

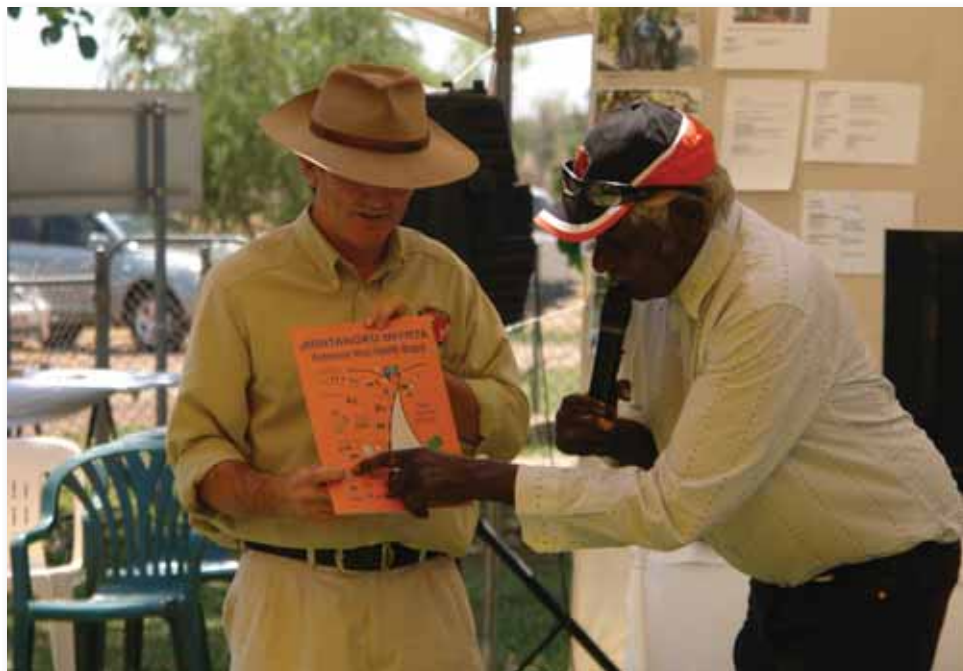


Jirntangku Miyarta



Katherine West Health Board Annual Report 2007

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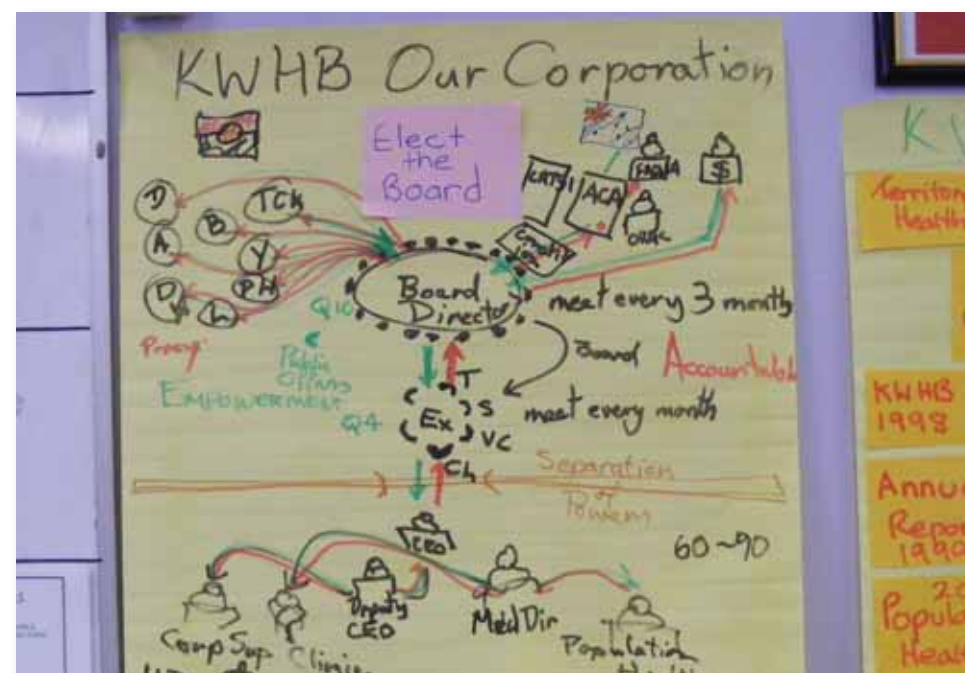


above: Sean Heffernan (CEO) and Jack Little (Hon. Board member)

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Abbreviations

ABCD.....	Audit and Best Practice for Chronic Disease
AHW.....	Aboriginal health worker
AMSANT.....	Aboriginal Medical Services Alliance – Northern Territory
BBV.....	blood borne viruses
CARPA.....	Central Australian Rural Practitioners Association
CDEP.....	Community Development Employment Program
CDHA.....	Commonwealth Department of Health and Ageing
CDSM.....	Chronic Disease Self-Management project
CSW.....	community support worker
DHCS.....	Department of Health and Community Services
DIPE.....	Department of Infrastructure, Planning and Environment
EHW.....	Environmental Health Worker
ENT.....	ear, nose and throat
FHF.....	Fred Hollows Foundation
HPV.....	human papilloma virus
IHANT.....	Indigenous Housing Authority of the Northern Territory
KWHB.....	Katherine West Health Board
NBC.....	Northern Business Communications
NLC.....	Northern Land Council
NPCC.....	National Primary Care Collaboratives
NTGPE.....	Northern Territory General Practice Education
OATSIH.....	Office of Aboriginal and Torres Strait Islander Health
PIRS.....	patient information recall system
RAN.....	remote area nurse
RFDS.....	Royal Flying Doctor Service
RN.....	registered nurse
SDRF.....	service delivery reporting framework
STI.....	sexually transmissible infections
TCHC.....	Timber Creek Health Centre
UNICEF.....	United Nations Children's Fund



above: Board governance training poster

Katherine West Health Board Members

EXECUTIVE Office Holders



JOSEPH COX
Chairperson
(Doojum)



WILLY JOHNSON
Vice Chairperson
(Lajamanu)



SANDRA CAMPBELL
Secretary
(Yarralin)



JOSIE JONES
Treasurer
(Timber Creek)



DORIS LEWIS
(Lajamanu)



JEREMY FRITH
(Kalkarindji/Daguragu)

FULL BOARD MEMBERS



ANDREW JOHNSON
(Lajamanu)



ESTELLE LONG
(Bulla)



JOHN SHAW
(Timber Creek)



JOHNATHON MICK
(Kalkarindji/Daguragu)



NELLIE BARBARA
(Bulla)



NORBERT PATRICK
(Lajamanu)

HONORARY MEMBER



JACK LITTLE
(Bulla)



PETER CHUBB
(Yarralin)



RILEY YOUNG
(Yarralin)



STEVEN LEWIS
(Timber Creek)



VALERIE PATTERSON JAMES
(Lajamanu)

SABRINA LEWIS (Lajamanu)
ROSILY FRITH (Kalkarindji/Daguragu)
VERONICA LEERING (Mialuni)
ELMORE ANZAC (Pigeon Hole)
CASSANDRA ALGY (Kalkarindji/Daguragu)

Chairperson and CEO's Report



2007 was a solid ywHB where we consolidated our already high standard of performance in the areas of:

- *financial management*
- *core primary health-care service delivery*
- *community consultation and engagement*
- *Board governance and direction*
- *attracting new funding initiatives for population health programs.*

This year was one of extensive travel throughout our region for Board members and executive management, with many open community meetings and intensive consultation with community members and staff on the ground. This approach has become embedded into general KWHB operations and demonstrates a high level of commitment by our Board to grassroots engagement. Effective community representation and advocacy are enduring strengths of KWHB. Community members have also asked us to spend more time with them when we visit so that issues raised can be followed through in a more in-depth way while we are there.

Board Elections

Katherine West Health Board facilitated Board elections in all of our communities this year, where community members had the

opportunity to nominate and elect their own Board members. As a result of these elections, there were two new appointments to our executive: Doris Lewis from Lajamanu community and Jeremy Frith from Kalkaringi community.

Governance Training Project

This financial year saw the commencement of the KWHB governance training project. This project saw the facilitation of workshops that explored Board members' roles and responsibilities and developed tools for more effective communication at Board meetings. The Deputy CEO reports on this in greater depth later in this report.

Patient Travel Inquiry

In August 2006, a tragic death occurred at the Kalkaringi airstrip when an elderly man from Daguragu community was left without anybody to collect him and transport him to the township. KWHB and the NT Department of Health and Community Services (DHCS) commissioned an inquiry to determine the causes of the tragedy. The inquiry found that the death occurred as a result of a systemic failure of the patient travel scheme. Since that time, DHCS and



far left: Sean Heffernan,
Chief Executive Officer, KWHB.

left: Joseph Cox, Chairperson, KWHB.

Chairperson and CEO's Report

The 'Healthy for Life' initiative is exciting because it will mean a vast improvement in our approach to comprehensive primary health care.



KWHB have been working together to overhaul this system to ensure this never happens again.

Healthy for Life

KWHB has received funding over the next four years to develop an integrated model of health-service delivery that is based upon a comprehensive primary health-care approach. The integrated model, which is still in development phase, will mean a restructuring of our clinical, population-health, and corporate-support structures to ensure a more cohesive, team-based approach to health-service delivery.

We have developed a comprehensive action plan through extensive staff and Board consultations, and now need to finalise a remodelled staffing structure.

KWHB's delivery of acute care is already highly successful. The 'Healthy for Life' initiative is exciting because it will mean a vast improvement in our approach to comprehensive primary health care.

above: The KWHB staff prepare a feast for the Communicare launch.

Communicare Launch

This year saw the launch of 'Communicare', our patient information recall system (PIRS). A lot of friends of KWHB attended this launch at Bulla community. The online Communicare patient information plays a very important role in our service delivery and allows for the movement of clients across our communities.

The Future

KWHB places a priority on contributing to a stronger, more proactive advocacy and health-service delivery body in AMSANT. KWHB is a member of the AMSANT executive committee.

Issues such as staff retention, distance and increasing labour costs all pose significant challenges to our continuing quest to provide quality health services to our communities. We hope that a creative approach to primary health-care service delivery; our commitment, care and support of staff; and strong advocacy by our Board will assist us to continue to achieve this aim.

KWHB Board members and senior management will go to the next annual general meeting with a request from our membership to revisit our strategic plan. Through an extensive community consultation process, KWHB expects to create a new vision and plan owned and created by our community members.

We would like to take this opportunity to thank our Board members and our staff for their hard work and commitment over this 12-month period. There has been a lot of sweat, but we have had a lot of fun on the way. We also thank all the staff who have moved on in this time and wish them the best. We welcome our new staff and hope that they enjoy the ride. Thanks everyone for a successful year. Mandatj!

Sean Heffernan
Chief Executive Officer

Joseph Cox
Chairperson

Deputy CEO's Report



Board Members' Tenth Anniversary

Before I write about anything else, I must report that this year marks the tenth anniversary of Honorary Member Jack Little and Chairperson Joseph Cox, who have both been with KWHB since May 1997.

As Jack would tell it, he was down the billabong fishing when along came Marion Scrymgour, the very first Director of KWHB, who reeled him in to come on board to work with her on the Coordinated Care Trial. Jack took on the role of Liaison Officer as well as Executive Board member. He served as the Chairperson for a short time before being appointed to Honorary Member. Jack has been a teacher, mentor and the greatest supporter of the KWHB since its inception. He was the creator and author of the famous

Road Story. Jack is the granddaddy of the KWHB, a position that he holds very proudly.

Joseph and his wife Rita both became Board members in 1997, with Joseph also being employed in the role of Liaison Officer and Executive Board member. Joseph has held the position of Chairperson for six consecutive years. He is very committed and passionate about KWHB and has been heard many a time reciting how in the early days he would leave home (Doojum) on a Sunday and return on a Friday – 'gee man, nearly got divorced'. KWHB pays tribute to Joseph's wife Rita, and says thank you for allowing us to have so much of his time.

Governance Training for Board Members

This year has seen the formal implementation of governance training for Board members. The first workshop was held in March, with training provided by Damien Howard from Phoenix Consulting. A variety of topics were discussed at this workshop, including :

- men- and women-only discussions
- language-only discussions
- roles and responsibilities



top: DCEO report Community meeting July 07

far left: Deputy CEO Suzie Berto

left: Board and Management Staff – Board Activities/Community Control Workshop May 07.

Deputy CEO's Report

- speaking up about complaints
- patient travel policy, liaison at the hospital, learning about the health centre
- how hard it can sometimes be to be a Board Member
- history of KWHB
- cultural orientation
- communication.

The outcomes of this workshop included:

- the introduction of plain-language minutes of all meetings with relevant identifiable pictures attached to these minutes
- putting up photos of Board members in their respective communities
- recording meetings on DVD and then playing them back in the communities.

Another workshop followed in May, facilitated by Burdon and Torzillo Consultants. Topics covered were:

- my mob
- vision and guiding principles
- our corporation
- our partners
- roles and responsibilities
- constitution and good governance
- conflict of interest and code of conduct for councillors/Board members
- participation
- our history.

