

INSTITUTE FOR URBAN INDIGENOUS HEALTH

Annual Report
2013/2014



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Aboriginal and Torres Strait Islander people are warned that this publication may contain images of deceased people.

ACKNOWLEDGEMENTS

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

THE AUSTRALIAN GOVERNMENT'S DEPARTMENT OF HEALTH

THE AUSTRALIAN GOVERNMENT'S DEPARTMENT OF SOCIAL SERVICES

QUEENSLAND HEALTH

THE METRO NORTH HOSPITAL AND HEALTH SERVICE

METRO NORTH BRISBANE MEDICARE LOCAL LTD



The Institute for Urban Indigenous Health (IUIH) — providing an integrated and efficient approach to Aboriginal and Torres Strait Islander comprehensive primary health care in South East Queensland

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ABOUT IUIH

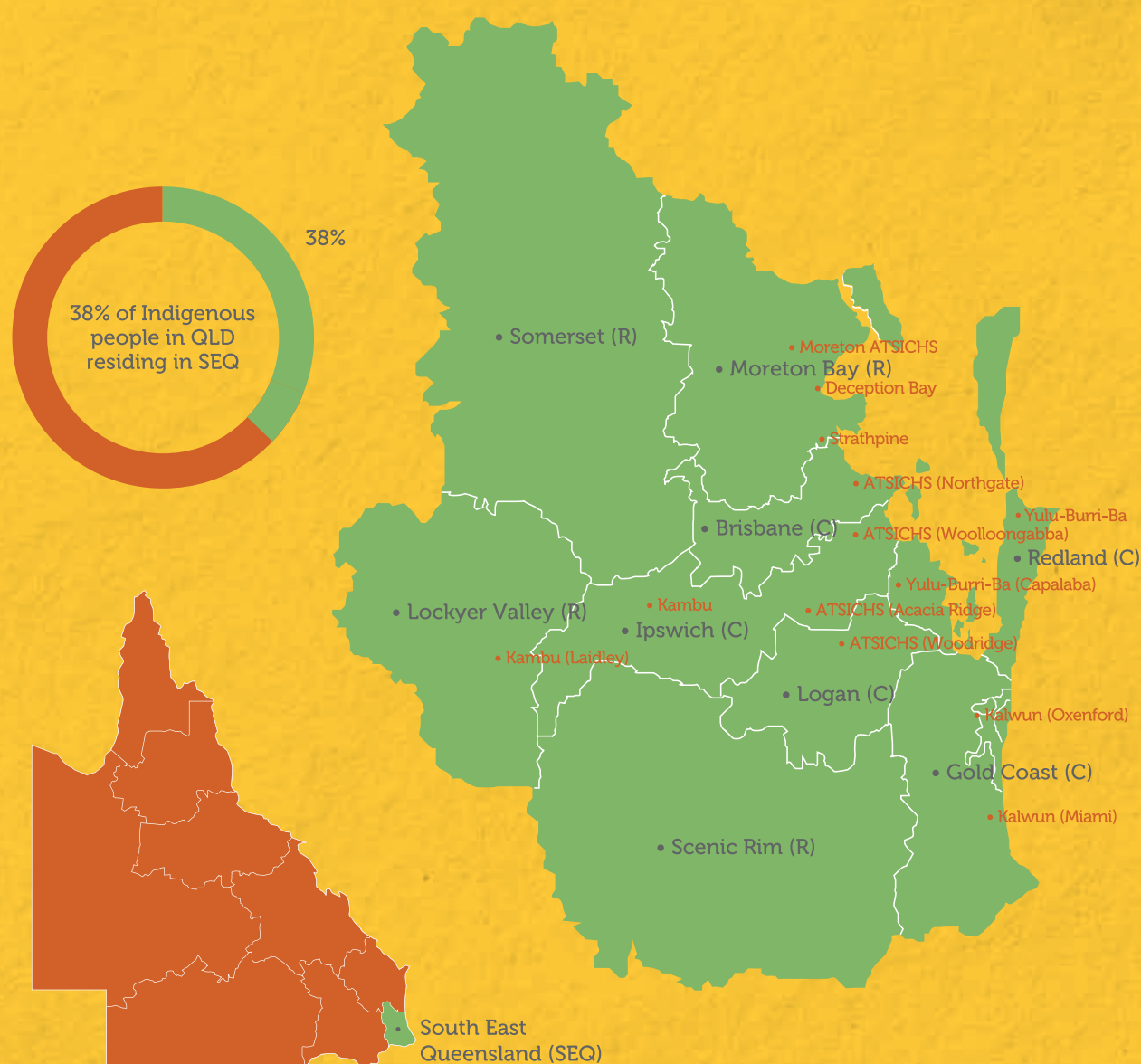
The Institute for Urban Indigenous Health (IUIH) was established in 2009 by four Community Controlled Health Services in South East Queensland (SEQ) as a strategic response to the growth and geographic dispersion of the Aboriginal and Torres Strait Islander population within the Region. Our Member Organisations represent some of the oldest Community Controlled Health Services in Australia:

- Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited
- Yulu-Burri-Ba Aboriginal Corporation for Community Health.
- Kalwun Development Corporation (operating the Kalwun Health Service)
- Kambu Aboriginal and Torres Strait Islander Corporation for Health

IUIH leads health service planning, development and coordination of health service delivery within and across the SEQ Region. IUIH also plays a major role in the development of partnerships and collaborations with the mainstream health and broader human services sector.



SOUTH EAST QUEENSLAND



OUR VISION

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.

OUR VALUES

Community — Recognising that we are here because of those that came before us, and that we have a responsibility to realise opportunities to improve the health and well-being of Aboriginal and Torres Strait Islander peoples of SEQ.

Cultural Respect — We recognise the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples, and commit to ensuring they are respected in the delivery of health services in SEQ.

A holistic approach — Improvements in Aboriginal and Torres Strait Islander health require attention to physical, cultural, emotional and social well-being of individuals and the community as a whole.

Excellence — We strive to attain the highest standards of service delivery and clinical practice, and contribute to measurable improvements in the health and well-being of Aboriginal and Torres Strait Islander peoples of SEQ.

Stewardship — Cultivating the resources entrusted to use to realise improvements in the health and well-being of Aboriginal and Torres Strait Islander peoples of SEQ.

OUR VALUES

Collaboration — Collaboration with and among Community Controlled Health Services are partners in fundamental to realising our vision.

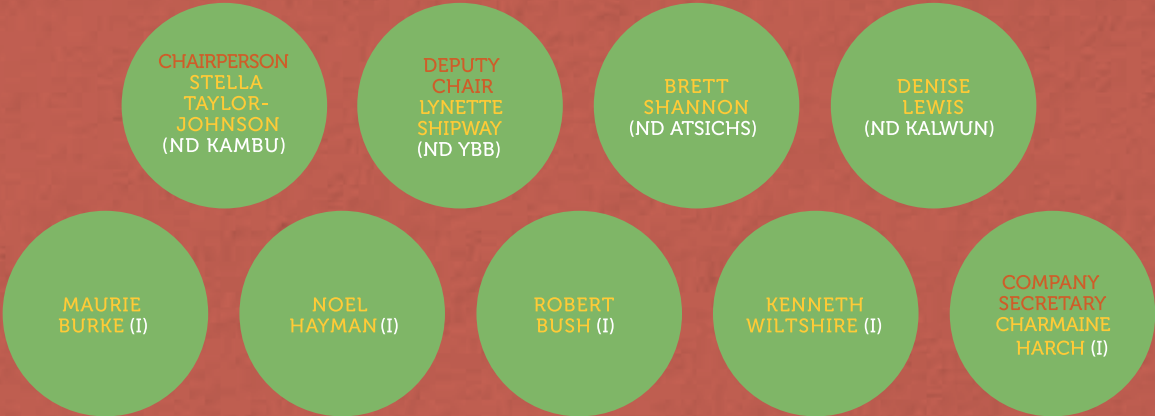
OUR REGION

IUIH services the Region of South East Queensland (SEQ), an area of almost 20,000 kilometres extending from the Bribie Island and Woodford in the north, to the Lockyer Valley in the west and south to the NSW border. According to the 2011 Census, the Aboriginal and Torres Strait Islander population of SEQ was approximately 50,000. The Indigenous population of SEQ is the fastest growing Indigenous population across Australia, with the population forecast to more than double to over 133,000 by 2031 (Biddle, 2013).

- The Indigenous population of SEQ represents over one third of Queensland's total Indigenous population.
- There are more Aboriginal and Torres Strait Islander peoples residing in SEQ than the entire states of Victoria and South Australia.
- The Indigenous population of SEQ is more than two thirds of the total Indigenous population of the Northern Territory and more than half of the total Indigenous population of Western Australia.
- The Indigenous population of SEQ is the fastest growing in Australia and is forecast double by 2031 to over 133,000.
- Based on population estimates (by Australian National University) almost 13% of Australia's total Indigenous population reside in SEQ in 2014.

GOVERNANCE MODEL OF IUIH

GOVERNING BOARD



Finance & Risk Committee



- » MAURIE BURKE
Chair (I)
- » LYNETTE SHIPWAY
(ND YBB)
- » BRETT SHANNON
(ND ATSICHS)
- » ADRIAN CARSON
- » CHARMINE HARCH
Committee Secretary (I)

Remuneration & Performance Committee



- » STELLA TAYLOR-JOHNSON
(ND ATSICHS)
- » MAURIE BURKE (I)
- » CHARMINE HARCH
Committee Secretary (I)

LEGEND

- | | |
|-----|----------------|
| I | Independent |
| ND | Nominated |
| REP | Representative |

GOVERNANCE STRUCTURE



The Institute for Urban Indigenous Health (IUIH) Limited was established in 2009 as a company limited by guarantee under the Corporations Act.

The IUIH Board consists of eight Directors, with four Directors nominated to the Board by our Member Organisations (Nominee Directors) and four Independent Skilled-Based Directors appointed by Nominee Directors. The Chairperson of IUIH is appointed by nominee from the Nominee Directors.

OUR BOARD



STELLA TAYLOR-JOHNSON **CHAIRPERSON**

Stella is the Chief Executive Officer of Kambu Health Service based in Ipswich and is a founding Director of the IUIH, appointed to the inaugural IUIH Board in 2009.

Stella has extensive experience in Aboriginal and Torres Strait Islander health and the broader human services sector, having worked at senior levels in the Queensland Government and various private and community organisations during a career spanning over thirty years. Stella holds a number of Director positions on Boards of Non-Government organisations (NGOs), including Health Workforce Queensland. Stella previously held the position of Deputy Chairperson of the Queensland Aboriginal and Islander Health Council (QAIHC) and Deputy Chair of the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited.



LYNETTE SHIPWAY **DEPUTY CHAIRPERSON**

Lynette is Chairperson of the Yulu-Burri-Ba Aboriginal Corporation for Community Health on North Stradbroke Island and was appointed to the IUIH Board in 2011.

Lynette brings extensive experience in Indigenous health, education, housing and aged care to the IUIH Board. She worked for almost seventeen years as a Teacher Aide at Dunwich Primary and Secondary Schools, before working with the North Stradbroke Island Housing Cooperative as the Administrator/Coordinator for fifteen years. During this time, Lynette played a key role in the establishment of the Nareeba Moopi Moopi Aged Care Hostel on North Stradbroke Island. Lynette currently works at the Hostel on a part-time basis. She holds a Diploma in Business Management and Certificate IV in Business (Governance).



BRETT SHANNON

Brett was appointed to the IUIH Board in 2012. Brett is a Ngugi descendent of the Quandamooka people and is a Director on the Board of the Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited, Queensland's first Community Controlled Health Service.

Brett completed degrees in human movement and business at The University of Queensland (UQ) before undertaking a Masters in Applied Epidemiology with the Australian National University (ANU).

Brett has previously worked with the Community Controlled Health Services Sector, as well as Queensland Health and, is currently a medical student at the University of Queensland.



DENISE LEWIS

Denise was appointed to the IUIH Board in 2012. Denise is the Executive Director of the Kalwun Development Corporation Limited which operates the Kalwun Health Service on the Gold Coast.

Denise oversees the operations of Kalwun across several sites and a diverse range of programs, including housing, social welfare, health, aged care, child protection, family support and cultural promotion services. Denise has a passion for aged care and caring for Indigenous Elders. Denise has formal qualifications in business governance, aged care and health. Denise has previously held Director positions on the Boards of the Brisbane Community Development Employments Project (CDEP) program, the Queensland Aboriginal & Islander Health Council (QAIHC), Domestic Violence Connect and the South East Queensland Regional Indigenous Housing Organisation (RIHO).



ASSOCIATE PROFESSOR NOEL HAYMAN

Noel was appointed to the IUIH Board in 2010 as an Expert Director given his extensive experience as an Indigenous Clinician.

Queensland's first Indigenous Doctor, Noel is the Clinical Director of the Inala Indigenous Health Service (Queensland Health) in Brisbane and holds an appointment with the University of Queensland's School of Medicine. Noel has been instrumental in demonstrating how mainstream primary health care services can be made appropriate to the needs of urban Aboriginal and Torres Strait Islander populations. In 2003, he received the Centenary Medal for his long-term service to primary health care in Indigenous communities. In 2007, Noel was also awarded the Inaugural Australians for Native Title and Reconciliation 'Close the Gap Indigenous Health Award'; as well as being named the 2007 Queensland Australian of the year. Noel sits on numerous national and state committees, including the National Health & Medical Research Council (NH&MRC). Noel is also the current Chair of the Royal Australasian College of Physician's Aboriginal and Torres Strait Islander Health Expert Advisory Group.



PROFESSOR ROBERT BUSH

Professor Bush was appointed to the IUIH Board in 2011 as an Expert Director in the areas of research and community engagement.

Robert is the Director of the Healthy Communities Research Centre at The University of Queensland (UQ). He brings extensive experience and a unique perspective to the IUIH Board, having held senior positions within government health practices and research. In his early years, Robert pioneered work on how people's networks impacted on their health. He developed the first national professional training programs in the drug and alcohol field in the early 1990s while working in South Australia, before coming to Queensland to work in senior roles at The University of Queensland (UQ) and the Department of Premier and Cabinet in the mid-nineties. Robert spent five years working in South East Asia, developing the index for determining capacity of local areas to support and maintain good health.

The 'Community Capacity Index' is now used around the world in fields such as depression support in Europe, community obesity management in Australia, chronic disease prevention and other community health programs.



MAURIE BURKE

Maurie Bure was appointed to the IUIH Board in 2010 as an Expert Director in the area of financial management.

Maurie has extensive experience in financial management, having worked for 38 years with the Queensland Department of Main Roads. Maurie retired from the Queensland Government in 2009, where he had been the Director (Financial Accounting and Administration) at the time. Maurie holds Director roles with a number of organisations, including the Delamore Retirement Community Board. Maurie also works with the Missionary Franciscan Sisters of Australia on a periodic basis and undertakes learning support work at a local school on a voluntary basis. Maurie is the Chair of the IUIH Finance and Risk Management Committee.



PROFESSOR KENNETH WILTSHIRE AO

Professor Wiltshire was appointed to the IUIH Board in 2013 as an Expert Director in public administration, education and training and the business of not for profit organisations. Ken replaced Professor Michael Good on the Board of IUIH.

Ken is the JD Story Professor of Public Administration and Leader of the Not for Profit Unit at the University of Queensland Business School. He has extensive experience in education and training and served as the Australia's Representative on the Executive Board of UNESCO, including two years as the Chair of the Program and External Relations Commission of the Board. Ken was Rapporteur-General for the 1999 UNESCO Congress in Seoul on Technical and Vocational Education and Training and the author of the International Declaration on TVET approved at that Congress. He also served 13 years as Chair of the Australian National Commission for UNESCO.

Professor Wiltshire recently completed the Review of National Curriculum for the Australian Government. Ken also conducted: the Review of the National Board for Employment, Education and Training; was Special Adviser to the Australian National Training Authority; Chair of the Review of the Queensland School Curriculum; Char of the Tertiary Entrance Procedures of Queensland; and services as a member of the Advisory Council of the International Institute of Educational Planning in Paris. He was a founding Board Member of the Constitutional Centenary Foundations and Chair of its Education Committee, and served as a member of the National Ministerial Advisory Committee on Environmental Education.



CHAIRPERSON'S REPORT

As Chairperson of the Institute for Urban Indigenous Health (IUIH), I am pleased to present our Annual Report for the 2013–14 year. The past year has seen the Institute and our Member Organisations continue to deliver on our commitment to improving health outcomes for our communities across the South East Queensland region (SEQ).



Our efforts have been focused on continuing to expand the network of Community Controlled Health Services (CCHS) in SEQ ensuring that the care delivered is of the highest quality, and that every available resource is applied most effectively and efficiently to the challenge of eliminating health disparity experienced by our families.

The challenge of responding to significant unmet need within Australia's fastest growing Indigenous population was compounded in 2013–14 by increased uncertainty within national funding and policy environments of health, including and specifically Indigenous health, and more broadly Indigenous Affairs. The new Federal Government confirmed uncertainty as policy in its first Budget in May 2014, when base funding for Community Controlled Health Services was extended by a further 12 months to 30 June 2015. Funding for our health services beyond 30 June 2015 is to be determined by a new funding allocation methodology, to be developed by the Department of Health in 2014–15 and implemented from 2015–2016. There has been no commitment to the continuation of key elements of the former Government's \$805.5 million Indigenous Chronic Disease Package, including the Tackling Indigenous Smoking, and Care Coordination and Supplementary Services Programs — these programs have contributed significantly to the progress and outcomes achieved by CCHS in SEQ over the past four years.

The Government's policy to introduce a \$7 co-payment for GP consultations and out-of-hospital pathology and diagnostic imaging will impact significantly on health services in SEQ. It has been estimated the cost of absorbing the co-payment would total over \$1.2 million in its first year of operation. Our health services

chairperson's report

were established to provide the safety net for our communities and have all determined to absorb these costs. The cost of this measure will, however, reduce our ability to self-fund those services that government has failed to adequately fund in the past, including desperately needed paediatric allied health and dental services. Despite the co-payment facing a difficult journey through the Senate, the Government has made clear its commitment to introduce the measure on 1 July 2015.

In 2013-14 the Federal Government commenced moves towards establishing Primary Health Networks (PHNs) from 1 July 2015, in line with the recommendations of the review of Medicare Locals. The role of PHNs appear similar to the role of Medicare Locals — ensuring the primary, community and specialist sectors work together. For IUIH and our SEQ Members, this means the four Medicare Locals operating in SEQ will potentially be replaced by PHNs.

IUIH has worked closely and effectively with Medicare Locals to roll-out the Care Coordination and Supplementary Services (CCSS) Program in SEQ, with SEQ reporting significantly more services being delivered to significantly more indigenous peoples with complex chronic conditions than any other part of the country.

In 2013-14 IUIH and Members delivered over 57,000 episodes of care via the CCSS Program. The delivery of intensive case management and access to a comprehensive range of specialist and allied health services and medical aides for this population has avoided costly hospital admissions for Government and significantly improved the health and well-being of some of our most vulnerable and unwell patients.

IUIH will endeavour to work closely with the Federal Government and PHNs to ensure the services and programs that are delivering outcomes in Indigenous health are not adversely impacted by the establishment of PHNs. Ideally PHNs will recognise and build on the foundations built in SEQ and work with IUIH to ensure the mainstream health system — public and private — is effectively engaged in efforts to improve the health and well-being of Aboriginal and Torres Strait Islander people.

Despite uncertainty at a Federal level, the Queensland Government continued to work closely with IUIH and our Members to expand comprehensive primary health care services to the Indigenous population of SEQ. Our concerns regarding the introduction of contestability by Queensland Health did not materialise, with IUIH and our Members able to demonstrate outcomes for funds secured over the past four years. IUIH and our Members were not required to re-tender for funding for the ongoing operation of five of our 14 Primary Health Care Clinics in SEQ. The ongoing support and leadership of the Queensland Government, in particular the Minister for Health, Lawrence Springborg MP, is acknowledged and greatly appreciated.

IUIH continued to work with Members to expand our reach, continuously improve the quality of our health services and decrease our dependency on government grant funding by implementing the *IUIH Model of Care*.

In 2013-14, the number of Primary Health Care (PHC) Clinics operated by CCHS in SEQ increased to 14, with the Browns Plains Clinic (operated by ATSICHS Brisbane) commencing operations in April 2014. IUIH also secured additional funding from the Australian Government for the establishment of a Clinic in Coolangatta (to be operated by Kalwun Health Service) — commencing operations in early 2014-15. At the close of 2013-14, IUIH and Kambu had partnered to establish a Clinic in Goodna. The Coolangatta and Goodna Clinics will bring the total number of IUIH and Member Clinics in SEQ to 16 (with 2 more proposals in place), a major increase on the original five Clinics operating in 2009 when IUIH was established.

The continued expansion of our service footprint in SEQ saw IUIH and our Members continue to report significant improvements.

- Almost 5,800 new Aboriginal and Torres Strait Islander patients in 2013-14 to total approximately 22,000 patients across all clinics.
- Completion of more than 8,100 Preventative Health Assessments (commonly known as Health Checks or 715s).
- Completion of more than 2,400 General Practice Management Plans (GPMPs).

- Increase in Medicare income to \$7.1 million.

The revenue generated through Medicare has seen IUIH and Members

- directly fund the delivery of a comprehensive range of paediatric allied health services fundamental to early childhood development
- commence and expand desperately needed dental services
- expand chronic disease rehabilitation and self-management programs
- purchase and develop health infrastructure critical for the expansion of services to our communities.

IUIH and Members have reinvested Medicare funds into the health system and into services not readily available to our communities. Supporting Indigenous peoples' access to Medicare also decreases our dependency on grant funding from government. With greater self-sufficiency and independence comes the opportunity to practice greater community control in determining priorities for investment based on the needs of our communities.

IUIH continued to build evidence for our work in SEQ, with the completion of several evaluations of IUIH programs and services in 2013-14. This included a Cost Benefit Analysis of the *IUIH Model of Care*. Professor Chris Doran (Hunter Medical Research Institute) and Dr Steve Begg (La Trobe University) analysed data from two of our greenfield clinics (Capalaba and Morayfield). This Cost Benefit Analysis demonstrated that the *IUIH Model of Care* led to significant improvements in Health Adjusted Life Expectancy (HALE) with a 0.8 year increase in HALE achieved for diabetics in a period of just 15 months.

Our *IUIH Model of Care* also generates significant savings for the health system and government, with a net benefit of some \$237 million over 10 years based on existing and continued investment in SEQ CCHS.

To support our people to better manage chronic disease and take control of their health, IUIH expanded the successful and extremely popular *Work it Out* program to six sites in 2013-14. This expansion was funded by our Members. The success of *Work it Out* was also recognised in

June 2014 where the team took out the National Lead Clinicians Group Award for excellence in the innovative implementation of clinical practice.

IUIH also continued to expand the Deadly Choices programs, continuing the partnership with the NRMA Insurance Brisbane Broncos throughout the 2013 and 2014 NRL Seasons. An independent evaluation of the Deadly Choices advertising campaign featuring the Brisbane Broncos, confirmed its success with over 93% awareness among community members and clear message recall.

