics such as Cardiology, Respiratory, working with existing services within the regions focussing on Renal and Diabetic Care as well as supporting Cardiac and Respiratory 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.

Goals of the Chronic Disease Program include:

- 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 clients.
- Manage services in accordance with an improvement framework including organisational and cultural change.

Highlights

- Securing 3 Year funding with the Rural Doctors Network to deliver specialist care in Cardiology (Durri ACMS & Biripi AMS), Respiratory and Paediatrics.
- The commencement of the Clinical Screening Program at Kempsey Correctional Facility.

Key Achievement

- 350 Clients seen through the specialist clinics offered by the chronic disease program for Respiratory Cardiology and Paediatrics which mean that 259 clients did not have to travel outside of there community to see a specialist.
- 802 Clients seen through Chronic disease screening and education programs.
- Total of 129 Teachers within the region were trained by the team in Asthma First Aid through the Asthma Friendly Schools Program.
- NAIDOC Week activities 160 students from Frederickton Public School & 370 students from Aldavilla Public School.
- Bowraville National Heart Week Promotion 25 community members attended.
- Bellbrook Kidney Week Promotion 22 community members attended.
- Kempsey National Diabetes week promotion 33 community members attended.

Chronic Disease Cont..

Other Community Engagements and Presentations:

- Bowraville Child Health Assessment Day.
- Health Promotional day at Kempsey Show Ground.
- Renal Screening day in Clyde Street Mall Kempsey.
- Port Macquarie University of NSW Chronic Disease Promotion.
- Sydney University of NSW Chronic Disease Presentation to 350 2nd and 3rd Year Medical students.
- Port Macquarie Newcastle University Chronic Disease Presentation to 3rd year nursing students.
- Macleay Vocational College Chronic Disease Presentation awareness to 10 teachers.
- Melville High School Chronic Disease Presentation awareness to year 12 students.

Staff Qualifications and Professional Development

Cheryl has commenced her Certificate III in Aboriginal & Torres Strait Islander Health and has participated in various clinical training sessions both on and off the job and attended the 2nd Annual Chronic Care for Aboriginal People State Forum.

Grants Awarded

- Rural Health Service funding for the Chronic Disease Program extended until 31/12/09.
- Rural Doctors Network Funding approved until 2011.



Dan Cook, Ben Williams, Sammi Fatnowna, Leanne Spencer, Cheryl Quinlan & Laurie Clay at the Diabetes Launch

Youth

Funding Body: Department of Community Services (DOCS)



Allan Lockwood

Snapshot:

The youth program is designed to develop appropriate programs and provide a range of activities that support and assist disadvantaged young people with personal development. Raise awareness to the youth within the Kempsey Shire of what services are available to them.

Aims:

Our aim is to enhance independence, safety, self-esteem and quality of life of the youth within the Macleay Valley.

Highlights:

- "Back 2 y're Best" program/mentor program has been one of the successful programs for the year.
- Enter a side into the first contact touch football competition with School Side.

Community Engagement Events:

- NAIDOC week.
- Reconciliation week.
- Youth week.
- ACYFS School holidays.
- Play at state level in the school event.

Youths that participated in the Back 2 y're Best Program improved their fitness to another level which saw them increase their motivation towards physical activity and sports.

Key Achievements:

- Youths from touch side entered in the First Contact Touch Football Competition.

Program Compliance:

- Provided advocacy to all youth, assist with their enquiries and make referrals to more appropriate service. Programs were held in partnerships with other services, youths were transported to and from most programs.

Quantity of Aboriginal Lives Enhanced:

12 boys	Back 2 Your Best
14 youths	First Contact Touch Football competition
50+ youths	NAIDOC week (a number of programs held)
90+ youths	Youth week (a number of programs held)
200+ youths.	ACYFS School holidays (many held over the 12 month)



Vascular Health

Funding Body: NSW Department of Health



Donald Griffen

Snapshot:

The Vascular Health program coordinates home visits and accessibility to all Aboriginal community members. This program also assists with the delivery of GP services in outreach clinics, coordinate preventative and health education to patients, monitor Blood Pressure and Blood Sugar Level, maintain statistical data, promote healthy life styles and work in conjunction with allied health staff in service provision.

Aims:

Increase early detection and intervention for vascular disease for Aboriginal People in the community.

Develop and implement standardised clinical processes for management of vascular disease in the primary care setting. Improve follow-up and monitoring through individual care plans and support for disease self management. Increase access to and utilization for Aboriginal People in the prevention and management of Vascular Health Disease. Plan and deliver healthy lifestyle programs.

Provide follow-up support for health management including monitoring, arranging specialist appointments, medication checks and encouragement. Arrange vascular screening in clinics and community outreach, including home visits with appropriate referral and follow-up.

Highlights:

- Nicotine Replacement Therapy Program introduced.
- "Know Your Heart" Sudden Death Project.
- Community Garden at South Kempsey & Vocational College.
- "Healthy Lifestyle" Project.
- Healing Program.

Community Engagement Events:

- Community Gardens project at South Kempsey where cooking classes were provided.

Key Achievements:

- 5 active participants in the Nicotine Replacement Therapy Program, who were successful in their quest for tobacco cessation.

Program Compliance:

- Actively promoted and delivered Healthy Lifestyle Programs through the "Know Your Heart" Sudden Death Project and through the Community Garden Project.
- Ensured self management of Vascular Disease through transporting patients to specialist appointments and through the participation of the Healing Program.
- Identified at risk members of the community through cardiology clinics, which are held every 6 weeks.

Quantity of Aboriginal Lives Enhanced:

30 patients	Know Your Heart
47 participants	Healthy Lifestyle Project
3 patients	Specialist Appointment
47 participants	Healing Program
5 patients	Nicotine Replacement Program
8 patients	Cardiologist Clinic



Maternal Neonatal (Djuli Galban)

Funding Body: NSW Department of Health



Karen Beattie
Community Midwife/CNC



Loretta Smith
(relief 3/6/08 - 21/11/08)



Raelene Davis
(24/11/08 - 12/5/09)

The program is also supported by:

Dr Colin Farquharson (visiting GP-Obstetrician 3 hours/week)

Dr Peter Fletcher (GP-Obstetrician, Durri ACMS)

Snapshot:

The program provides accessible community based, culturally sensitive clinical, educative and supportive outreach services to Aboriginal women and their infants within the Macleay Valley, focusing on the health needs of the family during pregnancy and the infant period.

Services include antenatal care, postnatal care, child immunisation, and child health services.

N.B: Child Health services are provided on a limited basis.

Aims:

The program aims to improve the health and well-being of pregnant Aboriginal women and their infants through the provision of accessible high quality antenatal and postnatal care.

Key Achievements:

- The Djuli Galban program has been providing maternal infant health services to the Aboriginal community since 1992.
- From 1998 – 2009 the number of Aboriginal women accessing the Djuli Galban program for antenatal care has remained constant at 85 – 90% of all pregnant Aboriginal women in the Macleay Valley.
- Since 2000, 85 – 95% of Aboriginal women have presented before 20 weeks gestation for antenatal care.
- Utilisation of the Djuli Galban postnatal service by Aboriginal women has increased from 59.6% in 1994 to over 97% in 2009.
- Childhood immunisation rate has increased from 50.6% in 1997 to over 90% as per the Australian Childhood Immunisation Register.
- 2004 the program was recognised by OATSIH as a Child and Maternal Health Exemplar Site as part of the National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site Initiative. A Child and Maternal Health Exemplar Site is an identified Aboriginal community controlled health service selected as best practice in the regional delivery of child and maternal health services in a comprehensive primary health setting.
- 1997 the program was recognised by OATSIH as a site of best practice in promoting, supporting breastfeeding and appropriate infant nutrition.

Program Compliance:

The program continues to operate within the Commonwealth funding guidelines, meeting the required key performance indicators.

In 2008 -2009 the Midwife has been an active participant in working with NSW Health and other key stakeholders in the evaluation of current performance indicators, the development of new key performance indicators and data collection processes for the NSW Aboriginal Maternal and Infant Health Strategy programs.

Maternal Neonatal (Djuli Galban) Cont..

Quantity of Aboriginal Lives Enhanced:

1st July 2008 – 30th June 2009	No.
Antenatal clinics held	50
Antenatal visits	435
Postnatal visits	467
Child health related services	145
Women's health related services	14
Hospital in-patient visits	100
Child Immunisation clinics held	39
Immunisation encounters	254
Total program clients	1446

Staff Qualification and Professional Development Improvements:

- Attendance and participation at North Coast Area Health Service in-service sessions, relevant updates and Telehealth education sessions.
- 2008 and current: Raelene commenced the Certificate III Aboriginal Health Worker course at Booroongen Djugun College.
- 2008: Karen completed a Graduate Diploma in Clinical Epidemiology through Newcastle.



