



Annual Report | 2015/16





Please note:

The terms **Aboriginal** and **Torres Strait Islander** and **Indigenous** are used interchangeably throughout this document with respect.

Aboriginal and Torres Strait Islander readers should be aware that this document may contain images or names of people who have since passed away

Acknowledgements

The development and delivery of our services could not happen without funding from and partnerships with the following organisations:

- The Australian Government Department of Health
- The Australian Government Department of Social Services
- Queensland Health
- The Metro North Hospital and Health Service
- The University of Queensland
- Movember Foundation
- Check-Up Australia
- Brisbane North Primary Health Network
- Brisbane South Primary Health Network
- Gold Coast Primary Health Network
- Darling Downs and West Moreton Primary Health Network
- Fred Hollows Foundation
- NRMA Insurance Brisbane Broncos
- Aquis Gold Coast Titans

ISBN: 978-0-9925441-2-6



CONTACT US

Institute for Urban Indigenous Health Ltd

ACN 140 019 290

23 Edgar Street Bowen Hills QLD 4006

www.iuih.org.au

Phone: + 61 7 3648 9500

Email: reception@iuih.org.au

Fax: + 61 7 3252 9851

FOLLOW US



Our Mission 1.

Board 3.

Message from the Chair 4.

Message from the CEO 5.

Service Development 7.

Allied Health 19.

Aged Care 23.

Preventative Health 27.

Corporate Services 31.

Annual Financial Statements 35.



Our Vision

To reduce the disparity in health and well-being experienced by Aboriginal and Torres Strait Islander peoples in South East Queensland.

Our Mission

To ensure Aboriginal and Torres Strait Islander peoples in South East Queensland have access to comprehensive, high quality and timely primary health care services, integrated with the broader health and human services system.

About the IUIH

The Institute for Urban Indigenous Health (IUIH) Ltd is a not-for-profit, Aboriginal and Torres Strait Islander Community Controlled Organisation which leads the planning, development and delivery of comprehensive primary health care to Indigenous communities of the South East Queensland Region. The IUIH and its Members serve Australia's second largest but fastest growing Indigenous population.

The IUIH was established in 2009 by its 4 founding Member Organisations:

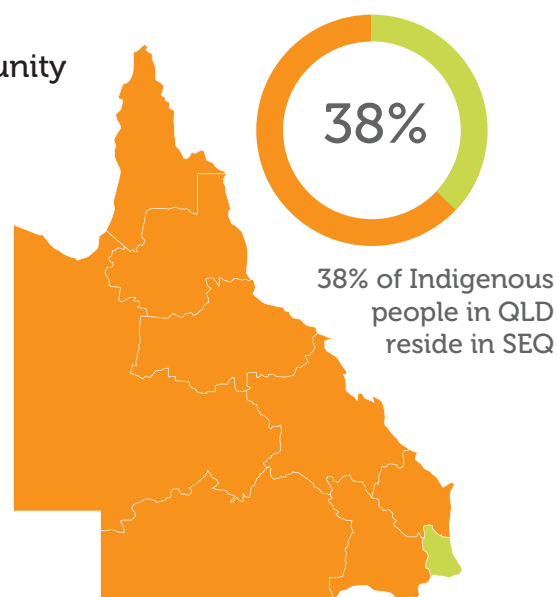
 **ATSICHS** The Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Ltd;

 **kambu** The Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu);

 **Yulu-Burri-Ba** The Yulu-Burri-Ba Aboriginal Corporation for Community Health; and

 **KALWUN** The Kalwun Development Corporation.

The IUIH and Member Organisations have expanded their services and network to become one of the largest Indigenous Community Controlled Health Organisations in the country. The IUIH Network is the biggest employer of Aboriginal and Torres Strait Islander peoples within the South East Queensland (SEQ) Region, with almost 500 Indigenous peoples employed by the IUIH and its 4 Member Organisations.





IUIH Network



Governing Board | 2015/2016



Chairperson (Nov 15 - June 16)

Lynette Shipway (Noonuccal, Yuggera, Jagera)
(ND YBB)

- Current Chairperson of the YBB Aboriginal Corporation for Community Health on North Stradbroke Island



Chairperson (July 15 - Nov 15)

Stella Johnson (Kamilaroi)
(ND Kambu)

- Current CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich and founding director of IUIH

Board Members



Dr Brett Shannon (Ngugi)
(ND ATSICHS Brisbane)

- Director of ATSICHS Brisbane



Kenneth Wiltshire (I)

- Emeritus Professor of Public Administration and leader of the not for profit unit at the University of Queensland business school.



Maurie Burke (I) (Nov 15- June 16)

- Retired Accountant, holds several other board and Finance committee positions



Denise Lewis (Noonuccal, Goorumpal)
(ND Kalwun)

- Chairperson of the Kalwun Development Corporation Ltd that delivers the Kalwun Health Services on the Gold coast.



Dr William Glasson (I)

- Director Terrace Eye Centre, Consultant Ophthalmologist at various hospitals, provides outreach services to rural Indigenous Australian population.



Robert Bush (I) (Jul 15-Nov 15)

- (Hon) Professor, School of Population Health, Faculty of Medicine and Biomedical Science, University of Queensland



Noel Hayman
(Wakka Wakka, Kalkadoon) (I)

- Clinical Director of the Inala Indigenous Health Service in Brisbane & holds appointments with the University of Queensland's School of Medicine.



Charmaine Harch

- Company Secretary

ND = Nominated Director

I = Independent

Finance and Risk Management Committee

Chair | Maurie Burke (I) (Nov '15 - Jun '16)
Lynette Shipway (ND YBB)
Brett Shannon (ND ATSICHS Brisbane)
(Chair July - Nov '15)
Adrian Carson (CEO IUIH)
Charmaine Harch – Committee Secretary

Remuneration and Performance Committee

Chair | Lynette Shipway (ND YBB) (Nov '15 - Jun '16)
Stella Johnson (ND Kambu)
Brett Shannon (ND ATSICHS Brisbane)
Ken Wiltshire (I)
Charmaine Harch – Committee Secretary

Message from the Chairperson



On behalf of the Board of the Institute for Urban Indigenous Health (IUIH) Ltd, I am pleased to present our Annual Report for the 2015/16 Year. The 2015/16 Year represented the seventh year of operation of the IUIH and my first as Chairperson. After serving as Nominee Director to

the IUIH Board for Yulu-Burri-Ba Aboriginal Corporation for Community Health for the past 5 years, I was honoured to be appointed Chairperson by IUIH Members in November 2015.

Amidst the uncertainty of constant reforms to Australia's health care system, the IUIH and our Members continued to strengthen our Network and expand our health services to meet the needs of our communities. In 2015/16 our Network of Primary Health Care Clinics increased to 18, with the establishment of the new Wynnum Clinic in early 2016 operated by Yulu-Burri-Ba. Continued growth of our Network has seen continued growth in the number of our people accessing their health services, with a record 9,436 'new' Aboriginal and Torres Strait Islander peoples accessing care at their local Community Controlled Health Service. The active patient population of the Network continued to increase, approaching some 30,000 at 30 June 2016.

Continued implementation of our 'Model of Care' and its integration with our Deadly Choices Campaign has seen the number of Health Checks delivered by our Network increase to 14,551 in 2015/16. Compared to results from our first year of operation (2008/09), this number represents an increase of over 2500%. Demonstrating the continued application of our 'cycle of care', the increase in Health Checks has corresponded with an increase in Chronic Disease Care Plans (GPMPs), Reviews and Team Care Arrangements (TCAs) – ensuring our people are supported to better manage their chronic disease and access the full range of services required.

The IUIH and our Members continued to improve Aboriginal and Torres Strait Islander peoples' access to Medicare-funded services, increasing Medicare income to \$11.5million in 2015/16. These funds have been reinvested into our communities, enabling our Network to 'self-fund' additional dental services, children's therapy programs and an increasing range of allied health services - to extend and refurbish a number of our Clinics, ensuring additional space and facilities to meet the increasing demand for primary health care across our Region. For the IUIH and our Members, the ability to generate Medicare income has enabled our Network to practice greater community control, with our Organisations determining the priorities for the application of these funds to meet the needs of our communities - not government.