Television Commercials (TVCs) IUIH produced, written and directed by Mr Wayne Blair (Award Winning Director of the Sapphires and Deadly Choices Ambassador), were placed on commercial television in SEQ with the support of Australian and Queensland Governments. These advertisements resonated within our communities on an emotional level and contributed directly to an increase in use of CCHS. An evaluation of the Deadly Choices School Education Program, delivered to 73 schools in 2013-14, reported similar findings among Indigenous young people including a significant and positive shift in attitudes towards smoking and healthy lifestyle choices.

IUIH and our Members continued to increase our investment in the current and future workforce for Indigenous health. In 2013-14 IUIH coordinated student placements across our networks for more than 230 students from 5 Universities, into 20 fields including health and other relevant fields. The IUIH Traineeship Program continued to provide Indigenous young people and secondary school students with opportunities for training and employment within the IUIH Network. IUIH also continued to support our existing workforce, providing and coordinating access to training and support to implement the *IUIH Model of Care* within our CCHS.

There have been many achievements and milestones over the past 12 months, including the celebration of 40 years of operation of ATSICHS Brisbane — Queensland's first Community Controlled Health Service. IUIH and our Members are proud of our progress over the past five years. As Chairperson of the IUIH, I would like to acknowledge the leadership

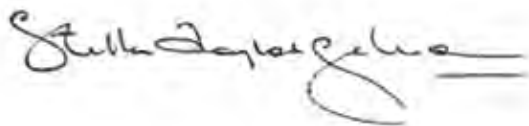
chairperson's report

provided by each of our Members' Boards and Chief Executive Officers (CEOs). Our Boards and CEOs have been instrumental in supporting and driving the changes within our Organisations that have provided the basis for progress and achievement in SEQ.

I would also like to take the opportunity to thank and acknowledge the IUIH Board for their dedication and support throughout the year, including IUIH Deputy Chairperson, Aunty Lyn Shipway (Yulu-Burri-Ba Health Service), Mr Brett Shannon (ATSICHS Brisbane), Ms Denise Lewis (Kalwun Health Service), Mr Maurie Burke (Independent Expert Director — Financial Management), Professor Robert Bush (Independent Expert Director — Community Engagement), Dr Noel Hayman (Independent Expert Director — Clinician), and Professor Ken Wiltshire (Independent Expert Director — Business and Public Administration). IUIH continues to gain considerable benefit from the combination of community, sector and independent expertise presence on our Board. In 2013-14 one of our longest serving Directors, Mr Maurie Burke departed. I wish to thank Maurie for his dedication and commitment to the Board and acknowledge his contribution to the IUIH. Thanks and appreciation is also extended to our Company Secretary, Ms Charmaine Harch.

On behalf of the IUIH Board, I also wish to extend special thanks and appreciation to our Chief Executive Officer (CEO), Mr Adrian Carson, as well as to the IUIH Senior Management Team (SMT) and IUIH staff for their continued dedication and efforts during this financial year to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in SEQ.

IUIH received significant support from the Australian and Queensland Governments this year and I would like to acknowledge the support of Hon. Lawrence Springborg Queensland Minister for Health, Hon. Warren Snowdon former Federal Minister for Indigenous Health, Hon. Fiona Nash the Assistant Minister for Health, and the Hon. Peter Dutton Federal Health Minister.



STELLA TAYLOR-JOHNSON
CHAIRPERSON







CEO'S REPORT



The 2013–14-year marked the fifth year of operation for the Institute for Urban Indigenous Health (IUIH) Limited. The past 12 months have seen continued growth of the Community Controlled Health Sector as our Network continued to respond to the needs of the rapidly growing Aboriginal and Torres Strait Islander population of South East Queensland (SEQ).

The establishment of the Browns Plains Clinic in April 2014 saw our Network of Primary Health Care Clinics increase to 14 this year. Since the establishment of the Institute in 2009, CCHS have established 9 new Clinics in priority sites across SEQ. The continued expansion of Clinics and services has seen IUIH and its Member Organisations continue to improve access to comprehensive primary health care for Indigenous peoples, with almost 5,800 new Indigenous patients accessing CCHS in 2013–14.



"The past 12 months have seen continued growth of the Community Controlled Health Sector"

The total regular patient¹ population of SEQ CCHS increased to more than 20,000 as at 30 June 2014. In 2013-14 SEQ CCHS achieved almost 90,000 patient visits to General Practitioners (GPs) and completed 8,131 health checks representing an increase of 33% from 6,131 in 2012-13 and 1300% increase from 545 in 2008/2009.

Continued implementation of the *IUIH Model of Care* has seen the increase in Health Checks translate to increases in GP Management Plans with more than 2,600 completed in the past 12 months, (a 33% increase from 1,860 in 2012-13 and almost 500% increase on 403 completed during the establishment of IUIH in 2009).

With support from the Australian Government, IUIH and Kalwun Health Service will establish our next clinic in Coolangatta in early 2014-15.

This past year, IUIH and Member Organisations continued to decrease dependency on grant funding from government, increasing Medicare

income to over \$7.2 million in 2013-14. These funds have been used by CCHS to

- deliver an expanded, and now comprehensive, range of allied health services, child and maternal health services,
- commence new dental services within the Moreton Bay and Bayside Regions (North Stradbroke Island and Capalaba)
- purchase new and extend existing Primary Health Care Clinics across SEQ.

These funds will also see IUIH and the Kambu Health Service collaborate in early 2014-15 to establish a new Primary Health Care Clinic in Goodna without additional funding from government, bringing the total number of Clinics in SEQ to 16 by the end of 2014. IUIH and Members will also fund the ongoing delivery and expansion of the *Work it Out* Chronic Disease Rehabilitation and Self-Management Program into 2014-15 and beyond.

¹ Defined as 3 visits in past 24 months.

CEO's report

The growth of the Aboriginal and Torres Strait Islander population in SEQ requires continued expansion of CCHS, with projections released in late 2013 (Biddle, 2013) suggesting that the population will double from current figures to more than 130,000 by 2031 — this would be the largest Indigenous population in Australia. IUIH will continue to work with our Members to ensure our communities access the health care they need now and into the future.

IUIH has been able to match the growth in services and access to CCHS clinics over the past four years with improvements in health outcomes. Our recent Cost Benefit Analysis found that our two greenfield clinics (Capalaba and Morayfield) implementing the *IUIH Model of Care* had demonstrated significant improvements in Health Adjusted Life Expectancy (HALE), equating to a 0.8 of a year improvement in HALE for Indigenous patients with diabetes and 0.6 of a year for general patients.

These improvements were reached within 15 months, reporting improvements in life expectancy for Indigenous men of 0.8 of a year and 0.1 of a year for Indigenous women over a period of 5 years. This is in stark contrast to data from the COAG Reform Council released in 2014. The Cost Benefit Analysis also reported a net benefit of some \$233 million over 10 years, should government continue to support the operation of SEQ CCHS. In a challenging fiscal environment, evidence of this type that will secure the ongoing operation and growth of CCHS. In partnership with Medicare Locals and SEQ CCHS, IUIH increased support for Indigenous peoples with complex chronic conditions via expanded implementation of the Care Coordination and Supplementary Services (CCSS) Program. The number of dedicated Care Coordinators increased to almost 21 FTEs during the year, providing support to over 1,000 Indigenous patients of both CCHS and mainstream GPs. The full integration of the CCSS Program within the broader regional strategy of IUIH has seen SEQ provide significantly more support to significantly more CCSS patients than any other Region in Australia.

Access to specialist and allied health services across SEQ CCHS significantly improved over the past 12 months, as IUIH partnered with CheckUp to coordinate implementation of the Medical Outreach

Indigenous Chronic Disease (MOICD) Program and Rural Health Outreach Fund (RHOF). In 2013–14 a comprehensive range of specialist services were delivered from SEQ clinics, including

- Cardiology
- Ophthalmology
- Dermatology
- Addiction Medicine
- Endocrinology
- Orthopedics
- Geriatrics
- Paediatrics
- ENT
- Psychiatry.

Allied Health Services expanded in 2013–14 to include

- Podiatry
- Occupational Therapy (OT)
- Diabetes Education
- Physiotherapy
- Psychology
- Dietetics.

IUIH continued work with our Members to implement consistent, evidence-based approaches to the delivery of comprehensive primary health care and support continuous quality improvement across the Network. Developed by our Lead Clinician's Group (LCG), IUIH and its Members endorsed and commenced implementation of the *IUIH Clinical Governance Framework*, providing the basis for standardised assessment, tracking and reporting measures that underpin safety and quality in the delivery of comprehensive primary health care services by CCHS. IUIH continued to facilitate monthly CQI meetings across the expanding network of SEQ CCHS, ensuring local data was presented back to local staff to support continuous improvement. SEQ CCHS continued to track progress and performance against targets determined by local Joint Management Committees (JMCs), comprised of senior representation from IUIH and CCHS.

The 2013–14 year also saw the expansion of integrated substance misuse and mental health services in SEQ, with the establishment of a Regional Social Health Team at IUIH and all five Social Health Teams across SEQ CCHSs. The focus of the past 12 months remained on the staged roll-out of the IUIH Social Health Program, with services in Moreton Bay, Bayside (North Stradbroke Island) and Logan regions fully operationalised. At the close of the financial year, teams within Ipswich and Gold Coast Regions had also been established. The Social Health Program is modelled

on the CCSS Program, with dedicated Social Health Teams providing intensive case management and follow-up for patients with complex substance misuse and mental health needs. A similar approach was taken with the Stronger Families Program in Logan and Gold Coast where significant reductions in notifications and contacts of vulnerable families with the statutory Child Protection system were reported.

Throughout 2013-14 IUIH continued to support our clinic workforce, with efforts focused on the delivery of training and support to continue implementation of the *IUIH Model of Care*. IUIH also continued to invest in the future workforce for Indigenous health, expanding our Student Placement Program placing over 230 students across our Network. In partnership with The University of Queensland (UQ) Business School, IUIH also convened the inaugural *Emerging Indigenous Leaders Program* in 2013, aimed at developing the next generation of Indigenous leaders for IUIH and SEQ CCHSs.

IUIH and SEQ CCHS continued to shift the focus beyond the four walls of our Clinics to empower and support Aboriginal and Torres Strait Islander peoples to take greater control of their health through expanded implementation of our Deadly Choices Campaign. Our partnership with the NRMA Insurance Brisbane Broncos continued to demonstrate the power of sport in delivering real improvement in Indigenous health, but only when sport and sporting identities are fully integrated into a broader strategy that improves access and rewards health seeking behaviour. IUIH continued its partnership with the Arthur Beetson Foundation, supporting the Open Men's Competition at the QAIHC Arthur Beetson Murri Rugby League Carnival at Ipswich on 26-29 September 2013. The Carnival is a smoke and alcohol free event, with all players required to complete a Health Check in order to compete in the Carnival. With a record 55 teams competing in the Open Men's, Open Women's and Under 15 Boys divisions, and over 30,000 spectators attending over the four days, the Carnival again demonstrated the power of rugby league and sport in improving Indigenous health.

IUIH partnered with the historic Twelfth Night Theatre in Bowen Hills in 2013 to establish *The Watch House*,

a venue providing an accessible, safe and secure meeting place, promoting cultural interchange and sharing, using the medium of the arts as a platform to build and strengthen identity. *The Watch House* was launched in February 2014 with *Us Now*, a photographic exhibition featuring photos capturing both the historic and contemporary identity and culture of Traditional Owners, and Aboriginal and Torres Strait Islander peoples, and highlighting connections to identity, sense of place, and the role culture plays in supporting our young people. IUIH also worked with Digi Youth Arts to develop the theatre production *The Truth Is* — a play delivered by a group of Indigenous youth from Logan that helped them to tell their story as contemporary urban Indigenous youth and the associated challenges that they face.

IUIH and SEQ CCHS have achieved much over the past 12 months, even more when we consider the progress over the past 5 years. I would like to take the opportunity to thank IUIH Member Organisations for their continued support, particularly their CEOs Mr Kieran Chilcott — Kalwun, Mr Wayne AhBoo — ATSICHS Brisbane, Ms Jan Lember and Ms Judith Carne from Yulu-Burri-Ba, and Ms Stella Taylor-Johnson from Kambu Health Service. I also acknowledge the support from staff of Member Organisations and our communities across SEQ. IUIH continues to enjoy strong support from our partners, including Metro North Brisbane Medicare Local, Queensland Health, Australian Government, University of Queensland, NRMA Insurance Brisbane Broncos, Arthur Beetson Foundation and Mater Health Services.

I would also like to thank the IUIH Board for their continued support and direction in 2013-14, in particular, IUIH Chairperson Ms Stella Taylor-Johnson. Finally, I wish to acknowledge the dedication and tireless efforts of the Senior Management Team (SMT) and staff of the IUIH as we look toward the year ahead.



ADRIAN CARSON
CHIEF EXECUTIVE OFFICER



CORPORATE SERVICES



The Corporate Services Business Unit is responsible for ensuring appropriate and robust business, governance and management systems and procedures are in place to support the effective operations of the Institute. The Business Unit operations cover finance, human resource management, corporate governance, business development, and marketing and communications.

2013-14 OVERVIEW OF DEVELOPMENTS

IUIH continued to experience significant growth in 2013-14, with a 31% increase in income from all sources compared to 2012-13. This growth was generated by the continued expansion of Primary Health Care Clinics and delivery of a comprehensive range of allied health services across SEQ, and beginning of community aged care services within the Metro North Brisbane Region. With the commencement of operations at Browns Plains Clinic in April 2014, the total number of Primary Health Care Clinics operated by CCHS in SEQ increased to 14 by 30 June 2014.

IUIH responded to this growth with a restructure of the Corporate Services Business Unit in early 2014 to ensure its continued capacity to effectively support the operations of the Institute. The restructure saw the creation of a number of new positions, including a dedicated Human Resource Manager, an Office Manager, an additional Communications Officer and administrative support. At 30 June 2014 the total

number of staff employed by IUIH had increased to 210, an increase of 68 staff compared to the previous year. With growth of IUIH and increased diversification of its operations set to continue into 2014-15, the structure and operation of the Corporate Services Business Unit will continue to be reviewed to ensure growth is effectively managed.

Effective stewardship of financial and non-financial resources is essential to the effective and efficient operations of any organisation. In 2013-14 IUIH continued to review and improve its business management systems, working with the IUIH Board to complete reviews of Corporate Governance Charter, Finance Policies and Procedures Manual, Human Resources Policies and Procedures Manual, Risk Management Policy and Disaster Recovery/Business Continuity Plan. IUIH also commissioned BDO Chartered Accountants to undertake an independent internal audit of financial management systems and practices. This confirmed the quality and integrity of the internal controls and processes of IUIH, and identified only minor areas for improvement.

FINANCIAL RESULTS

The significance of the growth experienced by the Institute is demonstrated by the financial results for 2013–14, with IUIH securing over \$34 million (from sources including but not limited to Queensland and Australian Governments) to expand delivery of comprehensive primary health care and related services to Aboriginal and Torres Strait Islander populations across SEQ.

Total funding received from government in 2013–14 represents an increase of 17% from 2012–13. Importantly, non-grant funding increased by over 267% in 2013–14 to \$5.5 million. A key priority for the Institute remains increasing the Institute's capacity to self-generate income and decreasing its dependency on grant funding from government.

The financial position of IUIH strengthened considerably during 2013–14, with a 10% increase in total assets. The overall equity of the company subsequently increased by 86% to \$10.8 million at 30 June 2014.

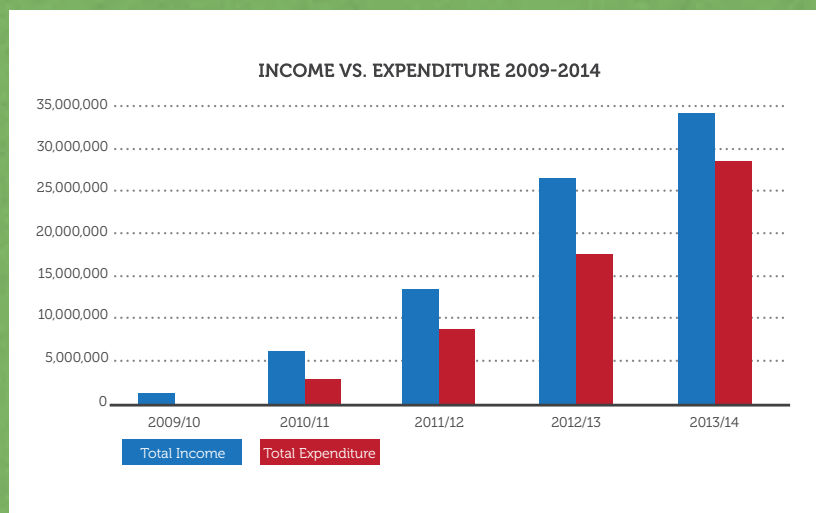


Figure 1

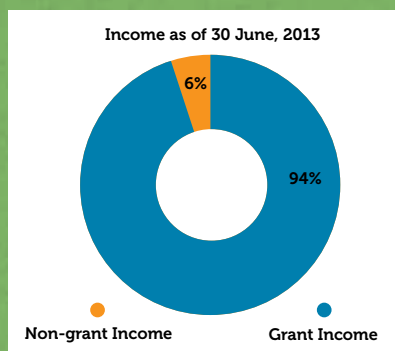


Figure 2

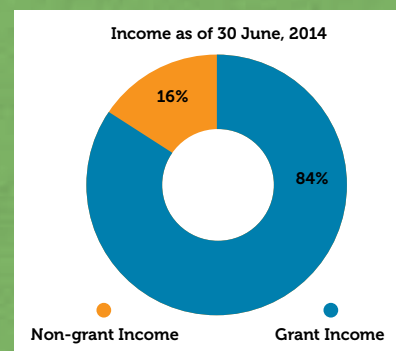


Figure 3

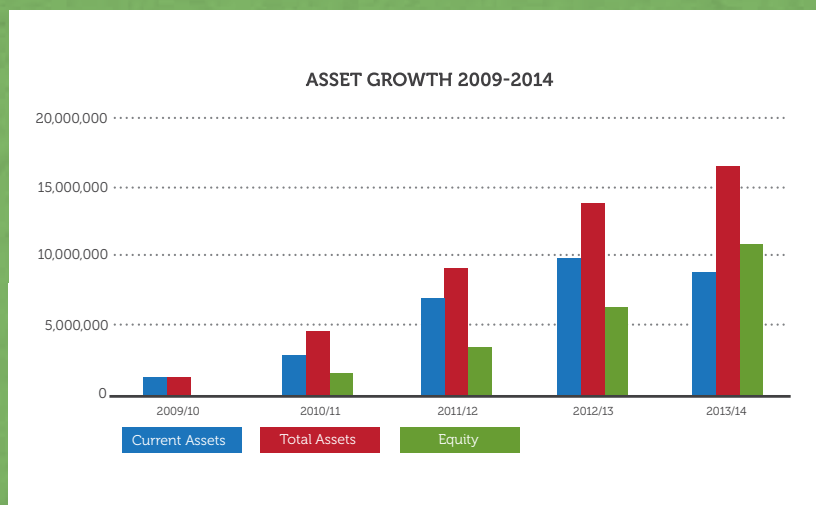


Figure 4

HUMAN RESOURCES

IUIH staff numbers increased by 68 during 2013–14 to 210 at 30 June 2014, with 56% Aboriginal and/or Torres Strait Islander staff members. IUIH continued to increase training and employment opportunities for Indigenous people and contributed to addressing key social determinants of health.

IUIH also continued to increase investment in the development of the future Indigenous health workforce, recruiting 4 workplace and 10 school-based trainees in 2013–14.

The Corporate Services Business Unit continued to operate an Employee Assistance Program (EAP) and Health and Wellness Program to support the health and well-being of our staff and ensure our workplaces reflected and promoted the Deadly Choices messages.

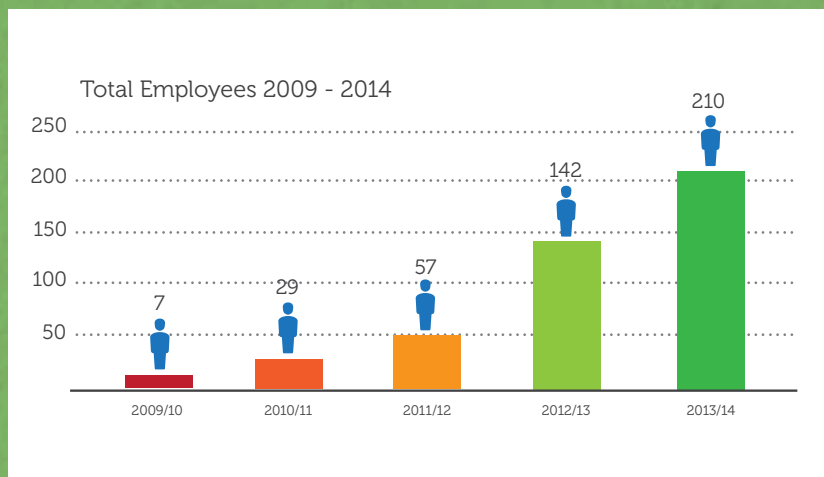


Figure 5

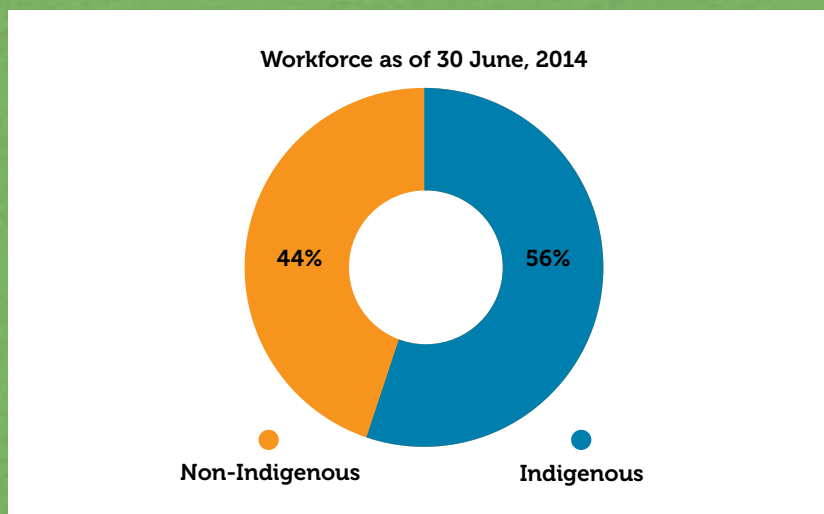


Figure 6

CAPITAL INFRASTRUCTURE

IUIH continued to invest in the capital infrastructure critical to achieving key priorities. IUIH spent \$3.4 million on fixed-assets in 2013-14, including \$2.3 million on Capital Works Projects

managed on behalf of IUIH Member Organisations, for fit-outs of several new and existing Primary Health Care Clinics, medical equipment, computers and office equipment.

MARKETING AND COMMUNICATIONS

The last year saw IUIH invest significantly in integrated marketing and communications to promote the work of IUIH and CCHS, and support various campaigns in SEQ.

A major focus in 2013-14 remained the Deadly Choices partnership with the NRMA Insurance Brisbane Broncos. This partnership with has become a key element in a highly successful social marketing strategy that is empowering Aboriginal and Torres Strait Islander people to take control of their health and lifestyle choices.

