



DERBARL YERRIGAN HEALTH SERVICE INC.



2016 -2017
ANNUAL REPORT

OUR VISION

To provide a cultural model of health service delivery that meets the needs of the Aboriginal and Torres Strait Islander people and communities in the Perth metropolitan region.

OUR MISSION

Our mission is to provide holistic and culturally secure health services for Aboriginal and Torres Strait Islander people and communities in the Perth metropolitan region.

OUR KEY PRINCIPLES

We are committed to self-determination for Aboriginal peoples. We will respect our culture, our families, our community, and each other. We value the contribution of our staff and our members. Integrity, professionalism, and accountability will be hallmarks of our business. Excellence, fairness and ethical decisions and behaviour are personal and organisational standards we will uphold.

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WHO WE ARE

The name Derbarl Yerrigan is the Wadjuk Noongar name for the Swan River. Derbarl Yerrigan Health Service Inc. (DYHS) is an Aboriginal community controlled health organisation which was established in 1974 as the Perth Aboriginal Medical Service and later changed its name to DYHS in 1998. We provide holistic and integrated primary health care services to Aboriginal people living in the Perth metropolitan region. DYHS employs 138 staff across its head office in East Perth and clinics in Maddington, Midland and Mirrabooka.

DYHS targets the social, emotional, cultural and physical wellbeing of Aboriginal people living on Noongar country. Our staff deliver comprehensive primary health care services at each DYHS clinic including:

- Preventative care focussed on early detection and management of chronic illness across all ages;
- Post-natal and antenatal care to women and families;
- Early childhood, school age, and adolescent health programs;
- Team-based management of chronic diseases with a focus on preventing disease progression and complications and maintaining quality of life;
- Dental services to DYHS clients aged 13 years and above, including the development of full dental plans;
- Access to a comprehensive suite of services provided by mental health and allied health care professionals and specialist services; and
- Pharmacy and transport services to DYHS clients.



Our logo was designed by Mr Barry McGuire and it represents the Swan River winding through our country. The water is pure and it also represents our healers, the traditional healers. They have healing hands. Mr McGuire took into account that non-Aboriginal doctors are also healers with new modern medicine. They are gifted people who are able to heal our people. Therefore we have the combination of both traditional Noongar healers and Wadjella (white) doctors who are able to heal as well with modern medicine. Our Aboriginal healers had hands on methods to heal from our culture. From the healer's hands, the pure water flows and drops in circles to heal our families. The circles represent all Aboriginal communities around us near the Swan River, we work together with our people from the Swan River. Derbarl Yerrigan Health Service is the place of the long neck turtle. The circles represent the community organisations here in the Perth metropolitan area.

BOARD OF DIRECTORS



REG YARRAN

TREASURER / PRESIDENT

Mr Reg Yarran holds a Masters in Management with honours in Human Resources. Reg also holds a Bachelor of Business with a Double Major in Community Management and Education from the University of Technology Sydney.

Reg has been an active Board Member of Derbarl Yerrigan Health Service Inc and has held the positions of Treasurer and President on the Board of Directors and Chairperson of the Finance Sub-Committee at Derbarl Yerrigan Health Service Inc.

Reg is also an active Advisory Member of the Australian Executive Trustee Ballardong Advisory Committee.

He is currently a Member of the Australian Institute of Company Directors.

Reg has over 16 years of experience in Aboriginal Affairs working in Not for Profit Aboriginal organisations and for the State Government.



CHARNE HAYDEN

SECRETARY / PRESIDENT

Ms Charne Hayden has worked extensively within the administration and community areas of Noongar country to empower and inform both Aboriginal and non-Aboriginal people of the many issues and trends impacting upon our culture and society through policy direction and from a grassroots perspective. Charne was instrumental as a past Deputy Chairperson of the Southwest Aboriginal Land and Sea Council (SWALSC), who are the Native Title Representative Body for our people from throughout the Noongar region, for the past nine years in which time she gained a great deal of knowledge about community and government policies and procedures. Part of Charne's success has been because she places a high value on personal integrity in representing the organisations. Charne represents Aboriginal people in an ethical and respectable manner. Her concern for Aboriginal people and the ongoing desire to inform and assist them to strive towards reconnecting family structures within our society, enables her to be empathetic and passionate about the many issues that are impacting on our society through mutual respect and community collaboration.

Charne has exceptional skills and knowledge associated with policy development and implementation which she has gained by working within Aboriginal corporations and the corporate services. Charne's skills include working from the top level which required extensive monitoring and financial management to the highest standards that has given her the knowledge and experience necessary for submission writing, policy implementation, researching, report writing and the development of culturally appropriate protocols critical for providing input and strategic organisational direction.

Charne is an active Company Director for PEEDAC Pty Ltd. Charne remains actively engaged to bring about positive change for the wider community.



DEANNE LEWIS

VICE PRESIDENT

Born in Perth, Western Australia of Noongar and Yamatji heritage with strong cultural values, Ms Deanne Lewis has resided in the metropolitan community for the better part of her life.

Deanne began her career as an Aboriginal Health Worker and went on to follow in her mother's footsteps, completing a Bachelor of Applied Science in Indigenous Community Health from Curtin University.

Deanne has a wealth of experience having trained Aboriginal Health Workers at Marr Mooditj and Bega Garabirringu Health Service in Kalgoorlie where she was honoured with life-long friendships. Deanne has also lived in Newman where she managed the Newman Women's Shelter. Deanne's work in Perth includes AADS, Yorgum, SAMHS, FSH, NMHS, OPA, Centrelink, and Centrecare. Deanne is passionate about Aboriginal Health and the social welfare of her community, particularly the elderly and our children.



JOHN PENNY

TREASURER

Mr John Penny is a Noongar man from the south west. John was employed with Peedac Pty Ltd for 15 years.

John has worked within management for the past nine years, with a focus on providing a high standard of guidance to ensure that community participation is a priority in the development of company growth and the expansion of operations. He possesses skills essential for managing key areas of an organisation and the problem solving skills needed for finance, project development and management. Previously John has been Manager of NOW Green (National Green Jobs Corp); a Community Manager; Manager of the IEP (Indigenous Employment Program); Manager of STEPers Employment Program; and Supervisor Condil Property Development.

John has the following qualifications in Accreditation in Indigenous Mentoring; Certificate IV Career Development; Certificate IV Employment Services; Accreditation in Presenting & Delivering Cultural Awareness; Training Small Groups; Mental Health First Aid; and Corporate Governance. He also sits on a number of other Boards including Aboriginal Advancement Council; Noongar Media Enterprises; Wagyl Kaip Working Party; Ravensthorpe Nickel / Wagyl Kaip Relationship Committee; and Kaarta-Moorda Aboriginal Corporation.

John sees being on the Board of DYHS as a great responsibility and valuable position to have, to help our community with any health concerns.



LAURENCE RILEY

SECRETARY

Mr Laurence Riley is from a diverse and mixed ethnic background, with connections to the majority of regions throughout the state.

Laurence is a qualified Teacher's Assistant and Home and Community Carer (Aged Care and Disability Services). He holds both a Diploma of Business and Diploma of Management, and has worked in both government and non-government sectors; in the areas of Education, Health, Social and Emotional Well Being, Mental Health, Justice, Housing, Employment Services and Corrective Services.

Throughout his professional career he has held a Ministerial appointment as the Deputy Chair of the Perth Aboriginal Workforce Development Centre's Advisory Group, endorsed by the Minister of Employment and Training Western Australia. In previous years he has held the positions of Secretary Director of the Derbarl Yerrigan Health Service, the Perth Metropolitan Director for the Aboriginal Health Council of Western Australia, and Director of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Other appointments have included Secretary Director with the Aboriginal Alcohol and Drug Service and Yorgum Aboriginal Corporation, Committee Member on the Board of Marr Mooditj Training, and appointed to the Western Australia Primary Health Alliance Primary Health Networks Perth South Community Engagement Committee, and Treasurer for the NAIDOC Perth Committee. He was an active member of several local and state organisations, including the Australian Labor Party.

Laurence is passionate about social justice, equality and better access to services through activity based outcomes. He is a strong advocate for Aboriginal people and endeavours to make changes within the community and the larger systems; to ensure and provide greater and wider inclusion, growth as well as continuous quality improvements to services and programs for all of our people. Laurence is engaged in employment as an Advisor with the Department of Prime Minister and Cabinet.



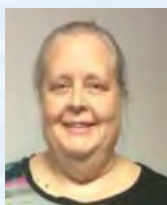
COLIN GARLETT

BOARD MEMBER / SECRETARY

Mr Colin Garlett is a local Whadjuk/Ballardong man. Colin's involvement with Health, Derbarl Yerrigan Health Service Inc. and the local Noongar community extends back to the early 1980s with Aunty Joan Winch and the late Aunty Laurel Yarran.

As a former CEO of Derbarl Yerrigan Health Service, Colin is passionate about working with his people and aims to continue to bring about positive social change within the organisation and work closely with the Board of Directors and Staff to promote DYHS as a health service of choice for our Noongar people. During his previous time working with the Board, Colin has worked with the team to extend DYHS services for people residing in the Rockingham, Kwinana and Peel regions and supporting health initiatives and programs at Casuarina Prison and Boronia Women's Pre-Release Facility.

Colin also holds a Bachelor of Health Science (University of Sydney), a Bachelor of Applied Science (Curtin University) and currently working towards a Bachelor of Laws (Deakin University).



SHARON BUSHBY

BOARD MEMBER

Ms Sharon Bushby is a Noongar woman from Perth. Sharon trained as an Aboriginal Health Worker 25 years ago and has worked within the Aboriginal Community Controlled Health Sector since graduation. Over 15 years were spent working at Derbarl Yerrigan Health Service in a variety of roles.

For the past nine years Sharon has worked at the Aboriginal Health Council of Western Australia in training and development and is currently the Manager of Sector Development. Sharon has a Bachelor Degree of Applied Science in Indigenous Community Health and a Masters Degree in Public Health.



PATRICK SMITH

BOARD MEMBER

Mr Patrick Smith was born in Kojonup Western Australia of Noongar heritage with strong, practising cultural values.

Patrick is presently married with five children and has resided in the metropolitan community for the better part of his life. He holds an Associate Degree in Aboriginal Community Management and Development from Curtin University and a Certificate 3 in Community Service work; Diploma Counselling. He has a wealth of experience from his nine years as Manager of Court Officers with the Aboriginal Legal Service.

The extensive legal background has proven an asset at his past employment as Advocate at AdvoCare where his portfolio was Aboriginal Elder Abuse. For two and half years, Pat was employed in a joint venture between AADS and Outcare in the men's healing program.



TED HART

BOARD MEMBER

Mr Ted Hart was born in Bunbury and educated at Darkan and Governor Stirling Senior High School. Ted has been on the Interim Executive Committee from SWALSC's commencement, serving as Chairperson between December 2003 and October 2008, and has continued to serve as a Director. During his time as the Chairperson, Ted worked tirelessly for Noongar people through the Land Council with help from the Executive Committee and staff.

Ted has also held the position of Chair for the Aboriginal Legal Service in 1983.

Ted has been involved in Aboriginal policy for over 35 years, and for the last 18 years has been a self-employed Aboriginal Heritage Consultant. Ted was elected to the Derbarl Yerrigan Health Service Board of Directors in 2013 and is a passionate and strong advocate of the social and emotional wellbeing of Aboriginal people in the South West and will continue to thrive for equality for our people.



EDWARD (TED) WILKES

BOARD MEMBER

Associate Professor Ted Wilkes is a Noongar man from Western Australia. He is Associate Professor of Aboriginal Research Programs at the National Drug Research Institute, Faculty of Health Sciences at Curtin University. Previously Assoc. Professor Wilkes worked as the CEO of the Derbarl Yerrigan Health Service (DYHS), and as Associate Professor, Centre for Developmental Health, at the Telethon Institute of Child Health (TICHR). Assoc. Professor Wilkes has dedicated his life to fighting for better quality of life for Indigenous Australians and joined the Aboriginal team at NDRI to enhance the use of Aboriginal Research and information. Assoc. Professor Wilkes has engaged at many forums and committees at the state, national, and international level, and is involved in many research initiatives dealing with alcohol and drugs in Indigenous Australia. He is a member of the Australian National Advisory Council on Alcohol and Drugs ANACAD.

In 2014 Assoc. Professor Wilkes was made an Officer of the Order of Australia 'for distinguished service to the Indigenous community as a leading researcher in the area of public health and welfare, to youth in Western Australia, and to the provision of legal support services'.



MICHELLE NELSON-COX

BOARD MEMBER

Ms Michelle Nelson-Cox's empathy and passion for Derbarl Yerrigan Health Service Inc. is inherited from her mother and older sister, who were founding members of the original Perth Aboriginal Medical Service. Michelle has been actively involved in Aboriginal health and has intrinsic knowledge and high level expertise in the importance of social determination and community-led solutions to improve the health and wellbeing of Aboriginal people.

Previous roles include working in Native Title and for the Departments of Housing and Education, Health Insurance Commission, Disability Service Commission and most recently as Chairperson of the Aboriginal Health Council of Western Australia.

Michelle holds a Bachelor of Social Science (Indigenous Services) and Bachelor of Arts (Community Management and Adult Education). This mix of tertiary and practical experience provided her with strong leadership and strategic direction for her varying roles.

Michelle continues to demonstrate robust commitment to working with all levels of government and other agencies, to enhance the reputation, capability and commitment of Aboriginal Community Controlled Health Organisations, in improving the health and well-being of Aboriginal people and the communities they live in.



KEVIN COX

BOARD MEMBER / SECRETARY

Mr Kevin Cox holds a Primary Teachers Certificate (Mt Lawley Teachers College).

Kevin is a Critical Response Support Advocate for Western Australia for the National Indigenous Critical Response Project (NICRP).

Kevin was a founder and inaugural CEO of the Kimberley Aboriginal Medical Services Council (KAMSC) and the Broome Regional Aboriginal Medical Service (BRAMS). He was the Kimberley Project Manager for the St John of God Health Care's community maternal and child healthcare program.

For a number of years, Kevin was the Kimberley Aboriginal Health Manager for St John of God Health Care. He then relocated to Perth to undertake the position of National Aboriginal Health Manager.

Subsequently, Kevin was the Aboriginal Health Manager for the Western Australian Country Health Services, and then the Aboriginal Health Strategic Consultant for the Unity of First Peoples.

Kevin has been the Chairperson for BRAMS, and a former Board Member of the National ATSI Healing Foundation; he was one of the founders of WA Aboriginal Community Controlled Health Organisation (now AHCWA). Kevin has held position as an Executive Board Member of Derbarl Yerrigan Aboriginal Health Service, and a Board Member of the Aboriginal Advisory Committee of Cancer WA.

Kevin's introduction into Aboriginal health was as a young person in his capacity as Kimberley Project Officer for the National Trachoma and Eye Health Program, led by Dr Fred Hollows.

Kevin's deep experience in Aboriginal primary healthcare positions him well to support the community development activities of the NICRP.



ROBERT SMITH

BOARD MEMBER

Mr Robert Smith is a Noongar of the Kaneang People, born at Kojonup in the south west of WA.

Robert's family bloodlines are Cornwall-Hansen and Culbong-Smith. He attended Governor Stirling Senior High School at Midland but left half way through second year because he was not a good student. Later on in life he attended Tranby Aboriginal College in NSW where he completed the HSC Alternative and later completed an Associate Degree in Contemporary Aboriginal Art at Curtin University.

His work related history over the last 40 + years has been quite diverse, but mainly oriented around Public Services in Health and Education both here and in WA and NSW. Over the past 15 years he has been actively involved in the area of HIV/AIDS under the ANA, Anwernekehe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance through all of its iterations, he also chaired a national steering committee which dealt with the same issue for four years. He has also been a state representative, a national representative, and is currently the National Elder Representative on the National Committee.

He was the Smith Family Representative with the South West Aboriginal Land and Sea Council for a number of years until he resigned last year and his interests include Aboriginal Politics, History and Culture.

Robert is currently part of a national board of directors which works in the Indigenous LGBTI Community in an effort to address the issues that impact them at a national level.

He is a prolific reader and will read anything from a gossip rag to ancient and pre-history. He collects old and contemporary movies and loves music, mainly Soul and Blues - the greats of the past; and of course Country and Western music.



KERRY HUNT

BOARD MEMBER

Ms Kerry Hunt is an Aboriginal Health Professional with 20 years' experience in the advocacy and education of Indigenous health issues.

Kerry began her career as an Aboriginal Support Worker, where she made valuable working relationships with Mental Health Clinics and other agencies, ensuring best outcomes for her clients. In the ensuing years, Kerry continued as a Research Assistant where amongst other research projects she researched, recorded and transcribed Aboriginal Women's stories and histories.

Ms Hunt has also been a major contributor to a Social Science and Medicine publication (2008) *Indigenous women and smoking during pregnancy: knowledge, culture contexts and barriers to cessation*; and The Australian Journal of Indigenous Education (submitted 2009) *Aboriginal Mothers' aspirations for their children: The value of education and schooling*.

Between studying medical and pharmacology at UWA between 2009 and 2014, Kerry's career included working as an ALO, Respite Hostel Parent, Senior Female Counsellor and Mental Health Liaison Officer. Ms Hunt also holds a Bachelor of Social Work from Deakin University, completed in 2017.

Ms Hunt possesses strong cultural leadership strengths supporting diverse Aboriginal communities and has effectively negotiated with mainstream health services, community agencies and health professionals.

Kerry believes in working tirelessly and passionately to empower individuals to make sound life choices and minimise harm.



EXECUTIVE BOARD REPORT

Kaya,

We acknowledge the Traditional Owners, the Whadjuk Noongar people, on the land which we conduct our business. We pay our deepest respect to our Elders, past and present.

We are pleased to present the Annual Report and provide its activities from the 2016/2017 year.

STRATEGIC DIRECTION

During the reporting period, the Board championed the transition for a stronger Derbarl Yerrigan Health Service by supporting changes to improve the corporate governance and financial operations of the organisation.

Through a series of information meetings for members, Derbarl Yerrigan achieved:

- A review of the existing Constitution and the rules pertaining to the application for membership; and the membership approval process generally. This process led to the development and approval of a new and simplified Rule Book;
- Director eligibility and appointment;
- A process for the appointment of independent/specialist directors;
- Development and implementation of relevant and appropriate new policies and procedures including director code of conduct and remuneration policy; and
- A proposed transition to a simplified and culturally appropriate regulatory environment under the Corporations (Aboriginal and Torres Strait Islander) Act 2006, which is administered by the Office of the Registrar of Indigenous Corporations (ORIC).