We also continued to expand the range of allied health and specialist services available to our communities, ensuring these services are fully integrated with primary health care services delivered locally. We significantly expanded our Eye Health Program – establishing dedicated 'Eye Clinics' in 16 of our 18 Primary Health Care Clinics. In collaboration with our partners, the IUIH also coordinated delivery of almost 50 cataract and ENT surgeries for Elders and children from across our Region.

The IUIH continued to support the delivery of specialist services across our Network. In 2015/16 these services also increased in response to demand, with increases in paediatrics, ophthalmology and Addiction Medicine Clinics across the Region.

The integration of community-based aged care (home care) and primary health care services continued to expand in scale and geography, with the IUIH commencing delivery of home care services in the Fraser Coast Region in 2015/16. These services continue to be provided free-of-charge (ie. without client contribution), as we realise the considerable efficiencies of integrating health and aged care services and transfer benefits, not costs, to our Elders. The IUIH is now considered the largest provider of Indigenous home care services in Queensland, delivering services to over 1,189 Elders across the Brisbane North, Moreton Bay, Sunshine Coast and Fraser Coast Regions.

The IUIH Network continued to increase our efforts in disease prevention - aimed at empowering our people to take control of their health. With funding from the Australian Government, the IUIH expanded delivery of our Deadly Choices Program in South East Queensland. With a focus on reducing smoking rates, the IUIH partnered with Community Controlled Health Services from across Queensland to expand delivery of the Deadly Choices Program across the State. Our Deadly Choices Program continued to be supported by the NRMA Insurance Brisbane Broncos.

I am proud to state that the range of services now available to our people is at least equivalent to, if not greater, than that available within the broader mainstream health system. Through our regional integrated approach to planning, development and delivery of comprehensive primary health care to our communities, we have achieved a 'system of care' that the various government reforms of the past decade have promised but failed to deliver. Our approach places our people – our families – at the centre of the system, with care and business models developed to ensure that our services are of the highest quality and sustainable.

The growth of our Network is remarkable when we remember that we commenced our journey in 2009 with just 5 Clinics and an active patient population of less than 10% of our total population. This growth has not been experienced in any other part of Australia and demonstrates both the effectiveness of our approach and determination of our leadership, our staff and our communities.

Whilst we've come a long way in 7 years, the IUIH Network is aware that many challenges lay ahead of us, particular in relation to reforms of the health and aged care systems. We will continue to meet these challenges – as we have in the past – by working together strengthening each other as we continue to pursue our shared vision of reducing the disparities in health and well-being experienced by our communities.

The IUIH and our Members have achieved much in the past 12 months. This Report highlights but a few. On behalf of the Board, I thank and acknowledge the continued support of our Member Organisations, the hard working staff of the Institute and our partners in government, non-government and private sectors.

- Aunty Lyn Shipway

Message from the Chief Executive Officer



The 2015/16 Year was a year of significant progress, as the IUIH and our Members (the IUIH Network) continued to expand our health services to meet the needs of our communities across South East Queensland (SEQ). We continued our work challenged by the significant uncertainty created by reforms to Australia's health care system.

The IUIH continued to utilise data to inform planning, service development and continuous quality improvement within and across our expanding Network. The strategic use of data creates visibility of the health care needs of our communities and saw the establishment of a new Primary Health Care Clinic in Wynnum in early 2016 by Yulu-Burri-Ba. As our Chairperson reported, the total number of Clinics operated by Community Controlled Health Services now totals 18 – a significant increase on the 5 operated by IUIH Members in 2009 when the IUIH was established.

The Institute's continued growth in the number of Clinics enabled IUIH and our Members to continue to extend the reach of our health services, with a record 9,436 new Aboriginal and/or Torres Strait Islander patients accessing our health services in 2015/16 and our active patient population approaching 30,000. Continued implementation of the 'IUIH Model of Care' saw the number of Health Checks increase to 14,551, enabling our health services to focus more effort on prevention and early detection of disease. The increase in Health Checks has also seen continued and corresponding increases in chronic disease management activity (Care Plans and Review).

Whilst the 'IUIH Model of Care' provides for an evidence-based, consistent and systematic approach to the delivery of care, the Model also enables the IUIH Network to improve Aboriginal and Torres Strait Islander peoples' access to Medicare. The IUIH and our Members generated \$11.5million in Medicare income in 2015/16, an increase of 21% compared to results from the 2014/15 Year (\$9.5million). These funds were returned to our communities in the form of additional primary health care services and expanded health infrastructure.

The key priority for IUIH and its Members remained the expansion of dental services across the Region. In 2015/16, the IUIH established a further 4 Dental Chairs, bringing the total number of Chairs to 20, along with the Mobile Dental Service operated by the IUIH. The expansion of dental services enabled the IUIH Network to deliver almost 30,100 'occasions of service' in the 2015/16 Year, at a total cost of \$4.8 million. The majority of these costs were met by the IUIH and our Members through reinvestment of Medicare income. With the vast majority of patients accessing our dental services eligible for public dental treatment (65%), the IUIH will continue to work with Queensland Health to ensure the public health system contributes towards the cost of these services in 2016/17 and beyond.

Allied health and specialist services continued to be expanded in 2015/16, ensuring these services remain fully integrated with primary health care services delivered locally. The frequency of allied health services increased across all services types, with a total of 14,423 patients visits delivered in 2015/16. The Network expands its Regional Eye Health Program, establishing and operating regular eye health clinics in 16 sites across our Region. The expansion of eye clinics, supported by generous funding from the Fred Hollows Foundation, saw a 147% increase in services, with 4,022 patient visits conducted in 2015/16 (compared to 2,718 in 2014/15).

Specialist services were expanded further in 2015/16, with growth in paediatrics, ophthalmology and Addiction Medicine. In total, some 4,896 consultations were delivered to Indigenous patients across 12 specialties last year. In collaboration with CheckUP Australia and Healthscope, the IUIH also delivered 50 cataract surgeries in 2015/16. Our partnership with Healthscope and CheckUp also saw fourteen 14 ENT surgeries performed on Aboriginal and Torres Strait Islander children from across SEQ.

The demand for IUIH's 'Work it Out' Chronic Disease Rehabilitation Program continued to increase last year, with 3 new sites in 2015/16. The total number of patients accessing 'Work it Out' increased to 1,165, with 475 new patients commencing the program. With support from the Queensland Government, the IUIH opened its first 'Work it Out' Gym in Morayfield, adjoining the Morayfield Clinic. The Program continues to deliver improvements for patients, including reductions in waist circumference, improved cardiovascular fitness and weight loss. However, the most important improvements reported by patients relates to well-being and increased control over their health.

Preventable chronic disease remains the major contributor to the life expectancy gap experienced by Aboriginal and Torres Strait Islander peoples. The IUIH Network continued to increase its efforts, further expanding our Deadly Choices Program across SEQ and beyond. Following over 2 years of uncertainty, the Australian Government continued funding for its 'Tackling Indigenous Smoking' (TIS) Program in 2015/16. The IUIH partnered with Community Controlled Health Services (CCHSs) across Queensland to secure ongoing funding for existing Regional Tobacco Teams.

The IUIH Network increased support and services to Aboriginal and Torres Strait Islander peoples with complex chronic conditions, working with Primary Health Networks (PHNs) to continue to deliver the Care Coordination & Supplementary Services (now 'Integrated Team Care') Program in SEQ. In 2015/16, the IUIH Network delivered Care Coordination and Supplementary Services (CCSS) to 2,042 patients – a significant increase in the number of patients receiving support in 2014/15 (1,645). The number of 'Care Coordination' services delivered to these patients totalled 75,510, with 'Supplementary Services' totalling 37,980. The value of full integration of the CCSS Program within the broader IUIH 'system of care' was quantified by the South Australian Health & Medical Research Institute (SAHMRI) in an independent economic assessment completed in early 2016. The SAHMRI reported that the IUIH CCSS Program delivers annual efficiency gains of over \$700,000, enabling the IUIH Network to deliver services and support to an additional 331 patients. The findings of this assessment were critical to the IUIH securing ongoing CCSS funding from SEQ PHNs.

"The frequency of allied health services increased across all services types, with a total of 14,423 patients visits delivered in 2015/16."

Expansion of the IUIH's Regional Social Health Program continued, with additional services commenced in Wynnum, Goodna and Ipswich in 2015/16. The IUIH Network continued to respond to the mental health and broader social and emotional well-being needs of our communities, delivering over 4,000 occasions of service across SEQ last year. The delivery of mental health and substance misuse services continues to be integrated with the delivery of comprehensive primary health care services, including Mums and Bubs and new family support services.

