



Jirntangku Miyrta Katherine West Health Board

Annual Report 2006



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Cover photograph: Lingara women care for children by holding them over smoking eucalyptus leaves ('malan') to calm and settle them. This practice is not just for children, but used to care for people of all ages. Traditional cultural health practices have an important place in Katherine West Health Board communities and are widely followed throughout the region.

"Make a fire with dry malan. Make smoke with green leaves over the flame. Put the babies in the smoke if they are sick or if they aren't listening to the older ones. Makes you feel better all over and makes the kids settle down."

List of Abbreviations

ABCD	Audit and Best Practice for Chronic Disease	HSAK	Healthy School Aged Kids
AHW	Aboriginal Health Worker	IHANT	Indigenous Housing Authority of the Northern Territory
CATSI Act	Corporations (Aboriginal and Torres Strait Islander) Act	KRAHRS	Katherine Regional Aboriginal Health and Related Services
CDC	Centre for Disease Control	KWHB	Katherine West Health Board
CHC	Community Health Centre	MOU	Memorandum of Understanding
CQI	Continuous Quality Improvement	NT	Northern Territory
DHCS	Department of Health and Community Services	OATSIH	Office of Aboriginal and Torres Strait Islander Health
EBA	Enterprise Bargaining Agreement	OVAHS	Ord Valley Aboriginal Health Service
EHO	Environmental Health Officer	PIRS	Patient Information Recall System
GAA	Growth Assessment and Action	RN	Registered Nurse
GP	General Practitioner	SDRF	Service Delivery Reporting Framework
HPV	Human Papilloma Virus	WHINURS	Women's Human Papilloma Virus Immunisation, Indigenous/Non-Indigenous Urban/Rural Survey

Helen Morris



Leader, mentor, inspiration a cherished Senior Aboriginal Health Worker retires

As in every organisation, new faces come along to bring fresh ideas and stimulus but sadly, we also see familiar faces move on.

The past year saw a number of staff leave the organisation for many and varied reasons. However there was someone particularly special who has been with KWHB since its inception; who served as its first vice-chairperson between

1997-1998; and has worked tirelessly as one of the most respected and revered Aboriginal Health Workers in the Northern Territory.

Over the years, Helen has not only cared for many, many family members; she has mentored other AHWs and become an inspiration and exceptional role model to both young and old alike, earning the respect she so richly deserves.

On 21 October 2005, numerous family, KWHB Board members, KWHB staff and representatives from the NT Government and NT Department of Health and Community Services met at the offices of Hon. Marion Scrymgour, Minister for Environment and Heritage (and first CEO of Katherine West Health Board) to farewell Helen and present her with a beautiful silver platter to commemorate her time with KWHB. Many stories were shared between Helen and her guests with the odd tear being shed.

Board members, staff and their families would like to wish Helen all the very best for the future and we know we'll be seeing her from time to time in both her home community of Kalkarindji and in Katherine.

"An important lesson for community organising was the need to identify key individuals who had particularly strong visions of what needed to be done, and enlist their support. Most of the time these were Helen Morris and Jack Little. Jack and Helen were the best two mentors that anyone could have ever had.

Because I'm not from that region, I went into that thinking I don't know anything and allowed these two - Helen and Jack - to lead me.... it was them two that was driving the process.

We would have sessions where I would sit down with Helen when we went and spoke to women. I'd go through the different papers with her and we'd just scribble things down. We would then go to the meetings and she would stand up and translate all of that in language. It was her driving the process."

First CEO of KWHB Marion Scrymgour, (*Something Special: The inside story of the Katherine West Health Board*)



above: Helen Morris retires - a very moving and emotional farewell was given in Darwin to say "goodbye and good luck" to Helen Morris and her family. The respect she has earned comes from past and present Board members, AHWs and their families; and community members throughout Katherine and its region and right throughout the Top End.



above: Helen (pictured right) explaining the safe use of medicines in a promotional video she helped develop.

Helen recalls: "All the local people came out and started listening to what's going to be happening, and it was a really exciting thing - we're going to start our own board . . . But we took it slowly, bits and pieces. . . Because we was looking forward, it was really exciting and we finally got it through!" (*Something Special: The inside story of the Katherine West Health Board*)

Jack Little

“This Katherine West been putting something in our heart....”



above: Katherine West Health Board visionary and now Honorary Board Member

the reason why... Like maybe some white bloke don't believe us very much sometime, but too long we been under control by white people, and this is our first opportunity to, you know, 'come on, get up and help ourselves.'

When I first heard about it, I wasn't too sure whether the health board was going to be working but anyway I went in and had a go ...

The health board been start up and it's sort of to Aboriginal people in the community. just like Daguragu strike* and things like that. They had a bit of power too, and someone been helping them to get to that start. And now, this Katherine West been putting something in our heart to make our own strike. To build that up."

(Something Special: The inside story of the Katherine West Health Board)

***The Daguragu strike, also known as the Gurindji Strike or Wave Hill Walk-Off,** refers to the walk-off and strike by 200 Ngumpin (Aboriginal) stockmen, house servants and their families in August 1966 at Wave Hill cattle station. Initially, the action was interpreted as purely a strike against appalling work and living conditions. However, it soon became apparent that it was not just improved conditions Gurindji were campaigning for: it was for return of their land.

Community Control

"We focussing and think what Aboriginal people need – get more knowledge and understanding and make things happen. That's the

"All the early consultations involved painting a picture about the old way, talking about how the old way of health and how health services were delivered, and if the Trial went ahead the new way, and how things would happen:

'If you had a chance to fix your health and the health of your community, what would you do? And you tell me how, if we set up this organisation what would we need to do. How would we need to change it?'

And that's where community control came in. A lot of [community members] said 'Yeah, sounds good – but is it going to change?' The selling point wasn't so much the money, it was the control.

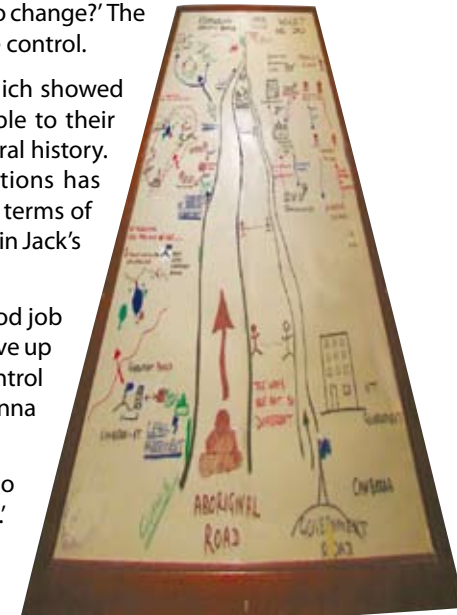
And that's where Jack Little drew that picture which showed the strong line which went from Aboriginal people to their communities in terms of what they say and their oral history. What's been handed down through the generations has always been the same thing and it's strong. But in terms of governments, governments change all the time, so in Jack's picture that was a broken line.

Jack was saying 'Oh yeah, you know, you doing good job but these government mob, they're not going to give up easily you know, they're not going to give us the control straight away, they'll only give us little bit and we gonna have to fight all the time.'

We're going to have to prove every time we do something, we're gonna be out to prove ourselves.'

And he was right, old Jack, you know."

First CEO of KWHB Marion Scrymgour, *(Something Special: The inside story of the Katherine West Health Board)*



above: The 'Road to Health' painting by Jack Little.



Katherine West Health Board: 9 years along the road

Katherine West Health Board (KWHB) is still young - only 9 years old. Since 1997 board members and staff have been doing their best to fill the primary health care needs of all the residents – both Aboriginal and non-Aboriginal - of the vast Region covering some 162,000 square kilometres of bush, desert and river country on the western side of the Northern Territory.

How it was before Katherine West....

When the Katherine West Health Board took on responsibility for primary health care in the region, primary health care services were limited, delivered via a collection of unconnected NT Government funded, operated and staffed clinics.

Stretching through the 1970s, '80s and most of the '90s there was almost no effective community input into or control of the clinics, and there were frequent mismatches between the communities' and clinics' priorities, expectations and even concepts of health.

The focus was almost exclusively on acute clinical care, with health staff so busy treating the torrent of illness and disease coming through the door that they rarely set foot outside the clinic into the communities where the necessary 'upstream' pre-conditions for good health, including access to nutritious and affordable food and adequate housing, were bringing about the terrible - and by and large, preventable - health conditions they were continuously seeing.

The Katherine West region always was, and continues to be, a difficult environment in which to make in-roads into health problems. However, a transfer of power and responsibility for health services from whitefella governments to a group of grassroots-oriented Aboriginal people, combined with a significant increase in the funds available to be spent, has led to some remarkable successes.

Our Vision

One Shield for All. All for one Shield. Through our strong leadership we will grow. This growth will be driven by our people and encourage pride and empowerment within our communities. Our vision acknowledges the distinct and diverse identity of our people and their communities. Our achievements will gain credibility through recognition by our communities and peers.

Today....

An elected Board of Aboriginal people from communities in the Region has taken over many of the decision-making responsibilities for health servicing previously held by the Northern Territory Government.

The Northern Territory Government pays to the KWHB that money which it would have otherwise spent providing clinical and public health services to the residents of the region.

Additional health service funds have been injected into the Region, as the Commonwealth Government acted on the recognition that under the Medicare and Pharmaceutical Benefits Schemes Aboriginal people – particularly those living in remote areas far from doctors and pharmacies – were able to access only a small fraction of the Medicare funding accessed by non-Aboriginal Australians. The Commonwealth has 'cashed out' the entitlements of the region's residents to these schemes at the average Australian utilisation rate per person per year, and paid this to the KWHB.

The elected Board now chooses to either purchase health services from a health service provider or provide the services itself, using the funds pool formed from the contributions of the NT and Commonwealth Governments. The Board has discretion regarding its preferred mix of health services, within limits.

There is now one doctor residing in the region, and two others who visit regularly when before there was only an aerial medical service.

The 'clinics' are now 'health centres', with staff and Board working hard to progressively change the focus of health service activity from treatment of sickness and injury to the maintenance of wellness and disease prevention.

There is a concerted effort to foster people's 'self management' of their wellness and chronic health problems.

There is a travelling health service that visits all the cattle stations and isolated outstations on Aboriginal land. This is an improvement on the level of service to these stations which had existed before Katherine West.

There is greater unity and progressively more standardisation of health centres and services across the region. It is "One shield for all. All for one shield."