The Board members expressed a real interest in these workshops and complimented the facilitators for the way in which they presented the training (e.g. 'it was easy to understand and good when they explain things to us and draw pictures').

right: Willie Johnson, Vice-Chairperson, at the community control workshop. – Board Activities / Community Control workshop May 07

far right: Sandra Campbell and Mick Gooda. – Board Activities / Community Control workshop May 07

Further governance training is to be provided on a quarterly basis throughout the year.

Service Delivery Reporting Framework

As we all know, it can sometimes be a tedious task when new reporting formats are introduced. Credit must be given to staff who have adapted very well to the OATSIH Service Delivery Reporting Framework (SDRF). Some areas of the report need to be reviewed and followed up, but otherwise KWHB is working towards improvement in all areas of our service delivery to achieve our aims.

We have worked quite hard this year to achieve our aim of holding at least two meetings in each community. These meetings have been both challenging and productive. They have enhanced amicable two-way communication between the community members and staff and keep us focused on what our service delivery is about.

Again I must extend my appreciation to all Board members and staff for their efforts and hard work throughout the year.

Suzie Berto
Deputy CEO



Medical Director's Report

Katherine West Health Board Aboriginal Corporation has now been delivering clinical and public health services for eight years. During this time we have developed a strong emphasis on systems for ensuring and measuring quality of care in our service. This has been strongly supported by our Board, who value the quality of our service and our reputation and have been keen to question when things are not as good as they could be.

In a health service such as ours, ensuring quality goes beyond technical competence to include cultural competence and safety. We can have the best health service in the world technically, but if there are cultural barriers to access then this is not worth 'a hill of beans'.

The participation of Katherine West Health Board staff in many external committees and processes demonstrates the leadership role our organisation has taken in the development of systems and quality. Information management (as described elsewhere in this report), incident reporting, quality use of medicines, and structured multidisciplinary care have been our strong points. Participation in external processes such as ABCD, the National Primary Care Collaboratives (NPCC), Practice Accreditation, the CARPA Manual development, Communities for Children, and many other committees have kept us engaged with the best of what is happening in the wider health-care system.

Special mention should be made of the achievements of the teams at Timber Creek, Yarralin, Bulla and Pigeon Hole participating in the NPCC. The NPCC has allowed us to measure the quality of care we provide to people with coronary heart disease and diabetes against



above: Medical Director, Dr Andrew Bell, at the launch of Communicare, our patient information recall system.

Medical Director's Report

other practices in the NT and against national mainstream general practice. The results have been impressive. They demonstrate that we are delivering quality of care at a much higher level than the national and NT averages. They also show that we are achieving better results in intermediate outcomes such as blood pressure, blood sugar, and cholesterol control than elsewhere in Australia. This is important because it translates into lives extended, heart attacks, strokes and kidney failure prevented, and dialysis postponed.

Our NPCC data lends strong support to the model of multidisciplinary teams within a community-controlled health service that is well engaged with the community it serves. The results also demonstrate that with our current level of clinical resources supported with good systems, we can achieve a very high level of care and improved outcomes, despite the many apparent barriers in remote communities. It is likely that further gains will be made by investing in public health programs. With clinical care at its present level, we can afford to invest more in prevention. In the next year we will be expanding the NPCC approach to quality improvement in all our health centres and to other areas of clinical care.

Workforce remains, of course, our biggest issue. This year we have had pre-vocational training 'junior doctors' in addition to many medical and other students. As well as enhancing our service, we hope that exposure to the work in our communities will contribute to some of these young health professionals choosing careers in our sector. Feedback from junior doctors and students about their experience with Katherine West has been very positive. In 2008 we will be offering general practice training posts for the first time through NTGPE. Many thanks to all our remote staff who have made our students feel so welcome.

The big and exciting challenge for the coming year will be implementing our 'Healthy for Life' program along with other

new population-health programs. Like other health services, we have struggled with combining clinical care and population health into an integrated model, both at a management level and on the ground. It is essential that we do this if our new programs are going to achieve the results we hope for.

Looking back over eight years, I think many of the systems we have implemented have taken a little longer to get bedded down than we might have expected, which reflects the many challenges of the environment we work in. That said though, it has been exciting to see staff work together enthusiastically across the organisation to achieve these improvements and I think we have good reason to believe that the improving trends in health statistics that we are now seeing are only the start.

Dr Andrew Bell
Medical Director



right: Dr Andrew Bell 'Stateline' interview 2007

Communicare Patient Information Recall System

Success Stories in Aboriginal Health

Katherine West Health Board Aboriginal Corporation (KWHB) is a community-controlled primary health-care service governed by a Board of Aboriginal people selected by and representing the communities of the Katherine West region in the Northern Territory. KWHB is the major provider of clinical and public health services and aims to meet the needs of the predominantly Aboriginal population in the region, which includes eight major Aboriginal communities and outstations in an area of about 162 000 square km, with a population of about 3500 people.

In 2004, Katherine West Health Board successfully implemented Communicare, a Patient Information and Recall System (PIRS), which is now fully operational and networked throughout the entire Katherine West region.

The existing patient information system was not meeting the needs of the health service. After wide consultation with all staff, implementation of Communicare became a reality. Initially, Katherine West Health Board decided to self-fund the project because of our strong commitment to the improvement and modernisation of our health-care model. Ongoing funding through OATSIH has since been secured, improving the delivery of quality health care to our client base.

Dedicated clinical staff at each of our eight health centres in the region have access to the PIRS system via a fully secure, confidential



KWHB is the major provider of clinical and public health services and aims to meet the needs of the predominantly Aboriginal population in the region, which includes eight major Aboriginal communities and outstations in an area of about 162 000 square km, with a population of about 3500 people.

top left: Honorary Board member Jack Little launches Communicare at Bulla, in October 2006.

left: Jack Little and Dr Tim Hannah at the launch.

Communicare Patient Information Recall System

Through innovation and tenaciousness, Katherine West Health Board is now recognised as a leader in the Territory in the provision of quality health care through the implementation of a reliable PIRS system which is regularly maintained.

and centralised database. This provides us with detailed knowledge of our client population, and enables us to continuously monitor their health status. This underpins a comprehensive quality health-care service to our clients. KWHB was the first Aboriginal health service in the Northern Territory to attempt a fully networked PIRS system in such a remote setting and have a dedicated PIRS officer to coordinate the ongoing management of the system.

The PIRS system has now been widely accepted as the primary documenting system for entry of standard medical information and retrieval of patient information within the organisation. Training and ongoing support is provided to all staff on commencement of employment. There is sound technical support for the system and adequate computers in the health centres for all care providers. As a result of this significant advance, we are now able to continually upgrade our technology with minimal interruption to the services provided in our health centres. The PIRS system is protected by policy and conditions of use and access, as a condition of employment. With the implementation of Communicare, we now have a secure, confidential and sustainable PIRS system, which offers greater protection of client health information and improved management of chronic diseases and general health conditions of our population.

The people in the Katherine West region have strong family links and constantly move around the region for ceremony and family reasons. A fully networked PIRS system supports this mobility in communities throughout the whole region, which have a heavy burden of chronic disease.

The PIRS system enhances the continuity and quality of health-care services. Individual client files can be accessed from any KWHB health centre in the Katherine West region so that the care provided is appropriate and relevant. We can also ensure that opportunistic care is not overlooked. This coordinated approach to health care

allows for chronic disease and health-check strategies to be successfully implemented.

Since 2004, we've come a long way, and our journey into new PIRS technology has had its challenges. Through innovation and tenaciousness, Katherine West Health Board is now recognised as a leader in the Territory in the provision of quality health care through the implementation of a reliable PIRS system which is regularly maintained. We have certainly learnt from the experience and the improvement in our service is now evident.

Katherine West Health Board has become a model for other health organisations in the Northern Territory in the establishment of an electronic PIRS system. As leaders in the field of quality health management, we are able to provide mentoring and constructive advice to other organisations implementing their own PIRS systems.



right: Joseph Cox, Norbert Patrick & Jack Little

Population Health Report

The Population Health Team works towards implementing programs using a population-health approach, aiming to improve health of populations and reduce health inequalities. The Communicare database provides excellent information about the health status of Katherine West residents which is analysed by the team to plan program work. The team works collaboratively with the local community health teams, local organisations and the community as a whole to address the underlying causes of ill health.

This year has been unusual in that there has been much change in team staffing, resulting in challenges to the continuity of the programs.

Next year will have a focus on increasing capacity and embedding population health into all KWHB service delivery through the development of an integrated service model and the addition of new staff, including a Health Promotion Officer, a Healthy Young Families Coordinator, a second Nutritionist, and community support workers. An area that will be further developed is the building in of processes for evaluation and better systems for capturing population health work.

Healthy for Life Initiative

The underlying principles of the OATSIH 'Healthy for Life' initiative are the use of quality improvement and population-health approaches to improving outcomes in child and maternal health, and the prevention, early intervention and management of chronic disease.



With the assistance of a facilitator from the Menzies School of Health Research ABCD Project, KWHB undertook Phase 1 activities, including clinical audits, service mapping and service-system assessment. The information collected in Phase 1 was used by management, staff and the Board to develop a proposal for the next 18 months which has a focus on community development and population health, training and leadership. The quality improvement activities of Healthy for Life complement the ongoing involvement in the ABCD project and the NPCC.

New staff to come on board as part of the initiative include up to 18 part-time community support workers focusing on chronic disease self-management and child and maternal health, a Health Promotion Coordinator, a second nutritionist/dietitian to focus on clinical and community dietetics, and an RN to support the community health centre teams to catch up on the adult and child health assessments.

A second community control workshop is planned to follow on

top: The Population Health team (front to back) – Bec Gooley, Brendan Sherratt, Greg Henschke, Paula Morgan, Danielle Aquino, Phil Deniston, Rory Olsen.

Population Health Report



above: Mary G enjoys some fun with the crowd

The Queen of the Kimberleys in Katherine West

In April 2007, Lajamanu, Kalkarindji, Yarralin and Timber Creek welcomed Mary G and her band with lots of enthusiasm and laughter. Mary G responded with her own sense of humour – 'Hello, darling, I'm Mary G. Are you married? You're a good-looking bloke and I wouldn't mind taking you out'. Mary G, with her flair and floral dress sense, has gained many admirers and followers over the years.

The Health Promotion concerts, funded through the Department of Health and Ageing, provided some light entertainment and health messages over the two days. The health messages related to exercising, eating fruit and vegies, drinking lots of water and looking after yourself. Young and old alike laughed and danced to the comedian known as the Queen of the Kimberleys KWHB staff, community councils and community

shops all contributed and supported the concerts with transport, venues and healthy meals. Mary G says: 'I see myself as a social conscience with humour. I do cabaret. I perform, I sing and I use the songs as tools to put messages out. I portray an Indigenous woman who's a matriarch. She's mad, she's crazy and she likes making people laugh'. This is exactly what she did at each of the concerts!

Chairperson Joseph Cox spoke about the concerts at an AMSANT meeting in Alice Springs earlier this year.

'As a health organisation we spend a lot of time working with sick people and it is great to be able to spend some time promoting a positive and healthy lifestyle, reinforcing eating healthy food and exercising and this happening in a social and humorous manner.'

Altogether, over 1000 people enjoyed the concerts.

from the successful one held earlier this year to progress work on the development of an integrated service model. Local leadership of primary health-care programs will be supported through training and allocation of portfolios to RNs and senior AHWs in each community.

Chronic Disease Self-Management Project

This year saw the final phase of the Chronic Disease Self-Management project (CDSM), which commenced as a demonstration project in 2002. After much debate with Doha, an agreement for transitional funding was reached and work commenced in August 2006.

Community support workers were recruited in the four major communities. The challenges and lessons learned from the recruitment and retention of the CSWs are informing KWHB's future directions for the employment of community-based workers. The CDSM project trialled a model of basing population-health staff in remote communities to improve community engagement, but lack of infrastructure and appropriate support structures proved this model difficult to implement at this time. However, further work will be done to create an appropriate environment for basing population-health professionals in the bush.

Highlights of the CDSM project were the development of 'Yarning about Diabetes' self-management support tools, the Mary G Health Promotion Tour, and the Healthy Living NT diabetes training.

The diabetes self-management support tools were adaptations of the 'Yarning about Mental Health' project. The CSWs were trained in the use of these tools to work with people with chronic conditions and help them set goals. Healthy Living NT was contracted to deliver diabetes training for nurses, AHWs and CSWs, and provide diabetes education to clients in the Katherine West communities. This is the beginning of a longer term relationship with Healthy

Living NT and a way to improve access to diabetes educators for people in remote communities.

Punyu Ngape (Good Air) Project

KWHB was successful in receiving funding from the DoHA Tobacco and Drug Prevention Section for a two-year multi-component, community-based tobacco intervention, targeting pregnant women who smoke before and after childbirth and their family environment. The evidence base for the program will be drawn from intervention strategies successfully implemented, such as QLD Health's Smoke Check Indigenous Tobacco Brief Intervention Project. The project will initially be trialled in two communities and then expanded to the whole Katherine West region.

Child Health

Video otoscopes were placed in five communities in the Katherine West region through funding received from OATSIH for ear-health promotion.

