



ANNUAL REPORT | 2016/2017



About the IUIH

The Institute for Urban Indigenous Health (IUIH) is a not-for-profit Aboriginal and Torres Strait Islander Community Controlled Health Organisation which leads the planning, development and delivery of comprehensive primary health care for the Indigenous population of the South-East Queensland region. The IUIH and its Members serve Australia's second largest but fastest growing Indigenous population, predicted to reach 131,000 in 2031.

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



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



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



Yulu-Burri-Ba
Aboriginal Corporation for Community Health
The Yulu-Burri-Ba Aboriginal Corporation for Community Health



KALWUN
The Kalwun Development Corporation.



Moreton
Aboriginal and Torres Strait Islander Community Health Service
Moreton Aboriginal and Torres Strait Islander Community Health Service

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.

The names of clients appearing in case studies have been changed throughout to protect privacy.

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

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Institute for Urban Indigenous Health Ltd

ACN 140 019 290

22 Cox Road Windsor QLD 4030

www.iuih.org.au

Phone: + 61 7 3828 3600

Email: reception@iuih.org.au

Fax: + 61 7 3252 9851



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OUR VISION

To reduce the disparity in health and wellbeing experienced by Aboriginal and Torres Strait Islander people.

OUR MISSION

To ensure Aboriginal and Torres Strait Islander people in South East Queensland (SEQ) have access to comprehensive, high quality and timely health care services, integrated with the broader health and human services systems.

OUR STRATEGIC GOALS 2016/17

The IUIH Annual Report highlights our achievements against Strategic Goals set in a given financial year. In 2016/17, our overarching goals and underpinning strategies were:

Strategic Goal 1

Improve Access to Quality Health Care

Strategies

- 1.1 Provide accurate and timely data on the health of Aboriginal and Torres Strait Islander people in SEQ.
- 1.2 Improve access to comprehensive and effective primary health care services for Aboriginal and Torres Strait Islander peoples in SEQ.
- 1.3 Expand and maintain a competent and enabled health workforce.
- 1.4 Improve the quality and safety of health care delivered to Aboriginal and Torres Strait Islander peoples in SEQ.
- 1.5 Provide quality health information for decision making to patients, providers, and communities through improved and integrated information systems.

Strategic Goal 2

Build & Sustain Healthy Communities

Strategies

- 2.1 Mobilise Aboriginal and Torres Strait Islander communities to promote health and well-being.
- 2.2 Empower and enable local communities to have a greater say and influence over their health services.
- 2.3 Promote culture and identity as key determinants of health and well-being of Aboriginal and Torres Strait Islander peoples.
- 2.4 Optimise existing and generate new sources of revenue to further enhance the sustainability and independence of Community Controlled Health Services in SEQ.

Strategic Goal 3

Foster Collaboration & Innovation

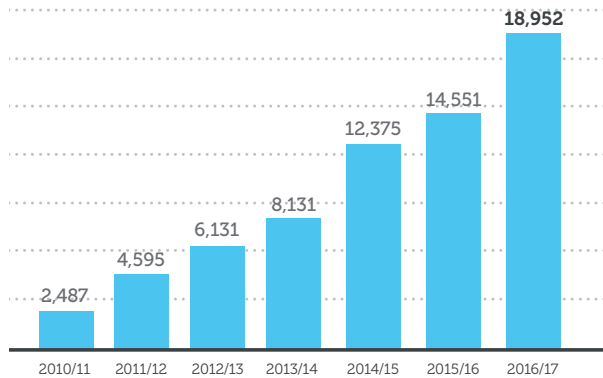
Strategies

- 3.1 Expand coalitions and partnerships to build a dynamic IUIH Network in SEQ.
- 3.2 Engage with other sectors to address the social determinants of Aboriginal and Torres Strait Islander health in SEQ.
- 3.3 Collaborate with research institutes to build the evidence base in urban Aboriginal and Torres Strait Islander health.
- 3.4 Test and evaluate new models of service delivery.

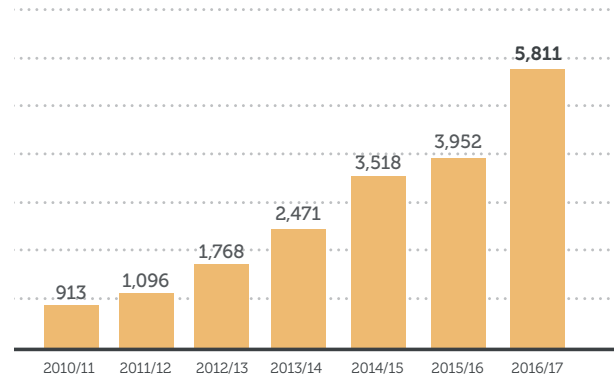


2016/17 REPORT CARD — GROWTH ACROSS THE IUIH NETWORK

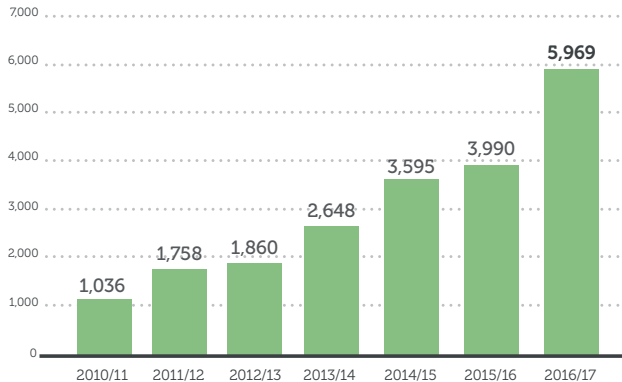
HEALTH CHECKS



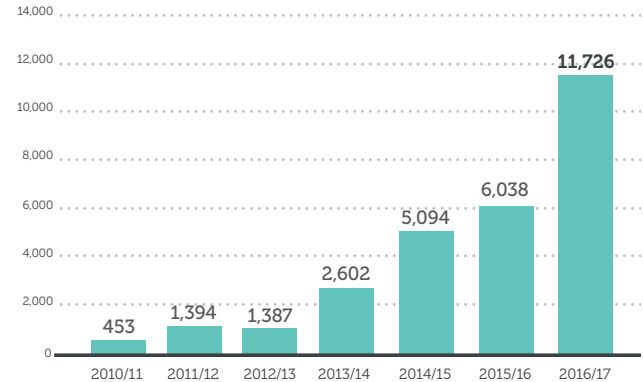
TEAM CARE ARRANGEMENTS



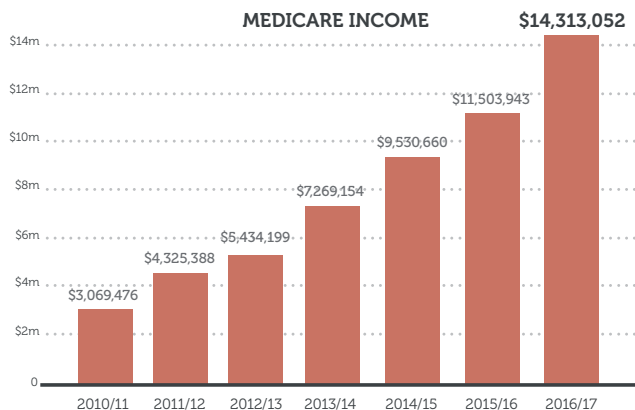
GP CARE PLANS



GP/TCA REVIEWS



MEDICARE INCOME



In 2016/17 the Institute for Urban Indigenous Health and our Member network continued to show outstanding growth across a range of key performance indicators. This continued growth comes on the back of research across the previous four years, that shows IUIH and it's Members have improved the Health Adjusted Life Expectancy Gap amongst our clients by 0.8 years.



A NETWORK OF HEALTH CLINICS



The IUIH and its Member Organisations have collaborated to develop a network of over 19 health clinics and 3 mums & bubs spaces, making it one of the largest community controlled health organisations

in the country. The IUIH Network is the largest employer of Aboriginal and Torres Strait Islander people within South East Queensland, with almost 500 Indigenous staff employed.



GOVERNING BOARD 2016/2017



Chairperson

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

Current Chairperson of the Yulu-Burri-Ba Aboriginal Corporation for Community Health on North Stradbroke Island



Deputy Chairperson

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,
Medical Officer at
Prince Charles Hospital



Kieran Chilcott
(Dec 16 – June 17)
(ND Kalwun)

CEO of Kalwun Development Corporation
Ltd that delivers the Kalwun Health Services
on the Gold Coast, Chair of QAIHC



Nichelle Nona (Mamu)
(Aug 16 – Oct 16)

General Manager
Kalwun Health Services



Maurie Burke (I)

Retired Accountant,
holds several other board and
Finance committee positions



Dr William Glasson (I)

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



The Honourable Paul Lucas (I)
(Feb 17 – June 17)

Former Queensland Deputy Premier and
Minister for Health. Adjunct Professor,
Australian Catholic and Bond Universities.
Governance, Infrastructure and Public
Policy Specialist – University of Queensland
International Development. Director of
various community and for profit companies.



Kenneth Wiltshire (I)

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



Charmaine Harch

Company Secretary

ND = Nominated Director I = Independent

F&R Committee (Finance and Risk Management)

Maurie Burke (Chair)
Brett Shannon
Lynette Shipway

R&P Committee (Remuneration and Performance Committee)

Stella Taylor-Johnson (Chair)
Brett Shannon
Lynette Shipway
Kenneth Wiltshire

A MESSAGE FROM THE CHAIR AND CEO



Lynette Shipway,
Chair



Adrian Carson,
CEO

On behalf of the Board of the Institute for Urban Indigenous Health (IUIH) Ltd, we are pleased and proud to present our Annual Report for the 2016/2017 Year. Whilst the Year represented the eighth year of operation of the IUIH, it also marked the 40th year of operation of the Kambu Health Service in Ipswich, reminding us all that our Network has a long and proud history of servicing our communities across our Region. On behalf of the IUIH Board and IUIH Member Organisations, we congratulate Kambu on this wonderful achievement.

Amidst continued reform and uncertainty within the Australian health care system, the IUIH and our Members remained focused on the continued expansion of comprehensive primary health care services to our communities across South East Queensland (SEQ). Our work has seen the number of active Indigenous patients accessing our Network increase to over 33,000 at end June 2017, with over 9,000 new Indigenous patients accessing their local Community Controlled Health

Service during the Year. The release of 2016 Census data confirms predicted patterns of growth, with our population increasing to 63,334 – representing a 32% increase in our population since the previous Census in 2011. Our communities, together, remain the fastest growing Indigenous population in the country and is on track to more than double to over 131,000 by 2031.

The continued growth of our population will see additional Primary Health Care Clinics added to our Network, with ATSICHS Brisbane establishing a new Clinic in Loganlea at end June 2017. The Loganlea Clinic will commence operations in early July 2017, bringing the total number of Clinics operated by our Network to nineteen (19). The growth in the number of Clinics is significant, compared to the five (5) Clinics operated by our Members at the time of the establishment of the IUIH in 2009.

Continued development and implementation of our 'System of Care' saw the number of 'Health Checks' delivered by our Network increase to 18,952 in 2016/2017, representing an increase of over 30% since 2015/2016. The increase in Health Checks in SEQ continues to be supported by our Deadly Choices Campaign. Our Network continues to apply our 'system of care', ensuring the increase in Health

Checks are matched by increases in Chronic Disease Management Plans (GMPs), Reviews and Team Care Arrangements (TCAs) – continuing to ensure our people are supported to access the full range of services required to improve their health and well-being.