Executive Board Members



Jack Little
Honorary Board Member
Bulla

Office Holders



Joseph Cox
Chairperson
Doojum



Norbert Patrick
Vice Chairperson
Lajamanu



Brian Pedwell
Secretary
Yarralin



Willie Johnson
Treasurer
Lajamanu



Josephine Jones
Myatt



Dora Long
Bulla

Full Board Members



Larry Johns
Timber Creek



Riley Young
Yarralin



Eileen Humbert
Mialuni



Doris Lewis
Lajamanu



Richard Newry
Kalkaringi / Daguragu



Michael Paddy
Kalkaringi / Daguragu



Valerie Patterson James
Lajamanu



Susan Cebu
Kalkaringi / Daguragu



William Gulwein
Pigeon Hole



Sandra Campbell
Yarralin

Proxies



Deborah Jones
Timber Creek



Nellie Barbara
Bulla

Message from the Chairperson



above: Chair of the Katherine West Health Board, Joseph Cox.

Katherine West Health Board is nine years old this year, and for me and a handful of staff members, this is our tenth year of involvement because we were there at the set-up phase.

Our board meetings have continued to go very well; they are always well attended and the Board is proud of staying informed and very close to the day to day running of the service. We place a lot of importance on doing things 'good way', which means looking for positive solutions to problems and sorting out any misunderstandings very quickly by talking things out face to face. This includes dealings between the board, the staff, communities and with other organisations.

Apart from attending Board meetings, we Board members often drop into the Katherine office when we come to town to keep in touch. We're really pleased - it's a friendly environment and we like the way the bosses, the managers, Medical Director and staff work with the eight health centres in the region.

As a Board we have been happy that some changes we have wanted for a long time have started to happen. The big thing has been getting the whole service "back to bush". The Board and staff spending a lot more time travelling to the communities to have open meetings: show our faces; who we are. After all, we are representing them, so we try and do the right thing and spend a few days in each community telling them what we are up to. These meetings have been well attended,

and mostly people just want to listen, but it also gives them a chance to raise issues, and this sometimes happens too. This gets turned into action plans for the Board and staff to work on.

Aside from the open community meetings, we have started having some Board executive and full board meetings in the bush. All this travel is a bit difficult – the time and costs involved. It's not easy and a big commitment that is being made by the Board members.

We have asked if staff can do more outside the health centres; more home visits. We've been asking for this for years, and it has started to happen a bit more. Health centre staff are getting out to their clients a bit more, and different activities are now happening out in the community under our new *Chronic Conditions Self Management Program*, which is starting to use methods that we think are better. We'd like to see things like long weekends out bush, to remind people about the healthy traditional ways of preventing and managing chronic diseases. Hunting, and collecting and eating bush tucker is still the best way to get exercise and a healthy diet. *Communicare* started. It finally got put into all the health centres this year. The communities were consulted about it, especially privacy issues, and they feel comfortable with it being used. When people move around now, especially things like ceremony time, it's better because their records are still available wherever they are.

message from the chairperson continued...

Good governance is something we are always working on. We know we're the bosses, but we need to know about what it all means – what you can say and what you can't say. Following on from training that some of us attended, I feel we are starting to get a stronger understanding of the different roles of the Board and executive – what powers you've got and how to work with the powers. One new thing we started was to do a performance review on our CEO. It was the first time this has been done since the organisation started, and we carried it out with the help of an external consultant. We have organised to have a lot more governance training with the whole board, and that will start next year.

We continued on with the *Money Story*. Every three months the Board had a meeting with our accountant, and discusses the finances of the organisation using graphics that we all understand. This is something that has been carrying on since we began.

It is very important to the Board that the staff feel good and are happy. All the staff are important and we notice how they are going – try to look after them. We want to really pay special attention to the Aboriginal Health Workers because they are Katherine West Health Board's main link people in the communities; they are there all the time even when other staff come and go. We have to be careful not to burn them out; we need to look after them. If we see they're getting stressed we bring them in to the town office for a couple of days for a rest. We also have AHW workshops a couple of times a year

where they can talk about their role. Every time we go bush, we Board members make a point to catch up with them to say "hi". We try and have a BBQ for them and invite their family members so their families can also see how important they are to us.

It's been a good year, and next year will be a Board election year. I am confident that the communities will elect a Board that is just as strong and dedicated as this one has been.

right: The Board travelled a great deal throughout the year, and talked to a lot of diverse people. Parliament House in Darwin was one destination; and open community meetings like this one at Yarralin (below) were held throughout the region.

We look forward to another year of hard work and travel to get out to all the communities. As a Board we are going to have an even bigger push on our getting "back to bush", and look forward to helping this to happen throughout all levels of the Katherine West Health Board.



Photo: Yarralin Media Group

CEO's Report

Consolidation and Change

2006 has simultaneously been a year of consolidation and one of change. Since the staffing restructure in 2005 the Katherine West Health Board has maintained a healthy financial position while continuing to deliver a comprehensive primary health service to our clients. While we have made some important structural changes we have maintained our quality of service. The consolidation of KWHB refers to our continued reliance on experienced board members and key clinical and managerial staff. The change refers to our 'getting back to the bush' strategy, discussed by our Chairman in his report. This strategy really is a return to the grassroots Katherine West vision of intense community consultation and good communication flows between our community members, board members and staff, especially our Aboriginal Health Workers.

Communication and Team Management

The strength of the Katherine West Health Board continues to be communication and a team **management** approach to decision making. We have further extended this approach to our open community meetings in the bush, as our Chairman Joseph Cox points out in his report.

Our health centre co-ordinators have regularly attended meetings in Katherine and given valuable input into all decisions related to the operation of our health centres.

Communication with our staff, and the team approach to management is largely based upon methods modeled by our community leaders and Board mentors. This strength underlines the Katherine West Health Board vision of *Jirntangku Miyrtu – One Shield for All*.

Financial Management

Sound financial management is very important in this time of ever increasing costs. Our good results in this area has been the result of a team effort with our co-ordinators, managers, board members, accountant and Finance Officer all playing key roles in getting the best outcome.

The secret to good financial management has been good planning and budgeting. We closely monitor our expenditure against budget projections and effect variations to our budget estimates on a quarterly basis.

KWHB's Balance Sheet demonstrates that our working capital ratio is very healthy - in excess of 2:1. It also demonstrates that we have been able to deliver a comprehensive primary health care service to our region and maintain a modest surplus (see Statement of Income and Expenditure).

We have also already addressed the areas that we need to improve according to the audit excepting the labour intensive task of carrying out a physical audit of all our assets in the region. Our Corporate Support team will carry this out in the coming months.



above: CEO Sean Heffernan.

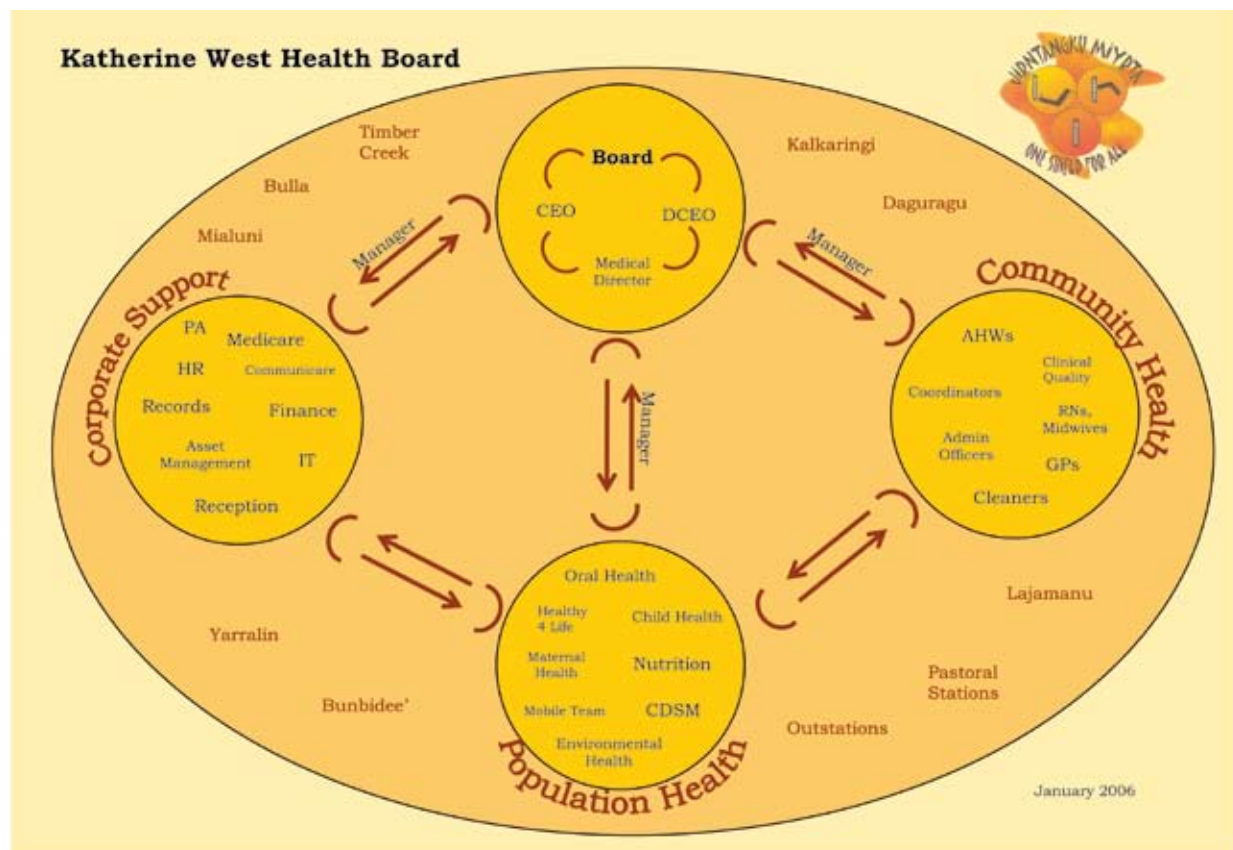
CEO report continued...

Katherine West still faces the challenge of an environment of rising costs and a lot of this relates to salaries. The health sector is noted for its labour intensiveness and from our financial reports for the year we can see salaries are approximately 52.3% of our total expenditure. The rising costs that KWHB needs to factor into our budgeting over the next two to three years include:

1. A newly renegotiated Collective Agreement to come into effect by 1 July 2007. This will include a wage increase level of approximately 4%.
2. The funding of new AHW positions. This is a high priority long term strategy identified by our Board.
3. Information Technology – infrastructure and support.
4. The high cost of GP packages.
5. Fuel costs.
6. Airline charter costs.

