INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

Annual Report 2018-19

IUIH institute for urban indigenous health

Please note:
The terms *Aboriginal and Torres Strait Islander* and *Indigenous* are used interchangeably throughout this document with respect. Aboriginal and Torres Strait Islander readers should be aware that this document may contain images or names of people who have since passed away. The names of clients appearing in case studies have been changed throughout to protect privacy.

About IUIH

The Institute for Urban Indigenous Health Ltd (IUIH) is a not-for-profit Aboriginal and Torres Strait Islander Community Controlled Health Organisation which leads the planning, development and delivery of comprehensive primary health care for the Indigenous population of the South East Queensland region.

IUIH and its Members serve one of Australia's largest and fastest growing Indigenous populations, which the Australian Bureau of Statistics predicts will reach 129,835 by 2031.

The Institute was established in 2009 by its four founding Member Organisations. Since then, IUIH has established the Moreton Aboriginal and Torres Strait Islander Community Health Service.

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- Queensland Department of Communities
- Queensland Department of Education
- Queensland Department of Child Safety, Youth and Women
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- West Moreton Hospital and Health Service
- Gold Coast Hospital and Health Service
- University of Queensland
- Check-Up Queensland
- Brisbane North Primary Health Network
- Brisbane South Primary Health Network
- Gold Coast Primary Health Network
- Central Queensland Primary Health Network
- Darling Downs and West Moreton Primary Health Network
- Fred Hollows Foundation
- Indigenous Allied Health Australia
- NRMA Insurance Brisbane Broncos
- North Queensland Cowboys
- Aquis Gold Coast Titans
- Queensland Rugby League
- New South Wales Rugby League
- Parramatta Eels
- Cronulla Sharks
- South Sydney Rabbitohs
- Canberra Raiders
- Brisbane Lions Football Club
- Gold Coast Suns Football Club
- Queensland Reds
- Essendon Football Club
- Hawthorn Football Club

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ISC
SOUTHS CARES
A DEADLY CHOICE
A HEALTHY CHOICE

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Our Vision

Healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities.

Our Mission

Family health and wellbeing through integrated health and social support services.

Our Values

Focus on families – the well-being of Indigenous families of SEQ are at the centre of all our efforts.

Working together – strengthening and supporting each other to achieve our goals.

Strategic focus in every activity and relationship.

Integrity, conviction and quality in performance of every task and in every process.

A commitment to excellence in all that we do.

Building capacity of our staff and member services.

Accountability to stakeholders and communities for meeting commitments.

Strategic Priorities

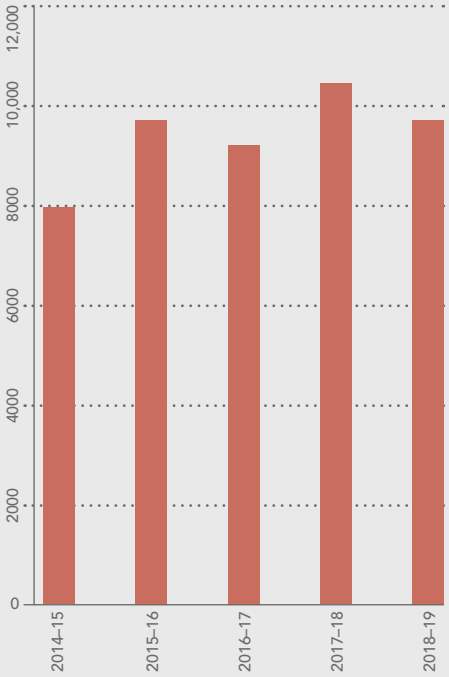
Early Childhood (0-8 years)
Young Adulthood (9-17 years)
Adulthood (18-50 years)
Elderhood (50+ years)

Strategic Goals

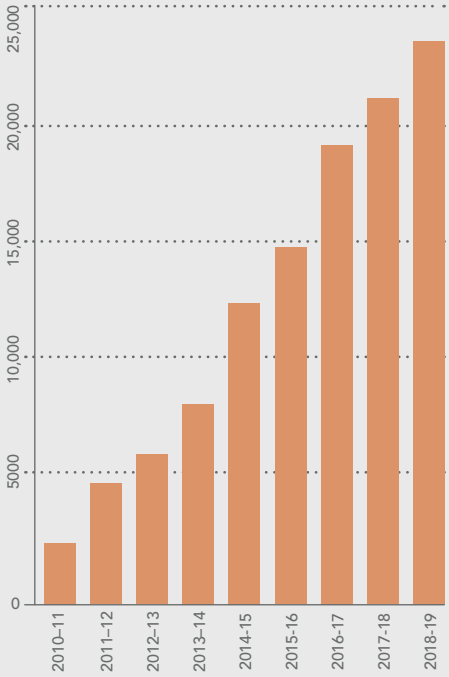
Improve Access to Quality Health and Social Support Services	Build and Sustain Healthy Families across the Lifespan	Foster Collaboration and Innovation	Strengthen Enabling Systems and Governance
Access to primary health care	Mobilised Indigenous communities that promote health and wellbeing	Expanded and new partnerships	An expanded and strengthened workforce
Integrated primary health care and social services	Family centred models of care	Strong evidence base for urban Indigenous health	Data to support planning, development and delivery of service
Models of coordinated care	Family support and early intervention services	New models of service delivery	Stronger governance of IUIH and the Network
Quality and safety	Early childhood health and education services	Strategies that address the key determinants of health	Systems that support IUIH and the Network
	Expanding youth health services		Optimised revenue to support sustainability
	Access to aged care services for Elders		
	Access to the NDIS for people with a disability		

