

Annual Report 2015-2016



Derbarl Yerrigan
Health Service Inc.



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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, ethical decisions and behaviour are personal and organisational standards we will up-hold.

About Derbarl Yerrigan Health Service Inc.

Derbarl Yerrigan Health Service Inc. was initially established in 1973 as the Perth Aboriginal Medical Service (PAMS), and in 1998 became known as Derbarl Yerrigan Health Service Inc. (DYHS).

Our purpose, for the last 40 years, as a not-for-profit organisation, has been to provide a holistic Aboriginal Community Controlled Health Service (ACCHS) which promotes and maintains Aboriginal and Torres Strait Islander people's physical, spiritual, social, economic and cultural wellbeing.

Our activities are overseen by an Aboriginal Executive Committee and funding is received through Federal and State Government programs.

Our clients are predominantly Aboriginal people from the Perth Metropolitan area, and non-Aboriginal people also have access to our bulk-billing clinical services.

Our administrative centre is in East Perth, and there are DYHS clinical sites in Maddington, Mirrabooka, Midland and East Perth, and a renal residential facility at the Elizabeth Hansen Autumn Centre in Bayswater.

Derbarl Yerrigan Health Service Inc. Logo

Our logo (below) and name are a reflection of our Noongar heritage, encapsulating close ties to the river and surrounding country.

The logo was designed by Barry McGuire, and the words 'Derbarl Yerrigan', which refers to the Swan River Basin Community in the Noongar language, was suggested by Richard Wilkes.

Both were adopted for use in 1998 after a competition was held to design a logo and name for the then new purpose built building and Aboriginal Community Controlled Health Service on Wittenoom Street, East Perth.



Board of Directors



Dorothy (Dot) Bagshaw
**Vice President/
President**

Dot is a proud Noongar Woman whose achievements lie in her constant contribution to the well-being of the Aboriginal Community and this is reflected in her commitment of over 30 years in Voluntary Community Service. Dot was the Director of Gurlongga Njiningj Childcare Centre, where she was employed for the last 17 Years.



John Penny
**Vice President/
Treasurer**

John Penny is a Noongar man from the South West. John was employed with Peedac Pty Ltd for 15 years. He has worked within Management for the past 9 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 he 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 Operation/ 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.



Reg Yarran
**Treasurer/
President**

Reg 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. Reg 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.



Laurence Riley
Secretary

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

He 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, 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 held the position of Secretary Director of the Derbarl Yerrigan Health Service Inc., was the Perth Metropolitan Director for the Aboriginal Health Council of Western Australia, and Director of the National Community Controlled Health Organisation of Australia.

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 recently submitted resignations from all active memberships and Directors role's to engage in employment, as an Adviser with the Department of the Prime Minister and Cabinet.



Deanne Lewis
**Vice
President**

Born in Perth Western Australia of Noongar and Yamatji heritage with strong cultural values. Deanne has resided in the metropolitan community for the better part of her life. Deanne began her career as an Aboriginal Health Worker and then went on to follow in her mothers footsteps in 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 Garnbirringu Health Service in Kalgoorlie where she was honored 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 now with Centrecare. Deanne is passionate about Aboriginal Health and the social welfare of her community, particularly the elderly and our children.

Board of Directors



Charne Hayden

**Secretary/
President**

Charne 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 Rep 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 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 has been an active Company Director on PEEDAC Pty Ltd and also ADDS Board of Management.



Edward Wilkes

**President/
Board Member**

Edward Wilkes is a Nyungar 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 Professor Wilkes worked as the CEO of the Derbarl Yerrigan Health Service Inc. (DYHS), and as Associate Professor, Centre for Developmental Health, at the Telethon Institute of Child Health (TICHR). 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. 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 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**

Michelle'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 with the service for 20 years, as a former employee and through her previous participation on the Board.

Currently the Community Development Coordinator for the Gnaala Karla Boodja (GKB) region, Michelle's position primarily focuses on community engagement with Nyoongar people of the GKB region to access employment through the Mining Industries and supply chains. Michelle is committed to ensuring that Derbarl Yerrigan Health Service Inc. continues to maintain its credibility as the Mother organisation in Nyoongar Country and continues to thrive and excel in delivering a "Culturally Secure" holistic primary health care service.



Ted Hart

**Board
Member**

Ted was born in Bunbury and educated at Darkan and Governor Stirling Senior High School. Ted was on the Interim Executive Committee from SWALSC's commencement and was the Chairperson between December 2003 and October 2008 and has continued as a Director to the present time. 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 Inc. 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.



Margaret Culbong

**Board
Member**

Margaret is a wadjuk elder of the nyoongar peoples, born and bred in Narrogin.

Now retired, she worked in the field of Aboriginal Health for forty years and was a nurse by trade, working in major hospitals here, as well as in the Eastern States. She also worked in Royal Perth Hospital (RPH) and mainstream health services over the years.

Notably, she was a founding member of Geraldton Regional Aboriginal Medical Service, Carnarvon, Wiluna, and was involved in the early stages of the establishment of DYHS. Margaret is also one of the founding members of AHCWA. She has represented Aboriginal Health at local, state, national and international levels and currently sits on various committees, including Looking Forward Project with Michael Wright, Belmont City Council Aboriginal Program.

Margaret is often invited to advise on Aboriginal Programs in mainstream services and enjoys working with Nyoongar people in communities in the metropolitan and southern parts of the state. She is passionate about improving the health and well being of her people. She says, 'That is my commitment in my life and most of these services are voluntary.'

Board of Directors



Doreen Nelson

Board Member

Doreen is a Noongar Woman born in Kellerberrin, Western Australia, with family connections from the Ballardong, Yued and Whadjuk areas of Western Australia. Doreen has completed a three day ORIC Course in Governance and holds an academic Degree in Aboriginal Community Management and Development and a Degree in Teaching.

Doreen's Governance skills include being on the Management Committee of several Aboriginal organisations over the past 20 years. These include Deputy Chairperson on the ATSIC Perth Noongar Regional Council for 3 years, Chairperson of the Rockingham/Kwinana District Aboriginal Health Action Group (DAHAG) for 3 years, Director on the South West Aboriginal Land and Sea Council (SWALSC), and Secretary of the Aboriginal Alcohol and Drugs Service (AADS).



Patrick Smith

Board Member

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. Patrick 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 having been gained whilst Manager of Court Officers with the Aboriginal Legal Service for some nine years.

The extensive legal background has proven an asset at his past employment as Advocate at Avdocare 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.



Colin Garlett

Board Member

Colin 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 Auntie Joan Winch and the late Auntie Laurel Yarran.

As a former CEO of Derbarl Yerrigan Health Service Inc, 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 other 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).



Kevin Cox

Board Member

Trained Primary Teachers Certificate (Mt Lawley Teachers College)

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

Kevin is 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, 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 Health Service Inc. 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.



Sharon Bushby

Board Member

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

For the past 8 years Sharon have worked at the Aboriginal Health Council of WA in training and development and am currently the Manager of Sector Development. She have a bachelor Degree of Applied Science in Indigenous community Health and a Masters Degree in Public Health.



Robert Smith

Board Member

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

His family bloodlines are Cornwall-Hansen and Culbong-Smith. 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 have 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 inceptions, 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 and his interests include Aboriginal Politics, History and Culture. 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 again from the past.

Executive Reports

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

Executive Board Report

It gives us great pleasure to present the Annual Report and provide to the members our Board’s activity for the year.

Highlights

- Our Family NAIDOC event continues to be a success and is enjoyed by the community every year.
- One of our new initiatives was the Family Fun Day “Making Healthy Choices, the Easy Choice.”

Strategic Direction

The Board of Directors continue to explore and identify strategic directions and scope of future services for Derbarl Yerrigan Health Service Inc.

Strategic direction focus is to:

- Build Partnerships across Noongar Country
- Identify and establish a stronger and more accountable financial base
- Become the preferred provider for health and related services to Aboriginal people
- Become recognised as a provider of Aboriginal aged care health services
- Develop partnerships with researchers and research institutions to enhance the use of DYHS health information and data
- Be the leading advocate and knowledge point for embedding sound cultural governance into health policy and legislation
- Progress a centre of Excellence integrating traditional Aboriginal healing
- Develop DYHS as an exemplar of best practice.

The strategic directions developed are intended to support the current Vision of Derbarl Yerrigan Health Service Inc. and provide practical direction to develop annual operational plans to achieve the directions.

Working in Partnership

We continue to sustain our relationship with a number of key stakeholders and it is important to acknowledge their efforts and appreciate each and every agency that has engaged in a joint venture with Derbarl Yerrigan Health Service Inc. These include:

Heart Foundation Yorgum AADS Street Doctor Breast Screen WA Lotteries Commission WAGPET St John of God	Department of Health Department of Human Services (IRHD) Curtin University Telethon Institute for Child Health Research Fiona Stanley Diabetes Australia Primary Health Networks University of WA
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DYHS continues to expand and develop community partnerships and recognises the importance of a motivated and productive workforce in meeting performance measures.

In closing, we would like to thank the members, clients and staff and external partners for their ongoing support.

Board of Directors

Chief Executive Officer’s Report

The 2015-2016 Financial Year has focused largely on networking, partnerships and the internal reviews of Derbarl Yerrigan Health Service Inc.

DYHS invited health related agencies to visit throughout the second half of the financial year; the establishment and maintenance of good relationships with our partners and stakeholders is imperative for the organisation at all levels. It is important for ongoing dialogue to ensure they are also promoting culturally appropriate Aboriginal health services for the Aboriginal community.

Changes in government funding and increased focus on Aboriginal health are leading to a reorientation of DYHS’ strategic directions and health service planning to close the ever-burgeoning health gap between Aboriginals and non-indigenous Australians.

An Organisational Review was conducted on clinical governance. The Review reflected the commitment of the organisation to be open and transparent and to provide an equitable, culturally safe and accountable health care environment and service to its patients.

The Review of Clinical Governance Process for DYHS was undertaken to provide assurance that appropriate clinical management systems, policies, clinical audit and review, and risk management systems are in place to provide sound clinical governance.

Outcomes from these reviews led to a staffing re-structure. The introduction of Practice Managers and Community Engagement Co-ordinators was implemented in the last few months of the financial year. Aboriginal Liaison Officers and Indigenous Health Workers were established and stationed at each of the four (4) clinics. These changes help us to line-up our obligations to deliver services under the Footprints to Better Health programs.

Training is an ongoing initiative for staff at DYHS, and this year has been no exception. Staff have been provided mandatory training in CPR, First Aid, OSH, Communicare and other training such as Quality control (LOGIQC), Cultural Awareness, and a variety of clinical training (Nursing, Maternal Child Health, Ear Health and Medical reception) to maintain efficiency and professionalism.

Whilst there have been significant changes to funding, DYHS remains in excellent financial status as the Audit reflects. We continue to be recognised as a leader in the Aboriginal Health Sector. DYHS maintained its accreditations with both AGPAL and ISO: 2009, qualifications for accreditation needs to be constantly maintained to ensure continued compliance.

This financial year has seen substantial changes to both the State and Commonwealth procurement processes, however, at this time while our funding is secure going into the 2016/17 financial year, there have been important changes in reporting and contract management.

The year ahead no doubt will be very demanding and challenging for the Organisation as we proceed with the implementation of more Reviews. I am confident that DYHS has the capacity and resources to meet these challenges and demands, ensuring that DYHS is a provider of choice as we continue to deliver a quality service.

Everyone at DYHS would like to thank our clients for their ongoing support and choosing DYHS as their service provider.

As always, a special thank you goes to all the staff of DYHS for their commitment and hard work as we move forward together, continuing to be the preferred provider for health and related services to our community. I can honestly say that it has been an honour to serve in the Acting CEO position, the community, the staff and programs at DYHS are second to none.

On a final note, I would like to acknowledge the contribution from our former CEO, Ms Barbara Henry over the past several years.

Neil O'Donnell
Acting CEO

Treasurer's Report

A summary of the financial results have been included in this Annual Report document on pages 49 to 57. For a more comprehensive picture of the financial outcomes for FY16 please refer to the separately printed Annual Financial Report 30 June 2016.