Staffing

Despite a competitive sector vying for staff we were able to retain quality staff in our remote health centres and attract highly skilled new staff. It's an area that requires a dedicated focus and



above: Katherine West Health Board Aboriginal Corporation underwent restructuring with a number of changes to staff and our organisational chart. A challenge was put all Board members to design artwork showcasing our new structure and the organisation. The circular version pictured here was designed by Willie Johnson and emphasises team management and cross flows of communication.

consistent commitment and communication from our management and from our health centre co-ordinators. We are still improving these processes. The initiative of better facilitating health centre co-ordinator input into management decisions has also borne healthy fruit. It has assisted Katherine based staff to attain a better appreciation of the daily trials and tribulations confronting our remote staff. Our open community meetings in the bush have also brought these relationships a bit closer together.

Relationship to Funding Bodies

We continue to maintain good working relationships with our funding bodies, the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the NT Department of Health and Community Services (DHCS). The Commonwealth's risk assessment reports regarding KWHB characterised our organisation as one defined by good governance, sound financial management and high quality health service delivery.

Future Challenges

The challenge of integrating our clinical services and population health services streams remains. We still find that KWHB spends a great deal of its focus and funding on delivering a quality clinical service.

In trying to bring a better balance to the delivery of these streams, we are challenged by the lack of

resources and skilled staff. The tyranny of distance also makes it a bit harder to deliver population health programs from a township that is more than 500 kilometres away from some of our communities.

We plan to facilitate a Community Control Workshop for our Board and staff in Katherine in May. This workshop will explore ways of better integrating our service so that our primary health care model is a holistic one. Another main focus of this workshop will be to return to the original Katherine West dream of a community based health service.

Conclusion

I thank all of our co-ordinators and nursing staff for their contribution and for keeping us real here in town and keeping our eyes focused on the bush.

I would also like to say a special thank you to all of our remote staff. They are our frontline and the work can sometimes be very demanding.



I am sure I am correct in saying that the spirit of Katherine West is alive and strong both in our bush health centres and in the Katherine administration.

I would also like to thank our Board members for supporting us proactively, especially in our communication with our clients in our communities. We have been the recipients of visionary leadership, especially from our longer term Board members.

Deputy CEO's Report

It has been a big year for commencing reform of some of our most important frameworks.

Due to changes in Federal legislation, the Aboriginal Councils and Associations Act (1976), the Act Katherine West Health Board was incorporated under, will finish at 30 June 2007. A new Incorporation Act will come in and this will govern Katherine West Health Board: the Corporations (Aboriginal and Torres Strait Islander) Act (CATSI Act).

The rules of our organisation, which are contained within our Constitution, have to be changed to fit with this new Act and the government has given organisations 2 years to achieve this.

Perhaps one of the most significant changes that may affect us is a new rule stating that there can only be a maximum of 12 members (to be known as 'Directors' under the new Act) on the Board. Given the vast area of our region and the number of communities it contains, we have always had 18 Board members to ensure a good representation and we are keen to retain these numbers if possible.

We must be compliant to the new act by 1 July 2009. We have engaged a consultant and legal advisor to draft a new constitution for KWHB. We have also sought advice about the steps we need to take to ensure we make the transition to the new act smoothly and to identify the systems we will need to have in place to comply with it.

In the process of fulfilling the Board's wish to strengthen our relationships with the communities, we revisited all of our Memoranda of Understanding (MOUs) with various community government councils. Many had not been updated since the days we were still a Coordinated Care Trial, so this provided a good opportunity to reinforce these very important relationships. To date, MOUs with Yarralin, NARC, and Kalkarindji have been signed off.

MOUs with the Katherine Group Schools and Community Education Centres were also updated by all parties and are ready to be presented to the Board for endorsement and signing off.

KWHB needs to have a new Collective Agreement in place by next year to replace our original Enterprise Bargaining Agreement (EBA). A Monitoring Group has been meeting regularly and with the help of a consultant, making good progress towards its finalisation. The new Collective Agreement will be streamlined, with numerous personnel-related matters being removed and placed in the organisation's Policies and Procedures Manual. Consequently, the need for a major policy review has also been identified and the groundwork begun for a review of the old and implementation of the new, to ensure compliance with relevant new legislation and agreements.

OATSIH has developed a new format for planning and reporting called the Service Delivery Reporting



above: Deputy CEO Suzi Berto on the road.

Framework (SDRF) and would like all the services they fund to start using it by next year. To get ready for it, we held a workshop involving managers, program coordinators and some members of the Board Executive to list the things we'd like to achieve over the next year. A consultant was then engaged to help formulate the Action Plan in the required format.

The SDRF asks services to define their operational activity using four key headings that describes the activities required to support quality health service delivery. They include: Service Delivery; Management; Linkages and Coordination; and Community involvement.

deputy ceo's report continued...

Under the SDRF we will have to report separately on the following:

1. Service Activity Reporting (SAR). We will have to complete SAR once per year. This is the 'bald' statistics, such as number of patients seen all year; and whether it was a doctor, nurse or health worker who saw them. Our Patient Information Recall System (PIRS) will be able to provide these statistics for us.

2. Financial Reports.

3. Action Plans. Through the Action Plans we will set down our own plans for the year ahead, including the milestones we hope to achieve. These plans will be reported against six-monthly.

With the SDRF Action Plan, it is hoped that the different work units of the service will be able to communicate to each other the things they are aiming to achieve, and also fulfil the ability to communicate to outside agencies what our service as a whole is aiming to achieve. By collecting information and statistics against the pre-determined measures in the plan, this should reveal to us how well our different strategies are working, so we can adjust our work practices if needed.

By going on the SDRF, we will be entitled to funding that will be offered once every 3 years for Quality Improvement activities. This money must be used to look at what we do, how we do it and where improvements can be made.

One of our major achievements this year was to introduce 3 monthly **community meetings**, these meetings are to be held in different communities each time. Over the past year we held meetings at Lajamanu and Kalkarindji. These meetings were enjoyable as well as productive – the purpose is to be out in the communities more regularly meeting people face to face, this enabled two-way feedback between management and the communities and provided direction for the way forward in our delivery of services.

Because this is election year and some Board members will be leaving us I sincerely thank them for their time, support and commitment. Knowing the excessive kilometres that they have travelled over the last 2 years, their never ending time and commitment is something that will always be appreciated. For those Board members who have been fortunate to be re-elected by their communities I extend my congratulations, thanks and appreciation for their time and support and look

forward to working with them in the coming years. Thank you to all staff for their efforts and hard work and I look forward to working with you all in the coming year.



above: Suzi Berto farewells retiring Senior AHW Helen Morris.

Medical Director's Report

Information Technology in Katherine West

A central component of health care is managing information. Providing safe and high quality care to individual clients depends on careful management of their personal health data. Information management at a population level is central to ensuring that with limited resources our efforts are effective, well targeted and not harmful. Given the centrality of information management to health care it has always been surprising that the industry has been so slow in embracing the new technology.

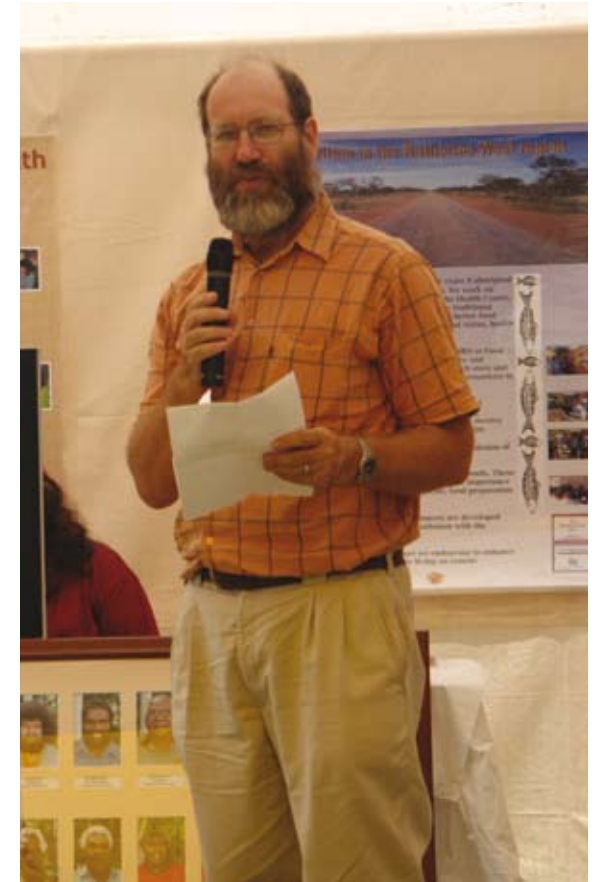
In remote areas we have faced the added difficulties of implementing complex technology in a difficult environment, but also in an environment where there is arguably the most to gain. Information technology is well suited to overcoming issues of remoteness and mobility. It can provide support for multi disciplinary teams, planning of care based on consistent guidelines, quality management and assessment of population level health data – all areas where remote health services have had a strong focus.

In the Northern Territory there have been areas of health care where information technology has been adopted early. Examples have included the database used by the leprosy control program, the TB follow-up system, under fives screening and the immunisation database. Along with the District Medical Officer (DMO) recall database these systems date back to the late 1980s and early '90s.

They have provided clear evidence of the effectiveness of computerised information management in dealing with particular health issues in remote areas. These systems were largely restricted to single health issues or were only accessible to a particular group of providers, always external to the community. Although successful as stand-alone databases, to deal with the full gamut of primary health innumerable such systems would be needed.

The challenge has been to provide well integrated information management to support comprehensive primary health care. The success in areas such as TB and leprosy should be mirrored across the full range of problems we see, especially in chronic diseases such as diabetes. Such systems should also be able to provide information on health status and service delivery to all providers, the Board and their communities. Information that is accessible and owned at community level and not locked in a distant office under the control of an external organisation.

Katherine West's experience with the Coordinated Care Trial's Information System, provided by the NT Government, provided real experience in the advantages and difficulties in implementing such a system. We eventually made the decision to purchase *Communicare* software and run it over a network under our control, managed by commercial IT companies, and this has been supported by OATSIH through their Patient Information Recall System program. As the first



above: Medical Director Andrew Bell.

medical director's report continued...

health service in the NT to attempt to implement such a comprehensive regional system, based on a single medical records database, the road has not been easy. Now that the system is up and running our focus is on making it as reliable and robust as possible, and customising the database to meet our needs.