Improving access to maternal and child health services (Mums & Bubs) continued to be a priority for the IUIH and its Members. The IUIH's collaboration with ATSICHS Brisbane and the Mater Hospital – Birthing in Our Community (BiOC) – saw demand for its services exceed capacity, with the Queensland Government providing additional funding in late 2015/2016 to further expand BiOC – effectively doubling its workforce – and establish a dedicated facility ('Hub') from which to deliver group and more specialised services. At 30 June 2016, 282 Aboriginal and/or Torres Strait Islander women had birthed with BiOC since its establishment in 2013. With the program producing significant improvements in birth outcomes, the IUIH will look to further expand the model across SEQ.

With support from the Australian Government, the IUIH established the country's fourth site for the Australian Nurse Family Partnership Program (ANFPP) in May 2016. Operating in the Brisbane North/Moreton Bay Region, the ANFPP provides targeted support to Indigenous women from 26 weeks pregnancy until the child turns 2 years of age. At 30 June 2016, 23 Indigenous women had engaged with the ANFPP. The delivery of effective and holistic support to Indigenous families, integrated with the full range of services and support available from the IUIH 'system of care', is key to reducing over-representation of Aboriginal and Torres Strait Islander children in Queensland's child protection system and improving the overall well-being of communities. The IUIH Network will therefore continue to focus efforts into 2016/17 and beyond on the delivery of truly family-centred models of care across SEQ.

The IUIH continued to support the development of a workforce in Indigenous health, coordinating placements for 307 students across 16 disciplines in 2015/16. The IUIH continued also to provide targeted training to health and aged care staff across its expanding Network, ensuring competency in the delivery of care within our unique and integrated model. The IUIH's Traineeship Program continued to provide a pathway for young Aboriginal and Torres Strait Islander peoples into careers in health, with 85% of trainee graduates continuing onto employment with the IUIH. The growth of the IUIH and its Members has seen the Network become the largest employer of Aboriginal and/or Torres Strait Islander people in SEQ, outside of government.

The IUIH continued to operate 4 Primary Health Care Clinics within the Moreton Bay Region. Trading as the Moreton Aboriginal & Torres Strait Islander Community Health Service (Moreton ATSICHS), these Clinics continued the trend of the past 3 years. In 2015/16, Moreton ATSICHS extended care to a further 2,512 'new' Indigenous patients. In just 4 years, the active patient population of Moreton ATSICHS increased to 6,231 at 30 June 2016 – representing over 61% of the total Indigenous population of the Moreton Bay Region. In 2015/16 Moreton ATSICHS delivered over 3,800 Health Checks and achieved corresponding increases in Chronic Disease Care Plans (1,023) and Reviews (2,108). With \$3.3million in Medicare generated in 2015/16, Moreton ATSICHS self-funded the delivery of dental services across its 6 Dental Chairs and further expanded allied health services.

The IUIH continued to build and expand its integrated approach to delivery of home (aged) and primary health care to Elders, with the number of Elders accessing care increasing to 1,189 in 2015/16 – an 837% increase compared to the 2014/15 Year. These services were delivered to Elders without charge, with the efficiencies achieved through integration of health and aged care services sufficient to meet the full-cost of service delivery. The IUIH continued to expand delivery of respite services with the Brisbane North Region, establishing new Respite Centres at Morayfield (adjoining the Clinic) and Zillmere (Nalingu Respite Centre). The IUIH continued to deliver home care services in the Sunshine Coast Region in 2015/16. In response to requests from local Indigenous communities, the IUIH also commenced delivery of home care services within the Fraser Coast Region. Consistent with the principles of community control, the IUIH will work with local communities to transition these services to local control.

The challenges of 2015/16, whilst significant, did not prevent the IUIH and its Members from continuing to expand our health services to meet the needs of our communities across SEQ. However, major reforms to the funding and delivery of primary health care loom in 2016/17, with the Australian Government's review of the Medicare Benefits Schedule (MBS) and the roll-out of 'Health Care Homes'. The IUIH Network will need to continue to evolve and innovate – to adjust strategy and further strengthen service delivery systems in order to seize the opportunities available within an environment of constant change.

The achievements of 2015/16 are many – this Report highlights but a few. As Chief Executive Officer, I would like to take this opportunity to thanks our Member Organisations for their continued support. In particular, thank you to Ms Stella Taylor-Johnson from Kambu, Mr Kieran Chilcott from Kalwun, Mr David Collins from Yulu-Burri-Ba and Ms Jody Currie from ATSICHS Brisbane. I would also like to acknowledge the support and dedication of the many staff of our Member Organisations.

The IUIH is supported by many partners, I would like to specifically thank and acknowledge the support received from the Brisbane North Primary Health Network (PHN), Metro North Hospital & Health Service, the Queensland Government, the Australian Government, The University of Queensland (UQ), the NRMA Insurance Brisbane Broncos, the Movember Foundation, the Arthur Beetson Foundation, the Fred Hollows Foundation and CheckUp Australia.

I would like to thank the IUIH Board for their support and guidance throughout 2015/16. In particular, IUIH Chairs – Ms Stella Taylor-Johnson (July 2015 – November 2015) and Auntie Lyn Shipway (November 2015 – July 2016). Finally, I wish to thank and acknowledge the dedicated staff of the Institute for Urban Indigenous Health (IUIH) Ltd and my Senior Management Team (SMT). It is truly humbling to work with such committed, talented and professional staff.

- Adrian Carson
CEO





Service Development.....

The Service Development Business Unit is responsible for leading health planning, service development and continuous quality improvement strategies for the IUIH Network. Priorities for the 2015/16 Year included:

- Expansion of Maternal and Child Health Services (Mums and Bubs), including targeted services for vulnerable families
- Continued expansion of Dental Services across the IUIH Network
- Establishment of new Clinics in priority locations across the Region and the extension of existing facilities to enable expansion of services
- Expansion of Eye Health Services, including the development of pathways for cataract surgery
- Working with Primary Health Networks (PHNs) to inform planning and commissioning activities across SEQ.

Service Development



Improving Access to Comprehensive Primary Health Care

IUIH and its Members continued to improve access to comprehensive and fully integrated primary health care services to Aboriginal and Torres Strait Islander communities across SEQ.

• **Established** a new Primary Health Care Clinic in Wynnum in January 2016, operated by Yulu-Burri-Ba.

• Since the establishment of the IUIH in 2009, the number of Clinics has increased from **5** to **18**.



9,436 New Patients

The 'active' client base of CCHS's in SEQ has increased to over 27,500, representing over 50% of the SEQ Indigenous Population.



14,551 Health Checks

The number of Preventative Health Assessments increased by over 18% from 2014/15.



3,990 GPMP's

The number of chronic disease care plans increased by over 11% from 2014/15. Additionally, 6,038 care plan reviews were completed in 2015/16.



\$11.5 Million

Medicare revenue generated across all CCHS's in 2015/16. A 21% increase from 2014/15, with these funds reinvested in health services.

The IUIH supported Members with refurbishment, extension and redevelopment of Primary Health Care Clinics across SEQ, including:

- redevelopment of the Dunwich Clinic (Yulu-Burri-Ba)
- extension to the Goodna Clinic (Kambu)
- extension to Morayfield Clinic and establishment of 'Work it Out' Gym (Moreton ATSICHS)
- refurbishment of Deception Bay and Strathpine Clinics (Moreton ATSICHS)



Mums & Bubs

Birthing In Our Community

The BiOC service was established in 2013 as a partnership between IUIH, Brisbane ATSICHS and the Mater Hospital, bringing together the best available evidence and resources from partners, to build a customised maternity service for Aboriginal and Torres Strait Islander women and their families

282 women have received care through this service since it opened in late 2013.

Although it is early days in this program, results to date are extremely encouraging.

The Indigenous Birthing in an Urban Setting (IBUS) study (NHMRC-funded research project investigating the impact of the BiOC program) is showing early positive trends in antenatal and birth outcomes, compared here with the Australian Institute of Health and Welfare (AIHW).

