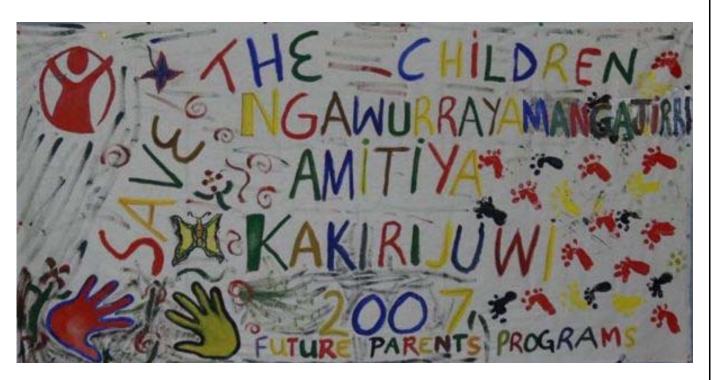
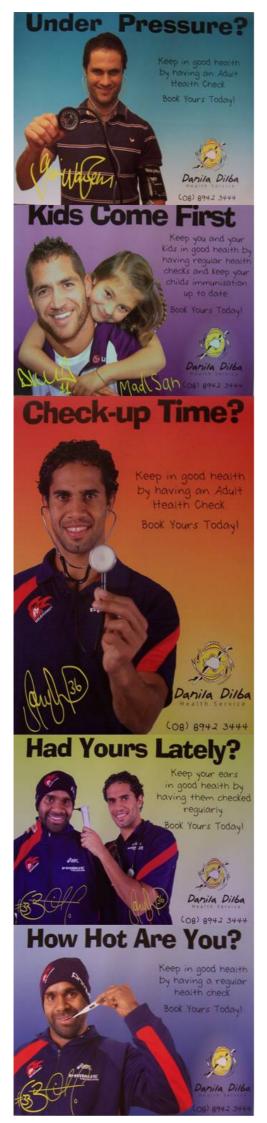


ANNUAL REPORT 2007



This creative work was painted as part of a bonding activity for the group participating in the Certificate IV in facilitating the Child Abuse Prevention Program which was funded by the Commonwealth Department of Families and Community Services & Indigenous Affairs for the Communities for Children strategy through the Australian Red Cross.

Tiwi translation: "Looking after little ones"



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1

Welcome to the Danila Dilba Health Services Annual Report for 2007

OUR VISION

The vision of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is to see: Biluru living long, strong and healthy lives.

OUR PURPOSE

The purpose of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is to improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru community of the Yilli Rreung Region through innovative and comprehensive primary health care programs that are based on the principles of equity, access, empowerment, community self-determination and inter-sectoral collaboration

OUR CORE VALUES

The core values of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation underpin our activities:

- Provision of and advocacy for services that are equitable, professional and of a high quality standard.
- Working mutually with our community to ensure a culturally acceptable environment that promotes safety, comfort, tolerance and respect.



NAIDOC march 2006 Danila Dilba staff

STRATEGIC GOALS

Accountability

- Ensure effective corporate governance and sustainability of the organisation.
- Respect, promote and recognise obligations associated with cultural traditions and beliefs of Biluru peoples.

Key Performance Goals

- Develop accountable governance practices in line with contemporary standards.
- Financial accountability that includes developing sustainable income streams.
- Fulfill reporting commitments to funding bodies, regulatory authorities and our community.
- Promote social, cultural traditions and beliefs that support strong healthy lifestyles.
- Consistent use of logo, name and branding standards.

Access

 Improve access to comprehensive primary health care services and information that supports improvement in Biluru health and wellbeing.

Key Performance Goals

- Establish and continually evaluate effectiveness of a range of innovative multidisciplinary primary health care programs.
- Provision and distribution of culturally appropriate information to individuals, communities and other organisations.
- Improve integration of services across the organization.
- Improve integrated IT systems that support service delivery.

Collaboration

 Develop strong partnerships and collaborative processes with other government and nongovernment service providers to improve service coordination and health outcomes for Biluru.



Danila Dilba Customer Service Officers



Jessica Mauboy with Danila Dilba staff

Key Performance Goals

- Work in collaboration with other service providers to improve coordination, reduce duplication of services and develop alternative service delivery models.
- Establish and continually evaluate joint projects with other providers and communities designed to meet identified community needs.
- Develop joint best practice projects with other service providers.
- Advocate for improvement in services that address 'determinants of health' as required in partnership with governments and relevant service providers.

Consultation

 Establish mechanisms that provide the opportunity for staff, individuals, communities and organisations to have a say in the planning, design, development, delivery, and evaluation of services.

Key Performance Goals

- Establish a range of consultative mechanisms with key organisations and communities and continually improve over time.
- Implement effective workplace consultative mechanisms and continually evaluate their effectiveness.

Capacity

- Build the capacity and resources of the organisation and workforce to undertake effective and sustainable comprehensive primary health care services.
- Build community capacity and strengthen local communities.