Our *Communicare* database now provides summary and recall data to support health care to our entire client population. Health data is available to providers no matter which of our health centres a client attends. Care planning and recall functions enable providers to ensure that health issues are followed up as planned and allows managers to monitor the quality and reliability of health care provided. We have accurate and timely information such as how many people have diabetes and what proportion of people with diabetes are achieving ideal targets for blood pressure and blood sugar. Our pathology results now all come into *Communicare* so are available quickly and become part of the client's record. All our medication scripts are completed electronically with easy access to drug information. The interface with *Health Connect* allows sharing of information for participating clients with other health services and the hospitals.

As we learn to use the information better it will assist us designing and evaluating our population health programs such as nutrition, maternal and

child health and environmental health. If communities have questions about their health, or about the level of health service delivery, we are now able to give them that information.

As I mentioned this has been a difficult path as we have been designing solutions as we go. We have to recognise the perseverance and patience of all our staff, remote and in town as we continue to work through the difficulties inherent in remote IT. The experience we have gained is now assisting other health services such as Nganampa Health to implement their systems.

The results have been good. A very high proportion of our well population has received health checkups, chronic disease care is being systematically planned and we now know that diabetes management measures in some of our health centres exceed averages for the rest of Australia. The reward for us is that not only are we able to provide a higher quality health service to our communities but increasingly we will be able to demonstrate this to both our communities and to our funding bodies.

Health Management Report

Core Business

The core business of the service, the provision of primary health care programs continued with little change over the past year. Care is provided by health centre staff under a comprehensive primary health care model, often in conjunction with Population Health program coordinators, and occasionally with other key community organisations. The service's aim is to identify and treat disease early to improve health outcomes throughout a person's life-span. Preventative programs such as child health and adult screening, vaccination programs have been accepted well by the communities.



above: Employment of Ngumpin people in the Health Centres is a key objective of KWHB. Their local knowledge, and commitment to their communities and families' well being makes for a responsive, stable and sustainable health service.

In addition to providing ongoing emergency care and non-emergency acute care, health centre staff placed emphasis on:

- Well Person's Screening
- Maternal Health
- Child Health, including Growth Assessment and Action (GAA) and Healthy School Aged Kids (HSAK)
- Healthy Skin
- Healthy Ears
- Immunisations
- Sexual Health
- Chronic Disease Management
- Health Education
- Health Promotion

The **Health Centres** were also the base from which outreach programs into the community and smaller outstations were provided.

The Community Health Centres (CHCs)

There are four large health centres (CHCs), one in each of the major communities of **Lajamanu**, **Kalkaringi**, **Yarralin** and **Timber Creek**. Each was staffed by a team of resident Registered Nurses (RNs), Aboriginal

Health Workers (AHWs) and Administrative Support Officers, and which had a General Practitioner (GP) either resident in the community or visiting on a regular basis. In some of the smaller communities - **Bulla** and **Bunbidee** - there are smaller health centres staffed by resident Senior AHWs with close support from the larger community health centres.

The work environments of the remote staff are far from ideal. Few of the health centres are built to acceptable standards. Telecommunications and computer systems are not always reliable however despite this, KWHB has managed to implement *Communicare* across the region and all staff now have email access.

Distances are vast, access to goods and services is minimal and in the wet season, roads and airstrips are sometimes closed. As a result, a strategic approach and close support from town based staff (Katherine) is essential to bring about the best possible outcomes and improvements in the health status of the communities.

Child Health programs targeting the 0-5 year olds was a focus for all health centres through out the year with very positive results. Preventative health assessment with growth monitoring, ear checks, immunisation and skin assessment were offered within the communities. Emphasis was placed on education of parents managing the health of their children.

health management report continued...

School Screening was conducted in the first six months of the year. Treatment was provided for any health concern and immunisations were brought up to date. Hearing, skin, eyes and heart were all checked as part of an overall assessment.

Planning for a **Chronic Disease Self Management** program took place and preparations made for its commencement. It will be implemented early next year thanks to a two year grant from the Commonwealth's



above: In response to requests from the Board, health centre staff are making a big effort to take services out of the health centres and into the communities.

Sharing Health Care and is aimed at families and individuals in the communities. Aboriginal Community Support Workers have been identified and they will work closely with the Program Coordinator and the health centre staff to ensure people with chronic conditions understand and manage their conditions better.

Sexual Health Programs continued to help reduce the incidence and transmission of sexually transmitted infections in the communities through prompt treatment and contact tracing. The health centres worked closely with the Centre for Disease Control (CDC) in Katherine to deliver treatment when and where necessary.

Remote Health Workforce

Maintaining a safe, skilled and stable remote health workforce is the utmost priority of Health Management.

As in other remote parts of Australia, there are many factors mitigating against this; Katherine West Health Board often experiences a high turnover of health professionals, and as a consequence a good deal of effort was spent this year on retention and development of its remote staff. Maintaining relationships with staff recruitment agencies; hosting nursing and medical student placements; facilitating ongoing staff training and development; and continued placements of



left: A matter of great pride for Health Management this year was that not only did it manage to retain all its AHWs, but two achieved great results through the Certificate III Clinical in Health Worker Training, and three others achieved Certificate IV in Health Worker Training.

appropriate nursing agency staff to CHCs were all high priority strategies.

Training and professional development continued throughout the year for the Aboriginal Health Workers as well as the RNs. Staff attended workshops and courses in Darwin and Katherine and the knowledge gained was shared with staff unable to attend as well as being utilised to produce better patient outcomes.

Aboriginal Health Workers, always recruited from within their own communities, have a particularly important role at Katherine West. They provide links between the non-local health professionals - doctors, nurses and program coordinators - and the communities.

For many AHWs this is a huge burden of responsibility requiring skills in cross-cultural communication and diplomacy along with maintaining their clinical skills and registration. They are the stable element of the

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remote workforce, providing a continued presence in the community as their doctor and nurse colleagues come and go, but there is a high 'burnout' rate due to factors such as this, as well as the competing demands of the job and family, the changing role of AHWs and the competencies expected of them, and a general lack of access to local training and consistent professional support.

Katherine West is making an effort to recognise and address AHWs' special needs, and this year, they were provided with a forum where their role and their issues could be raised at a major Aboriginal Health Worker workshop. This was attended by 100% of KWHB's AHW workforce, and facilitated by respected senior retired health workers and mentors Jack Little and Helen Morris.

Patient Information Recall System (PIRS)

Communities in the Katherine West region continued to experience extremely high rates of chronic diseases.

The service is continuously striving to change the emphasis of health services from acute to preventative, and as one of our strategies, this year a huge effort was put into further introducing and consolidating the use of Patient Information Recall System *Communicare*. This system, a sophisticated database, enables health centre staff to be more proactive and focussed in the services they provide. Its introduction represented a major change in the way patient records are managed.



above: The major AHW Workshop held this year was also an opportunity for Helen Morris (pictured fourth from left) to officially say goodbye to her fellow Aboriginal Health Workers as well as Managers she mentored throughout her 30 year career. Helen took the opportunity at the workshop to pass on her advice and expectations to the group, which included up and coming health workers-to-be. KWHB will always be appreciative of Helen's many years of service and miss the dedication of a hard worker, passionate about her people and their health. Farewell to a well respected and loving person.

A significant amount of time and resources were dedicated to training clinical staff in its use, and the service has been pleasantly surprised at the level of acceptance it has quickly gained. Anecdotally, as a result of its use, patient care has become more structured with improvements in continuity of care, and clients who have not been seen for years have been identified and accepted the offer of health checks

Continuous Quality Improvement

Continuous Quality Improvement was an area gaining in importance this year. CQI involves 'knowing where we are' and assessing whether we are adhering to best practice, and progressing in accordance with the vision of the Board.

A major strategy employed to assist us in this was monitoring of clinical services through continued involvement with the Audit and Best Practice for Chronic Disease (ABCD) with Menzies Health School of Research at **Yarralin, Lajamanu, Kalkaringi** and **Timber Creek**. This year, **Bulla** and **Bunbidee** also registered with the ABCD program. All health centres reviewed their files and are now able to measure their practices against the Top End region. This has enabled the service to develop action plans against the results.

Another major CQI strategy was to employ different methods of obtaining feedback from community members about their satisfaction with the service.

Surveys were conducted with people in the communities and overall the results indicated general satisfaction with the services provided in the health centres. Open community meetings also played an important role as a culturally appropriate way to get effective community feedback. Any areas of dissatisfaction uncovered from the surveys and meetings were incorporated into action plans.

KWHB continued its program of standardisation of its various health centres, and has achieved 3 year accreditation against AGPAL standards in both **Timber Creek** and Yarralin. **Lajamanu** and **Kalkaringi** Health Centres are registered for accreditation and aim to achieve it in early 2007.

Building Program

Building programs initiated this year by KWHB and the NT Department of Health and Community Services included building a new consulting room and pharmacy at **Mialuni**. **Lajamanu** benefited from some major renovations, which saw its consulting area increased and the extension to allow a separated waiting room for improved patient care and confidentiality. New consulting rooms and pharmacies are planned for both Bunbidee and Bulla, and an entire new health centre is planned for **Kalkaringi**. These improvements in the health centre buildings will enable a safer and more confidential service to be provided to clients in those communities.



above and below: Health centre staff work as a multidisciplinary team. Aboriginal Health Workers, RNs and Doctors all get involved in community outreach programs, including health promotion events.



Population Health Report

Population health programs set out to preserve and promote good health and to prevent disease on a community-wide, as opposed to individual, basis.

From the earliest days of the organisation, the Board has been adamant that programs should be out in the community, not in the health centres. They felt that it makes sense to put extra attention and resources into prevention of ill health and disease; but also, regionally, there are some health problems endemic within the communities that are beyond the capacity of the remote health centres to deal with on their own, and which require extra attention and resources.

Population Health fulfils this role: it works proactively with community members, health centre staff and a wide range of external agencies to find ways of meeting the health needs of the entire population. This supports the efforts of the staff who work 'on the ground', the health centre staff.

Population Health is made up of a number of staff (the Population Health Team), with specialised skills and knowledge in the following areas:

- Environmental health
- Nutrition
- Child health
- Maternal health
- Mobile health service delivery
- Dental health

A very important function of the unit is the assistance it provides at every level of the health service in approaching the health of the population in a planned way. Collecting and analysing data to monitor health trends and service gaps, working to improve the availability of population and allied health services, and assisting all work units in the development of comprehensive plans are services the population health unit provides.

Patient Information System

For Katherine West, this has been a year focused on Communicare, and the Population Health Unit helped get it up and running.

The Population Health Manager was taken 'off line' for the best part of the year to address the myriad of issues arising – technical and operational – and a Clinical Communicare Officer was enlisted to develop customised computer templates and recalls that would provide clinical staff with a new tool to better manage chronic conditions and improve continuity of care in line with best practice.