In addition the Board continued to work towards:

- Building partnerships and developing relationships with researchers and research institutions to enhance the use of DYHS health information and data;
- Establishing a stronger and more accountable financial base;
- Becoming the preferred provider for health and related services for Aboriginal people in the Perth metropolitan region; and
- Progressing towards becoming a centre of excellence that integrates traditional Aboriginal healing with mainstream health care.

*"... becoming a centre of excellence
that integrates traditional Aboriginal healing
with mainstream health care."*

OUR PARTNERSHIPS

Throughout the year we maintained strong relationships with key stakeholders and partnerships and we acknowledge their valuable support across DYHS services and programs.

- Aboriginal Health Council of Western Australia
- Australian Hearing
- Bentleys
- Butler Settineri
- Curtin University
- Department of Health – Environmental Health Directorate
- Department of Health – Indigenous Rural Health Division (IRHD)
- Department of Human Services
- Department of Mines, Industry Regulation and Safety
- Department of Prime Minister & Cabinet
- DoctorDoctor
- Edith Cowan University
- Fiona Stanley Hospital
- Fred Hollows Foundation
- Hammond Legal
- King Edward Memorial Hospital
- Lions Eye Institute
- Lotteries West
- MercyCare
- Moorditj Djena
- Moorditj Koort
- Office of the Registrar of Indigenous Corporations
- Pharmacy Guild of Australia
- Primary Health Networks
- Princess Margaret Hospital
- Royal Perth Hospital
- Rural Health West
- Sir Charles Gairdner Hospital
- St John of God Hospital
- Street Doctor
- Telethon Kids Institute
- University of Melbourne
- University of Notre Dame
- University of Western Australia
- WA Country Health Service
- Wungening Aboriginal Corporation
- Yorgum Aboriginal Corporation

Derbarl Yerrigan Health Service continues to seek opportunities for community partnerships to build valuable and long lasting relationships that provide client centred approaches to service delivery. Our strong focus is to provide excellent services based on evidence and best practice.

We would like to express our appreciation to staff for their continued commitment and efforts over this reporting period and most importantly thank the members and external partners for their ongoing support of Derbarl Yerrigan Health Service.

Board of Directors



CHIEF EXECUTIVE OFFICER'S REPORT

Since commencing in the role in mid-July 2017, I have worked very closely with the DYHS Board of Directors, the Aboriginal Health Council of WA (AHCWA) and our staff and members to ensure that DYHS continues to deliver a high quality, culturally safe, comprehensive primary health care service to the Aboriginal community living on Noongar country in the Perth metropolitan area.

Our multi-faceted model of comprehensive primary health care has evolved over the last 44 years and impacted on generations of Aboriginal people living on Noongar country by virtue of Derbarl Yerrigan's very long history. The model remains patient focussed because we understand that our patients are front and centre to the work that we do each and every day. The care we provide is respectful of, and responsive to, individual patient preferences, needs and values while ensuring that patient values guide all clinical decisions.

Our primary health care services require patients accessing our clinics at East Perth, Maddington, Midland, and Mirrabooka to be first seen by an Aboriginal Health Practitioner (AHP) before seeing a General Practitioner (GP). The health assessments conducted by our AHPs are the principal tool to better understand our patients care needs and ensure that those needs are being met in a culturally safe environment. Our AHPs are the cultural interface between DYHS clinics and the Aboriginal community and their initial assessment results in the development of a health care plan or a team care arrangement plan which guides the delivery of treatment and care to each patient. Working very closely with the 17 GPs employed by DYHS, we make sure that the journey of all DYHS patients through the primary health system is consistently at a very high standard.

As many of our members may be aware 2016/17 marked the first year which the Elizabeth Hansen Autumn Centre was unfunded. Despite this, given the demand for the service which the centre provides, DYHS continued to operate the centre, servicing many clients throughout the period. Management understands the importance of restructuring the current operational model to adapt to the loss in funding and work is being formulated to ensure that a sustainable model is implemented in the future.

The 2016/17 year was also a time that relationships with government were re-set through the implementation of the Deed of Novation and the Deed of Agreement with the AHCWA. Both Deeds essentially set out, amongst other things, that AHCWA administers all funding contracts between DYHS and the State and Federal Government. On a practical level, the Agreement resulted in AHCWA taking control of the day to day operations of DYHS for the duration of the agreement. The Deeds received the support of the DYHS Board of Directors and other major stakeholders.

Prior to the Deeds being signed, an independent funds administrator was also appointed by the Commonwealth to review, identify and seek to improve a range of issues with respect to DYHS governance and operations.

" ... DYHS continues to deliver a high quality, culturally safe, comprehensive primary health care service ..."

On a practical level, the Deeds have resulted in a collaborative relationship being formed between the two organisations and allowed for DYHS to gain access to AHCWA resources (staffing and other) to assist in the foundational rebuild of DYHS governance and administrative systems and processes.

I am very pleased to report that DYHS received an unqualified audit for the reporting period. Management is aware of the need to return DYHS to a strong financial position and significant work is being done in this area to ensure that DYHS continues to be viable from a financial stand point.

The recommendations from the clinical governance review were nearing finalisation at the end of the reporting period. The recommendations were framed around ensuring that a robust clinical governance system supported the delivery of DYHS clinical services. The establishment of a Clinical Governance Committee, the appointment of senior clinical leadership positions and the achievement of re-accreditation against the Rural Australian College of GPs (RACGP) 4th edition standards through Australian General Practice Accreditation Limited (AGPAL) will ensure that the quality improvements to our clinical services are

maintained while responding to existing and emerging unmet needs for patient care.

While the past year has brought many challenges, I am pleased to report that DYHS has risen to those challenges. This report will outline some of the key achievements that have been made by DYHS in spite of the challenges. I would like to thank the former Board, the former CEOs, AHCWA staff and elected arm, funding providers and other partners for their support and guidance as we continue to rebuild this very proud organisation while working hard to improve the health and wellbeing of our community.

One of DYHS greatest assets is its people. It is a testament to the hard work and unwavering dedication of DYHS staff that the delivery of high quality primary health care services to the Aboriginal community in Perth continued throughout the year.

I look forward to working with the Board of Directors and staff over the coming year to ensure that DYHS is a service that ensures health equality and better health outcomes for Aboriginal people living on Noongar country.

Jenny Bedford

Chief Executive Officer

TREASURER'S REPORT

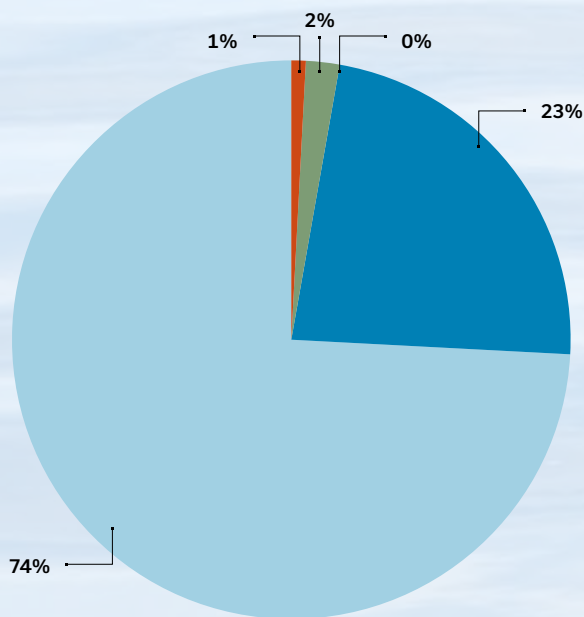
RESULT

The net deficit for the twelve months ending 30 June 2017 was \$824K against a budgeted deficit of \$1.131M. This result was driven largely by the continued operation of the Autumn Centre despite funding being withdrawn at the end of June 2016.

INCOME

Total income for the year ended 30 June 2017 was \$15.724M compared to FY16 of \$16.781M with the breakdown in the various income sources shown below.

HOW DID WE EARN OUR MONEY IN 2017?

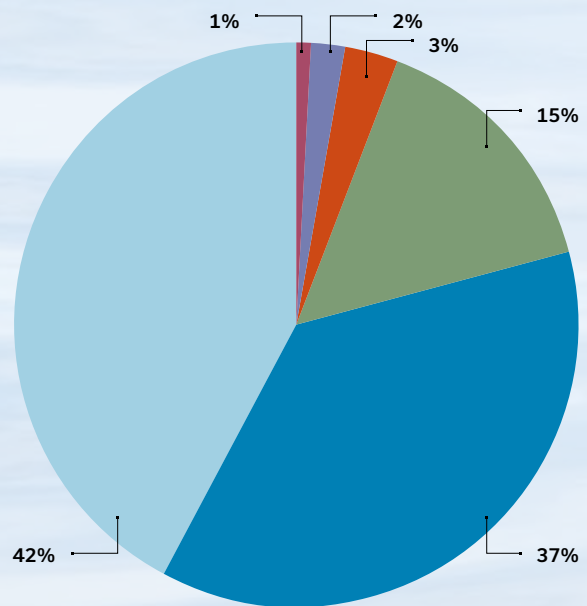


- Medicare income
- Grant revenue
- Financial income
- Other income
- Net gain on disposal of property, plant and equipment

FUNDING

Total grant funding received during the FY17 financial year was \$11.593M compared to \$12.951M in FY16. This is representative of an overall decrease in funding of 10.5% and was driven by the loss of \$1.267M in funding previously received for operation of the Autumn Centre, a reduction in funding from Rural Health West of \$50K for the year and another \$44K loss of funding from Lotterywest for the Emergency Relief program.

WHO PROVIDED OUR GRANT REVENUE IN 2017?



- Indigenous Rural Health Division
- Western Australia Country Health Service
- Western Australia Country Health Service – Footprints to Better Health
- Prime Minister and Cabinet
- Rural Health West
- DOH – Environmental Health
- QUMAX
- Mental Health Commission

Unspent funds at the end of FY17 which will be carried forward into FY18 were as follows:

Child Maternal Health	\$16,758
Suicide Prevention	\$5,141
Environmental Health	\$2,974
Health Promotions	\$43,050
Smoking Prevention	\$24,898
Outreach	\$112,663
TOTAL	\$205,484

DYHS received funding from both State and Commonwealth Governments for Primary Health Care and the operation of clinics at East Perth, Maddington, Mirrabooka and Midland.

Funding received for State Government Footprints to Better Health initiatives in 2016/17 remained at \$1.735M which facilitated the Aboriginal Liaison Officer, Outreach and Chronic Disease programs.

No further funding was received for the Smoking Intervention program and unspent funds of \$29K were brought forward into FY17. At the end of FY17 \$25K of these funds remained and will be utilised in FY18 period.

As noted earlier, the 2017 financial year represented the first period where the State Government did not provide funding for the operation of the Elizabeth Hansen Autumn Centre. This represented a loss of funding of \$1.267M from the prior year. DYHS have continued to fund this service from PATS Income and cash reserves

which have accumulated from previous years. In partnership with AHCWA, DYHS is currently investigating alternative funding arrangements and business models for the future given the financial impact operating the Autumn Centre is having on DYHS financial position.

Other funding received during FY17 included \$182K for FY17 received from Rural Health West for the Medical Outreach Indigenous Chronic Disease Program.

It should also be noted that DYHS was informed during the year that it would no longer receive funding moving forward from the Department of Prime Minister and Cabinet to fund the Social and Emotional Well Being Programs This represents a reduction in funding of \$316K for FY2018 .

OTHER SOURCES OF INCOME

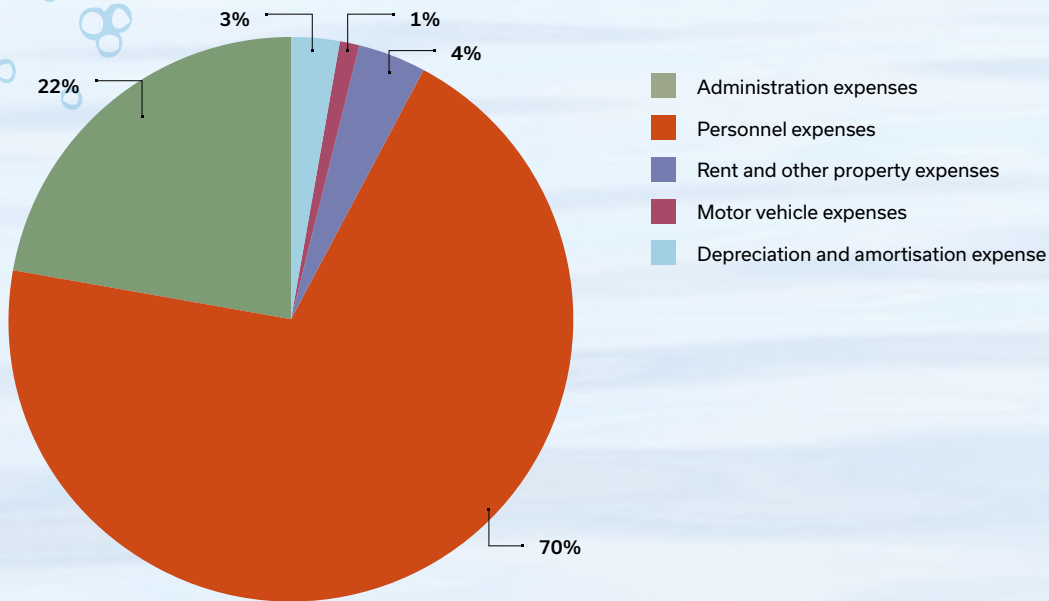
Medicare income generated in FY17 was \$3.663M compared to \$3.448M in FY16. This is an increase of 6.1%, however is \$310K less than what was budgeted for FY17 of \$3.965M. This included the receipt of Practice Incentive Payments from Medicare of \$539K for FY17 compared to \$504K for FY16. Although this is an improvement since the prior year it represents a shortfall from the budgeted figure of \$562K for the FY17 period.

Interest income for the current year was \$87K, compared to last year's \$110K. Delays in receipt of grant funding and uncertainty around management and control of cash funds contributed to this reduction.

Unspent funds from program funding, carried forward into FY17 were \$370K. \$250K will be carried forward into FY18.

EXPENSES

HOW DID WE SPEND OUR MONEY IN 2017?



RENT AND OTHER PROPERTY EXPENDITURE

Rent and other property expenditure decreased slightly from \$804K in FY16 to \$743K in FY17. The organisation is still looking at options in relation to the locations of service moving forward.

MOTOR VEHICLE EXPENDITURE

Motor vehicle expenditure increased slightly from \$142K in FY16 to \$154K in FY17.

DEPRECIATION EXPENDITURE

No significant variations in depreciation expenditure during the year with a minor reduction in expenditure of \$32K from FY16 resulting in total depreciation for FY17 of \$458K

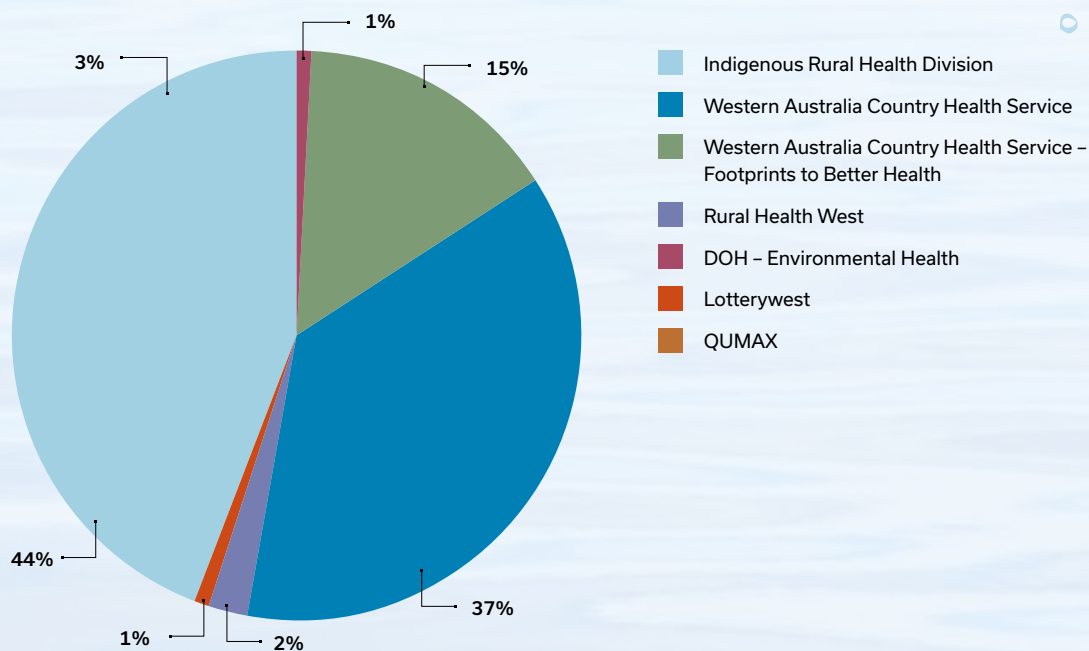
SALARY AND WAGES EXPENDITURE

Salary and wages expenditure in FY17 totalled \$11.511M and represents a 1.8% increase on the expenditure in FY16 of \$11.317M.

RESERVES

The total accumulated surplus funds held in reserves has dropped from \$4.980M as at 30 June 2016 to \$4.156M as at 30 June 2017. This is driven by the deficit incurred during the current financial year.

MOVING FORWARD – WHERE IS OUR GRANT REVENUE COMING FROM IN 2018



CASH POSITION

Net cash balance of \$3.781M in FY17 represents a decrease from the balance of \$4.475M in FY16 and reflects the organisations current deficit operating position. The current net cash balance is still sufficient to maintain the organisations financial stability in the immediate future assuming that budgets and financial results are returned to break even or surplus outcomes. This will also allow the organisation to utilise reserves to invest in the infrastructure of DYHS moving forward.

MOVING FORWARD INTO 2018

The budget for FY18 forecasts a budget deficit of \$970K. Contributing factors include a reduction in Grant Income, the continual unfunded operation of the Autumn Centre, the costs associated

with operating under the current organisational structure and other areas of excessive expenditure that have been identified. This deficit is expected to occur despite Medicare income being budgeted to increase based on the delivery of services to the Aboriginal community which would reflect a 'Best Practice' model of health care.