Kayla Shanney with Haleigh Bennett. Kayla saw Dr Farquharson and Karen Beattie for Antenatal Checks at Durri throughout her pregnancy. Haleigh was delivered by Dr Peter Fletcher on 7th June 08. Haleigh's immunisations are all up to date, and Dr Sherif Andraos is her GP.



The Ward-Lardner Triplets



Cecil



Tori

Many Rivers School Based Diabetes Prevention Program

Funding Body: University of Newcastle



Nicole Turner
Diabetes Health
Worker

Snapshot:

The Many Rivers Diabetes Prevention project is a collaboration of Durri Aboriginal Corporation Medical Service, Biripi ACMS (Taree), Awabakal AMS (Newcastle), Newcastle University and Centre of Overweight and Obesity at University of Sydney. The project is in response to the ongoing high rates of Diabetes in Aboriginal communities, and the importance of good food habits and physical activity participation in the prevention of Diabetes and other health problems for all children. This is the only study of its kind ever done in Australia with Aboriginal children, researching their diet and physical activity.

Aims:

The project aims to develop, implement and evaluate a community and school-based healthy lifestyle changes to reduce the risk of Type 2 diabetes and other chronic diseases among Aboriginal children in rural NSW. The focus of the changes will be to encourage both an improvement in children's food habits and in their participation in physical activity. The project also aims to enhance knowledge and skills in establishing and maintaining collaboration across organizations working in Aboriginal Health Research, and to build a strong capacity in the collaborating AMS' to undertake research in population health issues.

This is a National Health and Medical Research Council Funded project.

Highlights:

- Surveyed over 2,000 school children in the Kempsey and Taree areas, researching their Food and Physical Activity habits
- Employed 11 local community members as casual field researchers, to assist with gathering information.
- Established Community Reference group, with 8 local community members, ongoing 3 monthly meetings.
- Community mapping, mapped over 300 food providers and Physical Activity providers in the local region.
- Focus groups, held 10 groups with community people, to speak about issues concerning food and physical activity in local areas.
- Establishing and implementing the governance structure of the project to ensure community control and input.
- Doing food and physical activity survey with children;
- 24 hr recall plus accelerometer. AIM to validate the surveys and describe food intake, Glycaemic index and Glycaemic load, and physical activity of the kids. 256 kids involved.

Community Engagement Events:

- NAIDOC School activities with over local school 500 children.
- Bowraville Health Clinic Fruit and Veg programme.
- Green Hill School Healthy Lifestyle education.
- Frederickton School Healthy lifestyle education.
- The Program has been involved in many joint programs with North Coast Area Health Service.
- Shake a leg school based program, educated local school children on good food habits and Physical activity in conjunction with Hunter Area Health service, 5 schools involved.
- Various community health promotion activities.

Many Rivers School Based Diabetes Prevention Program Cont..

Key Achievements:

- Co author on 5 publications in scientific Journals, from the above work.
- Australian delegate (committee member) for the Food Standards Australia New Zealand.
- National Nutrition Network conference (committee member).
- Representative on Aboriginal Health and Medical Research Council, NSW Chronic Disease reference group (AH&MRC).
- This is a National Health and Medical Research Council Funded project.

Quantity of Aboriginal Lives Enhanced:

- Educating children on healthy eating in early life can prevent many health problems in adulthood, and therefore increase Aboriginal life expectancy.
- Diabetes and heart disease is a major killer for Aboriginal people.
- Education and awareness can prevent many of these diseases.

Conference Presentations:

- Alice Springs National Nutrition Networks Conference, presented 4 papers.
- 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.

Staff Qualification and Professional Development Improvements:

- Currently studying Bachelor of Applied Science (Community nutrition) Degree (fulltime).
- Currently Studying Diploma of Nutrition (fulltime).



Regional Eye Health Program

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Daniel Cook

Snapshot:

The Regional Eye Health Program assists people by providing spectacles and other vision related requirements. This is aided by the invaluable assistance of local optometrists and representatives of the International Centre for Eyecare Education (ICEE). The program is able to offer assistance through the NSW Government Spectacles Scheme in conjunction with VisionCare. The program participates actively in health promotion, and screenings, through schools and community activities. It also works alongside other programs and health providers to promote and deliver services across the region.

Aims:

Our aim is to provide an ongoing eye health program of a high standard, which is accessible to all, across the whole region. We aim to reduce the number of people suffering from avoidable vision loss.

Aims:

Our aim is to provide an ongoing eye health program of a high standard, which is accessible to all, across the whole region. We aim to reduce the number of people suffering from avoidable vision loss.

Highlights:

Acquisition of equipment and resources for local and regional program sites.

- Provision of glasses and specialist assistance to everyone in need.
- Providing outreach clinics to remote and rural communities.
- Providing a wide range of frames, suitable for children.

Qualification and Professional Development Improvements:

- Training in screening for visual acuity was provided at UNSW.
- On a personal level, seeing the joy on a young boy's face after he put his new glasses on for the first time was a highlight. Seeing the difference being made to people's lives, through this sort of reaction, is a constant highlight of the service.

Community Engagement Events:

- NAIDOC week celebrations in the community and at schools.
- Screenings and health promotion events at pre-schools, primary and secondary schools.
- Participated and/or assisted with numerous community "health provision/promotion" activities.

Key Achievements:

The program was able to acquire optometry chairs for the Kempsey and Taree AMS'. These chairs are extremely valuable assets to the clinics. We were able to expand the services (i.e. clinics) across the region. This included negotiations with local service providers in several sites.

Program Compliance:

The program was able to maintain and expand services provided across the region. We provided screenings and education for staff, students and community members. We maintained a network with clinics and service providers.

Quantity of Aboriginal Lives Enhanced:

Patients seen at Durri Eye Clinic	181
Male Durri Patients	44
Female Durri Patients	127
Specialist Referrals	35
Regional Patients Clinics; Ballina, Cabbage Tree Island, Tweed Heads, Taree, Port Macquarie, Wauchope, Bellbrook, Bowraville, Nambucca Heads	575
Regional Patients Glasses Ordered	332



Diabetes Education Resource Package – Chronic Disease



Sammi Fatnowna

Funding Body: University of Newcastle

Aims:

The aim of the Resource Sessions is to:-

- Promote, educate and provide preventative strategies for Stage 3 & 4 students to gain future positive health outcomes via the delivery of the Durri ACMS Diabetes Education resource Kit content in various Schools across the Macleay Valley in 2009.

Objectives:

- Values, skills, knowledge and attitudes will be developed with the students which will be needed to lead healthy and fulfilling lives.

This will be done by :

- delivering lessons to students by Durri program staff taken from the content in the Durri ACMS Diabetes Resource Kit.
- delivering lessons with a focus on meeting all students learning styles and backgrounds and by following the Quality Teaching Framework Pedagogy that promotes three areas of learning focus:
 - *Intellectual Learning (what we learn)*
 - *Environment & Learning (where we learn)*
 - *Significance in Learning (why we learn)*



Durri ACMS Diabetes Education Resource Kit

Outcomes:

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

- Enhance knowledge of Type 2 Diabetes & how it impacts people's lives.
- Increase motivation towards an active and healthy lifestyle.
- Enhance the capacity to make informed decisions regarding health.
- Encourage the uptake of physical activity and nutritious foods leading to sustainable life changes.

Highlights:

- Durri launch of the Diabetes Education Resource in November 2008 - A rep from each School across the District was invited to attend the launch to pick up their free kit. The response was very good and staff from Durri ACMS gave a thorough overview of the project from the Chairman of the Board, the CEO and Chronic Disease Team members.

Key Achievements:

- The Resource Kit completed and delivered in Schools. Good initial feedback from both Primary and High schools so far.
- Banners & brochures made for staff to use for Health Promotion activities and Community/ Conferences.

Program Compliance:

- A budget underspend allowed the initial contract to continue. It was decided to develop lesson plans from the Kit content to take into schools & deliver by the Chronic Disease Team.
- The 15 lesson plans are in 3 key content areas; *Nutrition, Physical activity and Factual Health.*



Garth Fatnowna



Laurie Clay



Gerald Hoskins



Ben Williams, Leanne Spencer, Logo Design Winner Caitlyn, Sammi Fatnowna & Laurie Clay



Durri BOD Members Garth Fatnowna, Coleen Campbell, Kim Donohue, Mary Button, Shirley Kelly, Mary Lou Buck & Gerald Hoskins



Healthy for Life

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Dean Jarrett
Durri ACMS Site
Co-ordinator



Kim Wright
Registered Nurse



Janene Dowdle
Registered Nurse

Snapshot:

Healthy for Life's program design is based on delivering population health approaches in primary health care context, using quality improvement principles, processes and tools.