Sexual Health Programs

There has been continued negotiation by KWHB and other Katherine Aboriginal community controlled health services with the Northern Territory Government (NTG) over the future provision of services to the

Katherine region. During much of this year the NTG Sexual Health position was vacant so minimal services were provided by the Department.

Referrals to External Services

KWHB continued to work in partnership with a number of NT Government services - where they were available.

A **Mental Health** team visited the communities every 4-8 weeks providing assessment and management of people with mental health disorders.

The **Centre for Disease Control** provided a phone consultancy service for clinical staff treating clients.

Unfortunately, there were **no Alcohol and Other Drugs** services provided to KWHB for most of the year due to the NTG departmental position being vacant.

An annual visit by an **Audiologist** to each major community took place; and Katherine Regional **Aged and Disability** services provided a trans-disciplinary service to the KWHB region. Each NTG therapist has responsibility for several communities and aims to visit monthly. This approach is not ideal as it severely curtails the amount of service each of the disciplines of **Speech Therapy, Occupational Therapy** and **Physiotherapy** provided to community members.

Katherine Regional Aboriginal Health and Related Services Allied Health team provided a therapy service

to the communities of Timber Creek, Bulla and Mialuni under a Federal Government pilot project; and NTG Family and Children's Services provided a service to KWHB in **child protection**.

Priorities for Next Year

- Continue modifications to the *Communicare* program, and support and training to *Communicare* users so that it continues to be an integral part of KWHB's Primary Health Care approach. This will take place under the umbrella of Community Health.
- Continue a coordinated and strategic approach to planning and delivering Population Health Programs so that they work in close partnership with clinicians and community residents.
- Recommence the *Chronic Conditions Self Management* program with an emphasis on employing and supporting Community Support Workers who will assist community residents to self manage their health.
- Begin the *Healthy for Life* project which is reviewing health service delivery in the Child, Maternal Health and Chronic Conditions areas, and from this review, plan improved services.

Child & Maternal Health

Mothers

The second year of the Australian Department of Health and Ageing funded **Maternal Health Project** saw a continuation of much of the work commenced in the first year: regular maternal and women's health promotion activities, including working with NT Government Alcohol and Other Drugs workers to promote a whole of community approach to dealing with alcohol misuse; advocacy for dedicated midwifery positions in major health centres; and further development of the program manual and mothers' hand held pregnancy notes.

KWHB communities were involved in the Women's



above: Health education sessions organised by the Child and Maternal Health team, often including local RNs, AHWs, women's centre workers and creche workers, are an opportunity for two-way sharing of information and demonstrating practical child rearing skills.

Human Papilloma Virus Immunisation, Indigenous/Non-Indigenous Urban/Rural Survey (WHINURS). This study, conducted by Menzies School of Health Research, aims to identify the types of Human Papilloma Virus (HPV) in the female population and find out whether the newly available vaccine against three types of HPV will be useful in the prevention of cervical cancers in the NT.

The Maternal Health Project Officer has been involved in the revision of the Women's Business Manual which is the standard practice manual for remote practitioners in the NT.

0-5 Year olds

In early 2006 a revised schedule of routine child health checks was implemented. This schedule is based on the available evidence on best practice for child health checks and replaces the often unworkable and unnecessary monthly growth monitoring previously recommended. The schedule of health checks links closely with the immunisation schedule and includes an assessment of growth, ear health, skin health, development, immunisations as well as age-appropriate parenting advice.

Health education sessions were held in all communities for mothers and carers about a range of child health issues such as infant feeding, ear health, and smoking and children. These sessions are generally organised by the Child and Maternal Health team, however where possible, local RNs, AHWs, women's centre workers,

population health report continued...

and creche workers are involved and the sessions are an opportunity for two-way sharing of information and demonstrating practical child rearing skills.

New guidelines for the identification and management of 0-5 year olds who are growth faltering were developed and most health centre teams orientated to the guidelines. These guidelines expand on the current CARPA guidelines and provide a framework for health centre teams to do action planning with families of children who are not growing well.

School Aged Children

Annual health checks for school aged children were conducted in Term 1 this year. This generally went smoothly, with the schools and local health centre teams working well together. These checks provided a good opportunity to provide catch up immunisations according to the new Childhood Vaccination Schedule.

Trachoma rates continue to remain endemic (around 6%), although some communities experienced higher rates than previous years. Ear disease continues to be a problem for school entrants (4-5 year olds) in most communities.

KWHB is continuing work on the Memorandum of Understanding (MOU) with NT Department of Education Employment and Training to formalise the relationship between the health and education sectors.

The MOU will facilitate improved health promotion and education, such as implementing school health and canteen policies.

Communities for Children

The Smith Family and Goodbeginnings Australia received funding for the Communities for Children project for the Katherine region. This four year project aims to improve the health, well being and early learning of 0-5 year children and their families. KWHB staff and board members are part of the regional committee that guides the direction and implementation of the project. The Child Health Program Coordinator has



above: An MOU with the NT Department of Education will strengthen KWHB's ability to deliver quality health care to school aged children.

been working closely with project workers to ensure thorough, appropriate consultation with Katherine West communities about the project. KWHB has played a strong role on the committee, advocating for a clear, equitable, evidence based strategic plan for all children in the region.

Priorities for Next Year

- Improve ear health promotion. Video otoscopes will be purchased for each community health centre and health workers will be trained in how to use these as a health promotion tool. Funding has been received for this program from the Australian Government Department of Health and Ageing.
- Improve access to early childhood development programs by fostering relationships with external programs including the Communities for Children project, Department of Education Employment and Training, community creches, KRAHRS Allied Health team and Family and Children's Services.
- Increase capacity to deliver maternal and women's health services by employing a Maternal and Women's Health Coordinator. Negotiations are underway with Fred Hollows Foundation for funding for this position to sustain many of the activities commenced as part of the Maternal Health Project and expand the role to include women's health promotion.

Nutrition



above: The sharing of Ngumpin nutritional knowledge and practices is valued and encouraged by Katherine West Health Board.

Infant Feeding Guidelines

The NT Department of Health and Community Services coordinated an NT wide project to revise the NT Infant Feeding Guidelines. KWHB and other NGOs were involved in working groups that discussed the issues about changing the recommendations and what tools were required to communicate the message to communities and health professionals. The revised guidelines are consistent with national and international recommendations and are based on the best available evidence about protecting and promoting the health

and wellbeing of infants including:

- Encourage, support and promote exclusive breast-feeding for the first six months of life
- Commence appropriate complementary feeding at about six months of age, with continued breast-feeding throughout the first year of life and beyond, as long as is mutually desired

A flipchart, posters, in-service presentation and strategy to implement the infant feeding guidelines has been developed. KWHB staff and communities have been involved in in-services and community education sessions. Store workers and creche workers have also received training about the guidelines and how to ensure they provide appropriate foods for infants and support breast-feeding.

Nutrition Training and Support

Women's Centres, Creches and Schools are also important sources of food for children and old people. Training in menu planning, food safety and nutritional requirements was conducted with workers from women's centres and creches in most communities. Recipes have been provided to help with a varied diet of the recipients of these meal programs.

There has been less success working with schools to improve the foods available through the canteens. Most of the school canteens in the region have limited funds

and few staff available to prepare foods and often rely on foods of lesser nutritional quality. Through the KWHB MOU with Department of Education, Employment and Training it is anticipated that improving school canteens will be a priority for 2006-07.

Community education sessions on infant feeding, diabetes and healthy cooking were conducted in most communities and well attended. In most cases Nutrition Workers or Aboriginal Health Workers or community members were involved in helping facilitate these sessions.

Stores

The community store is the primary food source in the communities; therefore the types of foods stocked and promoted in the store significantly affects the nutritional status of the residents. Over the past year KWHB has continued to try and forge positive relationships with the store managers and store committees.

There has been continuing success with Lajamanu Progress Association and the implementation of the Food and Nutrition Guidelines for which Lajamanu Progress Association and KWHB were awarded National Winner of the 2005 Heart Foundation Kellogg Local Government Awards, Policy for Healthy Communities.

The Nutritionist has worked with the other stores in the region to improve food supply, with several stores adding low fat dairy products and wholegrain bread

population health report continued...



above: Store based nutrition workers and 'shelf talkers' (left) assist shoppers to make healthy food choices.

to their regular stock. However, ongoing monitoring is required to ensure these foods are always available.

Store based Nutrition Workers play an important role in communicating nutrition messages in their community and promoting the healthy choices available in stores and takeaways. At Lajamanu two positions continue to be jointly supported by the Lajamanu Progress Association and KWHB. For a short period a Good Food

Person was employed at Kalkaringi store through ALPA, however this position has not continued and further negotiations with ALPA need to take place.

Sprinkles Project

Iron deficiency anaemia remains a significant health problem for Aboriginal children aged 6 months to 5 years, despite many years of health promotion interventions aimed at improving dietary iron intake, increasing vitamin C intake, reducing hookworm infection and reducing tea consumption. Treatment with intramuscular iron injections is effective but is painful for the child and often distressing for children, parents and health professionals. "Sprinkles" is a new product being used in developing countries and with Canadian First Nations people for the prevention and treatment of iron deficiency anaemia. "Sprinkles" is powdered iron and other vitamins and minerals specially coated so they can be mixed into food without changing the taste or appearance of the food.

KWHB, Sunrise Health Service, Wurli Wurlijang Health Service and Anmatjere Health Service, Fred Hollows Foundation and NT Department of Health and Community Services are working collaboratively on a research project to investigate the feasibility and acceptance of introducing "Sprinkles" in Aboriginal communities as a way of preventing iron deficiency anaemia in children aged 6-24 months. The project will commence next year and involves talking with parents

and carers about their knowledge of iron and anaemia, ways they feed their infants and whether and how they would use "Sprinkles". Ethics approval for the project has been gained from the NT DHCS/Menzies School of Health Research Human Research Ethics Committee.

Priorities for Next Year

1. Fill Nutritionist position. With two Nutritionists moving on, the Nutritionist position is vacant. It is a priority to ensure this position is filled so that good work described above can continue.
2. Improve school canteens. KWHB will work closely with DEET to ensure all schools in the region have healthy foods available through the canteen and that regular training and support is provided to the canteen workers. Nutrition policy will be developed with each school to embed the provision of healthy foods into school practice.
3. Recruit Nutrition Workers. When the new Nutritionist commences, a priority will be to recruit to the vacant Nutrition Worker positions in Lajamanu and Kalkaringi and establish positions for Yarralin community.

Environmental Health

The Environmental Health team's objective is to promote preventative health and to empower people to take control of their living environment.