2018/19 Report Card – Increasing Access to Health Care

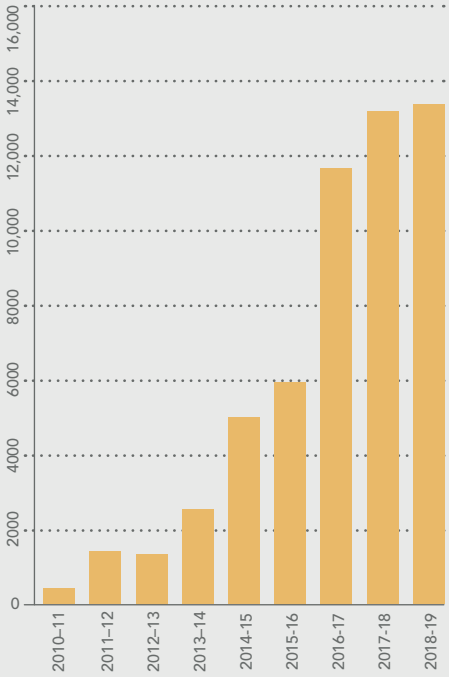
New Patients



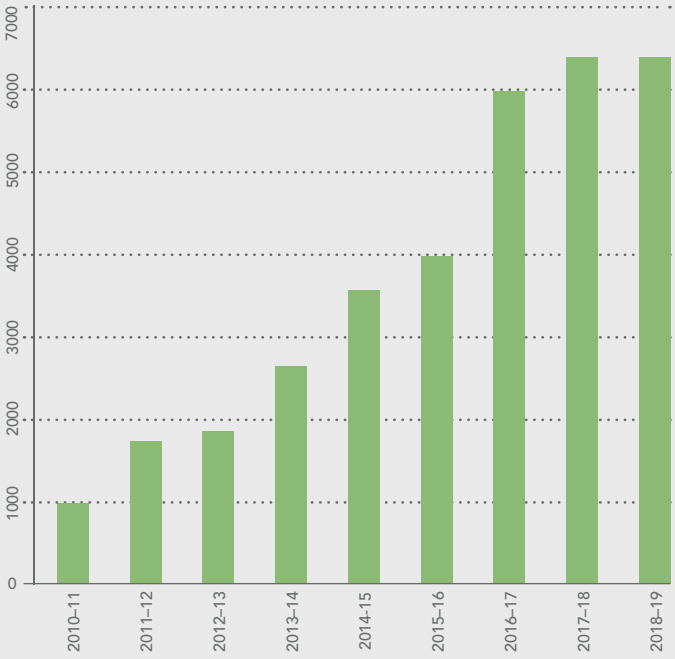
Health Checks



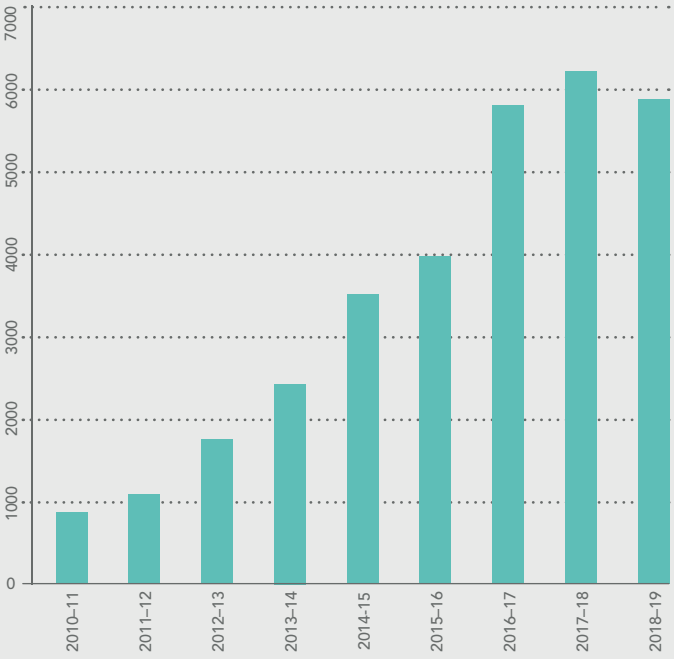
GP/TCA Reviews



GP Care Plans



Team Care Arrangements



The IUIH Network of Clinics 2018/19

Governing Board 2018/19

Chairperson

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

Chairperson of Yulu-Burri-Ba Aboriginal Corporation for Community Health on North Stradbroke Island, Cleveland, Capalaba and Wynnum.

Deputy Chairperson

Stella Johnson (Kamilaroi) (ND Kambu)

CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich and founding director of IUIH. Director at Health Workforce Queensland.