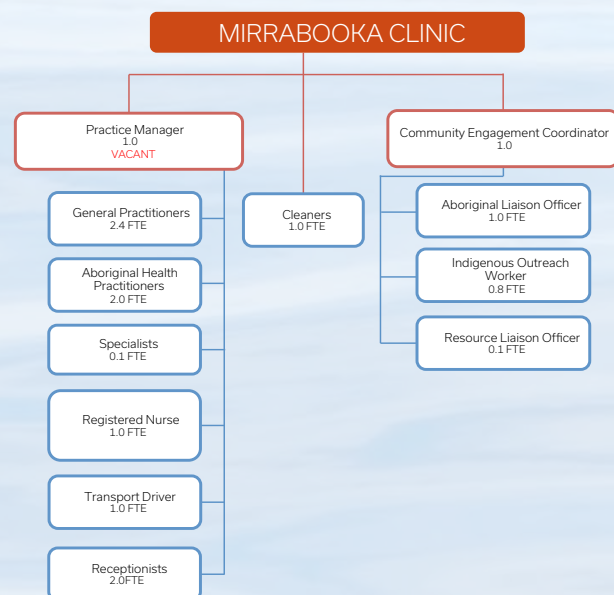
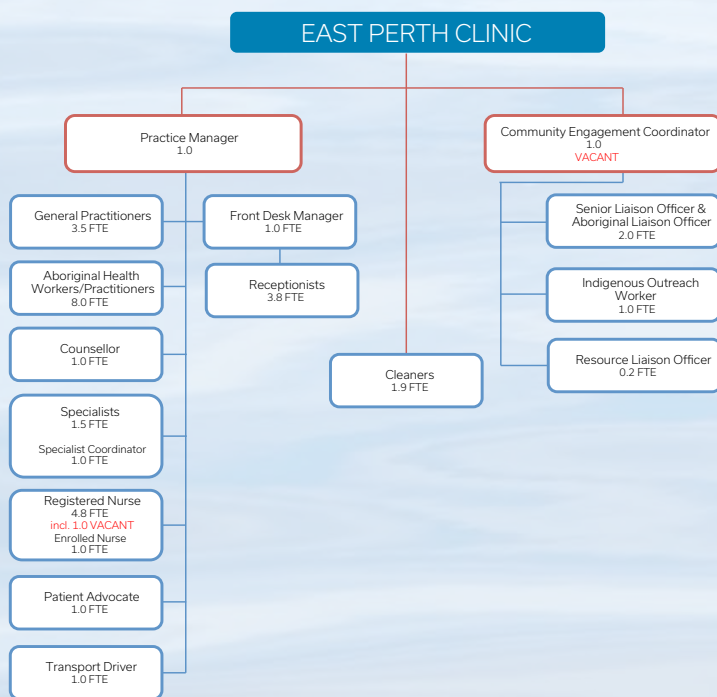
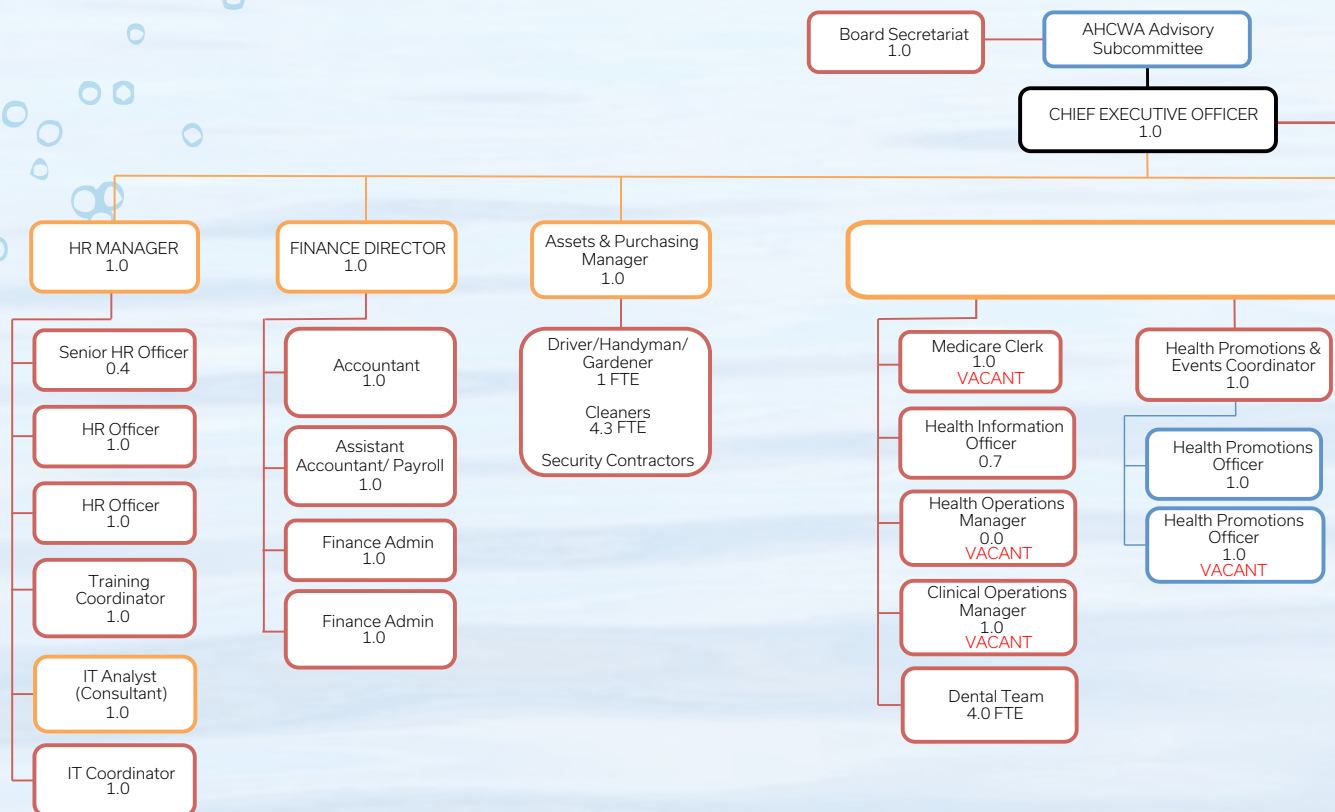
Management understands that continuing to operate in this manner is not viable moving forward and intensive work is being undertaken to rectify DYHS financial position to ensure that the organisation will be able to continue to provide services for the Aboriginal community for many years to come.

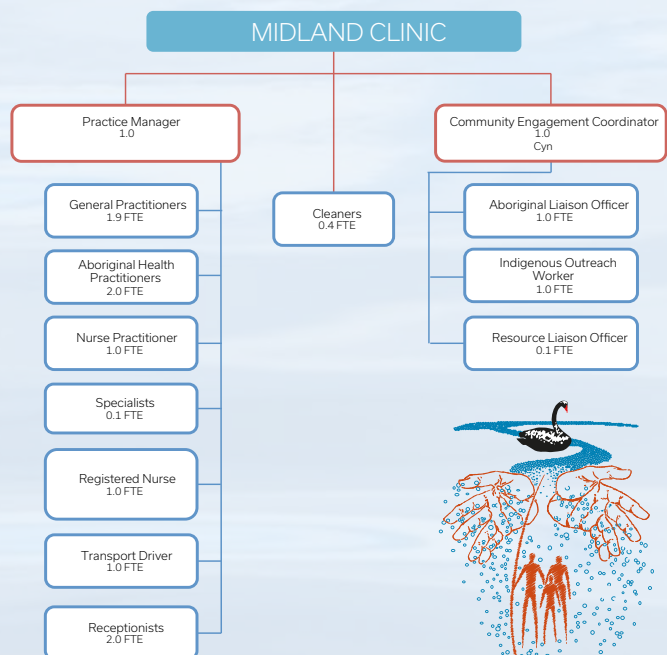
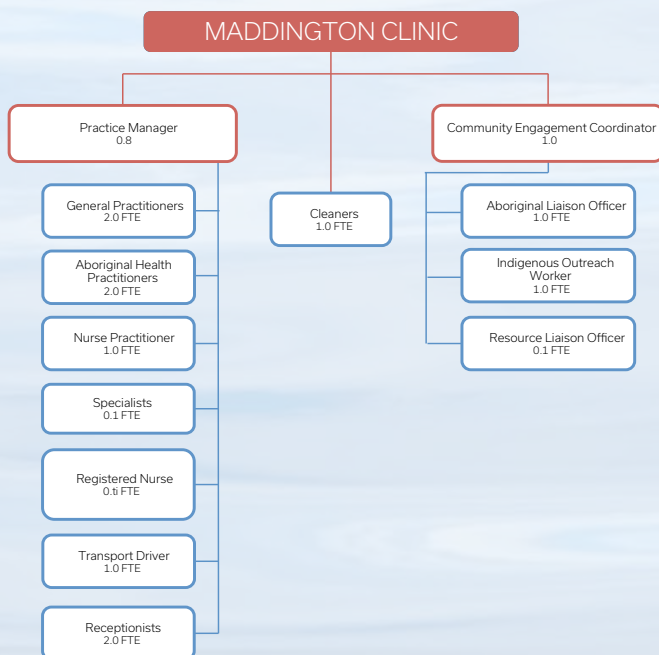
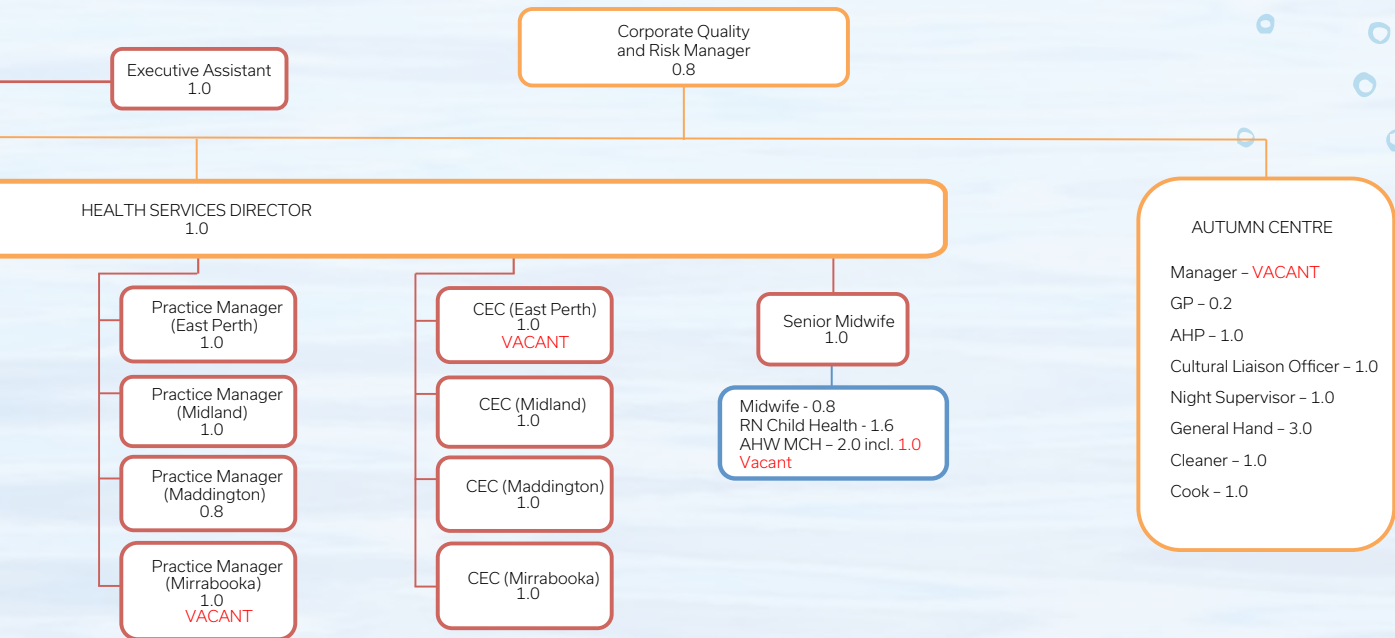
Michelle Nelson-Cox

TREASURER

*Derbarl Yerrigan Health Service Aboriginal Corporation
4th December 2017*

DYHS ORGANISATION STRUCTURE 2016/2017





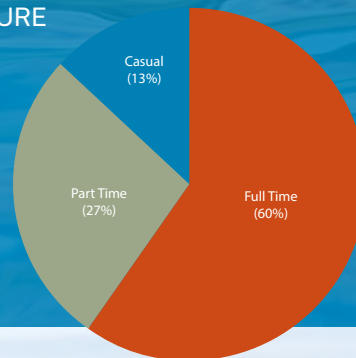
DYHS WORKFORCE DEMOGRAPHICS

The charts below provide workforce statistics on the number of staff, employee status, Aboriginality, age, gender and tenure across our 132 employees for the year ended 30th June 2017.

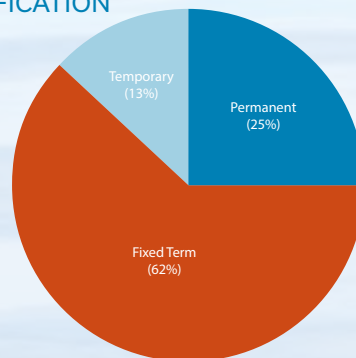
Employee Status	No. of Employees
Full-Time	79
Part-Time	36
Casual	17
Total	132

Total Executive Management Team	4
Male	2
Female	2
Aboriginal	0

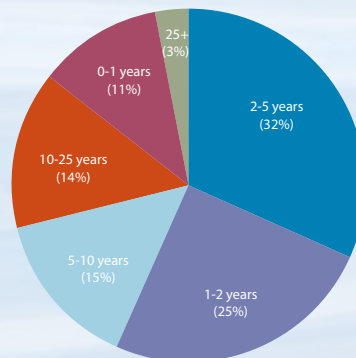
STRUCTURE



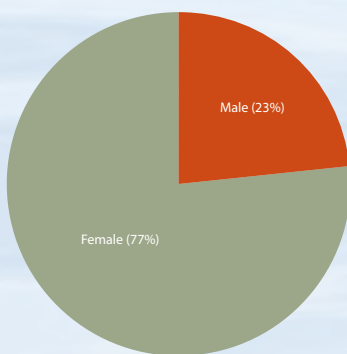
CLASSIFICATION



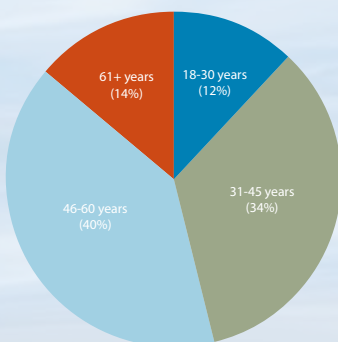
TENURE



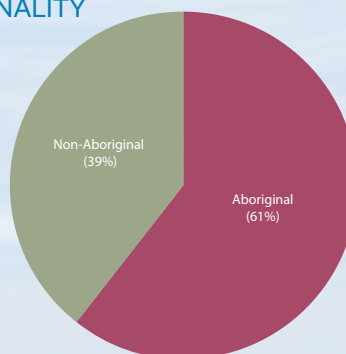
GENDER



AGE



ABORIGINALITY





THE YEAR AHEAD

DYHS is the longest standing Aboriginal community controlled health organisation in Western Australia and one of the oldest across Australia.

Derbarl Yerrigan grew out of the Noongar community in the early 1970's when our founding members and a handful of health professionals recognised the need to establish a permanent Aboriginal health service for the Noongar community in Perth. Their campaign had many supporters and the Perth Aboriginal Medical Service commenced with just five staff. From very humble beginnings, DYHS has grown significantly in size and capacity and has become an integral part of the primary health care landscape in the Perth metropolitan region. 2018 will be a time to reflect on the hard fought gains that our founding members and Elders had in establishing DYHS in 1974.

2018 will also be a time to look to the future as the new DYHS Board of Directors launch their strategic vision for the next five years. The current strategic plan expires in December 2017 and the

new Board will be working over the first six months of 2018 to develop a new strategic direction for DYHS.

It will also be a time of consolidation. As the ever increasing demands on DYHS continue to grow, 2018 will be a time to plan and develop our service model to ensure that DYHS remains a friendly, comfortable and safe place for our community to raise their health concerns and find the solutions to those health concerns.

2018 will be a time to celebrate how far we have come as we move forward into the future on a firm foundation of good governance and evidence-based healthcare delivery. We will recognise the importance of DYHS while ensuring that our patients and their health needs always remain front and centre in the work that we do each and every day.

STRATEGIC PLAN 2012 TO 2017



STRATEGY 1

DYHS will strengthen community control of our organisation and take deliberate steps to foster greater Aboriginal self-determination and empowerment in all spheres of Australian life and society.

- We will keep our members and community informed of our efforts and we will consult them on significant challenges or transitions.
- We will identify and keep track of the needs and changing demographics of our clients
- We will work to ensure our services address client needs through ongoing engagement.
- Our Board will operate to promote and protect community control of DYHS and pursue opportunities to promote self determination
- Culture will be respected at all times by the Board and staff in the organisation and reflected in our policies and programs.
- We will seek to build and maintain excellence and continuous improvement.



STRATEGY 2

DYHS will take deliberate and collaborative steps to reduce and mitigate the impact of social determinants on Aboriginal health.

- This will be reflective in all DYHS policies, plans and service agreements.
- DYHS acknowledges and works to break down the barriers in accessing culturally secure health services for Aboriginal people.
- DYHS commits to ensuring clients will have access to culturally secure quality services they need in a timely manner.



STRATEGY 3

DYHS will sustain measures that support our employees to build rewarding careers that serve Aboriginal health. We will advocate on behalf of the needs of our people to ensure educators, trainers and others deliver a professional and culturally competent workforce.

- DYHS is committed to ensuring a fully competent Aboriginal workforce at all levels of the organization.
- DYHS values all staff and commits to working in partnership with them to enhance their personal & professional development.
- DYHS acknowledges that succession planning is integral to sustaining a competent workforce.
- We will grow leadership within our organisation and contribute to the development of it outside.
- We will ensure that our Board is skilled competent and able to discharge their statutory and other duties effectively, ethically and equitably.



STRATEGY 4

DYHS will ensure that its performance reflects an equitable, honest and transparent use of its financial and human resources and deliverable outcomes exceed client expectations.