The partnership saw the production of Broncos branded Deadly Choices merchandise, used as incentives to reward health seeking behaviour such as getting Health Checks, and for students completing the Deadly Choices School Education Program. IUIH also produced TVCs featuring current and former Broncos players, written and directed by Mr Wayne Blair (Deadly Choices Ambassador and Award Winning Director), promoting health lifestyle choices and encouraging Indigenous people to complete a Health Check at their local CCHS. These TVCs were placed on Broncos social media, website and on the big screen at Suncorp Stadium throughout 2013 and 2014 Seasons. The Deadly Choices logo and message "A Deadly Choice is a Healthy Choice" also appeared on LED rotation signage before, during and after home

games at Suncorp. With support from Australian and Queensland Governments, IUIH implemented a comprehensive advertising campaign with a combined Television, Out of Home (OOH) media, print and digital strategy. An independent evaluation by Pollinate in 2014 found the campaign was highly successful, achieving 93% awareness among the target audience. Message recall was clear, consistent and on strategy, and the advertisements resonated and engaged the audience at an emotional level. The evaluation also found:

- the Deadly Choices Campaign proved an integral step toward driving behaviour change among the target audience, helping to drive positive attitudinal and behavioural change among Aboriginal and Torres Strait Islander communities of SEQ.
- the Campaign contributed directly to an increase in Health Checks performed by CCHS during the 3 months of the campaign.
- using different channels and executions worked well, as different ads helped drive attitudinal change.
- the Deadly Choices brand helped make healthy choices seem easier and more achievable and had strong support within Indigenous communities of SEQ.

QUALITY IMPROVEMENT

IUIH achieved certification with SAI Global against ISO's management systems standards (ISO 9001) in April 2014.

IUIH continues to use LOGICQC software to support implementation of its quality management system. The three Primary Health Care Clinics operated by IUIH via the Moreton Aboriginal &

Torres Strait Islander Community Health Services (Moreton ATSICHS) have all achieved or maintained accreditation with the AGPAL. IUIH will continue work into 2014-15 to gain certification against Aged Care Common Standards for the delivery of community aged care services within the Metro North Brisbane Region.

Based on the findings of the evaluation, further investment and expansion of Deadly Choices in SEQ was recommended.

The Deadly Choices Program continued to build its Ambassador talent in 2013-14, with Rhonda Purcell (Natural Body Builder), Tracey Thompson (Rugby League), Larissa Chambers (Athletics), David Williams (Soccer) and Janice Blackman (Softball) joining the Deadly Choices Ambassador Team. Deadly Choices Ambassadors were involved across multiple platforms, including Deadly Choices Community Days, television appearances, radio interviews, videos and social media.

Implementation of the Deadly Choices Campaign was expanded beyond the SEQ Region, with CCHS in Queensland, NSW, Victoria and the Northern Territory (NT) adopting the co-branded collateral and TVCs to increase health literacy and health seeking behaviour in Cape York, Central Queensland, Mount Isa and the Gulf, South West Queensland, Wide Bay, Darling Downs, Geelong (Victoria), Newcastle (NSW) and Darwin (NT).

To support other IUIH initiatives and SEQ CCHS a comprehensive program of radio advertisements was implemented in 2013-14, with 6 x 30 second adverts placed throughout each month on partner radio station 98.9FM operated by the Brisbane Indigenous Media Association (BIMA).

This addressed the full range of programs and initiatives of IUIH and its Member Organisations. The promotion was further supported by a robust social media presence on Facebook, Twitter and Instagram.

Other communication activity included promotion and communication support for the IUIH's Chronic Disease Rehabilitation Program Work it Out, Eye, Ear and Dental Health Services, Community Aged Care, CCHS Primary Health Care Clinics, and Clinic openings, and support for the 2013 QAIHC Arthur Beetson Murri Rugby League Carnival. IUIH also launched its new website in 2014.





CORPORATE GOVERNANCE

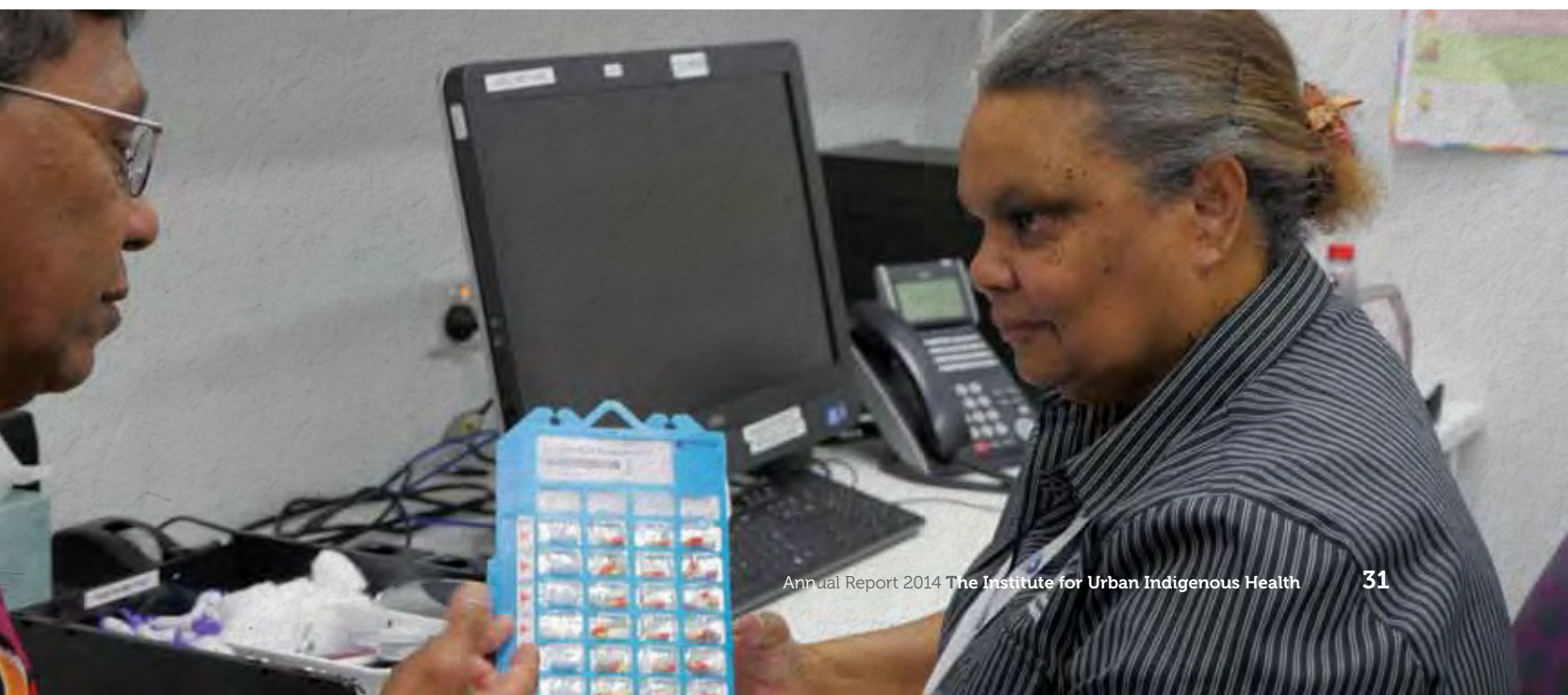
IUIH continued to strengthen its Corporate Governance systems in 2013–14. Key activities and outcomes for the year include:

- continued support from an independent, professional Company Secretary — reporting to the Board and implementing enhancements to Corporate Governance systems and Board processes
- a changeover of Consultants from Business Governance Solutions with Ms Charmaine Harch appointed as the new IUIH Company Secretary in November 2013
- IUIH Board and Senior Management Team (SMT) strategic planning workshop was held in March 2014 to inform development of the new IUIH Strategic Plan for 2014-2017 and identify priorities for the 2014-15 Action Plan
- completion of an IUIH Board performance self-appraisal resulting in above average ratings on all indicators
- continuation of meeting evaluation for all Board and Committee Meetings to ensure continuous improvement of Board processes
- completion of a performance review of IUIH CEO against a clear set of objectives aligned to *IUIH Strategic Plan 2011-2014* and *IUIH Action Plan 2013-14*
- review and development of new Financial Management policies and revised Delegations of Authority
- IUIH Corporate Governance Charter formally approved in May 2014
- completion of independent internal audit, performed by BDO Chartered Accountants
- maintenance of registers to enhance corporate governance, including compliance, conflict of interest, Directorships, and Director training registers.

IUIH also conducted a shared procurement project aimed at improving quality and reducing costs of independent company secretary services with IUIH Member Organisations and other CCHS across Queensland. This identified significant savings and improvements in quality and business continuity for participating Organisations, including IUIH, Kambu Health Service, Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO) and Nhulundu Wooribah Indigenous Health Organisation in Gladstone. In August 2014 IUIH and participating Organisations confirmed Ms Charmaine Harch as the first Regional Company Secretary.

A SNAPSHOT OF THE SERVICES AND PROGRAMS DELIVERED BY IUIH

CLINICAL SERVICE DELIVERY	SERVICE DEVELOPMENT PROGRAM	CHILD & MATERNAL HEALTH	PREVENTATIVE HEALTH	ALLIED HEALTH
Primary Health Care Clinics Care Coordination/ Chronic Disease E-Health Record Management IUIH Model of Care development Mobile Medical Vans (Ears/Eyes/ Dental) Aged Care Services Dentistry Optometry	Substance Misuse & Social Services New Services/ Clinic Development Research & Evaluation Sexual Health Workforce Development	Mums & Bubs Bubs Club Tumble Time Paediatrics	Deadly Choices Program Smoking & Healthy Lifestyle Good Quick Tukka Indigenous Youth Sports Program	Work It Out — Chronic Disease Management Occupational Therapy Podiatry Physiotherapy Speech Pathology Music Therapy



SERVICE DEVELOPMENT



The Service Development Unit is responsible for the planning, development, expansion and continuous quality improvement of primary health care services for Aboriginal and Torres Strait Islander communities in SEQ.

ESTABLISHMENT OF NEW PRIMARY HEALTH CARE CLINICS

Since its establishment in 2009, IUIH has undertaken extensive mapping and profiling of SEQ to identify Indigenous population distribution, growth, demographics and service uptake patterns. This process informed the identification of priority locations for establishment of new Aboriginal and Torres Strait Islander Community Controlled primary health care as a response to pre-existing gaps in service access, and rapid growth in the Aboriginal and Torres Strait Islander population in urban South East Queensland, now the fastest growing region in the country².

The following table shows the sequence of new clinic establishment over the past three years:

	Existing at June 2011	Opened 2011-12	Opened 2012-13	Opened 2013-14	Planned for 2014-15
Brisbane ATSICHS	Northgate Acacia Ridge Wooloongabba Logan			Browns Plains	
Yulu Burri Ba	North Stradbroke Is	Capalaba			Wynnum
Kambu	Ipswich	Laidley			Goodna
Kalwun	Miami	Oxenford			Coolangatta
Moreton ATSICHS		Morayfield	Strathpine Deception Bay		Caboolture

² FCAEPR Indigenous Population Project 2011 Census Papers No.2/2012 <http://caepr.anu.edu.au/population/indigenousexperiences.php>



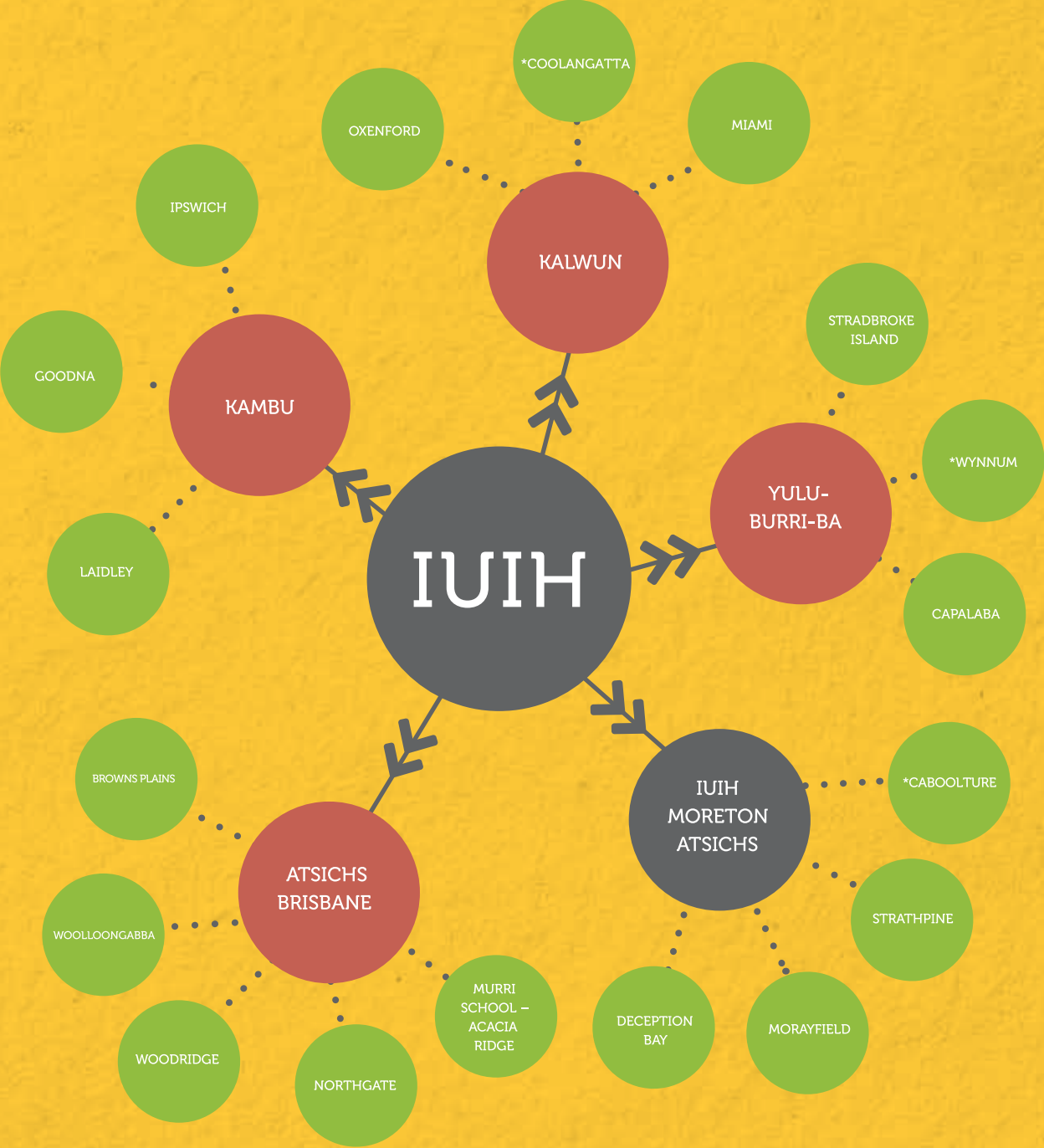
In 2013-14 IUIH secured funding through the Australian Government for clinic refurbishment and the ongoing operation of new Browns Plains and Coolangatta clinics. With purchase of a property by Brisbane ATSICHS on Commerce Rd in Browns Plains, clinic works were able to proceed with minimal delay and the clinic opened its doors in April 2014, with the official opening by Assistant Minister for Health, Fiona Nash on 3 July 2014. Securing leasing arrangements for the Coolangatta clinic has been a more protracted process, with clinic establishment estimated for completion before the end of the 2014 calendar year.

At the close of the 2013-14 financial year, IUIH and Kambu are well underway to establishing a new primary health care clinic in Goodna. This Clinic will be the first in the network to be established

with no new government grant funding, and is on schedule to open its doors in the first week of August 2014.

After two years of planning, IUIH and Yulu-Burri-Ba (YBB) finalised plans for the redevelopment of the Primary Health Care Clinic on North Stradbroke Island. The redevelopment will see the current two consultation rooms and a treatment room expand to nine consultation rooms, with a two bed treatment room, as well as a dental chair, sterilisation room and specialist and allied health rooms. A complete new office space with meeting and training rooms has been included within the redevelopment. IUIH is undertaking project management of building works for YBB, funded by the Australian Government, with works scheduled for completion in mid-2015.

OUR NETWORK OF PRIMARY HEALTH CARE CLINICS





CLINIC REFORMS AND DEVELOPMENT AND IMPLEMENTATION OF THE 'IUIH MODEL OF CARE'

Paralleling efforts to establish and expand primary health care clinics in SEQ, IUIH continued to support and assist CCHS with the implementation of the *IUIH Model of Care*. The *IUIH Model of Care* represents an evidence-based, systematic approach to the delivery of accessible, efficient, effective and comprehensive primary health care by CCHS. It spans clinical and business domains of CCHS operations, with a core focus on quality and health impact, while optimising Indigenous people's entitlement to Medicare to provide a revenue stream for reinvestment into services not otherwise accessible for a client population with complex care needs and limited disposable income.

In 2013-14 IUIH continued to support its Member Organisations by implementing the *Model of Care* in all new "greenfield" clinics and in existing clinics across the region. Senior IUIH staff were deployed to clinics in a Spearhead role to drive reforms within the expanding network of primary health care clinics across SEQ. IUIH Spearheads were supported by a Joint Management Agreement (JMA) executed between IUIH and SEQ CCHS, clearly identifying

respective roles and responsibilities and formally committing both parties to full implementation of the *IUIH Model of Care*. Joint Management Committees (JMCs) were established under the JMA, comprising CEOs and Lead Clinicians from IUIH and Member Organisations to oversee reforms and address barriers to progress.

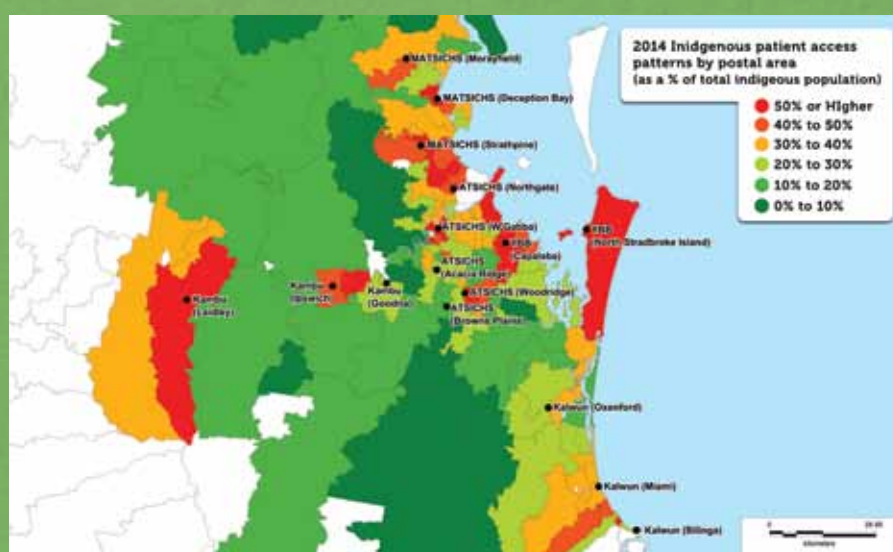
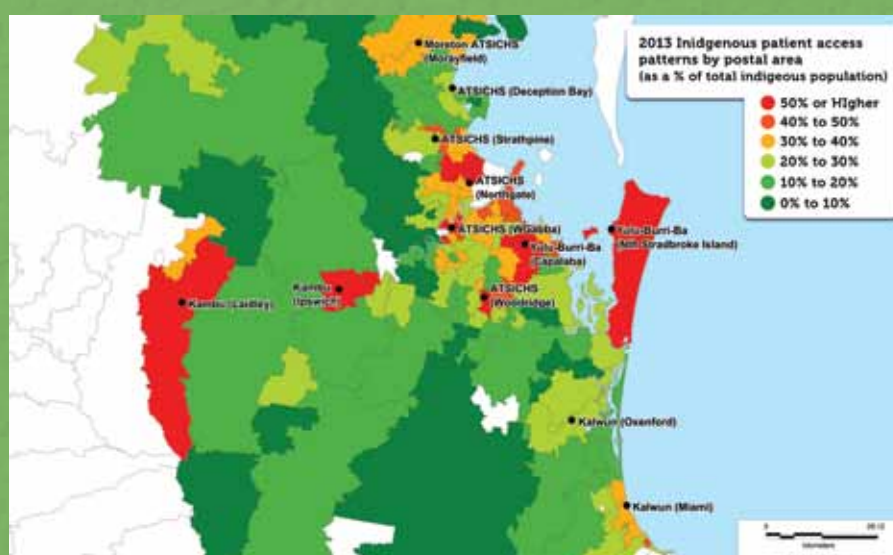
This rapid expansion of primary health care clinics into priority locations (high population growth and demand) has been supported by a coordinated, active and sustained marketing and community engagement activity, coupled with the innovative use of incentives in particular, to promote more timely access to health education, prevention, screening and care. As a result, there has been a marked increase in the number of Aboriginal and Torres Strait Islander people accessing services across the SEQ CCHS network. Almost 5,800 new patients were registered in 2013-14, with the total active³ client population increasing to over 20,000 by end June 2014.

³ Defined as three (3) visits in past twenty-four (24) months.

CLINIC LOCATIONS AND SERVICE ACCESS 2013 VS 2014

THE END OF YEAR REGIONAL REPORT CARD HIGHLIGHTS

- a sustained rise in client numbers through improved access (from 24,811 in 2008-09 to 89,774 in 2013-14)
- a 32% (1300% since 2008-09) rise in the uptake of preventive health screening and assessment (from 6,131 in 2012-13 to 8,131 in 2013-14)
- a 42% rise in multi-disciplinary chronic disease care planning and management services (from 1,860 in 2012-13 to 2648 in 2013-14). This represents a 500% increase since 2008
- \$7,269,154 of self-generated Medicare revenue income available for reinvestment into priority services for which access is restricted and other sources of funding are limited or unavailable, such as:
 - o new clinics — e.g. Goodna clinic
 - o dental services
 - o Paediatric assessment, developmental and therapeutic services.



PROGRESS MADE SINCE 2009

Since 2009, the IUIH and its network of Members have significantly increased access to comprehensive primary health care for Aboriginal and Torres Strait Islander people in SEQ.

The 2013/2014-year saw some significant increases in the levels of uptake for specific Medicare Items built into the *Model of Care*, with the following outcomes being achieved:

- Almost 90,000 visits to GPs within CCHSs;
- Over 8,100 Health Checks — representing a 33% increase from 2012/2013;
- Over 2,400 GP Management Plans delivered by ATSICCHS — representing an increase of 33% from 2012/2013; and
- Approximately \$7.1 million in MBS revenue generated by SEQ ATSICCHS, which is a 31% increase from 2012/2013.

These improvements have been driven by a combination of increased efficiency through implementation of the IUIH *Model of Care*, as well as a significant number of new patients registering with CCHS clinic across the SEQ region – which can be tied to the sector's intensive and sustained community engagement efforts and innovative use of incentives. In 2013/2014, almost 5,800 new patients were registered with SEQ CCHS, with the total 'active' patient population increasing to over 20,000 at end June 2014.