Key Performance Goals

- Develop staff training plans.
- Develop and continually evaluate human resource management practices that compliment service delivery.
- Implement a quality framework that will facilitate general organisational improvement.
- Integrate a community development philosophy into services and programs.
 Strengthen health promotion, education and prevention programs at the community level.

ORGANISATIONAL PROFILE

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, known as Danila Dilba Health Service, is a community-controlled organisation providing comprehensive primary health care services to Biluru communities in the Yilli Rreung region of the Northern Territory.

An all Biluru Management Committee, whose members are chosen by the community, governs the organisation.

The name Danila Dilba Biluru Butji Binnilutlum was given by the Larrakia people, who are the traditional owners of Darwin and Palmerston. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'blackfella (Aboriginal people) getting better from sickness'.

Our logo was designed by Larrakia elder Reverend Wally Fejo. The story of the logo is:

"The fish being in a school are excited when jumping around and convey to us our exciting, healthy life. A full life that takes in play, laughing and enjoying a part of your wellbeing, of tucker. The turtle represents the people going back to lay her eggs. The stick represents a hunting tool on how to find her eggs. The overall circle is like looking inside a dilly bag from above, as a circle representing the cycle of life. The snake brings the threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on our guard for health".

Biluru is a Larrakia word that collectively describes Aboriginal people and has been adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation to mean all Aboriginal and Torres Strait Islander people who are living in or visiting the Yilli Rreung region.

Formerly an Aboriginal and Torres Strait Islander Commission (ATSIC) region the Yilli Rreung region has been adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation to continue to recognise and use the boundary to define its scope of responsibility. The Yilli Rreung region extends through Adelaide River, Cox Peninsula and Belyuen.



Gavin Wanganeen with Paula Arnol (CEO) at Danila Dilba Poster Launch 2007

MESSAGE FROM THE CHAIRPERSON



The 2006/07 year is one where Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation proved that we could succeed and prosper. It has been very rewarding to see how much DDHS has changed in the last twelve months. While there have been some challenges, they have been met head-on and DDHS is now a much more stable organisation, with a very bright future.

My fellow Board members have regularly met to discuss the strategic direction and vision of the Organisation. We have offered operational advice to senior management only when requested, and we are aware of our governance responsibilities and take them very seriously. The Board worries for the continued success of the Organisation and each Board member's primary aim is to safeguard DDHS for future generations.

I would like to acknowledge the continuing support of all of our funding bodies, especially the Office of Aboriginal and Torres Strait Islander Health, the Northern Territory Department of Health and Community Services and the Department of Health and Aging. Without their continued support, the health of our people would fail.

I would also like to acknowledge the relationships that DDHS has built up with other organisations. The Cooperative Research Centre for Aboriginal Health not only provides research funding support to DDHS, but also allows us to access the vast research knowledge banks they have built up with some of the best research institutes in the world. DDHS also has a working partnership with the Australian Red Cross and is their primary partner in the Commonwealth funded *Connecting Families to Services Program*.

The future will prove to be the biggest challenge for DDHS. While the organisation is strong, every community member I speak to asks why more is not being done to improve the health of Indigenous Australians. I share their concerns, but I do not have an answer. We still go to too many funerals of our young people passing before their time. We want this to stop. We want the same health standards that other Australians generally have. Making our concerns heard is our biggest challenge, but it is a challenge we must face and win.

In closing, I would like to thank the Board for their continued support over the past year, and look forward to it continuing into the next. I would also like to thank Ms Paula Arnol, the Chief Executive Officer, and all of DDHS's staff for their continuing hard work. We, the community, are grateful.



Paula Arnol, Barbara Cummings (Board Member) and Emma (Barbara's granddaughter)

Management Committee

Ms. Cherrie McLennan Chairperson

Mr. Kane Ellis Deputy Chairperson (resigned December 2006)

Mr. Anthony Castro Deputy Chairperson

Ms Joan Mullins Treasurer
Ms. Barbara Cummings Secretary

Ms Ngaree Ah Kit
Mr. Jason Cubillo
Mr. Desmond McKenzie
Ms Joyce Napurrula
Mr. Boyd Scully
Ms Audrey Tilmouth
Ordinary member
Ordinary member
Ordinary member
Ordinary member



Above (Left to Right): Joyce Napurrula, Boyd Scully, Audrey Tilmouth, Desmond McKenzie, Jason Cubillo, Ngaree Ah Kit, Anthony Castro.

Below (Left to Right): Cherrie McLennan (Chairperson), Joan Mullins, Barbara Cummings

Chief Executive's Report



It gives me great pleasure in presenting the 2006/07 Annual Report. This is my fourth annual report and one that represents a year the Indigenous community of Darwin can be proud. The year just past, was a year Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation finally moved on from the events that have plagued the Organisation since 2003. DDHS has moved on to more stable times where the Board and staff are working together to build strong foundations for the meeting of our goal, "to provide culturally appropriate Comprehensive Primary Health Care Services of the highest quality to the Aboriginal and Torres Strait Islander peoples of the Yilli Rreung region".