- DYHS is committed to good Governance and will work in partnership for their personal and professional development.
- We will establish effective, sensitive and timely monitoring of our performance across our organisation.
- We will have good information systems through best practice initiatives due to excellence in service delivery. We will benchmark our performance against our targets and other similar organisations to ensure that we are doing the best we can to improve the quality of life for Aboriginal and Torres Strait Islander people.
- We will benchmark and meet KPIs for all dimensions of good health through exceptional: cultural, spiritual, social, political, environmental, and economic performance.
- Prioritising to achieve outcomes through emphasizing where important needs and wants are met, i.e. closing the gap.



STRATEGY 5

DYHS will provide excellent services focused on the critical life course needs of Aboriginal peoples that are based on best practice and evidence.

- We believe that wellbeing and wellness is the right to good health and health services.
- We will work in partnerships with our clients by ensuring we develop client centred approaches to service delivery.
- We will take a lifecourse approach that ensures our clients are able to access the services necessary for them to manage the important stages and transitions that form the essential building blocks of good health and wellbeing.
- DYHS believes that culture is central to building a healthy, functioning future and we will take the necessary steps to ensure staff are able to respond, our policies reflect and our organisational behaviour mirrors our respect for and impact of culture on effective and efficient services.
- Our services will address the needs of our clients and community encompassing the physical, cultural, social and emotional streams of life. We recognise that our cultural sense of community and spirituality are important elements to the healthy functioning of individuals, family and community.



CLINICAL OPERATIONS REPORT

DYHS continues to deliver a quality level of primary and emergency healthcare to a large population of Aboriginal people in and around metropolitan Perth over six days each week. Each day at any of the DYHS clinics there are a variety of employees delivering and assisting to deliver healthcare, these include:

- Aboriginal Healthcare workers
- Aboriginal Health Practitioners
- Registered Nurses
- Enrolled Nurses
- Midwives
- Child Health Nurses
- General Practitioners
- Visiting Specialists
- Medical Director
- Receptionists
- Podiatrist
- Chiropractor
- Visiting Allied Health Specialists
- Aboriginal Liaison officers
- Indigenous Outreach Workers
- Care Coordinators
- Mental Health Nurses
- Chronic disease Educators
- Transport drivers
- Environmental Health Officer
- Clinic Managers

During the past year, several high level reviews and audits were completed which highlighted the need for an introduction of a robust clinical governance system and process to be introduced at DYHS. A Quality and Governance framework has been developed, together with a terms of reference for a Clinical Governance Committee. The major objectives of Clinical Governance at DYHS will be:

- To ensure effective mechanisms are in place to review and monitor the effectiveness and quality of clinical care across the whole service and as a result actions are taken to address issues of substandard clinical performance and bring about continuous quality improvement.
- Regularly review and monitor the service's Risk Register and ensure the Board is kept informed of significant risks.
- To ensure effective mechanisms are in place to facilitate research and training in accordance with local policy and approval processes.
- Agree, co-ordinate and monitor action plans in relation to major internal reviews and all external reviews relating to clinical care.

- To ensure that national standards, guidance and best practice are systematically reviewed and embedded within the service.
- To recommend to the Board on the level of compliance and maintenance with National Healthcare Standards (RACGP etc) as part of the national declaration requirements.
- To ensure that the users and carers are systematically and effectively engaged in clinical governance activities.

As a result of the previously mentioned audits and reviews, DYHS has introduced high levels of accountability to ensure that care delivery is ongoing and patient follow up is thorough and complete with particular reference to patient recalls. Recalls ensure that patients are followed up and recalled back to the service for further investigations and results management. DYHS is now in a position where we can demonstrate that all urgent recalls are now completed within the required time frames, resulting in thorough care delivery from DYHS and increased health outcomes from the community that we serve.

Statistics below capture just some of the healthcare delivery services provided to the community.

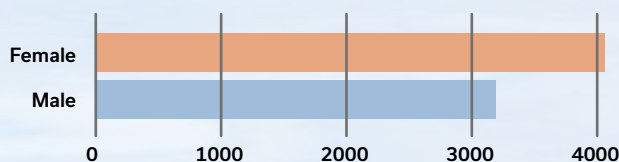
Whilst DYHS remains an accredited healthcare facility, quality standards and requirements continue to be upheld and reviewed on an ongoing basis to ensure continuous improvement and development.

DYHS remains committed to its staff members ensuring that ongoing education and the opportunity for upskilling is available to all clinical staff throughout the year.

As we move into the next phase of clinical services delivery at DYHS our clients and community can expect to continue to receive a holistic and robust healthcare service, offering access to specialist services, referrals to education programs built on a foundation of evidence based healthcare.

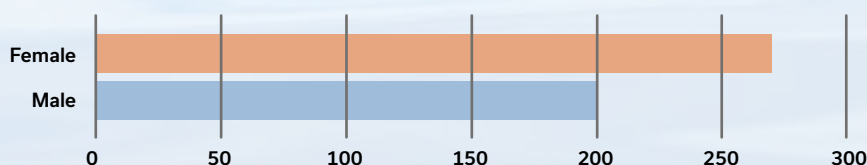
It is important to acknowledge the hard work of all clinical services staff that occurs on a daily basis. It is this hard work and dedication which ensures that our clients have access to and receive the best possible healthcare.

REGULAR DYHSAC CLIENTS (N=5188)

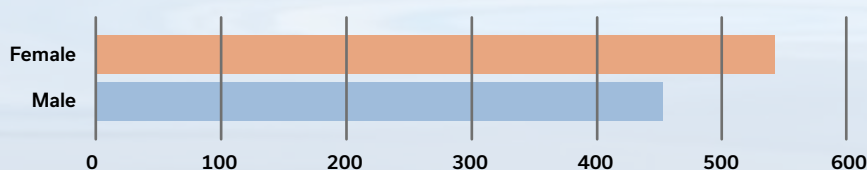


"... some of the healthcare delivery services provided to the community."

INFLUENZA IMMUNISATIONS (N=475)



DIABETIC CLIENTS WHO HAVE HAD A CARE PLAN AT DYHSAC (N=989)





EAST PERTH CLINIC

East Perth Clinic strives to ensure the best primary health care is given and available to everyone. With highly qualified staff and an extensive array of services provided to our clients we endeavour to reduce rates of chronic illness and manage ongoing care within the community. The continuous quality model has been the blue print for our ongoing improvement and we heavily rely on patient feedback and improvement of our clients' health to achieve our goals on a daily basis.

EAST PERTH CLINIC OPERATING HOURS

East Perth Clinic operates from 8.30am to 7.00pm Monday to Friday and is also open on Saturday mornings from 9.00am to 12.00pm.

Bookings are encouraged, but the majority of our appointments are on a walk-in basis. With a large team located at East Perth we strive to keep wait times to a minimum, to make the patient journey as easy and as pleasant as possible.

ALLIED HEALTH & SPECIALIST SERVICES

Our onsite allied health services are:

- podiatry;
- chiropractic; and
- mental health councillors .

These services work in collaboration and in association with a team care arrangement plan to

facilitate patient needs as well as educating client's on managing their own health.

A specialist co-ordinator facilitates appointments for clients to access the many specialists who attend DYHS on a monthly basis.

Our Specialists include:

- Cardiologist;
- Endocrinologist;
- Respiratory Physician;
- Paediatrics;
- Renal Physician;
- Echo cardiologist; and
- General Physician.

Doctors from all clinics can refer clients. This scheme gives our patients exceptional opportunities to see these specialist doctors without the extensive wait times as in mainstream medicine, and in a culturally supportive environment with staff they trust.

CLIENT HEALTH ASSESSMENT

All clients who attend DYHS are encouraged to have an initial health assessment from which a GP Management plan or a team care arrangement is developed. Assessments are led by our Aboriginal Health Practitioners in collaboration with our doctors to guide a pathway to better health and wellbeing.

ADDITIONAL SERVICES

DENTAL

Dental services are available at East Perth with some prerequisites to access this limited, but greatly utilised and important part of our overall health program. All clients are encouraged to see our GP's for a complete health history prior to accessing the Dental services to ensure we maintain a high level of care throughout the clinic.

Dental care is a positive route to better health as it is directly correlated with co-morbidities and reduced life expectancy in association with many chronic illnesses.

MATERNAL & CHILD HEALTH

Our Maternal Child Health team has established a large client base concentrating on co-ordinating contact and offering services for pre-natal, post-natal and general care of infants and children. Experienced midwives are available to guide and educate new mothers regarding ongoing child care, such as immunisations and regular health check-ups. This service has been an asset in supporting our mothers during these important days of their pregnancy.

OUTREACH AND ABORIGINAL LIAISON OFFICERS

East Perth has a dedicated team of Outreach Workers and Aboriginal Liaison Officers, who serve the community on a weekly basis at our child and family hubs, located at Clayton View Primary School, East Swan View and Cullacabardee community. These programs are staffed by a GP, Registered Nurse or Nurse Practitioner, and an Aboriginal Health Practitioner. These services are provided for those in the community who may find it hard to attend appointments in East Perth, and in this way, have the opportunity to interact with DYHS staff, build rapport and trust with all their health needs and requirements. Our team of Outreach Workers are equipped with resources to guide clients to maintaining their own health.

HEART HEALTH

East Perth hosts a weekly Heart Health program; a highly regarded program which introduces all attending to better heart health and incorporates other underlying chronic illness factors. Staff monitor diabetes, blood pressure and medication as a general practice. An exercise physiologist attends and encourages light exercise during the course of the program.

The Heart Health program has run successfully for a number of years and has been vital in educating the community on basic self-care to combat chronic illness. Other programs conducted at East Perth are the Cancer Support group, Smoking Cessation program and Breast Cancer Awareness.



MADDINGTON CLINIC

The Maddington Clinic continues to provide client-centre care to members of the Aboriginal community that is holistically based, which ensures Aboriginal people can access the wide range of clinical and population health programs with confidence.

During the reporting period the Clinic worked actively towards achieving Clinic Practice Accreditation. Client feedback was surveyed and overall we had an 80% rating response from clients which was extremely positive.

MADDINGTON CLINIC OPERATING HOURS

Maddington Clinic operates from 8:30am to 5pm Monday to Friday and is closed on weekends and public holidays.

ARMADALE HOSPITAL – ABORIGINAL LIAISON OFFICER PROGRAM

Maddington Clinic continues to work in partnership with the Armadale Hospital Aboriginal Liaison Officer (ALO) Unit as well as the doctors who care for and discharge our clients. The linkages and partnerships with the ALO unit at Armadale enable continuity of care to occur around the provision of social support services that are inclusive and collaborative for DYHS clients.

VISITING SERVICES AND PARTNERSHIPS

SPEECH PATHOLOGY

This service is being provided once again out at Maddington site starting in May 2017. The service has increased from once per month appointments to two or three times monthly. The service is a

great asset for our young clients and their parents who do not have to travel into East Perth.

CHIROPRACTOR

Services offered to our clients where our chiropractor visits once a week at Maddington.

PAEDIATRICIAN SERVICES

This program is provided every six weeks on a Wednesday and is coordinated by Korrling Mort through the Princess Margaret Children's Hospital. Services are provided by a Paediatrician and supported by a Registered Nurse (RN), with referrals managed and coordinated by the Maddington RN. The paediatric clinics offer flexibility for parents who can bring their children to Maddington, as opposed to travelling to PMH.

MOODITJ DJENA PROGRAM

This program offers a range of services specifically to clients diagnosed with diabetes. Mooditj Djena attends on site one day per week and provides the following services:

- Diabetes foot care
- Education around the optimal management of their diagnosed condition
- Specialist referral pathways to other treatments specifically related to ongoing management of diabetes; and
- Dietary advice on healthy lifestyle choices.

STUDENT PLACEMENTS

Maddington Clinic continues to work in partnership with key institutions such as Marr Mooditj training, Curtin University and Edith Cowan in the provision of student learning opportunities. Over the past year, we have accommodated medical, nursing and health worker students to ensure that they have exposure to Aboriginal and Torres Strait Islander cultural and health issues as a component of their professional education.

COMMUNITY ENGAGEMENT TEAM

The Community Engagement Program is an extension of the Aboriginal Liaison Program, which commenced at Maddington in May 2016. The program is funded under the Footprints to Better Health strategy with emphasis on Chronic Illness Register and the register's key performance indicators and care plans.

The Program provides ongoing support to DYHS clients for six weeks after discharge from hospital and encourages and assists clients in attending their chronic illness review appointments, annual cycle of care as per chronic illness and other specialists appointments within DYHS, plus other service providers and hospitals.

All Client's care is attended to in a culturally appropriate manner. Community Engagement service staff participate in Cultural Safety Training and are continually reviewing ways of improving their service within the Maddington Clinic.

COMMUNITY EVENTS AND PARTICIPATION

The Maddington clinic continues to work in collaboration with a range of external stakeholders around attendance and participation in the local community, including:

- The Aboriginal Alcohol and Drug Service Inc.
- Aboriginal Health Council of WA (AHCWA): Tackling Indigenous Smoking Team
- Clinical Service Planning & Population Health: EMHS Aboriginal Health Strategy
- Step into Volunteering: Carolyn Fisher Community Development Officer
- Nicky Winmar Carnival: Aboriginal Netball Gala Day
- Aboriginal Health Community Advisory Group Meeting, Bentley
- Langford Aboriginal Association



MIDLAND CLINIC

Midland clinic has developed into a buzzing place. Now in its fourth year, the Midland Clinic encountered 2,690 more episodes of care than the year before. This is almost a 25% growth compared to last financial year. This has been achieved through the employment of an additional female GP, who commenced in May this year which made it possible to provide additional services on Mondays and Tuesdays.

MIDLAND CLINIC OPERATING HOURS

Midland Clinic is open Monday to Friday from 8:30am to 5:00pm and is closed on weekends and Public Holidays.

Midland appointments cater for walk in clients to be seen as well as booked appointments.

Our Aboriginal Health Practitioners (AHP) play an integral role in liaising with and advocating for

Midland clients together with our team of doctors, nurse, nurse practitioner and Allied Health Team to provide the best possible health outcome for clients.

All clients are warmly welcomed and an assessment is carried out by our Aboriginal Health Practitioner or Registered Nurse. This part of the visit includes taking vital signs such as blood pressure, temperature, height, weight, blood glucose levels, pulse and oxygen saturation levels before they see the GP. Additional services as needed include:

- Wound dressings;
- Immunisations;
- Retinal Eye Screenings; and
- Patient Education.

Clinical staff provide patient education on health conditions, healthy living and preventative health

to assist clients in managing their own health.

Midland Clinic is also proud to offer the additional service of a Nurse Practitioner (NP), who works in conjunction with the GPs and other health professionals to increase access to health care for clients and improve patient and community outcomes in a timely manner. The Nurse Practitioner in Midland serves as a link between the Outreach services at Middle Swan Primary School (Stratton) and Clayton View Primary School (Koongamia). Services provided by the NP includes, but are not limited to, women's health, immunisations, specialist referrals, prescriptions, injury management and chronic disease management.

SPECIALIST /ALLIED HEALTH SERVICES

Midland offers the services of the following specialists:

Chiropractic	Weekly	Monday mornings
Podiatry	Fortnightly	Thursday all day
Diabetes Education	Fortnightly	Thursday all day
Speech Pathology in conjunction with PMH Koorliny Moort clinic	Every six weeks	Wednesday mornings

The Clinic has a close relationship with the Lions Eye Institute through the opening of their new rooms at St John of God Hospital at Midland, (opposite DYHS Midland Clinic). All of DYHS patients are bulk billed for any treatments when referred by our GPs.

The Community Engagement Team continues to work closely with the Midland Clinic with follow up appointments and encouraging and promoting new families to DYHS and the many services that it offers.

During the reporting period we have achieved:

- 409 client transports provided for medical appointments, treatment at hospitals and Specialist visits.
- 111 discharge summaries have been received at Midland Clinic and have been followed up by our Aboriginal Liaison Officer.
- Swan View Senior High School has received 43 health checks on their site, through the cooperation between our Community Engagement team, Swan View Senior High School, and our clinic and an ongoing partnership has been established to repeat those health checks every year for new students.

STUDENT PLACEMENTS

Midland Clinic supports and assists nursing students from Curtin University as well as Aboriginal Health Practitioner students from Marr Moorditj and the Aboriginal Health Council of WA. The students build a great rapport with staff and clients, particularly the holistic approach to healthcare that DYHS offers to our Indigenous Community.

DEDICATED CLIENT SERVICES

The whole team at DYHS Midland promotes and delivers holistic care for all patients. This is achieved through strong partnerships and established relationships with other services such as Breast Cancer WA, Diabetes WA, Lions Eye Institute, Moort Boodjari Mia (pregnancy), St Andrews Pharmacy, Western Diagnostic, Live Ready Physiotherapy and Perth Radiology Clinic in Midland.

There is also focus on keeping the cycle of care as consistent as possible for our transient Indigenous patients, which is achieved by having established reliable partnerships with the patient's own medical practitioner in their place of residence and the exchange of notes in care and progress in treatment.



MIRRABOOKA CLINIC

Mirrabooka Clinic continues to provide team-based care through the Aboriginal Health Practitioners First Policy, who support the activity within the clinic by conducting health assessments, triaging and monitoring of all clients who access our service.

Registered Nurses form a part of the integrated clinical team and work closely with GPs, Aboriginal Health Practitioners, and Allied Health Practitioners. The clinic continues to provide additional services to community via external stakeholders (Arche Health), which ensures a coordinated and sustained client care approach designed to improve the overall range of primary health care programs and services through Derbarl Yerrigan Health Services.

Mirrabooka Clinic works efficiently as a team and in collaboration with the Community Engagement Team to ensure all necessary referrals, recalls, and follow up care is provided.

controlled, managed and reviewed regularly through GP Management Plans and Team Care Arrangements.

Ongoing mandatory training and professional development is provided in areas of evidence based information aimed at improving patient outcomes. Staff are passionate and professional in their roles and take pride in providing a friendly and welcoming atmosphere to all clients visiting the service. The clinic strives for continuous improvement to provide best holistic and culturally appropriate care to all our clients in the Mirrabooka and surrounding communities.

SPECIALIST / ALLIED HEALTH SERVICES

Mirrabooka offers the services of the following specialists

Chiropractic	Weekly	Friday mornings
Podiatry	Fortnightly	Alternate Thursday mornings
Specialist Physician	Monthly	Tuesday
Maternal & Child Health	Weekly	Thursday morning with home visits in the afternoon

MIRRABOOKA OPERATING HOURS

The clinic is open from Monday to Friday between 8:30am to 5:00pm, with walk-in appointments in the mornings and booked appointments available in the afternoon sessions.