Our Network continued to improve Aboriginal and Torres Strait Islander peoples' access to Medicare-funded services, increasing Medicare income to \$14.3million in 2016/2017. These funds continue to be reinvested into our communities, funding the delivery of dental treatment, children's therapy, child and maternal health and a comprehensive range of allied health and specialist services.

For our Network, the ability to generate Medicare income has enabled our Organisations to become more community controlled as we determine the priorities for investment of these funds in accordance with the needs of our communities.

In 2016/2017 our Network provided dental treatment services to over 4,000 patients, with 67% of these patients (2,722) receiving a comprehensive oral health examination as part of their treatment. The cost of these services totaled over \$2.3million last year, with these costs being met or 'self-funded' by our Network. Continued expansion of





pediatric allied health services saw children's therapy services delivered to almost 2,300 of our children, with these children accessing 7,065 'occasions of service'. We also continued to expand our 'Work it Out' Chronic Disease Self-Management Program, with almost 1,600 clients accessing 'Work it Out' in 2016/2017 and 425 new clients joining the program during the year. Again, the delivery of 'Work it Out' has been funded by our Member Organisations.

"Our Deadly Choices partnership with the NRMA Insurance Brisbane Broncos celebrated its fifth year."

The IUIH continued to expand its eye health services in response to needs across SEQ, with nearly 6,000 comprehensive eye examinations conducted by IUIH Optometrists in 2016/2017. This work was supported by The Fred Hollows Foundation and saw the development and implementation of the 'Deadly Urban Eyes' Campaign, that used an eye health pack, including Deadly Choices sunglasses, as an incentive to encourage regular eye examinations to reduce rates of preventable blindness in our communities. In a relatively short period of time, IUIH has grown to become the largest supplier of 'no cost' Queensland Government-supplied spectacles in Queensland. IUIH also coordinated access to over 250 cataract surgeries during the year, effectively eliminating the wait-list for cataract surgery for Aboriginal and Torres Strait Islander peoples in SEQ.

Our allied health services continued to expand throughout 2016/2017, with more than 9,000 of our patients accessing our Podiatry service and 20,281 occasions of service delivered. We also fitted 674 pairs of footwear and 130 orthotics. Our

Physiotherapy service delivered 2,394 occasions of service to 1,554 clients in 2016/2017 whilst our Audiology service delivered 1,567 occasions of service. Our Diabetes Education and Dietetics service delivered 2,373 occasions of service to 1,752 clients in 2016/2017.

We continued to support our people with complex chronic conditions through delivery of the Integrated Team Care (ITC) Program, with 2,258 clients accessing care coordination and supplementary support and the delivery of over 96,000 occasions of service. This increase in clients accessing ITC support and the numbers of services delivered by our Network continues to increase despite no increase in funding, demonstrating the value of fully-integrating ITC within the system of care implemented by the IUIH Network.

IUIH continued to support the delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander communities within the Moreton Bay Region, with the total number of active Indigenous patients attending the Moreton Aboriginal & Torres Strait Islander Community Health Service (MATSICHs) increasing to over 7,500. In 2016/2017 MATSICHs saw 2,588 new Indigenous patients access health services across its four Clinics and delivered over 98,250 'episodes of care' and 5,372 Health Checks. Implementation of the 'IUIH system of care' also saw MATSICHs increase Medicare income to \$4.3million.

We continued to support development of a workforce for Indigenous health, coordinating placement of a record three hundred and eighty-eight (388) students from twenty-one (21) disciplines across our Network in 2016/2017. IUIH also continued to coordinate and support placement

of General Practice Registrars (GPRs) across our Network, with eleven (11) GPRs completing training within SEQ CCHSs in 2016/2017 and a total of 32 completing training in the past three years.

Our Network continued to further develop and expand delivery of an integrated and truly family centered system of care across SEQ. Throughout 2016/2017 we continued to expand 'Mums & Bubs' and family supports services across the Region. With support from the Queensland Government and in partnership with ATSICHs Brisbane and the Mater Health Service, IUIH established the Salisbury Mums & Bubs Hub to accommodate the expansion of the Birthing in Our Community (BiOC) Program across the Brisbane South Region. Data from BiOC continues to demonstrate significantly better outcomes for Indigenous women and babies participating in the Program compared to Indigenous women receiving standard care at the Mater Hospital and compared to national data.

With support from the Australian Government, IUIH established a second site within SEQ (Brisbane South) for the delivery of the Australian Nurse Family Partnership Program (ANFPP). ANFPP provides targeted support to Indigenous mums from 26 weeks of pregnancy until the child turns two (2) years of age. The second site now sees IUIH and its members delivering ANFPP across the Moreton Bay and Brisbane South Regions.

"The number of active Indigenous patients accessing our network increased to over 33,000 at the end of June, 2017."



The continued reform of Queensland's child protection system has seen the commencement of new Family Wellbeing Services across our Network, providing prevention and early intervention support to our families to prevent the escalation of concerns within the statutory system. These services have also commenced delivery of intensive support for families already in contact with the child protection system. These services are being fully integrated within our regional system of care, ensuring families receive access to the full 'wrap-around' support required to meet their unique needs.

Expansion of the Network's Regional Social Health Program continued in 2016/2017 with additional funding made available by Primary Health Networks (PHNs) to expand services into priority locations across SEQ. The delivery of mental health and substance misuse services continues to be integrated with the increasing range of comprehensive primary health care and social support services across the IUIH Network.

... "our network provided dental treatment services to over 4,000 patients with over 67% receiving a comprehensive oral health examination."

IUIH continued to expand delivery of fully integrated home care services to our Elders across the Greater Brisbane North Region (including Moreton Bay). In 2016/2017, IUIH Home Support delivered home care services to some 1,217 Elders. The integration of home care services with delivery of primary health care services by MATSICHs has seen this care delivered at no cost to our Elders.

IUIH also continued to deliver services to more than 200 Elders within the Sunshine Coast and Fraser Coast Region, in collaboration with local Community Health Services.

We continued to expand our Deadly Choices Program, aimed at empowering our people to take control of their health

and reduce the rates of preventable chronic disease within our communities. In 2016/2017 we delivered our Deadly Choices Education Program to 114 schools and 1,316 students. We also ensured that 1,050 of these students (80%) completed a health check at their local CCHS. IUIH continued to work with our Members to deliver alcohol, tobacco and sugar-free community and sporting events to promote our Deadly Choices message. We also continued to increase our efforts aimed at reducing smoking rates in our communities by delivering more education programs and building the capacity for our Clinics to effectively support our people to stop smoking.

Our Deadly Choices partnership with the NRMA Insurance Brisbane Broncos celebrated its fifth year in 2016/2017. With support from the Queensland Government, this Partnership will continue to support the delivery of our Deadly Choices Program and various Campaigns for a further three years. We also continued our partnership with the Gold Coast Titans and executed new partnerships with the Brisbane Lions and Gold Coast Suns (AFL) in 2017.

In 2016/2017 we continued to work closely with our partner Community Controlled Health Services (CCHSs) across Queensland to deliver the 'Tackling Indigenous Smoking' (TIS) Program. We also continued to work with other CCHSs across Australia to expand delivery of the Deadly Choices Program, including the Central Australian Aboriginal Congress (Alice Springs) and Danila Dilba (Darwin) in the Northern Territory, the Aboriginal Health Council of South Australia (AHCSA) and Nganampa Health Council (SA) and the Wellington Aboriginal Community Health Services (WACHS) in NSW. During the year the IUIH also commenced discussions with a number of CCHSs to support delivery of the Deadly Choices Program in Victoria.

The 2016/2017 Year represented the last Year of the IUIH Strategic Plan 2014/2017, providing an opportunity for the IUIH Board and Members to review progress and growth of the IUIH Network and changes within the policy and funding environment

within which our Organisations operate. This review informed the development of a new IUIH Strategic Plan 2017/2020 and a focus on improving 'family wellness' across the life course, moving beyond the provision of comprehensive primary health care services to address key social and cultural determinants of Indigenous health in SEQ. The new Strategic Plan and continued growth of the IUIH saw the IUIH Board complete an organisational restructure of the Organisation in 2017. The new Organisational Structure sees the consolidation of various service delivery functions of the IUIH and the allocation of additional resources to support continued growth and innovation across the Network.

The challenges experienced by our Network in 2016/2017 were considerable but, like previous years, they did not stop us from continuing to expand our services to meet the needs of our communities. As we look forward to 2017/2018 and beyond, it is clear that many more challenges lay ahead for the IUIH and our Members. We will continue to meet these challenges by supporting and strengthening ourselves and each other as our strength in SEQ is derived from our collectivity as Aboriginal and Torres Strait Islander peoples and Community Controlled Health Services (CCHSs).

IUIH and our Member Organisations have achieved much in 2016/2017. On behalf of the Board, we acknowledge the continued support of our Member Organisations and their tireless efforts to improve the health and well-being of our communities – ATSICHs Brisbane, Kambu Health Service, Kalwun Development Corporation and the Yulu-Burri-Ba Health Service. We acknowledge the continued leadership of the Board of the IUIH and the dedication and hard work of the IUIH's Senior Management Team and staff. We also acknowledge the support of our partners from government, the non-government and private sectors.

Lynette Shipway
Chairperson, IUIH Board

Adrian Carson
Chief Executive Officer, IUIH



IMPROVING ACCESS TO COMPREHENSIVE PRIMARY HEALTH CARE

In 2016/17, IUIH and our members remained focused on our main goal, to close the gap, by improving access to comprehensive primary health care for all members of our South East Queensland Aboriginal and Torres Strait Islander community, which has grown to 63,000, the largest growth in Australia.

Improvements included:



New clinics at Loganlea and Salisbury Mums and Bubs



Active patient numbers grew from 10,000 in 2009/10 to 33,000 at end 2016 across Network



More health checks, care plans and coordinated care for clients – 18,952 in 2016/17 compared to 14,551 in 2015/16



More GPMP's developed and implemented – 5,969 in 2016/17 compared to 3,990 in 2015/16



More TCA developed and implemented – 5,811 in 2016/17 compared to 3,952 in 2015/16



Almost twice the number of GPMP and TCA reviews conducted – 11,726 in 2016/17 compared to 6,038 in 2015/16

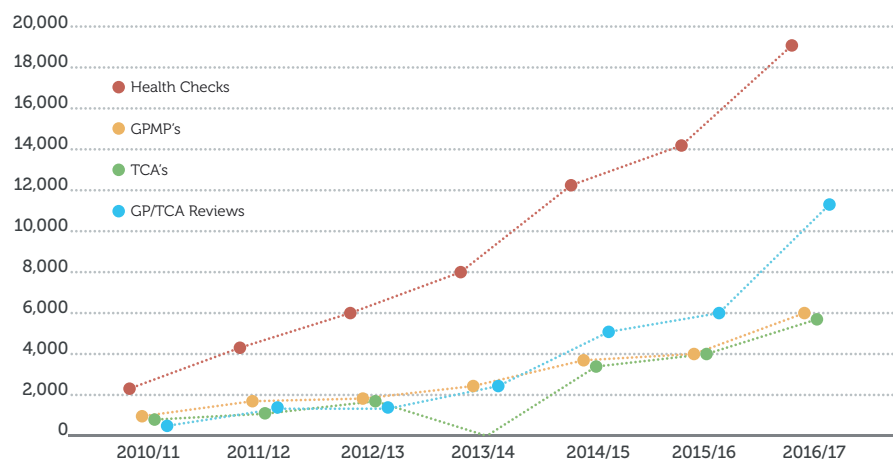


More MBS Revenue generated and reinvested into primary care



More allied health outreach services delivered

Total Health Check/Chronic Disease Plans
(2011/12 to 2016/17)



PROMOTION AND PREVENTION



Campaigns

Deadly Kindies Campaign

Launched in January 2016, Deadly Kindies is a joint initiative of IUIH and the Department of Education which aims to improve kindy participation rates of Aboriginal and Torres Strait Islander children living in South East Queensland. A marketing strategy was utilised and a website established to increase awareness of the importance of kindy in preparing children for school. Parents of children eligible for school in the following year who enrolled their children in kindy and completed a child health check were provided with a Kindy Kit containing items that help facilitate the child's participation in kindy – for example, a backpack, lunch box, hat and shirt. Following the successful trial across three clinics, the campaign received additional state government investment to expand across all 19 Aboriginal Medical Services in South East Queensland in 2016/17.