With additional Clinics set to open in Goodna and Coolangatta in 2014/2015, and plans to establish Clinics in priority sites of Caboolture and Wynnum, the total number of Primary Health Care Clinics could increase to eighteen (18) in early 2015. With this expanded footprint, the IUIH is aiming to achieve 50% coverage of the total Indigenous population of SEQ by end 2014/2015.

Annual uptake of Indigenous health assessments have increased by over 1300% since 2008/09

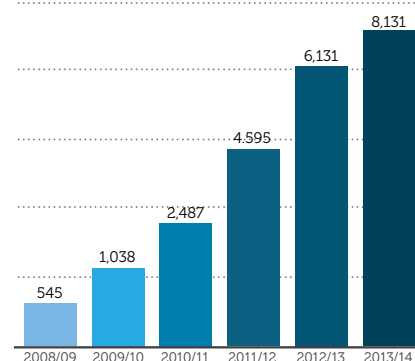


Figure 7

Annual patient visits to Doctors have increased by approximately 250% since 2008/09

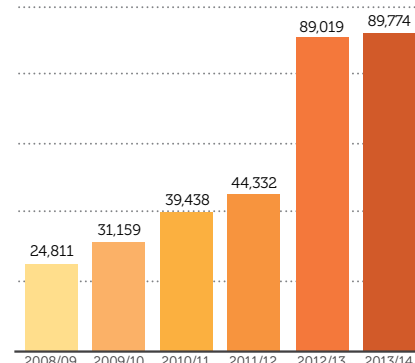


Figure 8

Annual uptake of GPMP's have increased by approximately 500% since 2008/09

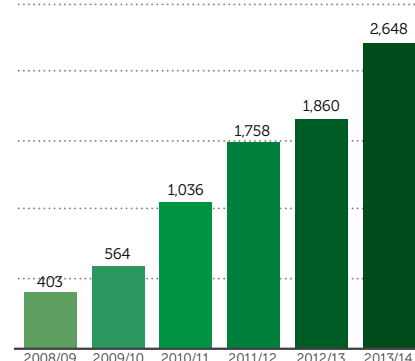


Figure 9

MORETON ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY HEALTH SERVICE (MORETON ATSICHS OR MATSICHS)



IUIH (on behalf of its members) has had direct responsibility for the establishment and operation of Moreton ATSICHS, established in June 2011 with its first custom-refurbished clinic in Morayfield opening in May 2012, supported by Australian Government funding.

According to the 2011 ABS Census, the Moreton Bay region has over 8,500 Aboriginal and Torres Strait Islander residents and it was apparent from the outset that there was more than adequate demand for expansion of Moreton ATSICHS, with the key locations of Strathpine and Deception Bay flagged for new development. With funding from the Queensland Department of Health, IUIH completed capital works developments at two leased locations in Strathpine (February 2013)

and Deception Bay (May 2013), with operations supported through funding also provided by the Queensland Government, along with significant new MBS funding brought into the service enabling expansion and growth to meet strong demand.

CLIENT ACCESS AND DEMOGRAPHICS

Growth in new client numbers in the 2013-14 financial year has continued at a steady pace, with Deception Bay clinic celebrating their 1000th client in April 2014, less than 12 months after opening.

As a result, by the end of June 2014, there were just under 4,500 regular clients registered with MATSICHS, of whom 90% are Aboriginal and/or Torres Strait Islander.

MATSICHS REGULAR CLIENT POPULATION
JUNE 2014
(N = 4,463)

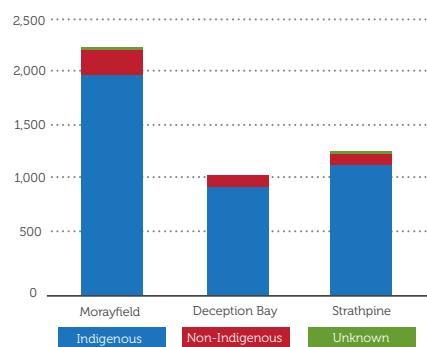


Figure 11

MATSICHS NEW CLIENT NUMBERS

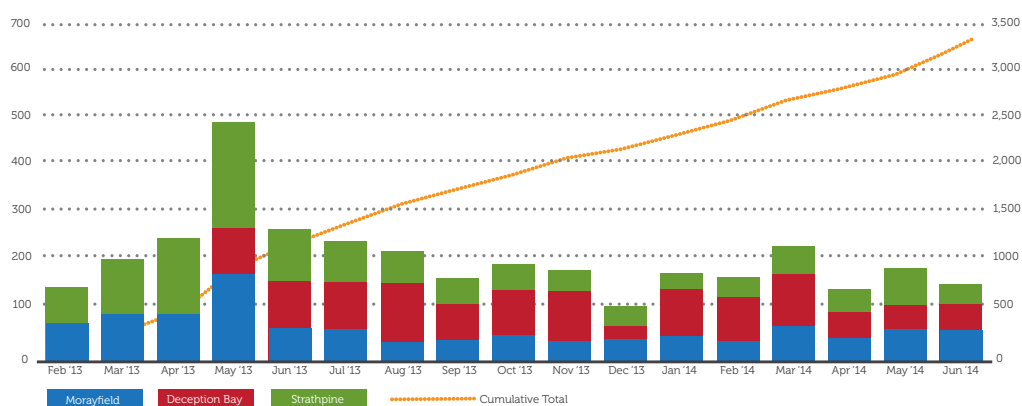


Figure 10



STAFFING AND WORKFORCE DEVELOPMENT

With the establishment and consolidation of the three MATSICHS Clinics, IUIH formalised the position of IUIH North Side Health Services Manager, overseeing operations of the whole of MATSICHS including responsibility for integration of comprehensive primary health care services, with individual Practice Managers responsible for overseeing the day to day operations of each of the three MATSICHS Clinics.

By the end of June 2014, each of the three clinics were staffed by the following full time equivalent positions.

- 2 GPs
- 0.5-1 GP registrars
- 2 clinic nurses
- 1-1.5 Aboriginal health care coordinators
- 1 Community Liaison Officer (CLO)
- 1 Transport officer
- 1 CCSS nurse

In addition, the Morayfield hub clinic supported positions delivering services across the whole of MATSICHS.

- Commonwealth New Directions funded Mums and Bubs team providing services including midwife, child health nurse and social worker
- Social health team including 2 psychologists and 2 case managers

SPECIALIST AND ALLIED HEALTH SERVICES

Specialised services located on site for MATSICHS

- Commonwealth New Directions funded Mums and Bubs services — including antenatal midwifery

care, early childhood development programs, and complex child and family care.

- Commonwealth funded Social Health services including drug and alcohol counselling and case management, psychology services, outreach services and group-based interventions and program support.
- Oral Health Services including the fixed dental chair located in Deception Bay and installed as part of the original Deception Bay clinic capital works and the IUIH regional mobile oral health van. Staffing includes the Queensland government funded Oral Health Therapist, dentist (supported through the Metro North Brisbane Medicare Local in 2013-14 with one-off start-up funds) and other recurrent operations funded through IUIH MBS income.

Establishment of the oral health service has been met with very high demand, with both dentist and oral health therapist booked up in advance. The majority of clients accessing this service have little disposable income, have had little contact with dental services previously due to lack of affordable dental care options, and have very complex oral health needs.

Visiting specialist and allied health services

Specialists — funded under the Commonwealth Medical Outreach Indigenous Chronic Disease Program (MOICD) to deliver services on site at MATSICHS, (excluding the geriatrician who works under a direct private arrangement with IUIH). Where services are provided only at the Morayfield hub, clients are assisted to access services as needed.

- Paediatrician — fortnightly Morayfield, monthly Deception Bay and Strathpine



service development

- General physician — monthly Morayfield
- Geriatrician — monthly Morayfield
- Addiction Medicine Specialist — monthly Morayfield
- ENT specialist — monthly Morayfield
- Psychiatrist — fortnightly Morayfield
- Ophthalmologist — monthly Morayfield

Allied Health (provided across all 3 clinic locations)

- Podiatrist — 2 times per week
- Dietician — 2 times per week
- Diabetes educator — 1 time per week
- Physiotherapist — 2 times per week
- Audiologist — 1 day per fortnight
- Work It Out Program — highly successful supervised exercise and chronic disease self-management program operated by UIH, 2 days per week in Morayfield and Strathpine, commencing in Deception Bay in the second half of 2014
- Optometrist — 3 days per week as part of an integrated eye health program, delivered through UIH Mobile Eye Van. This service provides both optometry screening and assessment as well as access to affordable glasses and other ancillary eye health services, and working closely with the new visiting ophthalmology service. The optometrist and mobile eye van are now also extending service delivery to the Brisbane ATSIHCS Northgate clinic.

CAPITAL WORKS AND INFRASTRUCTURE

The last financial year has seen dramatic growth in clients and demand for services. Pressure on the existing clinic space in Deception Bay has been particularly marked, given the inclusion of dental rooms in the original clinic design with less space available for other primary health care service delivery.

As a consequence, and in recognition of the continued growth in demand for dental, primary health care and new aged care services in this location, UIH has allocated funds for an expansion of the Deception Bay clinic with capital works to commence July 2014. The expansion will incorporate:

- second dental room and larger sterilisation space
- 5 additional consulting rooms to accommodate primary care, specialist and allied health service delivery
- facilities for the establishment of aged care respite services.

CLINICAL PERFORMANCE

The following data provides a brief snapshot of clinical performance and outcomes for MATSICHS. A small selection of key data is provided both directly from the MATSICHS software system (MMEX) as well as from Ochrestreams data system for comparison of national Key Performance Indicator data with state and national averages. (note — Health Service referred to in these graphs refers to all three Moreton ATISHCS clinics)

SCREENING AND PREVENTIVE HEALTH CARE

A high level of screening and assessment through Health Checks (MBS item 715) has been maintained through this reporting period, with 60–70% coverage of MATSICHS adult and senior Aboriginal and Torres Strait Islander client base. This is well above the national average of approximately 40%.

Child health checks were a focus for the first 6 months of 2014 as evidenced by the increase in the number of health checks completed in this reporting period.

Overall, coverage rates have increased, however there is room for improvement overall and in the 0–4 year age group.

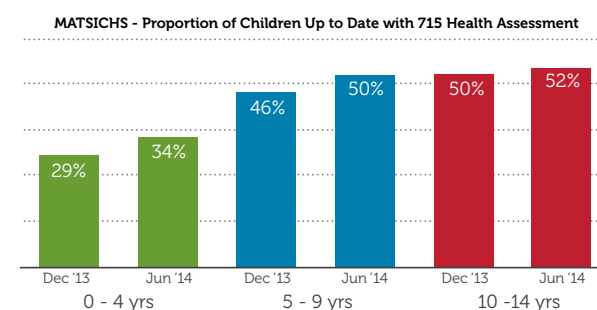


Figure 12

Almost 1,600 Aboriginal and/or Torres Strait Islander health assessments were completed across MATSICHS in 2013–14.

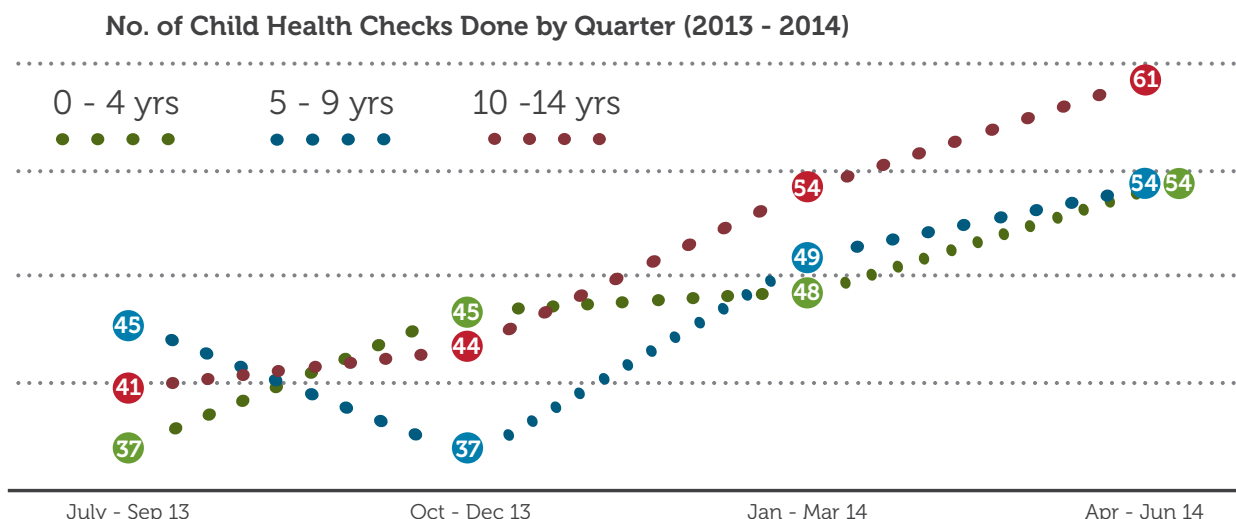


Figure 13

While this is impressive, it didn't match the high growth in new clients and in population coverage for client health assessments in the over 25 year age group, though coverage rates have been maintained above 60% and lie well above the national and state average of under 50%.

Screening and recording of both smoking and alcohol status have remained high over the last reporting period. Recording rates are well above national average for alcohol screening and consistent with national average for smoking screening of Aboriginal and Torres Strait Islander clients over the age of 15 years.

Recording of smoking status has continued to increase, reaching just over 80% in the last reporting

period. While capture of smoking status has remained high, rates of current smokers recorded across the younger female age ranges in particular have shown a decline over the last 2 reporting periods, with the most dramatic fall being in the 15-24 year age range.

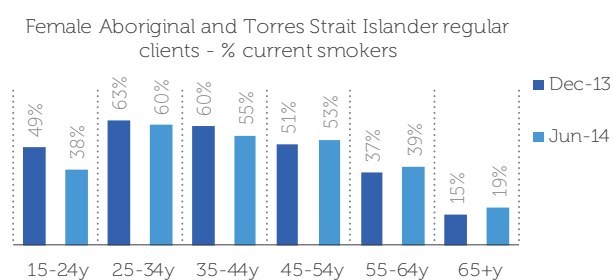


Figure 14

Aboriginal and Torres Strait Islander active clients with a chronic condition who have had a GPMP in the last 24 months

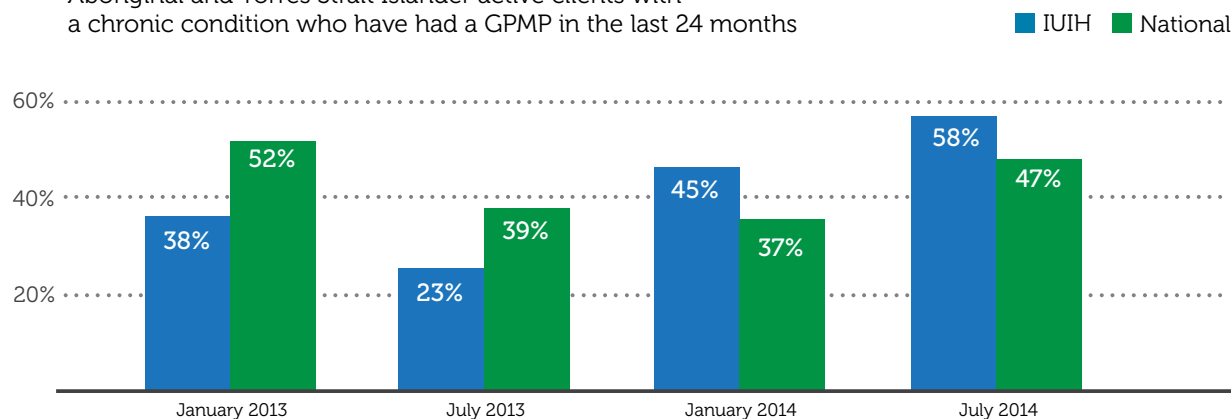


Figure 15

service development

Aboriginal and Torres Strait Islander active clients over 15 years with alcohol status recorded in the last 24 months

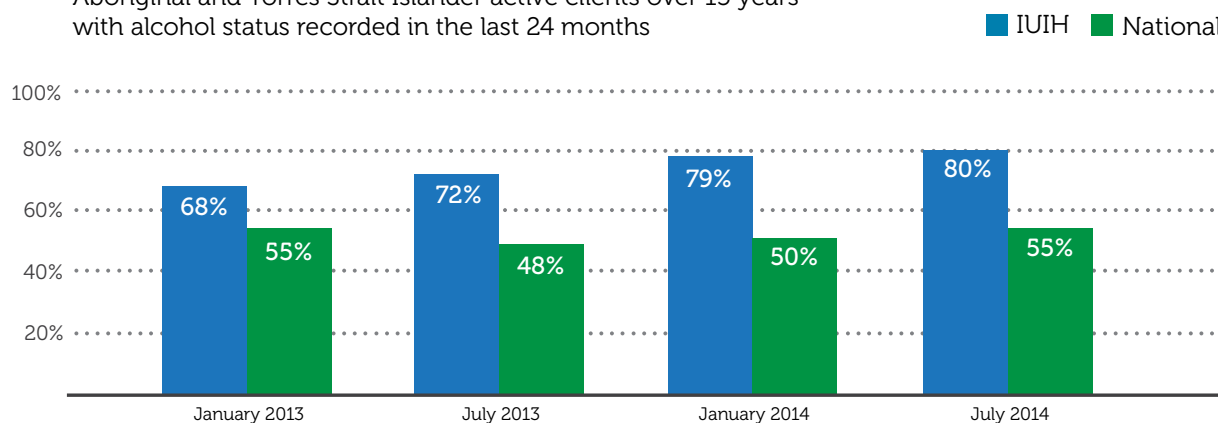


Figure 16

The data is interpreted with caution, given the relatively small client numbers across one health service and the fact that the denominator has increased significantly over the reporting period as the client population has grown. Nevertheless, the results show an encouraging trend.

Alcohol screening has also continued to steadily increase, with approximately 80% of all Aboriginal and Torres Strait Islander regular clients over the age of 15 years screened in the last 24 months. This is well above national average screening rates of approximately 60%. (see Figure 16)

CHRONIC DISEASE MONITORING AND CARE

The IUIH *Model of Care* places strong emphasis on ensuring that cycles of care are efficient, opportunistic, targeted and systematic, reaching both those with established complex chronic disease and those who are most likely to benefit from early intervention and care to avert future development or deterioration in chronic conditions

The following graphs show ongoing improvements in monitoring of care for clients with chronic conditions.

There has been a sustained increase in the number of GP Management Plans (GPMP) completed for clients with chronic conditions, with twice as many (238) completed in the last 6 months compared with the 6 months prior (116). The end result is an increase in clients who are up date with GP Management Plans from under 30% in mid-2013 to just under 60%. This is above the national average. (see figure 15)

For clients with diabetes, rates of monitoring in line with best practice have continued to increase. Monitoring rates for all key measures have shown improvement, including those for retinal screening, foot checks, BP monitoring, lipid checks, and HbA1C levels. The latter have particularly increased amongst males with Type II Diabetes, bringing coverage rates almost equal to those of our female clients. (see Figure 18)

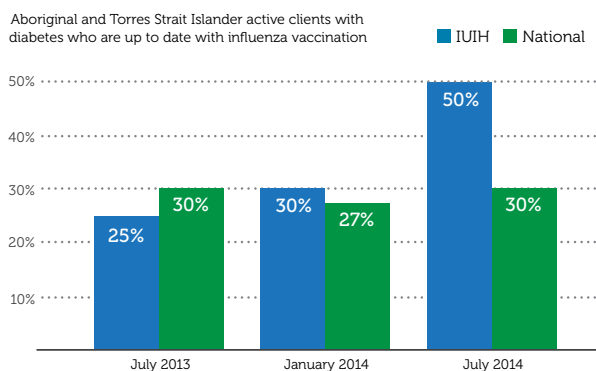


Figure 17

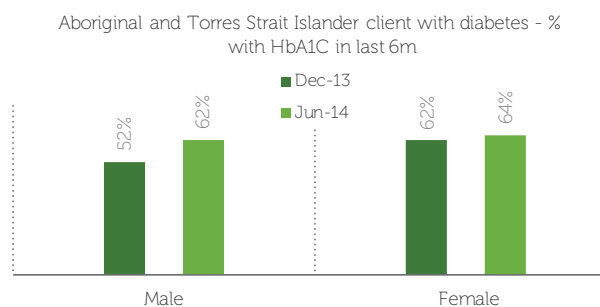


Figure 18

While there is still work ahead, immunisation rates for Aboriginal and Torres Strait Islander clients at very high risk, including those with chronic conditions such as diabetes and those over 50 years of age, have shown marked improvement, with rates doubling in the last 6 months and exceeding national averages. (see Figure 19)

Similar improvements in monitoring and delivery of care are demonstrated across a range of chronic conditions impacting on the MATSICHS client population.

Implementation of the IUIH Clinical Governance Framework has progressed in 2013-14, with the MATSICHS Clinical Governance Committee now firmly established and meeting regularly. Tracking of key issues of clinical safety and quality is now systematised and monitoring, reporting and feedback processes are maturing.

Monthly CQI meetings of all MATSICHS staff across the three clinics provide a critical opportunity for staff engagement, feedback, and input into ongoing quality improvement across all aspects of clinical service delivery, with support, and extracted or collated data, provided at each meeting by an IUIH facilitator.

BUSINESS MODELLING AND REINVESTMENT OF REVENUE

While the IUIH *Model of Care* features a strong focus on quality in clinical care and building clinical governance systems, emphasis is also given to ensuring that available sources of revenue are optimised for reinvestment into ongoing service development, enhancement and expansion to meet ongoing population growth and need. MBS revenue generated by the three MATSICHS clinics continued to rise across the 2013-14 financial year.

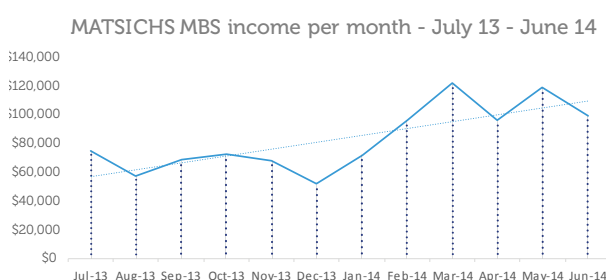


Figure 19

COST BENEFIT ANALYSIS

In 2013-14, IUIH commissioned a Cost Benefit Analysis to investigate the impact of the IUIH *Model of Care* on client outcomes and on projected financial savings, particularly as delivered through sites like Moreton ATSICHs.

Conducted by Dr Stephen Begg, Epidemiologist, and Professor Chris Doran, Health Economist, the findings of the study were dramatic. For example, after only 15 months of exposure to the IUIH model through Moreton ATSICHs and the Yulu-Burri-Ba Capalaba clinic the improvement in Health Adjusted Life Expectancy (HALE) for Aboriginal and Torres Strait Islander people was 0.8 years for clients with diabetes and 0.6 years for clients overall.