	BiOC	AIHW
First antenatal visit in the first trimester of pregnancy (<14 weeks)	80%	52%
First antenatal care visit < 20weeks	76%	75%
Mothers who are teenagers	16%	22%
Smoking during pregnancy	36%	48%
Women who completed 5 or more antenatal visits (excluding very preterm babies)	88%	85%
Caesarean section	18%	29%
Preterm birth	7%	14%
Neonatal nursery admission	8%	24%

In addition to the positive data trends, women participating in BIOC report **feeling respected and listened to**, that they have been treated with kindness and have an active say in decisions about their care in pregnancy

Queensland Health confirmed funding for 2016/17 to enable us to establish a community-based Mums and Bubs Hub at Salisbury, and to double our capacity to support up to 200 women annually in the program

Australian Nurse Family Partnership Program

IUIH was funded by the Commonwealth Government in 2015/16 to deliver the Australian Nurse Family Partnership Program (ANFPP) on the north side of Brisbane, providing intensive home visiting support to Aboriginal and Torres Strait Islander women from the second trimester of pregnancy until their child is 2 years old.

The goal of the program is to support parents and carers to give a strong start to life and achieve the best possible outcomes for their infants and children.

Commencing in May 2016, the program has had a successful start, with recruitment and training of a solid workforce of Nurse Home Visitors and Family Partnership Workers.



23 families joined our program across May and June 2016.

Case Study - (Names have been changed)

Jessie is an 18 year old woman who had recently relocated to Brisbane. Jessie has a history of anxiety and depression, was unemployed and had had no antenatal care during this pregnancy – her first. She was feeling withdrawn and isolated from her family and friends, had no source of income, was eating poorly and smoking heavily.

When Jessie met the ANFPP team 32 weeks into her pregnancy, her nurse home visitor worked with her to prioritise achievable, practical goals that focussed on education, connecting socially, and building knowledge and confidence to prepare her for the birth.

A community of support was established and Jessie had the opportunity to visit an important women's place in SEQ where she met with community elders and other women, and had the opportunity to connect with culture and country. Jessie began attending the ANFPP Drop In sessions once a week to socialise with other mums' and bubs, participating in creative activities such as making plaster casts of her baby's feet, cooking and painting. She has enjoyed learning relaxation and mindfulness techniques.

With the ANFPP team walking alongside her Jessie engaged with a range of services including Ngarrama, MATSICHS, IUIH Mum's and Bubs team, Chameleon Housing, Centrelink, Births, Deaths and Marriages and Lifeline – Budget support.

Jessie delivered a beautiful baby whom she is exclusively breastfeeding and who is fully immunised and up to date with regular checks. She has quit smoking, has made choices about contraception, has participated in health checks for herself, and is has accessed a range of services including dentist, optometrist, physiotherapist and psychologist on a path to build her own health and well-being and to give her baby the best start in life.



Eye Health



Improved access to **comprehensive eye health** screening and care.



IUIH is now the **largest provider** of MASS spectacles in QLD with **2030** pairs dispensed in 2015/16.



Visiting Ophthalmology services are provided as hub clinics in 2 locations (Woolloongabba and Deception Bay), with improved links to local Ophthalmology providers in other locations.



Optometry services are now provided in **16** ATSCCHS clinics across SEQ – up from 2 clinics only 2 years ago, and delivering over **4000** eye checks in 2015/16.



Surgery Project Commonwealth funds used to address eye and ear surgery wait lists, IUIH established a partnership with Healthscope which resulted in:

- restoration of eye sight to 32 eyes through 2 operating days conducted by Ophthalmologist Dr Katherine Smallcombe, and with contributions from the Fred Hollows Foundation and Zeiss equipment
- Ear surgery conducted by ENT surgeon Dr Russell Bird, helping to restore hearing and for 14 children through a third day of surgery.



Urban Eyes music video developed with the University of Melbourne Indigenous Eye Health Unit and Hip Hop projects, to raise awareness of eye disease caused by diabetes and promote uptake of regular preventive eye health checks.

IUIH has been an early adopter of the new Ophthalmology / Optometry MBS telehealth item numbers, with 60 consultations undertaken with overwhelmingly positive formal survey feedback from clients (100% satisfaction rating) and similarly positive responses from providers

Partnership with Fred Hollows Foundation provided support to establish an Indigenous cadetship, placing a 4th year optometry student within the IUIH Clinical network in 2016



Social Health Services

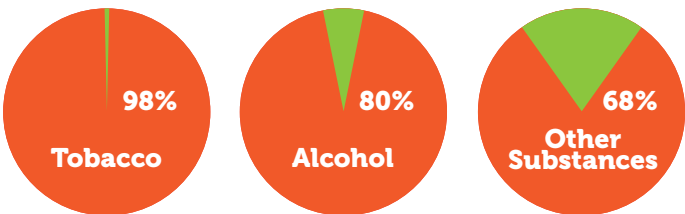
IUIH supports a comprehensive network of integrated community-based mental health, social well-being and drug and alcohol services, with local clinic-based teams of psychologists, counsellors, social workers, case managers, outreach workers, and visiting Specialist Psychiatrists and Addiction Medicine providers, supported by a regional team of Senior Clinicians and support staff providing program coordination, training, supervision, and clinical governance support.

- **Significant growth** in workforce size and capacity, including growth of the Indigenous Social Health professional workforce - 85% of all Social Health providers across the region are Aboriginal or Torres Strait Islander



- **Expanded skills** and capacity in the regional Social Health team, with 3 Senior Clinicians now supporting clinical governance, supervision, peer coaching and support, and workforce training development

- **High rates** of screening for smoking, alcohol and other substance misuse amongst Aboriginal and Torres Strait Islander clients were very high.



Percentage of clients who have been screened.

- In total, there were just under **13,000** contacts with Social Health service providers, representing a two-fold increase in contacts from 2014/15

- Children and teenagers represent around **20%** of all client contacts with Social Health services, and this proportion is increasing – in part, representing increased capacity in our teams to be able to provide more specialised paediatric and youth psychology and other support services

- Availability of and access to **Medical Specialist** care has expanded, with a two-fold increase in the number of consultations with Addiction Medicine providers and a 1.5-fold increase in face-to-face Psychiatry consultations. Support was also provided for close to 100 tele-Psychiatry consultations

- Continued increase in **focus on mental health** and substance misuse services targeting young people.



MomenTIM



Funded by the Movember Foundation, auspiced by IUIH and operating in 3 sites – Mt Isa (through Gidgee Health), Wellington NSW (through Wellington Aboriginal Community Health Service (WACHS) and in Moreton Bay (Moreton ATSICHS) The program aims to:

- improve outcomes for young Indigenous Men through increased access to clinical services and interventions
- provide peer support and mentoring to at risk young men
- work with community agencies and young men to develop their own support networks
- destigmatise help seeking behaviours with regard to mental illness through social marketing campaign



11 schools engaged with MomenTIM



184 out-of-school clients provided with support



258 in-school clients provided with support



10 events over **12** months.



New promotional shirts launched end June 2016 in pilot locations to encourage uptake of preventive health checks, mental health screening and continuing care (Deception Bay and Caboolture)



Deadly Sistas

DEADLY SISTAS

Extended school-based mentoring program delivered in 4 schools across SEQ in 2015/16 with the goal of improving knowledge, life-skills, confidence and esteem amongst young Indigenous Women aged 12-18 years.

106 girls had completed the program as of June, 2016.



Deadly Sistas Camp
Stradbroke Island, 2016

"Deadly Sistas is important to me because we get to learn about our culture that we didn't know and meet Aboriginal role models. It means we get support and comfort and get to do fun activities."

- (Dakota)

"The Deadly Sistas program is important to me because it is a support group that introduces young Aboriginal girls to older Aboriginal and Torres Strait Islander mentors. They help steer us in the right direction and also help us learn about our culture. The Deadly Sistas program to me means support and comfort and more importantly family."

- (Chyna)

"They Deadly Sistas program is important to me because we bond and that's what Deadly Sistas is all about."

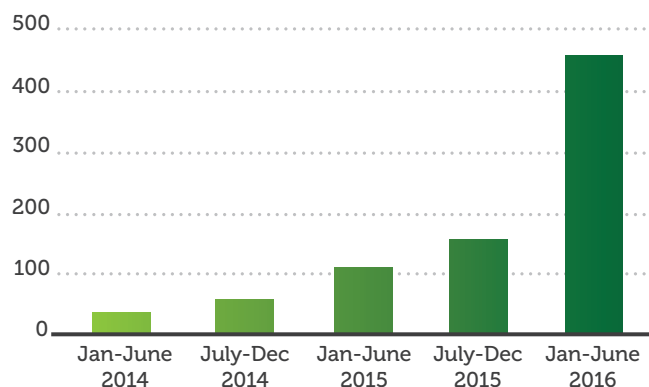
- (Lyric)



Funded by Queensland Health, IUIH Connect provides a connecting and transition service for Aboriginal and Torres Strait Islander clients and families needing links into primary health care and other support services, in particular following hospital or other inpatient facility admission.