The Environmental Health team's emphasis is on education programs that will allow people to influence the environmental facilities and conditions in their community.

Environmental Health Workers

During 2005/2006 a primary focus was on housing and to establish Environmental Health Workers in the communities. As in other areas, the program is basically being phased out due to reduced NT Government funding. For this reason a new program is being organised within the KWHB communities; a program that focuses on education and support for community councils.

Healthy Skin Program

The need for more action on Healthy Skin as a prevention of chronic disease in later life is well recognised. The last four months have been spent trying to ensure that the least intrusive approach is adopted and also to establish a referral program that avoids repeat infection of the crusted scabies (a more serious type).

We have opted for a case by case (household by household) approach for normal scabies eradication



left: Some of the important ingredients of good environmental health working together: environmental health education in schools, a clean water supply and functioning health hardware.

or reduction and follow up on previous crusted scabies on a more regular basis to ensure the patient is not relapsing.

Commercial Food Premises Inspections

All commercial food premises in the region were surveyed with respect to hygiene and safety standards. Education and guidance has been the main emphasis.

Food hygiene training and educational materials are being developed for delivery to private and community based operations such as Meals-on-Wheels.

Infrastructure Based Projects and Reports

Issues have been raised with various councils and other agencies about water, waste disposal, housing and general environmental issues that can adversely impact on health.

The KWHB housing survey maintenance data base influenced the recognition and the need for a Territory wide housing maintenance survey tool by the Indigenous Housing Authority of the Northern Territory (IHANT) and Environmental Health NT. KWHB provided comprehensive input, in the past, towards the development and implementation of the survey tool for the NTG, which in-turn is believed to have the most functional housing data in Australia.



above: The Environment Health programs have a positive focus, assisting remote communities and households with ideas and strategies to control their living environment.

population health report continued...

Priorities for next year

Primary areas of focus over the next financial year include the following:

- Establish a community based education program that will assist environmental health students with the early stages of remote (external studies) education.
- Conduct environmental educational sessions in all schools and foster better relationships between schools in the region and the board.
- Assist councils to lobby funding bodies and government agencies to develop programs that support the environmental health needs and objectives of the communities.
- Identify disaster management plans that might require input from the Boards Environmental Health resources.
- Continue to monitor housing issues and remain involved with encouraging construction of new housing and adequate maintenance of existing housing.
- Continue to support environmental improvements by providing training and advice to employees and community groups. This will include food safety for shops, meals on wheels and house living skills.

- Mentor the Trainee Environmental Health Officer (EHO) to facilitate progressive development of skills and increased self-management of planning and implementation of the Environmental Health program.

Oral Health

The Oral Health program aims to deliver dental care to people in the KWHB region. The funding for this program only allows for a restricted program, so rather than a full time dentist being available for the region, KWHB contracts two dentists and their assistants to visit each major community for two weeks each year. The dental team drives out to each community and re-establishes the dental clinic in the health centres. Life during the time in each community is hectic as the teams are generally kept on the move with patients coming and going.

This year, Dr John Weatherall and his assistant Joan Fairclough visited Yarralin community twice during the year, and conducted 93 examinations. They also visited Timber Creek twice, during which time they conducted a further 93 examinations.

Dr Wayne Lowe and his assistant Leslie Lowe paid one visit each to Kalkaringi and Lajamanu. They conducted 59 and 42 examinations respectively.

The Department of Health and Community Services School Dental Therapy team visited Lajamanu and

Kalkaringi for two weeks and Yarralin and Timber Creek for one week this year. During this time they examined and treated school children.

The visiting consulting dental arrangement is not ideal and dentists express frustration that limited preventative work is feasible with much of their time being taken up with pain relief and teeth removal due to a lack of access to a dentist all year round. Unfortunately due to the available budget to deliver dental care, this is the best service that can be delivered at this time.

Priorities for Next Year

- Continuation of the visits by Dr John Weatherall and Dr Wayne Lowe to each community for two weeks per year.
- Continuation of the School Dental Therapy service to each community.

Mobile Health

The mobile health team visits the very remote groups living in the region: cattle properties; traditional owner's homelands; outstations; National Park ranger stations; and hotels and roadhouses.

The two mobile nurses covered a distance of 24,000 kms to visit isolated clients in the pastoral industry of the Katherine West Health Board catchment area.

The team visits each of its client groups twice a year to provide basic health checks, well men's and women's checks, and health checks for children. It promotes good health, healthy lifestyle and educates people to prevent and self-manage chronic disease. The team also provides links between the clients and other KWHB clinics and services; and to external health organisations and services. This often involves liaising with services in Katherine, Kununurra and Darwin.

A Toyota troop-carrier fitted with emergency medical equipment and supplies for primary health care clinics, health promotion and well person screening check-ups is their 'clinic', home and office.



above: The Mobile Health Team's 'office'.

Remote area and long distance driving requirements such as food, fuel, water, repair tools, camping equipment, maps, UHF radio, satellite phone and Emergency Position-Indicating Radio Beacon (EPIRB) are also carried.

Well Person Checks and Clinical Care

A key focus this year was the provision of well person checks, promotion of regular checkups and education of people about chronic disease. Station managers were asked to encourage all of their staff – young and old, to attend the clinics we provided. Managers were mostly very good at this and good numbers attended the clinics – 85 to 100% of people.

Afternoon and evening clinics at each cattle station or outstation were conducted on a private consultation basis and incorporated the emotional/psycho-social health approach to remote and isolated clients. This often meant providing a "listening ear" and assisting clients to resolve problems or challenging situations in the best way possible. At times this involved encouraging clients to access various health and community services.

Sexual Health

Another key focus this year was to encourage people to think about their sexual health and encourage regular checkups and the practice of safe sex. Condoms were



above: The mobile health team have improvised many different and unusual consulting rooms in the remote locations they service.

provided to anyone who wanted them. Sexual health checks were offered to everyone and information on a range of topics was also provided to people. Many sexual health checks were provided by the team and anyone found with a health problem was treated utilising the CARPA guidelines, with the appropriate follow-up treatments and notifications attended to.

Liaison and Referral

The mobile team attempted to encourage people to access a wider range of health services. Many people were referred to different services within the KWHB and outside services such as the government centre and Department of Health and Community Services in town. The mobile team provides a link between these people and spent much time liaising with Katherine's Aboriginal Community Controlled Health Service, Wurli Wurlinjang, and the Kimberley's Ord Valley Aboriginal Health Service (OVAHS) on behalf of clients.

population health report continued...

Promotion of First Aid

This year the Mobile Team have focused on encouraging people to keep their Senior First Aid up to date. We found that most of the company owned cattle stations were all required to attend Senior First Aid when they attended managers meetings. This is only about 50% of clients; the other 50% includes privately owned properties and outstations and we found that mostly their First Aid was out of date. Due to the nurses on the mobile team not being trained in first aid training we could not provide a training service for our clients. We did however at every opportunity provide dates of Senior First Aid training in Katherine and Darwin and encouraged clients to make it one of the priorities this year.

Support for Regional Events

The mobile team attended many events this year, which included:

Lajamanu Sports Weekend to provide extra help at the health centre when it was busy.

Women's business camp organised by the Central Land Council, providing first aid for the week.

Gurindji Freedom Day celebrations, to help with setting up, health promotion activities, and providing back-up at the health centre when it was busy

The **Pussycat Bore** and **Timber Creek Camp Drafts** to provide first aid for all of those attending the events.

Community Clinic Relief

The Mobile Team staff provided relief nursing assistance at the Community Health Centres during staff holidays and shortfalls.

Priorities for next year

- Continue and extend the relationship with Wurli Wurlinjang Health Service in Katherine, and OVAHS in Kununurra to better service our clients and communities.

- Continue to encourage regular well person's checks and education.
- Increase health promotion on a range of issues
- Liaise with clients to find out what they want out of the service
- Increase RN's education and knowledge
- Organise a First Aid and Injectables course in the KWHB region



above: The mobile staff take a break on the road.

Corporate Support Report

Although on the surface of things corporate support seems to be an unchanging element of the organisation, in fact the Corporate Support Unit was closely involved in some major developments this year.

A restructure within the organisation saw the unit's numbers rise from four positions to seven. Joining the Records, Health Management, Assets/Fleet and Reception positions were Finance, Secretariat and HR functions.

The Corporate Support Unit continued and expanded its core business, which is to provide reliable systems, and practical support and assistance to community health centres, health programs, and the Board. IT and telecommunication systems and support, records management, assets and fleet management, secretariat services, human resource services, financial services including payroll and stores ordering as well as distribution of stores, were all services provided by the Corporate Services Unit on a routine basis.

This unit takes on the 'little' tasks that make for a good working environment – making sure all units in the organisation have the things they need to carry out their functions; that everything works; that effective systems are in place to enable KWHB workers to provide excellent health services - and to be happy in their work. Bearing in mind that there are eight KWHB work sites and that with the exception of Katherine, they are all remote and far-flung; that public transport and community

infrastructure is by-and-large underdeveloped and changeable, this is a highly challenging role and requires special knowledge of the region and how to get things done 'on the ground'.

To ensure that the different organisational elements receive the support they need with as few hiccups as possible, a conscientious effort continues to be made to ensure that all staff of the unit are multiskilled and can backfill one-another. There are always backups when someone is away from base or on leave, or when the inevitable turnover of staff occurs.

Possibly the biggest project taken on by the Corporate Support Unit this year was the further development of the IT environment. Negotiating new satellite and ISDN providers and restructuring the IT architecture were major achievements, and for the first year, all KWHB community health centres had access to the IT network. Proposed actions are in place for an intranet and options are currently being explored.

What this meant was that HIC on-line and pathology on-line became universally available through the region leading to far greater efficiencies in Medicare billing and Pathology services.

Maintenance of the organisation's Patient Information Recall System, Communicare, also came under the unit's domain this year. This is a major new responsibility given KWHB's intention to progressively move away from a paper-based medical records system to a fully



above: The Corporate Support Unit provides valuable support to eight work sites – seven of them remote.

electronic one. Communicare will fulfil a number of functions throughout the service, from day to day patient management, to Medicare billing, to statistical data for monitoring of health trends, to feedback and reporting.

A greatly improved, easier to navigate, now updatable website was achieved, enhancing KWHB's identity and improving communication regarding all aspects of the Board's business.

The library received a much needed sort-out and face lift; and a new system was developed for circulating copies of newsletter and journal articles of interest to each of the remote health centres.

corporate support report continued...