KEY PERFORMANCE INDICATORS – DEADLY KINDIES CAMPAIGN 2016/17		
	June 2016	June 2017
Number of participating clinics	3	19
Number of children eligible for kindy in 2017/18 who received a kit	52	110
Number of children who subsequently enrolled in Kindy	32 (62%)	76 (69%)
Number of families engaged in the program	52	109





Smoke Free Pregnancy Campaign

IUIH developed the Smoke-Free Pregnancy Campaign in collaboration with the North Brisbane Primary Health Network to reduce rates of smoking during pregnancy. The campaign utilises posters and social media to encourage Aboriginal and Torres Strait Islander women to quit smoking while pregnant and to encourage their household to maintain a safe, healthy and smoke free home environment. Pregnant clients are encouraged to access tobacco cessation supports, and their quit journey is monitored and measured.

Deadly Places, Smoke-Free Spaces Campaign

The Deadly Places Smoke-Free Spaces Campaign complements the healthy lifestyle messages portrayed in the Deadly Choices Social Marketing campaign with a stronger focus on tobacco cessation and smoke free environments.

The campaign encourages people to sign a pledge that they will make their car, home and workplaces deadly, smoke-free spaces. To date, more than 2,100 pledges have been signed, directly impacting on more than 11,500 people.

“To date, more than 2,100 smoke-free pledges have been signed, directly impacting on more than 11,500 people.”



Deadly Choices Programs

Deadly Choices Schools Program

The year saw a continued demand for the Deadly Choices Schools Program with recognition by schools that the 8 week program covering leadership, smoking, nutrition, physical activity, harmful substances and healthy relationships, is highly beneficial for their students.

KEY STATISTICS – DEADLY CHOICES SCHOOLS PROGRAM 2016/17

Total number of programs delivered	114
Number of participants	1,316
Number of these participants that completed a health check	1,050 (80%)

PROMOTION AND PREVENTION



‘This year, one of the earliest participants in the annual Deadly Choices Leadership Camp returned as an employee of IUIH Deadly Choices to help run a range of Deadly Choices events.’

Deadly Choices Events

Community and Sporting Events

In 2016/17, the Deadly Choices team conducted the following alcohol, drug and sugar free community and sporting events at which healthy lifestyles and the importance of regular contact with health services are promoted.

Capalaba Community Day – 150 participants
Men’s Golf Day – 108 participants
Men’s Cricket Day – 20 teams
Deadly Choices Senior Camp – 149 students
Deadly Choices Junior Camp – 103 students
Junior Murri Carnival (Rugby League) – 345 young people
Junior Murri Carnival (Netball) – 112 young people
Women’s Netball – 200 participants

The Junior Murri Rugby League and Netball Carnival attracts teams from around the state. As a pre-requisite for competing in the carnival every girl and boy must complete a health check.

Key statistics – Deadly Choices Rugby League and Netball Carnivals

RUGBY LEAGUE		
Age group	Total participants	Total teams
Under 6s	48	6
Under 8s	94	10
Under 10s	100	10
Under 12s	103	10
Total	345	36
NETBALL		
Age group	Total participants	Total teams
Under 6s/8s	28	5
Under 10s	40	7
Under 12s	44	7
Total	112	19

Senior Indigenous Games

In 2016 /17 IUIH continued the development of the Senior Indigenous Games Program, an Elders program for Aboriginal and Torres Strait Islander people aged 50 years and over. The games are modified to accommodate players reliant on wheelchairs and walking frames. Participants must be registered with their local AMS, who promote the games, recruit the players and supply transport for those who do not have access to their own.

EVENT	PARTICIPANTS
Outback Senior Games	18
Deadly Choices Gold Cup	54
Ipswich Senior Games	28





Deadly Choices Tobacco Program

Smoking Cessation Protocol

In 2015/16, the IUIH SEQ Lead Clinician Group developed a standardised Smoking Cessation Protocol to guide best practice in screening and assessment, brief intervention, intensive case management, support and follow up for clients towards quitting.

The protocol helps health professionals to enhance their practice in the following areas.

Medical Screening	<ul style="list-style-type: none"> • Age of Screening • Assess Nicotine Dependence • Heaviness of Smoking Index
Pharmacotherapy	<ul style="list-style-type: none"> • Nicotine Replacement Therapy (NRT) • Combination Therapy • Varenicline and Bupropion
Higher Risk Groups	<ul style="list-style-type: none"> • Pregnancy • Mental Health • Adolescence • Presence of Cardiovascular Disease
Intensive Support	<ul style="list-style-type: none"> • Pathway to quitting • Strategies to help quit • Previous quit attempts

Tobacco Champions

Tobacco Champions provide drive for smoking cessation activities and play a key role in referral, provision of intensive advice, support and follow up for clients considering quitting. Tobacco Champions in clinics using MMEX clinical record system software have embedded a tagging scheme to track and monitor active clients who have accessed smoking cessation services. They have also worked hard to embed the Smoking Cessation Protocol into Deadly Choices Tobacco Consortium clinics.

KEY STATISTICS – DEADLY CHOICES TOBACCO EDUCATION PROGRAM 2016 /17

31

Number of Deadly Choices
Tobacco Programs
delivered

545

Number of Indigenous students
completing the Deadly Choices
Tobacco Program

TOBACCO CHAMPIONS – ACTIVE CLIENTS 2016/17

Clinic	Male Clients	Female Clients	Total Clients
ATSICHS Brisbane	64	70	134
Kambu	22	37	59
Yulu-Burri-Ba	52	37	89
Moreton ATSICHS	49	110	159
Total	187	254	441

JULY 2016 – JUNE 2017 TOBACCO STALLS

	Gidgee	Nhulundu	Mackay	SEQ	Total
Number of stalls	30	98	13	359	500
Number of participants	204	745	71	2331	3351

1,200


Total brief interventions, GP
referrals, Quitline Referrals,
SNTS Referrals

Deadly Choices Smoke-Free team

The team aims to connect Aboriginal and Torres Strait Islanders people wishing to quit smoking with clinical tobacco cessation strategies, including completing at least four consultations with a clinic Tobacco Champion. In 2016/17, 250 people accessed clinical cessation appointments.

Across SEQ, over 1,700 nicotine replacement therapies were administered.

Nicotine Replacement Therapy Administered (July 2016/June 2017)

	ATSICHS	187
	KALWUN	143
	KAMBU	637
	MATSICHS	506
	YULU-BURRI BA	260
		1,733



PROMOTION AND PREVENTION

Deadly Choices Ambassadors



Steven Renouf



Scott Prince



David Williams



Tracey Thompson



Rhonda Purcell



Brad Hore



Torita TJ Blake



Janice Blackman



Brandi Alberts



Jacob Hunt



Preston Campbell



Jharal Yow-Yeh



Tallisha Harden

And Players from our Partners: Brisbane Broncos, Gold Coast Titans.
New partnerships were established with the Brisbane Lions and Gold Coast Suns.



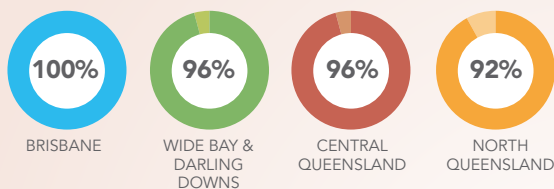
Deadly Choices Licenses

In 2016/17, Deadly Choices Licenses were provided to several licensees across Australia which has helped continue to spread the Deadly Choices positive messaging, expand the Deadly Choices Schools program and improve access to health checks and health services. Licensees included Central Australian Aboriginal Congress Aboriginal Organisation (Alice Springs), Apunipima Cape York Health Council (Cape York) and Aboriginal Health Council of South Australia Incorporated (AHCSA). In particular, Deadly Choices have been able to negotiate a partnership between AHCSA and Port Adelaide Power Football Club which has been moulded on the existing partnership between IUIH and the Brisbane Broncos.

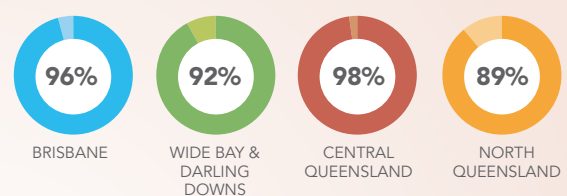


A Deadly Brand

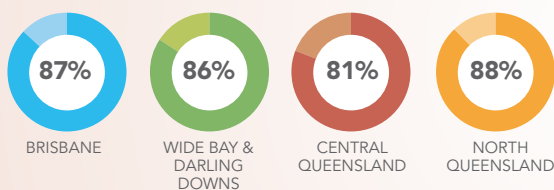
POST CAMPAIGN AWARENESS OF DEADLY CHOICES



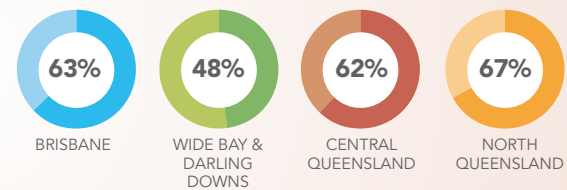
RELEVANCE OF DEADLY CHOICES TO COMMUNITY



DEADLY CHOICES SUPPORTS PEOPLE MAKING HEALTHY CHOICES



DEADLY CHOICES ENCOURAGES USE OF HEALTH SERVICES



17,644
f FOLLOWERS

5,146
t FOLLOWERS

7,388
i FOLLOWERS

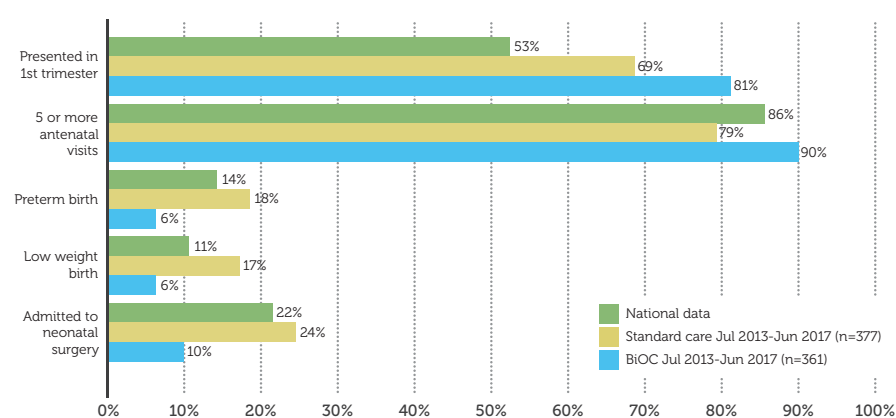
CLINICAL SERVICES

Child health

Birthing in Our Community

The Birthing in Our Community (BiOC) Program has demonstrated significantly better outcomes for Indigenous women and babies participating in the program compared to Indigenous women receiving standard care at The Mater Hospital and compared to corresponding national data.