Quality improvement and health service development is a dynamic process. This program assesses the strengths and gaps in current service delivery and identifies priorities for action. As priorities change over time, Durri, through the Healthy for Life program, identifies needs, implements changes, and monitors and evaluates progress towards achieving their desired objectives.

The Healthy for Life program has been functioning at Durri for eighteen months. The Healthy for Life Site Coordinator commenced in August 2008. A Child Health Nurse, which is a shared position, was employed in January 2009 then an Aboriginal Health Worker being employed in June 2009 through funding from the Healthy for Program.

Aims:

Healthy for Life is a Federal Government program that aims to:

- improve the health of Aboriginal and Torres Strait Islander mothers, babies and children;
- improve the quality of life for people with a chronic condition; and
- Over time, reduce the incidence of adult chronic disease.
- To ensure that Aboriginal and Torres Strait Islander children have access to, and receive, the optimal level of health care.
- The program promotes 'well' health checks to help kiddies, and families, stay 'well' through health promotion, prevention, early detection, education and referral for health conditions.

Highlights:

- Systems Assessments Workshops
- Staff workshops have been held during the year to evaluate the functioning of Durri. Evaluated during these workshops were; Delivery System Design, Information Systems and Decision Support, Self-Management Support, Community Links, & Organisational Influence and Integration to management.

From these workshops, fifty two evidence based recommendations were forwarded to management. One of the issues prioritised was the Durri's Health Assessment process. The process is now being overhauled which will hopefully create unique positions such as "Client Case Coordinators" for a proposed new pilot program.

Healthy for Life Cont.

Change Process

As part of the Durri Day activities a Change Process Presentation was delivered. This presentation examined the theory of change because during the coming months Durri will undertake diverse directions in health care. The different stages of the change process and the principles of change management were examined which gave staff a better understanding of what change is and how they can manage it.

Quality improvement is one of the factors that contribute to change at Durri. At present Healthy for Life is in the planning stage of the quality improvement cycle for some programs and progressing in other areas.

Clinical Audits

Internal clinical audits have continued during the year. These audits are carried out with tools designed by the Australian Institute of Health & Welfare through the Menzies School of Health Research.

Some of the findings from these audits are;

- Durri's health checks were minimal.
- 96% of Aboriginal babies born are of a normal* birth weight.
- The average birth weight of Aboriginal babies is 3.374kgs.
- 35% of Aboriginal mothers attend their first antenatal clinic after 20 weeks of pregnancy.
- Only 33% of clients with type II diabetes had a Hba1c (three monthly pathology test for Diabetes) in the last six months
- 50% of those who had the Hba1c test done, had a level equal too or greater than 10.
- The average Hba1c level for men is 11.32 and for women it is 8.85.
- 66% of clients with type II diabetes had a Blood Pressure test in the last 6 months.
- 60% of clients with diabetes type II had a Blood Pressure equal too or greater than 130/80mmHg.
- 75% of clients with coronary heart disease had a Blood Pressure done.
- 23% of these had a level equal too or greater than 140/90mmHg.

Community Engagement Events:

- Regular outreach programs to Bellbrook and Bowraville.
- Family Day held in Kempsey in April.
- National Aboriginal and Islander Children's Day celebrated at Durri with activities held for children.
- Participation in the Bowraville Child health checks for the healthy Active program.
- Bowraville Nutrition Project (3 days Jan, March).
- Sorry Day, Kempsey Showground, Feb.
- National Kidney Week, Stall in Mall in partnership with North Coast Area Health Service, May.
- Day spent working with Healthy for Life Team, Galambila.
- Schools as Communities "Troppo Bob Performance", SKNIP, July.
- Nutrition Education with Nic Turner during Healing Program, Schools as Communities.
- Planning Meeting with Burran Dalai staff, July.
- National Aboriginal Children's Day Durri, Aug.
- National Hearing Week, Stall in Mall, Aug.
- Planning Meetings with Thungutti Lands Council CEO & North Coast Area Health Service.
- Regular Otitis Media Network Meetings.
- Regular Aboriginal Health Promotion Network Meetings.



Healthy for Life Cont.

Key Achievements:

- There has been 125 child health checks completed
- Partnerships formed with external agencies (Government and non-government)
- Partnerships with other internal programs within Durri, to provide holistic child health checks.

Program Compliance:

Program is meeting Healthy for Life aims.

Quantity of Aboriginal Lives Enhanced:

- There have been 125 Child Health Assessments completed, with 44 children at Bowraville as part of the Nutrition Project.
- The team have assisted in the Immunisation and Paediatric Clinics during the year and records were checked for 37 Burren Dalai children.
- To date 203 referrals for Healthy Child Check.

Staff Qualification and Professional Development Improvements:

- Kim is currently completing her Early Childhood Nursing Certificate through scholarship.
- Attend regular North Coast Area Health Service in-service and Telehealth sessions as relevant.
- Dean is completing his Bachelor of Community Welfare (Families & Communities) this year.
- Growing Together, 3rd Biennial Conference, Australian Association of Maternal, Child and Family Health Nurses, Adelaide, April 2009.
- Durri Day, May.
- Pracsoft/Medical Director Training, Durri.
- Entonox Training, Durri.
- Introduction to Health Promotion Program, North Coast Area Health Service.
- Respiratory Interest Day, North Coast Area Health Service.
- Attend regular North Coast Area Health Service in-service and Telehealth sessions as relevant.
- First Aid Certificate.



Nambucca Valley - Giingan Darrunday Marlaanggu & Darrimba Maarra Aboriginal Health Clinics



Tracey Cohen
Acting Executive
Officer

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)

Relief Staff:

Lateesha Welsh - Relief Receptionist

Christopher Donovan - Relief Transport Officer / Cleaner

Valma Jarrett - Relief Transport Officer / Cleaner

Doctors photos absent:

Harriett Playle

Aims:

To improve the health and wellbeing of the Aboriginal Community of the Nambucca Valley and surrounding area.

Highlights:

- Durri Day.
- Restructure of the organisation (Durri).
- Women's Health pampering day + Breast screening van.
- Healthy Active Program.
- New naming of the Bowraville Health Clinic.
- Darrimba Maarra Health Clinic renovations nearly completed.
- More support from Durri Board and Managers.

Community Engagement Events:

- Fruit and vegies program.
- Indoor activities.
- Participation in the NADIOC week Bowraville hosted the activities for this year 2009 sponsored fruit and water for all activities.
- Otitis Media working in partnership with Area Health doing screenings at School within the Nambucca Valley.
- Other health promotion activities.



Chris Donovan
Relief Transport
Officer / Cleaner



Dr McGovern



**Michaela
Fitzgerald**
Receptionist



**Erin Brown, Jaleel Jarrett, Dr Tedeschi, Barry
Toohy, Jacqueline Jarrett, Michaela Fitzgerald**



Jacqueline Jarrett
Senior Aboriginal
Health Worker



Dr Ryan



Health Assessment Team

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Irina Holmes
Registered Nurse



Tracey Bradshaw
Care Officer



Kahlia Bradshaw
Administration Officer

Aims:

The aims of the Health Assessment Unit are to improve the long term health outcomes of the Aboriginal people within our local communities. Encouraging all Aboriginal people to have health assessments empowers them to be able to make informed decisions about their health, life style choices and preventative medicine advice. The teams reaches out to the smaller communities within the valley these include the townships of Nambucca Heads, Bowraville, Macksville, Stuarts Point, Eungai, Valla and Scotts Head.

Highlights:

- Moving to Bowraville Aboriginal Health Clinic- awaiting the renovation to Darrimba Maarra Health Clinic at Nambucca Heads, where we will find a permanent home.
- Working in partnership with North Coast Area Health Service at the primary school and pre schools doing Otitis Media Screenings.
- Starting the new Healthy Active Program in partnership with Dr Andrew Black , & Kim Thompson from Bulgarr Ngaru Medical Aboriginal Corporation, Grafton and Peter Spence, Mid North Coast Division of GP, Symbion Pathology, and all the staff from Durri ACMS that helped on the screening days.
- Women's Health Day – in partnership with the Breast Screening Van and Miimi Mothers, and Paula Craig from North Coast Area Health Service.
- Completed the Immunisation GPII – so that Bowraville Aboriginal Health Clinic is eligible for immunisation incentives.
- NAIDOC week we had a stall at Hennessey Park Bowraville promoting the clinic.