Training was provided to all nurses and health workers on how to use the equipment for capturing images, saving otoscopy images in Communicare, and using the otoscope for ear-health promotion. A user guide including local ideas for health promotion and local images was developed and distributed to all communities, along with tools for educating families and communities about how to prevent and treat otitis media (middle-ear infection), and help children with hearing loss. There have been some difficulties with saving images in Communicare and staff turnover has limited the use of the equipment outside of the clinics.

KWHB continues involvement in the Katherine Region Communities for Children Initiative, including active involvement on the committee to support proper consultation with the communities about strategic planning. KWHB's expression of interest was

Highlights of the CDSM project were the development of 'Yarning about Diabetes' self-management support tools, the Mary G Health Promotion Tour, and the Healthy Living NT diabetes training.

Population Health Report

Young women who become pregnant despite the availability of education and contraception continue to be a concern. In 2007–08, KWHB staff will undertake 'Core of Life' training and investigate the implementation of the successful Mootidj program to address the issues of sexual health of young people and teenage pregnancy.

successful in winning the contract for the Healthy Young Families Campaign. However, we have had some difficulty in recruiting for the Coordinator position, which has affected progress on the project.

The first phase of a collaborative research project investigating infant feeding practices; knowledge about foods, vitamins, minerals and anaemia; sources of information about food and health; and opinions about Sprinkles was conducted by the Fred Hollows Foundation under the direction of a steering committee comprising representatives from FHF, UNICEF, Department of Health and Community Services, Wurli Wurlijang Health Service, Sunrise Health Service, Amantjere Health Board and Katherine West Health Board.

Sprinkles is a tasteless multi-micronutrient powder that can be sprinkled on infants' food as a preventive strategy for combating iron deficiency anaemia. The next phase of the research project will involve a feasibility study to determine models for distribution of Sprinkles in remote NT communities.

Maternal Health Project

This year saw the end of the three-year Maternal Health Project funded by the Department of Health and Ageing (Child and Maternal Health Pilot Projects). CJ Byrne left the project officer position in September this year to return to remote work and help put into practice the maternal health program. Anne Smith completed a short contract to finish off the activities of the project. Funding from the Fred Hollows Foundation has allowed the program to continue and to broaden the focus to women's health. Anna Frieling commenced in the position of Maternal and Women's Health Coordinator in June this year.

The Maternal Health Project continues to progress in its service-delivery program. All communities are regularly visited, with consultation and education being the main focus for clinic staff and

community members. Educational resources are being developed and provided to each clinic with emphasis on antenatal and postnatal wellbeing.

Throughout the project, it became evident that it would be beneficial to ensure the employment of a midwife at each clinic to provide antenatal care and education as required by NT Nurses and Midwives Board. The Katherine West Health Board is pursuing this recommendation through its advertisement for remote area nurses and midwives. Where there is no midwife, the Maternal and Women's Health Coordinator provides supervision and support to RNs who are providing antenatal care.

Personal pregnancy records were distributed to all communities and all staff were educated about the importance of encouraging women to bring the booklet to each visit. Furthermore, discussion occurred about staff attitudes to completing documentation, and how their level of enthusiasm and the value they place upon the booklets will affect the success of this part of the project.

Over the period of the project there were occasional situations in which women did not seek care, however most had more than the minimum recommended number of visits. Very few babies have been born below the birth weight of 2500 g.

Young women who become pregnant despite the availability of education and contraception continue to be a concern. In 2007–08, KWHB staff will undertake 'Core of Life' training and investigate the implementation of the successful Mootidj program to address the issues of sexual health of young people and teenage pregnancy.

Sexual Health Project

A CDHA grant was received for a Sexual Health project. The key outcome of the project was to develop a coordinated approach to STI/BBV in the Katherine West region that is culturally appropriate

and adapted to local needs so that communities will experience a reduction in hyper-endemic STIs and to minimise BBV incidence.

Due to much difficulty recruiting to the position, a short-term contract was awarded to Annie Godwin. Over a six-month period, she commenced development of the sexual-health strategy, developed community education packages, facilitated community education sessions, developed staff training and delivered staff training on current guidelines around prevention and management of STIs.

Negotiations are underway with the NT Department of Health and Community Services to recruit two joint positions with Wurlu Wurlinjang Aboriginal Health Service to provide sexual health services and clinical support in the region.

Nutrition

Unfortunately, for most of the year we were without a nutritionist. This halted much of the nutrition program, particularly the support of community-based nutrition workers, working with stores and canteens on nutrition policy. Alex Walker returned for a short contract to help fill the gap.

While there have been some improvements in food supply, primarily at Lajamanu (where there is a supportive store manager and store management committee), the availability of nutritious foods in communities is poor.

With the planned addition of a second nutritionist, it was decided that one nutritionist position could focus on collaborating with store managers, suppliers and councils to improve food supply. The other position will have a community dietetics focus, conducting regular group activities and providing individual clinical nutrition services for clients with chronic conditions, including children with failure to thrive. The projects will get underway in 2007–08 once the recruitment processes are complete.



Mobile Team

The mobile team delivers primary health-care services to remote groups living in the Katherine West region. The team travels a distance of approximately 24 000 km to visit people in the more isolated parts of the region. The aim is to visit each location at least twice. Locations include pastoral communities, Aboriginal communities and outstations, ranger stations and roadhouses.

The team is made up of two remote area nurses with a Toyota troop carrier decked out with clinical equipment as well as all the gear needed for travelling over long distances.

Some of the priority health issues of the mobile team are:

- well person screening
- chronic disease
- immunisation
- primary mental health care
- first aid and medical emergency management training
- sexual health

While there have been some improvements in food supply, primarily at Lajamanu (where there is a supportive store manager and store management committee), the availability of nutritious foods in communities is poor.



left: Group of ladies making good food.

Population Health Report



above: Marcus Rosas, Brendan Sherratt and David Lines.

- access to specialist services.

Remote Area Nurses employed over the 2006–07 year included:

- Meredith Fogarty
- Lucinda Buckland
- Paula Morgan.

Well Person Checks and Referrals

All people in the mobile region who come into contact with the team, including children, are offered a well person's check. Throughout the year the team completed a total of 642 well person's checks. The high number can be attributed to the sometimes high turnover in staff on pastoral properties as well as the request of some clients to have more than one check a year due to their distance from health centres. It can also be common for station managers to encourage staff to have a well person's check when the team is in the area.

From these checks a total of 62 referrals were made to GPs or community health centres for follow-up. In the latter part of the year, checks also included a cholesterol test, using a newly purchased cholesterol machine. Even though the machine was only in use for a quarter of the year, a significant number of people with above-normal readings have been referred to a GP.

In addition to specific services, the mobile team also provides some social support, with many of the visits being to people living in quite isolated parts of the region. Information shared is not always specifically about clinical issues; there is also an element of information sharing about services and networks available in Katherine township.

An element of social support accompanies many consultations. With many of the clinics being conducted in the evenings on a one-to-one basis, there is time for a chat and, if needed, some assistance to help talk through any concerns, health related or otherwise.

Sexual Health

An ongoing objective of the mobile visits is to provide education around sexual health and encourage regular checkups. Information is provided through distribution of pamphlets as well as some group and individual education sessions, which were well received. The visits in the second half of the year included information for young girls about the new HPV immunisation. Consequently many were going to schedule a visit to a health centre to receive an immunisation.

Training Courses in First-Aid Support

Training in first aid and the management of medical emergencies continued this year with the mobile team organising three senior first-aid courses at Mt Sandford Station, Newry Station, and Delamere Station. Forty-two people attended the courses; ten stations were represented, and two people from Parks and Wildlife who are resident in the region. St John Ambulance provided the training and there was very positive feedback from all those who attended.

Accident action courses were held in Lajamanu, Kalkaringi, Timber Creek and Yarralin. Forty-seven people attended, including people from the communities as well as surrounding stations.

The mobile team attended the following events to provide first-aid support:

- Timber Creek camp draft
- Pussycat Bore camp draft
- Freedom Day celebrations (in conjunction with Kalkaringi Health Centre).

Staff Training

The staff of the mobile team require regular training and updates

to support them in providing a quality service. In the last year, staff have attended:

- pharmacotherapeutics for nurses.
- advanced life support
- sexual health course
- sustainable farm families workshop
- primary health-care workshop.

Priorities for Next Year

- Organise a medical kit training day and injectable course.
- Continue to provide senior first-aid training courses.
- Seek feedback from clients on how the mobile service can be improved.
- Strengthen the relationship with Ord Valley Aboriginal Health Service (OVAHS) in Kununurra to improve services for clients living near the NT/WA border.
- Continue to encourage well person's checks in the region.

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 team's work has an emphasis on developing and providing education programs that will allow people to influence environmental conditions in their community.

Environmental Health Worker Program

A primary focus over 2005–06 has been the establishment of sustainable environmental health-worker programs in the major centres of the KWHB region (Lajamanu, Kalkaringi/Daguragu and Timber Creek).

Community ownership and supervision of the environmental health workers (EHWs) is still one of the biggest concerns, as some

community councils are struggling to find where the environmental health workers are best utilised and stationed. There is not enough funding to employ the EHWs in full-time positions, so they tend to often slide into other programs such as fencing, building or plumbing CDEP crews.

Originally, the idea was for the EHWs to be based with the building or plumbing teams. These two professions tie in well with the day-to-day duties of an EHW in Aboriginal communities. The direction and supervision of a qualified tradesperson, allowed the EHW to become multiskilled.

At present, there are only four EHWs enrolled in the Batchelor Institute Environmental Health Worker course. Batchelor Institute, in conjunction with the environmental health program, has arranged several on-the-ground tutorials, which have taken away the fears of being away from home for some of the students, allow the lecturer to understand local conditions, and assist in the learning and teaching of the course outline.

This method of teaching is likely to continue throughout 2007 and 2008, with students sometimes being required to travel and take part in workshops at Batchelor or Alice Springs.

Commercial Food Premises

All commercial food premises in the region were surveyed with respect to hygiene and safety standards. Education and guidance is the main emphasis when conducting a food-premises inspection. Meals-on-wheels and aged-care programs require ongoing food-hygiene training and mentoring. Further educational materials are being developed and delivered throughout the 2007–08 year to assist with the development of best practice regimes.

Indigenous Housing

Since the roll out of the Territory-wide housing maintenance

An element of social support accompanies many consultations. With many of the clinics being conducted in the evenings on a one-to-one basis, there is time for a chat and, if needed, some assistance to help talk through any concerns, health related or otherwise.

Population Health Report

Since the announcement of the Federal intervention mid-year, some of the problems associated with Indigenous Housing in the Northern Territory have been identified, such as overcrowding, and inadequately designed and poorly maintained housing stocks.

survey tool by IHANT in 2004–05, no further housing maintenance surveys have been carried out by environmental health officers. The amount of data collected during this time has resulted in an overwhelming housing maintenance list that each council needs to work through. This has left community councils overburdened and looking for additional funding to carry out the works identified.

Since the announcement of the Federal intervention mid-year, some of the problems associated with Indigenous Housing in the Northern Territory have been identified, such as overcrowding, and inadequately designed and poorly maintained housing stocks.

The \$514 million additional funding allocated by the Federal Government for over 4 years for Indigenous housing should assist with the Construction of new houses in remote communities.

The Environmental Health program is still a strong believer in advocating at the local bureaucratic level to improve housing conditions, but is realistic about the council's capacity and resources for making any significant improvements.

Healthy Skin Program

The need for more action on healthy skin to prevent chronic disease in later life is well recognised.

Serious consideration and responsibility for skin conditions needs to be taken on by the whole community and not just the local health centres and the families affected. Scabies is the most common and preventable skin condition in our region. Infected scabies, if left untreated over a long period of time, can cause further sickness in the body such as heart and kidney problems.

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 upon health.

Next Steps

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

- Conduct environmental education sessions in all schools and foster better relationships between schools in the region and the Board.
- Establish environmental health priorities set out by each community council, develop strategic environmental plans and service agreements.
- Continue lobbying funding bodies and government agencies to develop programs that support the environmental health needs and objectives of the communities.
- Continue to monitor housing issues and encourage 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.
- Mentoring by the Environmental Health Officer to facilitate development of EHW skills and increased implementation of the Environmental Health program.
- Continue to support community-based education programs that will assist Environmental Health students within the early stages of remote (external studies) education.

Staffing

At present, there are four enrolled EHWs who are employed through their local councils:

- Kalkaringi/Daguragu: 2
- Lajamanu: 1
- Timber Creek: 1.

Community Health Management

The 2006–07 year has again been a big year within the community health team. Our major challenge continues to be recruitment and retention of staff across the region.

We continue to deliver health services to Lajamanu, Kalkaringi, Dagaragu, Bunbidee, Yarralin, Lingara, Timber Creek, Bulla and Mialuni, with visiting doctors, AHWs and RANs. We also deliver health services to the smaller outstations such as Myatt, Gilwi, Bobs Yard, Two Mile and areas surrounding Timber Creek.

Some of the services provided by KWHB involved the use of the patient information recall system (Communicare), care planning, and after-hours emergency call-outs.