Result

The net deficit for the twelve months ending 30 June 2016 was \$303,210.

Income

Total income for the year ended 30 June 2016 was \$16.8M compared to FY15 of \$16.3M

Funding

Total Grant funding received was \$12.95M compared to \$12.61M last year. This is an overall increase of 2.7%.

While DYHS received funding from both State and Commonwealth Governments for Primary Health Care and the operation of clinics at East Perth, Maddington and Mirrabooka, the Midland clinic remained unfunded and was afforded through Medicare Income generated at all four sites.

Funding received for State Government Footprints to Better Health initiatives in 2015/16 remained at \$1.7M for the Aboriginal Liaison Officer, Street Doctor and Chronic Disease programs.

No further funding was received for the Smoking Intervention program. Unspent funds of \$48,978 were brought forward into FY16 from previous years.

The State government Elizabeth Hansen Autumn Centre grant amounts received in the FY16 year were \$1.27M compared to \$1.24M in 2014/15. The funding of the accommodation and health service and ongoing funding has now ceased for FY17 and onwards. DYHS are currently funding this service out of retained profits from previous years and investigating alternative funding arrangements going forward.

Funding was received from Rural Health West for the various Urban Specialist Outreach Programs to the value of \$250K for the full year to June 2016.

Other sources of income

Medicare income for financial year 2016 was \$3.45M compared to \$3.051M last year. This is an increase of 13.1%. Receipt of Practice Incentive Payments from Medicare of \$489K this year compares to \$504K last year.

Interest income for the current year was \$110K, which is higher than last year's \$80K.

Unspent funds carried forward into FY16 were \$495K. \$370K will be carried forward into FY17.

Expenses

Administration expenses of \$4.3m this year compared to \$3.6m in the previous year are detailed on page 36 of the Annual Financial Report.

Rent and other property expenses increased slightly from \$776K in FY15 to \$804K in FY16 due to CPI rental increases.

Motor Vehicle Expenses and Depreciation expenses were reduced by \$23K and \$74K respectively as a result of a rationalisation of the DYHS fleet of vehicles.

Salary and wages costs during the year of \$11.3M is a 6% increase on the previous year's \$10.7M.

Reserves

The total accumulated surplus held in reserves amounts has dropped from \$5.28M as at 30 June 2015 to \$4.98M as at 30 June 2016.

Fixed Assets

The Property, Plant and Equipment schedule detailing movements in Assets can be found on page 41 of the Annual Financial Report. Significant movements in Fixed Assets during the year include plant & equipment purchases of \$59K, a standing agreement for the purchase and replacement of motor vehicles (after 15,000km or 9 months) at a set buy back price which resulted in acquisition costs of \$808K and disposals income of \$820K and other office equipment \$14K.

A revaluation of Land and buildings on 27 April 2016 is also detailed on page 41 of the Annual Financial Report. The land and building at Bulwer St, Perth (Boomerang House) was re-valued at \$1.25M compared to a value of \$1.1M when valued in September 2013. The recent independent valuation of the building on Wittenoom St East Perth resulted in a valuation of \$11.5M compared to a value of \$11M when valued in September 2013.

Notes to Accounts

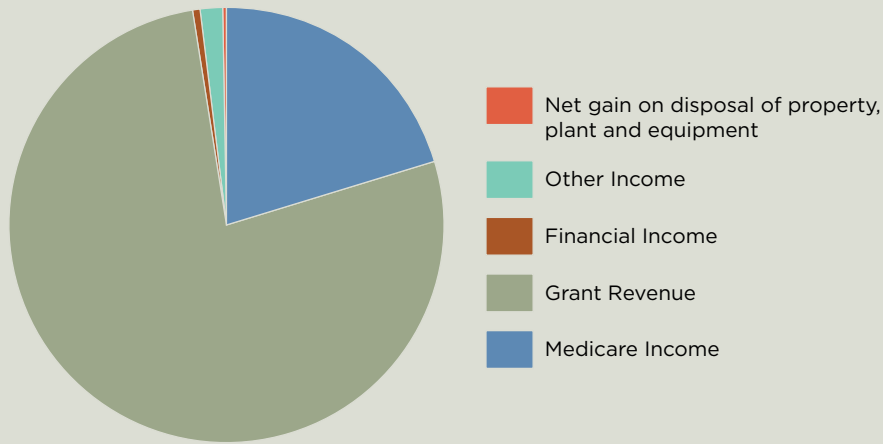
The Service is reliant on ongoing funding from Commonwealth and State Governments.

Related Party Transactions including payments to Board Members during the past 2 years are detailed on pages 43 to 45 of the Annual Financial Report.

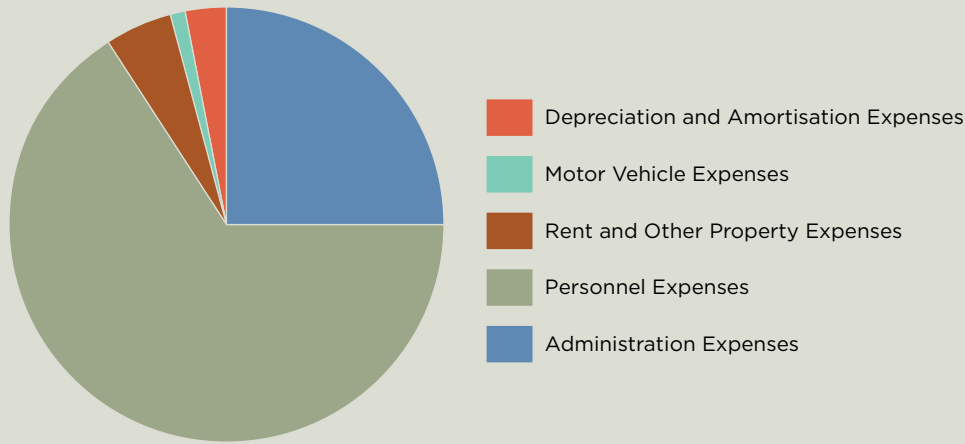
Financial Risk Management as detailed on pages 46 to 48 of the Annual Financial Report indicate that the Service has very little exposure to financial risks. Operating lease schedule on page 49 of the Annual Financial Report relates to Mirrabooka, Maddington and Midland occupancy leases.

Cash flows from operating activities are detailed on page 50 of the Annual Financial Report and should be read in conjunction with the Statement of Cash Flows on page 22 of the Annual Financial Report. Net cash balance of \$4.5M is an increase from \$3.7M in June 2015 and ensures that the Service maintains its financial sustainability for the near future.

FY16 - Where did our money come from?



FY16 - Where did we spend our money?



Health Services Report

Derbarl Yerrigan Health Service Inc. provides professional development support to all staff to ensure they have the skills necessary for the delivery of services. There are ongoing internal reviews of services and programs to safeguard that the results are up to expectation and where problems are identified, strategies are developed to address them.

Over the past 2-3 years DYHS has also invested considerable time and energy in improvements to its capacity to monitor the performance of its programs ensuring that:

- structurally the organisation has the capability of responding to the challenges of delivering services to the community;
- contractual obligations are being met;
- community needs are being captured;
- services are meeting the needs of the community; and
- that services are as accessible as possible to the majority of clients

The burden of Chronic Disease in Aboriginal people has been clearly documented. The Footprints to Better Health Care funding is further evidence that the WA State Government is providing some mechanisms to assist with "closing the gap" between the life expectancy of Aboriginal and non-Aboriginal people.

Historically the practice within DYHS has been centred around acute presentations. Over the past 3 years the focus has shifted to a model of care which is to provide comprehensive care for clients with Chronic Disease and education and prevention for those at risk of developing a Chronic Disease. Health Assessments, Chronic Disease Management and regular follow up services are provided by Allied Health Professionals, Nurses and Specialists to improve health outcomes. DYHS also has ALO's, IOW's and Transport Drivers to assist with the client engagement. These services allow clients to be provided treatment in an environment that is conducive to their cultural requirements. Outreach is an example, as clients are seen in a non-threatening atmosphere within their local community.

DYHS provides teams, which consists of an Aboriginal Health Worker or Aboriginal Health Practitioner, Registered Nurse and General Practitioner and an Aboriginal Outreach Worker at all sites and for Outreach services. Over the past 12 months, there has been an increase in demand for

Outreach services. This year DYHS has continued to provide outreach services to Cullacabardee Community and has partnered with Swan Children and Family Centre in Mundaring Shire to provide services at 2 hubs (Stratton and Koongamia). DYHS has been approached by several schools within the Perth metro area who have requested onsite health assessments for students and to provide education regarding risk factors and preventative measures.

Programs such as Heart Health and Cancer Support offer information, education and resources, as well as provide a forum where Aboriginal people have opportunities to meet and share stories in a culturally safe environment.

An increase in the uptake of Chronic Disease initiatives has been encouraging and will continue to be monitored to ensure ongoing improvement in Quality Patient Services across Outreach and all sites in line with current Acts, Legislation and recommendations.

DYHS has Accreditation with AGPAL against RACGP 4th Edition Standards of Care for General Practice and ISO: 9001:2008 Standards with the Institute for Healthy Communities Australia Certification and complies with all standards.

The implementation of a patient centred care approach to the prevention and management of Chronic Disease and the provision of ongoing support, training and upskilling to staff ensures an improved uptake of initiatives such as Medicare, Patient Incentive Program (PIP) and Service Incentive Program (SIP).

Ongoing monitoring and reporting back to doctors and staff is part of everyday business and provides information on progress, to ensure staff are engaged in improvements which align with the DYHS Strategic Direction and Action Plans.

Client Health - Milestones

The percentage of Indigenous regular clients aged 25 and over for whom a health assessment was conducted with the previous 24 months has exceeded all WA State and National performance indicators.

The percentage of female regular clients aged 20 to 69 who had a cervical screening within the previous 2 years has exceeded WA State indicators and bettered or equaled the National performance indicators.

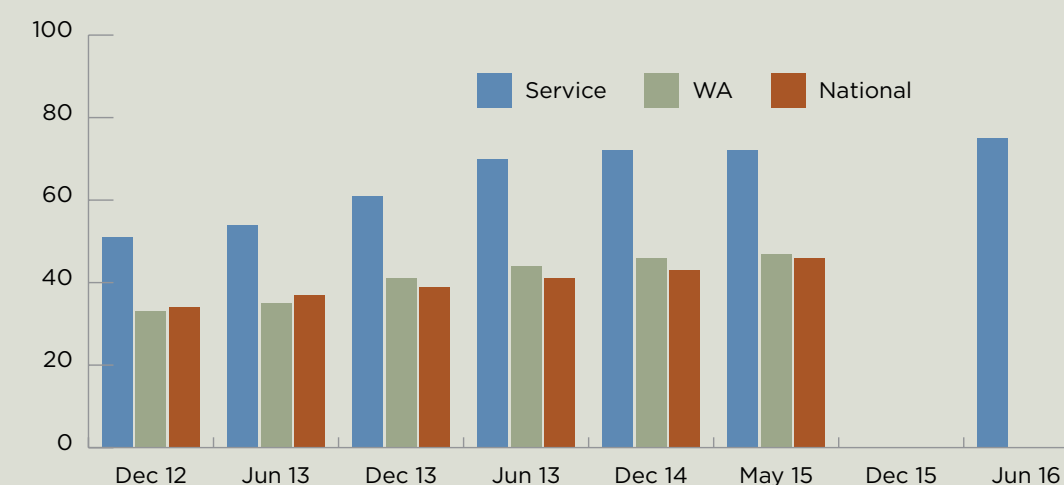
The percentage of Indigenous regular clients with type 2 diabetes who have a General Practitioner Management Plan (GPMP) within the past 24 months has exceeded the WA State and National performance indicators.

The percentage of Indigenous regular clients aged 0 to 4 years for whom a health assessment was conducted within the previous 12 months has exceeded all WA State and National performance indicators.