Antenatal and neonatal health outcomes – National, Standard care and BiOC 2016/17



Birthing in Our Community: Sarah's experience

Sarah reported experiencing some really dark days during her pregnancy and said the BiOC Team's non-judgemental support was what got her through. Sarah said she felt part of the extended BiOC family and that regular contact with the midwife, social worker and family support worker "meant they were there when I needed you."

For example, Sarah particularly praised the breast feeding support she received. She said she initially felt too shame to breastfeed and thought she couldn't do it, but with support and guidance she finally felt very comfortable and could see the physical benefits of breastfeeding as her baby grew and thrived. She was amazed that it was her body providing the fuel for her baby to grow and now she can't imagine not breastfeeding.

The team will continue to touch base with Sarah periodically to see how she and bub are going, even though Sarah reported feeling 100% better and her anxiety has significantly improved so that she no longer requires weekly counselling.





Mums and Bubs

In 2016/17 the Birthing in Our Community Program was expanded with the establishment of the Salisbury Mums and Bubs Hub and a focus on improving the integration of services and coordination of wrap around care.

Funding was secured to enable the expansion of the Australian Nurse Family Partnership Program into the south side of Brisbane, complimenting the existing north side program.

As part of the expansion, additional paediatricians were employed and nurses with qualifications in child health or paediatrics were appointed as paediatric coordinators. These extra services and additional capacity, have improved efficiencies for patients and the overall effectiveness of the program.



Salisbury Mums and Bubs – Ms N's experience

Ms N originally attended Salisbury Mums and Bubs when she was homeless and living in temporary accommodation. At this time, her partner was recovering from a drug addiction and the Department of Child Safety were involved with her 8-year-old son. Ms N's pregnancy was high risk due to existing health concerns, and she found it difficult to keep track of appointment times and to access transport to attend appointments. This changed significantly when the Family Support Worker provided Ms N with a diary and booked transport for her appointments. Support continued even when Ms N secured rental accommodation 41km away as she was linked into the MATSICHS clinic at Deception Bay. The Salisbury Family Support Worker liaised with the Integrated Team Care to provide Ms N with a CPAP machine for her sleep apnoea and the Salisbury team supported Ms N to obtain a pram, clothing and other items to prepare for the baby's arrival. Her pregnancy was monitored closely and Ms N was supported by the Salisbury team whenever she presented to the Emergency Department with threatened pre-term labour. The Salisbury social worker also provided support to Ms N's mother who now cares for her older son under a kinship carer arrangement.



Australian Nurse Family Partnership Program – Louise and Brad's experience

Louise is a 27-year-old woman who engaged with the ANFPP when she was 17 weeks pregnant and experiencing gestational diabetes. Her history included diagnosed mental disorders and alcohol use, and her partner Brad also has a history of diagnosed mental disorders and polysubstance use. Louise and Brad's first baby was removed into out of home care but Louise is highly motivated to parent this child and to achieve reunification with the two-year-old child in out of home care. Louise independently sought, initiated and sustained engagement with local community support services and consented to entering a 12 week dedicated and supported residential parenting program after the birth of the baby. ANFPP worked with Louise throughout this process.

Louise hasn't had any alcohol for 8 months and is regularly accessing health care including counselling for her alcohol use. Brad has completed a residential drug and alcohol detoxification program and is waiting for admission to a rehabilitation program. He has also engaged with a male Family Partnership Worker through ANFPP. With the support of ANFPP, Louise and Brad also obtained practical assistance in gathering items of clothing and furniture for their baby.



CLINICAL SERVICES

Children's Therapy Services: Paediatric Occupational Therapy and Speech Pathology

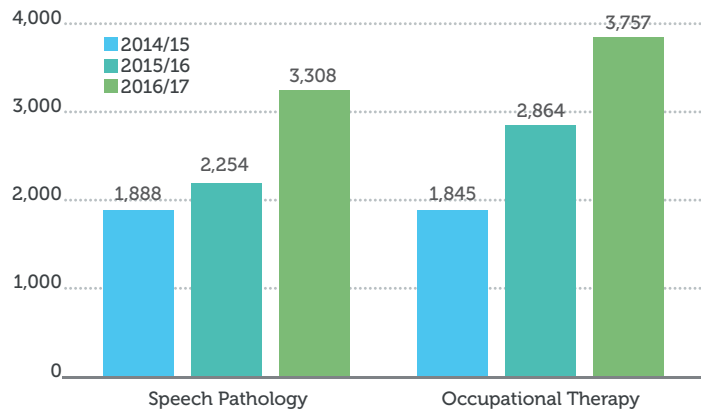
Service expansion in 2016/17 includes provision of Saturday services at the Deception Bay clinic, and services now delivered at the Salisbury Mums and Bubs clinic and at the Kingston Deadly Kindy, operated by ATSICHS Brisbane. Therapists are also working with the University of Queensland to develop and research the effectiveness of the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC).

Key Statistics: IUIH Paediatric Occupational Therapy and Speech Pathology 2016/17

Total number of clients seen (occupational therapy)	1,170
Occasions of service (occupational therapy)	3,757
Total number of clients seen (speech pathology)	1,102
Occasions of service (speech pathology)	3,308



Key Statistics: Children's Therapy Services Occasions of Service 2014/15 to 2016/17



Children's Therapy Services

Sam had difficulty with handwriting and expressive language. She participated in Occupational Therapy (OT) and Speech Therapy and created a recipe book, where she wrote recipes to make at home. She completed 'homework' activities with her Mum. In her final session she brought a chocolate slice that she made with her Mum to share. She reached her goal of being able to write 2 sentences without taking a break. Her teacher reports she is falling behind less in class, and her Mum has noticed an improvement in her writing and self-confidence.



Paediatric Assessment – Regional Social Health Services

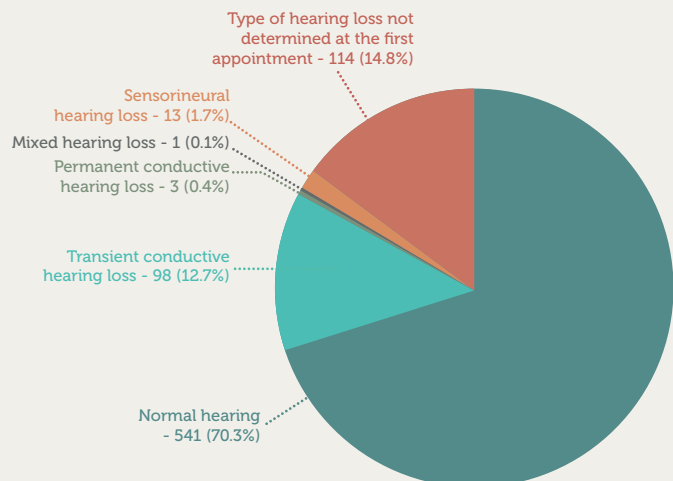
In August 2016, IUIH Social Health regionalised the assessment process for paediatric clients requiring specialised psychological assessment. Since then 44 children, referred to the program by IUIH paediatricians for specific assessment associated with autism spectrum disorder, speech/language impairment, trauma, severe anxiety or intellectual impairment, have completed assessments across all member services. In addition, psychologists have been trained in a range of assessment tools and have received ongoing supervision. The program has also accepted placements of clinical psychology students for training in the administration of assessments, formulation, and short term follow up intervention for clients.

Paediatric Audiology

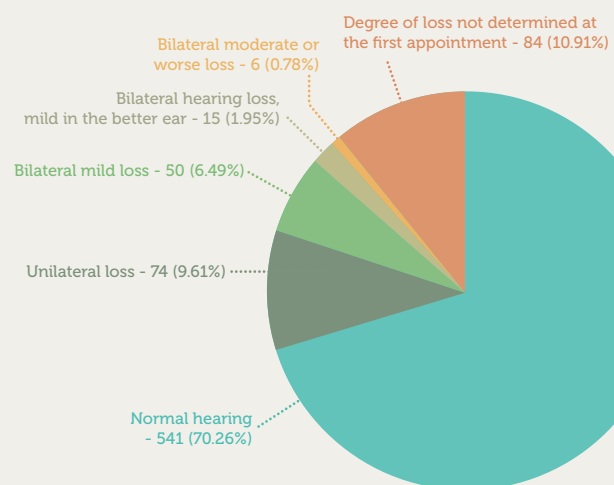
We continued to work closely with the IUIH Mums and Bubs Program to screen children to identify children with, or at risk of, hearing loss.

In January 2017, IUIH Audiology worked with paediatric nurses at MATSICHS to test the feasibility of using transiently evoked otoacoustic emission (TEOAE) technology as a paediatric hearing screening device. This new technology (which is mostly used in hospitals) should make it quicker and easier to screen children aged 0-4 years. Although an initial trial has been positive, IUIH will continue to test the effectiveness of this technology within a primary healthcare environment.

Paediatric Audiology – type of hearing loss recorded at first appointment 2016/17



Paediatric Audiology – degree of hearing loss recorded at first appointment 2016/17



Regional Paediatric Psychological Assessment

A five-year-old boy with a history of trauma and developmental delays was referred to the program. The child had been struggling with Prep and the school had asked the parents to get their child assessed. The IUIH psychologist completed the assessment and a follow up case conference was held. The psychologist also helped the parents advocate with the school which agreed that the child could repeat Prep with support from IUIH Childrens Therapy Services. The family was also linked into a range of family support services. The process enabled the parents and the school to mutually understand the needs of the child and to work together to help him thrive in the school environment.

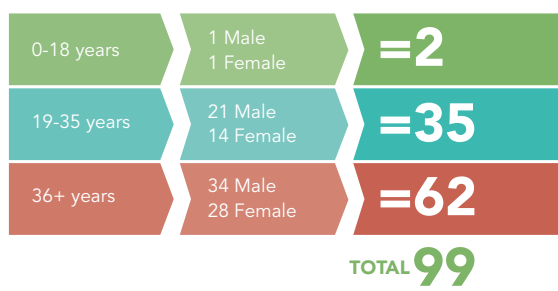
CLINICAL SERVICES

Social health

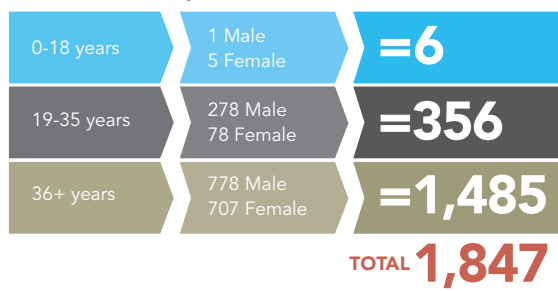
Inner City Referral Service

The Inner City Referral Service (ICRS) Team has reached over 130 Aboriginal and Torres Strait Islander people in the community by supporting them to navigate and engage with multiple agencies and services, including primary health care, the range of social health services, housing and emergency relief. The team has worked collaboratively with other IUIH programs and other agencies to deliver a wrap around, comprehensive and holistic service that is flexible to the changing needs of ICRS clients.