Recruitment and retention of nursing staff has been a challenge. The key issues that affect recruitment and retention include staff accommodation, orientation, training, ongoing staffing support, and appropriate remuneration packages.

This year KWHB recruited David Lines to the position of Assistant Community Health Manager. David is a senior AHW, Men's Health Coordinator, who previously worked with Wurli Wurlinjang Health Service. The focus of David's role is to provide coordination and direct support to AHWs and AHW trainees. David also plays a leading role in community consultation regarding all aspects of KWHB operations. He also plays a key role in ensuring KWHB's cultural security and orientation, with ongoing education for remote and Katherine-based staff.

Aboriginal Health Workers continue to play an integral role in health centre activities. Brian Pedwell and Noeleen Campbell (Yarralin Health Centre) have graduated in Certificate III in Clinical Aboriginal



Health Work. Congratulations to both of these clinicians who, as mentors and leaders, will pass their skills on to others in the future.

KWHB continues to use Remote Area Nurses who come direct to the organisation for short to long-term contracts. Remote workforce agencies play a role in supporting this approach. This enables permanent staff the time to undertake training and recreational leave, or to attend extended workshops, knowing that there is a continuance of care within the health centre team.

AHW Training

Professional development for AHWs through workshops and training courses continued through the year. The main courses attended included KWHB diabetes training and two AMSANT Indigenous leadership workshops. David Lines also participated in the KWHB governance training project as a cultural broker for the training consultants, and at the AMSANT AGM.

The first AMSANT Indigenous leadership workshop was held in Alice Springs. It was a good start to participating in, and exposing

'I commenced employment with KWHB as the Assistant Community Health Manager in June 2006. The past 12 months have given me an insight and general overview of KWHB's operations at every level. It has been an interesting, busy year, and I have enjoyed the challenge.'

David Lines: Assistant Community Health Manager

from left to right: Brian Pedwell, David Lines and Eric Thomas.

Community Health Management

AHWs to, leadership issues. The second workshop was held in Jabiru. The KWHB group that attended delivered a presentation on cultural security to about 40 participants from around the Northern Territory. The feedback that was received after the presentation was great. The term 'cultural security' was new to most participants so the KWHB group felt proud that we were able to introduce this important topic to future Aboriginal leaders.

The remoteness of the areas where our AHWs live means there is often limited access to training. Attending training and workshops gives AHWs the opportunity to interact with their peers, gain

important knowledge and confidence, and network with other health professionals in the Aboriginal health sector.

Cultural Safety and Security

As an Aboriginal community-controlled health service, KWHB sees cultural safety as very important to all Aboriginal people in our region. The term 'cultural safety' is being used more often in the health sector. KWHB is currently developing a cultural security policy. Training on this policy will be given to all staff and incorporated into the KWHB orientation package for future.

A summary of the KWHB presentation at the Jabiru Indigenous Leadership Workshop.

What is cultural safety in the context of health services?

For Aboriginal people, cultural safety means being able to experience health services and information in a way they can understand and feel comfortable with.

Cultural safety can be as simple as having manners and treating people with dignity and respect. It can also be highly complex, and may involve changing health service delivery to be more sensitive and supportive of Aboriginal people.

What is the difference between cultural awareness, cultural safety and cultural security?

You can think of them as stages, or a process.

CULTURAL AWARENESS is an individual's understanding of a person from another culture's different world view, way of doing things and way of expressing themselves. When non-Aboriginal people first come to remote communities, they gain a basic insight into Aboriginal culture and community life through orientation programs and mentors such as



The KWHB cultural security policy will underpin all other policies, procedures and operations.

Review into Patient Travel

KWHB was involved in a review into the patient assisted travel scheme due to an incident that occurred at Kalkaringi Community Airstrip in August 2006.

The review was conducted according to terms of reference agreed by KWHB and Northern Territory Department of Health and Community Services. A review team was formed, consisting of an

independent Chairperson and two members from each of the two organisations. The review team investigated the circumstances of the incident as well as conducting a comprehensive review of the systems and processes for ensuring the safe transfer of patients from DHCS hospitals to KWHB remote communities.

A report was compiled for the Chief Executive Officers of DHCS and KWHB, which identified system gaps and issues. The report also contained comprehensive recommendations to enable systemic improvement. KWHB and DHCS are working together to implement these recommendations.

Aboriginal staff members and people in the community. Our old people call newcomers who don't know the right way to communicate with Aboriginal people myial.

CULTURAL SAFETY is about the working relationship between individuals from different cultures. Cultural safety between non-Aboriginal staff and Aboriginal people means:

- *cultural difference is respected*
- *there is two-way learning*
- *the Aboriginal person has the power to decide that the care they receive is culturally acceptable*
- *a positive experience.*

Cultural security is about organisations, systems and policies that ensure that Aboriginal people experience cultural safety from the time when they first seek health care. Aboriginal people are engaged to develop policies and procedures through:

- *community consultation and regular meetings between management and community members*
- *Aboriginal Board members approving policies Aboriginal Board members involved in staff recruitment, including job descriptions, job advertising and performance review.*

Timber Creek Health Centre



above and opposite page: Family fun program at Timber Creek.

Tough Country, Healthy Countrymen

If medals were being handed out for remote health services, then Timber Creek Health Centre would be on the podium.

Providing primary and acute health care to the communities of Amanbidgie, Bulla, Myatt, Gilwi and Bob's Yard is the main charter, but being situated on the Victoria Highway between the Gorge and the Ord brings the added responsibility of an accident and emergency service for around 300 km of highway.

Timber Creek township has two councils, two pubs, two caravan parks, a school, Northern Land Council Office, Parks and Wildlife and, last but not least, two Police. A close-knit, supportive community in a tremendously scenic landscape with rewarding employment creates a perfect environment.

Long-term staff who moved on during the last 12 months were registered nurses Ian James and Annie Godwin. Annie's skill and experience is not lost to us, as she does relief work from time to time. Ian left to follow his dream and hopes to be sailing into the wild blue yonder once the refurbishment of his yacht is completed. On 7 September, Dr Tim Hannah celebrated 7 years of employment with KWHB at TCHC, turned 60 and promptly retired! Those who know Tim well know he always achieves his goals. Good on you Tim, may your life continue to be well lived.

Holding the fort currently are Tracy Porter (clinic coordinator), Kate

Walker (RN), Betty Laurie (AHW), Rhonda Henry (AHW), Maxine Johns (CDCSW), Debbie Jones (admin). Andrea Cameron (AHW) is due back to work after a long absence. Marie Forbes and Geraldine Stuckey are two great nurses who loved their experience here and will surely boomerang. Barely a week has gone by without a medical student or two – we're fighting them off with sticks! They all want to come to TCHC! A big thankyou to all the communities for being so obliging, patient and friendly with the students. Not one has had a bad experience.

Maxine is developing her role as chronic disease community support worker, encouraging and educating those with chronic disease about self-management, healthy life choices, exercise and healthy foods.

Two events were held at the TCHC this year: a birthday party for all the kids who turned five in 2007, and FFF Day, Fun Four Fives, a huge success. Great participation by TCHC staff, who were fantastic on the day, ensuring that the kids had plenty of fun with a water slide, party games, prizes galore, face painting, hat competition, party food, presents and a special appearance by the Starlight Girls.

Who would believe it would rain for a whole week in June? But that's exactly what happened for the week we planned our first Chronic Disease Breakfast. Freezing cold, wet and windy, we cooked up a storm, but without sunshine we had to send the heavies out to encourage participation. Oh well, you can't win 'em all! The following week, Bulla Health Centre hosted a Chronic Disease Breakfast, still windy, but not wet, and a much better time was had.

Next year should see the wonderful record of TCHC continue to flourish with all the great initiatives put in place by Katherine West Health Board.

Tracy Porter
Health Centre Coordinator



*Timber Creek township
has two councils, two
pubs, two caravan parks,
a school, Northern Land
Council Office, Parks and
Wildlife and, last but not
least, two Police.*

Yarralin, Nitjpurru/Pigeon Hole and Lingarra

Four real achievements have been made at the Yarralin Health Centre over 2006–07.

The first two achievements are the successful completion of studies for Aboriginal Health Worker Certificate III by Brian Pedwell and Noleen Campbell, two dedicated and determined people.

The third achievement is the role of Lorraine Johns, AHW, who has maintained services basically as a solo practitioner at the Nitjpurru/Pigeon Hole Health Centre. Lorraine lives in one of the region's

NOLEEN CAMPBELL

Noleen (NC) is a bright, naturally happy person who in the past has travelled much of Australia playing women's football, representing the Northern Territory and Aboriginal people. These days NC plays softball and has ideas of some overseas travel to see the world and other people. Since graduation, I have watched NC take her place in the clinic, almost demanding her space to look after and care for the community.



BRIAN PEDWELL

Brian Pedwell (BP) comes from a background of community and health affairs as the past President (current Council Member) of the Walangeri Ngumpinku Council and executive Board member for KWHB. He has also played an active role in Norforce, gaining qualifications as a medic for his unit. BP must have seen something from those lofty heights about being a health practitioner. Brian is a man of many facets – I know him as a father of two young children and a loving husband. The soldier in dress uniform at the dawn ANZAC service and a bloke in the bush chasing bush turkey and tracking down more productive fishing in far-flung waterholes. With BP in the team the health centre has direct and active links at a decision-making level in the community. He also has a steady hand taking blood and persistence in performing chronic disease checks.



most remote communities, working under the duress of sometimes infrequent support visits and floods, in a place where it is difficult to receive supplies. She has also been active in running the community store. Lorraine has worked in the Yarralin Nitjpurru/Pigeon Hole area for over ten years. This experience, combined with the support of husband Colin, has helped her undertake her duties.

The fourth achievement is the way KWHB systems have enabled sustained delivery of health care in a workplace of ever-changing staff. BP and NC have also played a large part in keeping service delivery activities on track.

A number of expert staff worked at Yarralin over 2006–07:

- **Cheryle Willick:** Health Centre Coordinator with a strong interest in education and health centre management
- **Nicole Caton:** RAN and midwife providing expert women's health services
- **Mary Jane Hammond:** Health Centre Coordinator with health system management expertise and strong clinic focus
- **Sue Price:** RAN acute and chronic disease care, now working on the KWHB mobile team
- **Annie Godwin:** RAN with expertise in sexual and women's health
- **Meredith Fogarty:** RAN with a strong focus in family medicine, known by all from her long history of nursing in the Timber Creek and Yarralin region, who also worked on the KWHB mobile team over the year
- **Dedei Armah:** an expert midwife and women's health nurse
- **Bruce Roggiero:** RN who helped out over a number of months as a relief nurse, with an interest in health systems and community control of services
- **Doctors Tim Hannah and Iain Spiers:** provided medical officer services and chronic disease management
- **Dr Megan Cope:** visited monthly, courtesy of RFDS Women's Health program.

Core programs that have been maintained during this time of staffing flux are:

- school screening
- regular nurse and medical officer visits to Lingarra and Nitjpurru/Pigeon Hole communities
- weekly visits to older people at their homes
- chronic disease and children's health programs with required recall and management.

The health centre has also received guidance from KWHB Board members from the community, visiting professionals from Katherine and administration staff from KWHB.

As we move into the 2007–08 cycle of work, we are excited about renovations of the health centre at Nitjpurru/Pigeon Hole, where rooms for women's and men's health are being constructed. We hope to increase service delivery over the next year to Nitjpurru/Pigeon Hole with more programmed specialist and nursing support visits.

Plans for renovations at Yarralin have just been completed. These include moving the Men's Health Centre building and attaching it to the main health centre and construction of a more comfortable, air-conditioned waiting area. The renovations will result in a better environment for provision of services to the community with dedicated areas for men and women.

In conclusion, I would stress again the benefit of the strong philosophy and systems that KWHB has in service delivery, which have combined to make 2006–07 a success. Congratulations to all those who took part in making it all happen.

Bruce Roggiero RN RM
Yarralin Health Centre Coordinator

Kalkaringi Health Centre

Current Staffing

Health Centre Coordinator
Deb Steele

RN
Danielle Stupuras (permanent)

Relief RN x 1

AHW
Dee Hampton

Senior AHW
Robert Roy

Trainee AHWs
George Jnr King and Kenny Ricky

Administration
Rhonda Rankin

Cleaning staff
Gladys Farquharson and Anne Robbo

Kalkaringi Health Centre is approximately 470 km south-west of Katherine. The Health Centre services the residents of Kalkaringi and Daguragu. The current population is approximately 500. The health centre also provides service to cattle-station residents in a large area, from Montejinni Station 10 km south-west of Top Springs to Kirkimbie Station, close to the WA border.

The health centre has seen extensive changes in staff. This has not hindered the programs.

Deb Steele, who rejoined Katherine West Health Board in February 2007, has a keen enthusiasm for all KWHB programs. Her vision is for improved outcomes in all program areas, no matter how big or small.

The health centre has acquired two male trainee Aboriginal Health Workers, Kenny Ricky and George Jnr King. KWHB wishes them the best of luck in their training, as they will be a great asset to the team.