Referrals to IUIH Connect increased 3-fold in the 2015-16 Year.



IUIH Connect began receiving referrals from the Queensland Police Service (QPS) in late 2015, providing linkage to services across South East Queensland for Aboriginal and Torres Strait Islander clients with health and social issues requiring assistance

An evaluation undertaken by SAHMRI (South Australian Health and Medical Research Institute) and completed in early 2016 found:

"The value added by IUIH Connect to the patient journey of Aboriginal and Torres Strait Islander clients is the result of the IUIH Connect team's systematic approach to building up a model that, over two years, improved the coverage, quality, efficiency and sustainability of the service."

Despite a fixed budget - 3 times the number of clients were provided with care on average per month between Jan 2014 and December 2015, with a 26% reduction in cost per client over the same period of time.

Improving Access to Mainstream Primary Care

In partnership with the Brisbane North Primary Health Network (PHN), the IUIH continued to support mainstream General Practices in the Brisbane North Region to build their capacity to meet the needs of Aboriginal and Torres Strait Islander patients.

Delivered cultural awareness training to **80** Non-Indigenous Primary Health Care staff including

- Receptionists
- Nurses
- Psychiatrists
- Practice Managers
- GPs
- Social Workers

Outreach occasions of service delivery between 2012/13 and 2015/16 have increased by **237%**

Domain	Service	12/13	13/14	14/15	15/16
Attendance	First Consultation	24	27	31	48
	Follow up consult	14	54	48	72
	Specialist Appts	6	58	92	112
	CC Appts	1	3	39	88
	Other Allied Health Appts	11	16	77	63
Phone Follow-up	With Patient	123	263	189	186
	With Clinician	42	131	95	111
Transport	Community Transport	3	10	92	122
	Provided (ie: OW drove)	61	159	173	175
	Purchased (ie: cab) Collected	0	25	5	6
Medications	Prescriptions	18	40	52	41
Total		303	786	893	1024



Care Coordination and Supplementary Services

In partnership with SEQ Primary Health Networks (PHNs), the IUIH continued to deliver the Care Coordination & Supplementary Services (CCSS) Program. The CCSS Program delivers intensive case management and support to Aboriginal and Torres Strait Islander peoples with complex chronic conditions, improving their capacity to better manage their health.

24 staff were employed across the CCSS team, with 50% identifying as Aboriginal or Torres Strait Islander.

2042 Aboriginal and Torres Strait Islander clients with complex chronic conditions accessed CCSS services.

An independent evaluation of the CCSS program was commissioned by IUIH and conducted by SAHMRI (South Australian Health and Medical Research Institute – Wardliparinga Unit). The evaluation reported:

- The average number of clients with at least one CCSS service in a month was **559** in 2014, increasing by 158 (**29%**) to **716** during 2015. There was no corresponding increase in funding or in the number of Care Coordinators over this period.
- The average cost of the CCSS Program per active client per month was **\$600** in 2014 compared to **\$470** per month in 2015. This is a reduction of **\$130 (22%)** at the same time as client numbers and service outputs continued to increase.
- The IUIH model of CCSS delivers efficiencies which enabled an additional **330** clients to receive CCSS services in 2015 over and above what would have been achieved in the absence of the IUIH model.
- Efficiencies in the use and handling of supplementary services funding also delivered significant gains - these gains (as measured by the difference between the cost of the items funded through the SS scheme with and without the unit cost reductions) were more than **20%** of the total supplementary services budget.



Medical Education and workforce support

- IUIH employs a regional **Medical Educator** (0.4FTE) to provide support for GP Trainees, Supervisors and Practices across SEQ ATSICCHS
- **14 GP Registrars** completed placements in member services in the 2015/16 financial year – bringing the total in the last 2 years to 24, with a 37% conversion rate to ongoing, permanent employment in the IUIH network after completion of training.
- For the first time in 2016, applications for GP registrar positions **outpaced supply**.
- **IUIH delivers** workforce relief for IUIH network ATSICCHS through provision of GP Relievers (internal locums) – a total to 2.5 FTE experienced GPs are now employed in the reliever team, with plans for further expansion in the next financial year.
- **In response** to demand, the scope of the “locum” team expanded to also include nurse relievers (2 FTE) and a receptionist reliever (1FTE).



eHealth Services

IT and Health Information System Support



IUIH ICT team is now contracted by Kambu, Yulu Burri Ba and Brisbane ATSICHS in SEQ, and Galangoor Duwalami in Hervey Bay, to deliver ICT support.



140 New MMEx Users were provided with software training, with an additional 231 existing staff supported with specialised and targeted training.



IUIH ICT Helpdesk logged 4294 support tickets from commencement of the new ticketing system in October 2015.



Software (MMEx) development and enhancement projects included:

- **Implementation and configuration** of data extraction software to enhance data collection, collating and reporting capabilities.

- **Health Check project** – design of improved age-specific child, youth, adult and seniors health assessment tools, with estimated timeframe for implementation late 2016.

- **Dental integration project** – enhancements to the existing dental module in MMEx to support integrated care, analysis and reporting, with estimated roll-out early 2017.



Telehealth



IUIH self-funds a regional Tele-health Coordinator to facilitate establishment, maintenance and access to telehealth services

Feedback from client and providers confirms benefits of:

- more timely access to specialist services where waiting times for face to face visits are long
- affordable specialist access, given the available support through MBS telehealth funding
- increased client convenience, comfort and confidence in consultations close to home, usually in a clinic setting with known GP, nurse or Aboriginal health worker.

In 2015/16

- **Increased** types of telehealth services available from 17 to 20 with Ophthalmology, Vascular and Addiction Medicine added in 2015/16.

- **Established** partnerships with Health and Hospital Services (HHS) to improve linkages with hospital telehealth providers and services, including Princess Alexandra, Mater, Lady Cilento Children's Hospital and Gold Coast University Hospital.

- Formal **research project** now underway to evaluate the implementation and impact of telehealth in an urban Indigenous health setting.

Growth of services delivered through telehealth

2013/14

- Psychiatry
- Dermatology
- Endocrinology
- Geriatrics
- Pain Specialists

2014/15

- Renal
- Rheumatology
- Child psychiatry
- Neurology
- Paediatrics
- General medicine

2015/16

- Ophthalmology
- Vascular surgery
- Addiction medicine



Moreton ATISCHS



6231 Active clients
2011 ABS stats estimated **8500** Indigenous people in the **Moreton region**



2512 new clients across all **4 clinics** in the past **12 months**.



Opened dedicated **Morayfield Gym** and refurbished the clinic



3804 clients had a health check (715) in **2015/16** more than **50%** of active clients.

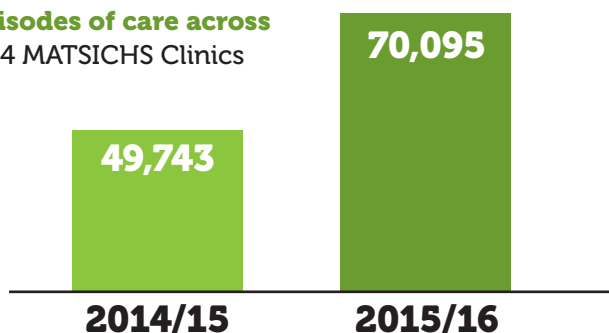


81% of clients aged 25 and over have had a health check in the past **2 years**.

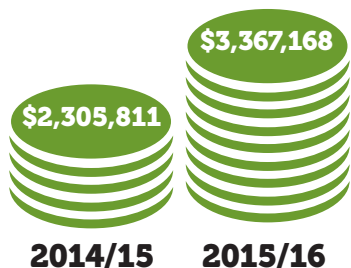


60-70% of clients with type II diabetes have completed GPMP in past **24 months**, well above the **national average**.

Episodes of care across
all 4 MATSICHS Clinics



MBS Increase



Funds used to cover

- **Dental services**
- **Work It Out**
- **Allied Health services**
(not covered by MOICD funding)



Dental Health

IUIH and all of its **four member services** now have their own Dental service.