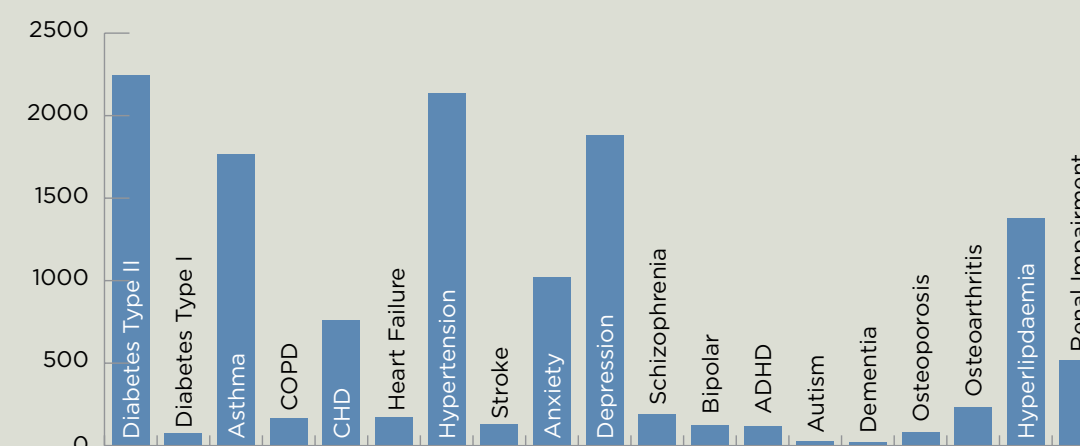
The percentage of indigenous children aged 60 but less than 72 months fully immunised over the past 24 months has continually exceeded the WA State and National performance indicators.

MBS Health Assessment (Aged 25+) Comparisons

Percentage of Indigenous regular clients aged 25 and over for whom an MBS health assessment (MBS item 715) was claimed within the previous 24 months, by reporting period.



2015/16 Disease Case Count



East Perth Clinic

With an extensive array of services our East Perth location strives to ensure the best primary health care is given and is available to everyone. Highly qualified staff range from Doctors, nurses, Aboriginal health practitioners to only name a few, who accomplish ongoing training and updates so that we may present services at exceptional standards and endeavour to reduce rates of chronic illnesses 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 health to achieve goals on a daily basis. We have permanent onsite allied health such as a diabetic educator, podiatrist, chiropractor, midwives and mental health councillors, who work in collaboration and in association with a team care arrangement plan to facilitate to patient needs and educate all on how to manage their own health wisely and efficiently.

A specialist co-ordinator is granted a position to facilitate appointments for patients to access the many specialists who attend DYHS on a monthly basis.

Specialist includes Cardiologist, Endocrinologist, Respiratory Physician, Paediatrics, Dietitian, Renal Physician, Echo cardiologist and General Physician. Doctors from all clinics can refer patients. This scheme gives our patients exceptional opportunities to see such doctors without the extensive wait times as in mainstream medicine, and in an environment which they are accustomed to and around staff they trust, and know well.

All clients who attend DYHS are encouraged to have an initial health assessment and there after a health care plan or a team care arrangement plan led by our aboriginal health practitioners in collaboration with our doctors to guide a route to better health and wellbeing.

Our clinics operating hours are from 8.30am to 5pm and our East Perth clinic is also open for night clinic from 5pm to 7pm Monday to Friday. We are also seeing

clients on Saturday mornings from 9am to 12pm. We encourage bookings, 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, and to make the patient journey as easy and pleasant as possible.

Dental services are available at East Perth with some prerequisites to access this limited, but greatly utilised and important sector of our overall health program. We encourage our clients to see our GP's before admittance to the dental sector so that we may have a complete health history and we can maintain a high level of care uniform throughout the clinic. Dental care is a positive route to better health as it is directly correlated with co-morbidities experienced and also related to reduced life expectancy in association with many chronic illnesses.

Our Maternal Child Health team has also established a large client base concentrating on co-ordinating contact and offering their services for pre-natal, post-natal and general care of infants and children. Their vast knowledge as midwives gives them the opportunity to guide mothers 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 pregnant women in times when assistance is crucial and much needed.

We must not forget to acknowledge our dedicated team of outreach workers, who support the community on a weekly basis at our new child and family hubs, located at Clayton View Primary School, Midvale Primary School and Cullacabardee community. These programs are staffed by a GP, registered nurse or nurse practitioner and an Aboriginal Health Practitioner. We attempt to extend our services throughout the community, so that they are more accessible. People who are unable to attend appointments on a regular basis have the opportunity to interact with the staff available to them, build rapport and trust them with all their health needs and requirements. These staff are equipped and have access to resources.

To inform and guide clients in maintaining their own health and guiding them on the correct route in terms of management.

On a weekly basis, East Perth is also the host to the Heart Health program, a highly regarded program which introduces all attending to better care in respect their heart and incorporates all other underlying chronic illness factors. With staff on the days monitoring diabetes, blood pressure and sometimes a medication review, as general practice. An exercise physiologist attends and encourages many to attempt some light exercise while at the clinic. This program has been ongoing for a few years and has been very successful in educating the community on basic self-care to combat against chronic illness.

Alongside this program we are also involved in arrangements such as the Cancer group, Smoking Cessation program and Breast Cancer W.A. and hope to expand on these collaborations with outside entities in coming years.

The East Perth Staff take pride in the service they present to the community and are dedicated in being there; to making a difference so that we lead in an improved health system and take DYHS to new enhanced levels. Our aim is to become recognisable amongst all as the model of a complete health entity to fulfill all health requirements.



East Perth Clinic interior

We must not forget to acknowledge our dedicated team of outreach workers, who support the community on a weekly basis at our new child and family hubs, located at Clayton View Primary School, Midvale Primary School and Cullacabardee community.

Maddington Clinic

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

Our clinical services and programs remain the same, except for the ALO and IOW only coming out 1 day per week. On 15th May 2016 the Community engagement team commenced on a full time basis. This included a Community Engagement Officer, an Aboriginal Liaison officer and an Indigenous Outreach Worker.

We had a Nurse Practitioner join us in May 2016.

Derbarl offer services and programs such as: Adult & Child Health Checks, Immunisation clinic, Allied Health, Transport, Specialist clinics, Education and healthy lifestyle programs, chronic disease management, Eye screening has been introduced for our client's convenience and the usual medical appointments with our dedicated team of professionals.

The Boojarl Yorga's program was allocated back to East Perth.

The Maddington RLO and Maternal Child Health were allocated back to East Perth in this financial year.

Armadale hospital (ALO program)

Maddington Clinic continues to work in partnership with the Armadale hospitals ALO unit. The linkages and partnerships with the ALO unit at Armadale enable continuity of care around the provision of social support services that are inclusive and collaborative for DYHS clients.

The Community Engagement Program is an extension of the Aboriginal Liaison Program with commencement at Maddington site from May 2016. The program is funded by the State under the 'Footprints to Better Health' strategy, with emphasis on Chronic Illness Register as per KPI's/Care Plans. Evaluated via Chronic Illness Surveys for At Risk cliental and Cliental already diagnosed with a Chronic Illness. The Program provides ongoing support to DYHS clients from 6 weeks after discharge from hospital and also 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, other Service Providers and Hospitals.

Within the Program there are four staff members, Community Engagement Coordinator, Aboriginal Liaison Officer, Indigenous Outreach Worker and Transport Driver.

From May 2015 to 30/06/2016, Statistics show substantial improvement to client presentation into the Maddington Clinic for appointments and reviews as per table below.

1/07/2015 - 30/06/2016		
Aboriginality	Gender	Encounters
Aboriginal	F	878
Aboriginal	M	667
Aboriginal & Torres Strait	F	9
Aboriginal & Torres Strait	M	2
Non-Aboriginal	F	69
Non-Aboriginal	M	56
Torres Strait Islander	F	3
Torres Strait Islander	M	1
1/07/2015 - 30/06/2016		
Aboriginal	F	304
Aboriginal	M	215
Aboriginal & Torres Strait	F	3
Aboriginal & Torres Strait	M	1
Non-Aboriginal	F	25
Non-Aboriginal	M	24
Torres Strait Islander	F	3
Torres Strait Islander	M	0

Since commencement of the Community Engagement Team, we have presented to local Service Providers awareness of DYHS services and also to local Clientele in the area, presenting to DYHS. We have commenced trialling and encouraging Aboriginal clientele into Community Events presented in the community by Gosnells, Canning and Armadale councils. eg DAHAG, Aboriginal Choice, HACC services from South Metro and Armadale Kelmscott Hospital.

Community Engagement services are continually improving within Maddington Clinic.

Community Events & Participation:

The Maddington Clinic continues to work in collaboration with a range of external stakeholders around attendance and participation in the local community including: Community development programmes using Gosnells, Cannington and Armadale councils, NAIDOC week, Seniors Day, Christmas & Easter community parties and Youth Engagement events; these allow DYHS the opportunity to showcase the range of services available.

Student Placements: Maddington Clinic continues to work in partnership with key institutions such as Marr Mooditj Training, 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 ATSI cultural and health issues as a component of their professional education.



Maddington Clinic interior

Visiting Services and Partnerships:

WA Hearing: The partnership with WA Hearing enables the sustained and coordinated delivery of services to clients. Services are provided on a spasmodic timeframe in partnership with the clinical team. The service provides a base line assessment for clients, and creates appropriate clinical health pathways for clients with hearing problems.

Speech Pathology: The service is provided from East Perth and operates weekly.

Chiropractor: Services offered to our clients 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 RN, with referrals managed and coordinated by the Maddington RN. The Paediatric clinics offer the flexibility for parents to bring their children to Maddington, as opposed to having to travel 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.

The Maddington Clinic continues to be committed to providing quality health services to the Aboriginal community within its catchment area. Maddington continues to focus on quality improvement evidenced through becoming an accredited clinical practice.

Midland Clinic

DHYS Midland Clinic has entered its third year and grows stronger and stronger. The Midland Clinic is well accepted and earned trust in our surrounding Communities due to highly effective delivery and follow up of primary healthcare. The clinic experienced 230 more patient encounters during the last financial year than the year before. This reflects great teamwork and a refined process in medical care and efficiency and underlines the confidence patients have with DYHS Midland.

During the last financial year, Midland operated with 4 GP's, a Dr of Chiropractic, a Councillor, 2 Resource Liaison Officer, a Nurse Practitioner, Registered Nurses, 2 Aboriginal Health Practitioners, a Community Engagement Coordinator, an Indigenous Outreach Worker and an Aboriginal Liaison Officer. The clinics operating hours are Monday to Fridays 8:30am to 5pm. We have most mornings walk -in clinics and in the afternoons mainly booked appointments. Specialist/Allied Health Treatments can be arranged through DYHS East Perth Clinic. Both Aboriginal Health Practitioners are trained to operate the Retinal Eye Camera and all pictures are sent to the Lions Eye Institute operating from DYHS East Perth Clinic. Princess Margaret Hospital's Koorliny Moort operates a fully booked Paediatric Clinic weekly out of Midland.

Midland clinic staff is highly dedicated to improve the health and longevity and deliver best practice in primary care to everyone who access the clinic. Eligible clients are receiving Health Checks and if needed, Health Care Plans and Team Care Arrangements. The word CARE is a big one at Midland clinic. The clinic staff is dedicated, enthusiastic and highly skilled with a broad set of knowledge and experiences to help, motivate, educate, advise and care for all patients. During the reporting period, an RN has graduated as Nurse Practitioner and is working throughout our clinic, Heart Health and Outreach Programs from DYHS. All staff is fully trained, upskilled as required with ongoing training to assure quality standards are met in accordance to Accreditation and best practice.

Midland has a high attendance of transient patients. Our staff keep the cycle of care for our Aboriginal patients as consistent as possible and the holistic approach to their health is met in any way at home or away. As a result, Midland clinic established reliable partnerships with the patient's own Medical Practitioners at their place of residence. Through communication, steps of actions are taken in an appropriate time frame to serve the health of the patient most efficiently.

Since 24th of November 2015, St John of God opened their new hospital directly opposite DYHS Midland clinic. This serves our Community even further as all Specialists and Allied Health professionals working from suites at the hospital have offered to dedicate time to the Aboriginal Community in Midland, Perth's East Metropolitan region and the wheatbelt. Direct pathways have opened up between DYHS Midland and SJOG Midland hospital to serve patients quickly and efficiently. The hospital has established an Aboriginal Public Liaison Officer which works closely with DYHS Midland Community Engagement Coordinator. The partnership stretches to serve Discharged patients within 7 days by Midland clinic and vice versa, any Admittance can be done on the spot if urgent or non-urgent admissions or referrals will be managed within 14 days.