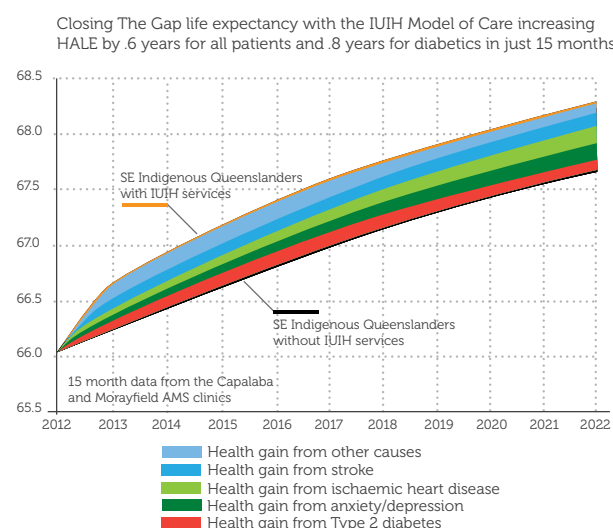


Figure 20

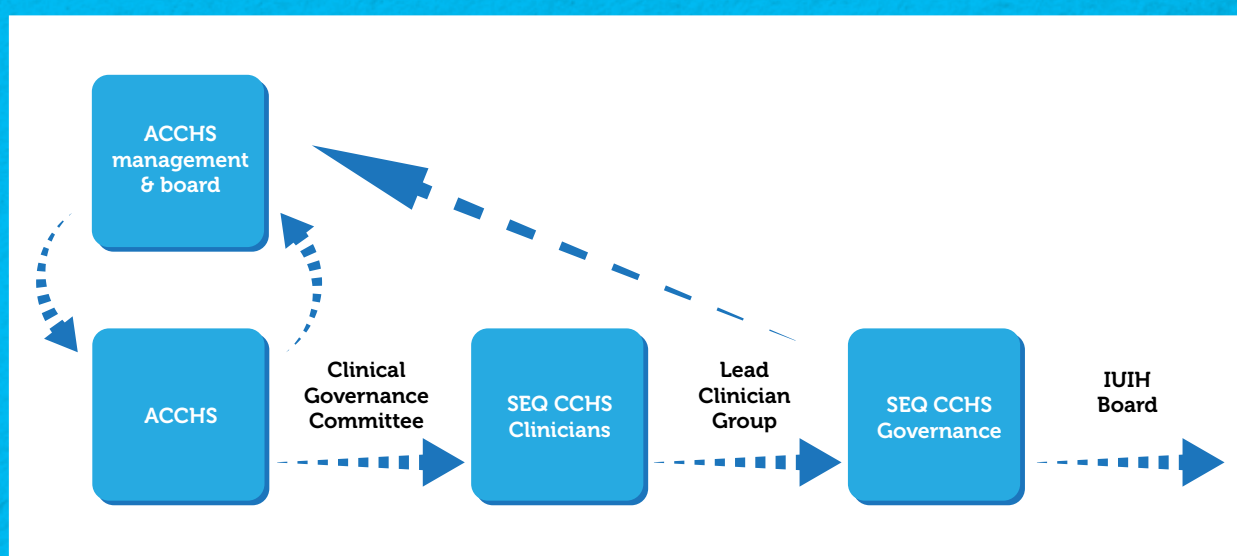
This indicates that the IUIH *Model of Care* is definitely contributing to Closing the Gap.

In addition to this, the estimated cost benefit as a result of averted illness and death, and productivity gains, are significant with over \$237 million in savings over the next 10 years (when data is extrapolated to the 14 SEQ CCHS clinics in operation at the end of June 2014).

Further data is being compiled and formal publication and dissemination of the Cost Benefit Analysis results are in development.

CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT

A key feature of the IUIH *Model of Care* is a structured framework of clinical governance and the integration of quality improvement activities into core clinic business activities. IUIH and member services have worked closely at Board, Management and Clinician levels to implement a regional Clinical Governance Framework, with each service tracking progress through a standardised toolkit and working locally to strengthen systems that underpin clinical safety and quality. This is done while feeding into a regional Lead Clinician Group providing opportunities to raise standards across a network of services through sharing of knowledge, experience, successes and slip-ups.



Key activities in the area of clinical governance in 2013-14

- Quarterly meetings of the IUIH Lead Clinicians Group, with representation by nominated senior clinicians from every clinic location in the SEQ CCHS network.
- IUIH currently funds two full time staff working in key roles to support data cleaning, collection, analysis, and workforce training and development in the area of population health and Continuous Quality Improvement (CQI).
- Facilitation by IUIH of monthly CQI meetings across SEQ CCHS, ensuring clinical data is routinely reviewed, analysed and discussed by all staff to support continuous improvement in both data capture and quality as well as in clinical care and outcomes. By the end of June 2014, 10 of the 14 clinics were actively participating, with the

remainder to be established over coming months.

- Tracking progress and performance against key indicators and established targets, determined by local Joint Management Committees (JMC) comprising senior representatives from IUIH and CCHS.
- The IUIH Research and Evaluation Unit was officially established in 2013-14 and a Manager / Senior Researcher was employed to coordinate efforts across the network – bringing together all functions associated with data collection and analysis, service evaluation, and research

WORKFORCE SUPPORT THROUGH LOCUM RELIEF SERVICES

IUIH established and expanded its Regional GP Locum Service in 2013-14, coordinating GP relief across SEQ CCHS. The Service has achieved

significant savings for CCHS, and has also ensured experienced GPs, trained in The IUIH *Model of Care*, can be deployed at short notice, ensuring clinics continue to function at capacity, with continuity and consistency of care for clients, and with efficient pricing of a shared locum service delivering financial savings. IUIH GP Locum Service is funded by SEQ CCHS.

GENERAL PRACTICE REGISTRAR TRAINING

In 2009, at the time of establishment of IUIH, only the Brisbane ATSICHS Woolloongabba clinic was hosting GP Registrar training in SEQ. The first new training post in SEQ came on board in January 2012 in Moreton ATSIHCS, and since this time, the growth in GP Registrar training posts across the sector has been rapid and sustained. This table provides data on the last two years of GP Registrar training in IUIH networked clinics.

2012-13 to 2013-14	No.
Number of individual GP Registrars	16
Total time contributed	14 person-years
No. of semesters contributed	28
Average duration of stay with IUIH	12 months
No. completing >12 months training time in ATSIHCS	8 (50% of total)
No. confirmed (6) or likely (2) to stay on post-training as permanent SEQ ATSIHCS VR GPs	8 (50% of total)

A number of factors have contributed to this growth.

- IUIH employed a senior GP as a Medical Educator (0.5 FTE) and Regional GP Locum (0.5 FTE), with salary support contributed through QMRE (Regional Training Provider) Indigenous Health Training Post funds. This position has proven critical in providing placement advice, coordination support, and ongoing education and support to managers, GP supervisors, and GP registrars.
- Positive early experiences for practices and for GP registrars in many locations, encouraging trainees to stay on and providing confidence for other clinics to take on the responsibility of hosting GP registrars

- Indigenous Health Training Post funding providing salary support for GP registrars undertaking placements in designated Indigenous health services. This relieves significant pressure on the service, and in the case of advanced trainees in particular, provides the opportunity to undertake important projects in areas of benefit for the service including but not limited to population health, research, audit and evaluation.

In 2014, IUIH has welcomed its first Academic GP registrar with a special interest in medical research who will participate in the evaluation of a new model of maternity care for Aboriginal and Torres Strait Islander women being developed and delivered as a partnership with the Mater hospital, Brisbane ATSIHCS and IUIH.

Key areas of focus in the next financial year will be the development of mechanisms for evaluating the quality of training in our service context, as well as advancing the development of a comprehensive program of cultural training and support for GP registrars, in its infancy and set to be formally implemented and evaluated over the next financial year.

INFORMATION AND COMMUNICATIONS TECHNOLOGY

Key activities for the IUIH eHealth team in 2013-14.

- Established ICT infrastructure for new services including:
 - Dental Services — established hardware and new dental software, including installation, staff training and support, and ongoing system maintenance
 - Aged Care Services — established hardware infrastructure in the Caboolture office and mobile devices for service providers; implementation, training and maintenance of new Aged Care software; set-up of hardware for the new training facility in the Caboolture office
 - Assisted with the set up and installation of MMEx software in the new Brisbane ATSIHCS Browns Plains clinic
 - Set up of IUIH Connect and Improving Indigenous Access to Mainstream Primary Health Care (IIAMPHC) teams in the Caboolture office site.

service development

2. Reviewed and renewed IT infrastructure and contracting arrangements for IUIH.
3. Trained, maintained and provided help-desk support for all sites using MMEx software in SEQ, including eight primary health care clinics, IUIH allied health providers, optometry services, and visiting specialist providers.
4. Developed and enhanced MMEx Software -rolled out into 8 of the 14 clinics across SEQ. Actively supported collection and collation of user feedback; scoped and consulted on proposed software changes; negotiated development package with vendor; tested new developments before and after deployment; trained and supported users in areas of new development.
5. Assisted with data extraction requests for research, service evaluation, planning, quality improvement and reporting, including online reporting requirements
6. Consolidated and expanded a coordinated telehealth program across SEQ CCHS. Telehealth services delivered into SEQ CCHS in 2013-14 included:
 - Dermatology
 - Psychiatry
 - Neurology
 - Renal Physician
 - Endocrinology
 - Paediatrics
 - General Physician
 - Geriatrics
 - Cardiology
 - Addiction Medicine services

High-use clinics currently average 5-10 telehealth consultations in a week, while some sites are yet to take the leap into their first telehealth venture. To date, tele-psychiatry has been the most commonly requested service. Plans for 2014-15 include expansion into home-based services, including tele-monitoring.

In 2011-12, IUIH identified a potential role for telehealth systems in an urban setting, beginning with assistance from the Australian College of Rural and Remote Medicine's telehealth team and establishing simple, low cost and low maintenance telehealth technology in clinics initially to support follow up visits with Specialist providers already

delivering face-to-face services on site in IUIH network clinics. During establishment, IUIH worked with Member Organisations to secure funds for the purchase and installation of teleconferencing equipment in locations where equipment was lacking, including Kambu, Yulu-Burri-Ba and Moreton ATSICHS.

With uptake of telehealth services getting off to a very slow start, IUIH self-funded the establishment of a new position in the eHealth team, with a focus initially on coordination and support for telehealth. This position has proven to be invaluable in ensuring clinicians and managers feel confident in encouraging clients to consider telehealth as an option. Over time, local "telehealth champions" are emerging and the regional coordinator role has shifted in these locations from providing the majority of the set up and logistics support, to one of off-site support and coordination of providers.

The technology is now predominantly being used to secure timely access to more specialised providers, not currently available as visiting services in our clinics, and for whom access through the public health system is limited and waiting lists are lengthy. In this instance, telehealth is providing much quicker access, which is affordable (MBS bulk-billed), and can be delivered with a team and in a location where the client already has an established relationship and feels comfortable.

CARE COORDINATION AND SUPPLEMENTARY SERVICES PROGRAM

The Care Coordination and Supplementary Services (CCSS) Program provides intensive case management and support to Aboriginal and Torres Strait Islander people with complex chronic conditions and is delivered by Care Coordinators.

The supplementary service flexible pool of funding is available to purchase one private specialist and allied health consultation, transport services where there are access issues, and two specified medical aids (including equipment to support diabetes care, respiratory aids and medical footwear).

The CCSS Program in SEQ is administered by the Metro North Brisbane Medicare Local (MNBML) on behalf of the four SEQ Medicare Locals. The MNBML subcontracted IUIH to implement the CCSS Program in 2013-14. IUIH employs

a regional Care Coordination Manager who oversees implementation of the program that was delivered in 2013-14 by a workforce of 20.5 FTE Care Coordinators. (see Figure 21)

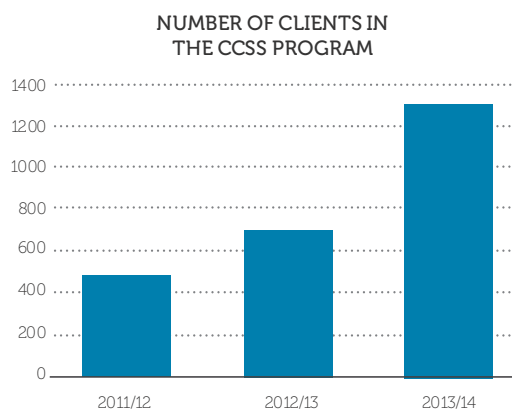


Figure 21

Care Coordination and Supplementary Services were delivered to 1,352 Aboriginal and Torres Strait Islander patients in 2013-14 due to the increase in CCSS workforce, and the ongoing embedding of identification and referral systems for clients most likely to benefit from the program.

This represented a 60% increase from 2012-13 in the number of Episodes of Care.

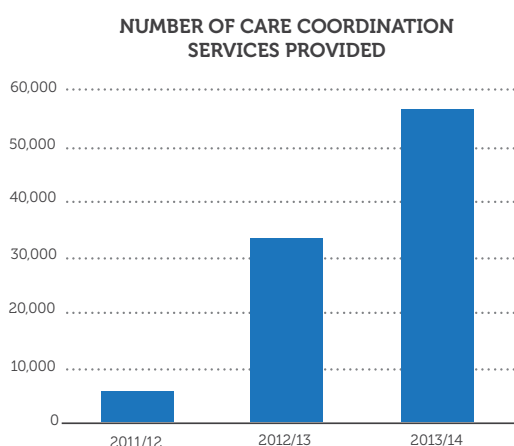


Figure 22

The number of consultations for both specialist and allied health services doubled from 2012-13. (see Figure 22).

Similar increases in access to transport were noted. The full integration of the CCSS Program with the UIIH *Model of Care* and broader regional strategies has ensured UIIH has the capacity to deliver more care support and services to more Aboriginal and Torres Strait Islander people, when compared to other regions across Australia.

TRANSPORT SERVICES PROVIDED FOR CCSS CLIENTS

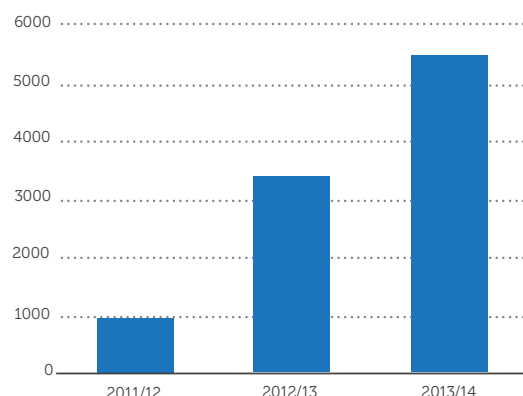


Figure 23

The regional, integrated delivery model of CCSS has enabled more efficient and effective procurement, fitting, and supply of medical aids such as orthotics, other medical footwear, and respiratory aids like CPAP equipment.

IUIH supported Regional Care Coordinators and other staff to undertake training to fit, monitor and troubleshoot CPAP equipment. By working closely with specialist support services and suppliers, IUIH has the capacity to bulk purchase CPAP machines and ancillary equipment (such as masks) at a vastly discounted price, then lease these at no cost to clients in the CCSS program.

The provision of timely and cost-free treatment with ongoing backup and support has made a remarkable difference to the number of clients taking up this treatment option and remaining consistently on it; to clients' physical and social quality of life and outlook; and to the confidence of clinicians to identify and refer clients who may have Obstructive Sleep Apnoea.

NUMBER OF SPECIALIST AND ALLIED HEALTH CONSULTATIONS SUPPORTED THROUGH CCSS

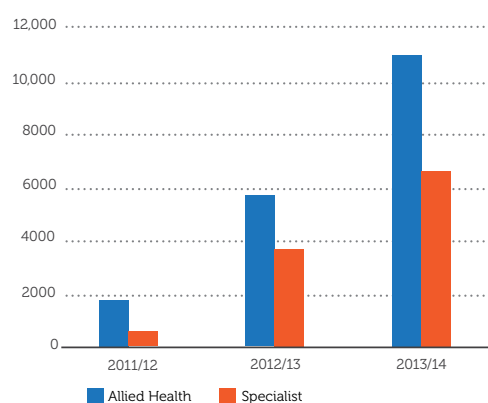


Figure 24



At the end of June 2014, there were over 80 clients in the CCSS program accessing an IUIH CPAP machine, and only 1 who had not continued with treatment. A formal evaluation of this component of the program is planned for 2014-15.

ORAL HEALTH SERVICES

Aboriginal and Torres Strait Islander people have poorer oral health than other Australians and access to dental services is also poorer, with levels of untreated decay more than twice as high among Indigenous Australians (57%) compared with non-Indigenous Australians (25.1%).

Maintaining good oral health is an essential component of overall wellbeing, as untreated dental disease has impacts on levels of pain and discomfort, nutritional intake, and confidence and self-esteem. Dental health is also linked to conditions such as diabetes, cardiovascular disease and preterm birth, conditions that also contribute to the gap in life expectancy.

Access to dental services is frequently identified by clients and community members as a significant gap in health care services and is identified by CCHS across SEQ as a priority for reinvestment of Medicare revenue.

In the past, the majority of clients across our network have had limited access to oral health prevention and treatment services, with only Brisbane ATSICHS Logan and Woolloongabba clinics support a dentist and 4 chairs, University of Queensland dental students undertaking placements, and the Kalwun Miami clinic that self-funds a single dentist.

IUIH sourced funding in 2012-13 to improve access to dental services, and through one off funding from the Australian Government, Queensland Health, Metro North Brisbane Medical Local and

MBS revenue generated through Moreton ATSICHS clinics.

This funding established (respectively) the IUIH Dental Van, a fixed dental chair in the Deception Bay Clinic, and a professional team including an oral health therapist, a dentist, and two dental assistants who work across the van and fixed chairs.

In 2013-14 funding was sourced through Queensland Health and self-generated through Moreton ATSICHS Dental specific Medicare funding.

The service continues to operate as part of the integrated model of primary care and preventive oral health is incorporated in the comprehensive preventive health assessment and care.

Demand for the oral health services were high in 2013-14, with waiting lists for non-urgent consultations with either Dentist or Oral Health Therapist reaching up to four months at end June 2014.

Oral Health in 2013-14

- IUIH oral health service delivered care to just under 1,000 clients
- There were over 2,230 episodes of dental care delivered during this time
- Just under a third (31%) of clients were aged between 2-17 years
- 43% of all clients were male
- 96.5% of all clients were Indigenous
- 90% of adults accessing the service were low income earners, including pensioners and concession card holders.

There are now plans for expansion of the Deception Bay clinic to accommodate the very rapid growth in demand for the full spectrum of services provided, and a second fixed dental chair forms part of the



plan for capital expansion, likely to commence in August 2014.

IUIH is also working closely with clinic member services, the University of Queensland and the Queensland State Government to investigate funding models to support regional expansion of this highly successful model of integrated and affordable oral health care for Aboriginal and Torres Strait Islander people in SEQ.

REGIONAL EYE HEALTH SERVICES

Aboriginal and Torres Strait Islanders suffer 6 times more blindness and 2.8 times the rate of low vision compared to non-Indigenous Australians. The major causes of vision impairment in Indigenous adults are from refractive error (54%), cataract (27%) and diabetic retinopathy (12%). That means the majority of vision loss is preventable, or readily addressed with glasses.

In 2013-14, IUIH requested and received support from the Fred Hollows Foundation for a project officer to undertake a gap analysis of comprehensive eye health services and systems across SEQ, and support the planning and development of a regional approach to addressing eye health prevention, education, screening and assessment, treatment (including surgical where required) and follow up.

Regional mapping and gap analysis

- Review of available data. This identified data was limited — an important finding in itself.
- CCHS clinic visits and discussions with managers and clinicians
- Discussions with local, largely private providers including Optometrists and Ophthalmologists
- Discussion with key individuals from organisations including University of Melbourne Indigenous Eye

Health Unit, Queensland University of Technology and Vision Australia

- Direct experience and feedback from an expanding team of IUIH eye health providers (established to address the identified needs).

Key issues identified

- Lack of pathways and coordination with known local providers
- Limited collaboration between external private providers and key programs such as Care Coordination, podiatry services or other internal clinic programs
- Even where visiting services were being provided, there was limited integration with broader primary health care services and service providers under the same roof
- Lack of correspondence or communication regarding individual client assessment or care between external optometry providers and the primary care clinic
- Lack of health promotion activities supporting eye health prevention and care
- Gaps in primary health care provider knowledge and practical skills in the area of eye health
- Complex eye diseases going unchecked and untreated as patients don't access more specialised optometry or ophthalmology services
- Patients being charged for optical services by external providers when they are able to access them free of charge in a CCHS
- Patients are wearing over-the-counter ready made glasses from chemist rather than prescribed glasses when the latter are indicated
- Lack of access to Medical Aid Subsidy Scheme (MASS) spectacles through local suppliers



- Lack of coordination and patient recalls / follow-up
- Gaps in existing primary care software systems to be able to accurately track and analyse eye health data
- Anecdotal data suggesting excessively long surgical waiting times (up to 7 years) for clients with cataracts, however research was unable to obtain reliable data to confirm and quantify the issue.

As a result, a regional eye health plan was developed and delivered in 2013-14 to implement a systematic, integrated and coordinated regional approach to eye health prevention and care.

Achievements

- With assistance from Fred Hollows Foundation and the Australian Government, IUIH secured eye equipment to establish fixed optometry services in 5 locations (to be established by October 2014).
 - Capalaba
 - Morayfield
 - Logan
 - Ipswich
 - Northgate

These new spaces support established clinics on North Stradbroke Island and Woolloongabba, with a visiting service provided by Queensland University of Technology students and supervising optometrist.

- Plan for new capital works projects (including Goodna and Coolangatta) to incorporate eye health services within the initial build.
- The IUIH Eye Health Van continues to support clinics that do not have space or resources to house an on-site eye service. By the end of 2014 the IUIH Eye Health Van will be supporting Miami, Laidley and Strathpine clinics.

- Employed a regional Eye Health Services Manager / Senior Optometrist who delivers clinical services as well as provide oversight in clinical governance and coordination of the regional service.
- Employed a regional Senior Optical Assistant, to support business development, coordinate the MASS program, provide training and support for new optical assistants across the region, and provide direct client services.
- Currently building an SEQ CCHS team of optometrists — (aiming for 2.5 FTE by October 2014 to cover 13 clinics and the mobile service) to deliver optometry services funded solely through MBS, MASS and CCSS funding where applicable.
- With support from the Australian Government Outreach Services fund, established on-site services through visiting Ophthalmologists and coordinated referral pathways to external Ophthalmologists.
- Initiated active case management for complex clients through liaison with health clinic staff to ensure eligible patients are accessing appropriate services for all health needs.
- Reviewed and standardised medical records and recalls in the existing software package to ensure best practice in eye health as well as optimum capture of eye health data for ongoing planning and research. This process is ongoing, with further software refinements planned for the next financial year.
- Marketing of eye health services, with a variety of media — including Community Days, radio, flyers, Facebook, and web-site utilised to promote awareness of new services.
- Regularly monitoring eye health services to ensure that clients are being routinely recalled and followed up, specialist referrals are appropriate and are being actioned in a timely manner, and revenue is being processed accurately.

- Generalist primary health care staff training has commenced, with plans for further structuring and development of training in 2014-15.

Further development of the regional model in 2014-15 includes collection and collation of data now increasingly available as services are underway and software developments are being implemented, to lay the ground work for ongoing monitoring and evaluation of eye health and service access in SEQ.