The recruitment of Danielle Stupuras, RN, has added great strength to the team at Kalkaringi. Danielle is experienced in all areas of remote area nursing. Danielle is particularly focusing on the Women's Health Program. The Antenatal Program is run with consultation from Anna Frieling, KWHB midwife.

AHW Dee Hampton has proven to be an integral member of the team. Dee is constantly improving in all aspects of primary health care.

Health Campaigns/Promotions

An HPV vaccine information evening was held in conjunction with Kalkaringi Community Education Centre. The evening was attended by approximately 100 women and girls. The secondary-school girls provided a hot meal. The success of the evening can be shown by the current numbers of girls vaccinated.

Mary G visited the community for a concert and dinner. Chronic-disease prevention was the focus of the evening.

Kalkaringi Health Centre and KWHB provided enormous support for the 40th Anniversary Freedom Day and Weekend in August 2006.

The Kalkaringi Health Centre is represented on various committees in the community. One such committee is the Aerodrome Security Committee. At the last meeting in May 2007, a mock disaster was discussed, with each committee member providing input into their particular role. It was found that Kalkaringi Health Centre would be adequately prepared to act should a disaster occur at Kalkurung airport.

The Disaster Management Committee recently discussed the flooding issues at Kalkaringi. This has changed our practice and the health centre will be prepared for the flooding both at Kalkaringi and Wattie Creek. In the event of flooding at Wattie Creek, clients at Daguragu who require close medical attention will be evacuated to Kalkaringi early.

Lajamanu Health Centre

2006–07 has been a challenging year for Lajamanu. This is in keeping with previous years and is the reason many of us are still here.

We have a long list of returnees who have come back to give us a hand. The year started off with a farewell to health centre coordinator Mary Jane Hammond. Many in the community remember MJ and ask after her and her daughter Catherine. MJ was responsible for strengthening primary health care initiatives such as the twice daily camp run to our elderly and disabled, children's health program, and school health program.

We experienced a hectic start to the year and must thank Greg Henschke and Bruce Roggiro for flying in to help fill the breach in staffing. Although busy, it was fun to have familiar faces around to share the load. There was another sad goodbye to long-term campaigner Sue Price, who left for a quieter existence and a house near the river in Yarralin. Sue's calm and soothing manner has been sorely missed in the midst of chaos, and Lajamanu would welcome her back any time.

February and March heralded in a new and dedicated team. The children's room again rang with yells at the sight of immunisation needles, followed by tearful, yet smiling kids being sent on their way with a whistling balloon or sticker after routine vaccination. The new Rotorix immunisation against rotavirus kicked off and we had a much reduced burden this year.

Our young women have begun to receive the third round of Gardasil, the immunisation against HPV. This is a breakthrough in young women's health and the uptake of the immunisation has been widespread. Lajamanu continues with Menzies School of



Health Research in the bronchiectasis study, and we continue to give prophylactic azithromycin to eight children in the community. Their response and progress is regularly monitored by Gabrielle Mellon.

This year has been a busy one for specialist outreach visits. We feel very fortunate to have had a visit from Geoff Vercoe, ENT specialist from Adelaide. Geoff will return in late September to perform myringoplasty on nine clients, bringing them improved hearing. The visiting cardiologist Tristan Smyth and his team saw a record number of clients in May and were able to review

above: KWHB CHC Coordinators at Community Control Workshop May 07 – MJ, Tracy Porter, Deb Steele, CJ

Lajamanu Health Centre



above: Lajamanu Admin training May 07

the rheumatic heart disease register and remove one lucky client from the monthly penicillin list. We are expecting them back again in October. Physician Malcolm McDonald has been twice and reviewed our medical patients. This has been helpful with developing care plans for our chronic conditions clients in partnership with our resident general practitioner and ensures that these clients are continuing to receive excellent care. We had a visit from Jill Pettigrew and her team to review mental health and give us valuable assistance with medications and treatments. We are expecting Dr Martha Finn out in September to see our women – she will be very busy this time, with 21 young women expecting babies at the moment in Lajamanu! Dot Butler and her eye team from Wurli Wurlinjang visited in May and managed to see over 50 clients. There have been new eyeglasses arriving for community

members since then and I can say that a few people can now see the light!

A special mention must go out to the dental team of John, Frances and Paul. They put in a marathon effort and saw over 70 patients in a two-week period. We have a follow-up list for surgery and many satisfied customers. Hope to see you next year.

Another special mention goes to Dr Megan Cope from RFDS and her monthly visits to the women of Lajamanu. She has developed quite a following and provides a wonderful service for all of the women of Lajamanu.

Lajamanu women had a great trip into Katherine for breast screening in July. A fun time was had by all, and there is already a growing list for the screening trip next year.

Lajamanu staff attending diabetic training.

Finally, huge thanks to all staff who have committed themselves to Lajamanu over the last year. Theresa Mathews continues to be a valuable asset to the health centre in her role as liaison officer. Angela Hector, our cleaner/driver/people finder continues to help us tremendously. We have a long list of dedicated nurses who would like to return to work here. Continuity of care is good for the health centre and beneficial for the community, resulting in the provision of sound, friendly and excellent health care.

Christine Byrne (CJ)
Acting Health Centre Coordinator

Corporate Support Report

Recognition for hard work is in order for the Corporate Support team at Katherine West Health Board. This team consists of seven members and supports all Board members, programs and health centres.

Key Organisational Priorities

1 – Community Based Meetings

Over the past twelve months, Corporate Support team members have travelled to various communities, including Lajamanu, Kalkaringi, Pigeon Hole, Yarralin, Timber Creek, Bulla, Mialuni, Myatt and Gilwi to promote the organisation and organise community meetings and special events. A lot of their hard work has been completed quietly and efficiently in the background.

2 – Staff Restructure

Due to resignations, the Corporate Support section has once again undergone a restructure. Long-serving employee Eslyn Fletcher, Human Resource Coordinator, resigned from KWHB this year. Eslyn will be missed and we wish her all the best.

Corporate Support staffing as at 30 June 2007:

- Corporate Support Manager: Rose Peckham
- Records/acting HR Coordinator: Noeleen Back
- Secretariat: Carol Manfong
- Receptionist: Trish Trowbridge
- Health Management Officer: Lynne Watson
- Assets Officer: Marcus Rosas
- Finance Officer: Lisa Kelly.



3 – Relationships

KWHB continues to maintain strong relationships with external agencies in order to procure the best service for our region, including:

- Department of Health and Ageing
- Department of Infrastructure, Planning and Environment
- NBC
- NT Technology

above: Quitaysah Frith and Rod Freeman

Corporate Support Report

- Communicare (AC3)
- URSYS
- Telstra
- Medical Equipment Management
- Terrace Pharmacy
- Katherine Hospital Stores.

On behalf of KWHB we thank you for your service and look forward to continuing this for the 2007–08 financial year.

4 – Support and Training for Remote Staff

Over the past twelve months, administration staff based in our remote health centres have received training from our experienced Corporate Support team. This included training workshops in Katherine and follow-up visits to various health centres to provide training in all aspects of their role, including reception duties, telephone and computer program operation, records filing and many other tasks. This training has enabled our remote administrative staff to increase their level of competency and confidence in an often busy health-centre environment where they have become valuable members of the health-centre team.

5 – Information Technology

KWHB's information technology system continues to improve each year. This year, along with Nganampa Health, we moved our Communicare (PIRS) system off site to a data centre in Sydney (AC3). This allows us to have access to our medical database all year round without the worry of having to move our server during the wet.

With the expertise of our external technical support based in Katherine, Perth and Sydney, any interruption or problems with our medical database can be effectively rectified. These systems are



continually upgraded and the Corporate Support team plays a vital role in ensuring that our equipment is maintained and staff are effectively trained.

right: Trish Trowbridge, Carol Manfong, Noeleen Back and Eslyn Fletcher.

Staff

Town

Executive Management

Sean Heffernan
Suzi Berto
Dr Andrew Bell

Executive Support

Ceinwen Gross

Population Health

Greg Henschke
Danielle Aquino
Brendon Sherratt
Phil Denniston
Alexandra Walker
Anna Frieling
Kate King
Rory Olsen
Anne Smith

Health Management

Eric Thomas
David Lines
Jill McDonald

Mobile Health Team

Lucinda Buckland
Meredith Fogarty

Paula Morgan

Doctors

Dr Ahmed Abdelsalam
Dr Ian Spiers
Dr Tim Hannah
Dr Marianne Bookallil

Oral Health Teams

Dr John Wetherall and Ms Francis
Greenwood
Dr Wayne Lowe and Ms Lesley Lowe

Corporate Support

Rose Peckham
Lisa Kelly
Noeleen Back
Lynne Watson
Eslyn Fletcher
Carol Manfong
Marcus Rosas
Trish Trowbridge
Tyron Major

PIRS/Clinical Administration

Rebecca Gooley

Staff

Bush

Timber Creek/Bulla

Tracy Porter
Betty Laurie
Rhonda Henry
Ian James
Andrea Cameron
Deborah Jones
Kate Walker
Maxine Johns
William Johnson
Katherine Morazak
– Smith
Annie Godwin
Natalie Ladner
Catherine Meng
Natalie Ladner
Lisa Jane Kennedy
Marie Forbes
Maree George

Yarralin/Pigeon Hole

Cheryl Willick
Mary Jane Hammond
Brian Pedwell
Noeleen Campbell
Lorraine Johns
Marie Campbell
Jennifer Wisby

Bruce Roggiero
Jocelyn Victor
Nicole Caton
Alicia King
Catherine Wilson
Nicola Padman
Maureen Shaw
Zacharia Chubb

Kalkarindji/Daguragu

Deb Steele
Terri Cowley
DeDei – Esther Armah
Diane Hampton
Robert Roy
Amanda Vincent
Kenny Ricky
Josephine de Van der
Scheuren
Julie Wall
Grant Bradley
Rosaleen Farquharson
George King (Jnr)
Brian McNamara
Christine Thomas
Margaret Tappe
Shannon Taylor
Gabrielle Tanami

Anne Robbo
Rhonda Rankin
Meshach Paddy
Brenda Randall

Lajamanu

Christine Byrne
Teresa Mathews
Steven Dixon
Sherrie Anderson
Stella Bambara
Sophia Patterson
Sinon Cooney
Rhonda Rex – Samuels
Carolyn Cooper
Gwyn Scott
Rebecca Routledge
Mathew Grinter
Carol Flaimer
Robyn Ewing
Angela Hector
Bernard Egan
Suzanne Price
Janice Bennett
Elizabeth Ward
Michelle Ferris
Petra Grasser
Jennifer Wisby

Gerald Stucci
Susan Todd
Sorcha Conlon
Daniel O'Neill
Daphne Rose
Amanda Dixon
Sharon Anderson
Anne McGilvray

External Agencies

Dr Geoffrey Vercoe
(*ENT Specialist*)
Dr Keith Edwards
(*Paediatrician*)
Dr Malcolm McDonald
(*Physician*)
Dr Megan Cope
(*RFDS GP*)
Dr Mike Williams
(*Paediatrician*)
Gabrielle Melon
(*Menzies Research*)
Dr Tristan Smyth
(*Cardiologist*)
Jill Pettigrew
(*NT Mental Health Team*)
Dot Butler
(*AHW, Eye Health, Wurli
Wurlinjang Health Service*)

Alex Kalff
(*Speech Pathologist*)
Cathy Hammond
(*Audiologist*)
Claire Salter
(*Speech Pathologist*)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF COMPLIANCE

The Committee of Katherine West Health Board Aboriginal Corporation (the "Corporation") 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 Committee of the Corporation do hereby certify that:

- (a) the financial statements of Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2007 present fairly the financial position as at 30 June 2007 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:

15/10/07

Financials



Tel 61 8 8962 1999
Fax 61 8 8962 1990
Level 2
9-11 Cavenagh Street
Darwin NT 0800
GPO Box 5470
Darwin NT 0801
www.meritpartners.com.au

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

Scope

We have audited the accompanying special purpose financial report of Katherine West Health Board Aboriginal Corporation (the "Corporation"), which comprises the balance sheet as at 30 June 2007, the income statement, statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the Statement of Compliance.

The Committees' Responsibility for the Financial Report

The Committee of the Corporation are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the constitution of the Corporation and the Aboriginal Councils and Associations Act 1976 (as amended) and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Committee's financial reporting requirements under the Aboriginal Councils and Associations Act 1976 (as amended) and the Corporation's Constitution.

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

Merit Partners Pty Ltd
ABN 56 167 268 922

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Independence
In conducting our audit we have met the independence requirements of the Australian professional accounting bodies.