Equally important are relationships with other services. Partnerships have been built with Headspace (Youth Counselling), Breast Cancer WA, Diabetes WA, Moort Boodjari Mia (pregnancy), Mooditj Djena (podiatry), St Andrews Pharmacy, Perth Radiology Clinic in Midland.

Existing partnerships for student support/ placement is ongoing on a monthly basis between Murdoch University and Edith Cowan University for Nursing Students.

DYHS Midland is proud to play a significant part in the holistic approach and delivery to the health of indigenous people and all Community members throughout the Midland area and beyond.

Episodes of Care DYHS Midland		
Aboriginality	Gender	Encounters
Aboriginal	F	3995
Aboriginal	M	2603
Non-Aboriginal	F	301
Non-Aboriginal	M	148
Unknown	F	5
Unknown	M	2

Existing partnerships for student support/ placement is ongoing on a monthly basis between Murdoch University and Edith Cowan University for Nursing Students.



Mirraboooka Clinic

Mirraboooka clinic continues to provide team based care through Aboriginal Health Practitioners who support the activity within the clinic through conducting health assessments, triaging and monitoring Chronic Disease (AHW first policy). Registered Nurses form a part of the integrated clinical team and work closely with GP's, Aboriginal Health Practitioners and Allied Health Practitioners. The clinic continues to provide additional services to community via external stakeholders, this ensures a coordinated and sustained client care approach designed to improve the overall range of PHC programs and services throughout the site. Mirraboooka clinic is working efficiently between all staff members, working as a team and in collaboration with the Community Engagement Team in ensuring all necessary follow up care is provided. The clinic is open from Monday to Friday between 8:30 - 5:00pm, with Walk-ins and booked appointments available. If a client requires Specialist treatment, the GP's are able to refer and they can access a Specialist at the East Perth clinic. All our clinical staff at Mirraboooka continue to work to ensure that clients holistic care needs are being controlled, managed and reviewed regularly. All staff continue to update their skills

and professional development in areas of Health and Immunisation courses which includes all mandatory training that DYHS offers. Staff are passionate and professional in their roles and take pride in providing a friendly and welcoming atmosphere to all visiting the clinic. We look forward to improving our services to provide better holistic and appropriate care to our clients in the Mirraboooka communities.

Allied health services that the East Perth clinic provides to Mirraboooka include; Chiropractic - every Friday morning, Podiatry - every alternate Thursdays, Specialist Physician - every Tuesday afternoon and RLO - Mon and Wed. Clients can access other Specialist services on site at East Perth such as Dental Services and other Specialists services - Social and Emotional Wellbeing and Psychologist services. At Mirraboooka we provide coordination of care with the Aboriginal Liaison and Outreach Workers with home visiting and transport.

Mirraboooka site has assisted and supported with clinical placements for new students in Medicine, Aboriginal Health Workers and Nursing over the last 12 months, 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 and the Health Council of WA (AHCWA).

Mirraboooka clinic also works with other external stakeholders to ensure clients can benefit from improved access and support for their health needs. These services include; Moorditj Djena provides a range of Podiatry services which includes education sessions around optimal management of their diagnosed condition, diabetes foot care, healthy lifestyle choices such as dietary advice and specialist referral pathways to other treatments for ongoing management of diabetes to DYHS clients living with Diabetes.

Koorliny Moort (formally 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 Mirraboooka, 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.

Mirraboooka NAIDOC committee provides information and promotion of DYHS at a community event in July of every year.

People Who Care provides specialist services for the Aged/Seniors and also providing transport to attend events, Doctor's appointments and outings.

The Maternal and Child Health team now operates from the East Perth clinic and provides ongoing support and services at Mirraboooka clinic on Thursdays with a booked session provided by the Midwife.

Mirraboooka NAIDOC committee provides information and promotion of DYHS at a community event in July of every year.

The Community Engagement Team in Mirraboooka is a part of the new structure that was 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), Indigenous Outreach Worker (IOW) & Resource Liaison Officer (RLO).

The Community Engagement Coordinator has presented an overview of the program and the way forward in how the program can work effectively in a culturally secure environment.

The aim of the Community Engagement Team is to improve the outcome of Chronic Disease clients to have better access and support to the Mirraboooka clinic to see their GP, Diabetes Educator, Podiatry and Retinal Eye Screening, and ensure their Chronic Disease Care Plans are implemented. The team also follow up on pre and post admissions for hospitals, with transport or support to their appointments. On a daily basis they receive Referral forms from the Doctors, Allied Health team and other DYHS clinics to follow up clients.

The Resource Liaison Officer continues to give support and advocate for those clients in need ie, it's financial, funeral, housing or support letters.

Exciting times lay ahead for the Community Engagement Team to create partnerships with external agencies to ensure delivery of health services in line with the strategic direction of DYHS.



The Elizabeth Hansen Autumn Centre has had a good year. Staffing has stabilised and this has made a tremendous difference to the running of the facility and in meeting the needs of the residents. The staff are to be congratulated for their ongoing commitment to the residents, which has often extended beyond their normal employment obligations.

Over the past twelve months, there has been a notable change in the geographic areas from which the residents have come. Historically, most of the residents have come from the Kimberley region, but with the increased capacity to manage people with renal failure closer to home, the number of people coming down from the Kimberley has decreased. This had led to an over-all decrease in the number of people requiring accommodation in Perth. Due to the reduced numbers, there has been a continued/on-going focus on managing the operating costs over the past 12 months, with considerable effort put into trying to improving the overall environment and making it more homely.

The installation of new air-conditioning units into the residents rooms, the kitchen and dining room together with the upgrade to the kitchen and cool room with the purchase of some new furnishings and the painting of many of the rooms have all contributed to making the Centre more pleasant for everyone.

Efforts have also continued to link residents to services and support programs where issues are identified, particularly in the areas of family problems and alcohol dependency. Increasing the opportunities for health promotion initiatives that are aimed at improving the health literacy of the residents. These are all designed to assist the residents to make better health choices and to improve their overall health.

Visiting services to the Elizabeth Hansen Autumn Centre are well supported and include:

Podiatry

The provision of podiatry services is essential to maintain optimal foot care. Visits occur on an as required basis.

Silver Chain

Silver Chain nurses continue to provide services for wound care, as some wound dressings can be quite complex.

Social and Emotional Wellbeing

A nurse from Warwick dialysis unit attends the Centre to assist residents who are on peritoneal dialysis which is of great assistance to both the residents and the staff.

PATS

Refer patients from different country areas to the Centre for renal treatment. Discussions continue to assist in increasing the number of patients who could be accommodated at the Centre.

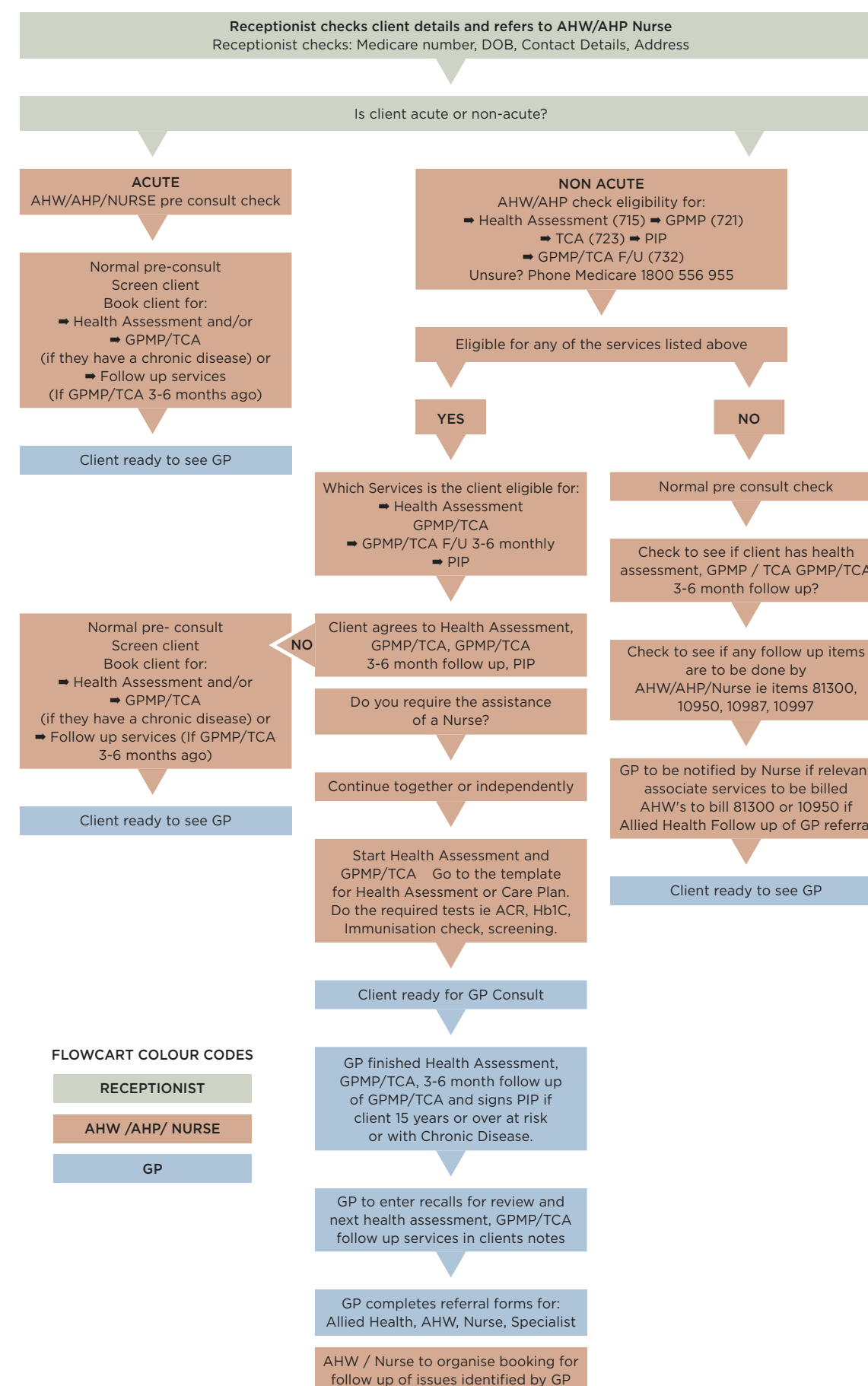
Health Promotion programs are offered/available to increase the knowledge of clients about their health conditions and to encourage behavioural changes.

Transport

The Centre tries to arrange regular outings for the residents to attend to concerts, picnics, and their special day events depending on staff availability.

The opening of Fiona Stanley Hospital (FSH) has presented logistical challenges and these are being addressed, staff ensure that everyone gets to their dialysis appointments at the various dialysis centres on time.

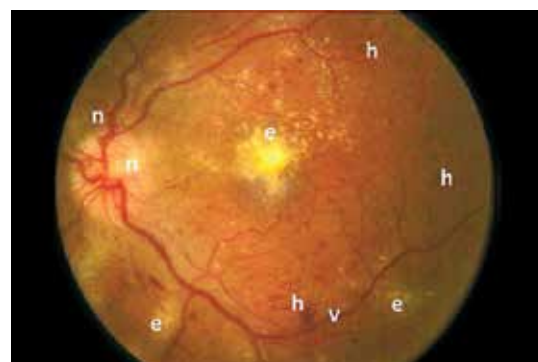
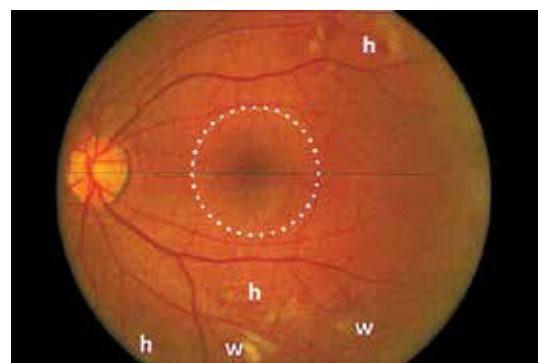
Patient Journey Flowchart



Health Improvement

Eye Health Program

- Most Aboriginal Health Practitioners (AHP) now at Derbarl Yerrigan Health Service Inc. have become competent in retinal screening and can keep up with doctors' demands in regards to this very 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 and offer laser therapy at the East Perth site. We are fully aware that many chronic illnesses have a direct effect on the eyes and with retinal screening our aim is not only to treat your vision but to find the cause, and manage other underlying issues that have yet to bare any symptoms. To further improve this service we now have retinal cameras at all sites with the aim to reduce wait times and provide faster results.