IUIH CONNECT

IUIH Connect, funded by Queensland Health, provides links and coordination services for Aboriginal and Torres Strait Islander people at risk of deteriorating health and well-being as a result of gaps in access to health care and related services.

IUIH Connect began with a focus on connecting pathways for clients as they transition into or out of tertiary services, however it now fills a broader role in also addressing gaps in the client journey wherever they arise. IUIH Connect offers:

1. A 1800 phone service providing advice, links and referrals for clients, families, community members, service providers, and others as a one-stop-shop on information regarding service access for Aboriginal and Torres Strait Islander clients
2. Care Coordination — for complex clients requiring assistance to:
 - a. manage and support care
 - b. participate in timely discharge planning
 - c. liaise with hospitals, specialists, allied health providers, GP's and other clinical service providers
3. Outreach services — providing non-clinical support including transport, assistance to attend

appointments, community linkage, follow up with family and others

4. A flexible funding pool to cover the cost of essential items or services required for the client's care, where no other options for funding are available.

IUIH Connect is located in Caboolture. Capital refurbishment of the IUIH Connect office space was completed in 2013-14, converting the large open space into a more functional work environment, that includes private and closed office space, open-plan office capacity, and a large multipurpose conference and training room with video-teleconferencing and other audio-visual media. IUIH Connect is co-located with the new and expanding Community Aged Care services, IUIH training hub, and the north side transport coordination officer. A full staffing complement is now in place, including:

- IUIH Connect Manager
- Senior Reception / Administrative Assistant
- 2 Outreach Workers
- Care Coordinator, with the second now recruited and set to commence in July

In addition to the core IUIH Connect services are two new programs, IAMP Health Care and Partners in Recovery.

IAMP focuses on improving access for Aboriginal and Torres Strait Islander clients to mainstream primary care. The Partners in Recovery (PIR) program provides coordination of care for clients with complex mental illness. IUIH will take on two PIR positions for 2014-15.

IUIH Connect works closely with the four CCHS clinics on Brisbane's north side (3 Moreton ATSICHS clinics and Northgate).



service development

Just under 50 referrals were received through the service between March 2014 and the end of June 2014, with the rate of referrals increasing swiftly toward the end of the financial year due to:

- active communication of the service through radio advertisements, posters, and other promotional materials
- establishment of regular meetings with Queensland Health, north side hospital and unit managers, Indigenous Hospital Liaison Officers, emergency department staff, and other relevant contacts
- word of mouth through clients and families who had already accessed the service.

IMPROVING INDIGENOUS ACCESS TO MAINSTREAM PRIMARY HEALTH CARE (IIAMPC)

As mentioned above, the IIAMPC program (funded by the Australian Government and subcontracted by Metro North Brisbane Medicare Local (MNBML) to UIH since January 2012) now forms part of the UIH Connect team, and is specifically responsible for engaging with mainstream practices to improve responsiveness to the needs of Aboriginal and Torres Strait Islander clients.

Support includes information and education on the range of Closing the Gap (CTG) measures available including:

- Practice Incentive Program (Indigenous Health Incentive), CTG co-payment scheme and specific MBS items to support care for Indigenous clients
- delivery of cultural awareness training for practice staff
- assistance with community engagement
- transport for clients to access services such as specialist or allied health appointments, hospital services, etc.
- support with data collection to monitor Indigenous identification, access and improvements in service delivery for Aboriginal and Torres Strait Islander clients.

A Care Coordinator funded through the CCSS program has been assigned to work as part of the IIAMPC team delivering CCSS services to clients on referral from mainstream general practices. This model has proven particularly successful, with the

Care Coordinator working as an integrated member of the IIAMPC team already reaching a client base of just under 50 at the end of the financial year. Referrals and case loads are much lower across other Medicare Locals in the UIH footprint where there hasn't been the same model of integration.

This model has assisted in informing the configuration and interrelationship of CCSS and IIAMP teams across other Medicare Local services into the next financial year.

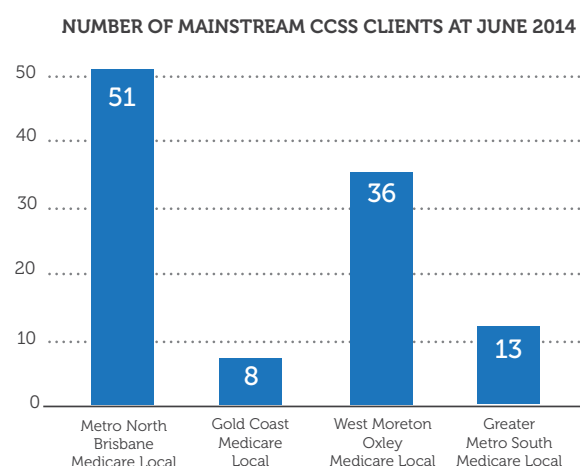


Figure 25

Approximately 150 individual Aboriginal and Torres Strait Islander clients were provided with the following assistance and services by IIAMPC outreach workers (IOW).

Aboriginal and Torres Strait Islanders assisted by the IOW to	Number
Attend first consultation with GP and/or practice nurses	27
Attend follow-up GP and/or practice nurse appointments	54
Attend specialist appointments	58
Attend care coordination appointments	3
Attend other allied health appointments	16
Collect prescriptions from the pharmacy	40
Provided transport	159
Phone follow up contact with Patient	263
Phone follow up contact with Clinician	131
Home visits / support visits in other non-clinic locations	41

IUIH has strategically invested IIAMP effort into areas of North Brisbane with more limited access to CCHS services, with the aim of minimising competition and maximising opportunities for access to responsive primary health care services for Aboriginal and Torres Strait Islander people regardless of residing location. Mainstream practices in target locations indicating interest and enthusiasm to enhance access and care provided for Aboriginal and Torres Strait Islander clients have signed formalised agreements with IUIH, providing a commitment by both parties to work more intensively together to achieve this goal.

In total, 6 practices signed agreements in 2013-14, with additional support including

- practice staff training in delivery of health assessments for clients
- access to incentives (Deadly Choices jerseys) for clients attending for health assessments
- community engagement activities and data exchange.

Community engagement and data exchange has proven challenging to measure, however there is evidence from two practices who were able to provide follow up data of both a marked increase in identified Aboriginal and Torres Strait Islander clients in the service compared with the previous year and in the only service where such a comparison was possible, an increase in health assessment coverage from 13% to 34% of all Indigenous clients of the service.

IUIH RESEARCH PROGRAM

Building the evidence base in urban Aboriginal and Torres Strait Islander health is a strategic priority of IUIH. To meet this priority, research at IUIH is focused on the transfer of research evidence into practice and the development of Aboriginal and Torres Strait Islander research capacity. Supporting the development and consolidation of this priority was the establishment of the IUIH Research and Evaluation Unit in 2013-14, and recruitment of a full time Indigenous Research Manager to oversee operation of the core functions of this unit.

The IUIH research program targets four key areas.

- Health Service Improvement
- Chronic Disease Prevention and Management

- Data and its Best Use
- Tobacco

Research activities and highlights for IUIH throughout 2013-14

- Commissioned a Cost Benefit Analysis on the impact of the IUIH *Model of Care* on Closing the Gap in SEQ
- Evaluated Deadly Choices Community Health Days as a health promotion initiative designed to increase Aboriginal and Torres Strait Islander peoples' knowledge and awareness of chronic disease and associated risk factors, and their uptake of preventative health care.
- Commissioned an independent evaluation of the Deadly Choices campaign, with a focus on the reach and impact of Deadly Choices Television Commercials.
- Publication of the outcomes of a School based Health Education program for urban Aboriginal and Torres Strait Islander youth in a peer review journal
- Evaluated and monitored implementation and uptake of the Strong Families Program — a community-based model for supporting vulnerable and high risk Aboriginal and Torres Strait Islander families in the Logan and Gold Coast regions of SEQ.
- Awarded a National Health and Medical Research Council (NHMRC) Partnership grant in collaboration with the Mater Hospital to deliver and evaluate an innovative and comprehensive *Model of Care* to improve the maternal and infant health outcomes of Aboriginal and Torres Strait Islander birthing in SEQ.
- Invitation by The Movember Foundation to submit a proposal for competitive funding to implement and evaluate a culturally-appropriate intervention to improve the mental health and wellbeing of Indigenous young men and boys in three Indigenous communities as part of their Australian Mental Health Initiative.

IUIH continues to place a particularly strong emphasis on, and commitment to, research and evaluation as part of its enduring acknowledgement of the importance of monitoring and review and the way in which this contributes to continuous quality improvement (CQI). IUIH also retains a strong emphasis on ensuring ongoing contribution toward



the evidence base regarding what constitutes effective, efficient and culturally appropriate programs and initiatives in Closing the Gap in urban Aboriginal and Torres Strait Islander disadvantage.

IUIH AGED CARE SERVICES

The 2013-14 financial year saw the establishment and rapid growth of integrated community aged care services for Aboriginal and Torres Strait Islander people on the north side of Brisbane, with new contracts for services including:

- Home and Community Care (HACC) services – including domestic services, personal care, and allied health service for 180 clients
- Community Aged Care Packages – with Brisbane ATSICHS as the Approved Provider contracting to IUIH to deliver packages for 52 Aboriginal and Torres Strait Islander clients
- Centre-based day care services in 3 locations within the catchment area

Establishment of these new services has required significant efforts in the following to lay the necessary foundations to ensure sustainability into the long term.

1. Workforce development – with funding support secured from DATSIMA and in partnership LASA Queensland Education Institute IUIH is delivering Cert III Aged Care training to Aboriginal and Torres Strait Islander students based at the IUIH Caboolture training facility, providing a platform for securing ongoing access to a skilled Indigenous aged care workforce into the future.
2. Established the Aged Care software system, including hardware implementation and software set-up and training.
3. Staff training and development in the principles and practice of Consumer Directed Care.

4. Established Aged Care Policies and Procedures, with set-up in IUIH web-based Quality Management System facilitating both reporting and compliance monitoring.

5. Planning to support business integration of primary care services with specialised Aged Care services, to be able to deliver significant efficiencies for clients of CCHS who are also accessing Aged Care services.

6. Planning and development of systems to support clinical integration of care including

- complex care planning and coordination
- case conferencing
- review of software to support more efficient exchange of clinical information
- regular in-services for CCHS clinic staff on caring for elderly clients, and on the services and supports available for elders
- co-location of Aged Care services with IUIH Connect and IIAMP teams
- regular meetings of services managers
- inclusion of the Aged Care Manager as a member of the Moreton ATSICHS Joint Management Committee.

SOCIAL HEALTH SERVICES

The Commonwealth Substance Misuse Service Delivery grant funds were particularly timely, enabling the establishment and consolidation of an IUIH regional Social Health Program across South East Queensland, building on the network of Aboriginal community controlled clinics undergoing both expansion and system reform across South East Queensland.

In this context, new social health positions are being established as integrated, community-



based components of primary health care teams, adding specialised positions to meet the needs of clients increasingly identified through primary care providers undertaking earlier screening and detection, as well as being able to address gaps in case management and coordination of care for vulnerable Aboriginal and Torres Strait Islander clients with complex mental health and substance misuse issues who are not readily able to be supported through existing programs or services.

At the end of June 2014, the IUIH regional Social Health program had grown to include a regional support team, and 5 social health teams within existing ATSICHS clinics.

The regional support team and support functions include:

- **Social Health Manager** — responsible for oversight of all aspects of the program including service development, integration of services, training and workforce development, data collection and collation, evaluation and quality improvement, and identification of opportunities to secure new resources to meet identified gaps into the future

The Manager sits within the Service Development business unit in IUIH, and works closely with managers of other business areas including new clinic establishment, service reform, maternal and child health, CCSS program, Outreach Services (visiting Specialist and allied health services), eHealth and Research and Evaluation.

The Social Health Manager also oversees the IUIH Street to Home outreach service, working in conjunction with Micah Projects, providing assertive outreach including intensive drug and alcohol counselling and support to homeless clients predominantly in the inner city area, as well as providing a linkage and follow up service for clients from across SEQ needing access to residential drug and alcohol services.

- **Senior Social Health Clinician** – has responsibility for clinical governance across the social health program, playing a key role in the development and implementation of standardised systems, tools and practices; clinical safety and quality improvement; clinical supervision for staff in key positions across the social health network, in particular psychologists
- **Training and workforce development positions** – responsible for the development, coordination and delivery of social health training and up-skilling, for both primary care providers and for specialised social health positions, along with the development and implementation of a clinical and cultural supervision framework across the region.

There are 5 social health teams located within IUIH and member clinics to provide an integrated, community and primary care based approach to Social Health service delivery.

1. **Moreton ATSICHS** — covering the Moreton Bay region, three clinic locations (Morayfield, Strathpine, Deception Bay) and Caboolture.
2. **Yulu Burri Ba** — covering Bayside clinics in Capalaba and Dunwich on Stradbroke Island.
3. **Brisbane ATSICHS** –initially covering Logan and extending to Browns Plains when it opened in April 2014.
4. **Kalwun** — in an early establishment phase. Currently located in Miami clinic with plans for the new Coolangatta clinic opening in late 2014, and for outreach extending to Oxenford clinic.
5. **Kambu** — covering Ipswich clinic catchment, and extending services into Laidley with plans to extend into Goodna clinic when it opens in August 2014.

The MATSICHS and YBB Social Health teams were the first to be established, with roll out of the social



health service timed to ensure that early lessons from the establishment of these teams could be translated into improvements in the establishment of subsequent teams across the region.

In each location, existing services – both internal and external – were mapped to identify the specific gaps needing to be filled through the new social health resourcing, hence the configuration of each of the teams varies from one location to the next, though the model of service delivery is essentially the same.

Key areas of focus for this financial year during establishment and consolidation of the regional Social Health services.

1. Standardisation of the approach to screening, assessment, management and referral and follow up of clients
2. Establishment of formal and informal pathways for contextual workforce training and development
3. Development of a comprehensive and systematic approach to clinical and cultural supervision, with a pilot approach successfully being implemented as part of a collaborative project between the Mater, Brisbane ATSICHS and IUIH to deliver a comprehensive community-based approach

to perinatal care for women and families with complex health and social needs

4. Identifying gaps in software systems for
 - a. prompting and promoting effective flow of care
 - b. capture of data relevant for social health service planning and delivery
 - c. reporting of data for purposes of evaluation and understanding the impact of service adjustments.

Software developments have been scoped and work commenced to implement system changes in 2014–15

5. Working at building fully integrated social teams into the overall primary health care system, which requires constant effort but which will have large dividends in terms of health system efficiency, cost and outcomes for clients.



WORKFORCE AND ALLIED HEALTH SERVICES



The IUIH Workforce and Allied Health Services Business Unit is responsible for the implementation of the Institute's workforce development strategy and the development of new models and innovations in the delivery of allied health services to Indigenous communities in SEQ.

DEVELOPING THE WORKFORCE OF THE FUTURE

IUIH continued to support the development of the future workforce in Indigenous health, working with Universities and our Member Organisations to coordinate and support the placement of students across the IUIH Network. The growth of IUIH and CCHS has driven the demand for student placements, with an increase in both the number of students and diversity of disciplines being placed in SEQ. In 2013-14 IUIH placed 233 students into 20 disciplines (ranging from Medicine and Allied Health to Business and Political Science) across 5 universities (see *Figure 26*).

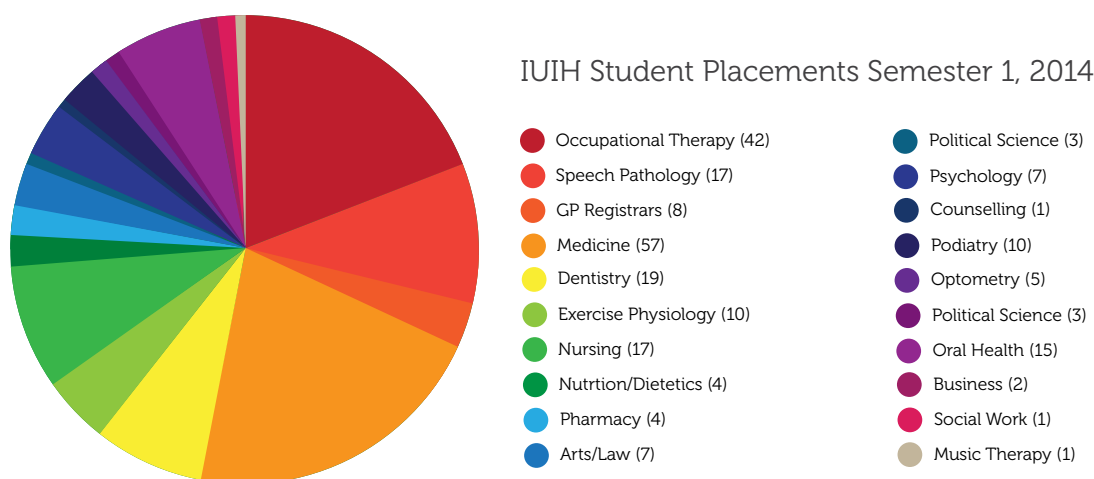


Figure 26

workforce and allied health services

The majority of students were placed within IUIH, the Murri School, ATSICHS Brisbane and Yulu-Burri-Ba Health Service with most students continuing to come from The University of Queensland (UQ).

This year there was a renewed focus on building and extending partnerships and linkages with universities and their students, while reducing the number of short-term/one-off student placements. The aim has been to contribute to the development of a student cohort ready and experienced to commence work in the SEQ CCHS. This approach is proving effective, with the length and duration of placements continuously growing.

As a result of the Student Placement Program, IUIH has employed 10 graduates (4 Indigenous and 6 non-Indigenous) over the past 2 years. IUIH also engaged 10 Indigenous students as Mentors with the Indigenous Youth Sports Program (IYSP).

IUIH continued to undertake research to identify and monitor student perceptions of their placements and likelihood to work in Indigenous Health, specifically the Community Controlled Health Sector. Feedback from students was overwhelmingly positive. Students reported increased appreciation of Aboriginal and Torres Strait Islander cultures and knowledge, as well as feeling better equipped for future work environments. Students also indicated that they would be more likely to consider working in Indigenous contexts in the future as a result of their practicum experiences in SEQ, which

is significant to workforce development efforts in Indigenous contexts.

These results have important implications for the ongoing development of the workforce in Indigenous Health. The outcomes highlight the value and efficacy of a regionally coordinated clinical placement program for urban CCHS, the IUIH's unique partnership with Universities, particularly The University of Queensland (UQ), and the Program's contribution to building a workforce for Indigenous health with the appropriate clinical, management, community development and cultural skills to work effectively within CCHS and the IUIH *Model of Care*.

PATHWAYS FROM HIGH SCHOOL

This year, IUIH continued working with local high schools and Universities to develop pathways for Aboriginal and Torres Strait Islander secondary school students into employment and careers in SEQ CCHSs and related fields. IUIH delivered two Programs in 2013–2014 — the Indigenous Youth Sports Program (IYSP) and IUIH School-Based Traineeship Program.

Based on the highly successful National Youth Sports Program (NYSP) in the USA, IYSP exposes Indigenous young people (aged 10-16) to University and encourages them to consider and pursue tertiary studies, using sport as a vehicle to engage young people.



workforce and allied health services

IYSP was held at The University of Queensland (UQ), St Lucia in January 2014 – the fourth year of the IYSP. The week-long Program was attended by 136 Aboriginal and Torres Strait Islander young people from across SEQ, with students participating in a range of physical activities and classroom-based cultural and academic activities. The subtext of the IYSP promotes healthy lifestyle choices, using IUIH's Deadly Choices Campaign and School Education Program. Participants are mentored by a community mentor (Indigenous adults working in health and community services but without a university degree) and a university mentor. IYSP also exposes mentors to the possibility of university as a pathway.

This year each participant was required to complete a Health Check at their local CCHS prior to participating in the IYSP. The Program is structured so that young people selected must go to school and attend under the R.A.P criteria – Respect, Attend and Participate. The last day of IYSP features a careers talk tailored for each age group, including information about pathways into universities for and information about different professions, such as dentistry and occupational therapy, for younger students.

SCHOOL-BASED TRAINEESHIP PROGRAM

IUIH continued to provide a pipeline into health careers for Aboriginal and Torres Strait Islander young people in SEQ, through expansion of its School-Based Traineeship Program in 2013-14. IUIH continued its partnership with the Murri School at Acacia Ridge and expanded the Program to include other high schools in Logan and Corinda. The last 12 months saw the first cohort of IUIH Trainees complete their qualification, with almost all trainees gaining employment within IUIH and SEQ CCHS or undertaking the UQ Tertiary Preparation Program.

IUIH School-Based Trainees undertook placement across a range of IUIH Programs, including Work it Out, Deadly Choices and Primary Health Care Clinics. Trainees have the choice of completing a Certificate III in Fitness, Allied Health or Dental Assisting. Trainees were mentored by IUIH staff, with intensive pastoral, cultural and social support provided by a dedicated (self-funded) IUIH Case Manager.

PLANNING AND DEVELOPMENT OF THE EXISTING HEALTH WORKFORCE

IUIH continued to significantly invest in the CCHS workforce in SEQ, with a major focus on ensuring appropriate and supportive workforce configuration, underpinned by training and support to implement the IUIH *Model of Care*.

Workforce development considers completed qualifications, but is more focused on achieving the best fit between a person's role and the knowledge and training required to enable them to complete their role competently, confidently and effectively. Endorsed by CEOs of SEQ CCHS, IUIH commenced implementation of a Regional Training Plan in 2013-14. IUIH also partnered with Registered Training Organisations (RTOs) to deliver accredited training on-site within SEQ CCHS.

DEVELOPMENT OF NEW ALLIED HEALTH SERVICES FOR COMMUNITY CONTROLLED HEALTH SERVICES

Throughout 2013-14, IUIH continued to grow and expand the range of paediatric and adult allied health services delivered from SEQ CCHS.

- Children's Occupational Therapy (OT)
- Adult OT
- Children's Speech Pathology
- Podiatry
- Physiotherapy
- Psychology
- Dietician
- Exercise Physiology.

These services are now being funded by SEQ CCHS via Medicare income generated through IUIH *Model of Care*, with supplementary funding from the Medical Outreach Indigenous Chronic Disease (MOICD) Program administered by CheckUp and the Care Coordination & Supplementary Services (CCSS) Program.

Access and use of allied health services was consistently high throughout the year, with SEQ CCHS increasing service frequency in response to increased demand. IUIH will further expand Physiotherapy and commence Diabetes Education and Audiology in early 2014-15. Integration of allied health services within IUIH *Model of Care* has



seen SEQ CCHS increasing Medicare income from allied health items, offsetting some of the cost of purchasing these services.

For example from January to December 2013, IUIH Speech Pathology and Occupational Therapy Services for children comprised 67% and 70.8% of Queensland's total Medicare billing from item numbers following on from a health check.

WORK IT OUT

Improving chronic disease management and follow-up care for Aboriginal and Torres Strait Islander people is fundamental to improving Indigenous health outcomes. Work It Out is a Chronic Disease Rehabilitation Program that empowers Indigenous people with chronic disease to better manage their chronic disease and take control of their health.