Auditor's Opinion

In our opinion,

- the financial report presents fairly, in all material respects, the financial position of Katherine West Health Board Aboriginal Corporation as of 30 June 2007 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements;
- the Governing 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
- 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: 17/10/2007



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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT
YEAR ENDED 30 JUNE 2007

	2007 \$	2006 \$
OPERATING REVENUE		
Grants	3,734,253	3,736,015
OATSIHS	0	47,160
OATSIHS – Other	187,861	0
OATSIHS – FBT	126,316	0
OATSIHS – PIRS	69,000	0
OATSIHS – capital	3,063,777	2,982,398
Department of Health and Community Services	739,081	476,559
Health Strategies	36,530	40,068
Sunrise Health Board	2,000	3,200
The Rural Womens GP	128,727	114,750
General Practice & Primary Health Care NT	0	16,245
Broad Band 4 Health	14,950	0
NT General Practice Education	60,000	0
The Smith Family	60,000	0
Fred Hollows Foundation	2,095	8,414
HJC – Health Commission	165,147	138,107
Interest	129,000	0
Administration Fee	81,935	50,198
Reimbursements	613,800	0
KWHB – Medicare Contribution	610,760	442,279
Bulk Billing	3,601	2,300
Rent	1,000	1,000
Donation	39,773	161,664
Profit on the sale of assets	530,905	323,818
Transfer from unexpended grants	(755,303)	(530,905)
Transfer to unexpended grants		
TOTAL OPERATING REVENUE	9,645,208	8,013,270
OPERATING EXPENDITURE		
General operating costs	30,217	26,941
Accounting fees	10,762	1,161
Advertising	129,000	0
Admin Fee	6,659	660
Annual Report	15,536	9,075
Audit fees	2,759	2,304
Bank charges		

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

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT (Contd)
YEAR ENDED 30 JUNE 2007

	Note	2007 \$	2006 \$
OPERATING EXPENDITURE (Contd)			
Cleaning		32,189	28,437
Consultants		163,898	157,153
Communications		78,230	47,024
Consumables		3,769	1,699
Donation		640	9,291
Electricity, water and sewerage		111,435	114,706
Freight		44,803	52,219
Ground maintenance		1,715	2,117
Hire of equipment		22,363	10,582
Insurance		89,403	112,817
IT Hosting / support		169,226	104,514
IT Medisys		345	4,902
IT Computer equipment		20,542	13,428
Postage		2,700	3,696
Professional Indemnity Insurance		26,406	8,680
Library		9,272	2,816
Meeting costs		12,562	3,087
Rates		1,612	340
Rent		358,998	338,647
Refunds		0	872
Resource Development		4,148	0
Stationery		0	2,474
Subscriptions and membership		2,565	661
Telephone and facsimile		94,727	98,460
Training		59,466	14,018
Uniforms		4,698	54
Security		3,639	3,262
Motor vehicle expenses		126,003	95,143
Fuel and oil		20,000	0
Leasing costs		70,158	60,721
Repairs and maintenance		15,479	23,895
Registration			

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

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Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT (Contd)

YEAR ENDED 30 JUNE 2007

Note	2007 \$	2006 \$
OPERATING EXPENDITURE (Contd)		
Repairs and maintenance	0	1,167
Property maintenance	52,391	26,607
Repairs and Maintenance- Plant & Equipment	0	22,845
- Computer Equipment	28,671	20,729
- Furniture & Fittings	33,215	21,919
- Buildings		
Supplies	0	28
Food purchases	111,189	102,038
Pharmacy	146,837	108,574
Medical and dental supplies	34,266	32,845
Office supplies		
Staff salaries, wages and related costs	4,578,829	4,023,960
Wages and salaries	393,129	341,704
Superannuation	166,461	143,775
FBT	3,961	0
Community Based Liason workers	25,372	16,737
Professional development	160,075	164,478
Recruitment and relocation	7,331	32,960
Recreation leave and fares	65,878	56,145
FOIL	7,580	10,368
Other	55,650	78,296
Workers compensation		
Other	445,994	489,550
Depreciation	2,323	4,014
Doubtful debts expense	0	(5,590)
Writeback stale cheques	610,707	0
Medicare Contribution Clinics		
Travel	482,019	190,698
Travel and accommodation - staff	1,725	3,887
Travel and accommodation - other	169,173	105,139
Travel and accommodation - board	858	5,427
Travel and accommodation - patients	13,481	26,928
Travel and accommodation - specialists		

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

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME AND EXPENDITURE STATEMENT (Contd)

YEAR ENDED 30 JUNE 2007

Note	2007 \$	2006 \$
OPERATING EXPENDITURE (Contd)		
Health and Other Programs	51,402	58,560
Doctors Locum	36,821	3,013
Health Promotions	0	2,607
Doctors Specialists	220,545	230,962
THS services purchased	0	13,636
KRAHRS	0	63
SIIP		
	9,651,807	7,689,925
TOTAL OPERATING EXPENDITURE		
(DEFICIT)/SURPLUS OR THE YEAR	(6,599)	323,345

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

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

BALANCE SHEET
AS AT 30 JUNE 2007

	Notes	2007 \$	2006 \$
CURRENT ASSETS			
Cash	2	3,054,644	2,338,988
Receivables	3	70,676	46,166
Other	4	104,727	100,783
TOTAL CURRENT ASSETS		<u>3,230,047</u>	<u>2,485,937</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	996,536	1,096,043
TOTAL NON-CURRENT ASSETS		<u>996,536</u>	<u>1,096,043</u>
TOTAL ASSETS		<u>4,226,583</u>	<u>3,581,980</u>
CURRENT LIABILITIES			
Accounts payable	6	1,725,594	1,106,299
Provisions	7	332,317	346,533
TOTAL CURRENT LIABILITIES		<u>2,057,911</u>	<u>1,452,832</u>
NON CURRENT LIABILITIES			
Provisions	7	100,301	54,178
TOTAL CURRENT LIABILITIES		<u>100,301</u>	<u>54,178</u>
TOTAL LIABILITIES		<u>2,158,212</u>	<u>1,507,010</u>
NET ASSETS		<u>2,068,371</u>	<u>2,074,970</u>
MEMBERS FUNDS			
Accumulated funds	8	2,068,371	2,074,970
TOTAL MEMBERS' FUNDS		<u>2,068,371</u>	<u>2,074,970</u>

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

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2007

	Notes	2007 \$	2006 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		1,492,873	690,830
Grants received		8,144,686	7,242,132
Payments to suppliers and employees		(8,780,336)	(7,418,765)
Interest received		165,147	138,107
NET CASH FLOWS FROM OPERATING ACTIVITIES	9(b)	<u>1,022,370</u>	<u>652,304</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(346,487)	(428,701)
Proceeds on sale of plant and equipment		39,773	201,953
NET CASH FLOWS USED IN INVESTING ACTIVITIES		<u>(306,714)</u>	<u>(226,748)</u>
NET INCREASE/(DECREASE) IN CASH HELD		<u>715,656</u>	<u>425,556</u>
Cash at the beginning of the financial year		2,338,988	1,913,432
Cash at the end of the financial year	9(a)	<u>3,054,644</u>	<u>2,338,988</u>

The statement of cash flows should be read in conjunction with the accompanying notes.

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Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 2007

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 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.

Depreciation

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

Major depreciation rates are:

	2007 Years	2006 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

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 2007

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Contd)

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.

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2007

	2007 \$	2006 \$
NOTE 2 CASH		
Operating account	559,043	424,046
Medicare Bulk Bill	1,179,647	634,197
Chronic Disease Self Mgt.	0	30,817
TIO Investment Account	1,315,454	1,249,428
Cash on hand	500	500
	<u>3,054,644</u>	<u>2,338,988</u>
NOTE 3 RECEIVABLES		
Debtors	73,364	50,180
Less Provision for doubtful debts	2,688	4,014
	<u>70,676</u>	<u>46,166</u>
NOTE 4 OTHER CURRENT ASSETS		
GST paid	104,727	100,783
NOTE 5 PROPERTY, PLANT AND EQUIPMENT		
Furniture and equipment – at cost	779,056	644,333
Accumulated depreciation	(537,107)	(425,858)
	<u>241,949</u>	<u>218,475</u>
Land – at valuation	8,000	8,000
Accumulated depreciation	0	0
	<u>8,000</u>	<u>8,000</u>
Building – at valuation	244,765	244,765
Accumulated depreciation	(84,646)	(72,408)
	<u>160,119</u>	<u>172,357</u>
Computers and software – at cost	520,133	474,036
Accumulated depreciation	(337,392)	(262,563)
	<u>182,741</u>	<u>211,473</u>
Motor vehicles – at cost	1,288,144	1,211,229
Accumulated depreciation	(884,417)	(725,491)
	<u>403,727</u>	<u>485,738</u>
	<u>996,536</u>	<u>1,096,043</u>

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2007

	2007 \$	2006 \$
NOTE 6 ACCOUNTS PAYABLE - CURRENT		
Trade creditors	582,716	285,453
Accruals	127,447	65,974
GST Collected	260,128	223,967
Unexpended grants	755,303	530,905
	<u>1,725,594</u>	<u>1,106,299</u>
NOTE 7 PROVISIONS		
Current		
Annual Leave	332,317	346,533
Non Current		
Long Service Leave	100,301	54,178
NOTE 8 ACCUMULATED FUNDS		
Opening balance	2,074,970	1,751,625
(Deficit)/Surplus for the year	(6,599)	323,345
	<u>2,068,371</u>	<u>2,074,970</u>
Closing balance		
NOTE 9. CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 2)	3,054,644	2,338,988
b) Reconciliation of operating surplus to the net cash flows used in operating activities		
Operating (deficit)/surplus	(6,599)	323,345
Depreciation	445,994	489,550
Profit on disposal of assets	(39,773)	(161,663)
Change in assets and liabilities		
Trade receivables	(24,510)	(4,317)
Other	(3,944)	20,706
Creditors and accruals	619,295	(67,748)
Provision for employee entitlements	31,907	52,431
	<u>1,022,370</u>	<u>652,304</u>
Net Cash Flows from operating activities		

- c) The Association has no credit or stand - by or financing facilities in place.
d) There were no non-cash financing or investing activities during the period.

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Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 2007

NOTE 10 SEGMENT INFORMATION

Katherine West Health Board Aboriginal Corporation operates in one industry being the provision of a Health Service in one geographical location, the Katherine west region of the Northern Territory.

NOTE 11 LAND AND BUILDINGS

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

On 21 March 2000 Ngaliwurru-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

	2007 \$	2006 \$
Operating Lease commitments:		
Being for rental of motor vehicles, office, housing		
Payable:	151,052	143,260
- not later than one year	30,432	21,600
- later than one but not later than two	15,651	0
- later than two but not later than five		

Members

Region	First Name	Last Name	Date Joined
DUNCAN HIGHWAY	ANASTACIA	CARLTON	8/9/1999
	JOHNNY	CLYDEN	8/9/1999
	JESSIE	COOK	8/9/1999
	JULIENNE	GORDON	8/9/1999
	CHRIS	GRIFFITHS	8/9/1999
	DAVID	JABINEE	10/9/1999
	ROBERT	ROSEWOOD	8/9/1999
	WILLIAM	ROSEWOOD	8/9/1999
	JILL	ROSWOOD	8/9/1999
	LILLY	ROSWOOD	8/9/1999
KALKARINGI/ DAGURAGU	WENDY	SIMON	10/9/1999
	ERICA	WARD	8/9/1999
	MICHAEL	PADDY	9/14/04
	JIMMY	WAVEHILL	9/14/04
	JUSTIN	PADDY	9/14/05
	CASSANDRA	ALGY	12/5/2006
	CEDRINA	ALGY	12/5/2006
	JENNIFER	ALGY	12/5/2006
	MATHEW	ALGY	12/5/2006
	JAMSIE	ANDERSON	9/14/99
	JAMSIE	BARRY	12/5/2006
	LANCE	BARRY	12/5/2006
	ANGELA	BERD	9/14/99
	LORNA	BERD	12/5/2006
	MARIE	BERD	12/5/2006
	RODNEY	BERNARD	12/5/2006
	HELEN	BLITNER	9/14/99
	BEMISHA	BOBBY	12/5/2006
	MARCIA	BOBBY	12/5/2006
	THELMA	BOBBY	12/5/2006

Region	First Name	Last Name	Date Joined
	GORDON	BROWN	9/14/99
	JIMMY	BUTLER	9/14/99
	SHARON	CAMPBELL	9/14/99
	STEVE	CARSON	9/14/99
	FIONA	CARTER	9/14/99
	SUSAN	CEBU	8/31/98
	MAXINE	CLYDEN	12/5/2006
	JACK	COOK	12/5/2006
	LACHLAN	CREW	12/5/2006
	DENNIS	CROWSON	9/14/99
	HAROLD	CROWSON	9/14/99
	MARIE	DJABAN	9/14/99
	MICHELLE	DONALD	9/14/99
	VIOLET	DONALD	6/8/2003
	SHAUN	DONNELLY	12/5/2006
	PADDY	DOOLAK	12/5/2006
	KATHLEEN	DUNCAN	9/14/99
	RAY	DUNCAN	12/5/2006
	VIVIAN	DUNCAN	9/14/99
	GEORGE	EDWARDS	9/14/99
	DEAN	FARQUHARSON	4/20/98
	ROSALEEN	FARQUHARSON	9/14/99
	JEREMY	FRITH	9/14/99
	MERRILYN	FRITH	12/5/2006
	QUINTON	FRITH	12/5/2006
	ROSLYN	FRITH	4/20/98
	GUS	GEORGE	12/5/2006
	MICHAEL	GEORGE	12/5/2006
	KAREN	HECTOR	12/5/2006
	DEREK	JIMMY	9/14/99
	KERRY	JIMMY	12/5/2006