Ear Health Program

Ear conditions are now identified as one of the many causes of developmental issues in our children. Our Ear Health program co-ordinated by a highly competent AHP in respect to this field is an ongoing successful program. The program coordinator visits schools not only in Metropolitan areas but also in regional towns so that we can educate all on ear health and hygiene, and also 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 site, and be fast tracked through the hospital system for surgery. Reputable entities that assist in this program are Australian Hearing Services and State Children's Development Centre. When ear conditions are diagnosed we also may require a team care arrangement of other allied health services that we also offer such as a speech therapist and a councillor. This very efficient scheme is our route to implementing better health care for our future generation.

Social and Emotional Wellbeing Programme

The SEWB-Stolen Generations Programme was involved in a lot of programs and activities over the last 12 months, we work with 1st - 4th Generations of people who were affected from the acts of the past.

The Team consists of 4 staff, 2 Aboriginal Case Workers male & female, and 2 non Indigenous staff, 1 Male Counsellor and 1 Female Mental Health Nurse.

We have been working with a Target Population of over 560 Clients who have engaged in the program, by phone contact, workshops/activities, by counselling, referrals, and Aboriginal & non Aboriginal Agencies.

We have mens and womens groups which include activities workshops and Healing Camps. We work with our community and other organisations in partnership with all our service delivery.

We have ongoing womens and mens group activities every 2 weeks: the ladies have thier group at East Perth; the men go out to different cultural places of interest and have bbq's and network with other mens groups.

We also have mixed men's and womens' Healing Camps through the Perth, Southern and Midwest Regions of Western Australia.



Healing Mens Camp Geraldton at Greenought River Dec 2015

Aboriginal Liaison Officer Program

The Aboriginal Liaison Officer (ALO) program offers support to clients in attending their post discharge appointments and where necessary provide advocacy support to ensure medical staff understand the client's needs and that clients understand the significance of their follow up post discharge care as a component of their ongoing health needs.

Additional services provided by the ALO's are:

- Provision of cultural and social support;
- Exploring different care options available in the community;
- Provision of advice and support to family members;
- Encouragement to attend programs such as Heart Health and Cancer Support which are run at DYHS;
- Referral options;
- Discussion about discharge planning with the client and their family; and
- Providing a link between health professionals and the client.

Outreach Program

- The Outreach Program is a proactive model that engages clients who are unable or reluctant to attend the service due to distrust or fear of the clinic environment, limited mobility, poor access to transport, complex care needs, social isolation, family responsibilities or wish to engage with care in the community in which they live.

The program is well established and has a dedicated team consisting of an Aboriginal Health Worker, registered nurse and general practitioner. The Outreach team work with clients to provide holistic care and are privileged to have allied health professional specialists and programs in-house which provide a culturally secure environment. As an added benefit transport is facilitated to ensure maximized attendance rates. Clients are referred to a diabetic educator, dietitian, podiatrist, Exercise Physiologist, Speech therapist, optometrist, Mental Health nurse, Counsellor, Nephrologist, cardiologist, podiatrist, endocrinologist, paediatrician, psychiatrist, respiratory Physician, ENT Specialist, Ophthalmologist and programs such as Heart Health and the Cancer Support Group. DYHS has a recall system to ensure follow up services

The Outreach program aims to link acute clinic and outreach presentations to a model which is more focused on screening and management of existing and new chronic illness. The program has existing links to the healthy heart program and the diabetic educators.

1. Provide access to target early detection, diagnosis and intervention of clients.
2. Ensure recalls in place for clients with Health Assessments. Recalls are for both follow up of those detected as having a chronic disease or those who are identified as having risk factors that require intervention for prevention of chronic disease.
3. Provide follow up services by Allied Health Professionals, Nurses and Registered Aboriginal & Torres Strait Islander Health Practitioners for clients identified as requiring preventative and proactive education/care,
4. Provide access to coordinated multidisciplinary care for clients with Chronic and complex care needs. Providing clients with GP Management Plans GPMP (721's), Team Care Arrangement TCA (723's) and Review services (732's).
5. Provide follow up services by Allied Health Professionals, (MBS Item's 10950-10970), Nurses and Registered Aboriginal & Torres Strait Islander Health Practitioners (10997).
6. Provide Influenza Vaccinations to people with Chronic Disease such as COPD aged 16 years and over.
7. Via the heart health program provide health promotion activities: to raise awareness of positive life style changes and reduce risk factors.
8. Via access to diabetic educator provide health promotion activities: to raise awareness of positive life style changes and reduce risk factors.

Chronic Disease Program

DYHS Chronic Disease program has been successful in engaging with clients who wish to improve the management of their chronic disease and/or risk factors, with a focus on those 15 years and over.

The existing Chronic Disease program provides support and education to clients by addressing risk factors such as smoking, poor nutrition, obesity and lack of exercise. These prevention measures provide culturally appropriate, competent, quality care to the Aboriginal community in the Perth Metropolitan and surrounding areas with the utilisation of documented management plans, team care arrangements, follow up and referral pathways, improved access, self- management support.

The existing Chronic Disease Program provides support and education to clients by addressing risk factors.

The Outreach team work with clients to provide holistic care and are privileged to have allied health professionals, specialists and programs in-house which provide a culturally secure environment.

Allied Services

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.

A Podiatrist treats and/or manages a variety of conditions such as:

- 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.

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;
- Chronic neck pain;
- 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; and
- Poor posture.

Mental Health Nurse and Counsellor

Counselling sessions are held in a safe, supportive and secure environment. Your privacy and wellbeing is always at the front of our counsellors' minds.

Counselling helps people to maintain a healthy mind, it is the practice of discussing problems and developing a happy and healthier you!

Opportunities for partnerships are continually being explored as a means of improving the accessibility of mental health services.

Heart Health

“For our people, By our people”

Overview of Program

The Heart Health program has been based at Derbarl Yerrigan Health Service Inc. (DYHS) every Thursday between 9-1pm for close to 8 years and has been available to all ATSI people with/at risk of chronic diseases and their family. 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 e.g. Heart rate monitoring, blood pressure and blood sugar checks (BSL) and yarning over a cup of tea or coffee. Group diabetic education precedes a group walk. Supervised group exercise using weights and static bikes then finishing with a discussion about a chronic disease followed by a healthy lunch.

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. A variety of educational topics are discussed including heart health, heart medications, healthy tucker and healthy weight, oral health, what is blood pressure, cholesterol control, quitting smoking, managing stress and emotions, benefits of physical activity and diabetes.

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.

Yearly Report

Over 600 Derbarl Yerrigan clients have registered with the program and many non- DYHS visitors to the program since March 2009.

Being an open flexible program, has allowed clients to attend when and for how long they want to with the options of attending weekly.

Client ownership of the program is evident from the high numbers (24-49) of clients attending each week averaging 33.5 for the year up from 29.19 last year (an increase of 14.76%).

Our female clients make up about 66.15 % of our clients down from 75.16% reflective of family members bringing males to the program. Our male attendance has started to slowly increase but still not at the peak in 2010-2011 at 45.76%.

We continue to work closely with the Heart Foundation and this year we have been working together on photo voice research project called “In their own Voice” in collaboration with UWA. We have guest speakers presenting to the Heart Health clients from different health and community organisations and through this we have managed to build strong partnerships with Diabetes WA, Asthma WA, Continence WA, Stroke Foundation, Foodbank, Kidney Health Australia, Health Consumer Council, WA Cardiac Rehabilitation Services, Foodbank, Cancer Council of WA (Foodcents Program), RPH Cardiology, pharmacist and asthma educator, Hearing Australia, DYHS Podiatry and dental services.

We continue to support many research groups eg Missing Voice's: Communication difficulties after stroke and traumatic brain injury in Indigenous Australians by ECU, Birthing on Noongar Boodjar Research, Elders Values Research and several others. SWAMS and South Australian Health & Medical Research Institute (SAHMRI) recently visited the Heart Health program to review its application to different settings.

Nursing students from ECU & CURTIN visit over the year to learn firsthand about Aboriginal culture and how to develop meaningful relationships with Aboriginal clients as well as answering different organization's questionnaires.

Two Curtin University Dietetics students groups for the first time attended a session on Yarning at Derbarl Yerrigan Health Service Inc. and presented a culturally appropriate education session to clients. Clients and students both found the sessions beneficial and plans are to continue this collaboration in 2017.

Heart Health has presented at; WA Aboriginal Tobacco Control Strategic Leadership Team Meetings, Rural Health West Education Workshop: Broome, Pilbara Heart Health Forum & The Lowitja Institute Health and Wellbeing Conference (poster presentation), Hands on Training Program (HOT) at ECU for student nurses.

Cancer Support Group

The Cancer Support Program provides support to those with and those affected by cancer, including family members. A 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 Session;
- Free Health Assessments;
- Access to Counsellor; Individual or group Yarning Sessions; and
- Guest speakers on various topics.

Marmun Pit Stop

The men's health program has been active throughout the reporting period at many events and health days. Pits stop is currently undertaken by Stan Masters, Neville Bartlett, Roger Turvey, Toby Hayden and Clint Bussey. The marmum pit stop program is an opportunistic project where Indigenous men of all ages can access assistance with their health. Often the marmum pitstop team is the first port of call for a health assessment, which can fast track them to more thorough and holistic care plans beginning with AHW and Doctors.



Daisy Petals

Daisy Petals is coordinated between Paige Pryor and Marian Hill. Daisy Petals often works in parallel to Marmum at various health days and events throughout the year.

The program aims to engage women in a relaxed, friendly culturally sensitive environment in order to provide and support them to receive appropriate medical care and advice.

It is opportunistic screening and health information.



Referrals to Specialist

Clients engaged in Outreach posts can be provided the same access to Specialist and Allied Health Services as those presenting at the four established DYHS sites i.e. Mirrabooka, East Perth, Midland and Maddington. A referral protocol is in place for Specialist and Allied Health and a reminder system ensures clients are provided appropriate reminders 24 hours prior to the appointments. Transport can also be provided.

Rural Health West through its Medical Outreach Indigenous Chronic Disease Program (MOICDP) has provided onsite visits from specialists which compliments existing services. Access is provided onsite to: Cardiologist +Echo Onsite Service, Exercise Physiologist, Nephrologist, Ophthalmologist, Optometrist, Endocrinologist, Renal Physician, Respiratory Physician together with Allied Health Professionals such as Dietician, Diabetes Educator, Podiatrist, Chiropractor, Optometrist and Exercise Physiologist.

Clients who are suffering with mental illness can be referred to an in-house Psychiatrist, Counsellor and/or Mental Health Nurse.

Clients presenting at outreach can be referred internally to programs such as a diabetes educator, Cancer Support, Ear Health, Eye Health and Heart Health, Maternal Child Health, Environmental Health, Dentist, and Welfare.

Outreach engagement in multi-disciplinary school based Hubs

DYHS is currently working in cooperation with the WA Education Department and the Mundaring Shire to operate multi-disciplinary school based Hubs at the Swan View Primary School and the 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 preventive strategies.

This program applies an evidence based approach to cross sector collaboration and family based approaches to childhood, schooling and family issues.

The gap that DYHS needs to fill is to go beyond the early childhood 0 - 5 programs and work with school age target groups.

Speech Therapy

- Speech and language proficiency has been identified as an area of concern. It is a foundation for educational achievement, emotional wellbeing, cultural identity, future parenting and economic security. Speech and language issues are contributing factors for children not staying in school or if they do so, they are often disruptive and will eventually disengage.