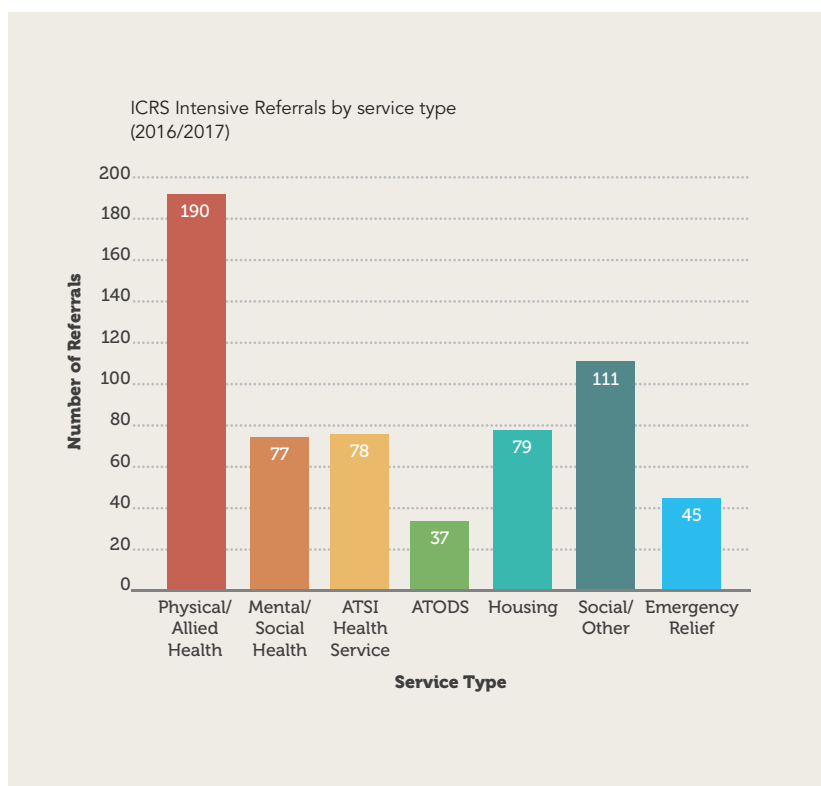
Number of ICRS clients provided
Intensive Case Management and Referral Services 2016/17



Non-residential episodes of care -
Intensive Case Management and Referral Services 2016/17



Number of individual ICRS clients 2016/17



Youth Drug and Alcohol Treatment Services

IUIH increased its capacity to provide counselling and support for Aboriginal and Torres Strait Islander young people during 2016/17. In particular, Youth Drug and Alcohol Workers were recruited for the Deadly Choices Sistas Program to work with young women to complement the MomenTIM program for young men. The Youth Program team works closely with the Deadly Choices Program, ensuring that information, education and support for substance use issues are an integral component of the Deadly Choices Schools Program.





Social and emotional wellbeing MomenTIM

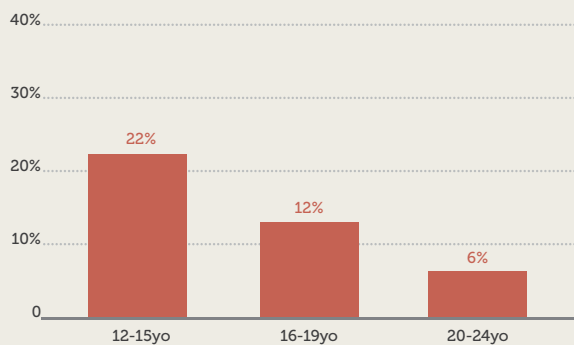
During 2016/17 there was a steady increase in the number of young men aged 12-14 years accessing the MomenTIM (Tomorrow's Indigenous Men) program across three participating sites – Moreton Bay and Mount Isa in Queensland and Wellington/Dubbo in New South Wales.

Across these regions, 17 MomenTIM events/activities were held and were supported by the respective CCHSs, their local community coalitions of contributing agencies and organisations, partner health programs such as Deadly Choices and Deadly

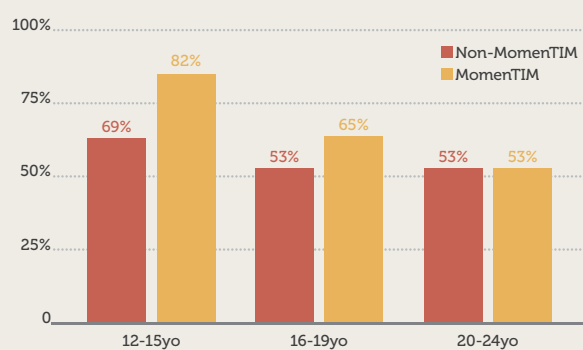
Sistas, and external corporate supporters. In addition, the MomenTIM school education program was delivered in 8 high schools and 2 primary schools in Moreton Bay, 1 high school in Mount Isa and 1 high school in Wellington.

A MomenTIM delegation attended the 2016 World Indigenous Suicide Prevention Conference in New Zealand and the 2016 international Movember Knowledge Transfer Workshop in Canada.

% of Indigenous MATSICHS male clients with MomenTim "tag" June 2017



% of Indigenous male MATSICHS clients up to date with 715 health check June 2017



CLINICAL SERVICES



Mental health screening

The Social Health Team at MATSICHS routinely administers the PHQ-4 tool as part of preventive health checks to identify risk of psychological distress and mental health issues. This screening found that 95% of clients that were screened as part of a general health assessment were identified as having, or at risk of developing, a mental health problem. Of those with a PHQ-4 score recorded in the last 12 months, scores raising concerns and indicating the need for further assessment are seen at high rates in all age groups and for both males and females.

Clients with PHQ-4 scores warranting further investigation – 2016/17

	Male		Female	
Age	June 16	June 17	June 16	June 17
12-15	46%	41%	35%	37%
16-19	51%	36%	59%	60%
20-24	46%	44%	52%	38%





Work It Out Program

Darren and Gerry joined the WIO program in February 2017. They were overweight, unhealthy and in their words “being a bad example for their kids”. Since joining the program, they have attended almost every session, often coming three times per week. They have started exercising at home with regular swimming and walking and have put together a home-gym full of equipment from gumtree. Significant diet changes at home have seen them cut soft drinks out completely and rarely do they eat take-away food. At their recent review assessment, Darren weighed in almost 10kg lighter and had significantly reduced his waist and hip circumferences. Gerry had lost 9kg and almost 20cm from her hips! Their motivation for change cannot be questioned and their results are testament to what can be achieved if you really want it.

Darren and Gerry have accessed a suite of allied health services with assistance from their Dietitian, Podiatrist and Dentist and have also utilised the service of the Family Wellbeing Centre newly opened next door. The positive impact on their health and family can be attributed to the multi-faceted assistance provided at the Morayfield clinic.

With increased visibility in the community, in 2016/17 an additional 426 clients participated in the program.

Managing chronic disease

Work It Out chronic disease rehabilitation and management

In 2016/17, the Work It Out (WIO) program was delivered across 12 Work It Out sites in South East Queensland, including in two new locations – Acacia Ridge (from September 2016) and Wynnum (from March 2017).

The program attracted 104 more Twitter followers and 158 more Facebook likes than in 2015/16, and coverage in the New York Times and the ABC’s Foreign Correspondent. The program was also presented at several national conferences and symposiums, including the CheckUp Forum in November 2016 and the Developing Northern Australia Conference in May 2017. With increased visibility in the community, in 2016/17 an additional 426 clients participated in the program.

Key statistics – Work It out program 2016/17

Number of individual clients	1590
Number of new clients	425
Proportion of clients that maintained or lost weight	55%
Proportion of clients that maintained or reduced waist circumference	56%
Proportion of clients that maintained or decreased resting heart rate	55%
Reduction in proportion of clients who have high/very high levels of non-specific psychological distress after participating in Work It Out	From 54% to 49%

Outcomes included improved cardiovascular fitness, ability to sit, stand and move easily and quickly, and improved balance.

Change in exercise capacity measurements from participating in Work It Out

	Distance walked in 6 minutes	Functional movement – timed up and go (seconds)	Balance Step Test – right leg (steps)	Balance Step Test – left leg (steps)
Pre WIO	417	7.96	12	12
Post WIO	471	6.94	14	14
Difference	↑ 13%	↓ 13%	↑ 2	↑ 2



CLINICAL SERVICES



Diabetes education and dietetics

In 2016/2017, two of our dietitians attended a training workshop focussing on assessing and treating children from birth to 18 years with feeding difficulties and weight/growth problems.

Integrating posture, sensory, motor, behavioural, learning, medical and nutritional factors help to comprehensively evaluate and manage children with feeding and/or growth problems. This training will support further collaboration between dietetics and the Children's Therapy teams.

The dietetics team have since developed new resources and will deliver sessions to pregnant women and new mums participating in the Mums and Bubs Work It Out Program at Strathpine and Salisbury. The dietetics team are now

trained in Health at Every Size and can provide clients with counselling using a non-diet approach. In addition, Deadly Dinner Plates were developed and over 600 plates have been awarded to clients at their review appointment since February 2017.

Diabetes educators have increased opportunities for clients to access support in managing their diabetes by working in a multidisciplinary team approach with allied health staff in other program areas such as optometry and podiatry who collectively support the client in management of their diabetes.

Diabetes educators are also working with endocrinologists in joint consultations with clients, and with the exercise physiologists employed in the Work It Out program to complete joint initial assessments and goal settings sessions for relevant clients.

Diabetes Education 2016/17



Diabetes Education

Mr E presented at Kambu clinic with high blood sugar levels and was quite sick with Type 2 diabetes. He was admitted to Ipswich Hospital and then referred to Kambu Health Service for follow-up as he was still quite unwell, had some social health needs and was unable to work. Through Kambu he has been accessing a range of specialised services.

The Diabetes Educator taught him how to inject his own insulin, and over time he has been able to slowly come off insulin and is now just taking a tablet. With support from a range of clinical and allied health practitioners, he has stopped drinking high sugar drinks and taking drugs, and has reduced his alcohol intake. He has improved his diet and the size of his portions and has started regular walking and family park fun with his children. He has now been back at work for several months and is able to support his family. He has reduced smoking from 20 to 12 per day and was referred to the clinic tobacco cessation worker for support to quit smoking completely.

664

Occasions of service (Diabetes)

582

Number of individual clients across 9 sites (Dietetics)

1,709

Occasions of service

1,709

Number of individual clients across 11 sites





Adult occupational therapy: Yarnin' About Falls

The Adult Occupational Therapy team has incorporated IUIH's (The Ways) Cultural Integrity Investment Framework into the mainstream Occupational Falls Assessment to enhance its acceptance and applicability in an Indigenous cultural context. The new assessment document is called 'Yarnin' about falls'.

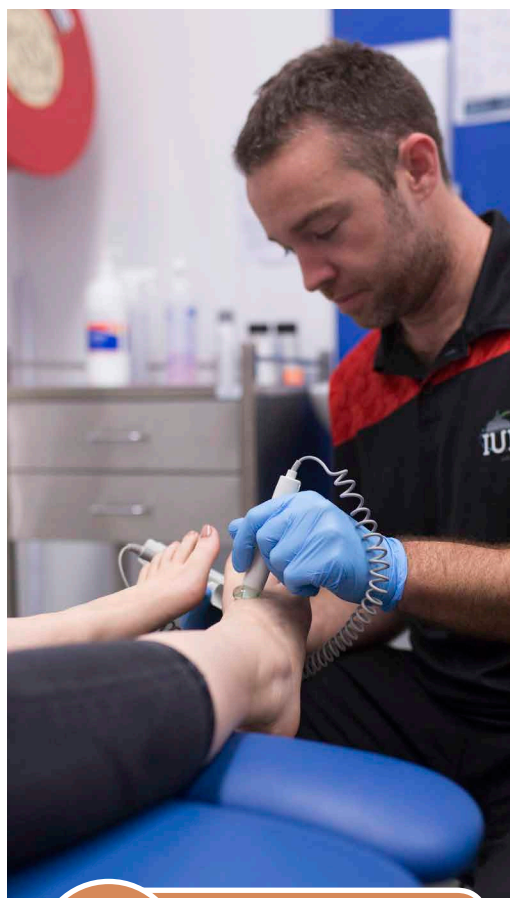
This adaptation arose from the team recognising that mainstream occupational therapy used many standard linear assessments and relied on individual staff to apply The Ways on a case by case basis. The team developed a new form which is now being trialled. There are two sides to the new form – one for the clinician which includes prompt statements, comments and questions and the other side includes picture prompts to aide communication with clients. This simple, but very valuable, adaptation of a generic falls assessment instrument aims to improve mutual understanding between clinician and client.