2 additional dental chairs set up in Morayfield (December 2015) and a single dental chair was installed as part of the new Stradbroke Island clinic development

The total number of operational dental chairs by June 2016 was **18** across **9 clinics**. IUIH operates 11 of these chairs on behalf of MATSICHS, YBB and Kambu.

IUIH Oral Health Service



3668 clients received dental services - one third (**1281**) were children



30,100 occasions of services were delivered with **68%** undergoing a comprehensive oral health assessment at their first visit

\$4.8 million of dental care was provided across all SEQ ATISICCHS dental services at no or minimal cost to clients in 2015/16.



Regional Pharmacy



A **new position** of Regional Pharmacist was created and self-funded by IUIH in 2015-16

The role has already proven invaluable in supporting quality systems for use of medicines

Smoking cessation support



NRT training for Aboriginal Health Workers (AHWs), including working alongside AHWs to provide direct support to clients wanting to quit.



Establishment of systems for imprest stock and supply of NRT by clinics at no cost to clients; 2500 packets of NRT therapy delivered to 14 clinics across the region, with doubling of uptake of NRT by clients from January to June 2016.



Support to deliver 12 Mind, Body and Spirit workshops to 173 participants.



100% of participants found the training relevant to their practice and would recommend it to other staff and organisations.

Sessions led to significant increases in knowledge about smoking cessation and nicotine dependence and an increase in confidence to deliver tobacco information and provide smoking cessation support.



Provided **direct support** to clinicians through one-to-one advice; in-service delivery and participation in case conferencing and case discussions.

Contributed to regional clinical governance activities including multi-disciplinary collaboration and development of regional clinical protocols; conduct and feedback on clinical chart audits; and participation in the regional SEQ ATSCCHS Clinical Governance Committee.

Through strengthening of collaborations with community pharmacists and improved systems for follow-up, increased home medicine reviews (HMRs) across the network from 59 in 2014/15 to 90 in 2015/16, with rates rising rapidly in the final quarter of 2015/16.



Research & Evaluation

78%

of clinics (14 out of 18) are now convening regular monthly Continuous Quality Improvement meetings

Regional CQI Case Study

A coordinated regional CQI project was mounted for the 2015 winter season aimed at increasing rates of influenza vaccination amongst Aboriginal and Torres Strait Islander people. The project brought together coordinated marketing and community engagement strategies; a review and refining of clinical protocols and systems; weekly feedback to clinics on progress against agreed targets throughout the influenza season; and incentives for clinics achieving targets.

The result at the end of 2015 was:

- Just under 5 times the number of influenza vaccines were provided overall to Aboriginal and Torres Strait Islander clients in SEQ in 2015 compared with the full year in 2014.
- There was a substantial increase in number of high risk clients receiving influenza vaccination for the first time
- Immunisation rates in most clinics in SEQ were substantially higher than comparable urban ATSCCHS services elsewhere across the nation
- Service providers reported unprecedented rates of clients attending clinics and asking for influenza vaccination i.e. that demand was being driven from community as well as through targeted efforts by clinics

Summary of research and related projects underway in 2015-16:

Work It Out program	<ul style="list-style-type: none"> Partnership with QIMR – to measure the physical and mental health outcomes for Work It Out clients. This project is also tracking physical activity (using accelerometry) OUTSIDE of Work it Out to explore how the Work it Out program impacts on clients activities during the week Partnership with CSIRO – to develop a mobile phone health tracking app to help support the WIO program.
Indigenous Birthing in Urban Settings (IBUS)	5 year NHMRC funded research investigating the impact of a model of birthing care delivered in partnership by Mater / Brisbane ATSICHS / IUIH
Paediatric Allied Health	<ul style="list-style-type: none"> Partnership with SHRS – Development and validation of a Speech Pathology Assessment for urban Aboriginal and Torres Strait Islander children Combined OT and SLP honours project – investigating the efficacy of an inter-professional skills development program for urban Aboriginal and Torres Strait islander school children.
MomenTIM project	Movember Foundation funding – evaluation of the development, implementation and impact of a program targeting the mental health and well-being of young (12-24 years) Indigenous men
Tackling Indigenous Smoking	A program of work encompassing evaluation of the Deadly Choices tackling smoking strategy across a state-wide consortium of partner organisations
Telehealth	Investigation of the uptake and impact of Telecare for older Aboriginal and Torres Islander people in an urban Indigenous health context
Workforce Development- student and post-grad projects	<ul style="list-style-type: none"> Use of SMS as a virtual hub for student learning (SHRS) Effectiveness of a placement in Indigenous health in developing student's reflective skills and cultural responsiveness Impact of student placements in urban Indigenous health settings on student's perceptions and intent to work Development of clinical reasoning in new graduate OT's working in Indigenous health.
SAHMRI ARC-funded methamphetamine project	Participation in a multi-centre project investigating novel interventions to address methamphetamines in Aboriginal communities, including a randomised trial of a web-based therapeutic tool used to treat dependence in clinical settings
Health Adjusted Life Expectancy (HALE) study	Extension / expansion of a pilot project commissioned by IUIH and undertaken in 2013/14 investigating the impact of a system of care on health risks and projected Health Adjusted Life Expectancy (HALE)
Centre for Research Excellence in Aboriginal Chronic Disease Knowledge and Exchange (CREATE)	<p>Delivery of research masterclasses for interested and budding researchers, with series delivered through IUIH including:</p> <ul style="list-style-type: none"> Evaluation Masterclass Understanding Research Undertaking Research
Program Evaluations SAHMRI-Wardliparinga Unit	<ul style="list-style-type: none"> Evaluation of the IUIH Connect program (completed Jan 2016) Evaluation of the IUIH Care Coordination and Supplementary Services program in SEQ (Completed May 2016)





Workforce Development & Allied Health

The Workforce & Allied Health Business Unit is responsible for leading the implementation of the IUIH Workforce Development Strategy and the delivery of Allied Health services across the IUIH Network. Priorities for the 2015/2016 Year included:

- Further expansion of the Work It Out Chronic (WIO) Disease Rehabilitation Program within SEQ and establishment of WIO in Central Queensland
- Development of a goal-based outcome measure for paediatric occupational therapy (OT) and speech
- Continuing to build the Aboriginal and Torres Strait Islander Home (Aged) Care workforce
- Development of the IUIH Cultural Integrity Framework
- Enhanced integration of Allied Health with Home (Aged) Care services within the Moreton Bay Region.



Audiology

121 clinics provided in **18** locations

1281 audiology assessments completed

213 children were identified as having Otitis media
(24% of those who received a hearing test)

131 children had hearing loss at their first appointment
(20.5% of children who received a test)

233 adults were identified with a hearing loss
(69.8% of adults who received a hearing test)

Physiotherapy

1089 patient visits

Increased service delivery to include
Wynnum and **Goodna**

Diabetes Education

633 patient visits across **10** sites

Increased service delivery to include
Wynnum

Implemented diabetes group in **MATSICHS** and supported **Aged Care** respite services

Dietitian

871 patient visits

Increased service delivery to include
Rockhampton and **Wynnum**

Supported **Aged Care** respite with training

Paediatric Occupational and Speech Therapy

Paediatric services provided:

2014/15 **3733**

2015/16 **5118**



Started delivering services at **Wynnum**



Increased service delivery to include
Strathpine and **Deception Bay**

Occupational Therapy

2014/15 **1845**

2015/16 **2864**

Speech Therapy

2014/15 **1888**

2015/16 **2254**

440 therapy goals developed with clients

82% of these showed improvements after
5 weeks of therapy intervention

In therapy sessions, goals that are worked on with families cover a variety of areas, ranging from:

- school tasks
- coordination
- self-care skills
- feeding
- play and social skills
- speech and language skills
- reading and spelling



Jordana Stanford, Speech Language pathologist was given the **Allied Health Inspiration** award at the **2015 Indigenous Allied Health Australia awards**, December 2015.



Adult Occupational Therapy

708 patient visits, usually taking place in client's homes



Podiatry

Podiatry services provided:

2014/15

5,597

2015/16

6,725



Prescribed **550** fully funded medical grade footwear and orthotics for patients with a clinical need at no cost to patients – through IUIH connect and CCSS.



Expanded service provision into **YBB Wynnum** clinic and increased service delivery in **Caboolture**.