Staff List

Human Resources Trends

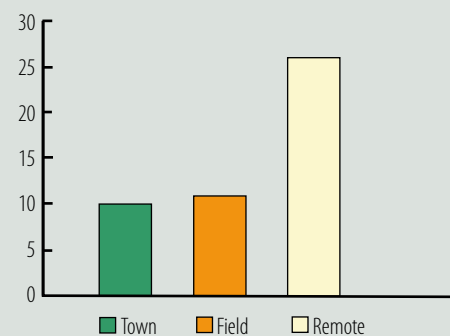
Staff Numbers by Location

Location	Total Staff	Aboriginal	Non-Aboriginal
Katherine	21	7	14
Timber Creek	9	3	6
Yarralin & Pigeon Hole	6	5	1
Kalkarindji & Daguragu	5	3	2
Lajamanu	6	2	4
TOTAL	47	20	27

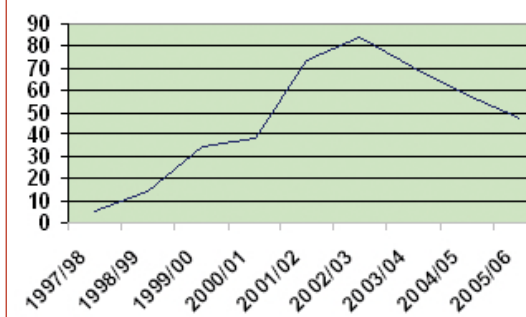
Staff Movement by Position Type

Total number of staff 1/7/05	58
Number of permanent staff 30/6/06	47
Total number of staff 30/6/06	53
Total number of positions at 30/6/06	55
Number of new long term positions during that period	2
Number of resignations	16
Number of recruitments (<i>not including relief staff</i>)	17
Internal transfers	1
Redundancy	2
Maternity Leave	2
Relief staff during the period	36
Student Placements (<i>Medical, Nursing, Nutrition, Junior Doctor</i>)	6
General Practitioner Locums	1

Staff by Location Type



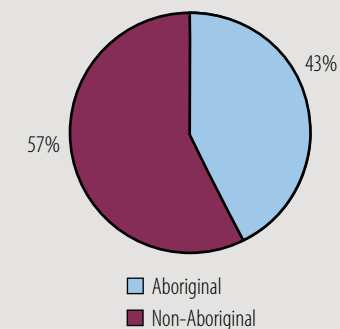
Number of staff at end of each financial year



Staff Movement by Location

Location	New Positions	Replacements	Resignations	Transfers
Katherine	1	5	7	0
Timber Creek/Bulla	0	0	1	0
Yarralin/Pigeon Hole	1	3	3	1
Kalkarindji/ Daguragu	0	1	2	0
Lajamanu	0	4	3	0
TOTALS	2	13	16	1

KWHB Staff by Indigenous Status



Town

Executive Management

Chief Executive Officer

Sean Heffernan

Deputy Chief Executive Officer

Suzi Berto

Medical Director

Andrew Bell

Population Health

Population Health Manager

Greg Henschke

Child Health Program Coordinator

Danielle Aquino

Maternal Health Project Officer

Christine Byrne

Maternal & Child Health Officer

Margaret King

Environmental Health Officer

Chris Daly

Trainee Environmental Health Officer

Brendon Sherratt

Nutritionists

Alexandra Walker

Anthea Gregoriou

Health Management

Community Health Manager

Eric Thomas

Assistant Manager, Community Health

David Lines

Clinical Quality Manager

Jill McDonald

Mobile Health Team

Remote Area Nurses

Marilyn LeBez

Vanessa Page

Lucinda Buckland

Paula Morgan

Meredith Fogarty

Paula McLean

Oral Health Teams

Dr Wayne Lowe & Ms Leslie Lowe

Dr John Wetherell & Ms Joan Fairclough

Corporate Support

Corporate Support Manager

Rose Peckham

Human Resources Coordinator

Eslyn Fletcher

Human Resource Officer

Sophie Henderson

Finance Officer

Lisa Kelly

Corporate Support Officer - Secretariat

Carol Manfong

Corporate Support Officer - Fleet

Rod Freeman

Ty Shield

Corporate Support Officer

– Communicare

Lynne Watson

Data Integrity Officer

Tracey Porter

Corporate Support Officer - Records

Noleen Back

Bush

Timber Creek

General Practitioner

Tim Hannah

Health Centre Coordinator

Rebecca Gooley

Remote Area Nurses

Anne Godwin

Ian James

Natalie Ladner

Administration Officer

Maxine Johns

Cleaner

Catherine Meng

Bulla

Senior Aboriginal Health Worker

Betty Laurie

Aboriginal Health Worker

Rhonda Henry

Yarralin

Health Centre Coordinator

Cheryle Willick

Aboriginal Health Worker

Raymond Hector

Trainee Aboriginal Health Worker

Noleen Campbell

Brian Pedwell

Administration

Maureen Klaassens

Alicia King

Bunbidee

Senior Aboriginal Health Worker

Lorraine Johns

Kalkaringi/Daguragu

Aboriginal Health Worker

Diane Hampton

Administration

Rosaleen Farquharson

Trainee Environmental Health Worker

Michael George

Health Centre Coordinator

Christine Thomas

Remote Area Nurses

Margaret Tappe

Gail Williams

Senior Aboriginal Health Worker

Robert Roy

Lajamanu

General Practitioner

Jocelyn Abrahams

Health Centre Coordinator

Terrie Cowley

Remote Area Nurses

Sarah Smith

Mary-Jane Hammond

Trainee Aboriginal Health Worker

Steven Dixon

Cleaner

Angela Hector

Administration

Kathy Coren

Robyn Ewing

Relief

GP Locums

Dr Max Chalmers

Remote Area Nurses

Nicole Caton

Gwyn Scott

Bernhard Egan

Suzanne Price

Janice Bennet

Richard Cawley

Rosslyn Jeff

Brian McNamara

Annette Peck

Kaylene Prince

Bruce Roggiro

Kathleen Connole

Annie Pollard

Carissa Cook

Patricia Fitzgerald

Amanda Francis

Rebecca Schultz

Vicki Myers

Elizabeth Ward

Deane Martin

Administration & other

Leigh Ann Smith

CDEP & KWHB partnership

– Lajamanu

Alison Luther

Katherine West Health Board Aboriginal Corporation
Special Purpose Financial Report
Year Ended 30 June 2006

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Statement of Compliance

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF COMPLIANCE


The members of the Board have determined that:

- (a) the Katherine West Health Board Aboriginal Corporation is not a reporting entity; and
- (b) this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Members of the Board of Katherine West Health Board Aboriginal Corporation do hereby certify that:

- (a) the financial statements of Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2006 present fairly the financial position as at 30 June 2006 and the financial transactions for the year then ended;
- (b) there are reasonable grounds to believe that the Corporation will be able to pay its debts as when they fall due;
- (c) the Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Corporations Act 1976, the regulations and the Rules of the Corporation.

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


Joseph Cox - Chairperson

Katherine

Date: 15/11/06

special purpose financial report
year ended 30 June 2006

Independent Audit Report



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GPO Box 3470
Darwin NT 0801 Australia
www.meritpartners.com.au

Independent audit report to members of Katherine West Health Board Aboriginal Corporation

Scope

The financial report and the Committee's responsibility
The financial report is a special purpose financial report and comprises the Balance Sheet, Income and Expenditure Statement and accompanying notes to the financial statements for the Katherine West Health Board Aboriginal Corporation (the Corporation) for the year ended 30 June 2006.

The Committee of Katherine West Health Board Aboriginal Corporation (the Committee) are responsible for preparing a financial report that presents fairly the financial position and performance of the Corporation. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates used and described in Note 1 to the financial statements and the Aboriginal Councils and Associations Act 1976 (as amended) and are appropriate to meet the needs of the members. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Committee's financial reporting requirements under the constitution of the Corporation and the Aboriginal Councils and Associations Act 1976 (as amended). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Audit approach

We conducted an independent audit of the financial report in order to express an opinion on it to the members of the Corporation. Our audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies in Note 1 to the financial statements, a view which is consistent with our understanding of the Corporation's financial position, and its performance as represented by the results of its operations.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Committee.

Merit Partners Pty Ltd
ABN 16 107 240 322

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While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

We performed procedures to assess whether the substance of business transactions was accurately reflected in the financial report. These and our other procedures did not include consideration or judgment of the appropriateness or reasonableness of the business plans or strategies adopted by the governing committee and management of the Corporation.

Independence

We are independent of the Corporation, and have met the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In our opinion,

- (a) the financial report of Katherine West Health Board Aboriginal Corporation presents fairly in accordance with the accounting policies described in Note 1 to the financial report and the Aboriginal Councils and Associations Act (1976), the financial position of the Corporation at 30 June 2006 and the results of its operations for the financial year then ended;
- (b) the Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Associations Act (1976), the Regulations and Rules of the Corporation; and
- (c) the financial report is based on proper accounts and records and is in agreement with those accounts and records.

Matthew Kennon
Merit Partners

DARWIN
Date: 23/11/2006



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Income and Expenditure Statement

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT YEAR ENDED 30 JUNE 2006

	2006 \$	2005 \$
OPERATING REVENUE	3,736,015	3,486,689
Grants	47,160	55,825
OATSIHS	0	295,455
OATSIHS - Other	0	433,350
OATSIHS - PIRS	2,982,398	3,119,997
OATSIHS - Minyerri capital	476,559	601,696
Department of Health and Community Services	0	11,364
Health Strategies	0	72,250
DEWRSB	40,068	59,472
G.P.E.T	0	9,000
Sunrise Health Board	3,200	0
RHW Special grant	114,750	0
The Rural Womens GP	0	28,942
General Practice & Primary Care	16,245	0
Health Connect	8,414	1,616
Broad Band 4 Health	138,107	129,101
HIC - Health Commission	0	13,228
Interest	50,198	171,894
Administration Fee	0	5,874
Reimbursements	442,279	306,174
Centre Link	2,300	7,129
Bulk Billing	1,000	0
Rent	161,664	12,515
Donation	323,818	0
Profit on the sale of assets	(530,905)	(323,818)
Transfer from unexpended grants		
Transfer to unexpended grants	8,013,270	8,497,753
TOTAL OPERATING REVENUE		
OPERATING EXPENDITURE	26,941	32,713
General operating costs	1,161	13,717
Accounting fees	0	13,228
Advertising	660	15,368
Admin Fee	9,075	11,088
Annual Report	2,304	2,655
Audit fees		
Bank charges		

The income and expenditure statement should be read in conjunction with the accompanying notes.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT (Contd) YEAR ENDED 30 JUNE 2006