Key Achievements:

- Statistics over the past 12 months.
- Health assessments 102.

Staff Qualification and Professional Development Improvements:

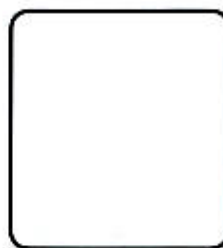
- Tracey Bradshaw & Kahlia Bradshaw are completing their Aboriginal Health Workers Certificate III Course at Booroongen Djugun College Kempsey.

Social and Emotional Wellbeing

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Ann Louis
Social & Emotional
Wellbeing



Barry Toohey
Social & Emotional Wellbeing
(Photo unavailable)

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 and psychiatrist service at Durri e.g. Alcohol and other drugs to maximise the capacity of the social and emotional well being program within the existing resource base.

Highlights:

- Our attendance at the 2nd NSW ADAN Regional Workshop - Capacity Building, Networking and Developing Skills in Survey Design (2 days in Kempsey).
- My completion of the 'Becoming A Deadly Facilitator' workshop in Coffs Harbour - 1 day.
- Our continued involvement with the Mainstream Mental Health and Area Health Services.
- The soon to be Psychiatric Info and Assessment Days - Training will be available to all staff and some community members.
- The development along with other staff members of the Mirabel Kinship Carers group we hope to form in the community to assist with some program development and family support to kids in foster/alternative care.
- The submission we hope to do in partnership with others to support some of our family kids who are living in alternative care/out of family care to do fun and youth oriented development activities.

Key Achievements:

Continue lobbying and advocating for Justice and Healing for the community (Red Dust Healing is a cultural model being delivered and evaluated at the moment targeting youth and young men).

Workshop notes etc. and being a skilled facilitator would like to develop from the ground up with the Elders and strong community some women's specific/women's only workshops to deal with various historical issues within the community. Some of us have already attended these workshops in Coffs Harbour with a number of other Elder women would like to develop this further.

The women also do cultural activities like food gathering - oysters/fish/cobra etc and to spend time away from Bowraville and some of the stresses. They could use it to access some of the pampering and self care type services in Nambucca and Macksville with other opportunities to be explored.

Health Promotions Officer

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Jaleel Jarrett

Aims:

The aim is to better the health awareness and life styles of Aboriginal people within the Nambucca Valley (Bowraville, Nambucca Heads and Macksville)

Highlights:

- Being involved in programs with the Nambucca Shire Council.
- Healthy Living program for women of the Nambucca Valley.
- Hearing Health testing and awareness with Children of the Nambucca Valley.
- Durri Dental van visiting the Bowraville Health Clinic on a regular bases for Adult and Children.
- Weekly Water Aerobics classes for ages 13 and up.
- Healthy Eating: delivery of fresh Fruit, Vegetables and Meat to Aboriginal families.

Key Achievements:

- Having successful Hearing Health days with over 20 children at each School of the Nambucca Valley (Frank Partridge, Nambucca Primary, Macksville Primary, St Mary's, Bowraville Central, Nambucca Catholic and St Patrick's).
- Being booked 2 weeks in advanced with Dental, both Adult and Children.
- Regular families ordering the Healthy Eating boxes as a part of the Healthy Active Program.
- Having women acknowledging their over-weight, and getting them to do something about it, such as Water Aerobics once a week and setting up a Healthy Living Program.



Acting Executive Officer of Business and Corporate Services

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Isobel Bradshaw

It is with great honour that I provide this report to you for the financial year of 2008/2009.

I was appointed as Acting Executive Officer of Business and Corporate Services in August, 2008 until July 2009.

I would like to thank Robert Dodd for his contribution to the organisation as both an Accountant and during his time as Acting Executive Officer of Business and Corporate Services.

Throughout the year we have farewelled dedicated and long serving staff members, Roslyn Roach and Djaan Jarett with whom made a large contribution to what Durri ACMS is today.

It has been a challenging and rewarding year as staff have been allocated and reassigned duties that they would not normally perform especially in the area of Finance.

Durri ACMS allowed all finance staff the opportunity to negotiate allocation of a new financial institution for the banking of all Durri ACMS accounts. Durri ACMS would like to thank Westpac for the support it has given to our Finance Staff throughout the transition.

Durri ACMS would also like to welcome on board Oxley Insurance Brokers and the time and effort they have spent with staff during this transition.

Over the past few years, it is fair to say that the Finance Team has covered the whole spectrum of emotions caused by instability and many other factors. The outcome however is their sheer determination to stand together as one and do what is right for the organisation first and foremost.

Congratulations to Galambila Aboriginal Health Service Incorporated as they became independent from Durri ACMS as of 1st of July, 2008.

Finally I would like to thank Colleen Campbell, Treasurer for her support and dedication to the Finance Team in her role as a Board of Director of Durri ACMS.



Employee Services Officer

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Brian Bradshaw

Snapshot:

Assist the Executive Officer with Organisational Development and Human Resources in establishing, maintaining and evaluating the occupational health and safety management system.

Aims:

Ensure efficient use of all Human Resource Service in accordance with Durri ACMS policy, processes and procedures.

Highlights:

- Durri ACMS achieving accreditation from the Australian General Practitioner Accreditation Limited.
- Recruitment of various positions for the organisation including Bowraville Health Post and Darrimba Maarra Health Post.
- Mitel telephone system installed at Durri ACMS for the better of access to staff directly from clients, service providers, etc.

Community Engagement Events:

- NAIDOC week.
- Reconciliation week.
- Representative on the Board of Dunghutti Elders.

Key Achievements:

- Maintaining an Assets Register for Durri ACMS.
- Implementing the Occupational Health and Safety Committee.
- Compilation of the Service Delivery Reporting Frameworks and the Service Activity Report.
- Amalgamation of assets from the Partnership of Aboriginal Care to Durri ACMS.

Program Compliance:

- Compliant with all performance reporting requirements for Aboriginal Health and Medical Research Council and the Office of Aboriginal and Torres Strait Islander Health.

Staff Qualification and Professional Development Improvements:

- Advanced Return to Work Coordinator Certificate.

Maintenance Officer

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



David Scholes
(casual)

Aims:

To develop and maintain the beautification program of the grounds, its equipment and operating premises of Durri premises. Maintain compliance with all Occupational Health and Safety Standards.

Highlights:

- A member of Durri ACMS' Occupational Health and Safety Committee.

Community Engagement Events:

- NAIDOC Celebrations.
- Dunghutti Youth Camp.

Key Achievements:

- Beautification of Durri ACMS and Bowraville Health Post near completion.
- Allocation of vehicle spaces for Programs.
- Durri ACMS becoming a Smoke Free Workplace.

Staff Qualification and Professional Development Improvements:

- Ascertained the following certifications; Operating of a Chainsaw, Senior First Aid, Chemical Use, Small Motor Repairs and Induction to Occupational Health and Safety.



Finance Team

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Robert Dodd
Accountant



Kayla Shanney
Finance Officer



Talisa Clay-Smith
Clerical (casual)



Tracey Parker
Book Keeper



Djaan Jarrett
Finance Officer

Snapshot:

The finance department assists staff and allied agencies with procurement, petty cash, travel allowance; Medicare accounts management, general finance, monthly reporting, annual compliance reports, budget management all in the aid of enhancing better primary and allied health care services.

Aims:

Our Aim and focus for the coming year is to provide more services to the front line.

Objectives:

We will achieve our aim by carrying out the following:-

- Apply fair but firm decisions in respect of expenditure;
- Identify expenditure wastage or inefficiencies and take proactive action to improve the situation for Durri ACMS;
- Provide a reliable and confidential service in respect of all staff transactions with Durri ACMS;
- Encourage clinical and program staff to utilize their allocated funding in a more efficient manner; and
- Provide advice to the Business Services Manager and other senior management members with integrity, vigor and care.

Highlights:

- Active participation in Durri Days and other events held by Durri;
- Obtaining recognition by the funding bodies for compliance; and;
- Submitting all acquittals and reports in on time, every time.

Of particular note is the outstanding teamwork that was carried out during the interim audit. Whilst the auditors provided the organisation with a number of corrective actions required, these were carried out efficiently and quickly.

Dunghutti-Ngaku Aboriginal Art Gallery

Funding Body: Office of Aboriginal and Torres Strait Islander Health (OATSIH)



Funding Body:

Indigenous Coordination Centre (ICC)
Department State & Regional Development

Staff:

Jann Kesby
Janice Giffin
Jamie Rylanca

Aims:

- To provide a sustainable, culturally appropriate outlet for Aboriginal Artists residing in the Macleay Valley and along the Mid North Coast.
- Provide mentorship to emerging Aboriginal Artists residing in the region.
- Provide opportunities for other cultural business development.
- Provide traineeships to those persons interested in working in art business and administration.