Now deliver podiatry services in all **18 SEQ** clinics and South West including Charleville, Quilpie, Cunnamulla and Roma.

During the period of **January-June 2015/16** 24 clients were treated for **foot ulcers**.

Of those clients:

58%
healed

17%
reduced in size by 36% or greater

13%
remained stable

Overall providing a proactive approach through preventative care, eliminating risk before foot complications occur.



Workforce development and traineeships

340 Student Placements across **16** disciplines

89% of students reported they developed skills in communicating effectively with Indigenous colleagues and/or clients during their placement

92% reported their educator was a good facilitator of their learning.

85% of Indigenous traineeship graduates have **continued employment** with IUIH

71% of Allied Health assistance and fitness traineeship graduates have **gone on to university**



5 trainees graduated from grade 12 at the Murri School in December 2015



Recruited **6** new **school-based trainees** in Allied Health Assistance



Recruited **2** full time Health Administration trainees

Aged care training: 7 students graduated from their Cert III in Home and Community Care. Of these 100% gained employment (70% within IUIH and 30% in other aged care agencies).

2 new student cohorts commenced their Cert III in Individual Support with a total of 12 students enrolled



Work It Out



1165 Clients
475 New



3 new locations

Hervey Bay, Rockhampton, Goodna



NEW Gym

Opened the dedicated **Morayfield Gym**



9 total locations

Across **South East Queensland**



Indigenous Allied Health Australia (IAHA) Conference
December 2015, Cairns.

Samara Dargan, the Work it Out Manager was awarded the Indigenous Allied health **Professional of the Year**.

Social Media



244
followers



566
followers

Client Achievements

66% maintained or reduced their waist circumference



82% maintained or improved their cardiovascular fitness



70% maintained or lost weight.



On average the distance clients walked in **6 minutes** increased by **135m**



2014/15 335m

2015/16 470m







Aged Care

The Aged Care Business Unit is responsible for leading the development and integration of aged care services within the IUIH Network and beyond. Priorities for the 2015/2016 Year included:

- Enhanced integration of aged (home) care services with primary health care services delivered by Moreton ATSICHS
- Continued expansion of aged (home) care services within Brisbane North and Moreton Bay Regions

- Establishment of aged (home) care services in the Fraser Coast Region, in collaboration with local Community Controlled Health and Aged Care Services
- Expansion of aged (home) care services within the Sunshine Coast Region, in collaboration with local PHN and the North Coast Aboriginal Corporation for Community Health
- Establishment of Respite services in Zillmere
- Further development of the Aboriginal and Torres Strait Islander aged (home) care workforce.

Aged Care



Aged (Home) Care services are delivered to Aboriginal and Torres Strait Islander peoples aged over 50 years of age and require assistance in their home. The delivery of these services within the Brisbane North Region are fully-integrated with the delivery of comprehensive primary health care services by Moreton ATSICHS, enabling Elders to access a comprehensive and seamless system of care. The efficiencies realised through this integration enables the IUIH to deliver these services without having to charge a fee or contribution to our clients.

The IUIH continued to deliver aged (home) care services in the Sunshine Coast Region and, in 2015/2016, commenced delivery of services in the Fraser Coast Region.

Training and Certification

- o Obtained Aged Care **common standards accreditation**.

- o Obtained **food safety accreditation** with Fraser Coast and Brisbane City Councils to enable us to serve food to our Aged Care clients.

60% of staff identify as Aboriginal and/or Torres Strait Islander

30 of the **80** current staff came through the IUIH Home Support recruitment training program – Certificate III in Aged Care



Locations

2014/15 | provided services through all 4 Moreton ATSICHS clinics.

2015/16 | expanded service delivery into Sunshine Coast, Gympie and Nalingu at Zillmere

2016/17 | planning to expand into Wide Bay Burnett region (Hervey Bay)

837% growth in clients between 30 June 2014 (142) and 2015/16 (1189)

Total number of clients



142
2013/14



687
2014/15



1189
2015/16



Services delivered

	2014/15	2015/16
SERVICE TYPE	Number of services delivered	
Allied Health	434	750
Nursing	351	780
Meals	57	29
Domestic Assistance	202	439
Personal Care	44	65
Social Support	191	444
Home Maintenance	53	164
Centre Based Respite	131	103
Transport	275	596
Social support group	N/A	214

AGED CARE Within Moreton ATSICHS

- Established centre based respite centres at Morayfield, and "Nalingu" Zillmere.
- Increased number of transports to 60-65 per day through integration with Northside Regional transport service.
- More than 200 clients receive In Home support via Home Care package and Community Home support program
- 60 clients accessing home maintenance service in North Brisbane/Caboolture region
- Approx 900 MATSICHS clients accessing Aged Care funded programs

Good news

- At capacity with our funding – all fully utilised.
- Client feedback is tremendous
- Services that previously were unable to be accessed by community are now being fully utilised
- Funding applications submitted to expand service and location of delivery
- Regional Assessment Services – staff built up to facilitate access to appropriate assessment and access to services.
- We know with confidence ensure that Elders within the community are assessed appropriately and are able to access services that they haven't previously been able to



A young Indigenous woman with dark hair, wearing a patterned top, is smiling and holding a large sign that says "TRY!" in bold, capital letters. The sign has arrows pointing left and right. The background is a blurred outdoor setting. The entire image is overlaid with a semi-transparent orange filter.

Preventative Health

The Preventative Health Business Unit is responsible for leading the development and implementation of preventative health programs aimed at addressing the risk factors for chronic disease by empowering Aboriginal and Torres Strait Islander peoples to take control of their health.

Following 3 years of uncertainty, the IUIH secured ongoing funding from the Australian Government's Tackling Indigenous Smoking (TIS) Program to support its work in tobacco control within and beyond SEQ.

Preventative Health



The IUIH led a consortium of Community Controlled Health Services across Queensland to secure funding under the new Tackling Indigenous Smoking (TIS) Program and support the delivery of the Deadly Choices Program across the State. The footprint serviced by the Consortium extends beyond SEQ to include Far South West Queensland, Central Queensland, North Queensland and North West Queensland.



The IUIH continued to expand delivery of the 8-week **Deadly Choices Education Program** within SEQ, with **89** primary and secondary schools participating in the Program in 2015/2016



1,150 Indigenous primary and secondary school students completed the Deadly Choices Education Program



Post survey results showed **92%** of students completing the Program felt confident about living a healthy lifestyle



70% of students completing the Program completing a Health Check as their local CCHS



Schools in SEQ continued to report **improvements** in school attendance linked to the delivery of the Deadly Choices Program



Development and delivery of a new Deadly Choices Youth Tobacco Program, delivered to 9 secondary schools and 86 students aged 12-17 completing the program. Post survey results demonstrated significant increases in awareness and knowledge of the dangers of tobacco smoke and positive shifts in attitudes among Indigenous young people. This Program will be expanded across Queensland in 2016/2017.



Staged 10 Tobacco and Alcohol Free events. Integrated Deadly Choices messages and promotions as part of larger community events (ie. NAIDOC) across SEQ, attended by over 40,000. These events encouraged smokers to quit, promoted the services and support available to assist with tobacco cessation and continuing to educate young Aboriginal and Torres Strait Islander peoples on the dangers of smoking.



Included in the above, the IUIH worked with the Arthur Beetson Foundation and the Queensland Aboriginal & Islander Health Council (QAIHC) to stage the 2015 Arthur Beetson Rugby League Carnival in Redcliffe on 1 – 4 October 2015. A smoke, alcohol and sugar free event (ie. only healthy food and drinks available), all players were required to complete a Health Check as a condition of playing in the Carnival. Under 15 Boys were also required to maintain 90% school attendance in the 3 months leading up to the Carnival.



With support from the Queensland Government, state-wide implementation of a new Deadly Choices Integrated Marketing Campaign featuring the NRMA Insurance Brisbane Broncos and comprising Television Commercials (TVCs), social media, printed press, radio, smoke free events, outdoor advertising and branded merchandise (the Deadly Choices Shirt).





The Mid-Campaign review of the Campaign, undertaken by an independent research company, reported high levels of awareness of the Deadly Choices brand (93%), strong and positive responses to advertising and potential contribution to decrease in smoking rates. The Review also strongly supported the association of the Deadly Choices brand with the NRMA Insurance Brisbane Broncos.