The Program comprises a 45 minute education session delivered by a range of health professionals, followed by a one hour tailored and supervised exercise program aiming to:

- improve or stabilise key health outcome indicators for individual chronic disease
- reduce activity limitation in Indigenous peoples with chronic disease
- improve self-management of chronic disease
- increase knowledge of individual chronic diseases
- increase understanding on how to live a healthy life with chronic disease
- encourage adoption of healthy lifestyles.

In response to demand, Work It Out was expanded to seven sites with the number of participants increasing to almost 400. In 2013-14 Work It Out was delivered at the following locations:

- Woolloongabba (4 days per week, including 1 day

Hydrotherapy)

- Logan (2 days per week)
- Morayfield (2 days per week)
- Miami (2 days per week)
- Capalaba (3 days per week)
- Strathpine (2 days per week)
- North Stradbroke Island (2 days per week).

IUIH continued to evaluate the impact of Work It Out, routinely collecting and analysing physiological and self-reported data with the program continuing to report improvements in blood pressure (BP), blood glucose levels (BGL), reductions in weight and hip/waist measurements and functional gains. Self-reported data indicates that clients experience improved physical health, function and condition management, as well as enhanced social and emotional well-being through increased interaction and connection with the community.

The success of Work It Out was recognised at the National Lead Clinicians Group Awards in June 2014, where the Program was awarded one of three Awards for Excellence. Work It Out was also a Finalist in the 2013 Workforce Innovation Awards in August 2013.

STRONG FAMILIES PROJECT

Child abuse and neglect are widespread problems in Queensland. According to the 2011 Census, there were an estimated 69,157 Aboriginal and Torres Strait Islander children and young people aged 0-17 years in Queensland, representing 6% of Queensland children (ABS 2011). While the population of Indigenous children is relatively low, Aboriginal and Torres Strait Islander children are vastly over-represented within the child protection system.

With support from the Queensland Government,



IUIH continued implementation of a targeted two-year project aimed at supporting vulnerable Indigenous families to reduce the risk of contact with and entry into the Statutory Child Protection system and to address their health and social support needs through intensive case management and comprehensive support services. The Project was undertaken in collaboration with ATSICHS Brisbane (Logan) and Kalwun Health Service (Gold Coast).

The project established networks and partnerships with key service providers and welfare agencies, particularly within the Logan region where the project commenced. The aim was to develop a multidisciplinary model and approach to early intervention, prevention and case management to ensure families had access to a comprehensive range of health and social services to cater to their diverse and complex needs. Commencing in 2012-13 and continuing in 2013-14, the project reported the following significant improvements.

- At entry point in 2013, 52% of cases were classified as having high to complex needs. At June 2014 only 20% were classified as having high to complex needs, with four families transitioned to the functioning cohort;
- Of the families supported by the Stronger Families Program, 90% have had Health Checks at their local CCHS, with 107 clients referred onto GP Management Plans (GPMP) and 68 to Mental Health Treatment Plans (MHTP)
- No children within the Strong Families Project were removed from their home despite the fact that 282 people (128 families) entering the program had already been in contact with the statutory child protection system and 31 children had previously been in care. In partnership with the Department of Child Safety, the Strong Families Project kept these

families together and strengthened the protective factors needed to prevent abuse and neglect.

These outcomes demonstrate the value of comprehensive primary health care and its integration with the broader human services system. Despite significant investment in the statutory child protection system within these regions, it is primary health care that has impacted on decreased notifications and improved outcomes for vulnerable Indigenous families. IUIH hopes to secure ongoing funds for the continuation and expansion of the Strong Families Project within SEQ.





PREVENTATIVE HEALTH BUSINESS UNIT



The IUIH Preventative Health Unit is responsible for the development and implementation of strategies aimed at addressing risk factors for chronic disease in Aboriginal and Torres Strait Islander communities in SEQ, with a major focus on reducing smoking rates, improving nutrition and increasing levels of physical activity.

The IUIH Preventative Health Team plays a critical role in supporting our visions of eliminating health inequality in our region.



preventative health business unit

DEADLY CHOICES SCHOOL AND COMMUNITY EDUCATION PROGRAM

Deadly Choices is a School and Community Chronic Disease Education and Prevention Program. Deadly Choices encourages Aboriginal and Torres Strait Islander people to be positive role models in reshaping understandings of and behaviours towards health and lifestyle choices among family, friends and their wider community. The program is based on principles of empowerment and uses a strengths-based approach to reinforce skills and knowledge that will help prevent and manage chronic disease. The Program includes seven modules delivered over seven weeks.

- Leadership
- Chronic Disease
- Smoking
- Nutrition
- Alcohol and Substance Misuse
- Physical activity
- Medicare and Health Checks.

Implementation of the Deadly Choices School Education Program continued to expand across primary and secondary schools in SEQ in 2013-14, with the program delivered to 73 schools and over 1,000 young people. The program was also conducted in partnership with the Australian Indigenous Youth Academy within the Metro North

Brisbane Region, the NRMA Insurance Brisbane Broncos Mentoring Program and Community Groups facilitated by SEQ CCHS (including men's and women's groups).

The delivery of the Deadly Choices Education Program also incorporated Good Quick Tukka, the nutrition program developed by Queensland Aboriginal and Islander Health Council (QAIHC). This program supports Indigenous community members to make quick, healthy and affordable meals and is covered in the Nutrition Module, so that students begin to develop their cooking skills and learn to make meals can be both quick and healthy.

During the year, IUIH commissioned an independent evaluation of the Deadly Choices School Education Program, with the evaluation finding the program promotes

- leadership
- strength
- personal development
- increases in knowledge of chronic disease and risk factors
- positive shift in attitudes regarding lifestyle choices.

DEADLY CHOICES COMMUNITY DAYS

Community Days play an important role in promoting Deadly Choices and raising the profile



preventative health business unit

of local clinics. They are a key component of IUIH community engagement and health promotion strategies, with more than 18 events held in the past 3 years.

Community Days use a range of family-focused, sporting, cultural and nutritional activities with the objective of stimulating positive and sustainable healthy lifestyle and behaviour choices at the individual, family and community level. They're a fun, engaging and stimulating way to encourage whole-of-community supported lifestyle adjustment.

In 2013-14, five Community Days were held across SEQ, aimed at promoting healthy lifestyle choices and local clinics. Community days were conducted at Deception Bay, Strathpine, Wynnum, Ipswich, and Browns Plains, more than 2000 people attending in total.

Health checks (also referred to as screenings) and follow ups are conducted by local CCHS at each community day. In addition to health education, a range of activities are available including:

- Traditional Aboriginal Games and boomerang throwing
- Hip Hop dancing and Zumba
- Rock Climbing
- Football, AFL, Rugby League and sporting activities
- Sprint races

- Mini Gym
- Arts and Craft and Children's activities

An independent evaluation of Community Days undertaken in 2013-14 showed participants reported a range of health and social benefits associated with their participation in these events, including increase in health literacy. Participants also highlighted the importance of these events to Indigenous people in urban settings.

COMMUNITY EVENTS

Several sporting events and competitions were held throughout 2013-14 to reinforce Deadly Choices messages. In 2013-14, approximately 30 events were held, spanning a broad range of activities including:

- Oz Tag
- Women's Netball Carnivals
- Mixed Netball Carnivals
- Family Touch Football Days
- Men's Golf Days
- Arthur Beetson Murri Rugby League Carnival (Men's, Women's and Under 15 Boys Competitions)
- Traditional Aboriginal Games
- Touch Football Carnivals.

These events were held across SEQ, in collaboration with local CCHS. All participants were required to



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complete a Health Check at their local CCHS in order to attend and participate in these events. All events were smoke and alcohol free, and included delivery of modules from the Deadly Choices School Education Program.

GOOD QUICK TUKKA

IUIH continued to roll-out the Good Quick Tukka Program across SEQ, delivering 81 sessions and engaging over 950 community members in 2013-14.

Good Quick Tukka was developed by Queensland Aboriginal and Islander Health Council (QAIHC) and is based on the principles of Jamie Oliver's Ministry of Food, with community members taught how to prepare quick, healthy, affordable meals. Participants are encouraged to share these new skills with their family and friends.

Members of IUIH Preventative Health Team trained as Good Quick Tukka facilitators implement the Program within SEQ CCHS and Indigenous organisations across SEQ. IUIH works closely with the QAIHC in the delivery of the Program.

A review of the Program found participants had developed the tools, skills and confidence to go home and try cooking meals in their home environment. Social media, such as Facebook and Twitter, were also used as reporting tools, enabling participants to post images and videos of their recipes and healthy food creations, providing a measure for community engagement with the program.

IUIH Preventative Health Team and Deadly Choices Ambassadors produced cooking videos to promote the Good Quick Tukka Program, and posted these videos to the Deadly Choices YouTube Channel.

In 2013-14 these videos included:

- David 'Willo' Williams (pasta salad)
- Rhonda Dhalen (pasta)
- Damien Hooper (fruit salad)
- Sam Thaiday (Chilli con carne)
- Steve Renouf and Matty Stokes (Omelette off)
- Competition Winner Bev Malseed (rissoles)



TOBACCO ACTION ACTIVITIES

IUIH continued to work with CCHS and other Indigenous organisations to develop and implement strategies to reduce smoking rates among the SEQ Aboriginal and Torres Strait Islander population.

IUIH's *Say No To Smokes* program is a six week smoking cessation program consisting of 6 x 1 hour education sessions addressing

- stages of change
- addiction
- triggers
- effects of tobacco smoking
- nicotine replacement therapy and pharmacotherapies
- mental health
- resilience building
- nutrition
- physical activity

IUIH has delivered *Say No To Smokes* training to frontline staff at CCHS, Indigenous organisations and schools to implement the Program with their patients, clients and students. In 2013-14, IUIH ran the program at Hymba Yumba School, Southside Education, Bundamba State School, Caningeraba State School, Creastmead State School, Eagleby State School, and community groups at Palm Beach, Woodridge and Kalwun.

The program has had numerous success stories, with participants reporting they've either quit or cut down on their tobacco intake.

In collaboration with local CCHS, IUIH established and supported the operation of Tobacco Cessation

preventative health business unit

Clinics at Kambu Health Service (Ipswich) and Yulu-Burri-Ba (Capalaba). Patients were referred to the Clinic via GP after they'd completed a Health Check. Patients were provided with information and expert advice, offered free Nicotine Replacement Therapy (NRT) and encouraged to return for follow-up appointments. All initial visits were 1 hour and all follow up appointments 30 minutes. Additional follow-up support is also provided via phone until their next visit. These two clinics represent the first dedicated Aboriginal and Torres Strait Islander Tobacco clinics in Queensland, established using best available evidence, incorporating smoking cessation and brief intervention techniques. The Clinics were attended by almost 60 patients in 2013-14 and will be formally evaluated in 2014-15.

The UIIH's Tobacco Team continued to conduct community engagement activities, with pop-up information kiosks established in SEQ CCHS and Indigenous Organisations, including

- Kambu Health Service
- Yulu-Burri-Ba Health Service (Capalaba)
- Joyce Wilding Hostel
- Kalwun Health Service
- Yumba Hostel.

The team also delivered tobacco education and resources at Deadly Choices Community Days and sporting events held throughout the year.

UIIH also delivered its Mind, Body and Spirit Workshops in 2013-14, with participants including Mater Hospital, Moreton ATSICHS, Deadly Choices license holders, UIIH staff and trainees.

UIIH continued to build the evidence base for its work in tobacco prevention and cessation. Principal research activities included:

- development of 'A systematic review of peer-support programs for smoking cessation in disadvantaged groups'
- development of a draft paper with findings about UIIH multi-strategy tobacco program
- development of a report summarising results from a comprehensive community survey conducted in SEQ to ascertain key information about smoking trends and prevalence

- overview of the context and demographic features of smoking among our communities in 2014.

SOCIAL MARKETING

UIIH used social marketing tactics to extend the reach and impact of the Deadly Choices program. An independent evaluation by Pollinate found the campaign was highly successful, achieving 93% awareness among the target audience. Message recall was clear, consistent and in line with key messages, and the Deadly Choices advertising campaign resonated and engaged the audience at an emotional level. The evaluation also found the:

- Deadly Choices Campaign was an integral step toward driving positive attitudinal and behaviour change among Aboriginal and Torres Strait Islander communities of SEQ
- Campaign contributed directly to an increase in Health Checks performed by CCHS
- use of different channels and executions worked well
- Deadly Choices brand helped make healthy choices seem easier and more achievable
- Deadly Choices brand had strong support within Indigenous communities
- advertising campaign had a positive impact on the awareness, relevance and recommendation of Deadly Choices which, in turn, drove positive behaviour choices.

Based on the findings of the evaluation, further investment and expansion of the Deadly Choices Campaign was recommended.

Social Media continues to be an important tool for health promotion in SEQ. Deadly Choices uses a range of social media to communicate health messages and engage urban Indigenous communities, including Facebook, Twitter and Instagram.

The Deadly Choices team conducted regular competitions via social media to increase the number of followers and likes, and reinforce the Campaign messages. The number of likes on the Deadly Choices Facebook page grew from 2,497 in July 2013 to nearly 8,000 in June 2014. Increases in the level of engagement with the page were also noted, with more people sharing stories and commenting in 2013-14.



Similar growth was experienced for the Deadly Choices Twitter Account, with 2,170 followers at end June 2014 (an additional 1,080 followers since June 2013).

The Deadly Choices YouTube channel features 44 videos including Good Quick Tukka, and Deadly Choices television commercials, with some videos reaching over 2,000 views.

New Deadly Choices Ambassadors were welcomed in 2013-14 including Rhonda Purcell (Natural Body Builder), Tracey Thompson (Rugby League), Larissa Chambers (Athletics) and Janice Blackman (Softball).

Ambassadors participated in Deadly Choices TV, Print and Radio advertising, Community Days, TV media appearances, radio interviews, you tube videos and social media postings.

DEADLY CHOICES BRONCOS PARTNERSHIP

IUIH continued its partnership with the NRMA Insurance Brisbane Broncos for the 2013 NRL Season and expanded our partnership, with support from the Queensland Government, for the 2014 Season.

IUIH's partnership with the Broncos has been a key plank in a highly successful social marketing strategy empowering Aboriginal and Torres Strait Islander people to take control of their health and lifestyle choices.

The partnership saw the production of an expanded range of Deadly Choices and Broncos branded merchandise, used as incentives to reward health seeking behaviour (such as having a Health Check) and for students completing the Deadly Choices School Education Program.

IUIH also produced TVCs featuring current and former Broncos players, written and directed by Mr Wayne Blair (Award Winning Director and Deadly Choices Ambassador), promoting health lifestyle choices and encouraging Indigenous peoples to complete a Health Check at their local CCHS. These TVCs were placed on Broncos social media, website and on the big screen at Suncorp Stadium throughout 2013 and 2014 Seasons. The Deadly Choices logo and message, "A Deadly Choice is a Healthy Choice", also appeared on LED rotation signage before, during and after home games at Suncorp.

In 2013, the Close the Gap Round was held at Suncorp Stadium in August, attended by over 30,000 and broadcast live on commercial television across Queensland. The Deadly Choices team were positioned at the main entrances to the stadium, sharing the Deadly Choices key messages.

ADDITIONAL ACTIVITY

- Broncos Players attended community days, Naidoc Week and other community focused events.
- IUIH received 50 tickets to each Broncos Home Game that were used as incentives for clinic patients, and DC audience members who made and promoted healthy choices.
- The Deadly Choices Logo was featured on the Broncos Website with links to the IUIH website throughout the 2013-14 season
- IUIH hosted a Women in League function in partnership with the Broncos
- IUIH was featured on Broncos insider (Channel 9)





CULTURAL REVIVAL

The cultural revival program hinges on use of the IUIH's new venue, The Watch House, as a means to stimulate enhanced community and social participation using the performing arts as a vehicle for engagement and community expression.

Located beneath the historical Twelfth Night Theatre, the Watch House represents a dedicated effort to provide a safe and secure Indigenous performing arts space that enables Indigenous community members to participate in events, programs and performances that promote expressive exchanges and reconnection with self and culture.

It also provides opportunity for cross-cultural engagement through the convening of public events that also encourage non-Indigenous attendance in order to enhance community-wide knowledge, understanding and awareness of contemporary urban Indigenous culture.

The Watch House was opened in February 2014 with a photographic exhibition entitled "Us Now." This exhibition depicted the historical connections of Traditional Owners and Aboriginal, and Torres Strait Islander peoples, to identity, sense of place, and culture from across SEQ and the role that this played in supporting our young people.

During February 2014, "The Truth is" was performed by South East Queensland Urban Aboriginal and Torres Strait Islander young people. The process empowered youth from Logan to work with writers to develop a play that would tell their stories, celebrate their achievements, and practice their cultural identity in contemporary community. The play was presented by the Institute for Urban Indigenous Health, the Queensland Performing Arts Centre, Clancestry, and Digi Youth and held upstairs from the watch house at the Twelfth Night Theatre receiving considerable support from community.

Deadly Voices was a guitar program that was delivered at the Watch House. The aim of Deadly Voices was to provide an outlet for clients with Mental Health Care Plans to be able to express themselves, as well as rekindle their connections culturally, socially and personally. The program operated over 8 weeks and positive outcomes observed from the program included participants using their newly developed guitar skills to write and sing their own stories.

In the year ahead, the Institute will continue to deliver events and activities supporting cultural revival including partnering with the Aboriginal Centre for Performing Arts (ACPA) to deliver Deadly Voices: Live, a showcase of local musical talent, and hosting a Troy Cassar-Daley performance as a fundraiser.





FINANCIAL REPORT

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

2014 FINANCIAL REPORT



INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

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INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2014.

Directors

The names of each person who has been a director during the year and to the date of this report are:

	<u>Commenced</u>	<u>Ceased</u>
- Maurice Burke	29/11/2010	8/05/2014
- Noel Hayman	15/04/2010	
- Robert Bush	15/04/2010	
- Stella Taylor-Johnson	15/10/2009	
- Lynette Shipway	19/05/2011	
- Brett Shannon	12/02/2013	
- Denise Lewis	14/01/2013	
- Kenneth Wiltshire	20/11/2013	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Company Secretary

The name of the Company Secretary in office during the financial year to 20 November 2013 was Kris Trott, appointed September 2011. The Company Secretary in office at the date of this report is Charmaine Harch, appointed 20 November 2013.

Principal Activities

The principal activity of the entity during the financial year was:

The coordination of planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander peoples within the South East Queensland region.

No significant changes in the nature of the entity's activity occurred during the financial year.

Operating Results

The entity recorded a net operating surplus of \$1,568,006 after deducting capitalised assets (Refer Note 10). This surplus is a result of 'fee for service' arrangements and medicare benefits.

Review of Operations

During the 2013/14 year IUIH Ltd operations have seen a 17% growth in grant income (\$29M) on the previous year. IUIH Ltd was successful in the establishment of an additional clinic at Browns Plains, Aged Care Service and Home and Community Care (HACC) programs at Caboolture and significant expansion to self-generated activities. Construction projects in progress at 30 June 2014 include the extension to the Deception Bay clinic and the establishment of the Coolangatta and Goodna clinics.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

DIRECTORS' REPORT

As at 30 June 2014 there was \$1,005,872 in unexpended grant funding, primarily relating to Aged Care Service and HACC funding from the Department of Social Services. All unexpended grant funding is in line with government funding requirements and program scheduling.

Significant Changes in State of Affairs

No significant changes in the entity's state of affairs occurred during the financial year.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the entity, the results of those operations, or the state of affairs of the entity in future financial years.

Future Developments

The entity expects to sustain the level of funding during 2014/15, whilst increasing the level of non-grant income through commercialisation of program and service delivery activities. These increased activities do not change the original intent of operations of the entity.

Environmental Issues

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

Information on Directors

Name		Position	Directors Meetings	
			No eligible	Number
Stella Taylor-Johnson	—	Chairperson	4	4
Maurice Burke	—	Director	3	3
Noel Hayman	—	Director	4	4
Robert Bush	—	Director	4	3
Lynette Shipway	—	Director	4	2
Brett Shannon	—	Director	4	4
Denise Lewis	—	Director	4	2
Kenneth Wiltshire	—	Director	3	3

Directors Qualifications

Name		
Stella Taylor-Johnson	—	Cert. Social Welfare, Cert. Management, Cert. Community Mediation.
Maurice Burke	—	B.Com, Commissioner for Declarations
Noel Hayman	—	Bsc. App, MBBS, MPH, FAFPHM, FRACGP.
Robert Bush	—	B.A. (Hons), PhD.
Lynette Shipway	—	Teachers Aid Cert, Assoc. Dipl Community Welfare & Indigenous Education, Cert IV Assessing & Training, Dipl. Business Management.
Brett Shannon	—	B.Bus, B.App Sci, MAE

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

DIRECTORS' REPORT

Denise Lewis	—	Cert. Aged Care, Cert. Home & Community Care, Cert. Business Governance, Cert. Drug & Alcohol Treatment for Indigenous, Cert. Marketing, Cert. Property, Management, Cert. Basic Communications, Cert. Aboriginal Health, Dip Bus
Kenneth Wiltshire	—	B.Econ (Hons), M.Sc. (Lon), PhD, FIPAA., MAICD

Proceedings on Behalf of the Entity

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

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

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2014 has been received and can be found on page 5 of the financial statements.

Signed in accordance with a resolution of the Board of Directors.

Director Stella Taylor Palmer

Director [Signature]

Dated this 5th day of NOVEMBER 2014

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of the Institute for Urban Indigenous Health Limited, the directors declare that:

1. The financial statements and the notes set out in the attached are in accordance with the *Corporations Act 2001*:
 - (a). comply with the Australian Accounting Standards applicable to the company; and
 - (b). give a true and fair view of the financial position of the company as at 30 June 2014 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the Directors opinion:
 - (a). there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.
 - (b). the financial statements and the notes set out in the attached have been prepared in accordance with the *Corporations Act 2001* and the Corporations Constitution.
 - (c). grant moneys expended by the Corporation during the financial year have been applied for the purposes specified in the relevant Letter of Offer and the Corporation has complied with the terms and conditions relating to grants received.

This declaration is made in accordance with a resolution of the Board of Directors.

Director 

Director 

Dated this 5th day of NOVEMBER 2014

THE INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
 THE INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of the Institute for Urban Indigenous Health Ltd, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant account policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the Institute for Urban Indigenous Health Ltd, would be in the same terms if given to the directors as at the time of the auditor's report.


Opinion

In our opinion, the financial report of The Institute for Urban Indigenous Health Ltd is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.



Lyons Judge Chartered Accountants



Wayne Lyons

Address: Level 13/46 Edward Street BRISBANE QLD 4001

Dated this 5th day of November 2014


THE INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

AUDITOR'S INDEPENDENCE DECLARATION UNDER S307C
OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF
THE INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014
there have been no contraventions of:

- (i) the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.