Highlights:

- Dunghutti Ngaku moved into Gallery space October 2008. The Gallery is situated alongside the Visitor Information Centre, South Kempsey in the architecturally designed building by world renowned architect Glenn Murcutt.
- A professional Gallery hanging system was installed.
- EFTPOS system, computers (donated by Department State & Regional Development - DSRD), telephone and office and admin requirements have been established and set in place.
- DSRD have provided a subsidy to develop image, logo, letter heads, business cards and DL brochure and a website with secure online shopping facilities. This includes training the coordinator and any interested artists in managing the site.
- Newsletter has been established and distributed monthly.
- Local artist Milton Budge took out 2nd prize at Wauchope Country Music Festival Art Exhibition.
- Artists John Kelly and Natalie Bateman took out 1st and 2nd prize at Classic Surf Art Exhibition at Crescent Head.

Community Engagement Events:

- Building box Program 'Dreaming & Beyond to Deadly Design' supported by Arts Mid North Coast was a forum aimed at local Aboriginal artists to assist in developing their professional practise and improve opportunities in placing art work into galleries and the market place.
- Aboriginal Art & Cultural Workshop was held in conjunction with National Parks & Wildlife for youth during April school holidays with local renowned artist Richard Campbell instructing.
- An exhibition was mounted at a Cultural Night of Enlightenment & Entertainment hosted by Booroongen Djugun at Kempsey Racecourse.
- Boolarong Nangamai Weavers from Gerringong conducted a workshop in the art of weaving. Each participant completed a 'fish' woven from cane and local fibres. These fish will be exhibited and form a large school at the Saltwater Freshwater Festival to be held in Coffs Harbour January 2010.
- Artist display at Community Services forum held at Kempsey Showground for older people, people with disabilities and their carers.
- Painting day for Elders from Booroongen Djugun.



Dunghutti-Ngaku Aboriginal Art Gallery Cont..

Key Achievements:

- International Women's Day Exhibition.
- Spring Exhibition.
- Workshop space available for artists to attend the Gallery to paint.
- Training for Aboriginal Cultural Tourism students in Gallery administration.

Program Compliance:

- Durri Aboriginal Medical Centre holds and account for the funds and employs the facilitator. Durri have set up independent bank accounts and accounting systems to cater for the compliance and accounting needs of the facility.

Quantity of Aboriginal Lives Enhanced:

- Through exhibiting and selling of artworks Aboriginal lives have been enhanced with further income.
- Self esteem, confidence and sense of well being have increased for artists involved with and exhibiting in the gallery.
- Motivation & passion has increased for artists to produce artworks to exhibit and to be involved with the gallery.



Artist, Natalie Bateman



Artist, Milton Budge

**DURRI ABORIGINAL CORPORATION
MEDICAL SERVICE**



**Financial Report
For the Year Ended 30 June 2009**



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

For the Year Ended 30 June 2009

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Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2009

Your Board present their report on Durri Aboriginal Corporation Medical Service (the Corporation) for the financial year ended 30 June 2009.

Board Members

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

Gerald Hoskins	Chairperson
Tony Gray	Deputy Chairperson
Colleen Campbell	Treasurer
Jo-Anne Kelly	Secretary (Leave from duty 03/03/2009 to 20/07/2009)
Kim Donohue	Director
Ivy Brown	Director
Shirley Kelly	Director
Mary Button	Director
Mary-Lou Buck	Director
Garth Fatnowna	Director (Appointed 27/10/2008)
Debra Morris	Director (Appointed 27/10/2008)
Ruth Maruca	Director (Retired 27/10/2008)

Directors 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 delivery of primary and allied health care for Indigenous Australians on the Mid North Coast of New South Wales including three (3) medical centres.

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

Corporation Secretary

The following person held the position of Corporation Secretary at the end of the financial year:

Jo-Anne Kelly was appointed the Corporation's Secretary on 2 February 2008.

Operating Results

The loss of the Corporation for the financial year ended 30 June 2009, after providing for income tax, amounted to \$3,523,238. The operating result represented a decline in operating performance of \$4,398,092 when compared to the profit of \$874,854 for the previous financial year.

Dividends

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



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2009

Significant Changes in State of Affairs

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. 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.

In addition, the consolidated financial report of the Corporation as at 30 June 2008 included net assets relating to the Number 28 Program, Partnership for Aboriginal Care, totalling \$415,312. As at 30 June 2009 the Partnership for Aboriginal Care was in the final stages of being wound up with net assets of \$38,107 remaining to be distributed to the partners in the partnership.

Except for the above matters, no other significant changes in the Corporation's state of affairs occurred during the financial year.

Review of Operations

Total revenue during the year decreased by \$3,003,440 mainly as a result of a decrease in grant income of \$2,273,478 and a decrease in Medicare income of \$928,709. Included in expenditure of the Corporation during the year ended 30 June 2009 was an amount of \$2,281,936 representing the transfer of net assets of Galambila Health Post in accordance with the Deed of Transfer.

After Balance Date Events

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

Future Developments

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

Auditor's 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.



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2009

Environmental Issues

The Corporation's operations are not subject to any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

The Directors believe the Corporation has adequate systems in place for the management of its environmental requirements and are not aware of any breach of those environmental requirements as they apply to the Corporation.

Director Information

Information on Current Directors

Gerald Hoskins

Qualifications	Workforce Development and EEO Manager for NCAHS
Experience	Director of Corporation for 7 years
Special Responsibility	Chairperson

Tony Gray

Qualifications	Aboriginal Community Elder, Certificate in Communication
Experience	Director of Corporation for 7 years
Special Responsibility	Deputy Chairperson

Colleen Campbell

Experience	AEO South Kempsey Primary School, MYOB Training
Special Responsibility	Director of Corporation for 3 years
	Treasurer

Jo-Anne Kelly

Qualifications	Independent Consultant
Experience	Director of Corporation for 2 years
Special Responsibility	Secretary

Kim Donohue

Qualifications	Public Servant
Experience	Director of Corporation for 5 years

Ivy Brown

Qualifications	Aboriginal Student Support Officer for TAFE
Experience	Director of Corporation for 8 years



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2009

Director Information (continued)

Information on Current Directors (continued)

Shirley Kelly

Qualifications

Experience

Aboriginal Community Elder

Director of Corporation for 30 years,
Local Aboriginal Community Development Program

Mary Button

Qualifications

Experience

Aboriginal Cultural Support Officer for Correctional Services,
Dunghutti Elder

Director of Corporation for 6 years

Mary-Lou Buck

Qualifications

Experience

Aboriginal Heritage and Cultural Advisor with the Roads and Traffic
Authority, Dunghutti Elder

Director of Corporation for 7 years
1st successful Claimant Native Title mainland Australia at Crescent Head

Garth Fatnowna

Qualifications

Experience

Diploma in Education, Certificate 4 TAA, Certificate 2 Mentoring

Director of Corporation for 1 year

Debra Morris

Qualifications

Experience

Coordinator of Kempsey Aboriginal Community Justice Group

Director of Corporation for 1 year



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' REPORT

30 June 2009

Director Information (continued)

Meetings of Directors


During the financial year, 22 Meetings of Directors (including committees of Directors) were held. Attendances by each Director during the year were as follows:

	Directors' Meetings		Finance Meetings	
	Eligible to attend	Number attended	Eligible to attend	Number attended
Gerald Hoskins	11	11	11	11
Tony Gray	11	10	11	10
Colleen Campbell	11	10	11	10
Jo-Anne Kelly	6	4	6	4
Kim Donohue	11	7	11	7
Ivy Brown	11	8	11	8
Shirley Kelly	11	9	11	4
Mary Button	11	11	11	11
Mary Lou Buck	11	7	11	7
Garth Fatnowna	7	4	7	4
Debra Morris	7	6	7	6
Ruth Maruca	4	4	4	4

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: 12 October 2009



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

DIRECTORS' DECLARATION


The Directors 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 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and:
 - (a) have been made out in accordance with the Rules of the Corporation;
 - (b) comply with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007; and
 - (c) give a true and fair view of the financial position as at 30 June 2009 and performance for the year ended on that date of the Corporation;


- (2) in the Directors' 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 Directors and is signed for and on behalf of the Board by:

Chairperson: 
Gerald Hoskins

Secretary: 
Jo-Anne Kelly

Treasurer: 
Colleen Campbell

Deputy Chairperson: 
Tony Gray

Dated: 12 October 2009





NorthCorp
accountants

PARTNERS
Mark Hatherly BCom FCA
Winfred Gibson BFA AM AICPA
Robert Magnussen B Bus CA
Paul Faney B Bus CA
Rodney Smith BFA AM AICPA
Tony Faulder BCom CPA AFPA CA
Bart Lawler BCom CA

AUDITOR'S INDEPENDENCE DECLARATION

Under Section 339-50 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*

To the Directors of Durri Aboriginal Corporation Medical Service

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2009 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act 2006 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: 12 October 2009

10-12 Short Street
PORT MACQUARIE NSW 2444





NorthCorp
accountants

PARTNERS
Mark Hatherly a.com.04
Winfred Gibson a.m.a.m.04
Robert Magnussen a.s.u.c.04
Paul Fahy a.s.u.c.04
Rodney Smith a.m.a.m.04
Tony Faulber a.com.04 a.m.a.m.04
Bart Lawler a.com.04

INDEPENDENT AUDITOR'S 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 2009, 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.