During the year, the Commonwealth Government, through the Office of Aboriginal and Torres Strait Islander Affairs, demonstrated its support for DDHS by providing an additional \$885,000 in project funding. Newly funded projects included a dedicated

transport service, funding to employ a Renal Nurse, upgrade to information technology systems, recurrent funding for a bookkeeper and human resources manager, and funding support for a men's health camp. DDHS is confident that the support of OATSIH and the Commonwealth Government in general, will continue into the future. At this time, I would like to thank the Commonwealth Minister for Health, The Hon Tony Abbott and Ms Leslie Podesta, First Secretary for Health, for their ongoing support.

The past year also saw the realisation of our dream for a new, purpose built primary health care complex come a little closer. In the 2007/08 year, a scoping study will develop a plan that will initiate the formal agreement to build the complex in the Palmerston Health Precinct. It is anticipated the complex will be opened two years after the formal building contracts are signed.

The personal achievements of DDHS staff included Linda Bunn, the past DDHS Clinic Manager, being awarded the Urban Aboriginal Health Worker of the Year. This was a great honour for Linda and one that all DDHS staff can aspire to. Linda left the employment of DDHS in December 2006 to undertake further full time studies and we wish her every success in her new endeavours. During the year, a number of staff members took advantage of training opportunities to further their skill base. Training courses attended include Master of Public Health (Shaun Tatipata and Cyril Oliver), Indigenous Men's Leadership Course (Bruce Davis), and Workplace Training and Assessment (Adam Austin).



Winners at the AHW Award night 2006



Danila Dilba Health Checks launch

Paula Arnol
Chief Executive Officer

Of special note during the year was the launch of our Health Checks program, with Gavin Wanganeen as program spokesperson. The program is proving to be a great success, contributing to an overall improvement in men's health and as such, the health of the community in general. The program catch phrase *Strong Men, Strong Families* is certainly ringing true.

In closing, I would like to thank the Board and staff of DDHS for their outstanding contribution to making 2006/07 the successful year it was. With everyone continuing to work together for the betterment of our people's health, this success can only continue.

Finance Report

The 2006/07 financial year can be seen as a year when under the direction of the CEO and Board of Directors, the financial management of Danila Dilba Health Services stabilised. A number of new project grants were awarded to the organisation and net assets increased from \$1.646M to \$2.650M.

A new collective agreement was negotiated with staff, which resulted in salary increases of 10% over fourteen months. These salary increases caused no budgetary pressure and this was confirmed when all projects finished the year within acceptable budget variances. Employee costs

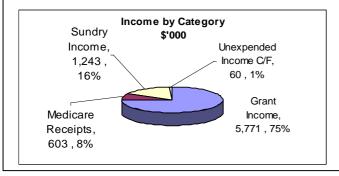
represented 52% of total expenses, which is well inside the industry average of 65%.

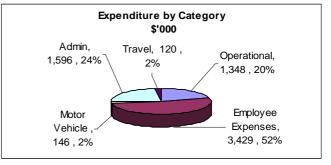
During the year, a number of formal written finance policies were developed and approved by the Board of Directors. All of the policies have now been implemented and are contributing to the financial stability of the organisation. The new finance system, funded through a one-off OATSIH grant, has proved to be a great success by providing real time access to financial data whenever requested by management.

Danila Dilba Health Service Financial Summary for the Year Ending 30 June 2006

Income and Expenditure			
	Jun-06	Jun-05	
_	\$'000	\$'000	
Income			
Grant Income	5,771	5,707	
Medicare Receipts	603	567	
Sundry Income	1,243	1,425	
Unexpended Income C/F	60	804	
Total Income	7,677	8,504	
Expenditure			
Operational	1,348	1,795	
Employee Expenses	3,429	3,643	
Motor Vehicle	146	152	
Admin	1,596	2,446	
Travel	120	99	
Total Expenditure	6,639	8,134	
Surplus/(Deficit)	1,037	370	
Surprus (Delicit)	1,037	3/0	

Balance Sheet Jun-06 Jun-05		
	\$'000	\$'000
Current Assets	1,931	1,225
Non-Current Assets	1,474	1,484
Total Assets	3,405	2,710
Current Liabilities	709	986
Non-Current Liabilities	46	111
Total Liabilities	755	1,097
Net Assets	2,650	1,613
Accummulated Funds	2,650	1,613





Health Services Report



Danila Dilba Health Service provides a wide range of services to the Aboriginal and Torres Strait Islander Community who reside in the Yilli Rreung Region.

We provide the following services:

 Main Clinic (which incorporates Eye Health, Ear Health, Mobile Team, Pharmacy project and

Transport services, Specialist clinics)

Gumileybirra Women's Clinic

Male Health Program

On the 1st July 2006, Danila Dilba Health Service implemented an organisational restructure. Changes included the inception of three new streams of comprehensive primary health care delivery across all of our main clinical services being:

- Health Access
- Health Care Planning
- Health Care Management and Support

Health Care Access

This stream caters for those clients who present at the clinic requiring acute care. During the past year there were over 15,000 episodes of care recorded throughout Danila Dilba Health Service clinics and over 50,000 client contacts.