Children start using words around 1 year old and have up to 50 words by the age of 1.5 to 2 years of age. They start putting words together by 2.5 years of age. At 3 years old, close family can understand what children are saying. By 4 years old, most everyone should know what they are saying. Building solid talking and listening, grows confident children.

DYHS provides a speech therapist to work alongside the Outreach team to ensure that children who are identified as requiring intervention for speech and language can be provided timely access and regular follow up.

The school based Hubs provide the cross sectoral collaboration and integrated, family based approaches that research has found to be so important for success in this area.

DYHS is working to mobilise the cultural strengths of Aboriginal extended families by using an Outreach Worker and Health Workers to engage with elders and grandmothers who are leaders within their families and the community.

DYHS also wants to increase the focus on the social determinants of health and schooling.

Environmental Health Program

The Environmental Health Program works in various parts of the Perth Aboriginal community. Some distinct communities include Cullacabardee; Rockingham; Perth Metro.

Main highlights or achievements for Derbarl Yerrigan Health Service Inc. during this financial year was providing education awareness in lifestyle, hygiene and general environmental health issues to a number of households.

The Environmental Health Program works within a health practice model framework. It operates from referrals from Derbarl Health professional and health worker staff at any of our four clinics.

We have established key networks with other like-minded organisations and related service providers. We have attended at Geraldton Aboriginal Medical Services' Badgingarra community to exchange information to develop better understanding in delivering home health services. Other services include People Who Care; Ashburton Aboriginal and the Armadale Home Help Services.

Resourcing of this program is limited to assist those most in need, being clients of Derbarl Yerrigan Health Service Inc. to ensure holistic health care for the individuals, families and community groups.

From an environmental health perspective we note that overcrowding of people in houses can lead to chronic disease; mental health issues e.g. postnatal depression.

Dental Clinic East Perth

The East Perth Dental Clinic operates from 8:30am to 5:00pm every day of the week and Saturday mornings 8:30 to 12:00noon. We have walk-in appointments in the morning and booked appointments in the afternoon. Depending on the availability of the Dentists 4-8 walk-ins are seen in the morning and 4-8 booked appointments are seen in the afternoon. Booked appointments are for clients with ongoing treatment plans. Saturday mornings we only have booked appointments and are usually reserved for clients who are full time working or those with young children who have difficulty finding someone to mind their children during the weekdays. Exceptions are made in case of Emergencies.

We see clients 13years and above. Clients should be an Aboriginal person, or married to an aboriginal person and uses our Medical service on a routine bases.

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; Clients are educated on how to keep their teeth clean, importance of keeping 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 removal of teeth is done.
- 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 subsidised rate(only pay lab fees) if they don't have one.
- Partial Dentures: For clients who still have some teeth present we have type of dentures we can provide Acrylic (Plastic), Chrome (Metal) and Valplast (Flexible Dentures). They may be provided free of cost or may have to pay some fees depending on the type they choose or if they have concession card or not.
- 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.

Clients from Autumn Centre

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

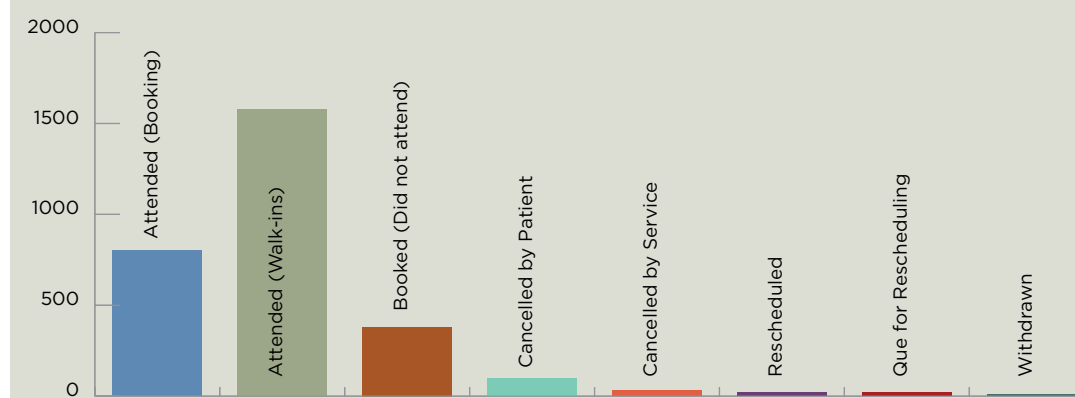
Clients with Medical Complications

We liaise with clients GPs or specialist's to provide the best possible treatment when they have medical complications.

Students from Curtin University

This year the dental clinic has been hosting Oral hygiene and Therapy students from Curtin University. They come on a rotational basis and perform preventative procedures on our clients under supervision.

Appointment Attendance Analysis for Dental Clinic



Health Improvement

Maternal & Child Health

Aboriginal cultures have a wealth of strength that provide positive influences in Maternal and Child Health (MCH), which traditionally inform more holistic views of wellbeing than mainstream Australia. Derbarl Yerrigan Health Service Inc. (DYHS) has implemented two new models for Maternal and Child Health Care that have empowered health workers to build trust with the client, build the identity of mothers through clinical practice and given informed health choices to clientele. Eligible midwives within this structure have enabled the continuity of care which is preferred by pregnant women.

The maternal child health journey includes, but is not limited to, a focus on antenatal visits, post pregnancy health, sexual health, childhood checks and immunisations. Antenatal care, immunisation rates and Pap smear rates have increased significantly as the investment in skill base, resources and community engagement and involvement has been actively pursued.

MCH has had a very productive year with many planned events and clinics undertaken by a knowledgeable and capable team. Community engagement is fun and is focused on meeting and educating clients. We have had days with sporting activities, craft and painting, lunches and other activities.

Highlights are many and have included: school holiday fun events, NAIDOC display, and WA Dept. of Health's Immunisation Strategy launch at our East Perth Clinic.

A crucial need in improving pregnancy maternal and neonatal outcomes is increasing awareness of the service and early and ongoing engagement in antenatal and postnatal care. Strategic collaboration within the service has resulted in improvement of engagement with the service through many clinics, events and programs. MCH have collaborated at times for events and assistance with Heart Health and the team feels that this engagement across sectors assists with knowledge of families and supports the kinship structure of Noongar heritage. Recognising the links between families and knowledge of our team increases health outcomes for the community. Encouraging and getting to know the elders assists in interaction between the generations, creates trusted pathways for next generations utilising our services. We believe that more Aboriginal Health workers are imperative to assist in the policy of AHW as first point of contact and in the health case management. We encourage relationships building, coupled with evidence based health care which leads to a more trusted and holistic Health service.

We look forward to this new section of Maternal and Children's Health operating in DYHS. Making a positive impact on early childhood outcomes and into general health improvements for future generations.



Health Promotions

Health Promotion and Events Program

The health promotion program has had a hectic 12 months which many additions to a well planned and executed Action Plan.

During this reporting period our team has consisted of Clint Bussey (coordinator), Christine Humphries (Health Promotion Officer) and Paige Pryor (Health Promotion Officer). As of February 2016 Christine Humphries has taken a placement at Rio Tinto and in her place we have recruited Jarrod Minniecon (Health Promotion Officer) formally from Noongar radio.

About the Health Promotion Program:

The health promotion is responsible for a coordination of a number of focus areas in the community. Although not restricted to, key focus areas include community nutrition, food security, drug and alcohol awareness, smoking cessation, mental health, community and schools outreach and oral care and sexual health. During this period the health promotion team also assisted with marmum pit stops and the daisy petals women's health programs.

Most significantly the health promotion team will continue to address the most pressing aspects of health and wellbeing and support the community to build and maintain sustainable ways forward to improving each other's health. Much of our work takes place at a community level such as in schools or community groups. The health promotion team continues to be involved in facilitating numerous professional relationships designed to assist the community by reducing duplication, whilst increasing robust work outcomes. Our primary aim is to improve the health and wellbeing of as many Indigenous individuals, families and groups as we can. This is achieved in partnership with our clients and we maintain realistic, short, medium and long term goals. Everything we do is documented, transparent and regularly open to discussion with those interested.

Data is collected utilising a mixed method approach and can be analysed quantitatively or qualitatively. We take notes and document each of our projects and the most significant aspects of our programs.

Our primary aim is to improve the health and wellbeing of as many Indigenous individuals, families and groups as we can.

A number of variables including number of participants and time frames of projects are unpredictable. For example the mothers and families involved in our community cook book was almost 5000. Within our smoking cessation and oral health care projects we had almost 2000 participants. School projects can run for a single session or over 12 sessions throughout the year and include as few as nine participants or over four hundred.

The most important and essential aspect of our program is our ongoing interaction with our clients and exhaustive follow ups. Health promotion has taken on an increased role and coordination of schools outreach and events. We continue to support and active in all the major events throughout the year- beginning with Survival day in January through to Harmony Day and NAIDOC in July and Closing the Gap and Sorry Day. We have been instrumental in schools outreach with assistance from our GPs where we have completed ninety 715s with continual follow up. This has been a good introduction to Derbarl Yerrigan for many of the young boys and men that have not seen a doctor or had a health check. Within our outreach we promote aspects of mental health and wellbeing, oral care, respect for family and self, increase the knowledge and awareness of drug and alcohol issues, and facilitate nutrition sessions as well as oral care and physical activity. For the next reporting period we aim to increase our outreach numbers and follow ups to 300 schools aged individuals.

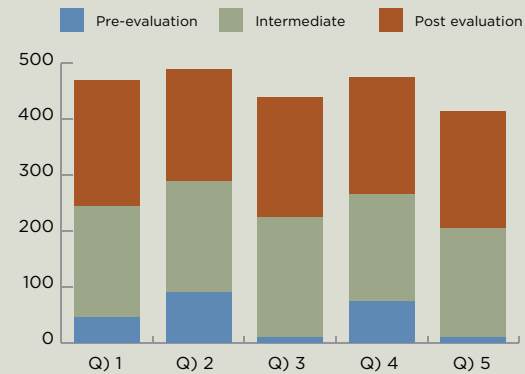
Health Promotions

Samples of evaluation:

Community (Mums and Bubs)
Cook Book Project (July 2015- June 2016)
Participants (2583)
Pre project questionnaire
Intermediate questionnaire (3 weeks)
Post project questionnaire (6 weeks)

Knowledge measured n 1-5 scale

1 = Poor
2 = Fair
3 = Good
4 = Very good
5 = Excellent



What is your overall knowledge of?

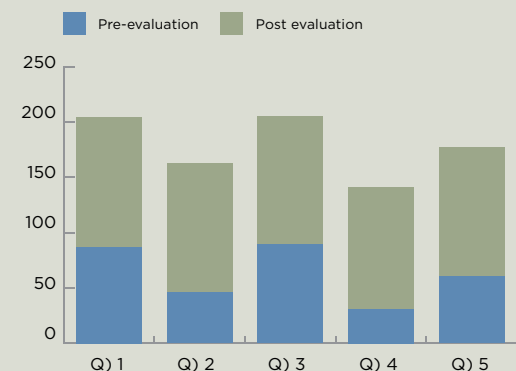
- 1) Three vitamins essential to baby's development
- 2) Five foods to avoid while pregnant
- 3) Three household items to avoid when pregnant
- 4) How much calcium you need in your 1st trimester
- 5) Growth faltering on weaning

Pre-evaluation shows that prior knowledge was poor in 95% of participants on all five questions. Intermediate evaluation improved knowledge from poor to fair/good. Post evaluation was impressive- 95% of participants improved their knowledge to very good. Questions 2 & 4 illustrate that knowledge developed as high as excellent.

Close the Gap Oral Health Presentation
(July 2015- June 2016)
Participants (1117)
Pre Project Questionnaire
Post project questionnaire

Knowledge measured n 1-5 scale

1 = Poor
2 = Fair
3 = Good
4 = Very good
5 = Excellent



What is your overall knowledge of?