Directors' Responsibility for the Financial Report

The Directors 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 Directors 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 Directors, 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.



INDEPENDENT AUDITOR'S 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 (Aboriginal and Torres Strait Islander) Act 2006.

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 2009 and of its performance for the year ended on that date;
- (b) in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, 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

10-12 Short Street
PORT MACQUARIE NSW 2444

Dated: 12 October 2009



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

INCOME STATEMENT

For the Year Ended 30 June 2009

	Note	2009 \$	2008 \$
Revenue	2	7,945,735	10,949,175
Bad and doubtful debts expense	3	(68,444)	(53,000)
Depreciation and amortisation expense	8(a)	(384,656)	(522,302)
Employee benefits expense		(5,282,605)	(6,817,834)
Finance costs	3	(13,398)	(51,238)
Motor vehicle expenses		(124,489)	(189,800)
Office and administration expenses		(487,474)	(384,070)
Program and medical expenses		(1,246,292)	(1,282,680)
Repairs, maintenance and utility expenses		(346,621)	(378,808)
Transfer of assets on cessation of Partnership for Aboriginal Care		(80,415)	-
Transfer of net assets to Galambila AMS		(2,281,936)	(167,947)
Transfers to Australian Indigenous Business Service Trust		(812,000)	-
Transfer to Biripi AMS		(90,000)	-
Other expenses		(250,643)	(226,642)
		<u>(11,468,973)</u>	<u>(10,074,321)</u>
Profit / (loss) before income tax		(3,523,238)	874,854
Income tax expense		-	-
Profit / (loss) attributable to members of the Corporation		<u>(3,523,238)</u>	<u>874,854</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

BALANCE SHEET

As At 30 June 2009

	Note	2009 \$	2008 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	2,966,772	4,335,378
Trade and other receivables	5	159,941	191,937
Other assets	7	26,863	57,318
Total current assets		3,153,576	4,584,633
Non-current assets			
Financial assets	6	1,348	1,332
Property, plant and equipment	8	5,036,618	7,416,551
Total non-current assets		5,037,966	7,417,883
TOTAL ASSETS		8,191,542	12,002,516
LIABILITIES			
Current liabilities			
Trade and other payables	9	291,682	382,353
Borrowings	10	19,445	69,991
Short-term provisions	11	347,705	513,773
Total current liabilities		658,832	966,117
Non-current liabilities			
Borrowings	10	133,478	147,065
Other long-term provisions	11	150,414	117,294
Total non-current liabilities		283,892	264,359
TOTAL LIABILITIES		942,724	1,230,476
NET ASSETS		7,248,818	10,772,040
EQUITY			
Reserves	13	1,391,714	2,714,686
Retained earnings		5,857,104	8,057,354
TOTAL EQUITY		7,248,818	10,772,040

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 2009

2009

	Retained Earnings	Asset Revaluation Reserve	Financial Assets Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2008	8,057,354	2,713,354	1,332	10,772,040
Profit attributable to members of the Corporation	(3,523,238)	-	-	(3,523,238)
Revaluation increment (decrement)	-	-	16	16
Transfer from asset revaluation reserve (Galambila)	1,322,988	(1,322,988)	-	-
Balance at 30 June 2009	5,857,104	1,390,366	1,348	7,248,818

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



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

CASH FLOW STATEMENT

For the Year Ended 30 June 2009

	Note	2009 \$	2008 \$
Cash flows from operating activities:			
Receipts from customers		8,496,851	12,273,175
Payments to suppliers and employees		(9,792,344)	(10,486,917)
Dividends received		35	161
Interest received		103,304	144,189
Interest paid		(13,398)	(51,238)
Net cash provided by (used in) operating activities	17(a)	<u>(1,205,552)</u>	<u>1,879,370</u>
Cash flows from investing activities:			
Proceeds from sale of plant and equipment		-	506,303
Acquisition of property, plant and equipment		(98,921)	(1,360,240)
Net cash provided by (used in) investing activities		<u>(98,921)</u>	<u>(853,937)</u>
Cash flows from financing activities:			
Repayment of borrowings		(13,187)	(407,488)
Net cash provided by (used in) financing activities		<u>(13,187)</u>	<u>(407,488)</u>
Net increase (decrease) in cash held		(1,317,660)	617,945
Cash at beginning of financial year		<u>4,277,608</u>	<u>3,659,663</u>
Cash at end of financial year	4	<u>2,959,948</u>	<u>4,277,608</u>



Durri Aboriginal Corporation Medical Service

A.B.N. 52 730 046 875

INCOME AND EXPENDITURE STATEMENT

For the Year Ended 30 June 2009

		2009	2008
		\$	\$
INCOME	Note		
Administration fees		-	25,397
Capital funding – buildings and equipment		160,000	72,728
Commonwealth - Healthy for Life		522,235	719,375
Commonwealth Department of Health and Family Services		4,113,425	4,711,057
Department of Aboriginal Affairs		-	10,000
Department of Community Services		157,631	203,477
Department of Sport and Recreation		-	3,299
Emergency Relief		21,953	16,093
Environmental Trust Fund		28,018	18,508
General Practice Employment training funding		122,518	323,008
Hunter New England Area Health Service		-	4,500
Immunisation		6,160	29,133
Indigenous Co-ordination Centres (ICC)		3,000	77,000
Insurance recoveries		-	1,706
Interest received		103,304	144,189
Justice Health		-	(3,490)
Medicare receipts		924,948	1,853,657
Medical Specialist Outreach Assistance Program (MSOAP)		63,850	75,234
Newcastle University		35,250	35,434
North Coast Area Health Service		329,000	192,530
North Coast Division of General Practitioners		157,978	15,917
NSW Health Department		797,200	934,900
Partnership for Aboriginal Care funding		-	1,166,162
Practice Incentive Payments		65,246	95,374
Profit on sale of non-current assets		-	27,386
Qumax Pharmacy Guild		5,610	-
Sundry income		105,858	25,655
Wage contributions - external		-	116,603
Wutuma Keeping Place funding		117,400	-
Workers compensation claims		105,151	81,729
		<u>7,945,735</u>	<u>10,976,561</u>
EXPENDITURE			
Administrative costs		60,087	23,359
Advertising and promotion		67,845	48,989
Annual leave		638	(60,675)
Auditor's remuneration	14	43,867	35,200
Bad and doubtful debts expense	3	68,444	53,000
Bank charges		21,600	11,872
Directors' meetings		31,527	49,704
Cleaning		62,718	59,218
Contractors		680,994	657,522
Consultancy - review PAC IT system		-	3,900
Dental referrals		26,643	33,292
Depreciation	8(a)	384,656	522,302
Donations		5,464	4,853
Electricity and gas		58,235	46,255
Emergency relief expenses		18,195	15,493

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 2009

		2009	2008
		\$	\$
EXPENDITURE (continued)	Note		
Expendable equipment		28,299	20,197
FBT expense		32,201	42,718
Funeral expenses		440	523
Indigenous Women's Incentive program		-	3,456
Insurance		72,001	40,047
Interest on loan	3	13,398	13,794
Laundry		3,411	2,855
Lease office equipment		-	3,674
Legal costs		1,062	5,160
Licenses		176	259
Long service leave		11,179	(348)
Loss on sale – non-current assets		-	41,683
Medical supplies		137,718	99,749
Medical waste		6,902	6,484
Motor vehicle expenses		124,489	227,244
National Aboriginal and Islander Day of Celebrations (NAIDOC)		9,348	47,153
PAC client expenses		29,818	10,430
Patient transport		442	13,008
Postage and freight		4,459	7,415
Printing and stationery		48,460	58,336
Program expenses		241,775	228,892
Project management - building feasibility		4,358	58,898
Publications		14,490	20,935
Rates		11,451	9,257
Recruitment expenses		792	18,545
Rent		3,532	47,942
Repairs and maintenance		56,403	77,978
Security costs		20,894	22,652
Seminars and meetings		25,797	50,935
Sports program spending		-	21,826
Superannuation contributions		404,133	538,902
Telephone		100,852	81,498
Transfer Aboriginal Men's programs		-	21,004
Transfer funding to other AMS		4,920	-
Transfer of assets on cessation of Partnership for Aboriginal Care		80,415	-
Transfer of net assets to Galambila AMS		958,948	167,947
Transfer to Biripi AMS		90,000	-
Transfers to Australian Indigenous Business Service Trust		812,000	-
Travel expenses		72,407	52,957
Tuition		63,695	2,771
Uniforms		19,597	5,917
Unspent funding repaid		47,729	-
Wages		4,834,454	6,297,237
Wages external		-	68,406
Workers compensation		218,102	157,351
Youth program		4,525	1,736
		<u>10,145,985</u>	<u>10,101,707</u>
Net Profit/(Loss) After Tax		(2,200,250)	874,854

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 2009

Note 1 Statement of Significant Accounting Policies

The financial report is for 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 Corporations (Aboriginal and Torres Strait Islander) Act 2006, 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. 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 and 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.