Health Care Planning

This was designed for an appointment based system that allowed for all of our clients to have an annual Health Check. The impact of doctor shortages nationally was felt by Danila Dilba Health Service, which made the progression of completing all health checks slow in the first instance, however we have now boosted our doctor numbers and started to make inroads into providing annual health checks for all of our clients.

Annual health checks allow Danila Dilba Health Service to compile a full analysis of what our clients overall health conditions are, in turn this allows us to better manage resources to meet our clients health needs; this assists Danila Dilba Health Service in not only treating existing conditions but also to identify better coordination of care, that assists the health professionals at Danila Dilba Health Service to provide prevention and intervention for clients of developing a chronic condition in the future.

Health Care Management and Support (HCM&S)

This stream encourages and supports our clients to better manage their own health. Danila Dilba Health Service has held and participated in a variety of health promotional events throughout the year.

Multidisciplinary teams have been created this year to assist our clients in all aspects of their health, including the new model of family health care. The family health care model of service provision has an emphasis on prevention, intervention and treatment for the whole family.

HCM&S provide not only medical services but also health promotion and education. Danila Dilba Health Service established a discharge and liaison position earlier this year to coordinate a smoother transition for our clients leaving hospital and returning home.

Medicare

Medicare is the extra income generated by the health professionals that allows Danila Dilba to undertake new unfunded health initiatives. One example of this is the provision of free medications to our clients.

The Health Insurance Commission, as a key partner, has also introduced Medicare training for Doctors and Aboriginal Health Workers. Danila Dilba is currently organising this training which will increase health professional's awareness of HIC / Medicare when working with Indigenous people.



Karen Duxfield (AHW) & Dr Maureen Mitchell at Darwin Show 2006

Pharmacy

During the year the pharmacy team reviewed our existing processes in regard to the purchasing and distribution of medical and pharmaceutical supplies. This review was to confirm whether Danila Dilba Health Service was effective in its current practices of Quality Use of Medications. Identified were several areas of concern with regard to our external partnerships with the private pharmacies (costs, education to clients). Further strategic planning and

action planning was completed by the team to meet the organisations concerns. Patients will receive an improved way of receiving their medications from the pharmacy's we outsource to. We look forward to rolling this out during the next year.

The past 12 months can best be described as having been a period of consolidation during which time DDHS has again reflected that the control or pharmacy services, safety with medicines and client education is best situated within our core primary health care service.

Male Centre

The past year has been a very productive one for the male health program. The male health program is open three and a half days a week on Tuesday, Thursday and Friday. On these days clients are able to access the centre by appointment and some limited walk-ins. Staff from the male health centre have been actively involved in health promotions activities throughout the year. One of the highlights was the Male Health workshop held at Mount Bundy. An outcome of this workshop was the development of a strategic plan for future service provision within DDHS as well as key partnerships.

This year the male health centre introduced adult health checks on Wednesday mornings. This has proven to be very successful and has been very well received and supported by the community. Numbers of clients accessing the centre have dramatically increased and part of the strategic plan is to source further recurrent funding to enable this service to go 5 days a week to meet the increased demand.



Male staff of Danila Dilba



Left to Right: Dr Shanmugalingam, Dr Fitszsimmons & Dr Pickering at the DD Christmas party

Gumileybirra Women's Clinic

The Women's health service operates two and a half days a week and focuses on child health, antenatal and general women's health programs.

The spotlight during the past year has been on the following:

- Antenatal health. Staff continued to hold various meetings with other key agencies. Collaboratively and in partnership, we provide fortnightly educational sessions for our pregnant clients. This has led to an Antenatal support group being established and post natal follow ups and positive parenting programs developed and implemented.
- Child Health. Child health clinics are held every Monday. This year the focus was on immunisations and full child health checks. The response has been excellent. We have also been eager to have all the children participate in growth and assessment charts, as well as conducting clinics for school readiness screening. The target group was those children who were about to commence their pre-school year and involved screening eyes, ears and general health.
- Gumileybirra also spent a lot of time conducting health education and promotions to women both in a clinical setting and in the wider community.
- Other key services provided were; PAP Smears Blitz, Breast Examination Education and Awareness; Well Women's screening and continued linkages into other internal and mainstream services.

Kane Ellis Practice Manger

Family & Community Development Report



In early 2007, the position of Family and Community Development Manager was created to provide ongoing assistance and support to coordinators of existing programs such as ESWB, Youth, Sexual Health and Eye Health within the organisation. The other key area of this position is the outreach

services delivered in the

community.

Outreach

Throughout 2007 the FCD Manager has been working closely with the residents of Indigenous communities in the Darwin and Palmerston area in an attempt to synchronize the many visiting mainstream services and to ensure that these services are delivered in a culturally appropriate manner with a desired outcome being achievable for the residents.