GPs can refer clients to visiting Specialists working out of the East Perth clinic. All our clinical staff at Mirrabooka continue to work hard to ensure that clients' holistic care needs are being met,

Clients can also access other specialist services at the East Perth clinic such as

- Dental Services
- Mental Health Nurse & Counsellor.

There is also provision and coordination of care with the Aboriginal Liaison and Outreach Workers for home visits and transport to attend appointments at hospitals and other allied health services such as Optometry.

STUDENT PLACEMENTS

Mirraboooka site has continued to assist and support clinical placements for all students in Medicine, Aboriginal Health, and Nursing over the last 12 months working in conjunction with the Training Officer, to ensure that they have exposure to ATSI cultural and health issues as a component of their professional education. The majority of students being Aboriginal Health Workers from Marr Mooditj Foundation, the Aboriginal Health Council of WA (AHCWA), and the Universities of Curtin, Edith Cowan, and UWA.

VISITING SERVICES AND PARTNERSHIPS

Mirraboooka Clinic works with other external stakeholders to ensure clients can benefit from improved access and support for their health needs. These services include;

MOORDITJ DJENA

- Podiatry services including education sessions around optimal management of their diagnosed condition
- Diabetes foot care
- Healthy lifestyle choices, dietary advice and specialist referral pathways to other treatments for ongoing management of diabetes for DYHS clients living with diabetes.

KOORLINY MOORT (FORMERLY ABORIGINAL AMBULATORY CARE COORDINATION PROGRAM), PMH

- Provides specialist paediatric services to Aboriginal children and their families. The Paediatric clinics offer the flexibility for parents to bring their children to Mirrabooka Clinic, as opposed to having to travel to PMH.

WADJAK ABORIGINAL COMMUNITY GROUP

- Provides culturally appropriate services and forums for Aboriginal people to share information around events and activities that increase social inclusion within community based events.

PEOPLE WHO CARE

- Provides specialist services for aged care and seniors with the provision of transport to attend doctors appointments and social outings.

COMMUNITY ENGAGEMENT TEAM

The Community Engagement Team in Mirrabooka forms part of a new structure, implemented by DYHS as part of the overall review that was conducted towards the end of 2015. The team consists of the Community Engagement Coordinator (CEC), Aboriginal Liaison Officer (ALO) and Indigenous Outreach Worker (IOW).

The aim of Community Engagement Team is to improve the outcome of chronic disease clients to have better access and support to the Mirrabooka clinic to access their GP, diabetes educator, podiatry, and retinal eye screening as per referrals, ensuring their GP/Chronic Disease Care Plans are implemented.

The team provides ongoing support and follow up on admissions and discharges from hospitals, which includes provision of transport to attend appointments. The team is kept busy with daily referrals from Doctors, the Allied Health team and other DYHS clinics to follow up clients.

PRIMARY HEALTH CARE

EYE HEALTH PROGRAM

Aboriginal Health Practitioners (AHP) at Derbarl Yerrigan Health Services have become competent in retinal screening and manage the daily demands with regard to this much utilised and needed service.

In collaboration with the Lions Eye Institute, we integrate symptoms, diagnosis, review and management of the many illnesses in respect to the eyes.

On a monthly basis we have a large team lead by an ophthalmologist conducting a clinic at the East Perth Clinic, where laser therapy can be facilitated.

Chronic illness has a direct effect on the eyes and with retinal screening our aim is to treat our client's vision, find the causes and manage other underlying issues that have yet to bare any symptoms.

This service now has retinal cameras at all four clinics with the aim to reduce wait times and provide faster results.



EAR HEALTH PROGRAM

DYHS Ear Health Program has proven to be a very successful program.

Ear conditions are now identified as one of the many causes of developmental issues in our children.

The program coordinator visits schools in the Perth metropolitan area and regional towns to educate school children on all ear health and hygiene and screen for any illnesses and disease that may be causing hearing loss, under developed speech issues and discomfort in our younger population.

A simplified referral pathway is established so that children may see a specialist at the East Perth Clinic and be fast-tracked through the hospital system for surgery.

DYHS partners with Australian Hearing Services and the State Children's Development Centre. When ear conditions are diagnosed, a team care arrangement may be required of other allied health services such as speech therapy and counselling.

The program provides an efficient scheme to implementing better health care for our future generations.



TRANSPORT SERVICES

With drivers servicing all of our sites, DYHS provides assistance to clients who might not otherwise be in a position to obtain appropriate clinical services. This group includes the elderly, mothers with young children, clients with a disability and clients who have poor access to public transport. Our transport drivers provide a vital link for these members of our community to access our services as well as bringing a broad level of community knowledge.

CANCER SUPPORT GROUP

The Cancer Support Group provides support to those with and those affected by cancer, including family members. The diagnosis of cancer can be very confronting and the opportunity for clients and family members to share stories in a safe environment and engage in some stimulating activities reduces the isolation felt by so many.

The support group includes:

- Art therapy sessions
- Free health assessments
- Access to a Counsellor either as an individual or in group Yarning Sessions
- Guest speakers on various topics



HEALTH IMPROVEMENT

CHRONIC DISEASE

HEART HEALTH

The Heart Health program has been based at Derbarl Yerrigan Health Service (DYHS) for over eight years and runs every Thursday from 9.00am to 1.00pm. It is available to all Aboriginal and Torres Strait Islander people with or at risk of chronic diseases. Referrals are received from clients themselves, hospitals or GP based.

Heart Health participants come together, sharing and supporting one another in their health, while the program offers a brief physical assessment (blood pressure and blood sugar checks). Group diabetic education is followed by a short walk. There is also supervised group exercise using weights and static bikes, finishing with a discussion about a chronic disease issue over a healthy lunch.

Our program centres on meeting the needs of the community with extensive ongoing community input regarding program design. The program is open and flexible, which allows clients to attend when and for how long they want to with the options of attending every week.

Weekly exercise and education sessions are delivered by Aboriginal staff alongside non-Aboriginal health professionals (cardiac nurse, exercise physiologist) and invited speakers. This program is designed to educate and empower participants to self-manage their chronic disease and reduce their future risks.

Educational topics discussed during each heart health session include:

- Heart health
- Heart medications
- Healthy tucker and healthy weight
- Oral health
- Diabetes
- What is blood pressure
- Cholesterol control
- Quitting smoking
- Managing stress and emotions
- The benefits of physical activity



A chronic disease nurse, cardiac rehabilitation nurse, exercise physiologist, physiotherapist, GP's, nurses and health workers all work together to provide the best care for the heart health clients.

Client ownership of the program is evident from the high numbers (29-50) of clients attending each week averaging 37.72 participants a week for the year. This is an increase of 8.8% from 33.5 last year. Our female clients make up about 68.48% of our clients. Male attendance has decreased from its peak of 45.76% in 2010-2011.

This growth is largely attributed by the strong dedicated commitment of DYHS transport drivers, that go to extraordinary lengths to communicate and co-ordinate transport of clients amongst themselves; with over 150 different clients attending this year alone. It is anticipated that Heart Health will have lower growth with the high transport demands now reaching capacity. Public/private transport will support growth in the future.

The Heart Health Program continues to develop strong partnerships with a number of health, research and community organisations. Guest speakers present to the group from different health and community organisation and through this we have built strong partnerships, including:

- The Heart Foundation
- Diabetes WA
- Asthma WA
- Bladder and Bowel Health Australia Inc
- Stroke Foundation
- Foodbank
- Rheumatic Heart Disease Registry

- Kidney Health Australia
- Arthritis & Osteoporosis WA
- Heart Foundation Walking Group(8th Year)
- Health Consumer Council
- WA Cardiac Rehabilitation Services
- Cancer Council of WA (Foodcents Program)
- EMHU with Delma Balchin presenting weekly "The Journey of Living with Diabetes".

The Maternal Child Health Program continues to collaborate with Heart Health during the school holidays with our Heart Health for Kids Program.

In September 2016 we collaborated with Curtin University Dietitian Department for the first time to provide Masters of Dietetics students the experience of presenting to Heart Health clients and to provide the participants with improved knowledge and choices with food. The Curtin students benefited by learning how to present, yarn and share knowledge with DYHS clients.

University students from Curtin (Health Promotion and Nursing), Edith Cowan (School of Nursing) have visited over the year to learn first-hand about our Program and learn from clients about Aboriginal cultural ways and how to develop meaningful relationships with Aboriginal people.

As leaders in our field we present locally but in November 2016, we were able to present a poster



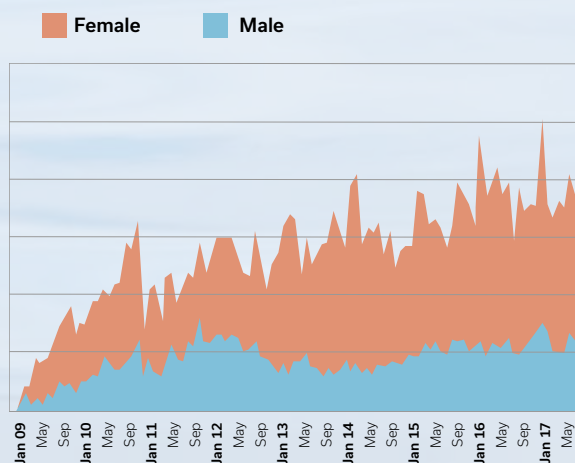
presentation at The Lowitja Institute International Indigenous Health and Wellbeing Conference. We continuously receive many visitors and observers of our program with requests for feedback and information on how to set up a program eg. South West Aboriginal Medical Service, Wardliparingga Aboriginal Research Unit, SA Health and Medical Research Institute (SAHMRI) in South Australia and School of Medical and Health Science Edith Cowan University.

RESEARCH PARTNERSHIPS

Our research participation began with a collaborative study of the Heart Health Program, looking at the barriers and enablers to attending our program. This Photo Voice participative research by the University of WA and the Heart Foundation was supported by a Healthway grant and is due for completion in December 2017. We have continued to participate in a pilot program run by the Poche Centre for Indigenous Health at the University of Sydney and funded by the National Heart Foundation, which is trialling the AliveCor/Kardia Heart Monitor for smartphones (iECG) to create the first national snapshot of Atrial Fibrillation rates in Aboriginal people. We were supported locally by Dr Sandra Hamilton from the WA Centre for Rural Health (UWA Poche Centre for Indigenous Health).

We continue to support many research groups such as the Missing Voice's Communication difficulties after stroke and traumatic brain injury in Indigenous Australians and the Wangi Project from Edith Cowan University, and Griffith University Chronic Illness Project.

HEART HEALTH ATTENDANCE





HEALTH IMPROVEMENT

ELIZABETH HANSEN AUTUMN CENTRE

The Elizabeth Hansen Autumn Centre (EHAC) continues to provide a culturally sensitive and respectful service in a challenging economic environment. This has been achieved by a core group of dedicated, experienced and passionate staff with financial support from the Derbarl Yerrigan Health Service.

Residents accessing the Centre come from regional centres across WA and DYHS expanded the service at EHAC to include clients with any medical condition requiring specialist appointments in Perth. This has resulted in an increased uptake of available rooms.

Services provided to residents include:

- Transport to appointments by either taxi or staff accompanied.
- Medical assistance/service with an Aboriginal Health Practitioner on site four days per week and visiting GP two half days per week.
- The Health Promotion team provides education sessions to increase knowledge of residents about their health conditions and encourage behavioural change.
- Silver Chain as required for complex care such as wound dressing.
- Dining room where three meals per day are offered at set times with all day access to hot and cold drinks.
- Lounge area with TV
- Gardening service provided monthly to ensure a clean, tidy and welcoming environment

Securing funding from Government was unsuccessful during the reporting period. However, continued efforts and business models are being considered by the Board and Executive Management with the intention of operating EHAC as a financially viable operation into the future.

RURAL HEALTH WEST SPECIALISTS

Rural Health West through its Medical Outreach Indigenous Chronic Disease Program (MOICDP) provides on-site visits from specialists which compliments existing services. Clients engaged in outreach posts can be provided the same access to specialist and allied health services as those who attend the four established DYHS clinics at Mirrabooka, East Perth, Midland, and Maddington. A referral procedure is in place, together with a reminder system for specialist and allied health appointments to ensure clients are provided appropriate reminders prior to their appointments. Transport can also be provided. These services include:

- Cardiologist
- Endocrinologist
- Nephrologist
- Respiratory Physician
- Exercise Physiologist
- Paediatrician
- Psychologist

In addition, Allied Health Services also provide access to:

- Dietician
- Diabetes Educator
- Podiatrist
- Chiropractor

Clients presenting at Outreach can be referred internally to additional programs such as cancer support, ear and eye health, heart health, maternal child health, environmental health and dental services.

MATERNAL AND CHILD HEALTH

Maternal Child Health (MCH) has achieved significant success during the year, despite some challenges.

National Key Performance Indicators (nKPIs) provide data to show that specific indicators for immunisation, birth weight recording and Pap smear rates are improved since the implementation of the MCH service.

Collaboratively across all sites, DYHS has

- Increased immunisation rates of the service in two years in close collaboration with clinics and with dedicated roles by site managers and competent staff. In July 2016 DYHS reached an impressive 95.5% of fully immunised children. This is above the national average and was due to high concentration of opportunistic immunisation in all sites. Unfortunately, due to lower than planned staffing numbers, these numbers have since decreased to 88%.
- Increased recordings of birth weights from 2% in 2015 to 52% July 2017 and are currently sitting at 63.8%. This is a very comparable statistic to other services. After workshopping, planning and collaboration with clinical staff, and team determination the service has seen this encouraging statistic.
- Increase of Pap smear rates over 2 years from 2% in 2015 to a maintenance of approximately 52%.

Barriers to the uptake of services within the population continue to be transport, and additional staffing for the chosen MCH model.

Looking forward, the MCH team plans the use of high grade screening tools (ages and stages questionnaires) to identify risk and to implement necessary interventions, maintenance of



immunisation competencies, and increase of Pap smear screening competency with staff.

The program has engaged with the community and has held four community events. Three of these events have been in collaboration with Heart Health. These joint events have been renamed Community Connect. Together, the programs have held a Sports in the Park and Picnic during the September school holiday period, Hyde Park water play in January and an Easter Egg Hunt in April.

Other MCH events have been exhibitions at NAIDOC family fun day at Ashfield Park, Bandyup Women's Centre open day, and Champion Lakes Centre family day.

HEALTH IMPROVEMENT

ALLIED HEALTH PROGRAMS

PODIATRY

With the emphasis on care of the feet being very important in diabetic clients, there has been continued focus on referrals from the GPs as a component of chronic disease management.

Podiatry is the prevention, management, treatment and rehabilitation of medical and surgical conditions of the feet, ankles and lower legs. Some examples of the cases our podiatrist treats include:

- Skin and nail disorders
- Corns
- Calluses
- In growing toenails
- Foot injuries
- Infections
- Lesions
- Ulcerations
- Wounds
- Soft-tissue damage and
- Effects of bone and joint disorders

One of the most important procedures our Podiatrist undertakes is full diabetic feet screening as the preventative measure for the appearance of diabetic complications.

Paediatric podiatry is another essential part of the podiatrist's job.

DYHS' podiatrist has attended 2,423 appointments during the reporting period. The service is available on the following days:

- Monday, Tuesday and Friday at the DYHS East Perth Clinic; and
- Every alternative Thursday at Mirrabooka and Midland.

CHIROPRACTIC

Chiropractic is the diagnosis and manipulative treatment of misalignments of the joints; in particular those of the spinal column. Treatment focuses on the relationship between the structures and functions of the body coordinated by the nervous system in affecting the preservation and restoration of health. Emphasis is also placed on nutrition and exercise.

Chiropractic is used to treat the following conditions:

- Asthma
- Blood pressure
- Carpal tunnel syndrome
- Sciatica
- Colic
- Shortness of breath
- Headaches and migraines
- Back pain
- Repetitive stress disorder
- Arthritis
- Scoliosis
- Vertigo and balance
- Whiplash injury
- Forward head posture
- Reflux
- Jaw problems
- Poor posture

The service has grown in the past year with GP referrals and as clients become more open to the benefits of chiropractic treatment.

Our chiropractor is available four mornings per week at the following clinics:

Monday	Maddington	8.30am to 12.30pm
Tuesday	Midland	8.30am to 12.30pm
Wednesday	East Perth	8.30am to 12.30pm
Friday	Mirrabooka	8.30am to 12.30pm

COUNSELLING

DYHS offers a confidential and professional counselling service that supports people to work through their challenges. These challenges may include trauma, anxiety and depression. Many of our clients have experienced trauma through the impact of colonisation. This has an impact on many aspects of people's lives, further contributing to anxiety, depression, substance use, domestic violence, a sense of low self-worth, challenges with employment and education, and sometimes sexual abuse.

We currently have one full time male counsellor and a part time female Mental Health Nurse available to our clients.

The role of the counsellor varies from having a good yarn to providing more specific therapies for each client. This also includes provision of assessment and treatment for mental health difficulties across all ages and life stages from childhood all the way to the last stage of life, with particular focus on complex trauma presentations, domestic violence, AOD, sexual abuse, and attachment and relationship issues in a culturally appropriate context.

Whilst the primary client group is individual adults, we also work with children, adolescents, and families.

Services include:

- Support therapy
- Cognitive Behavioural Therapy
- Psychodynamic psychotherapy
- Comprehensive Eye Movement Desensitization and Reprocessing therapy (EMDR)
- Couples counselling



- Specialised assessment for children, youth and families (including developmental, parent-child attachment, carer support, and psychotherapy areas)
- Trauma, grief, and sexual abuse counselling

Councillors will work with GPs and other agencies and services to deliver the best care and support for you.

We also advocate on your behalf to other services which include (but is not limited to) the Department of Housing, Department of Child Protection, Centrelink, Day Dawn, and Aboriginal Legal Service.

Clients may self-refer to our counsellors or be referred by your doctor.



HEALTH IMPROVEMENT

DENTAL CLINIC EAST PERTH

The East Perth Dental Clinic operates from 8:30am to 4:30pm every weekday and Saturday mornings from 8:30am to 12:00noon.

The Clinic offers walk-in appointments in the morning and booked appointments in the afternoon. This allows for 4 to 8 walk-in appointments during the morning, and 4 to 8 booked appointments in the afternoon. Booked appointments are for clients with ongoing treatment plans. As well, booked appointments are reserved for clients on a Saturday morning, who work full time or have young children and have difficulty finding someone to care for their children during the weekdays. Exceptions are made in case of emergencies.

The service encourages clients who are:

- 13 years and over, and;
- A client of Derbarl Yerrigan, who uses our medical service on a regular basis.