Region	First Name	Last Name	Date Joined
	PHILLIP	JIMMY	9/14/99
	TANYA	JIMMY	9/14/99
	MILDRED	JIWJJIWIW	9/14/99
	GEORGE	JOHNSON	9/14/99
	PHYLLIS	JOHNSON	12/5/2006
	ROSEMARY	JOHNSON	12/5/2006
	DIANE	KING	12/5/2006
	GEORGE	KING	9/14/99
	GERALDINE	KING	9/14/99
	ROGER	KING	11/28/02
	VANESSA	KRUGER	9/14/99
	JOHN	LEEMAN	9/14/99
	MICHAEL	LOMAN	12/5/2006
	JOANNE	LONG	12/5/2006
	LINDY	LONG	9/14/99
	SIMEON	LONG	12/5/2006
	CAROL	MANGUARI	12/5/2006
	KYM	MAXWELL	9/14/99
	CHRISTINE	MICK	12/5/2006
	JONATHAN	MICK	12/5/2006
	RICHARD	MICK	9/14/99
	HELEN	MORRIS	4/21/98
	HERMAN	MORRIS	12/5/2006
	KATHY	MORRIS	9/14/99
	NOELEEN	MORRIS	12/5/2006
	RACHAEL	MORRIS	9/14/99
	RITA	MORRIS	9/14/99
	CONNIE	MOSQUITO	9/14/99
	JIMMY	MUNGLARY	9/14/99
	RICHARD	NEWRY	9/20/99
	CHERYLENE	NOCKETTA	9/14/99

Members

Region	First Name	Last Name	Date Joined
	NORMAN	OSCAR	9/14/99
	SARAH	OSCAR	9/14/99
	MICHAEL	PADDY	6/8/2003
	MARTIN	PELASCO	12/5/2006
	GEOFFREY	PETER	9/14/99
	CURLEY	REYNOLDS	9/14/99
	VERONICA	REYNOLDS	9/14/99
	KENNY	RICKY	12/5/2006
	JENNY	ROCKMAN	9/14/99
	DAWN	ROOK	9/14/99
	SHIRLEY	ROSEWOOD	12/5/2006
	AILEEN	ROY	12/5/2006
	ROBERT	ROY	4/20/98
	BRIAN	SAMBO	9/14/99
	GEORGE	SAMBO	9/14/99
	KATHLEEN	SAMBO	9/14/99
	STANLEY	SAMBO	9/14/99
	SHANNON	SCOTT	9/14/99
	MAY	SIMON	7/15/04
	LISA	SMILER	9/14/99
	SONNY	SMILER	9/14/99
	SONYA	SMILER	12/5/2006
	WILLIAM	SMILER	12/5/2006
	ELLEN	SPLINTER	9/14/99
	JEFFERSON	STEVEN	9/14/99
	ALLAN	THOMAS	9/14/99
	JAMES	THORPE	9/14/99
	JOCK	VINCENT	12/5/2006
	LORIS	WALKER	9/14/99
	BARRY	WARDLE	9/14/99
	GWENDA	WARDLE	9/14/99

Region	First Name	Last Name	Date Joined
	PRISCILLA	WARDLE	12/5/2006
	BRETT	WHITE	12/5/2006
	DONATHAN	WILLIAMS	9/14/99
	MAGDALENE	WINBYE	12/5/2006
	JASON	YUNDI	9/14/99
	MARION	YUNGA	12/5/2006
	MARYANNE	YUNGA	9/14/99
KEEP RIVER	JONATHAN	BOOMBI	9/26/2006
	RITA	BOOMBI	4/21/98
	SANDRA	BOOMBI	9/9/1999
	JOSEPH	COX	4/21/98
	MICHAEL	MURRIMAL	8/9/1999
	PETER	NEWRY	4/21/98
LAJAMANU	SILAS	ALLEN	9/15/99
	SILAS	ALLEN	12/13/2006
	BELINDA	BAKER	9/15/99
	BERYL	BARNES	9/15/99
	GEOFFREY	BARNES	12/13/2006
	MARGIE	BLACKSMITH	9/15/99
	MAUREEN	BURNS	9/15/99
	RHYS	CARLTON	9/15/99
	HENRY	COOK	9/15/99
	TINA	DICKENSON	9/15/99
	BESSIE	DIXON	4/22/98
	CHERYL	DIXON	12/13/2006
	JAMES	DIXON	9/15/99
	JONATHAN	DIXON	9/15/99
	PETER	DIXON	9/15/99
	POLLY	DIXON	9/15/99
	VALDA	DIXON	9/15/99
	AGNES	DONNELLY	9/15/99

Region	First Name	Last Name	Date Joined
	LAURA	DOOLAN	12/13/2006
	GWENETH	EDWARDS	9/15/99
	TEDDY	FARRELL	9/15/99
	GERALDINE	GALLAGHER	9/15/99
	GERALDINE	GALLAGHER	12/13/2006
	ROBERT	GEORGE	9/15/99
	TIMOTHY	GIBSON	9/15/99
	JACKO	GORDON	9/15/99
	JEFFREY	GORDON	9/15/99
	MAISIE	GRANITES	9/15/99
	WAYNE	HECTOR	9/15/99
	JOY	HERBERT	7/15/04
	JOYCE	HERBERT	9/15/99
	LINDSAY	HERBERT	9/15/99
	CECILY	JAMES	12/13/2006
	JUSTINA	JAMES	9/15/99
	LEALY	JAMES	9/15/99
	VIVIANNE	JAMES	12/13/2006
	JOE	JAPANANGKA	9/15/99
	MARIA	JIGILI	9/15/99
	PETER	JIGILI	12/13/2006
	RUTH	JIGILI	9/15/99
	THOMAS	JIGILI (dec)	9/15/99
	ANDREW	JOHNSON	12/13/2006
	CHRISTINE	JOHNSON	12/13/2006
	LORETTA	JOHNSON	9/15/99
	WILLIAM	JOHNSON	8/31/98
	ALICE	KELLY	9/15/99
	ANGELA	KELLY	12/13/2006
	DAMIEN	KELLY	9/15/99
	DION	KELLY	12/13/2006

Region	First Name	Last Name	Date Joined
	ENID	KELLY	12/13/2006
	BOBBY	KENNEDY	9/15/99
	TIM	KENNEDY	9/15/99
	ROBYN	LAWSON	9/14/05
	DELLA	LEWIS	11/11/1998
	DORIS	LEWIS	9/15/99
	MAVIS	LEWIS	9/15/99
	RUSSELL	LEWIS	9/15/99
	SABRINA	LEWIS	9/15/99
	NATHAN	LOVEGROVE	9/15/99
	ALISON	LUTHER	9/15/99
	URSUAL	MARKS	9/15/99
	JUDY	MARTIN	9/15/99
	SHAUN	MARTIN	9/15/99
	JEFFREY	MATTHEWS	9/15/99
	BILLY	McDONALD	9/15/99
	ELMA	McDONALD	9/15/99
	TEDDY	MORRIS	9/15/99
	BARBARA	MORRISON	9/15/99
	LILLY	NAKAMARRA	9/15/99
	PATSY	NANGALA	9/15/99
	JEAN	NAPPTS	9/15/99
	LIDDY	NELSON	9/15/99
	SHERLYNE	NGALMI(DANIELS)	12/13/2006
	ANNETTE	PATRICK	9/15/99
	BETH	PATRICK	9/15/99
	GENEVIEVE	PATRICK	9/15/99
	JASON	PATRICK	9/15/99
	KYLIE	PATRICK	9/15/99
	MAGDALENE	PATRICK	9/15/99
	MYRA	PATRICK	9/15/99

Region	First Name	Last Name	Date Joined
	NORBERT	PATRICK	1/10/1998
	TRACY	PATRICK	9/14/05
	SOPHIA	PATTERSON	12/13/2006
	VALERIE	PATTERSON/ JAMES	
	LOUISA	PAYTON	9/15/99
	MICK	RANKIN	11/28/02
	BIDDY	RAYMOND	12/13/2006
	PETER	RAYMOND	9/15/99
	RHONDA	REX	9/15/99
	MARGARET	ROBERTSON	9/15/99
	STEVEN	ROBERTSON	12/13/2006
	MARY	ROCKMAN	11/11/1998
	MONIA	ROCKMAN	9/15/99
	PEGGY	ROCKMAN	9/15/99
	DARRYL	RONSON	9/15/99
	JEAN	RONSON	9/15/99
	HENRY	ROSE (dec)	9/15/99
	TONY	SAMPSON	9/15/99
	TOPSY	SAMPSON	9/15/99
	MABEL	SAMUELS	9/15/99
	RHONDA	SAMUELS	12/13/2006
	RACHEL	SEELA	9/15/99
	DAVID	SELLA	9/15/99
	AGNES	SIMON	9/15/99
	ANNIE	SIMON	12/13/2006
	KITTY	SIMON	9/15/99
	VICTOR	SIMON	9/15/99
	DOUGLAS	TASMAN	9/15/99
	GIDEON	TASMAN	12/13/2006
	GLADYS	TASMAN	12/13/2006

Region	First Name	Last Name	Date Joined
	LYNETTE	TASMAN	12/13/2006
	RICHARD	TASMAN	12/13/2006
	BIDDY	TIMMS	12/13/2006
	GLORIA	TIMMS	9/15/99
	JENNY	TIMMS	9/15/99
	JUDY	WALKER	9/15/99
	NORA	WALKER	9/15/99
	SUSIE	WATSON	9/15/99
	VANESSA	WAYNE	9/15/99
	POPEYE	YOUNG	9/15/99
TIMBER CREEK	SAMMY	DARBY	12/10/2004
	AUDREY	AHWON	7/9/1999
	CHRISTINE	AHWON	10/14/99
	KENIVAN	ANTHONY	10/14/99
	JOSEPH	ARCHIE	9/28/2006
	NELLIE	BARBARA	
	DUNCAN	BERO	7/9/1999
	DUNCAN	BERO	10/13/04
	PEGGY	BIMEN	9/28/2006
	GARY	BIRRIMAN	11/28/02
	KEVIN	BISHOP	6/9/1999
	STAN	RETCHFORD	10/13/04
	JASON	ROSE	12/10/2004
	AGNES	BISHOP/McCANN	6/9/1999
	JIMMY	BITTY	6/9/1999
	DANIEL	BLITNER	6/9/1999
	MAUREEN	BLITNER	6/9/1999
	ROSEMARY	BLITNER	6/9/1999
	RICHARD	BLOOMER	10/13/99
	TREVOR	BOXER	6/9/1999
	VIVIANNE	BRADSHAW	7/9/1999

Members

Region	First Name	Last Name	Date Joined
	SALLY	BRUMBY	9/27/2006
	FELIX	BUNDUCK	6/9/1999
	VIOLET	BYLEDIE	6/9/1999
	JIMMY	CHEEGEARL	10/13/99
	KIMBERLEY	CLIFTON	7/9/1999
	LLOYD	CLIFTON	7/9/1999
	DAVID	DALY	6/9/1999
	JOHNNY	DALY	6/9/1999
	TERRANCE	DANN	6/9/1999
	ADELAID	DARBY	6/9/1999
	DARRYL	DARBY	6/9/1999
	SHARON	DARBY	6/9/1999
	DAISY	DEBANG	6/9/1999
	JERRY	DEBANG	6/9/1999
	MARY	DEEGAN	6/9/1999
	TOMMY	DODD	6/9/1999
	BASIL	FRASER	2/26/99
	BARBARA	GUNDARI	9/28/2006
	BEATRICE	GUNDARI	9/28/2006
	BEN	GUNDARI	6/9/1999
	MARLENE	GUNDARI	6/9/1999
	MELISSA	GUNDARI	10/13/99
	ROY	HARRINGTON	6/10/1998
	PEGGIE	HARRISON	6/9/1999
	KIM	HARRY	6/9/1999
	ANNEMARIE	HECTOR	9/27/2006
	ELISABETH	HECTOR	6/9/1999
	NINA	HECTOR	9/27/2006
	REGINA	HECTOR	10/13/99
	BESSIE	HUMBERT	6/9/1999
	EILEEN	HUMBERT	11/28/02

Region	First Name	Last Name	Date Joined
	GERALDINE	HUMBERT	6/9/1999
	HENRY	HUMBERT	10/14/99
	MARILYN	HUMBERT	6/9/1999
	SAMMY	HUMBERT	7/9/1999
	NORA	ISIBUN	9/28/2006
	LORNA	JACKIE	9/27/2006
	FELICITY	JIMARIN	6/9/1999
	JOSEPHINE	JIMARIN	6/9/1999
	LARRY	JOHNS	11/28/02
	LESLIE	JOHNS	6/9/1999
	AMY	JOHNSON	9/27/2006
	JONAS	JOHNSON	6/9/1999
	CAROLINE	JONES	6/9/1999
	DEBRA	JONES	3/4/1998
	FLORENCE	JONES	6/9/1999
	JOSEPHINE	JONES	6/9/1999
	QUINAS	JONES	6/9/1999
	SUSAN	JONES	6/9/1999
	JERRY	JONES (JNR)	9/27/2006
	JERRY	JONES Snr	7/29/99
	SHAUNA	KING	6/9/1999
	BETTY	LAURIE	9/28/2006
	BRENDA	LAURIE	10/13/99
	NICHOLAS	LAURIE	6/9/1999
	RODERICK	LAURIE	6/9/1999
	ADRIAN	LEERING	7/9/1999
	VINCENT	LEERING	6/9/1999
	FRANK	LEWIS	6/9/1999
	MAY	LEWIS	6/9/1999
	NINAH	LEWIS	6/9/1999
	STEVEN	LEWIS	6/9/1999