As well as facilitating the delivery of primary health care in an outreach setting the FCD Manager has been working with residents to identify individual health issues and advocating on their behalf to assist them access the services required to address their health problems. Some of the community events include:

- Child Health Month consisted of food and nutrition education sessions, screening eyes and ears, hygiene and healthy skin and general health care and education.
- Coordination of community clean up events.
 Danila Dilba Health Service assisted communities to gain the resources required for them to improve the environmental health of the community.
- Attending community network meetings with other Aboriginal organisations and mainstream services to plan for culturally appropriate community events and activities.

The main emphasis of this program area is to continue to strengthen the capacity and resources for Aboriginal people to have better access to mainstream services, as well as DDHS advocating with both governments to provide these service to Aboriginal residents of town camps, villages and/or communities. An example of this is the advocacy for public transport access to residents of the Palmerston Indigenous Village.

Shaun Tatipata Family & Community Development Manager



Daryl Thomas, Sexual Health Educator



motional and Social Well Being= Service team=

Youth Service team with Gavin Wanganeen at the Health checks launch 2007

Emotional and Social Wellbeing Centre

The aim of the programs is to provide professional, high quality and appropriate emotional and social wellbeing service.



Marie Napatali & Alexis Higlett welcoming a client

Programs

The Indigenous Regional Centre (IRC) aims for the provision of personal and professional support to the health workforce, development or adaptation of curricula in supporting, influencing or advocating for other agencies to meet training needs and to



Left to Right: Helen Clarke & Rosalie Highfold

develop appropriate cross sector linkages and interagency cooperation.

The Bringing Them Home (BTH) provides counselling and support to individuals, couples and families and the development and delivery of therapeutic programs to the Indigenous community.

Relocating

ESWB will be relocating to Malak in the very near future. This will make it easier for our clients to access our services and provides us with greater opportunities to work more closely at a 'grassroots' level with our clients, other community members and external agencies the majority of which are based in the northern suburbs.

Involvements

As well as participating with other internal DDHS services ESWB have also been involved with forming key partnerships with the following agencies:

- Team Leaders at Family and Community Services (FACS) - working with our clients furthering the commitment to a positive working relationship between FACS and Danila Dilba.
- Mental Health Workers from the Tamarind Centre in regards to clients, service delivery and networking.
- Northern Territory Coalition of Australian Governments (COAG) reference groups in regards to the Federal Government's new Mental Health Initiatives and proposed funding.



Alexis Higlett - ESWB Counsellor

The ESWB team have been involved with providing therapeutic support and assistance with a series of group activities for the Northern Territory Stolen Generation members and groups. This has been a very rewarding experience for ESWB with the sharing of knowledge and experiences enabling a two way learning process.

We have also been actively involved with the National Sorry Day events and the NAIDOC celebrations and have participated in all other DDHS health promotion events.

The male counsellors in ESWB were involved with the DDHS Men's Camp held at Mt Bundy which has provided another opportunity for ESWB to support male Indigenous clients.

> Rosalie Highfold, Coordinator

Sexual Health and Health Promotion

The aim of the program is to provide the community with information about general and sexual health education, awareness and promotions.

It is essential that we continue as we have over the past year, to develop partnerships and work collaboratively with external government and non-government agencies as this assists the program in ensuring up to date and changing information can be disseminated to the wider community through our health promotions team.

The Sexual Health team also participates and assists with other services within Danila Dilba such as the Youth Services, Emotional and Social Well Being Centre, Men's and Women's Clinics.

DDHS and the Sexual Health team work with key stakeholders such as the Northern Territory Aids and Hepatitis C Council, Heart Foundation, Royal Darwin Hospital -Block 4, Northern Territory Public Schools, Mission Australia, Anglicare and Family Planning.

Some of the events that the team participated in during the past year are:

- Heart Week –with health promotion displays at Karama and Palmerston shopping centre's educating the community on things such as quitting smoking, the importance of healthy eating and exercise and programs available to the community from other agencies.
- Hepatitis C week in conjunction with the NT Aids and Hepatitis Council held a community event at Lake Leanyer. A band was organised and DDHS had a display set up and gave away information on Hepatitis C and the effect it has on a person's health.
- World Aids Day in conjunction with NT Aids and Hepatitis Council, Family Planning and Northern Territory Government. A breakfast was held at the Museum to open the week.
- A display stall was set up at Casuarina Shopping Centre and we also held a day event on Bathurst island
- Royal Darwin Show 3 day event in which we won best community display. Around 6,000 people came through the Danila Dilba Health Service display where we gave away fresh fruit, tea, coffee and various health promotion items that were kindly donated from the Stuart Park pharmacy, Medicare and CRCAH.



DD staff at Darwin show holding the trophy for best community display

- Mindil Beach Markets each week the DDHS Sexual Health trailer is set up at the markets. As well as having a wide range of information on sexual and general health there are giveaways such as condoms, brochures and other health promotions materials. Staff are always there to discuss issues with the community that relate to health or any of our other services.
- Sister Girl Retreat which was held at Mt Bundy over four days with 21 participants. The aim of the Sister Girl Retreat was to share and learn from information provided by the participants about lifestyles, protocols, health and sexual health in a non-judgmental and comfortable environment.
- Men's Health Meeting held in June 2007 at Mt Bundy with 25 Participants from other NGOS and NTG. The purpose of this meeting was to gather industry experts from across the Top End region to discuss the current situation in regards to Men's Health. From this meeting the Strong Men, Stronger Family program was developed.