Promoting wellbeing through Occupational Therapy

Occupational Therapist Eliza recently visited one of her clients, who lives in Nareeba Moopi Moopi Pa Aged Care on Stradbroke Island. He is a 54-year-old man who wished to participate in Yulu-Burri-Ba's Men's Shed Program, but was unsure of which activities would be suitable for him as he uses a wheelchair. Eliza, and Aboriginal Health Worker Terry, designed a raised garden bed for the client to maintain. He planted all his favourite vegetables and was very proud and excited to show Eliza around his vegetable garden.

CLINICAL SERVICES



Healing a client's foot ulcer

Client Christopher, who had a high risk of foot injury due to a condition with his nerves (neuropathy) and poor blood supply, had been attending the Deception Bay clinic since 2015 for foot care and footwear.

In January 2017, Christopher attended the clinic with a foot ulcer on his toe. Podiatrist joined the wound and treated it over the next four months. Christopher was pleased that the wound healed so well and continues to attend the clinic for care and support.

Podiatry Services

In 2016/17 IUIH Podiatry steadily expanded its occasions of service and service footprint with the employment of two new podiatrists. Occasions of service increased from 6,730 in 2015/16 to 10,281 in 2016/17 across the IUIH Network of clinics. The team now provides Podiatry services to 5 rural and remote locations across South-West Queensland as well.

One of the main aims of the IUIH Podiatry service is to treat and manage clients at high risk of amputation, including closely monitoring clients with diabetes. To help support this, a foot ulcer KPI and a system of regular checks to ensure continued healing have been embedded into the program.

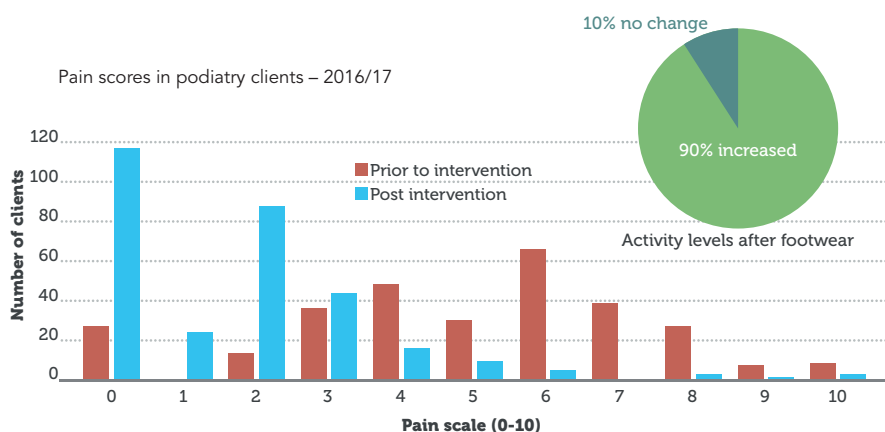
IUIH Podiatry 2016/17

Occasions of service	10,281
Number of individual clients	9,013
Number of footwear fitted	674 pairs
Number of orthotics fitted	130
Average reduction in pain score after footwear fitted	3.6 points (out of 10)

The IUIH Podiatry team work collaboratively with other practitioners within the IUIH System of Care. For example, in the course of treating a client, a podiatrist discovered that despite having a history of cardiac concerns the client had not seen a cardiologist for over two years. The podiatrist discussed this with the Chronic Care and Supplementary Services Coordinator who scheduled an appointment with a cardiologist.

Planning continues for an IUIH orthotics laboratory to manufacture orthotics for clients in South East Queensland, South West Queensland and North West Queensland at cost price. All podiatrists at IUIH will seek accreditation as specialists in managing complex foot problems and all health workers will continue to receive training in screening client's feet at health checks and facilitating access to foot care.

An overwhelming majority of patients report significant pain reduction after a podiatry intervention with the average pain score before intervention 4.93 compared to 1.65 after intervention, with 90% of patients also reporting an increase in activity levels.





Physiotherapy Services

In 2016/17, IUIH Physiotherapy services expanded and were delivered to ATSICHS Brisbane's Woolloongabba clinic and Jimbelunga Aged Care facility, and Yulu-Burri-Ba's Capalaba clinic. Two new group hydrotherapy services were established at the Morayfield and Goodna clinics and a collaboration with the Australian Nurse Family Partnership Program has resulted in the commencement of a Work It Out Mums and Bubs (antenatal and post-natal) education and exercise program at the Strathpine clinic.

Key Statistics – IUIH Physiotherapy 2016/17

Occasions of service	2,394
Number of individual clients	1,554

The IUIH Physiotherapy team continued to provide clinical placements to final year physiotherapy students from the University of Queensland throughout the year.



Helping Aunty regain her confidence

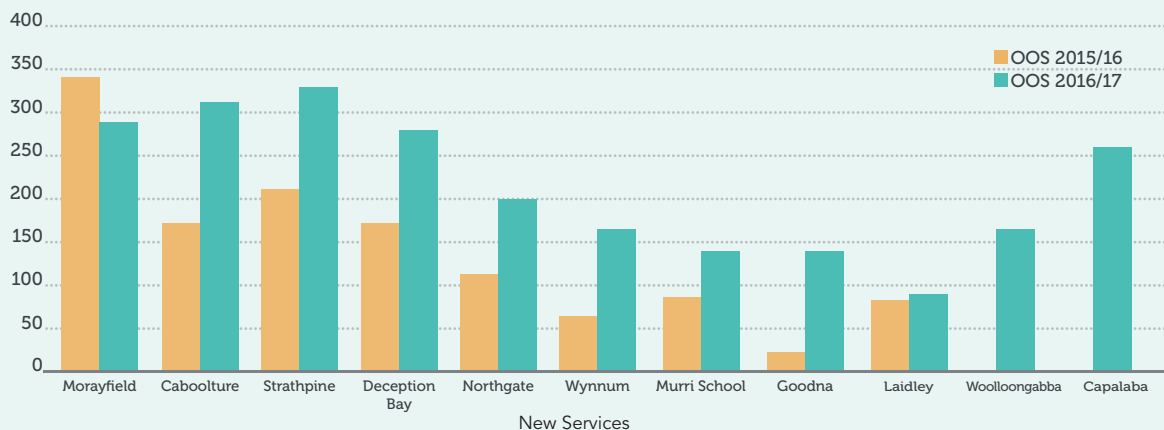
Physiotherapist Louise recently collaborated with Occupational Therapist Katelyn to help an Aunty manage her continence issues, which affects around 30% of women living in the community. Home visits are a service that IUIH allied health can provide and visiting Aunty in her own home certainly helped the client to discuss her women's health issues. The visit consisted of a thorough assessment through yarning, education about how the bladder works and practical and individualised advice. Louise was able to start Aunty on bladder training and a pelvic floor exercise program and Katelyn was able to help Aunty's functional capacity in the home and with trialling some continence aids.



Physiotherapy collaborations

A 12-year-old male client was presented to IUIH Physiotherapy with Osgood Schlatter Syndrome, a common knee disorder in adolescents. The young client had been complaining of pain in the knee for three months and had consequently stopped playing the sports he enjoyed - rugby and mixed martial arts. During initial consultation the physiotherapist noted an altered gait pattern and referred the client to IUIH podiatry for further assessment and treatment. The combination of Physiotherapy (providing a home exercise program, education and advice) and Podiatry (providing advice and insoles) led to resolution of the young client's symptoms one month later and enabled him to go back to playing his favourite sports.

IUIH Physiotherapy Occasions of Service (OOS) – 2015/16 and 2016/17



CLINICAL SERVICES



Helping a client to hear better

Audiologist Claire, recently met with a young client who was having trouble at school. Claire suspected and confirmed hearing loss was contributing to the client's challenges. She equipped the family with communication strategies to help with verbal interaction and referred the client to Australian Hearing to be assessed for a hearing device.



IUIH Audiology Services – Shared Care for complex clients

This year IUIH Audiology strengthened connections with the Royal Brisbane and Women's Hospital (RBWH) Audiology department and are working closely to share care for complex patients. IUIH Audiology referred a 64-year-old patient to RBWH ENT with bothersome tinnitus. The patient was seen by an ENT specialist within 9 weeks and received a referral to a psychologist specialising in tinnitus for an appointment within 3 weeks. The patient reported that she felt her care at the RBWH had been comprehensive and that she felt positive that she got the help she needed for her tinnitus.

Audiology/Hearing health

In 2016/17, IUIH Audiology continued to expand hearing services for Aboriginal and Torres Strait Islander people in South East Queensland.

Key Statistics – IUIH Audiology 2016/17

Number of Audiology Clinic days	273
Occasions of service	1567
Patients with hearing loss	589
Referred for additional care with and Ear, Nose, and Throat specialist (ENT)	499
Hearing aids – patients referred for new hearing aids or assisted to reconnect with their hearing aid provider	65
Increase in appointments offered in 2016/17 compared to 2015/16	569

We offered our first education sessions on hearing health to participants in the Work It Out chronic disease rehabilitation and management program delivered across South East Queensland. Group discussions focussed on why hearing is important, how the ear works, how to get help if you are concerned about your hearing, and what to expect from a hearing aid. We strengthened our links with Audiology Departments from tertiary hospitals in Brisbane and on the Gold Coast in order to improve continuity of care for IUIH patients and access to specialised services.



Optometry/Eye Health

In 2016/17, nearly 6,000 comprehensive eye examinations were conducted across 17 IUIH Network clinics by qualified optometrists with established pathways to specialist eye services regionally. IUIH also became the largest supplier of “no cost” Queensland Government-supplied spectacles in Queensland. In addition, over 250 cataract surgeries were completed for IUIH clients in South East Queensland, which eliminated the wait list for cataract surgery for Aboriginal and Torres Strait Islander people in this region.



Over 250 cataract surgeries completed



5,960 eye examinations provided



2,630 spectacles dispensed



480 in clinic ophthalmology episodes of care

IUIH also established a partnership with The Fred Hollows Foundation to encourage regular eye examination IUIH developed Deadly Urban Eyes, an eye health promotion initiative. The Fred Hollows Foundation also provided funding to support a final year Indigenous Optometry student to work in the IUIH Network’s eye clinics.

Dental Services

In 2016/17 IUIH increased access to dental services across the network and increased the average spend per client to \$575 per patient.