Region	First Name	Last Name	Date Joined
	ERIC	LEWIS Snr	6/9/1999
	JACK	LITTLE	4/21/98
	LENNY	LITTLE	10/14/99
	MANDY	LITTLE	7/9/1999
	MARJORIE	LITTLE	6/9/1999
	SUSAN	LITTLE	9/27/2006
	TREVOR	LITTLE	7/9/1999
	COLLEEN	LONG	9/27/2006
	DAVID	LONG	6/9/1999
	DEBORAH	LONG	6/9/1999
	DOREEN	LONG	10/13/99
	ESTELLE	LONG	10/13/99
	JOE	LONG	6/9/1999
	JOHN	LONG	6/9/1999
	RAYMOND	LONG	6/9/1999
	RITA	LONG	6/9/1999
	ANNIE	LUIDA	6/9/1999
	LORETTA	LUIDA	6/9/1999
	SANDRA	MALAY	6/9/1999
	GORDON	MARCHANT	6/9/1999
	RAYLENE	McCANN	6/9/1999
	DIMAH	McDONALD	6/9/1999
	SAMMY	McDONALD	6/9/1999
	PETER	MICK	10/13/99
	TONY	MINGIN	4/21/98
	EILEEN	MOORE	6/9/1999
	ANNIE	MORTON	6/9/1999
	PATRICK	NELSON	7/9/1999
	JOHNNY	NIPPER	7/9/1999
	MARY	PACKSADDLE	10/14/99
	NELLIE	PACKSADDLE	7/9/1999

Region	First Name	Last Name	Date Joined
	CLARA	PADDY	10/13/99
	DAVID	PADDY	6/9/1999
	JAMES	PARRY	6/9/1999
	MICHELLE	PARRY	6/9/1999
	JOY	RAYMOND	6/9/1999
	JULIENNE	RAYMOND	6/9/1999
	NANCY	RAYMOND	6/9/1999
	NANCY	RAYMOND	9/27/2006
	PAULINE	RAYMOND	6/9/1999
	RAELENE	RAYMOND	10/13/99
	RODNEY	RAYMOND	6/9/1999
	SCOTTY	RAYMOND	6/9/1999
	RACHAEL	RETCHFORD	9/28/2006
	SHADRACH	RETCHFORD	7/15/04
	DANIEL	ROBERTS	6/9/1999
	DORIS	ROBERTS	6/9/1999
	EILEEN	ROBERTS	6/9/1999
	JENNIFER	ROBERTS	6/9/1999
	JONAH	ROBERTS	6/9/1999
	JOSEPH	ROBERTS	6/9/1999
	LAURIE	ROBERTS	6/9/1999
	PAULINE	ROBERTS	6/9/1999
	ROSS	ROBERTS	6/9/1999
	ROY	ROBERTS	6/9/1999
	RONALD	ROE	4/17/98
	CHOOK	SAMBO	10/13/99
	JOHN	SHAW	9/27/2006
	JOHN (DUSTY)	SHAW	9/30/04
	BETTY	SMILER	10/13/99
	FLORRIE	SMILER	6/9/1999
	LARGUT	SMILER	10/13/99

Region	First Name	Last Name	Date Joined
	MATTHEW	SMILER	6/9/1999
	MICHAEL	SMILER	6/9/1999
	SONNY	VICTOR	11/28/02
	PEGGY	VINEY	6/9/1999
	EDNA	WATERLOO	10/14/99
	FREDA	WATERLOO	10/14/99
	RITA	WATERLOO	7/9/1999
	WILFRED	WATERLOO	6/9/1999
	ELAINE	WATTS	4/17/98
	ARSUN	WEARNE	6/9/1999
	HENRICK	WIDALDJIL	7/9/1999
	RONNIE	WIDALDJIL	7/9/1999
	CHARLOT	YAIYAI	7/9/1999
	MARJORIE	AHWON	7/9/1999
YARRALIN	FIOTA	ALGY	12/7/2006
	FREDDY	ALGY	9/21/99
	JENNY	ALGY	9/21/99
	BILLY	ANZAC	10/17/99
	BILLY	ANZAC	9/20/99
	CHRISTINE	ANZAC	9/21/99
	CHRISTOPHER	ANZAC	10/21/99
	ELMORE	ANZAC	12/7/2006
	FLORRIE	ANZAC	9/21/99
	GREENIE	ANZAC	9/20/99
	NANCY	ANZAC	9/21/99
	PETER	ANZAC	9/21/99
	PETER	ANZAC	7/15/04
	SUBDIN	ASSAN	9/26/2006
	IRIS	BANJO	9/20/99
	GOODOOGA	BARDLE	9/20/99
	GILBERT	BILLY	9/20/99

Region	First Name	Last Name	Date Joined
	GOODOOGA	BILLY	9/20/99
	GREG	BISHOP	9/20/99
	LOUISA	BISHOP	9/20/99
	SYLVIA	BISHOP	9/26/2006
	BARBARA	BOBBY	9/21/99
	MARCIA	BOBBY	9/26/2006
	MARYANN	BOBBY	9/21/99
	WAYNE	BOBBY	9/21/99
	COLEEN	CAMPBELL	9/26/2006
	COLIN	CAMPBELL	11/11/1998
	FREDDY	CAMPBELL	9/20/99
	GEORGE	CAMPBELL	7/15/04
	KERRYANNE	CAMPBELL	9/20/99
	LISA	CAMPBELL	9/20/99
	MAXINE	CAMPBELL	9/26/2006
	NANCY	CAMPBELL	9/20/99
	RAYMOND	CAMPBELL	9/20/99
	SAMANTHA	CAMPBELL	9/20/99
	SANDRA	CAMPBELL	9/20/99
	SIMON	CAMPBELL	10/17/00
	WARRICK	CAMPBELL	12/7/2006
	CAPTAIN	CHARCOAL	10/17/00
	JIMMY	CHUBB	9/20/99
	PEGGY	CHUBB	9/20/99
	PETER	CHUBB	9/20/99
	ALIVINA	DALEY	9/26/2006
	CEDRICK	DALEY	9/20/99
	CHRISTINE	DALEY	9/20/99
	CYNTHIA	DALY	9/21/99
	DAVID	DALY	9/20/99
	EBONY	DALY	12/7/2006

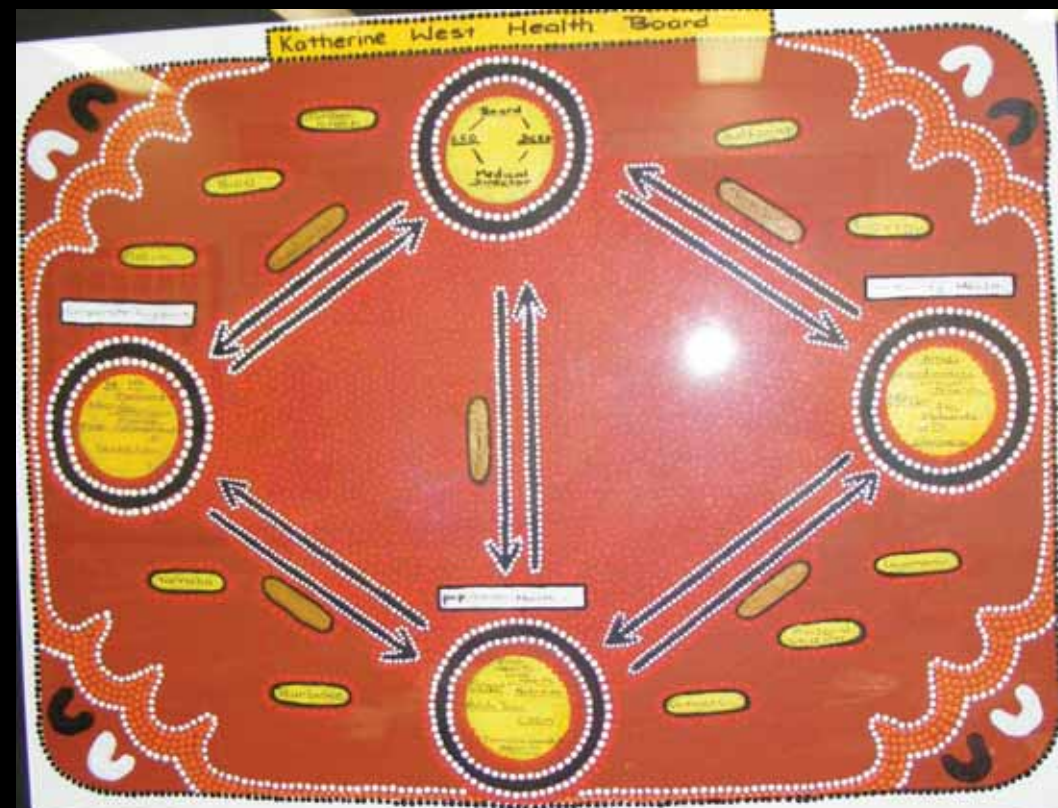
Members

Region	First Name	Last Name	Date Joined
	JOHNNY	DALY	9/20/99
	JULIE	DALY	9/20/99
	MABLE	DALY	9/26/2006
	MARGARET	DALY	9/20/99
	PATSY	DALY	9/20/99
	BRIAN	DARBY	9/20/99
	RUTH	DARBY	9/20/99
	KAREN	DIXON	9/20/99
	DARREN	DODD	9/20/99
	JUDITH	DONALD	9/20/99
	DANELLA	DOUGLAS	9/21/99
	LARISSA	DOUGLAS	9/21/99
	DEBRA	EDWARDS	9/21/99
	BRIAN	FRIDAY	9/20/99
	DUNCAN	GEORGE	10/17/00
	DAVID	GORDON	9/20/99
	JULIE	GORDON	9/20/99
	WILLIAM	GULWIN	9/4/1998
	PEGGY	HARRISON	10/17/00
	EUNICE	HECTOR	12/7/2006
	MILDRED	HECTOR	9/21/99
	NATHAN	HECTOR	9/21/99
	RAYMOND	HECTOR	4/20/98
	SALLY	HECTOR	9/20/99
	SHIELA	HECTOR	6/9/1999
	TONY	HECTOR	6/9/1999
	NIWA (Lena)	HUMBERT	9/20/99
	RITA	JACKY	9/20/99
	IAN	JAMES	9/26/2006
	LILY	JAMES	9/20/99
	LYNETTE	JAMES	9/26/2006

Region	First Name	Last Name	Date Joined
	DORA	JIBINGARA	9/20/99
	KATHLEEN	JIDDUR	9/20/99
	COLIN	JIMMY	9/20/99
	LORRAINE	JOHNS	4/16/98
	GEORGE	JONES	9/20/99
	JESSIE	KENYIA	9/26/2006
	ALICIA	KING	10/17/00
	MARJORIE	KING	9/21/99
	FABIAN	LONG	9/20/99
	TERRANCE	LONG	9/20/99
	JOAN	MAY	9/20/99
	DOUGLAS	MICK	9/21/99
	CHARLIE	NEWRY	11/26/99
	BRIAN	PEDWELL	4/14/98
	DARRYL	PITCHER	9/20/99
	ANNE	POLLOCK	12/7/2006
	NOREEN	RAVEN	4/21/98
	SCOTTY	RAYMOND	12/7/2006
	SUSAN	RAYMOND	9/20/99
	WARREN	RAYMOND	9/20/99
	FRANCIS	ROSAS	9/20/99
	RAYMOND	ROSAS	9/20/99
	WENDY	ROSE	9/20/99
	TINA	SCOTT	12/7/2006
	MAUREEN	SHAW	9/20/99
	WAYNE	SHORT	9/20/99
	DAVID	SLIM	9/20/99
	LINDSAY	SLIM	9/20/99
	JACK	SMILER	9/20/99
	PAT	SMILER	9/20/99
	DARREN	SMITH	12/7/2006

Region	First Name	Last Name	Date Joined
	ELSIE	SNOWY	9/26/2006
	COLIN	TREVOR	9/26/2006
	JOCK	VINCENT	9/20/99
	JILL	WALLABY	9/20/99
	PANSY	WARDLE	9/20/99
	AGNES	WIDDIBURR	9/20/99
	HORACE	WILDMAN	9/20/99
	ANTHONY	WILLIAMS	12/7/2006
	DAVID	WILLIAMS	9/20/99
	IRENE	WILLIAMS	9/20/99
	NORA	WILLIAMS	9/20/99
	BARRY	YOUNG	9/20/99
	HARRY	YOUNG	9/20/99
	LUCY	YOUNG	9/20/99
	RILEY	YOUNG	9/20/99
	TOPSY		9/21/99
	DONALD	HARRISON	10/17/00





Katherine West Health Board

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