DDHS was invited to attend the Binjari Men's Health Camp that was held on the banks of the Katherine River. Danila Dilba Health Service was requested to assist with Sexual Health Promotions and clinical support.

Daryl Thomas Sexual Health Educator

Danila Dilba Youth Services

Danila Dilba Youth Service has now been operational for 3 years and is situated in the Palmerston suburb of Gray, which features an array of programs as well as a drop in centre and access to counselling and support. Danila Dilba Youth Service is now an integral part of the combined youth services in the Palmerston area. The Centre provides culturally and spiritually appropriate services to meet the emotional, social and psychological needs of Aboriginal and Torres Strait islander Youth and their families in the Palmerston area. DDYS lobbies and has vital input into Palmerston, Darwin and regional youth issues and programs.

DDYS key objective is learning through participation, learning a new skill, such as being on the radio for example, in a peer-directed and supportive environment; building self-esteem, leadership and interdependency. The last 12 months have been challenging, as with the last 3 years, but its rewards is the identification and support of young people including their families and the broader communities on all different levels.

DDYS supports its own indigenous Youth Advisory Committee (IYAC) which is an integral part of Indigenous youth issues from our own service perspective to broader contributions to various bodies in local, state and National levels. The IYAC is made up of 12 members with a chair, vice chair and secretary and other ordinary members which are elected annually. This is a vital link into youth empowerment and involvement into service and program delivery, whilst developing leadership and learning about good governance.

The Youth Service have had over 7,000 visits by young people throughout the year.



Some of the activities that staff and the Youth of Palmerston participated in during the last twelve months are:

July 2006

- Organised and facilitated a number of activities associated with Palmerston NAIDOC program – these programs encouraged family based activities with an emphasis on strengthening families.
- Took fifteen youth to Planet Tenpin during the school holidays;

August 2006

 Took fourteen youth participants to perform at the Croc Festival, Alice Springs. This program was quite intensive due to choreographing and rehearsal.

September 2006

- NAPCAN Mini Expo at Kormilda College;
- "Creating Futures" Conference influencing social determinants of mental health and well being in rural, Indigenous and Islander peoples, Cairns;
- 5th Binjari male camp;
- Victims of Crimes Conference "Positive Ways: An Indigenous Say"
- Facilitated fortnightly health awareness sessions/activities with Gray School Homework Centre students (till the end of the year).

October 2006

- Assisted in organising the basketball activity with Hoops 4 Health in conjunction with Hepatitis C Awareness Week;
- Attended the Mental Health Expo at Dripstone High School;
- Attended the Drug Expo at Palmerston High School.

November 2006

 Supported four female youth to attend the six week Young Women's Self Defense course funded by Anglicare.

December 2006:

- Took seven youth to Goanna Park for Youth Forum;
- Took six youth to the Youth Amphetamine Information Project workshop, Darwin.



January 2007

- Organised the Survival Concert, Moulden School with support from the Anglicare Connect Youth team and funded by Palmerston NAIDOC;
- Participated in the Youth Awareness Training for NT Police Trainees.

March 2007

- Completed the Cert IV in Facilitating Abuse Prevention Programs (Delsey);
- Facilitated a "live" radio workshop as part of Moulden School's Harmony Day activities.

April 2007

 Organised and facilitated the STR8 UP! Careers Expo as part of National Youth Week, Palmerston Recreation Centre.

May 2007

- Presented and supported youth at the "Are We There Yet?" National Youth Conference, Melbourne, Vic;
- Presentation for Kormilda College

June 2007

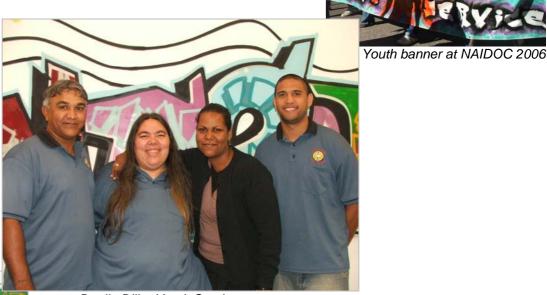
 Assist with organising Youth Activities (song writing & performing, cooking, hair care and Palmo Beatz Disco & Seniors Luncheon for Palmerston NAIDOC.

In addition DDYS supports young people in the DJ Training Program:

- facilitated approximately twenty young people to participate in the program through the Danila Dilba Youth Radio Show every Monday and Friday afternoon;
- Drop In was increased to four days a week during all school holidays.

Danila Dilba Youth Service also has regular network meeting with other youth service providers such as; Palmerston City Council, DAISY Reference Group, 15 Mile, PARYS and DARWWYN.

Mark Munnich Coordinator



Danila Dilba Youth Services team

Operations & Promotional Report

Danila Dilba Health Service has had a very busy year not only participating in but also hosting a variety of community events during the year.