Services provided by the Dental clinic

- Preventive services: routine scale and clean, fluoride application, biannual bitewing x-rays and oral hygiene care instructions to prevent gum disease and tooth decay.
- Client Education: how to keep your teeth clean, keeping your teeth and link between gum disease and diabetes and heart health.
- Restoration (fillings): At Derbarl we do both composite (tooth coloured) and Amalgam (Silver) restoration.
- Root Canal Therapy.
- Removal of Teeth: both simple and surgical.
- Full dentures: Clients with no teeth are provided first set of dentures free of cost if they have a HCC or pension card and at a

subsidised rate (only pay lab fees) if they do not have a concession card.

- Partial Dentures: For clients who still have some teeth, we can provide partial dentures which may be made of acrylic (plastic), chrome (metal) and valplast (flexible dentures). They may be provided free of cost depending upon the type of partial dentures chosen and if the client has a concession card.
- Dental Radiographs: Small dental x-rays are done on site free of cost when required.
- Mouthguards: We provide custom fit Mouthguards for both children and adults to prevent injury to front teeth while playing contact sports.
- Denture Relines / Repairs: We reline and repair dentures for our clients through our Laboratories.
- Child Dental Benefits schedule: DYHS is participating in this Medicare scheme. Eligible children aged 2-17 are able to get dental treatment up to a \$1000 over a period of two years. Currently we are seeing clients 13 and over.
- Crown and Bridge work: We are currently trialling crown and bridge work for clients who are able to pay for all lab fees.

ELIZABETH HANSEN AUTUMN CENTRE

We book appointments for our clients from the autumn centre who are receiving dialysis.

CLIENTS WITH MEDICAL COMPLICATIONS

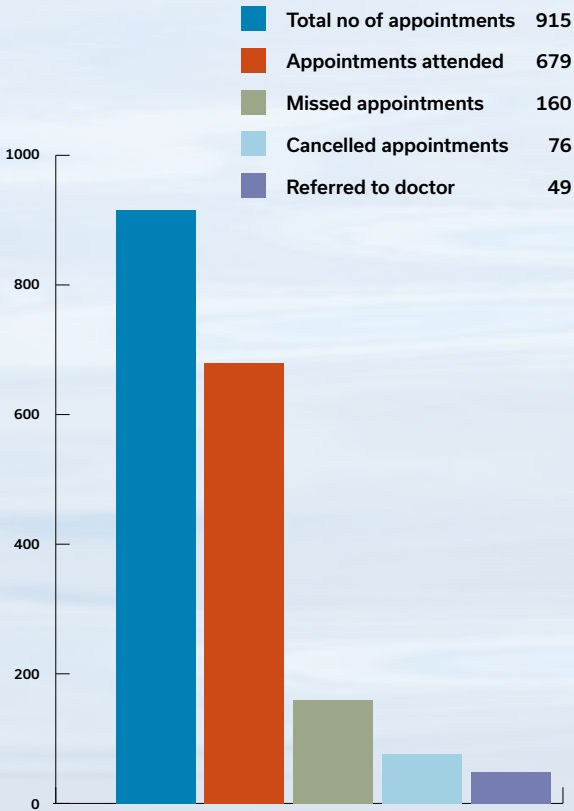
We liaise with client GPs or specialists to provide the best possible treatment when they have medical complications.



STUDENTS FROM CURTIN UNIVERSITY

During the reporting period the dental clinic has hosted oral hygiene and therapy students from Curtin University. Students attend on a rotational basis and perform preventative procedures for our clients under supervision.

APPOINTMENT ATTENDANCE ANALYSIS FOR DENTAL CLINIC



HEALTH IMPROVEMENT COMMUNITY PROGRAMS

SOCIAL AND EMOTIONAL WELLBEING PROGRAM

The Social and Emotional Wellbeing (SEWB) program was a highly valued service where we worked with clients from first to fourth generation. The impact of intergenerational trauma as result of the stolen generation remains highly prevalent in nearly all presentations of DYHS clients accessing the SEWB program.

The SEWB program often involved camps and return visits back to missions and country. These camps were self-empowering for the attending individuals and involved connection and a remembering to the richness and aliveness of Aboriginal culture and its innate healing capacity.

DYHS is working to secure future funding for this program to continue its work in the future.

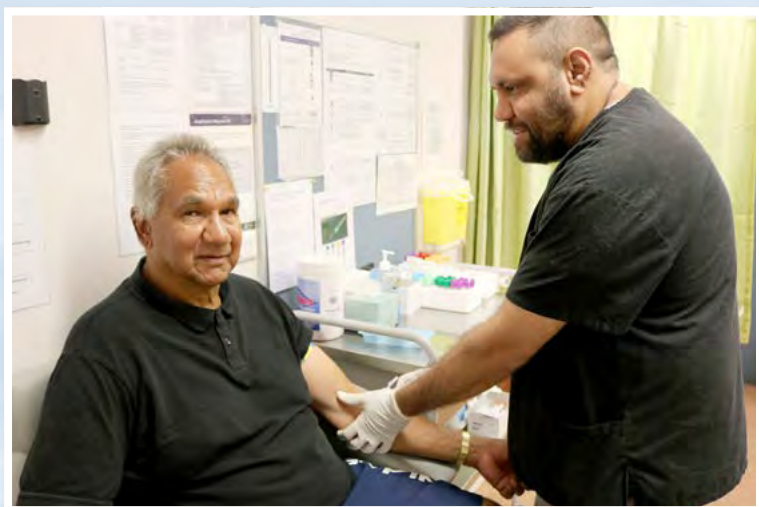
COMMUNITY ENGAGEMENT TEAMS

Community Engagement Teams operate in Maddington, Mirrabooka, and Midland and are the strong link between the community and the Clinics. Each team consists of the Community Engagement Coordinator (CEC), Aboriginal Liaison Officer (ALO) and Indigenous Outreach Worker (IOW).

The aim of the Community Engagement Team is to improve the outcome of chronic disease clients, provide better access and support at the clinic of their choice to see their GP, Diabetes Educator, podiatry and retinal eye screening as per referrals and to assist in implementing their GP/Chronic Disease Care Plans.

Ongoing support is provided by the team with follow up on admissions and discharges from hospitals, including the provision of transport to attend appointments. The team is kept busy with daily referrals from Doctors, the Allied Health team and other DYHS clinics to follow up clients.

The service is centred on care in a culturally appropriate manner to accommodate a broad range of needs within the community.





OUTREACH ENGAGEMENT IN MULTI-DISCIPLINARY SCHOOL BASED HUBS

DYHS works in cooperation with the WA Education Department and the Shire of Mundaring to operate multi-disciplinary school based hubs at Middle Swan Primary School and Clayton View Primary School to target school readiness, attendance and retention as well as family based approaches to improved health and family functioning.

The role of DYHS is to undertake health assessments and implement health related preventative strategies. This program applies an evidence-based approach to cross sector collaboration and family based approaches to childhood, schooling and family issues. The DYHS engagement at the School based Hubs is filling a health care gap for Aboriginal and Torres Strait Islander children at primary schools, as well as providing services from newborns to elders in the local community.

The DYHS outreach team provide services to

the school community as well as to families and the wider community in the Midland area. The team provided medical interventions during the reporting period with the service operating in school term time only in the following schools.

Middle Swan Primary School	436
Clayton View Primary School	453
Midvale Primary School	237

The team also participated in open days and health promotion days at the schools.

A nurse practitioner is available at Middle Swan Primary School on Mondays and Clayton view Primary School on Wednesdays (term time only). Services provided by the Nurse Practitioner include but are not limited to: immunisations; specialist referrals; prescriptions; injury management, women's health, and chronic disease management.



HEALTH IMPROVEMENT COMMUNITY PROGRAMS

MARMUN PIT STOP PROGRAM

Marmun Pit Stop is a men's health program that encourages Aboriginal men in the community to have regular health checks. The program was devised around the analogy of a car, as men have a keen interest in taking care of their cars, yet overlook taking care of their bodies and overall health and wellbeing.

Aboriginal men of all ages can access the program and receive assistance with their health. Often, it is the first port of call for a health assessment, which can then fast track them to a more thorough and holistic care plan, beginning with an Aboriginal Health Worker and Doctors.

The program is well known after originating in the Gascoyne region of Western Australia. DYHS Marmun Pit Stop crew appear regularly at NAIDOC week and Armadale and at other local events to promote the program.

DAISY PETALS PROGRAM

The Daisy Petals Program aims to engage women in a relaxed, friendly, and culturally sensitive environment to guide and support Aboriginal women to access programs and seek services that are relevant to their health needs.

The program includes a number of assessments, which include:

- Weight and height
- Blood pressure
- Smoking
- Alcohol and other drugs
- Social and emotional well-being
- Physical activity
- Sexual health
- Breast screening
- Pap smear

The program works in parallel to Marmun men's health program at various health days and events throughout the year.

ENVIRONMENTAL HEALTH PROGRAM

The Environmental Health Program is one of education and assistance that works in various parts of the Aboriginal community across metropolitan Perth.

The program provides education awareness in lifestyle, hygiene, and general environmental health issues. The Program works within a health practice model framework and operates by referrals from DYHS health professionals and health worker staff at any of our four clinics.

The program assists in managing the environment from rubbish storage, collection, hygiene, and disposal. Education and assistance is also

provided around managing overcrowding of people in homes that can lead to other health issues, such as depression, chronic disease, and mental health issues.

DYHS has established key networks with other like-minded organisations and related service providers. These networks exchange information to develop better understanding in delivering home health services.

Resourcing of this program is limited to assist those most in need to ensure holistic health care and assistance for individuals, families and community groups.



HEALTH PROMOTIONS AND EVENTS PROGRAM

The health promotions and events program has had a very busy year with an increasing number of community events with schools and small groups requesting our input to achieve better health outcomes.

Our program targets the Perth metropolitan area with components of our program being replicated in Merredin, York, Bunbury, and Northam. The team is regularly called upon to share their knowledge and experience of Aboriginal health and wellbeing.

The health promotion team is focused mainly with issues affecting our community such as chronic disease prevention, diabetes education and nutrition-related diseases. In addition, we present school education on diet and nutrition, physical activity, tobacco cessation, health and hygiene, sexual health, mental health, food security, and alcohol and other drug awareness.

Our primary aim is to improve the health and wellbeing of our clients. This includes as many Indigenous individuals, families and small groups as we can. We cannot do this without community support and interaction and the guidance of our clients.

The health promotion team is responsible for the

coordination of many events throughout the year. These events include (but are not limited to) Sorry Day, Close the Gap Day, Harmony Day, NAIDOC Celebrations, Homeless Connect and Picnic in the Park. The health promotion team had a significant presence in 74 community events.

Community and schools outreach is another focus area illustrating that shared responsibilities and two-way learning is paramount to success. Working alongside the Clontarf Academy ensures their students take part in regular and comprehensive health checks by a medical team of doctors and dentists.

Data for the following graphs is collected using survey tools and qualitative questionnaires. The quantitative questionnaires come from education/clinical sessions that may include simple measures such as blood pressure, BMIs, cholesterol ratios or pedometer measurements.

The most essential and important aspect of our work is the ongoing dialogue with our clients that remains respectful, productive and fun. A recent interview with Queensland radio was aired on the issues we see in our community relating to food insecurity within households. The documentary was called, 'How to decolonise your diet' and a link will be available soon on our website.



DYHS NAIDOC Team

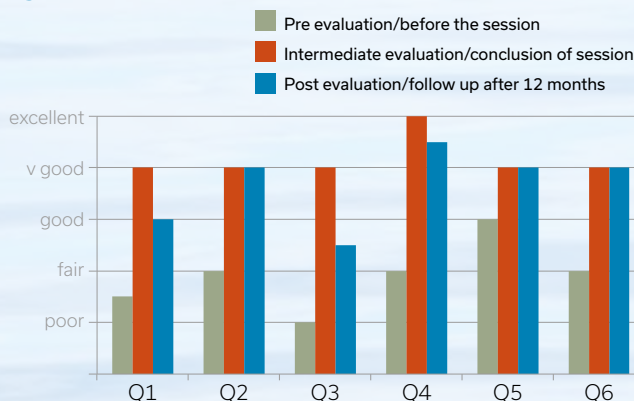


HEALTH IMPROVEMENT COMMUNITY PROGRAMS

DIABETES AWARENESS PROJECT SESSIONS

Participants (n = 139)

- Q1 Knowledge of muscle mass to increase glucose stability
- Q2 Importance of regular health checks with GP/ diabetes educator
- Q3 Knowledge of the way metformin works in the body
- Q4 Awareness of type and amount of exercise recommended
- Q5 Knowledge of self-awareness, physical examination including feet
- Q6 Knowledge of importance of small regular meals/ complex carbs and fibre



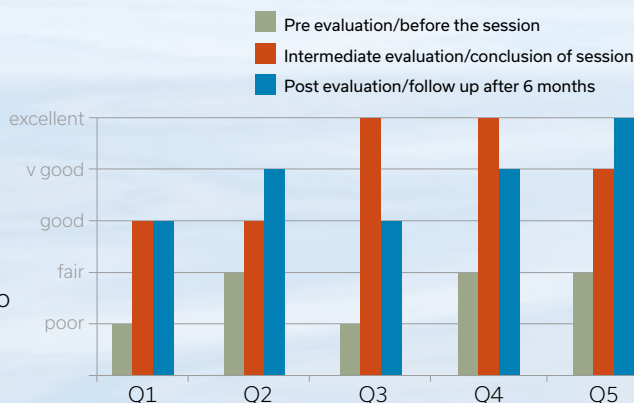
Evaluation shows that prior knowledge was poor to fair in the more complex issues around medication, blood glucose control, and diet.

Intermediate evaluation which was conducted after the session showed enhanced knowledge with significant improvements. Knowledge retained after 12 months on follow up illustrates that knowledge is retained significantly and also address where the retention of knowledge learnt needs to be improved, most importantly that 12 month follow ups may need to be at six month intervals.

FATS AND CHOLESTEROL PROJECT SESSIONS

Participants (n = 268)

- Q1 Knowledge of good and bad fats
- Q2 Importance of regular health checks with GP
- Q3 Knowledge of triglycerides and role they play as "sticky" harmful fats
- Q4 Awareness of cholesterol ratios and associated risk factors
- Q5 Knowledge of ways to use fats and oil in the kitchen/ cooking



Prevention shows that prior knowledge was poor to good in the more complex issues around TGs and cholesterol ratios. As a result, the session included a more thorough look at these two problem areas.

Intermediate evaluation which was conducted after the session showed enhanced knowledge with significant improvements. Knowledge retained after six months on follow up illustrates that knowledge is retained significantly and had actually improved due to changes in lifestyle choices and modification in cooking practices



MENTAL HEALTH AWARENESS PROJECT

Participants (n = 389)

Q1 Knowledge those at risk of mental health

Q2 Importance of regular contact with mental health professionals

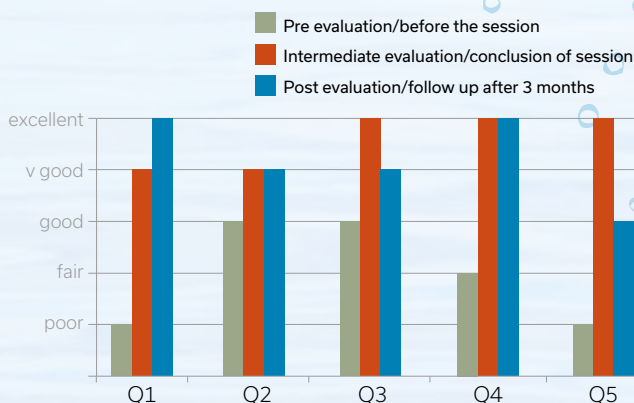
Q3 Knowledge of benefits of exercise and mental health

Q4 Awareness support groups and hotlines

Q5 Knowledge of foods and specific nutrients to support mental health

Pre evaluation shows that prior knowledge was poor to good across all topic areas with the most significant increase in knowledge attained at the conclusion of the project. Follow up evaluation at three months was very good to excellent with knowledge on the benefits of exercise, awareness of support groups and hotlines, and the knowledge of foods and nutrients that help support mental health well retained.

As this is of major importance to our clients the health improvement team led by the health promotion team will continually focus on mental health with our clients of all ages.



HEALTHY LIFESTYLE AWARENESS PROJECT

Participants (n = 609)

Q1 Knowledge of basic individual hygiene

Q2 Importance of home hygiene

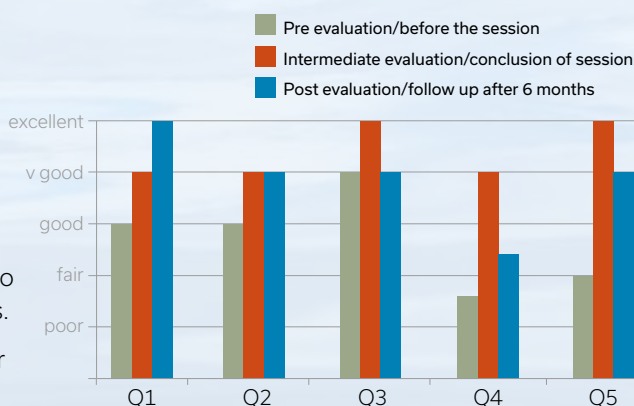
Q3 Awareness of what constitutes good hand washing

Q4 Knowledge of ways bugs are spread

Q5 Awareness of dental health and links of overall health

Pre evaluation illustrates that prior knowledge fair to good in all of the corresponding themes and topics.

Intermediate evaluation which was conducted after the session showed enhanced knowledge with significant improvements, where knowledge learnt increased to excellent. Knowledge retained after six months on follow up illustrates that knowledge was retained significantly and this was impressive.



HEALTH IMPROVEMENT COMMUNITY PROGRAMS

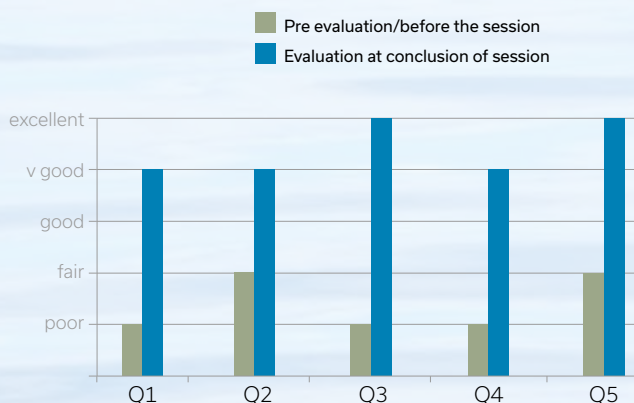
HEALTHY FOOD AWARENESS PROJECT

Participants (n = 1394)

- Q1 Knowledge of portion control
- Q2 Knowledge of fats and the body
- Q3 Awareness of hidden sugars in food
- Q4 Awareness of food security issues
- Q5 Knowledge of benefits of cooking with friends/ family

Pre evaluation shows that prior knowledge was poor to fair at the very best in the more complex and significant issues related to food security and hidden sugars in foods.