IUIH Dental Services
acquired Australian
Dental Association
accreditation in July 2016

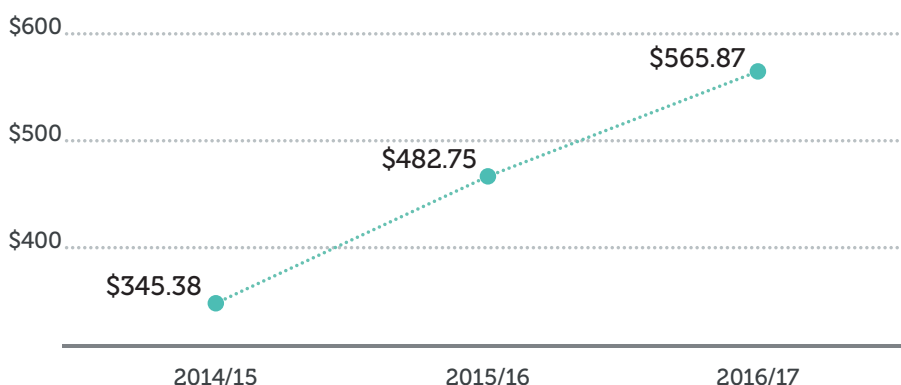
18 dental chairs were
operational across
9 clinics

Number of patients
that received
dental care – 4,008

Percentage of patients that received an annual comprehensive
oral examination as part of their treatment – 2,722 patients
(67% of total patients seen), including 1,115 children

\$2.3 million spent on
dental care – an average of
\$575 per patient

Average Dental Spend per Client

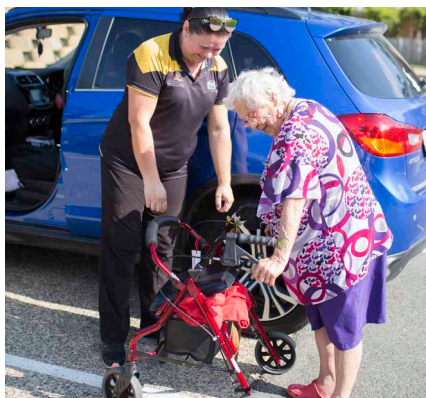


INTEGRATING AND COORDINATING CARE

Integrated Team Care

During 2016/17, the Integrated Team Care Program (what incorporates the Commonwealth Government-funded Care Coordination and Supplementary Services (CCSS) Program and Improving Indigenous Access to Mainstream Primary Care (IIAMPC) initiative), delivered intensive case management and support to Aboriginal and Torres Strait Islander people with complex chronic conditions. ITC complements, and works closely with IUIH Connect which coordinates health care and facilitates access to broader social support services for Aboriginal and Torres Strait Islander people particularly on discharge from hospital.

In this period, the referrals from IUIH Connect has resulted in increased patient



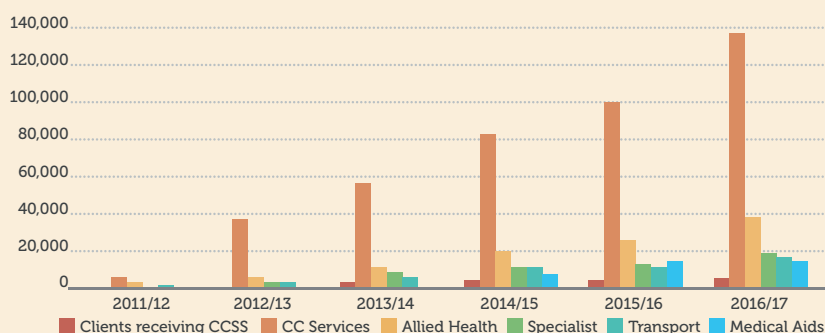
interactions for the ITC outreach workers. Regional Care Coordinators provide CCSS to Brisbane North PHN, Brisbane South PHN, Darling Downs PHN, West Moreton PHN and Gold Coast PHN. The team also delivered cultural awareness training to 40 participants in medical practices and has provided services and resources to over 150 primary health care service locations across the region.

"I want to encourage everyone that with the support of Care Coordination I have come a long way. I am eating better. I lost 20kgs and that has helped my back pain and I am no longer taking antidepressants. I want to thank everyone that has contributed to my care." (Dudley)

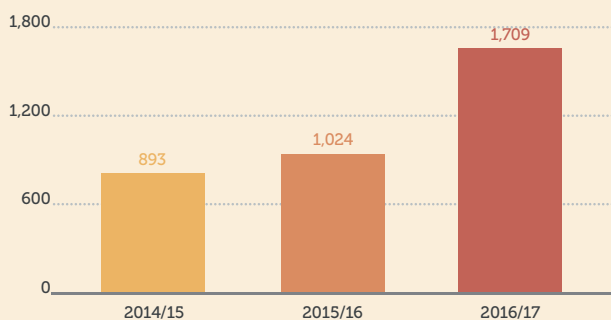
Key Statistics – Integrated Team Care

Clients with complex conditions that accessed CCSS	2,258
No of CCSS occasions of service	96,317
No of direct clinical occasions of service	37,958
No of allied health occasions of service	37,606
No of specialist occasions of service	16,051
No of transport services provided	13,421
No of medical aids provided	8,566

Integrated Team Care (2016/17)



ITC Outreach Worker occasions of service





IUIH CONNECT

During 2016/17, IUIH Connect expanded into the south of Brisbane and presented at a range of hospital staff meetings including at the Princess Alexandra Hospital, the Lady Cilento Children's Hospital and the Logan Hospital where it was very positively received. As a result, IUIH Connect established important links and referral pathways with these

hospitals, including formalising Transit Care arrangements to support transport of clients from the region. In addition, the launch of a partnership with the Queensland Police Service was held, and IUIH Connect received a plaque of appreciation as a valued Queensland Police Service partner. IUIH Connect also became a partner in the Royal Brisbane and Women's Hospital Working Together to Connect Care project, which targeted

clients with frequent presentations to the Emergency Department and aimed to reduce rates of re-presentation and increase access to, and coordination of pathways into, community primary healthcare and social support services. Metro North HHS has also agreed to implement the Program in The Prince Charles Hospital and Redcliffe Hospital






Care Coordinator in community

A client was referred to IUIH CONNECT by the Queensland Police Service. The Care Coordinator contacted the client who disclosed several concerns and fears including significant anxiety related to his upcoming court appearance. It became apparent to the Care Coordinator that family and physical stressors were compromising the client's mental health and complicating his physical ill health. The Care Coordinator suggested the client make an urgent appointment to see his GP and organised a referral to a counselling service for ongoing support, and with the client's agreement, she and an IUIH Connect Support Officer attended these appointments with the client to provide cultural support.

The client has reengaged with his GP for ongoing physical and mental health support. The client has also engaged with his local Men's Shed with a support worker from IUIH Connect attending the first meeting with him. At his court appearance, the Magistrate ordered a reduced probation period citing the ongoing support the client is now receiving through the IUIH Connect Team and other referred services.



AGED CARE: IUIH HOME SUPPORT

- 
 Continued growth in demand across the region
- 
 Expansion of services to accommodate demand in Sunshine Coast and Wide Bay
- 
 The majority of new clients are self-referring
- 
 More Home Care Packages delivered
- 
 56,549 individual Home Support services delivered to 1,423 clients
- 
 61% of IUIH Home Support staff identify as being Aboriginal and/or Torres Strait Islander.

No of clients at June 2016	Hervey Bay	Sunshine Coast	Total
Indigenous only – and family	86	120	206





IUIH Home Support

Jane was living alone following the death of her partner. She didn’t go out much and was feeling lonely and isolated. She was also experiencing dizziness and found it difficult to clean her house or shop on her own. Her doctor at Galangoor Duwalami Health Service referred her to the Hervey Bay Office of IUIH Home Support and an IUIH Regional Assessor visited her to assess the ways in which IUIH Home Support could assist her with domestic assistance and to overcome her social isolation. They connected Jane with an Aged Care Assessment Team, resulting in Jane being allocated a Level 3 Home Care Package which commenced immediately. This gave Jane access to a high level of care, including mobility aids, personal care, continence aids and meals. With these supports, Jane was able to remain in her own home and stay relatively independent. Community Support Workers noticed a change in Jane’s mobility, hygiene and appearance.



QUALITY IMPROVEMENT

Data systems improvement

Tracking service and improvements and population health became easier due to implementation of innovative computer software that provides rapid access to deidentified data linked to the electronic health record. Across the IUIH Network, clinical staff and managers regularly work together using deidentified data to refine systems and target resources more effectively.

Strengthening the evidence base – data, research and evaluation

The following research projects were initiated or continued in 2016/17:

- Work It Out program – assessment of physical and mental health outcomes for Work It Out clients (in partnership with the Queensland Institute for Medical Research) and development of a mobile health tracking app to support the Work It Out program (in partnership with CSIRO).
- Indigenous Birthing in Urban Settings – a five-year NHMRC funded research project investigating the impact of a birthing centre model (partnership with The Mater Hospital and ATSICHS).
- Paediatric Allied Health – development and validation of a speech pathology assessment for urban Indigenous children (partnership with UQ's School of Health and Rehabilitation Sciences) and research for a student thesis investigating the efficacy of an inter-professional skills development program for urban Indigenous school children.
- Sexual and reproductive health – A program of work addressing systems for improved surveillance and quality improvement in sexual and reproductive health services for Aboriginal and Torres Strait Islander people.
- MomenTIM – Evaluation of the development, implementation and impact of a program to improve the mental health and well-being of Indigenous boys and men aged 12-24 years (funded by The Movember Foundation).
- Tackling Indigenous Smoking – evaluation of the Deadly Choices Tackling Indigenous Smoking strategy across a state-wide consortium of partner organisations.
- Social Health - Investigation of the acceptability and application of a quality of life tool incorporated into routine annual health assessments and development of a framework for the evaluation of Aboriginal and Torres Strait Islander Family Wellbeing Services.
- Novel Interventions to Address Methamphetamines in Indigenous communities – a multi-centre, NHMRC-funded project led by the South Australian Health and Medical Research Institute.
- Pharmacy research project – a project that measured the pharmacy awareness of the Closing the Gap initiative, including how the initiative was promoted to Aboriginal and Torres Strait Islander people and what information was provided to pharmacy employees and consumers.
- Health Adjusted Life Expectancy (HALE) Project – ongoing evaluation of the impact of the IUIH System of Care on health risks and projected HALE.
- Centre for Research Excellence in Aboriginal Chronic Disease Knowledge and Exchange - research masterclasses for developing researchers were delivered through IUIH.
- Workforce Development – student and postgraduate research projects included assessing the use of SMS as a virtual hub for student learning; assessing the effectiveness of an Indigenous health placement in developing a student's reflective skills and cultural responsiveness; assessing the impact of student placements in urban health settings on student perceptions and intent to work; and development of a goal-based assessment tool (ATOMIC).



WORKFORCE DEVELOPMENT



Growing our own workforce

In 2016/17, IUIH expanded its Workforce Development Team to help support growth across a number of work areas, including expanding the number of student placements, the range of disciplines into which students were placed, the number of traineeships provided and provision of inhouse training in reception skills and case management. IUIH developed and provided contextualised skill set training to 39 reception staff across the IUIH Network. A further 20 students graduated from the Certificate III in Individual Support (Home and Community), with 17 of these graduates continuing to work with IUIH and 2 in other health services. In recognition of these efforts, IUIH was a finalist in the Queensland Training Awards in the Large Employer category.

Key Workforce Development Statistics 2016/17

Number of student placements	388
Number of individual health and health-related disciplines into which students were placed	21
Percentage of students completing their IUIH placement that reported they would recommend a placement in Indigenous health to others	97%

Congratulations to IUIH Staff member - Vicki Humphreys -Winner: Aboriginal and Torres Strait Islander VET Student of the Year 2017 (Region: North Coast)

Vicki was part of the IUIH Home Support training program on the Sunshine Coast and had always wanted to work in Community Services. "I had a passion to work with my Aboriginal community. I was drawn to work with mob. I wanted to make a real difference. I just didn't know where to start or how to get a look in and at 47 years of age I thought how I am going to get there? A close friend told me about the IUIH aged care recruitment program.

I was successful in securing casual employment as a Community Support Worker (CSW) for the organisation and commenced work pretty much straight away. I hold this all down to my participation in and successfully completing the qualification. It supported me to be job ready and from the beginning I was made to feel a part of the organisation like I belonged. I had my IUIH student shirt and each day I was coming into the work environment and was exposed in one way or another to the job role and the organisation from day one."

Vicki successfully completed the Certificate III in Individual Support and graduated in September 2016. She has been promoted to a full-time position at the Sunshine Coast Regional Office as Senior Support Worker. She was a finalist for VET Student of the Year 2017 in the regional finals and won the regional Aboriginal and Torres Strait Islander Student of the Year.