Danila Dilba Health Service held an open day during NAIDOC week 2006. This allowed visitors to look through the main clinic and view some of our promotional materials that were set up.

This year Danila Dilba Health Service's display at the Royal Darwin Show won first prize. Staff put a lot of time and effort into ensuring this was a very informative and interactive display. There were a lot of educational materials that children could pick up and play with and the video otescope was a huge hit.

In July 2006, two students and teachers from Fintona Girls School in Victoria made contact with Danila Dilba Health Service. Their school wanted to raise some money for an Aboriginal Health Service and they chose Danila Dilba. Fintona donated a laptop computer to the organisation and the students and staff spent four days in Darwin visiting the various DDHS services. We have continued to keep in touch with Fintona and they are looking at designing some ear and eye health brochures for DDHS.

Danila Dilba Health Service also hosted the annual Australian Heart Foundations Guidelines for Acute Rheumatic Fever and Rheumatic Heart Disease Management launch. This also incorporated the Emergency Response to Heart Care for Indigenous people in both rural and remote areas. The launch was attended by a large contingent of service providers and community members from the Top End.

On the 31st March 2007 - World No Tobacco Day, Danila Dilba was declared to be a Smoke Free environment. Danila Dilba Health Service strongly encourages and supports those people who wish to quit smoking and offers a range of programs to assist in facilitating this.

One of the more successful launches held during the year was the promotion of Danila Dilba Health Checks. A range of posters were developed with the assistance of AFL footballers (past and present) Aaron Davey, Des Hedland and his daughter Madison, Byron Pickett and Gavin Wanganeen.

Danila Dilba Health Service would like to thank Gavin Wanganeen for travelling to Darwin to launch the campaign and to also attend the Men's Health Camp that was held at Mount Bundy Station during this time.



Staffing Team

Administration

Paula Arnol Chief Executive Officer
David Morgan Director of Finance

Rishenda Moss Human Resources Manager

Lea Edmonds Book-keeper

Stephenie Johnstone Casual Administration Officer

Melissa Kitching Trainee book-keeper (left November 2006)

Patricia Michels Trainee HR Officer
Cyril Oliver CRCAH Links Officer

Aaron Russell Trainee Administration Officer (left May 2007)

Joanne Versteegen Administration Officer

Health Services

Dr.Peter Beaumont Medical Practitioner (left March 2007)
Dr Phillip Brownscombe Medical Practitioner (left Mach 2007)

Dr Emma Fitzsimmons Medical Practitioner
Dr Roger Hartnett Medical Practitioner
Dr Julie James Medical Practitioner

Dr Uma Kumar Medical Practitioner (left July 2006)

Dr. Justine Mayer Medical Practitioner
Dr Fiona MacDonald Medical Practitioner
Dr Maureen Mitchell Medical Practitioner

Dr Ana Pickering Medical Practitioner (left March 2007)
Dr Vasundhra Salaria Medical Practitioner (left October 2007)
Dr Vath Shanmugalingam Medical Practitioner (left February 2007)
Dr Colin Smith Medical Practitioner (left December 2006)

Dr Nathan Zweck Medical Practitioner, Men's Clinic

Linda Bunn Practice Manager (left December 2006)

Kane Ellis Main Clinic Practice Manager

Barbara Henry Main Clinic Executive Officer – Operations (left December 2006)

Shaun Tatipata Family & Community Development Manager
Erin Lew Fatt Executive Project Officer (left March 2007)
Adam Austin Health systems data officer – Communicare

Chrystal Bray Customer Services Officer/Clinic Manager Personal Assistant

Vanessa Cole
Tom Crosbie
Ian Lew Fatt
Jackie Scrymgour

Customer Services Officer
Customer Services Officer
Customer Services Officer
Senior Customer Service Officer

Daryl Thomas Sexual Health Educator

Deidre Arthur Registered Nurse – Diabetic Educator

Margareitha de Beer Registered Nurse

Ben Emmett Registered Nurse – Discharge & Liaison Coordinator

Carolyn Jobson Registered Nurse (left September 2006)

Margaret Clayton AHW (left August 2006)

Pilar Cubillo **AHW** Malcolm Darling **AHW Bruce Davis AHW** Karen Duxfield **AHW AHW Eyvette Hawthorne AHW** Steven Lancaster AHW Malcolm Laughton AHW Phillip McGinness

Sandra Nelson AHW (left February 2007)

Maria Nickels AHW – (leave without pay from May 2007)

Rita Ostermeyer AHW – (left April 2007) Ann-Marie Quinn AHW – (left November 2006)

Cheryl Patullo AHW

Stephen Scrymgour AHW – (left September 2006) Anna Smith AHW – (left October 2006)

Maida Stewart AHW

Terrence Craigie Utility Officer (left February 07)

James Laughton Utility Officer
Jan Munnich Utility Officer
May Stott Utility Officer

Daniel Davis Transport Officer (left December 2006)