Intermediate evaluation which was conducted after the session had been completed showed enhanced knowledge with significant improvements across all five topic areas. Knowledge would hopefully be retained more long term, however, the health promotion has yet to complete 3- 6 month follow ups and these will present themselves in the next reporting period.



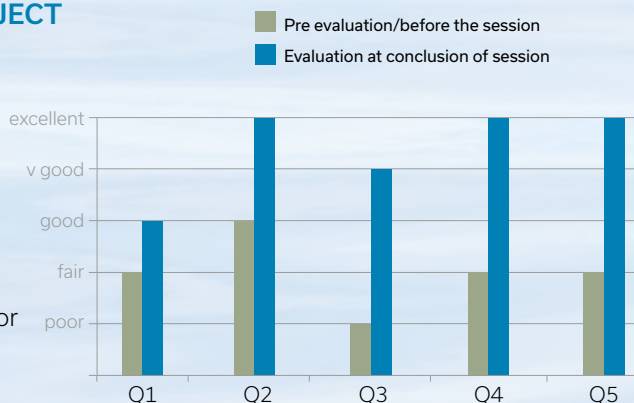
ORAL HEALTH CARE SMALL GROUP PROJECT

Participants (n = 822)

- Q1 Knowledge of basic oral hygiene
- Q2 Knowledge of acid containing foods
- Q3 Knowledge of the DYHS dental scheme and rebate
- Q4 Awareness of life time of tooth brushes
- Q5 Knowledge of benefits of flossing

Pre evaluation shows that prior knowledge was poor to fair in the five topic areas discussed over the project. The more complex themes and items discussed such as the dental scheme were responded to at the conclusion of the project with significant increases in knowledge.

Intermediate evaluation which was conducted after the session showed enhanced knowledge with significant improvements in the benefits of flossing, awareness of tooth brush life times and acid containing foods. Knowledge retained after six months on follow up has not been attempted and will take place in the next reporting period.



MUMS, BUBS, DADS AND FAMILY NUTRITION INFORMATION SESSIONS

Participants (n = 1903)

Q1 Three vitamins essential to babies' development

Q2 Five foods to avoid while pregnant

Q3 Three household items to avoid when pregnant

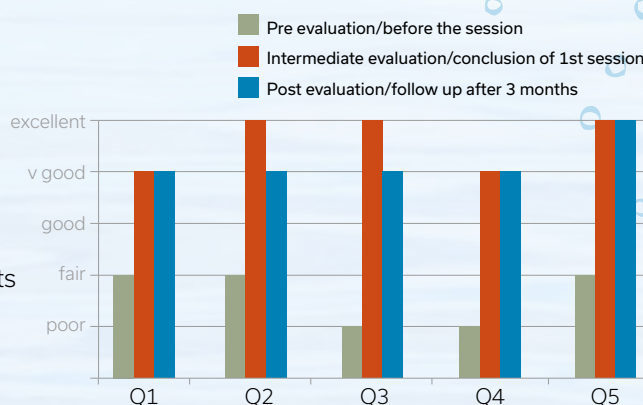
Q4 How much calcium is needed in 1st trimester?

Q5 Knowledge of growth faltering on weaning

This type of evaluation was a direct follow on from the previous year's report. In total 4,600 participants attended information sessions and took part in the evaluation of the topic (over a 24 month period).

This included many fathers and uncles of children. Pre evaluation shows that prior knowledge was poor to fair across all topics within the project discussion.

Intermediate evaluation which was conducted after the session showed enhanced knowledge with significant improvements. Knowledge retained after one month on follow up illustrates that knowledge is retained.



FAMILY COOK BOOK EVALUATION

Participants (n = 526)

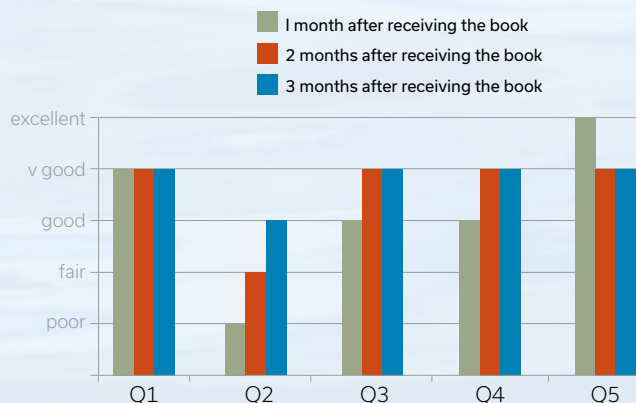
Q1 On the scale of 1-5 how happy are you with the cook book?

Q2 How many times have you used the cook book in the last week 1-5?

Q3 How many people have you shared the book with since you first received it?

Q4 On a scale of 1-5 how has the cook book improved your food budget?

Q5 On scale of 1-5 how has the cook book improved your child's/ family meals?



The release of the cook book after two years of hard work by the health promotion team was a rewarding event. We quickly dispersed the book to participants and those in most need. Our team could only manage evaluation up until three months after the participants had the cook book in use for at least a month. Six month and twelve month follow ups will be presented in the next reporting period.

The cook book has been successful and the project looks to be rewarded with participants utilising the book to benefit their family nutritional health and food budgeting.

The Mums Bubs & Dads Family Cookbook was printed and distributed at various community events and through our clinics over the reporting period. The book received positive feedback from a broad range of community organisations and clients, with a request for more copies to be made available for future use in nutritional and healthy lifestyle programmes, with potential to target different audiences and provide a grounding for information on dietary requirements and general health for the different stages of life and growth.





BUSINESS SERVICES

HUMAN RESOURCES

The Human Resources Division provides human resources, training and development, recruitment, employee relations, organisational development, work health and safety and injury management services that support the DYHS workforce.

Over the past 12 months the focus of DYHS' Human Resource team has strategically shifted toward employee engagement and professional development in recognition of the significant impact that our people make on the provision of services to DYHS clients and patients and the need to have a skilled and committed workforce to ensure quality care and service delivery.

Key aspects of the Human Resources plan are to set up individual professional development plans for all DYHS staff, an all-staff survey to be conducted in late 2017, and a focus on strengthening DYHS' recruitment practices. These plans aim to support staff to achieve their work performance and career goals.

In recognition of its obligations to meet legislative requirements and to promote a safe and healthy work environment, 2017 saw the Human Resources Division take on the Occupational Safety and Health responsibility, building on the following commitments:

- Implementing a governance framework that delivers compliance with all relevant health and safety legislation and other requirements relevant to DYHS activities;
- Providing a safe and healthy workplace free from injury and illness;
- Eliminating or minimising the risk of workplace incidents and injuries;
- Providing a framework for continuous improvement of a Work Health and Safety Management System;

- Reinforcing a culture of safe work practices in the workplace;
- Defining health and safety expectations, accountabilities, responsibilities, obligations and duties to all stakeholders;
- Reducing the cost of injury or illness to the business;
- Returning injured employees to the workforce at the earliest opportunity; and
- Providing fair and effective workplace representation, consultation, cooperation and issue resolution in relation to work health and safety.

INFORMATION TECHNOLOGY

DYHS Information Technology (IT) internal support service continues to contribute to numerous projects aimed at automating many manual administrative processes across DYHS.

A full audit of our IT infrastructures across all our sites is underway which will lay the foundations for a rationalisation of IT infrastructure in order to improve the delivery of IT services to each site as well as allow IT to better plan replacement cycles in order to precisely forecast expenditure each financial year.

FACILITIES AND ASSETS

The Asset and Purchasing team ensure DYHS buildings, equipment, vehicles, and structures are maintained, serviced, replaced, monitored and audited on a regular basis in accordance with policy, procedures, and quality control.

Functions of this role include:

- Security guards are stationed at each site. Out of hours monitoring of sites with emergency contact processes is in place to ensure buildings are secure at all times.

- Cleaners are employed at each site with specialised contract cleaners when required to ensure infection control standards are met to maintain accreditation and ensure client safety.
- A gardening contractor attends East Perth and Elizabeth Hansen Autumn Centre sites monthly to maintain the garden areas. DYHS staff regularly maintain sites with blow vacuuming, whipper snipping and mowing as required.
- Clinical and general waste – contracted to ensure the safe disposal of waste regularly.
- Occupation Safety and Health - Fire Wardens and OSH representatives are at each site, who are trained and undertake regular environmental audits and evacuation procedures.
- Vehicles are monitored, maintained and serviced in accordance with Fleet West contract arrangements resulting in cost effective benefits to DYHS.

Major Projects completed during the year include:

- East Perth – Funding secured from Lotterywest to build a new playground.
- Maddington – The car park was resurfaced and remarked.
- Midland – A small office area added behind reception for the practice manager.
- Mirrabooka – Reconfigured administration area to allow for a better work flow and space.

BOOMERANG HOUSE

A report and valuation was prepared by QWest Paterson in April 2016 and discussions are ongoing regarding the best utilisation of these premises. Squatters have been evicted, and a major clean-up by an outside contractor has been conducted. The premises have been secured with boarding to ensure protection of the building. Regular patrols are undertaken by police at night and DYHS during the day.



CONTINUOUS IMPROVEMENT

In November 2016 all four of the Derbarl Yerrigan Health Service Clinics were audited by Australian General Practice Accreditation Limited (AGPAL) against the Royal Australian College of General Practitioners (RACGP) 4th Edition Standards.

All four clinics achieved full accreditation after some identified gaps were addressed. The RACGP 5th Edition Standards are scheduled to be released by the end of 2017 after which time the clinics will strive to work to the new standards and have the appropriate policies, procedures, guidelines and processes in place by November 2020 when the next audit will take place.

Auditors from the Institute for Healthy Communities Australia Ltd (IHCA) conducted a re-accreditation audit in March 2017 against ISO 9001:2008 Standards. At this time, reaccreditation was not awarded due to the ongoing governance issues. DYHS will now work towards obtaining Certification against the newest standards of ISO 9001:2015 by the middle of 2018.

Many improvements have been and are continuing to be put into place as a result of the external audits conducted by AGPAL, IHCA and the Aboriginal Health Council of WA (AHCWA).

STAFF AT DERBARL YERRIGAN HEALTH SERVICE

It is important to acknowledge our staff who work in our four clinics for their commitment and ongoing dedication to ensuring that our clients receive the best quality of care. These staff are the face of our service and those who interact with our clients every day. There are also many staff who work behind the scenes to ensure a continuity of service. These staff make up our Administration, Finance and Human Resources units and we acknowledge them for their commitment which, together with the clinic staff, make Derbarl Yerrigan a united team working for our community.

East Perth Clinic

Alexandra Broun
Alvin Edney
Arnold Yarran
Ashlee Riley
Astra Lees
Cameron Taylor
Catherine Garbin
Charu Gulati
Clint Bussey
Dr Daniel Hunt
Deborah Fishlock
Dr Basim Al-Malik
Dr Eman Ahmad
Dr Paula Edghill
Dr Reena Kataria
Dr Vinisha Rajadurai
Dulcie Donaldson
Ester Fullgrabe
Gail Yarran
Hayley Nelson
Heidi Ripley
Itay Lahar
Jaime Haraya
Jane Ogilvie
Jarrod Minniecon
Jayasree Subi
Jenny Garlett
Jenan Al-Jobowry
Jillian Taylor
Johnene Sariago
Julie Garlett
Kenneth Blurton
Liesl Baxter
Leonie Humphries
Lorraine Hansen
Lubna Jehangin
Margarette Fisher
Marian Hill
Margaret Drayton
Margo Richardson
Marion Davies
Melody Bulobin
Michael Bynder
Michelle Andrew
Neville Bartlett
Olivia Ryan
Pearl Sathasivam
Peter Mack
Pricilla Eades
Rachel Lee
Rebecca Cross
Rodney Carpio

Roger Turvey
Sam Niazov
Selina Yarran
Sharon Reynolds
Shaza Rind
Sharon Andrews
Sharon Ogilvie
Sheree Milera
Shirley Gemo
Stan Masters
Tamara Hayward
Terry Pitsikas
Toby Hayden
Tracy Harp
William Hayward

Maddington Clinic

Anita Lawrence
Bianca Penny
Bronwyn Slater
Cherrylee Ugle
Collette Wynne
Dr Oladipupo Ajayi (Dr Dipo)
Dr Laki Kang
Dr Zaw Win
Gail Jones
Glenda Taylor
John Dickie
Leslie Maddison
Megan Vandeppeer
Paige Pryor
Rhoda Thornton
Susan Prosser
Shelley Thorne
Wahida Ul Haq

Midland Clinic

Beth Manchester
Carmen Stacey
Cynthia Barnes
Dr James Edis
Dr Josephus (Sjef) de Jong
Dr Upa Dissanayake
Halina Adamczyk
Jay Ryder
Joan Goerling
Kati Elliot
Kellee Hall
Kelly Hart
Leteesha Thorne
Narelle Eades
Rachel Scott
Tanya Thorne

Mirrabooka Clinic

Arthur Prosser
Cecilia Cox
Crystal Quartermaine
Diane Ugle
Dr Depak Naran
Dr Ingeborg Shea
Dr Jessamy Stirling
Dr Shane Turner
Jane Jones
Janine Thompson
Lynette Mippy
Pooja Bharti
Reuben Robinson
Samantha Ryder
Valda Taylor

Autumn Centre

Barbara Stack
Elizabeth Wilson
Georgina Boddington
Himadri Ellepola
Jean Michael
Mary Farrell
Peter Pangilinan
Sam Turvey
Teresa Isaacs

Administration, Finance, Human Resources

Angie Hearn
Barbara Henry
Christine Burke
Davies Chibale
Donald Msapenda
Daniel Ryan
Irma Sumair
Jenna Roberts
Keira Jin
Kellie Kickett
Ken Myers
Kim Thomas
Like Johannes
Lynda Prosser
Marissa Thompson
Michelle Barbaro
Michelle Little
Neil O'Donnell
Queenie Mai
Robbie Picicelli
Samantha Meager
Sharmain Sands
Smriti Yadav

SUMMARY FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2017

The following summary financial statements and other specific disclosures are an extract of, and have been derived from, the full audited financial statements of the Derbarl Yerrigan Health Service Inc. (DYHS) for the financial year ended 30 June 2017.

Other information included in the Summary Financial Statements is consistent with the full Annual Financial Report.

A copy of the Derbarl Yerrigan Health Service Inc. Financial Report including the independent Audit Report, is available to all members on the Organisation's website <http://www.dyhs.org.au>

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DIRECTORS REPORT

FOR THE YEAR ENDED 30 JUNE 2017

Your directors of Derbarl Yerrigan Health Service Inc. (DYHS) present their report together with the financial statements for the financial year ended 30 June 2017.

DIRECTORS

The names of each person who acted as a member of the board of directors during and since the end of the financial year are:

Name	Position	Qualifications/Experience	Period of tenure (Board)
Edward Wilkes	Board Member	AO, BArtsSocSc	13/02/16 - 13/07/17
Laurence Riley	Board Member (Part Yr.)	Community Leader	21/01/14 - 22/09/16
Reginald Yarran	President (Part Yr.)	Community Leader	22/11/14 - 10/11/16
John Penny	Treasurer (Part Yr.)	Cert IV Career Development; Employment Services; Project Management; Mentoring; Governance	22/11/14 - 26/08/17
Michelle Nelson-Cox	Board Member	BArtsComm Mgmt, BSocScIndigServ	22/11/14 - Present
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	BAppSc; BHlthSci	22/11/14 - 26/08/17
Sharon Bushby	Board Member	BAppSc; MPH	22/11/14 - 26/08/17
Ted Hart	Board Member	Community Leader	21/01/14 - 26/08/17
Robert Smith	Board Member	AssocDIIndigContArt	01/12/16 - 26/08/17
Patrick Smith	Board Member	AssocDIIndigCommMgmtDev	11/09/15 - 26/08/17
Deanne Lewis	Vice President	BAppScIndCommHealth	13/02/16 - 26/08/17
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	AssDIIndCommMgmtDev, Cert IV BusGov, Cert IV TAA	13/02/16 - 26/08/17
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	Community Leader	13/02/16 - 30/01/17
Kerry Hunt	Board Member	BSocWork	01/12/16 - Present
Jacqueline Oakley	Chairperson	-	26/08/17 - Present
Francine Eades	Vice President	-	26/08/17 - Present
Louise Tucker	Secretary	-	26/08/17 - Present
Marley Nelson	Board Member	-	26/08/17 - Present
Dorothy Henry	Board Member	-	26/08/17 - Present
Fabian Yarran	Board Member	-	26/08/17 - Present
Roger Turvey	Board Member	Community Leader	26/08/17 - Present
Greg Ugle	Board Member	Community Leader	26/08/17 - Present
Barbara McGillivray	Board Member	Community Leader	26/08/17 - Present

PRINCIPAL ACTIVITIES

The principal activity of Derbarl Yerrigan Health Service Inc. (DYHS) during the financial year was the provision of primary health care services and associated health programs to the Aboriginal Community.

No significant changes in the nature of these activities occurred during the financial year.

DIRECTORS REPORT

FOR THE YEAR ENDED 30 JUNE 2017

OPERATING RESULTS

The entity recorded a Loss of \$824,104 (2016: Loss \$303,210) as reported in the Statement of Profit or Loss and Other Comprehensive Income. This loss is primarily the result of DYHS continuing to operate the Elizabeth Hansen Autumn Care Centre despite the fact that external funding previously provided ceased in June 2016.

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

On the 7th of April 2017, upon request from the Australian Government Department of Health ('Commonwealth'), DYHS entered into a Deed of Agreement which appointed the Aboriginal Health Council of Western Australia ('AHCWA') as the external body who would manage the day to day operations of DYHS, provide governance and leadership to DYHS and oversee and administer all compliance and regulatory obligations.