(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.

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(d) Financial Instruments

Initial Recognition and Measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Corporation commits itself to either purchase or sell the asset (ie. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified as at 'fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and Subsequent Measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- (i) the amount at which the financial asset or financial liability is measured at initial recognition;
- (ii) less principal repayments;
- (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the *effective interest method*; and
- (iv) less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(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. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(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.

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

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(d) Financial Instruments (continued)

Loans and receivables (continued)

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 trade 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.

(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.

(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.

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.

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(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.

(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 as indicated 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 asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(g) Property, Plant and Equipment (continued)

Plant and equipment (continued)

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.

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
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.

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(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.

(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.

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 2009

Note 1 Statement of Significant Accounting Policies (continued)

(n) Critical Accounting Estimates and Judgments

The Corporation evaluates 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 be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

No impairment has been recognised in respect of assets at reporting date.

(o) New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application for future reporting periods. The Corporation has decided against early adoption of these standards. A discussion of these future requirements which are applicable to the Corporation but are not yet effective is as follows:

AASB101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the Corporation.

The financial report was authorised for issue on 12 October 2009 by the Board.

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 2009

Note 2 Revenue and Other Income

(a) Revenue

	2009	2008
	\$	\$
Grant income	6,543,364	8,816,842
Medicare income	924,948	1,853,657
Interest received	103,304	144,189
Worker compensation claims	105,151	81,729
Dividend received	35	161
Other revenue	268,933	52,597
Total Revenue	7,945,735	10,949,175

Note 3 Profit / (Loss) for the Year

(a) Expenses

Finance costs

Other persons	13,398	13,794
Hire purchase	-	37,444
Total finance costs	13,398	51,238

Bad and doubtful debts

Medicare debtors	68,444	53,000
Total bad and doubtful debts	68,444	53,000
Net loss on disposal of property, plant and equipment	-	(14,297)

(b) Significant Expenses

The following significant expense items are relevant in explaining the financial performance:

Transfers to Australian Indigenous Business Service Trust	812,000	-
Transfer to Biripi AMS	90,000	-
Transfer of assets on cessation of Partnership for Aboriginal Care	80,415	-
Transfer of net assets to Galambila AMS	2,281,936	167,947
	3,264,351	167,947

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 2009

Note 4 Cash and Cash Equivalents

	2009	2008
	\$	\$
Cash on hand	1,440	1,540
Cash at bank		
Tax account	4,106	9,636
Capital Account	10,230	207,261
Long service leave No. 1 account	-	270,266
Long service leave No. 18 account	-	98,833
Long service leave No. 28 account	5	46,783
Cash Management Account	2,412,083	-
No. 1 Bank accounts	274	-
No. 2 Bank accounts	10,013	40,700
No. 3 Bank accounts	7,267	123,838
No. 4 Bank accounts	29,896	32,706
No. 5 Bank accounts	3,475	4,014
No. 7 Bank accounts	24,051	169,133
No. 8 Bank accounts	10,065	138,242
No. 9 Bank accounts	4,404	84,061
No. 10 Bank accounts	8,336	135
No. 11 Bank accounts	32,065	31,634
No. 12 Bank accounts	2,604	31,701
No. 15 Bank accounts	45,460	258,622
No. 16 Bank accounts	3,388	30,714
No. 17 Bank accounts	14,447	205,790
No. 18 Bank accounts	122	316,585
No. 19 Bank accounts	4,843	65,008
No. 20 Bank accounts	8,210	33,017
No. 22 Bank accounts	86,509	16,160
No. 23 Bank accounts	28,940	26,559
No. 23 Bank accounts - Female Youth	23,852	40,557
No. 23 Bank accounts - Dughutti Youth	2,119	12,046
No. 24 Bank accounts	10,175	17,416
No. 25 Bank accounts	322	10,797
No. 27 Bank accounts	16,880	301,355
No. 28 Bank accounts	8,503	31,074
No. 28 Bank accounts - Medicare	2,666	252,295
No. 29 Bank accounts	32,056	218,851
No. 30 Bank accounts	39,889	243,535
No. 34 Bank accounts	77,084	916,630
No. 35 Bank accounts	993	47,884
	<u>2,966,772</u>	<u>4,335,378</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 2009

Note 4 Cash and Cash Equivalents (continued)

Reconciliation of Cash

	Note	2009 \$	2008 \$
Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:			
Cash and cash equivalents		2,966,772	4,335,378
Bank overdrafts	10	(6,824)	(57,770)
		<u>2,959,948</u>	<u>4,277,608</u>

Note 5 Trade and Other Receivables

Current

Medicare receivables		28,562	74,788
Provision for doubtful debts		(2,115)	(4,554)
		<u>26,447</u>	<u>70,234</u>

Other receivables		<u>133,494</u>	<u>121,703</u>
		<u>159,941</u>	<u>191,937</u>

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

Note 6 Financial Assets

Available for sale financial assets	6(a)	<u>1,348</u>	<u>1,332</u>
		1,348	1,332
Less non-current portion		<u>(1,348)</u>	<u>(1,332)</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

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 6 Financial Assets (continued)

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

	2009	2008
	\$	\$
Listed investments, at fair value shares in listed corporations	1,348	1,332
Total available-for-sale financial assets	1,348	1,332

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 7 Other Assets

Current		
Deposits paid	1,500	1,500
Input tax credits	25,363	55,818
	26,863	57,318

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 2009

Note 8 Property Plant and Equipment

	2009	2008
	\$	\$
Land and buildings		
Freehold land		
Land at independent valuation - 2008	645,000	645,000
Land at independent valuation - 2006	-	1,177,700
Total freehold land at valuation	<u>645,000</u>	<u>1,822,700</u>
Buildings and freehold improvements		
Buildings at independent valuation - 2008	3,080,000	3,080,000
Buildings at independent valuation - 2006	-	758,000
Buildings at cost	521,278	488,726
Less accumulated depreciation	(144,431)	(158,688)
Total buildings	<u>3,456,847</u>	<u>4,168,038</u>
Total land and buildings	<u>4,101,847</u>	<u>5,990,738</u>
Plant and equipment		
Plant and equipment at cost	1,986,076	2,554,037
Less accumulated depreciation	(1,051,305)	(1,128,224)
Total plant and equipment	<u>934,771</u>	<u>1,425,813</u>
Total property, plant and equipment	<u>5,036,618</u>	<u>7,416,551</u>

(a) Movements in Carrying Amounts

	Freehold land	Buildings and improvements	Plant and equipment	Total
	\$	\$	\$	\$
Balance at the beginning of year	1,822,700	4,168,038	1,425,813	7,416,551
Additions	-	58,341	40,580	98,921
Disposals	(1,177,700)	(627,600)	(288,898)	(2,094,198)
Depreciation expense	-	(141,932)	(242,724)	(384,656)
Carrying amount at the end of year	<u>645,000</u>	<u>3,456,847</u>	<u>934,771</u>	<u>5,036,618</u>

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

	2009	2008
	\$	\$
Cost	3,484,200	4,319,973
Accumulated depreciation	(586,303)	(756,744)
Net book value	<u>2,897,897</u>	<u>3,563,229</u>

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



Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 9 Trade and Other Payables

	Note	2009 \$	2008 \$
Current			
Unsecured liabilities			
Trade and other payables		<u>291,682</u>	<u>382,353</u>
		<u>291,682</u>	<u>382,353</u>

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

Note 10 Borrowings

Current

Unsecured liabilities

ANZ Business Visa card	1	<u>-</u>	<u>1,891</u>
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Secured liabilities