Evaluating Student Placements

Each student that completes a placement with IUIH is asked to complete a survey about their experience.

"The most positive aspects of my placement were (a) a positive, strengths based work environment that celebrates Indigenous culture, and (b) the opportunity to visit multiple health clinics serving different communities around Brisbane." (Student 14)

"The team environment at IUIH made the experience more valuable. I always felt supported and my ideas were valued." (Student 5)

"I really enjoyed the opportunity to interact with the community in a relaxed context and to partake in health screening and promotion. I felt that we built a good rapport with those who came to be screened and I gained a lot from our conversation." (Student 30)

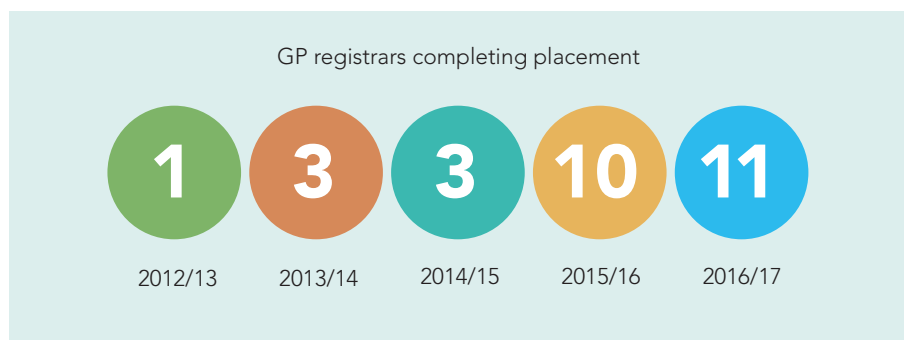
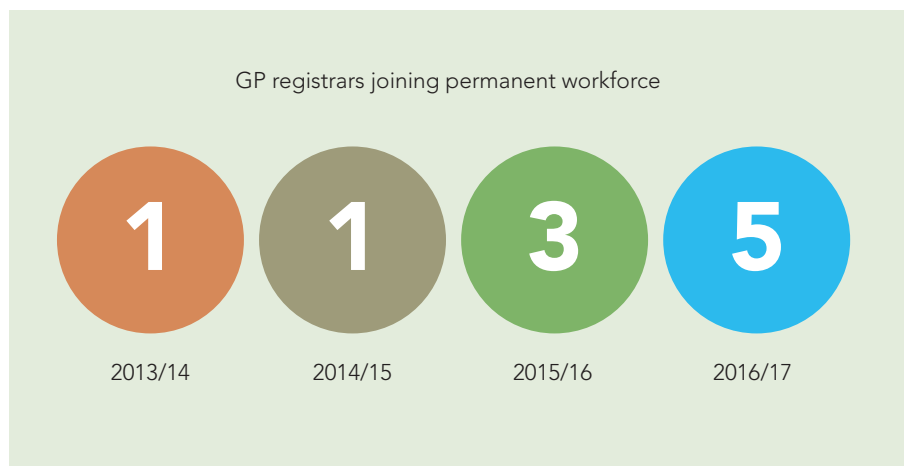
Embedding cultural capability into practice

IUIH launched The Ways Statement - part of the Cultural Integrity Framework and adapted its Staff Orientation and Induction Programs to align with The Ways. The Ways Statement has been presented through workshops to more than 300 IUIH staff and stakeholders. In 2016/17, IUIH also developed and implemented Yarnin' Up modules, a self-guided yarning tool that encourages cross-cultural conversation between colleagues.

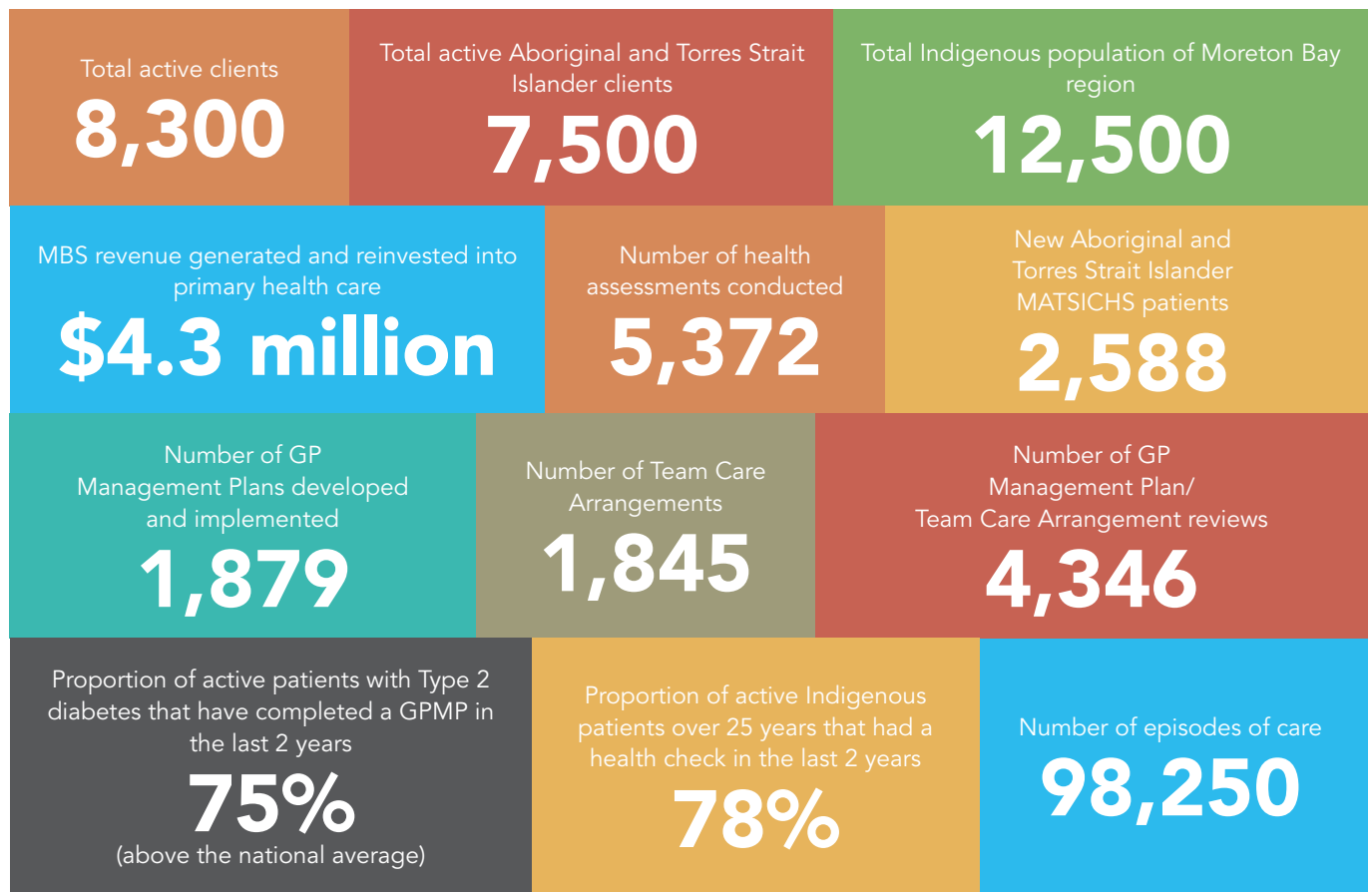
Medical Education

General practice registrars remain an important part of our current and future medical workforce. Eleven GP registrars completed training in IUIH member services in 2016/17 and a total of 32 have completed training in the last three years. Approximately one third of these are continuing their medical careers working for Aboriginal and Torres Strait Islander Community Controlled Health Services.

Direct acting antiviral treatments capable of curing Hepatitis C were introduced into Australia in 2016 and a campaign has begun to improve community awareness and access to the new treatments which, to most IUIH clients, will be available from their local clinic.



Moreton Aboriginal and Torres Strait Islander Community Health Service



Moreton Aboriginal and Torres Strait Islander Community Health Service – Integrated health care

Mikaela and her partner Donny had four children but none were MATSICHS clients. When she was pregnant with her fifth child, Mikaela and Donny were in crisis – they were facing eviction from their privately rented apartment as Donny had become unemployed. The stress related to their fear of becoming homeless was affecting their relationship and they were finding it hard to get their older children to school. They were also both experiencing significant tooth pain and Donny was struggling with depression. With their permission, a MATSICHS Family Support Worker contacted Mikaela and Donny and arranged for the whole family to register with a MATSICHS clinic. Transport

was provided and the appointments made for outside school hours so the children could also attend without disruption to their schooling. Following a comprehensive health check, the family were referred to the Family Wellbeing Services and the crisis intervention worker.

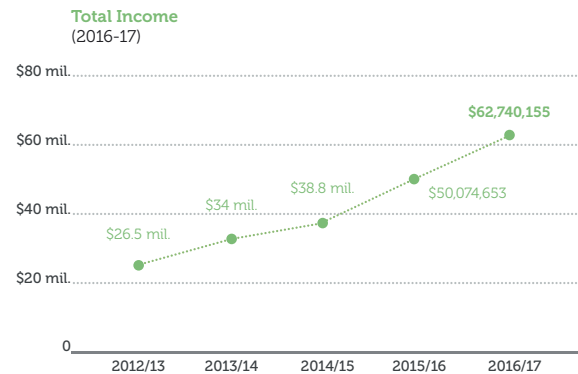
The family has become regular clients of MATSICHS. The whole family are now seeing the dentist and the Family Support Worker, Donny is seeing the psychologist and Mikaela is accessing antenatal care through the midwife. Two of the four children see the paediatric speech and occupational therapist for speech and developmental support. The Family Support Worker has assisted with housing support and food hampers were provided by the crisis intervention workers. The family is much less stressed and are able to manage more effectively.



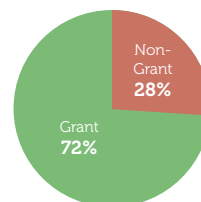
CORPORATE SERVICES

Finance

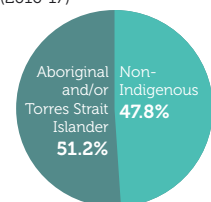
	2016/17	2015/16
Total Expenditure	\$56,003,503	\$46,964,290
Current Assets	\$14,845,195	\$13,049,861
% change	13.7% increase	24% increase
Total Assets	\$28,851,251	\$21,920,138
% change	31.6% increase	22% increase
Equity	\$17,635,483	\$14,581,900
% change	21% increase	15.7% increase
Capital Infrastructure Acquisition	\$6,053,049	\$2,126,604



Grant v. Non-Grant funding (2016-17)



Employees identifying as Aboriginal and/or Torres Strait Islander (2016-17)



Human Resources

	2016/17	2015/16	14/15	13/14	12/13	11/12	10/11	09/10
Number of employees	457	412	313	210	142	57	29	7
Percentage of employees identifying as Aboriginal and/or Torres Strait Islander	51.2%	49.4%	52%	56%	60%	-	-	-

Number of GP Registrars	11	10	3	3	1	1	1	1
Number of GP Registrars Joining the Permanent Workforce	5	3	1	1	-	-	-	-

Workplace Health and Safety

The Workplace Health and Safety team completed 201 Continual Improvements throughout the year and recieved 187 compliments

	2016/17	2015/16
Standards	ISO9001	<ul style="list-style-type: none"> • ISO9001 • Dental certification • Aged Care • Food Safety Accreditation
Internal Audits	354	296

Information Technology

System Users	1060
MMEX users	775
IT supports provided	4947