Further to this, the Commonwealth and the Western Australian Government State Department of Health ('State') also requested that DYHS relinquish all rights and responsibilities under the Corporation's Head Agreement for Multi-Project Funding Agreement 2015 - 2018 with the Commonwealth, as well as the Corporation's agreements for the WA Footprints to Better Health and Primary Health Care Program with the State to AHCWA. These rights and responsibilities were relinquished through a separate Deed of Novation with the Commonwealth and the State which were executed on the 28th of April 2017 and 21st of June 2017 respectively.

On the 24th of June 2017, a Special General Meeting was held where the members of DYHS approved the decision to transition DYHS to being incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 ("CATSI Act") from the Associations Incorporation Act 2015 (WA).

DYHS registration was approved and the organisation is incorporated under the CATSI Act as of the 9th of October 2017.

FUTURE DEVELOPMENTS

As noted earlier, for the next two years AHCWA has been appointed to manage the day to day operations of DYHS, provide governance and leadership to DYHS and oversee and administer all compliance and regulatory obligations.

ENVIRONMENTAL ISSUES

DYHS operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

INFORMATION ON BOARD OF DIRECTORS

Note that information on eligibility to attend meetings is provided only for full Board meetings and meetings of the Executive Committee. Attendance of other meetings is varied and dependent on selection for committees as well as availability. Therefore for these other meetings only attendance has been shown.

The number of Board meetings held for the year ended 30 June 2017 was 30.

DIRECTORS REPORT

FOR THE YEAR ENDED 30 JUNE 2017

Name	Position	Current Period of tenure (Board)	Meetings July '16- Jun '17	
			No. eligible to attend	Number attended
Edward Wilkes	Board Member	13/02/16 - 13/07/17	30	23
Laurence Riley	Board Member (Part Yr.)	21/01/14 - 22/09/16	7	7
Reginald Yarran	President (Part Yr.)	22/11/14 - 10/11/16	10	6
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	30	30
Michelle Nelson-Cox	Board Member	22/11/14 - Present	30	24
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	30	26
Sharon Bushby	Board Member	22/11/14 - 26/08/17	30	26
Ted Hart	Board Member	21/01/14 - 26/08/17	30	10
Robert Smith	Board Member	01/12/16 - 26/08/17	20	11
Patrick Smith	Board Member	11/09/15 - 26/08/17	30	27
Deanne Lewis	Vice President	13/02/16 - 26/08/17	30	29
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	30	30
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	14	9
Kerry Hunt	Board Member	01/12/16 - Present	20	19

The dates for these meetings were:

01/07/2016; 15/07/2016; 28/07/2016; 10/08/2016; 30/08/2016; 02/09/2016; 22/09/2016; 04/10/2016; 20/10/2016; 10/11/2016; 01/12/2016; 12/01/2017; 19/01/2017; 31/01/2017; 06/02/2017; 21/02/2017; 01/03/2017; 09/03/2017; 15/03/2017; 23/03/2017; 30/03/2017; 03/04/2017; 06/04/2017; 11/04/2017; 19/04/2017; 26/04/2017; 03/05/2017; 24/05/2017; 07/06/2017; 21/06/2017.

The number of Executive meetings held for the year ended 30 June 2017 was 2. The President, Vice President, Secretary and Treasurer are ordinarily eligible to attend Executive meetings. In some instances where the usual Executive Committee Members were not available an ordinary Board Member may have been nominated to attend one of these meetings.

Name	Position	Current Period of tenure (Board)	Meetings July'16- Jun '17	
			No. eligible to attend	Number attended
attended				
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	2	2
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	0	1
Sharon Bushby	Board Member	22/11/14 - 26/08/17	0	1
Deanne Lewis	Vice President	13/02/16 - 26/08/17	2	2
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	2	2
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	1	1

The dates for these meetings were: 13/10/2016; 05/01/2017.

There was 1 Finance Sub- Committee meeting held for the year ended 30 June 2017.

Name	Position	Current Period of tenure (Board)	Meetings July'16- Jun '17	
			No. eligible to attend	Number attended
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	1	
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	1	

The date of this meeting was: 10/08/2016.

DIRECTORS REPORT

FOR THE YEAR ENDED 30 JUNE 2017

The number of conference days for OCHRE Day held for the year ended 30 June 2017 were 3.

Name	Position	Meetings July '16- Jun '17	
		Current Period of tenure (Board)	Number attended
Edward Wilkes	Board Member	13/02/16 - 13/07/17	-
Laurence Riley	Board Member (Part Yr.)	21/01/14 - 22/09/16	3
Reginald Yarran	President (Part Yr.)	22/11/14 - 10/11/16	-
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	1
Michelle Nelson-Cox	Board Member	22/11/14 - Present	-
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	1
Sharon Bushby	Board Member	22/11/14 - 26/08/17	-
Ted Hart	Board Member	21/01/14 - 26/08/17	-
Robert Smith	Board Member	01/12/16 - 26/08/17	-
Patrick Smith	Board Member	11/09/15 - 26/08/17	3
Deanne Lewis	Vice President	13/02/16 - 26/08/17	-
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	-
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	2
Kerry Hunt	Board Member	01/12/16 - Present	-

The dates for these meetings were: 14/09/2016 - 16/09/2016.

The number of workshop days paid for the year ended 30 June 2017 were 7.

The number of workshops held were 5.

Name	Position	Workshop Days July '16- Jun '17	
		Current Period of tenure (Board)	Number attended
Edward Wilkes	Board Member	13/02/16 - 13/07/17	3
Laurence Riley	Board Member (Part Yr.)	21/01/14 - 22/09/16	-
Reginald Yarran	President (Part Yr.)	22/11/14 - 10/11/16	1
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	5
Michelle Nelson-Cox	Board Member	22/11/14 - Present	3
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	4
Sharon Bushby	Board Member	22/11/14 - 26/08/17	4
Ted Hart	Board Member	21/01/14 - 26/08/17	-
Robert Smith	Board Member	01/12/16 - 26/08/17	1
Patrick Smith	Board Member	11/09/15 - 26/08/17	4
Deanne Lewis	Vice President	13/02/16 - 26/08/17	6
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	7
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	3
Kerry Hunt	Board Member	01/12/16 - Present	6

The dates of these workshops were: 04/04/2016 - 06/04/2016; 05/10/2016; 13/12/2016; 24/11/2016; 30/03/2017.

The number of conference days requiring travel from Perth for the year ended 30 June 2017 were 3.

This consisted of 1 conference.

DIRECTORS REPORT

FOR THE YEAR ENDED 30 JUNE 2017

Name	Position	Conference Days July'15- Jun '16	
		Current Period of tenure (Board)	Number Of Days
Edward Wilkes	Board Member	13/02/16 - 13/07/17	-
Laurence Riley	Board Member (Part Yr.)	21/01/14 - 22/09/16	-
Reginald Yarran	President (Part Yr.)	22/11/14 - 10/11/16	-
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	-
Michelle Nelson-Cox	Board Member	22/11/14 - Present	-
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	-
Sharon Bushby	Board Member	22/11/14 - 26/08/17	-
Ted Hart	Board Member	21/01/14 - 26/08/17	-
Robert Smith	Board Member	01/12/16 - 26/08/17	-
Patrick Smith	Board Member	11/09/15 - 26/08/17	-
Deanne Lewis	Vice President	13/02/16 - 26/08/17	1 Conf. 1 Travel
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	1 Conf. 1 Travel
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	1 Conf. 1 Travel
Kerry Hunt	Board Member	01/12/16 - Present	-

The dates for the conferences were: 05/12/2016 - 09/12/2016.

The number of other meetings held during the year ended 30 June 2017 were 4. These meetings were held to discuss the following matters:

NAIDOC Day attendance - 07/07/2016

Community Meeting - 06/05/2017

DOH Refunding Model Meeting - 08/06/2017

HR Job Interview - 11/04/2017

Name	Position	Meetings July'16- Jun '17	
		Current Period of tenure (Board)	Number attended
Edward Wilkes	Board Member	13/02/16 - 13/07/17	-
Laurence Riley	Board Member (Part Yr.)	21/01/14 - 22/09/16	1
Reginald Yarran	President (Part Yr.)	22/11/14 - 10/11/16	1
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	3
Michelle Nelson-Cox	Board Member	22/11/14 - Present	1
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	1
Sharon Bushby	Board Member	22/11/14 - 26/08/17	-
Ted Hart	Board Member	21/01/14 - 26/08/17	-
Robert Smith	Board Member	01/12/16 - 26/08/17	-
Patrick Smith	Board Member	11/09/15 - 26/08/17	2
Deanne Lewis	Vice President	13/02/16 - 26/08/17	-
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	1
Kevin Cox	Board Member (Part Yr.) & Secretary (Part Yr.)	13/02/16 - 30/01/17	-
Kerry Hunt	Board Member	01/12/16 - Present	-

Secretary during the year was as follows:

Name	Position	Period of tenure
Charne Hayden	Secretary	28/06/16 - 10/11/16
Kevin Cox	Secretary	11/11/16 - 30/01/17
Colin Garlett	Interim Secretary	24/05/17 - 26/08/17

DIRECTORS DECLARATION

FOR THE YEAR ENDED 30 JUNE 2017

INDEMNIFYING OFFICERS OR AUDITOR

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

PROCEEDINGS ON BEHALF OF THE ENTITY

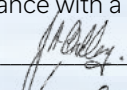
No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

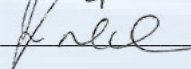
The entity was not a party to any such proceedings during the year.

DISTRIBUTIONS

No distributions have been paid to members during the year.

Signed in accordance with a resolution of the Board.

Chairperson 

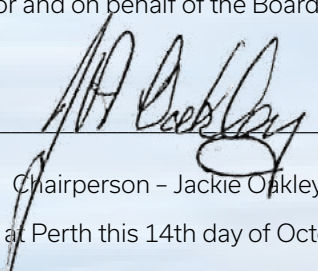
Member 

Dated this 14th day of October 2017

In the opinion of the Directors of Derbarl Yerrigan Health Service Inc the annual audited financial statements

- (a) DYHS is a reporting entity;
- (b) the financial statements and notes, set out on pages 55 to 66, are in accordance with the Associations Incorporations Act (WA), including:
 - (i) present fairly the financial position of the association as at 30 June 2017 and of its performance, as represented by the results of its operations, for the financial year ended on that date; and
 - (ii) complying with the Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (WA); and
- (c) as set out in Note 1(c) to the financial statements, at the date of this statement, there are reasonable grounds to believe that Derbarl Yerrigan Health Service Inc will be able to pay its debts as and when they fall due.

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


 Chairperson – Jackie Oakley
 Dated at Perth this 14th day of October 2017

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017	2016
Income			
Medicare income		3,663,583	3,448,120
Grant revenue		11,593,478	12,951,314
Financial income		86,713	110,188
Other income		380,632	271,221
Net (loss) / gain on disposal of property, plant and equipment		(364)	19,123
Expenditure			
Administration expenses		(3,681,947)	(4,350,928)
Personnel expenses		(11,511,054)	(11,316,846)
Rent and other property expenses		(743,010)	(803,815)
Motor vehicle expenses		(154,121)	(141,570)
Depreciation and amortisation expense		(458,014)	(490,017)
Loss for the period		(824,104)	(303,210)
Other Comprehensive Income for the year		-	-
Total comprehensive loss for the year		(824,104)	(303,210)

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2017

	Note	2017	2016
ASSETS			
Current Assets			
Cash and cash equivalents		3,780,631	4,474,556
Trade and other receivables		110,319	110,941
Prepayments		355,767	343,805
Total Current Assets		4,246,717	4,929,302
Non-Current Assets			
Property, plant and equipment		2,644,502	2,966,276
Total Non-Current Assets		2,644,502	2,966,276
TOTAL ASSETS		6,891,219	7,895,578
LIABILITIES			
Current Liabilities			
Trade and other payables		1,302,730	1,359,256
Unexpended grants		205,513	370,473
Employee benefits provision		1,071,575	1,074,803
Total Current Liabilities		2,579,818	2,804,532
Non-Current Liabilities			
Employee benefits provision		155,177	110,718
Total non-current liabilities		155,177	110,718
TOTAL LIABILITIES		2,734,995	2,915,250
NET ASSETS		4,156,224	4,980,328
EQUITY			
Accumulated funds		4,156,224	4,980,328
TOTAL EQUITY		4,156,224	4,980,328

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements.

STATEMENT OF CHANGES IN EQUITY AND CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

STATEMENT OF CHANGES IN EQUITY

	Accumulated Funds (\$)	Total (\$)
Balance at beginning of the year as at 1 July 2015	5,283,538	5,283,538
Loss for the period	(303,210)	(303,210)
Balance at the end of the year as at 30 June 2016	4,980,328	4,980,328
Loss for the period	(824,104)	(824,104)
Balance at the end of the year as at 30 June 2017	4,156,224	4,156,224

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements.

STATEMENT OF CHANGES IN CASH FLOWS

	Note	2017	2016
Cash flows from operating activities			
Receipts from customers		5,664,852	3,789,170
Grant receipts		12,536,857	12,601,991
Payments to suppliers and employees		(18,834,742)	(16,539,408)
Interest received		86,713	110,118
Net cash from operating activities		(546,320)	(38,129)
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		593,816	684,082
Payments for the acquisition of property, plant and equipment		(741,421)	(880,738)
Proceeds from disposal of investments (Term Deposits)		-	1,000,000
Net cash from investing activities		(147,605)	803,344
Net (decrease)/ increase in cash and cash equivalents		(693,925)	765,215
Cash and cash equivalents at 1 July 2016		4,474,556	3,709,341
Cash and cash equivalents at 30 June 2017		3,780,631	4,474,556

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

1. REPORTING ENTITY

Derbarl Yerrigan Health Service Inc. (DYHS) is an incorporated entity domiciled in Australia. Derbarl Yerrigan Health Service Inc. is a not for profit entity organisation established to provide health services to the Aboriginal community. The Board have determined that DYHS is a reporting entity.

2. BASIS OF PREPARATION OF THE SUMMARY FINANCIAL REPORT

(A.) BASIS OF PREPARATION

The Financial Statements and specific disclosures included in this Summary Financial Report have been derived from the full Annual Financial Statements for the financial year. Other information included is consistent with the full Annual Financial Statements. The Summary Financial Report does not, and cannot be expected to, provide a full understanding of the financial performance, financial position and financing and investing activities of the organisation as the full Annual Financial Statements.

A full description of the accounting policies adopted by the group may be found in the full Annual Financial Statements, which was approved by the Directors on the 14th October 2017.

(B.) BASIS OF MEASUREMENT

The financial report has been prepared on the basis of historical cost, except for certain financial instruments that are measured at fair value at the end of each reporting period.

(C.) FUNCTIONAL CURRENCY

All amounts disclosed are presented in Australian dollars which is both the functional and presentation currency of the entity.

(D.) GOING CONCERN

The financial statements have been prepared on the basis that DYHS is a going concern and that DYHS will continue to operate. DYHS future as a going concern is dependent upon grants and subject to compliance with the conditions attached to grants received. On this basis DYHS will continue to generate sufficient cash flow to be able to pay its debts as and when they fall due.

Report of the Independent Auditor on the Summary Financial Statements

To the Members of Derbarl Yerrigan Health Service Inc.

Opinion

The accompanying summary financial statements, which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, related notes and the Directors' Declaration, are derived from the audited financial report of Derbarl Yerrigan Health Service Inc. for the year ended 30 June 2017. We expressed an unmodified audit opinion on that financial report in our report dated 14 October 2017.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards, the Associations Incorporation Act 2015 (WA) and the Australian Charities and Not-for-profits Commission Act 2012. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of Derbarl Yerrigan Health Service Inc.

In our opinion, the summary financial statements derived from the audited financial report of Derbarl Yerrigan Health Service Inc. for the year ended 30 June 2017 are consistent, in all material respects, with that audited financial report, on the basis described in Note 2.

Directors' Responsibility for the Summary Financial Statements

The Directors are responsible for the preparation of a summary of the audited financial report on the basis described in Note 2.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.



BENTLEYS
Chartered Accountants



DOUG BELL CA
Director

Dated at Perth this 14th day of October 2017



Bentleys Audit & Corporate
(WA) Pty Ltd
London House
Level 3,
216 St Georges Terrace
Perth WA 6000

PO Box 7775
Cloisters Square WA 6850

ABN 33 121 222 802

T +61 8 9226 4500

F +61 8 9226 4300

bentleys.com.au



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GLOSSARY

ABS	Australian Accounting Standards Board	ORIC	Office of the Registrar of Indigenous Corporations
AADS	Aboriginal Alcohol and Drug Service	OSH	Occupational Safety & Health
ACCHO	Aboriginal Controlled Community Organisation	IT	Information Technology
AGM	Annual General Meeting	ISO	International Organisation for Standardisation 9001:2008
AHCWA	Aboriginal Health Council of Western Australia	KPI	Key Performance Indicator
AHW	Aboriginal Health Worker	MCH	Maternal & Child Health
ALO	Aboriginal Liaison Officer	MOICDP	Medical Outreach Indigenous Chronic Disease Program
CDM	Chronic Disease Management	NAIDOC	National Aboriginal and Islanders Day Observance Committee
CEO	Chief Executive Officer	nKPIs	National Key Performance Indicators
CPR	Cardio Pulmonary Resuscitation	Noongar	<i>Nyungar, Nyoongar, Nyoongah, Nyungah, Noonga</i> - DYHS acknowledges the spelling is used interchangeably
CTG	Closing the Gap	PHN	Primary Health Network
CATSI Act	Corporations (Aboriginal and Torres Strait Islander) Act 2006	PMH	Princess Margaret Hospital
DYHS	Derbarl Yerrigan Health Service	RACGP	Royal Australian College of General Practitioners
EBA	Enterprise Bargaining Agreement	RLO	Resource Liaison Officer
EHAC	Elizabeth Hansen Autumn Centre	RN	Registered Nurse
EN	Enrolled Nurse	SEWB	Social and Emotional Wellbeing
FaHCSIA	Australian Department of Families, Housing, Community Services and Indigenous Affairs	SGM	Special General Meeting
GKP	Gnaala Karla Boodja	WAGPET	Western Australian General Practice Education and Training Limited
GP	General Practitioner		
GST	Goods and Services Tax		
HR	Human Resources		
IAS	Indigenous Advancement Strategy		
IM	Information Management		
IOW	Indigenous Outreach Worker		



DERBARL YERRIGAN HEALTH SERVICE INC.

Head Office 156 - 172 Wittenoom Street,
East Perth, Western Australia 6004

Phone +61 (8) 9421 3888

www.dyhs.org.au