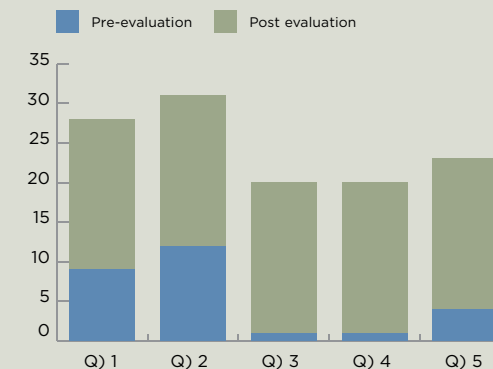
- 1) Knowledge of basic oral hygiene
- 2) Knowledge of sugar in drinks
- 3) Knowledge of dangers of high sugar in foods and drinks
- 4) Knowledge of flossing
- 5) Knowledge of regular health check-ups

Pre-evaluation shows that prior knowledge was poor. Post evaluation improved knowledge from poor to fair/good to very good. Post evaluation was impressive- 90% of participants in all five questions and their knowledge improved their knowledge to very good or excellent

Cullacabardee Nutrition session (October 2016)
Participants (19)
Pre Project Questionnaire
Post project questionnaire (2 weeks)

Knowledge measured n 1-5 scale

1 = Poor
2 = Fair
3 = Good
4 = Very good
5 = Excellent



What is your overall knowledge of?

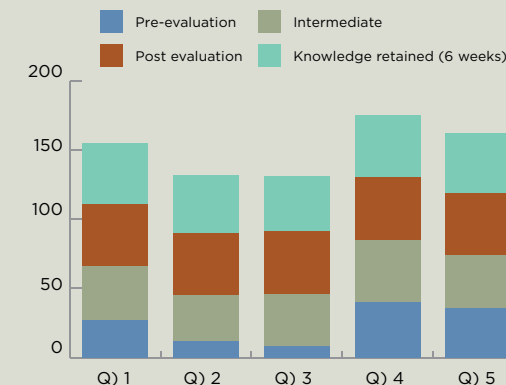
- 1) Knowledge of portion control
- 2) Knowledge of basics of fats
- 3) Knowledge of sugar in foods
- 4) Knowledge of importance of shopping lists
- 5) Knowledge of benefits of cooking with family

Although this was a small sample group pre-evaluation shows that prior knowledge was poor to fair in 100% of participants on all five questions. Post evaluation improved knowledge from poor to fair/good. Post evaluation was impressive- 95% of participants improved their knowledge to very good. Questions 1, 2 & 5 illustrate that knowledge developed as high as excellent.

School healthy lifestyle project (19 Schools) (August 2015- July 2016)
Participants (449)
Pre Project Questionnaire
Intermediate questionnaire (1 week)
Post project questionnaire (3 weeks)
Knowledge retained (6 weeks)

Knowledge measured n 1-5 scale

1 = Poor
2 = Fair
3 = Good
4 = Very good
5 = Excellent



What is your overall knowledge of?

- 1) Knowledge of importance 2 & 5
- 2) Knowledge of dangers associated with salt intake
- 3) Knowledge of portion control
- 4) Knowledge of benefit of regular exercise
- 5) Knowledge of reducing fat intake

Pre-evaluation shows that prior knowledge was poor to fair in 95% of participants on all five questions. Intermediate evaluation improved knowledge from poor to fair/good. Post evaluation was impressive- 100% of participants improved their knowledge to very good. Questions 1, 4 & 5 illustrate that knowledge developed as high as excellent. The most impressive element of this program was that knowledge retained after 6 weeks was very good to excellent and participants knowledge was mostly retained.

Health Promotions

Samples of evaluation:

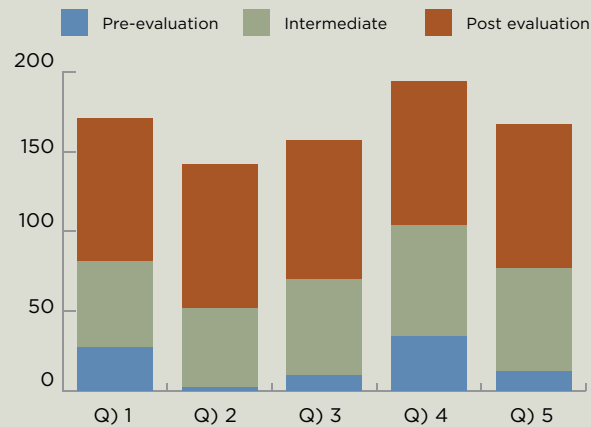
Community Tobacco control project
(July-December 2015)
Participants (592)
Pre Project Questionnaire
Intermediate questionnaire (1 week)
Post project questionnaire (2 weeks)

Knowledge measured n 1-5 scale

1 = Poor
2 = Fair
3 = Good
4 = Very good
5 = Excellent

What is your overall knowledge of?

- 1) Knowledge of dangers of smoking in cars
- 2) Knowledge of 50% death rate of long term smokers due to their habit
- 3) Knowledge of annual cost of one pack a day
- 4) Knowledge of health consequences to children
- 5) Knowledge of immediate and long term benefits of quitting



Pre-evaluation shows prior knowledge was poor –to fair (question 4) in 100% of participants. Intermediate evaluation improved knowledge from poor to fair/good. Generally participant's knowledge went from poor to good after week one. Post evaluation was impressive - 100% of participants improved their knowledge to very good. Questions 4 & 5 illustrate that knowledge developed as high as excellent and generally there was a 3 fold increase in awareness on aspects of tobacco.

Ongoing Priority Areas

- Schools outreach (Health education and awareness as well as clinical aspects of routine check-ups, follow ups and accountability/ client accountability)
- Food security
- Mental health, wellbeing and young person self esteem
- Oral care and education
- Drug and alcohol education, awareness and skills development
- Smoking cessation
- Community nutrition
- Roll out the dental Scheme to ages 13+ in the schools to assist Dental program

Example of a family cook book recipe: One of 160 recipes

5000 copies due to be printed in March 2017. Chapters include- Foods for morning sickness, bush tucker, 1st/2nd/3rd trimesters, meals for Dad, lactation support, weaning-6 months, 6-9 months, healthy snacks, food security & 3 in 1 meal ideas, 9 - 12 months. Nutritional analysis on every recipe. We feel mums and bubs are missing out on what they need in our community. It is staggering that 6000 babies are born in King Edward every year, yet comprehensive care is lacking and we have taken action to what our clients and community members are saying- so the health promotion team set out on their own to create alongside 5000 mums and bubs and family members a comprehensive cook book. We hope that this book will assist families with their journey.



NAIDOC week preparation with Shire of Bassendean

We feel mums and bubs are missing out on what they need in our community.



Facilities and Assets Report

The role and function of the assets and facilities sector is to look after the range of DYHS assets which include buildings, equipment and vehicles by way of regular review, replacement, repair and maintenance.

Other functions of the assets and facilities management role include:

- Security matters: arranging for and responsibility for the performance of the security guards, general security matters for all sites, and after hours contact in cases of emergency.
- Periodic contracts arrangements such as for cleaning and for one-off specific cleaning as required.
- Gardening: ensuring contractors are carrying out work as specified and that outside areas are clear and safe for staff and clients.
- Medical equipment – ensure that contracts are arranged for the required checks/calibration of all medical equipment, vaccine fridges, dental and eye machines.
- Clinical and general waste: ensuring contractors carry out disposal services per schedule.
- Occupation Safety and Health (OSH): perform duties of OSH officer ensuring that any OSH matters are dealt with and resolved quickly so as to provide a safe working environment for staff and facilities for clients. Ensure that there are appointed and trained OSH Reps and Fire Wardens at each site and that building safety checks are carried out bi-monthly together with practice building evacuations on a 6 monthly basis.

Over the past financial year, the following works were undertaken:

- Buildings; on-going reviews of the various work areas to meet operational needs were conducted with changes/works carried out as necessary. Changes to screening rooms in East Perth were made to accommodate Material Child Health, visiting specialists and other organisations providing services to clients.
- Regular contract works, identified and planned maintenance and on-going maintenance on an as required basis ensured DYHS building facilities were in good repair.
- Security Cameras were installed in all sites for the safety of both staff and clients while also being able to provide footage of any incidents if required by the Police.
- Medical equipment – ensure that contracts are current for the checking of/calibration of all medical equipment, vaccine fridges, eye and dental machines.
- Equipment: arranged purchases of major items and other various items as required was ongoing.
- Vehicles: review of vehicle usage and provision of vehicles in conjunction with FleetWest to meet requirements has been on-going, ensuring that vehicle change-overs are conducted on time in accordance with the contract arrangements – that required/regular servicing and repairs were carried out/arranged as required. The arrangement with Fleet West has proven to be most successful and has resulted in DYHS achieving good financial results.
- Transport vehicles were fitted with digital signage to identify Derbarl Yerrigan vehicles allowing for easy access to parking whilst transporting clients to appointments.

Projects/maintenance completed during the year include:

East Perth

- A decision was made to obtain quotes for the installation of a fence and gates around the East Perth car parking areas in order that DYHS vehicles could be securely parked overnight - this also required a quote for the installation of security lighting to car park. These works were completed and have achieved a good outcome.
- Installation of upgraded/dual press duress alarm buttons in the various clinic rooms together with an upgrade to system to allow for improved monitoring.
- Painting to various areas in the clinic rooms/passage ways/toilets.
- On-going improvements were made to the garden areas, trees were pruned/cut back for safety reasons and to allow for the new security floodlights installed to the outside to be effective.
- Install Titan software to East Perth IT system to allow for all security access cards for the 3 x other clinics cards to be controlled centrally.
- Upgrade to air-conditioning system including filters, coils - OSH requirement.
- Replacement of 2 x hot water units.

Maddington

- Front exterior of the building – eaves, bulkhead fascia and brickwork was painted and paid for by the building owner.
- Car parking area was re-surfaced with full re-marking of car parking bays carried out. Two designated disabled bays were created in front of the main entry door allowing for easy parking and access for clients.
- Painting to various areas was carried out; new blinds were installed in the front reception area windows.
- A new DYHS sign was erected to the front of the clinic.

Mirrabooka

- New blinds were installed to the reception area windows, painting to various areas was completed.

Elizabeth Hansen Autumn Centre

- New beds and mattresses were purchased, - major painting to the kitchen, residents rooms.
- Plumbing works were carried out in resident's rooms.
- Panasonic air-conditioning units were installed in each of the residents rooms, and a new air-conditioning unit was installed in the kitchen.
- New shelving units were installed in the cool room, in kitchen and the pantry.

Boomerang House

- On-going discussions on the future use of Boomerang House were held but at this stage no decision has been reached.

It has been a busy twelve months within this section of DYHS as facilities were updated, new equipment purchased and maintained all with a view to improving the standard of health care, patient experience and endeavouring to provide an improved environment for both clients and staff.

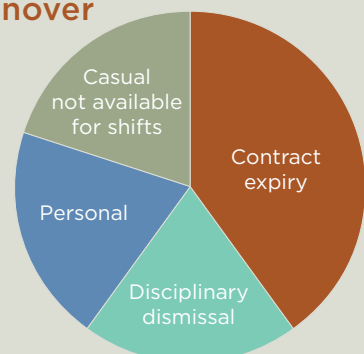
Current staff structure includes:	
Employment Status	Number of Staff
Full Time	81
Part Time	33
Casual	20
Contractor*	4
Total	134

* IT Advisor; Cardiac Nurse; 2 x Security Officers

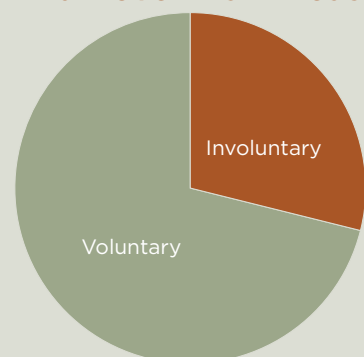
FY 2015-2016 – Below is a summary of Human Resources' major activities:

- **2016 Voluntary Turnover = 14.95%**
(20 resigned from DYHS, of which 6 were senior managers)
- **2016 Involuntary Turnover = 8.2%**
(11 terminations; of which 6 were disciplinary action; 3 Redundancies & 2 end of contract – not renewed)
- **Voluntary Turnover** is any staff turnover due to reasons chosen by the staff member and are outside the control of DYHS, making it also **unavoidable**.
- **Involuntary Turnover** is any staff turnover due to employer action, e.g. disciplinary action, which is within the control of DYHS, making it **avoidable**.