Continued expansion of the Deadly Choices Partnership with the NRMA Insurance Brisbane Broncos state-wide, with development of TVCs featuring current and former Broncos players, production of Deadly Choices/Brisbane Broncos branded merchandise and tickets to home games as incentives for making 'deadly choices'. Players also appeared at community events across Queensland, advertising of the Deadly Choices Program at Broncos home games (big screen) and on-line platforms.



Launch and roll-out of the 'Deadly Places, Smoke Free Spaces' Campaign with the Queensland Origin Team and QRL in June 2016, aimed at reducing exposure to environmental tobacco smoke by encouraging smoke-free homes, cars and workplaces. At 30 June 2016 some 635 'pledges' had been made, over 570 household involved and 2,656 community members.



Review of 'smoke free' policies of CCHSs and their implementation across the expanding Network of Clinics in SEQ.



Strengthen relationship with Quiteline and strengthened referral pathways and established regular reporting and data sharing.



Established and delivered 199 'Tobacco Information Stalls' across SEQ, delivering brief interventions to 1,140 Indigenous smokers and completion of 740 tobacco surveys to gain data on smoking prevalence in SEQ, a better understanding of the needs of smokers and their families and feedback on support available and the effectiveness of Deadly Choices Campaign.



Established a partnership with the Aquis Gold Coast Titans and Kalwun Health Service to support delivery of Deadly Choices across the Gold Coast region.



Developed the IUIH Smoking Cessation Protocol to support consistent, evidence-based approach to tobacco cessation support within Primary Health Care settings across SEQ and beyond.



Early data from the implementation of the Protocol as part of IUIH's broader Continuous Quality Improvement (CQI) processes indicates a significant increase in use of Nicotine Replacement Therapy (NRT) and Champix across SEQ CCHSs.



Reduction in smoking rates for Indigenous mothers accessing the Birthing in Our Communities (BiOC) partnership with the Mater Hospital and ATSICHS Brisbane – decrease from 36% at first antenatal visit to 24% at time of discharge from BiOC.



Trend downwards in smoking among pregnant Aboriginal and Torres Strait Islander women accessing Moreton ATSICHS.



Continued development of the Tobacco Control workforce within SEQ and beyond, delivering training in the IUIH's 'Say No to Smokes', Deadly Choices Youth Tobacco and Tobacco Mind, Body & Spirit Programs to staff of SEQ CCHSs and TIS staff employed by partner CCHSs across Queensland.



Delivery of 102 'Good Quick Tukka' (GQT) sessions across SEQ, aimed at empowering Aboriginal and Torres Strait Islander peoples to prepare healthy, low cost meals at home. Over 1,650 people attended a GQT session delivered by IUIH in 2015/2016.

Social Media



14,043 likes (up from 9,403)



4404 followers (up from 2752)



Instagram



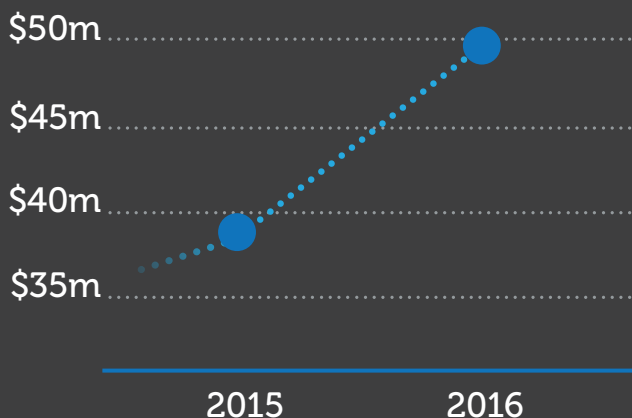
50 YouTube videos



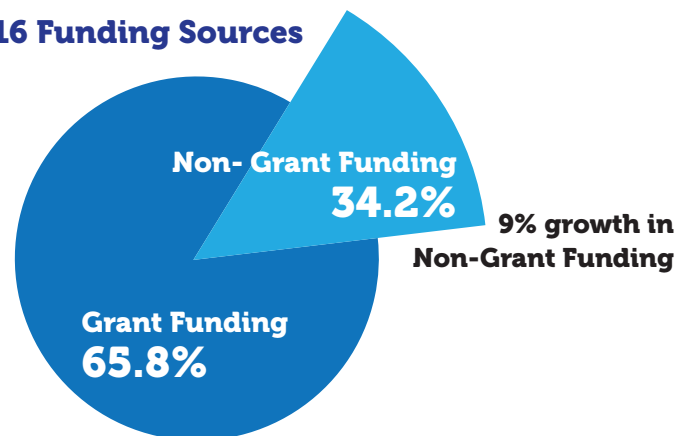
Corporate Services

The Corporate Services Business Unit is responsible for leading the implementation of business and governance systems to support the effective operation and continued growth of the IUIH.

28% Increase in income over **12 months**



2016 Funding Sources



- Total Income - **\$50,074,653**
- Total Expenditure - **\$46,964,290**
- Current Assets - **\$13,049,861** (24% increase)
- Total Assets - **\$21,920,138** (22% increase)
- Equity - **\$14,581,900** (15.7% increase)
- Capital Infrastructure Acquisition - **\$2,126,604**



Human Resources



Workplace Health & Safety

Staff



49.4% of IUIH staff identify as Aboriginal and or Torres Strait Islander

The IUIH Network is the **highest employer of Aboriginal and Torres Strait Islander people** in the Health Industry

Implemented Connx system to **improve HR processing**

Compliments



Conducted 296 internal audits to ensure compliance against the following standards:



Maintained **ISO 9001** Accreditation (maintaining international standards of best practice across IUIH services)



Obtained **Dental certification** with QIP



Obtained **Aged Care** common standards accreditation



Obtained **food safety accreditation** with Fraser Coast and Brisbane City Councils to enable us to serve food to our Aged Care clients.

Campaigns

Deadly Choices



The **Deadly Choices campaign**, promoting the importance of living a health and active lifestyle, continued in 2015/16 across metro and regional Queensland including Brisbane, Wide Bay, Central Qld and North Qld



Campaign included Television Commercials, bus back advertising, billboards, social media, press and radio – with messages focusing on getting active as well as encouraging smoking cessation

Independent Research Results



93% of target audience are aware of Deadly Choices



80% considered it relevant to their community



74% thought the campaign was relevant to their family



50% said it changed their thinking around healthy living

Flu campaign



2560 Indigenous clients aged > 15 years received the flu vaccination

MomenTIM



Campaign developed to **reduce the stigma** of mental health and **improve outcomes** for young men.



3 TVC's developed with Wayne Blair, Aaron McGrath and local young men and women. TVC's rolled out in Mt Isa, Wellington and South East Queensland, with billboards, shopping centre, radio and convenience adverts

Social Media



9830 followers - Insitute for Urban Indigenous Health



4991 followers - @IUIH_



5669 followers - Moreton ATSICHS



Deadly Kindies



Campaign launched in 3 pilot locations Goodna (Kambu), Caboolture and Deception Bay (Moreton ATSICHS) to **increase enrolments of Indigenous children entering kindy.**



Featured Firebirds A League player **Beryl Friday**, and league legend and North



Queensland Cowboys player **Johnathan Thurston**

The integrated campaign was implemented across a number of platforms including: press, digital display ads, bus back advertising, collateral for distribution, Deadly Kindy kit (merchandise), radio, social media, dedicated web site and kindy and clinic open/information days.

Deadly Places Smoke Free Spaces and Quit Smoking campaigns



Launched **new shirts** for attending **4 quit smoking appointments** (or for nominating a friend who attends 4 quit smoking appointments).



Launched **Deadly Places Smoke Free Spaces** campaign to educate community around the dangers of environmental tobacco smoke/passive smoking and increase the number of 'smoke free' homes in SEQ.



Participants **signed a pledge** to have a smoke free home and car



Reward Packs were issued for signing the pledge, and completing a tobacco survey (car air freshener, fridge magnet, car bumper sticker and front door sticker) and went in the draw to win a family trip to see State of Origin 3 in Sydney.



507 houses signed the pledge, equating to **2078** people.





CONTACT US

Institute for Urban Indigenous Health Ltd

ACN 140 019 290

23 Edgar Street Bowen Hills QLD 4006

www.iuih.org.au

Phone: + 61 7 3648 9500

Email: reception@iuih.org.au

Fax: + 61 7 3252 9851