Bank overdraft	10(a)(c)	<u>6,824</u>	<u>57,770</u>
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Bank loan	10(a)(c)	<u>12,621</u>	<u>10,330</u>
-----------	----------	---------------	---------------

		<u>19,445</u>	<u>68,100</u>
--	--	---------------	---------------

		<u>19,445</u>	<u>69,991</u>
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Non-Current

Secured liabilities

Bank loan	10(a)(c)	<u>133,478</u>	<u>147,065</u>
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		<u>133,478</u>	<u>147,065</u>
--	--	----------------	----------------

(a) Total current and non-current secured liabilities

Bank overdraft		<u>6,824</u>	<u>57,770</u>
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Bank loan		<u>146,099</u>	<u>157,395</u>
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		<u>152,923</u>	<u>215,165</u>
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(b) The carrying amounts of non-current assets pledged as security are:

Property, plant and equipment		<u>5,036,618</u>	<u>7,416,551</u>
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(c) Bank and Mortgage Loans

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



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 11 Provisions

	Annual Leave	Long service leave	Wages	Total
	\$	\$	\$	\$
Opening balance at 1 July 2008	363,171	202,949	64,947	631,067
Amounts used	(103,436)	(22,720)	(6,792)	(132,948)
Balance at 30 June 2009	259,735	180,229	58,155	498,119

Employee Entitlements

	2009	2008
	\$	\$
Current	347,705	513,773
Non-current	150,414	117,294
	498,119	631,067

Note 12 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 13 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.

Note 14 Auditor's Remuneration

Remuneration of the auditor of the Company for:

- Auditing or reviewing the financial report	39,600	33,880
- Under accrual in 2008 year	4,267	-
- Under accrual in 2007 year	-	1,320
	43,867	35,200



Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 15 Disclosures on Key Management Personnel

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 Director (whether executive or otherwise) of the Corporation. Control is the power to govern the financial and operating policies of the Corporation so as to obtain benefits from its activities.

(a) Board Members

During the financial year the following Directors held office:

Gerald Hoskins	Chairperson
Tony Gray	Deputy Chairperson
Colleen Campbell	Treasurer
Jo-Anne Kelly	Secretary (Leave from duty 03/03/2009 to 20/07/2009)
Kim Donohue	Director
Ivy Brown	Director
Shirley Kelly	Director
Mary Button	Director
Mary-Lou Buck	Director
Garth Fatnowna	Director (Appointed 27/10/2008)
Debra Morris	Director (Appointed 27/10/2008)
Ruth Maruca	Director (Retired 27/10/2008)

(b) Other Key Management Personnel

The following persons also had responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly during the financial year:

Name	Position
Darren Kershaw	Acting Chief Executive Officer (Appointed 05/01/2009)
Tracey Lonergan	Acting Chief Executive Officer (Appointed 17/09/2008, Retired 07/01/2009)
Isobel Bradshaw	Acting Executive Officer (Appointed 08/08/2008, Retired 20/07/2009)
Robert Dodd	Acting Executive Officer (Appointed 06/05/2008, Retired 08/08/2008)
Roslyn Roach	Acting Chief Executive Officer (Appointed 06/05/2008 Retired 12/09/2008), previously Chief Finance Officer

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 2009

Note 15 Disclosures on Key Management Personnel (continued)

(c) Key Management Personnel Compensation

The aggregate compensation of key management personnel during the year comprising amounts paid or payable or provided for was as follows:

	2009	2008
	\$	\$
Short-term employee benefits	251,883	432,416
Post-employment benefits	24,169	75,793
Other long-term benefits	14,448	17,616
Termination benefits	146,391	32,894
	<u>436,891</u>	<u>558,719</u>

(d) 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 16 Capital and Leasing Commitments

(a) Capital Expenditure Commitments

Capital expenditure commitments contracted for:

Renovations to Nambucca Health Post building	<u>1,102,488</u>	<u>-</u>
	<u>1,102,488</u>	<u>-</u>
Payable:		
- not later than 12 months	<u>1,102,488</u>	<u>-</u>
	<u>1,102,488</u>	<u>-</u>



Durri Aboriginal Corporation Medical Service

A.B.N 52 730 046 875

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 17 Cash Flow Information

(a) Reconciliation of Cash Flow from Operations with Profit / (Loss) after Income Tax	2009	2008
	\$	\$
Profit /(loss) after income tax	(3,523,238)	874,854
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
Depreciation, amortisation and impairments	384,656	522,302
Net (gain)/loss on disposal of property, plant and equipment	-	14,297
Net (gain)/loss on transfers of assets	2,094,198	-
Changes in assets and liabilities		
(Increase)/decrease in trade receivables	31,996	558,880
(Increase)/decrease in other assets	30,455	10,065
Increase/(decrease) in trade payables and accruals	(90,671)	(54,429)
Increase/(decrease) in provisions	(132,948)	(46,599)
Cashflow from / (used in) operations	<u>(1,205,552)</u>	<u>1,879,370</u>
(b) Credit Standby Arrangements with Banks		
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	6,824	50,000
ANZ Business Visa Cards	-	1,891
	<u>6,824</u>	<u>51,891</u>
Facilities not utilised at balance date		
Bank overdraft	43,176	-
ANZ Business Visa Cards	10,000	8,109
	<u>53,176</u>	<u>8,109</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.

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 2009

Note 18 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 Directors 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 2009 the Corporation had funds of \$2,965,332 (2008: \$4,333,838) 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 2009 was \$Nil (2008: \$270,266). The amount of cash deposited in variable interest rate bank accounts as at 30 June 2009 was \$2,965,332 (2008: \$4,063,572) with an average interest rate of 2.54% (2008: 2.75%).

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

A.B.N 52 730 046 875

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 18 Financial Risk Management (continued) (b) Financial Instruments

(i) 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 Average		Floating Interest Rate		Maturing within 1 Year		Non-interest Bearing		Total	
	Effective Interest Rate	2008	2009	2008	2009	2008	2009	2008	2009	2008
	%	%	\$	\$	\$	\$	\$	\$	\$	\$
Financial Assets:										
Cash and cash equivalents	2.54	2.75	2,965,332	4,063,572	-	-	1,440	1,540	2,966,772	4,065,112
Short term deposits	-	5.25	-	-	270,266	-	-	-	-	270,266
Receivables	-	-	-	-	-	-	159,941	191,937	159,941	191,937
Investments	-	-	-	-	-	-	1,348	1,332	1,348	1,332
Total Financial Assets			2,965,332	4,063,572	-	270,266	162,729	194,809	3,128,061	4,528,647
Financial Liabilities:										
Bank loans secured	7.25	9.75	146,099	157,395	-	-	-	-	146,099	157,395
Bank overdrafts	10.80	13.30	6,824	57,770	-	-	-	-	6,824	57,770
Visa credit card	14.09	16.24	-	1,891	-	-	-	-	-	1,891
Trade and sundry payables	-	-	-	-	-	-	291,682	382,353	291,682	382,353
Total Financial Liabilities			152,923	217,056	-	-	291,682	382,353	444,605	599,409

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 2009

Note 18 Financial Risk Management (continued)

(ii) 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 \$2,115 (2008: \$4,554) and represent 1.3% (2008: 2.3%) 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 Directors 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	
	2009	2008	2009	2008
	\$	\$	\$	\$
Less than 1 months overdue	19,888	73,597	313	1,622
1 months – 3 months overdue	5,121	25,828	752	1,720
More than 3 months overdue	33,088	18,441	1,050	1,212
Total	58,097	117,866	2,115	4,554

(iii) Interest Rate Risk Sensitivity Analysis

The following sensitivity analysis is based on the interest rate risk exposures in existence at the balance sheet date for interest bearing financial assets and financial liabilities.

	Other Carrying Amount	-1% Profit	-1% Equity	+1% Profit	+1% Equity
	\$	\$	\$	\$	\$
Financial Assets					
Cash at bank	2,965,332	(29,653)	(29,653)	29,653	29,653
Financial Liabilities					
Borrowings	152,923	1,529	1,529	(1,529)	(1,529)
Increase/(decrease)		(28,124)	(28,124)	28,124	28,124



Durri Aboriginal Corporation Medical Service

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NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2009

Note 19 Economic Dependency

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

Note 20 Corporation Details

Registered office

The registered office of the Corporation is:
Durri Aboriginal Corporation Medical Service
15-19 York Lane
Kempsey NSW 2440





Durri

Aboriginal Corporation Medical Service

PO Box 136
15-19 York Lane
KEMPSEY NSW 2440
Ph: (02) 6562 4919