Note	2006 \$	2005 \$
OPERATING EXPENDITURE (Contd)	28,437	29,580
Cleaning	157,153	1,175,040
Consultants	47,024	0
Communications	1,699	2,861
Consumables	9,291	123,933
Donation	114,706	53,656
Electricity, water and sewerage	52,219	3,146
Freight	0	3,814
General and other expenses	2,117	4,774
Ground maintenance	10,582	131,570
Hire of equipment	112,817	0
Insurance	104,514	0
IT Hosting / support	4,902	0
IT Medisys	13,428	171
IT Computer equipment	0	4,557
Promotion & Marketing	3,696	9,586
Postage	8,680	4,837
Professional Indemnity Insurance	2,816	9,103
Library	3,087	725
Meeting costs	340	350,016
Rates	338,647	0
Rent	872	207
Refunds	0	8,932
Safety equipment	2,474	4,724
Stationery	661	131,677
Subscriptions and membership	98,460	22,940
Telephone and facsimile	14,018	19,819
Training	54	1,520
Uniforms	3,262	
Security		
Motor vehicle expenses	95,143	125,668
Fuel and oil	0	2,014
Leasing costs	60,721	83,174
Repairs and maintenance	23,895	11,133
Registration		

The income and expenditure statement should be read in conjunction with the accompanying notes.

special purpose financial report
year ended 30 June 2006

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT (Contd) YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
OPERATING EXPENDITURE (Contd)			
Repairs and maintenance		1,167	3,401
Property maintenance		26,607	4,281
Repairs and Maintenance-		22,845	50,086
- Plant & Equipment		20,729	85,961
- Computer Equipment		21,919	18,775
- Furniture & Fittings			
- Buildings			
Supplies		28	9,253
Food purchases		102,038	133,029
Pharmacy		108,574	132,807
Medical and dental supplies		32,845	34,294
Office supplies			
Staff salaries, wages and related costs		3,105,133	3,396,601
Wages and salaries		341,704	387,406
Superannuation		918,827	1,053,352
Group tax		143,775	143,330
FBT		0	10,068
Community Based Liason workers		16,737	0
Professional development		164,478	141,794
Recruitment and relocation		32,960	14,932
Recreation leave and fares		56,145	41,680
FOIL		10,368	10,375
Other		0	17,897
Study Allowances		0	7,275
EBA		78,296	78,297
Workers compensation			
Other		489,550	539,064
Depreciation		0	4,638
Bad Debts		4,014	0
Doubtful debts expense		(5,590)	(4,332)
Writeback stale cheques			
Travel		190,698	246,305
Travel and accommodation - staff		3,887	21,495
Travel and accommodation - other		105,139	134,828
Travel and accommodation - board		5,427	0
Travel and accommodation - patients		26,928	0
Travel and accommodation - specialists			

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

The income and expenditure statement should be read in conjunction with the accompanying notes.

INCOME AND EXPENDITURE STATEMENT (Contd) YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
OPERATING EXPENDITURE (Contd)			
Health and Other Programs			0
Mens Health		58,560	52,357
Doctors Locum		3,013	3,629
Health Promotions		0	32,689
Aged Care - Lajamara		2,607	34,191
Doctors Specialists		0	754
Special and other projects		230,962	547,365
THS services purchased		13,636	0
KRAHRS		63	15,128
SIIP		0	10,991
Video reproductions		7,689,925	9,822,047
TOTAL OPERATING EXPENDITURE		323,345	(1,324,294)
SURPLUS/(DEFICIT) FOR THE YEAR			

The income and expenditure statement should be read in conjunction with the accompanying notes.

Balance Sheet

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

BALANCE SHEET AS AT 30 JUNE 2006

	Notes	2006 \$	2005 \$
CURRENT ASSETS			
	2	2,338,988	1,913,432
Cash	3	46,166	41,849
Receivables	4	100,783	121,489
Other		2,485,937	2,076,770
TOTAL CURRENT ASSETS			
NON-CURRENT ASSETS			
	5	1,096,043	1,197,182
Property, plant and equipment		1,096,043	1,197,182
TOTAL NON-CURRENT ASSETS			
		3,581,980	3,273,952
TOTAL ASSETS			
CURRENT LIABILITIES			
	6	1,106,299	1,174,047
Accounts payable	7	346,533	348,280
Provisions		1,452,832	1,522,327
TOTAL CURRENT LIABILITIES			
NON CURRENT LIABILITIES			
	7	54,178	0
Provisions		54,178	0
TOTAL CURRENT LIABILITIES			
		1,507,010	1,522,327
TOTAL LIABILITIES			
		2,074,970	1,751,625
NET ASSETS			
MEMBERS FUNDS			
	8	2,074,970	1,751,625
Accumulated funds		2,074,970	1,751,625
TOTAL MEMBERS' FUNDS			

The balance sheet should be read in conjunction with the accompanying notes.

special purpose financial report
year ended 30 June 2006

Notes to and Forming Part of the Financial Statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 2006

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

This financial report is a special purpose financial report which has been prepared in order to satisfy the reporting requirements of the Aboriginal Councils and Associations Act. The governing committee has determined that the Corporation is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Aboriginal Councils and Associations Act and the following Australian Accounting Standards:

- AASB 1031 Materiality
- AASB 110 Events after the Balance Sheet Date

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values, or except where specifically stated, current valuations of non current assets.

The accounting policies adopted are consistent with those of the prior year unless otherwise stated.

Property, plant and equipment

Cost and valuation

Property, plant and equipment are brought to account at cost, independent or governing committee's valuation. Assets costing less than \$1,000 are written off to expenditure as minor capital items in the period of acquisition.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 2006

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Contd)

Property, plant and equipment (Contd.)

Depreciation

All non-current assets are depreciated over their useful lives to the corporation on a straight line basis.

Major depreciation rates are:	2006 Years	2005 Years
Furniture and equipment	5	5
Computer and software	5	5
Motor Vehicles	3	3
Buildings	20	20

Employee Entitlements

Provision is made for annual leave and long service leave payable to employees on the basis of statutory and contractual requirements. The amounts provided are apportioned between current and non current provisions, the current provision being the portion that is expected to be paid within the next twelve months

Grants and other contributions

All recurrent and capital grants received from the government are brought to account through the statement of income and expenditure.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged the revenue has been recognised as unexpended grants.

Taxation

The Association is recognised as a public benevolent institution and is therefore recognised as being exempt from paying income tax.

Economic dependence

The financial statements are prepared on a going concern basis. The future of the corporation, however, is dependent upon the continued financial support of its funding bodies in the form of government grants.

Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in banks, and short term deposits, net of outstanding bank overdrafts.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2006

NOTE 2 CASH	2006 \$	2005 \$
Operating account		
Medicare Bulk Bill	424,046	532,180
Chronic Disease Self Mgt.	634,197	170,147
TIO Investment Account	30,817	30,054
Cash on hand	1,249,428	1,180,851
	500	200

NOTE 3 RECEIVABLES	2006 \$	2005 \$
Debtors	2,338,988	1,913,432
Provision for doubtful debts	50,180	41,849
	(4,014)	0

NOTE 4 OTHER CURRENT ASSETS	2006 \$	2005 \$
GST paid	46,166	41,849
	100,783	121,489

NOTE 5 PROPERTY, PLANT AND EQUIPMENT	2006 \$	2005 \$
Furniture and equipment – at cost	644,333	633,395
Accumulated depreciation	(425,858)	(315,491)

Land – at valuation	218,475	317,904
Accumulated depreciation	8,000	8,000
	0	0

Building – at valuation	8,000	8,000
Accumulated depreciation	244,765	244,765
	(72,408)	(60,170)
	172,357	184,595

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2006

NOTE 5 PROPERTY, PLANT AND EQUIPMENT (Contd.)	2006 \$	2005 \$
Computers and software – at cost	474,036	446,729
Accumulated depreciation	(262,563)	(190,879)
Motor vehicles – at cost	211,473	255,850
Accumulated depreciation	1,211,229	1,260,931
	(725,491)	(830,098)
	485,738	430,833
	1,096,043	1,197,182

NOTE 6 ACCOUNTS PAYABLE - CURRENT	2006 \$	2005 \$
Trade creditors	285,453	506,953
Accruals	65,974	73,890
GST Collected	223,967	269,386
Unexpended grants	530,905	323,818

NOTE 7 PROVISIONS	2006 \$	2005 \$
Current	1,106,299	1,174,047
Annual Leave		
Non Current	346,533	348,280
Long Service Leave	54,178	0

NOTE 8 ACCUMULATED FUNDS	2006 \$	2005 \$
Opening balance	1,751,625	3,075,919
Surplus/(Deficit) for the year	323,345	(1,324,294)
Closing balance	2,074,970	1,751,625

special purpose financial report
year ended 30 June 2006

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2006

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

This financial report is a special purpose financial report which has been prepared in order to satisfy the reporting requirements of the Aboriginal Councils and Associations Act. The governing committee has determined that the Corporation is not a reporting entity.

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- AASB 110 Events after the Balance Sheet Date

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values, or except where specifically stated, current valuations of non current assets.

The accounting policies adopted are consistent with those of the prior year unless otherwise stated.

Property, plant and equipment

Cost and valuation

Property, plant and equipment are brought to account at cost, independent of governing committee's valuation. Assets costing less than \$1,000 are written off to expenditure as minor capital items in the period of acquisition.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2006

NOTE 11 LAND AND BUILDINGS

On 23 November 1995 the crown land identified as Lot 85 Timber Creek was purchased by Ngaliwuru-Wuli Association under a Crown lease term title. The crown lease is No 1552.

On 21 March 2000 Ngaliwuru-Wuli Association resolved to transfer the lease to Katherine West Health Board Aboriginal Corporation.

Katherine West Health Board Aboriginal Corporation complied with the requirements of the lease which was to develop a residential dwelling. The Crown lease term 1552 was then eligible for conversion to Estate In Fee Simple (freehold)

Due process was completed and the Crown lease term 1552 was converted to Estate In Fee Simple on 22 November 2000.

The valuation of the land component is based on the unimproved capital value at 1 July 1997 of \$8,000.

OATSIHS funded the development of the doctor's house on the said land. The value of the construction as advised by the contractor Randal Carey Construction Pty Ltd was \$244,765. The handover was carried out on 31 July 2000.

NOTE 12 LEASING COMMITMENTS

	2006 \$	2005 \$
Operating Lease commitments:		
Being for rental of motor vehicles, office, housing	143,260	143,260
Payable:	21,600	21,600
- not later than one year	0	21,600
- later than one but not later than two		
- later than two but not later than five		

Katherine West Health Board

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