Aaron Mummery Transport Officer Leslie Scharnberg Transport Officer

Emotional and Social Well Being Centre

Rosalie Highfold Coordinator

Helen Clarke Administration Officer (left March 2007)

Marie Napatali Administration Officer

Alexis Higlett Counsellor

Steven Raymond Counsellor (left June 2007)
Katherine Whitfield Counsellor (left August 2006)

Sue Whitfield Counsellor

Marlene Izod Psychologist (contracted)

Youth Services

Mark Munnich Coordinator

Cherise Daiyi Youth Psychologist

James Fraser Youth Worker (left January2007)

Delsey Tamiano Youth Worker

Kerrina Tamiano Youth Worker (casual, left July 2006)

Phillip Tamiano Youth Worker (casual)

Nikitta Thorne Youth Worker (casual, left July 2006) Karen Walker Youth Worker (casual, left July 2006)



MAJOR PARTNERS

Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)

Danila Dilba Health Service is a member of the Northern Territory peak body the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

AMSANT consists of 13 full member organisations and several associate members, usually represented by either the Chairperson or Chief Executive Officer of each member Health Service.

The Chief Executive Officer of DDHS is the current Chairperson of AMSANT.

Some of the identified areas for development during the past year are:

- Continuing to advocate and lobby for funding for the provision of a Danila Dilba Health Service facility in the Palmerston area.
- Participation and feed back relating to the new national competencies in Aboriginal Health Worker certificates and workforce issues in general.
- Lobbying Commonwealth Government to fully rollout Primary Health Care Access Program funding across the Northern Territory.

CORPORATE RESEARCH CENTRE FOR ABORIGINAL HEALTH (CRCAH)

Danila Dilba Health Service is one the core partners of the Cooperative Research Centre for Aboriginal Health (CRCAH).

Danila Dilba Health Service represents the Together with Central Australian Aboriginal Confidence of the Contract of the Aboriginal community-based health service providers in determining the collaborative research agenda of the

Some key objectives of the CRCAH

- Working with Indigenous partners & communities to identify research priorities;
 Building partnerships to work on these priorities;
 Increasing Indigenous research sapacity through education (eg scholarships, traineeships, cadetships)
 Working towards changing the 'traditional culture' of Indigenous health research.

Danila Dilba Health Service's Chief Executive Office supports the increase of epresentative on the Board of Directors. The Board supports the increased research capacity of Aboriginal Medical Services. One of our key contributions on this board has been to ensure the transfer of knowledge gained by research into practical support and assistance in our Health Services that benefit our clients boriginal

NORTHERN TERRITORY ABORIGINAL HEALTH FORUM

The aim of this forum is to better improve health outcomes for Aboriginal and Torres Strait Islander people, with the Commonwealth and Northern Territory Governments and AMSANT working collaboratively together.

This agreement allows all parties to contribute to:

- The improvement of access for Aboriginal and Torres Strait Islander people to both mainstream and Indigenous specific health and health related programs
- Increase the level of resources allocated to reflect the higher level of Indigenous need;
- To jointly plan for full and formal Aboriginal and Torres Strait Islander participation in decision making and determining priorities, improving cooperation and coordination of service delivery, increasing clarity on the roles and responsibilities of stakeholders and enhancing effectiveness and efficiency of health service delivery.

The forum plays a pivotal role in the distribution of funding and resource allocations in the Northern Territory. Through our partnership work with AMSANT, Danila Dilba Health Service continues to provide information that contributes to the decision making as well as staying in touch with emerging priorities in the Aboriginal Health Sector. The Chief Executive Officer is also the Chair of the NT Aboriginal Health Forum.

DANILA DILBA HEALTH SERVICES

ADMINISTRATION

Location: 36 Knuckey Street

Darwin, NT 0800

Postal: GPO Box 2125

Darwin, NT 0801

Phone: (08) 8981 9700 Fax: (08) 8981 3688

Email: info@daniladilba.org.au

HEALTH SERVICES

Main Clinic-Women's Clinic-Mobile Clinic

Location: 32-34 Knuckey Street

Darwin, NT 0800 (08) 8942 3444

Phone: (08) 8942 3444 Fax: (08) 8941 3452

Male Health Programs

Location: 42 McLachlan Street

Darwin NT 0800

Phone: (08) 8942 2186 Fax: (08) 8941 8269

Palmerston Health Service:

Location: 5/6 Woodlake Bouevard

Durack NT 0830

Phone: (08) 8986 7148 Fax: (08) 8932 2162

EMOTIONAL AND SOCIAL WELLBEING CENTRE

Located at: Unit 3/1 Malak Crescent

Malak NT 0810

Phone: (08) 8986 7144 Fax: (08) 8947 9002

YOUTH SERVICES

Located at: Shops 9 & 10 Gray Shopping Complex

Essington Ave, Palmerston NT 0830

Phone: (08) 8932 3166 Fax: (08) 8932 9762

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Department of Health and Ageing



Department of Health and Community Services

Department of Health and Community Services



Cooperative Research Centre of Aboriginal Health





General Practice Education and Training



Australian Red Cross



Department of Education, Science and Training



Community Benefits Fund