Lyons Judge Chartered Accountants


Wayne Lyons

Dated this 5 day of November 2014

Address: Level 13/46 Edward Street BRISBANE QLD 4001

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2014

	<u>Notes</u>	<u>2014</u> \$	<u>2013</u> \$
CURRENT ASSETS			
Cash and Cash Equivalents	2	7,176,985	6,178,193
Trade and Other Receivables	3	1,260,113	3,500,393
Other Current Assets	4	209,097	289,780
TOTAL CURRENT ASSETS		8,646,194	9,968,366
NON-CURRENT ASSETS			
Property, Plant & Equipment	5	7,355,171	4,591,487
TOTAL NON-CURRENT ASSETS		7,355,171	4,591,487
TOTAL ASSETS		16,001,365	14,559,853
CURRENT LIABILITIES			
Trade and Other Payables	6	3,010,692	3,080,861
Provisions	7	787,514	456,150
Unexpended Grant Funds	15	1,005,872	5,018,882
TOTAL CURRENT LIABILITIES		4,804,078	8,555,893
NON CURRENT LIABILITIES			
Provisions	7	333,819	180,419
TOTAL CURRENT LIABILITIES		333,819	180,419
TOTAL LIABILITIES		5,137,897	8,736,312
NET ASSETS		10,863,468	5,823,541
EQUITY			
Retained Earnings	8	10,863,468	5,823,541
TOTAL EQUITY		10,863,468	5,823,541

The accompanying notes form part of these financial statements
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INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2014

	<u>Notes</u>	<u>2014</u>	<u>2013</u>
		\$	\$
INCOME			
Grant Income from Operations		29,266,048	25,024,516
Lease Income		13,750	15,000
Medicare Income		1,461,916	519,195
Interest Income		225,351	157,705
Other Income		3,833,707	814,264
Total Income		<u>34,800,771</u>	<u>26,530,680</u>
EXPENDITURE			
Salaries & Wages and other employee costs		14,344,218	8,464,170
Contractors and Consultants		7,878,360	5,047,436
Auditors Fee		47,900	47,400
Depreciation Expense		651,756	337,189
Cost of Occupancy		1,088,506	782,418
Other Operational Expenses		4,744,233	2,515,106
Total Expenditure		<u>28,754,972</u>	<u>17,193,719</u>
Less: Unexpended Grants Liability		(1,005,872)	(5,018,882)
Current year surplus before Income tax		5,039,927	4,318,079
Income tax expense		-	-
Net current year surplus	10	<u>5,039,927</u>	<u>4,318,079</u>
Other comprehensive income:		-	-
Items that will not be reclassified subsequently to profit or loss		-	-
Items that will be reclassified subsequently to profit or loss when specific conditions are met		-	-
Total other comprehensive income for the year		<u>-</u>	<u>-</u>
Total comprehensive income for the year		5,039,927	4,318,079
Total comprehensive income attributable to members of the entity		<u>5,039,927</u>	<u>4,318,079</u>

The accompanying notes form part of these financial statements.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	<u>Retained Earnings</u> \$
Balance at 1 July 2012	<u>3,521,617</u>
Comprehensive income	
Surplus for the year attributable to members of the entity	4,318,079
Other comprehensive income for the year	-
Transfer of Assets	(1,546,556)
Prior Year Adjustments	(469,599)
Total comprehensive income attributable to members of the entity	<u>2,301,924</u>
Balance at 30 June 2013	<u>5,823,541</u>
Comprehensive income	
Surplus for the year attributable to members of the entity	5,039,927
Other comprehensive income for the year	-
Total comprehensive income attributable to members of the entity	<u>5,039,927</u>
Balance at 30 June 2014	<u><u>10,863,468</u></u>

The accompanying notes form part of these financial statements.
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INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

	<u>Notes</u>	<u>2014</u> \$	<u>2013</u> \$
Cash Flows from Operating Activities:			
Receipts from Customers		31,565,121	22,865,511
Payments to Suppliers and Employees		(27,376,240)	(18,171,935)
Interest Received		225,351	157,705
Total Cash from Operating Activities	9	<u>4,414,232</u>	<u>4,851,281</u>
Cash Flows from Investing Activities:			
Proceeds from sale of property, plant and equipment		-	-
Payments for property, plant and equipment		(3,415,440)	(4,009,397)
Net Cash Used in Investing Activities		<u>(3,415,440)</u>	<u>(4,009,397)</u>
Net Increase / (Decrease) in Cash held		998,792	841,884
Cash at beginning of financial year		6,178,193	5,336,309
Cash at end of financial year		<u>7,176,985</u>	<u>6,178,193</u>

The accompanying notes form part of these financial statements.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

The financial statements cover the Institute for Urban Indigenous Health Limited as an individual entity, incorporated and domiciled in Australia. Institute for Urban Indigenous Health Limited is a company limited by guarantee.

Note 1: Statement of Significant Accounting Policies

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Corporations Act 2001*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Institute for Urban Indigenous Health Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received unless they are designated for a specific purpose, where they are carried forward as prepaid income on the balance sheet.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value, less, where applicable, accumulated depreciation and any impairment losses.

Property, Plant & Equipment is brought to account at cost for individual items over \$1,000.00 and are depreciated at rates based on their economic life.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

In the event the carrying amount of plant and equipment is greater than the recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets are depreciated on a diminishing value basis over the asset's useful life to the entity commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Medical Equipment	20%
Office Furniture & Equipment	10%
Software	40%
Plant & Equipment	30%
Artwork	10%
Motor Vehicles	25%
Computer Equipment	40%
Leasehold Improvements & Fitout	2.50%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

Assets acquired utilising Optus tech fund credits are not capitalised in the financial statements. These assets are represented by the acquisition of 54 mobile phones, 10 ipads and 3 data devices at a cost of \$51,544. Contractual commitments exist in relation to these assets as outlined in Note 10.

Leasehold improvements and other assets of IUH managed projects are transferred to the relevant organisation at written down value.

c. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity are classified as finance leases.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

d. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction cost and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at a fair value with changes in carrying amount being included in profit or loss.

(ii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

(v) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

e. Impairment of Assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon on the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of a class of asset, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

f. Employee Provisions

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee provisions that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee entitlements to sick leave are recorded in the books of account when taken. A provision for Annual Leave and Long Service Leave has been brought to account at employee pay rates applicable at balance date based on pro rata hourly entitlements at that date. The provision for long service leave accrues from employment start date.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

i. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

j. Unexpended Grants

The entity receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat grants monies as unexpended grants in the Statement of Financial Position where the entity is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

k. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

l. Intangibles

Software

Software is recorded at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between one and two years. It is assessed annually for impairment.

m. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

n. Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

o. Accounts Payable and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

p. Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates

(i) Impairment

The company assesses impairment at the end of each reporting period by evaluating conditions and events specific to the company that may be indicative of impairment triggers.

(ii) Inventories

Donated inventories at the end of the reporting period are recognised at replacement cost determined by reference to the current market price.

q. Economic Dependence

The Institute for Urban Indigenous Health Ltd is dependent on the Departments of both the State and Commonwealth for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has no reason to believe these Departments will not continue to support the Institute for Urban Indigenous Health Ltd.

r. New Accounting Standards for Application in Future Periods

- AASB 9: *Financial Instruments* (December 2010) and associated Amending Standards (applicable for annual reporting periods commencing on or after 1 January 2017).

These Standards will be applicable retrospectively and include revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting.

The company has not yet estimated the impact of these pronouncements on its financial statements.

- AASB 10: *Consolidated Financial Statements*, AASB11: *Joint Arrangements*, AASB 12: *Disclosure of Interests in Other Entities*, AASB 127: *Separate Financial Statements* (August 2011) and AASB 128: *Investments in Associates and Joint Ventures* (August 2011) (as amended by AASB 2012-10), and AASB 2011-7: *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards* and AASB 2013-8: *Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-for-Profit Entities - Control and Structured Entities* (applicable for annual reporting periods commencing on or after 1 January 2014).

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

AASB 10 replaces parts of AASB 127: *Consolidated and Separate Financial Statements* (March 2008, as amended) and Interpretation 112: *Consolidation - Special Purpose Entities*. AASB 10 provides a revised definition of "control" and additional application guidance so that a single control model will apply to all investees. This Standard is not expected to significantly impact the company's financial statements.

AASB 11 replaces AASB 131: *Interests in Joint Ventures*. AASB 11 requires joint arrangements to be classified as either "joint operations" (where the parties that have joint control of the arrangement have rights to the assets and obligations for the liabilities) or "joint ventures" (where the parties that have joint control of the arrangement have rights to the net assets of the arrangement). Joint ventures are required to adopt the equity method of accounting (proportionate consolidation is no longer allowed). This Standard is not expected to significantly impact the company's financial statements.

AASB 12 contains the disclosure requirements applicable to entities that hold an interest in a subsidiary, joint venture, joint operation or associate. AASB 12 also introduces the concept of a "structured entity", replacing the "special purpose entity" concept currently used in Interpretation 112, and requires specific disclosures in respect of any investments in unconsolidated structured entities.

To facilitate the application of AASBs 10, 11 and 12, revised versions of AASB 127 and AASB 128 have also been issued. The revisions made to AASB 127 and AASB 128 are not expected to significantly impact the company's financial statements.

s. Cost Allocations - Grant Acquittals

Grant Acquitted

For the purpose of acquitting grants provided by funding bodies, the entity has adopted the following policies:

Grant income is acquitted after allowing for the following costs:

- Cost including labour and on costs directly associated with a specific grant;
- Administration and other related overhead costs (after excluding costs which are abnormal both in nature and value and therefore not representative of an appropriate level of costs that would be expected to be incurred) not related to a specific grant are allocated over the relevant grants, based on a proportion of the level of each grant and related income compared to total income.

Such allocations are reduced to take into consideration the lower level administrative burden a grant is likely to produce, such as in the case of capital grants.

Representations of management and internal documentation are used in determining to which grants a cost may be directly or indirectly attributed.

Refer Note 1 (i) for further details on internal administration charges levied.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

Note 1: Statement of Significant Accounting Policies (continued)

t. Internal Administration Charges

An administration fee, based on a percentage of funding received, is charged to individual programs and included as an expense within individual grant acquittal statements.

Internal administration charges net off against internal administration revenue within the Consolidated Income Statement, accordingly total income and total expenses at a consolidated level have excluded internal administration charges raised.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
Note 2: Cash and Cash Equivalents		
Cheque Account	53,876	13,591
Donations Account	33,286	32,471
Cash Management Account	5,922,305	3,502,473
Medicare Account	1,165,858	628,958
Term Deposit	-	2,000,000
Petty Cash	1,659	700
Total Cash and Cash Equivalents	<u>7,176,985</u>	<u>6,178,193</u>
Note 3: Trade and Other Receivables		
Current		
Trade Receivables	1,260,113	3,500,393
Total Trade and Other Receivables	<u>1,260,113</u>	<u>3,500,393</u>
Note 4: Other Current Assets		
Property Rental Bonds Held - Logan Clinic	24,937	24,937
Property Rental Bonds Held - Bowen Hills Admin Office	48,750	48,750
Property Rental Bonds Held - Darra Office	25,055	25,055
Property Rental Bonds Held - Caboolture Office	42,100	-
Prepayments	68,255	182,941
Sundry Receivables	-	8,097
Total Other Current Assets	<u>209,097</u>	<u>289,780</u>
Note 5: Property, Plant and Equipment		
Artwork at Cost	44,965	44,965
Less: Accumulated Depreciation	(8,581)	(2,417)
Net carrying amount	<u>36,384</u>	<u>42,548</u>
Fitout and Leasehold Improvements at Cost	2,214,252	2,249,921
Less: Accumulated Depreciation	(87,439)	(35,697)
Net carrying amount	<u>2,126,813</u>	<u>2,214,224</u>
Computer Equipment at Cost	674,339	478,599

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
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Notes to the Financial Statements
for the year ended 30 June 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
Less: Accumulated Depreciation	(361,730)	(155,584)
Net carrying amount	<u>312,609</u>	<u>323,015</u>
Medical Equipment at Cost	1,205,962	539,884
Less: Accumulated Depreciation	(232,791)	(62,647)
Net carrying amount	<u>973,171</u>	<u>477,237</u>
Furniture and Fixtures at Cost	247,986	84,327
Less: Accumulated Depreciation	(53,893)	(9,025)
Net carrying amount	<u>194,093</u>	<u>75,302</u>
Software and Licenses at Cost	79,016	55,466
Less: Accumulated Depreciation	(42,135)	(26,072)
Net carrying amount	<u>36,882</u>	<u>29,394</u>
Plant & Equipment at Cost	115,534	99,000
Less: Accumulated Depreciation	(63,484)	(35,757)
Net carrying amount	<u>52,050</u>	<u>63,243</u>
Motor Vehicle at Cost	759,113	710,330
Less: Accumulated Depreciation	(84,106)	(15,801)
Net carrying amount	<u>675,007</u>	<u>694,529</u>
Trademarks at Cost	7,578	-
Less: Accumulated Depreciation	(451)	-
Net carrying amount	<u>7,127</u>	<u>-</u>
Managed Projects at Cost (a)	2,995,474	680,554
Less: Accumulated Depreciation	(54,440)	(8,559)
Net carrying amount	<u>2,941,033</u>	<u>671,995</u>
Total Property, Plant and Equipment	<u>7,355,171</u>	<u>4,591,487</u>

(a) Managed Projects relate to the establishment or refurbishment of medical clinics under an auspice arrangement between the Department of Health, the Institute for Urban Indigenous Health Ltd and the relevant Member organisation. The applicable assets will be transferred to the relevant member organisation upon completion of the project, subject to Member approval at the AGM to be held in November 2014. These managed projects are: the Browns Plains clinic of \$507,980, the Logan clinic of \$208,916 and the Northgate clinic of \$766,718 to ATSIChS Ltd; the Capalaba clinic of \$100,802 to Yulu-Burri-Ba; and the Goodna clinic of \$576,128 to Kambu Health. In accordance with the Department of Health Head Agreement, assets are to be depreciated until the date of completion.

Managed Projects also relates to construction projects in progress as at 30 June 2014 being the extension to the Deception Bay clinic (\$354,600), and the establishment of the Coolangatta clinic (\$480,330). There is no depreciation charged against these projects in 2013/2014.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
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Notes to the Financial Statements
for the year ended 30 June 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
Note 6: Trade and Other Payables		
Current		
Trade Payables	997,585	1,562,195
Sundry Payables	1,032,314	564,077
Accrued Expenses	645,782	427,796
Westpac Credit Card	13,927	16,542
GST Liability	(45,823)	265,148
Superannuation Payable	96,107	66,369
PAYG Tax Payable	270,801	178,734
Total Trade and Other Payables	<u>3,010,692</u>	<u>3,080,861</u>
 Note 7: Provisions		
Current Liabilities		
Provision for annual leave	787,514	456,150
Total Current Provisions	<u>787,514</u>	<u>456,150</u>
Non-Current Liabilities		
Provision for Long Service Leave	333,819	180,419
Total Non- Current Provisions	<u>333,819</u>	<u>180,419</u>
 Note 8: Retained Earnings		
Opening Balance	5,823,541	3,521,617
Transfer of Assets (a)	-	(1,546,556)
Prior Year Adjustments (b)	-	(469,599)
Net Current Year Surplus	5,039,927	4,318,079
Total Retained Earnings	<u>10,863,468</u>	<u>5,823,541</u>

(a) Transfer of Assets relates to the transfer of leasehold improvements and other assets to member organisations at written down value. This is represented by the transfer of the Logan clinic at Station Road, Woodridge of \$1,086,993 and Muri School at Acacia Ridge of \$269,392 to ATSICHS Ltd at 30 June 2013, and the Oxenford clinic of \$190,171 to Kalwun Health Services at 1 July 2012.

(b) Prior year adjustments relates to the return of surplus grant funding to the Department of Health and Ageing for the year ended 30 June 2011.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
Note 9: Reconciliation of cash flows from operations with net current year surplus		
Net current year surplus	5,039,927	4,318,079
Non-cash flows in profit:		
- depreciation and amortisation	651,756	337,189
Changes in assets and liabilities:		
- increase / (decrease) in unexpended grants at end of year	(4,013,010)	878,376
- (increase) / decrease in trade receivables	2,240,280	(2,159,489)
- (increase) / decrease in other current assets	80,683	(160,431)
- increase / (decrease) in trade payables	(70,169)	1,777,080
- increase / (decrease) in other provisions	484,765	330,076
Prior year adjustments	-	(469,599)
Cash flows (used in) / provided by operating activities	<u>4,414,232</u>	<u>4,851,281</u>

Note 10: Reconciliation of Net Operating Surplus

Net current year surplus per Statement of Profit or Loss & Other Comprehensive Income	5,039,927	4,318,079
Capitalised Assets	(3,471,921)	(4,034,453)
Net Operating Surplus	<u>1,568,006</u>	<u>283,626</u>

Note 11: Operating Lease Commitments

Non-cancellable operating leases contracted for but not

Payable — minimum lease payments

- not later than 12 months	1,361,835	1,131,249
- later than 12 months but not later than 5 years	1,066,679	1,414,846
- greater than 5 years	-	-
	<u>2,428,514</u>	<u>2,546,095</u>

These lease commitments represent 70 motor vehicles, 3 photocopiers and 7 buildings that are non-cancellable operating leases contracted for but not capitalised in the financial statements with varying terms and expiry dates. No capital commitments exist in regards to the operating lease commitments at year-end. Increase in lease commitments may occur in line with CPI.

Additional commitments not capitalised in the financial statements exist in relation to telecommunication contracts for telephone and data plans. These contracts are for two year terms with varying expiry dates. The outstanding commitment for these contracts at 30 June 2014 is \$284,997. Refer Note 1b.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
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Notes to the Financial Statements
for the year ended 30 June 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
Note 12: Insurance		
	Insured Value	
Public Liability	\$20,000,000	
Insurers:- Liberty International Underwriters		
Contents Insurance	\$3,390,000	
Insurers:- AAI Ltd		
Voluntary Workers Insurance	\$50,000	
Insurers:- ACE Insurance Ltd		
Professional Indemnity / Association Liability Insurance	\$10,000,000	
Insurers:- Lloyd's of London		
Commercial Motor Vehicle Insurance	Market Value	
Insurers:- Global UW Services Pty Ltd		
Travel Insurance		
Insurers:- ACE Insurance Limited	Various	
Work Cover	Act Benefits	
Insurers:- Work Cover Queensland		
The above policies and insured values represent the insurance in place as at 30 June 2014.		

Note 13: Entity Details

The registered office of the company is:

Institute for Urban Indigenous Health Limited
23 Edgar Street
BOWEN HILLS QLD 4006

The principal place of business is:

Institute for Urban Indigenous Health Limited
23 Edgar Street
BOWEN HILLS QLD 4006

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
for the year ended 30 June 2014

<u>2014</u>	<u>2013</u>
\$	\$

Note 14: Members' Guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2014, the number of members was 4.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

Notes to the Financial Statements
For the year ended 30 June 2014

Note 15: Unexpended Grants Schedule

SCHEDULE OF GRANTS	BALANCE b/fwd	RELEASE 2013/14	OTHER INCOME	TRANSFERS TO/(FROM)	EXPENDED 2013/14	BALANCE 30/06/2014
	\$	\$		\$	\$	\$
QUEENSLAND HEALTH						
IUIH - Core Activities	-	1,283,098	3,244,804		4,527,702	-
Strathpine Primary Health Care	-	1,030,592	449,141	51,203	1,428,530	(0)
Deception Bay Primary Health Care	-	927,548	501,822	24,508	1,404,862	0
Vulnerable Families	64,888	1,000,000	29,060		1,093,978	-
QORAICCHO MDMC	-	1,701,047	28,814		1,729,861	-
Care Connect	597,269	590,120	6,798		1,293,843	200,344
Indigenous Youth Alcohol and Drug Treatment Service	-	241,800	2,331		243,931	-
DEPT OF HEALTH						
Logan Clinic Primary Health Care	-	1,834,848	2,055		1,836,903	0
Morayfield Clinic Primary Health Care	-	1,160,501	795,195	397,619	1,589,077	0
New Service Development	-	581,039	86		581,125	-
Morayfield Mums & Bubs	-	251,783	21,299		273,082	-
Capalaba Mums & Bubs	-	377,250	-		377,250	(0)
Practice Manager	-	128,747	28,467		157,214	0
Inner City Referral	59,707	379,165	3,342		442,204	0
Smoking & Healthy Lifestyle Workforce - Team 1	527,674	619,541	56,566		1,203,760	0
Smoking & Healthy Lifestyle Workforce - Team 2	-	800,425	61,963		842,368	-
Smoking & Healthy Lifestyle Workforce - Evaluation	30,000	-	-		30,000	-
Smoking & Healthy Lifestyle Workforce - Deadly Choices Marketing	-	200,245	2,108		202,353	-
SHLS - Surge Initiative	-	100,000	43,838		143,838	-
Work It Out	251,346	935,000	33,322		1,219,668	-
Substance Misuse Service - SMSDGF	440,350	1,250,000	22,381		1,712,731	-
Substance Misuse Service - DATOS	335,825	1,150,000	10,286		1,496,113	-
Mobile Eye Health Van	34,260	-	-		34,260	-
Mobile Ear Health Van	66,799	-	-		66,799	(0)
Northgate Clinic Upgrade	-	-	187,028		187,028	-
Spearhead Team	564,315	-	129,294		693,609	-
Minor Capital Works - Coolangubilla	500,000	-	-		500,000	-
PHC - Coolangubilla	-	350,000	3,070		353,070	-
Minor Capital Works - Browns Plains	500,000	-	-		500,000	-
PHC - Browns Plains	-	350,000	3,070		353,070	-
Deadly Choices TVCs	400,000	-	-		400,000	-
DEPARTMENT OF SOCIAL SERVICES						
Aged Care Service	291,351	242,793	546		332,154	202,635
HACC Service Delivery	-	463,211	7,356		363,613	106,954
HACC Support & Development	-	545,000	-		175,540	369,460
MEDICARE LOCALS						
Metro North Brisbane Medicare Local - Close the Gap	-	363,485	8,058		401,543	-
Metro North Brisbane Medicare Local - Professional Dental Services	139,042	-	-		139,042	-
Metro North Brisbane Medicare Local - After Hour Service	45,945	-	-		45,945	-
Metro North Brisbane Medicare Local - Care Coordination	-	2,366,400	20,778		2,387,178	-
Metro North Brisbane Medicare Local - Supplementary Services	10,252	1,577,600	62,012		1,649,864	-
Metro North Brisbane Medicare Local - Home and Community Care (HACC)	-	337,930	3,693		341,623	(0)
West Moreton Oxley - Close the Gap	56,930	-	-		56,930	-
CheckUP						
MOICDP	-	620,866	-	620,866	-	-
Healthy Ears	-	356,420	-	356,420	-	-
UNIVERSITY OF QUEENSLAND						
HIP-Aus Study	-	74,864	-		-	74,864
QUEENSLAND UNIVERSITY OF TECHNOLOGY						
Sexual Health Education Program	7,002	49,541	-		56,543	-
JAMES COOK UNIVERSITY						
OCETC Program	-	75,360	-		47,827	27,533
QAIHC LTD						
Workforce Project	74,276	-	830		75,116	(0)
MISSION AUSTRALIA						
Indigenous Youth Sports Program	21,644	-	28,638		26,199	24,061
FRED HOLLOWS FOUNDATION						
Eye Health Project	-	106,875	-		106,875	-
TOTAL	5,018,882	24,782,886	5,777,990	1,450,617	33,123,269	1,005,872



THANK
YOU



CONTACT DETAILS

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