Voluntary vs Involuntary Turnover



Staff Turnover Main Reasons



DYHS conducted an Employee Mental Health & Well-Being Survey.

- Survey conducted June-July 2016
- 43 questions asked
- 80.64% responses received
- 89% said "Yes" and 9% said "No" to: "DYHS has a very human environment with people greeting each other in the morning, smiling, making eye contact and saying thank you."
- 84% said "Yes" and 15% said "No" to: "The team I work with are supportive and work effectively together."
- Policy re-enforcement included:
 - Drug & Alcohol random testing was implement from July 2015. DYHS conducted D & A random checks in Aug 2015, Oct 2015, April 2016, June 2016 and Dec 2016. Through implementing the D & A random checks DYHS continues to demonstrate its commitment to providing & maintaining a safe workplace for all employees & clients. DYHS maintains a zero tolerance to drugs & alcohol in the workplace.

Training & Development

On the training front, in the FY 2015 – 2016:

- DYHS supported: employees completing Cert IV in ATSI, LOGIQC Training, CPR training, Manual Handling, Immunisation & Vaccine, Aboriginal Conference, National Indigenous Health Conference, ACNP Professional Development, Australian Service Union Conference, Chronic Disease Management, OSH hotspot; Recalls and Reminders, Five Ways to Empower yourself and FASD Workshop to mention but a few.
- 2015-2016 6 x Coaching, Mentoring and Leadership workshops were delivered with 85 staff attending
- 5 X FASD workshops delivered with 40 staff attending
- Training delivered during this period Spirometry training, Venepuncture, Wound Management, Take a bit out of Diabetes, Child Unhappiness & Long Term Family Trauma Workshop, OHS Education Session for Representatives, 2016 SEWB forum & trauma workshop.
- For both mandatory and professional development training DYHS invested a total of \$159,224.00 for FY 2015-2016

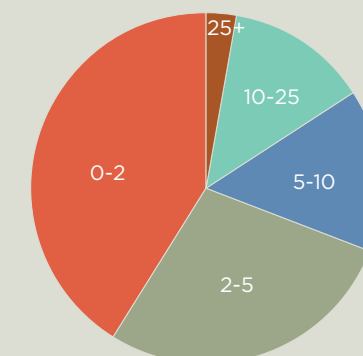
Industrial Relations

- All EBA covered employees received a 3% salary increase from 1st July 2016.
- DYHS negotiated with employees and Union representatives, Derbarl Yerrigan Health Service Inc. Enterprise Agreement 2016 (DYHS EBA 2016); and the Agreement was approved by Fair Work Commission, in accordance with section 54 of the Fair Work Act.

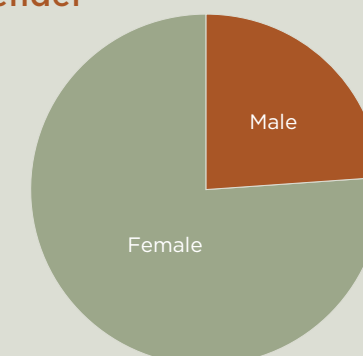
Recognised for Long Service	
Name	No. of Years
SATHASIVAM Pearl	35
DONALDSON Dulcie	25
YARRAN Arnold	25
HILL Marian	15
PROSSER Susan	7
JOHANES Like	7
LITTLE Michelle	7
KATARIA Reena	7
STACK Barbara	5
AL-JOBOWRY Jenan	5
HUMPHRIES Leonie	5
HENRY Barbara	5
FISHER Margarette	5
THOMPSON Janine	5

Our clients are predominantly Aboriginal people from the Perth Metropolitan area, and non-Aboriginal people also have access to our bulk-billing clinical services.

Tenure (years)



Gender



Information Technology (IT)

Helpdesk Ticketing System

Derbarl Yerrigan Health Service Inc. (DYHS) has implemented Spice works Helpdesk software. The program creates tickets for IT jobs; includes a network monitoring system; and assists in tracking Helpdesk performance and attendance to IT issues.

Healthcare Reporting and Updates

Working with clinical and community staff IT significantly contributed to updating DYHS Chronic Disease Register, which helps monitoring of clients with chronic disease conditions.

IT also assisted DYHS with National Key Performance Indicators reporting for Western Australian Community Health and Commonwealth agencies, Prime Minister and Cabinet, and the Indigenous Rural Health Department.

Infrastructure Upgrade

DYHS IT is currently in the process of revamping IT hardware systems. With the assistance of external funding sources we hope to replace DYHS Server infrastructure with a brand new and forward looking solution for DYHS. As part of this we are also doing a major desktop upgrade and will be consistently upgrading machines at DYHS to avoid downtime issues due to old hardware.

Communicare System Update

DYHS IT is currently upgrading our Communicare service to clinics. Using a more efficient and reliable method of access, speeds and input times will be cut drastically at remote clinics improving service.

With the assistance of external funding sources we hope to replace DYHS Server infrastructure with a brand new and forward looking solution for DYHS.

Financial Report

Annual Financial Report Summary

Derbarl Yerrigan Health Service Inc.

ABN 60 824 221 416

30 June 2016

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Executive Committee Members Report

Your executive committee members present this report on the entity for the financial year ended 30 June 2016.

Directors

The name of each person who was 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	President (Part Yr.) Board Member	AO, BArtsSocSc	22/11/14 -28/07/15 13/02/16 - Present
Dorothy Bagshaw	President (Part Yr.)	Community Leader	21/01/14 - 13/02/16
Laurence Riley	Secretary (Part Yr.) & Board Member (Part Yr.)	Community Leader	21/01/14 - 22/09/16
Reginald Yarran	Treasurer (Part Yr.) & President (Part Yr.)	Community Leader	22/11/14 - 10/11/16
John Penny	Vice President (Part Yr.) & Treasurer (Part Yr.)	Cert IV Career Development; Employment Services; Project Management; Mentoring; Governance	22/11/14 - Present
Michelle Nelson-Cox	Board Member	BArtsComm Mgmt, BSocScIndigServ	22/11/14 - Present
Doreen Nelson	Board Member	Community Leader	21/01/14 - 13/02/16
Colin Garlett	Board Member (Part Yr.) & Vice President (Part Yr.)	BAppSc; BHlthSci	22/11/14 - Present
Sharon Bushby	Board Member	BAppSc; MPH	22/11/14 - Present
Margaret Culbong	Board Member	Community Leader	21/01/14 - 13/02/16
Ted Hart	Board Member	Community Leader	21/01/14 - Present
Robert Smith	Board Member	AssocDindigContArt	21/01/14 - 13/02/16
Patrick Smith	Board Member	AssocDindigCommMgmtDev	
Deanne Lewis	Vice President	BAppScIndCommHealth	13/02/16 - Present
Charne Hayden	Secretary	AssocDindCommMgmtDev, Cert IV BusGov, Cert IV TAA	13/02/16 - Present
Kevin Cox	Board Member	Community Leader	13/02/16 - Present

Principal Activities

The principal activity of the entity 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.

Operating Results

The entity recorded a deficit of \$303,210 (2015: Surplus \$570,064) as reported in the statement of profit or loss and other comprehensive income.

Significant Changes in State of Affairs

There were no significant changes in state of affairs during the period.

Future Developments

There is no future development to this report.

Environmental Issues

The entity's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

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 Executive Committee.

Chairperson

Member

Dated this 9th day of February 2017

Executive Committee Declaration

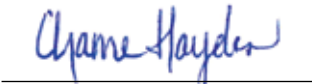

Derbarl Yerrigan Health Service Inc. Statement by members of the Committee For the year ended 30 June 2016

In the opinion of the Executive Committee of Derbarl Yerrigan Health Service Inc.

- a) the association is a reporting entity;
- b) the financial statements and notes, set out on pages 18 to 50, are in accordance with the Associations Incorporations Act (WA) 1987 and the ACNC Act 2012 including:
 - i) present fairly the financial position of the association as at 30 June 2016 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) the Associations Incorporation Act (WA) 1987 and the ACNC Act 2012; and
- c) as set out in Note (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.

Dated at Perth this 9th day of February 2017

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


Name

Position

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2016

	Note	2016	2015
Medicare income		3,448,120	3,045,793
Grant revenue	1	12,951,314	12,608,343
Financial income	2	110,188	79,947
Other income	3	271,221	494,636
Net gain on disposal of property, plant and equipment		19,123	85,777
Administration expenses	4	(4,329,844)	(3,580,919)
Personnel expenses	5	(11,337,930)	(10,658,982)
Rent and other property expenses		(803,815)	(776,160)
Motor vehicle expenses		(141,570)	(164,148)
Depreciation and amortisation expense		(490,017)	(564,223)
Surplus /(Deficit) for the period		(303,210)	570,064
Other Comprehensive income for the year		-	-
Total comprehensive income for the year		(303,210)	570,064

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 2016

	Note	2016	2015
Assets			
Cash and cash equivalents	7	4,474,556	3,709,341
Trade and other receivables	8	110,941	165,546
Investments	9	-	1,000,000
Prepayments	10	343,805	230,927
Total current assets		4,929,302	5,105,814
Property, plant and equipment	11	2,966,276	3,291,439
Total non-current assets		2,966,276	3,291,439
Total assets		7,895,578	8,397,253
Liabilities			
Trade and other payables	12	1,359,256	1,249,519
Unexpended grants	13	370,473	495,047
Employee benefits	14	1,074,803	1,240,007
Total current liabilities		2,804,532	2,984,573
Employee benefits	14	110,718	129,142
Total non-current liabilities		110,718	129,142
Total liabilities		2,915,250	3,113,715
Net assets		4,980,328	5,283,538
Equity			
Accumulated funds		4,980,328	5,283,538
Total equity		4,980,328	5,283,538

The statement of financial position is to be read in conjunction with the notes to the financial statements.

Statement of changes in equity

For the year ended 30 June 2016

	2016	2015
Balance at beginning of the year	5,283,538	4,713,474
Surplus/(Deficit) for the period	(303,210)	570,064
Balance at the end of the year	4,980,328	5,283,538

The statement of changes in equity is to be read in conjunction with the notes to the financial statements.

Statement of cash flows

For the year ended 30 June 2016

	Note	2016	2015
Cash flows from operating activities			
Receipts from customers		3,789,170	3,645,945
Grant receipts		12,601,991	12,425,868
Donations received		-	1,500
Payments to suppliers and employees		(16,539,408)	(14,412,660)
Interest received		110,118	79,947
Net cash from operating activities	22(b)	(38,129)	1,740,600
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		684,082	749,710
Payments for the acquisition of property, plant and equipment		(880,738)	(929,535)
Payments for the purchase of investments (Term deposits)		-	(1,000,000)
Proceeds from disposal of investments (Term Deposits)		1,000,000	-
Net cash from investing activities		803,344	(1,179,825)
Net increase in cash and cash equivalents		765,215	560,775
Cash and cash equivalents at 1 July 2015		3,709,341	3,148,566
Cash and cash equivalents at 30 June 2016	7	4,474,556	3,709,341

The statement of cash flows is to be read in conjunction with the notes to the financial statements.



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Independent Auditor's Report

To the Members of Derbarl Yerrigan Health Service Inc.

We have audited the accompanying financial report of Derbarl Yerrigan Health Service Inc. ("the Entity"), which comprises the statement of financial position as at 30 June 2016, 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, notes comprising a summary of accounting policies, other explanatory notes and the directors' declaration.

Executive Committee's Responsibility for the Financial Report

The executive committee of the Derbarl Yerrigan Health Service Inc is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards; the *Associations Incorporation Act 1987 (WA)* and the *Australian Charities and Not-for-profits Commission ("ACNC") Act 2012* and for such internal control as the executive committee determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independent Auditor's Report

To the Members of Derbarl Yerrigan Health Service Inc. (Continued)



Opinion

In our opinion the financial report of Derbarl Yerrigan Health Service Inc. has been prepared in accordance with the *Associations Incorporation Act 1987 (WA)* and *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

BENTLEYS
Chartered Accountants

DOUG BELL CA
Director

Dated at Perth this 9th day of February 2017

Glossary

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



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