Board Members

Kieran Chilcott (Yugarabul) (ND Kalwun)

CEO of Kalwun Development Corporation Ltd delivering a range of health and wellbeing services on the Gold Coast. Current Director of Gold Coast PHN and CheckUp. Former Chair of QAIHC.

Dr William Glasson (I)

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

The Honourable Paul Lucas (I)

Former Queensland Deputy Premier and Minister for Health. Adjunct Professor Australian Catholic University and Bond University. Solicitor and urban planner. Director of various government, for-profit and not-for-profit companies.

Dr Brett Shannon (Ngugi) (ND ATSICHS Brisbane)

(until March 2019)

Director of ATSICHS Brisbane, Registrar at Lime Medicolegal.

Mr Andrew Niven (Djaku-nde) (ND ATSICHS Brisbane)

(from March 2019)

Director of ATSICHS Brisbane and Senior Data Analyst at University of Queensland.

Maurie Burke

Retired Accountant. Holds several other Board and Finance Committee positions.

Charmaine Harch

Company Secretary.

ND = Nominated Director I = Independent

Finance and Risk Management Committee

Maurie Burke (Chair)
Lynette Shipway
Stella Johnson
Adrian Carson

Remuneration and Performance Committee

Lynette Shipway (Chair)
Stella Johnson
Brett Shannon (until March 2019)

A Message from the Chair and CEO

Adrian Carson,

Chief Executive Officer, IUIH

Lynette Shipway

Chairperson, IUIH Board

On behalf of the Board of the Institute for Urban Indigenous Health Ltd (IUIH), we are proud to present this Annual Report for the 2018/2019 Year.

The 2018/2019 Year marked ten years since the establishment of IUIH by our Member Organisations – ATSICHS Brisbane, Kambu Health Service, Kalwun Development Corporation and Yulu-Burri-Ba Health Service – in 2009. With the Institute legally established as a company on 15 October 2009, we will officially celebrate this milestone in the 2019/2020 Year (i.e. on 15 October 2019). The Institute did, however, commence operations as the 'Urban Hub' under the auspice of the Queensland Aboriginal and Islander Health Council in early 2009. Therefore, in addition to highlighting activities of the past 12 months, the Report will also reflect on our progress over the past ten years.

In seeking to document and measure the impact of IUIH's first ten years, the IUIH Board commissioned leading management consulting firm the Nous Group to undertake an independent review of the Institute. The Report on the Review identified two overarching finds: the case for investment in urban areas is strong; and IUIH's System of Care has proven highly effective in addressing the health gap. The Nous Review provides further evidence of the effectiveness of our approach in SEQ. This Report contains more detail on the findings of the Nous Review and its recommendations for charting IUIH's future.

With South East Queensland (SEQ) the largest and equal fastest growing Indigenous population in Australia – with estimates that the Indigenous population reached 85,000 in 2018 – the IUIH Network continued its work of the past decade, improving access to existing primary health care services through implementation of our **System of Care** whilst also establishing new clinics in areas of significant unmet need. In 2018/2019, IUIH supported Kambu Health Service to establish a new Primary Health Care Clinic in Booval, within the West Moreton Region. The Booval Clinic commenced operations in February 2019. The 2018/2019 Year saw the Network deliver care to some 9,587 new Aboriginal and Torres Strait Islander patients, slightly less than the record set last year of 10,638.

The refurbishment of the Caboolture Clinic operated by Moreton Aboriginal and Torres Strait Islander Community Health Service (Moreton ATSICHS) following fire damage in late 2017 provided an opportunity to test a number of significant adaptations to the IUIH System of Care aimed at enhancing delivery of 'family centred care' whilst also increasing our capacity to respond to continued population growth across the region. The 'new' Caboolture Clinic commenced operations in November 2018, implementing a new/innovative floor plan and 'Pod' model for the delivery of care inspired by the 'Nuka Model' operating in Alaska, United States of America. The Pod model will enable the IUIH Network to reach a larger number of clients while retaining the close connection between care providers and clients, and integrated, coordinated care that have been features of our model of care over the last ten years. The operation of the 'new' Caboolture Clinic is subject to an evaluation, the findings of which will directly inform the Network's response to continued population growth across SEQ.

Continued implementation of the IUIH System of Care saw the number of Health Checks increase to 23,419, compared to 20,968 in 2017/2018. The increase in Health Checks and our efforts to ensure the completion of 'cycles of care' saw the number of Chronic Disease Management Plans (GPMPs) reach some 6,370. The

IUIH Network continued to improve our people's access to Medicare-funded services, increasing Medicare income to $17.3 million in 2018/2019. Consistent with the IUIH System of Care, these funds were returned to our communities in the form of additional and previously unfunded dental services, children's therapy and child and maternal health services and continued expansion of allied health and specialist services.

The Network continued to expand delivery of **dental treatment services** across the region. Last year saw the commencement of dental treatment services at the Yulu-Burri-Ba Clinic on North Stradbroke Island (Dunwich) and expansion of services at Kambu's Ipswich Clinic, bringing the total number of dental chairs operating across the Network by 30 June 2019 to 23 chairs. In 2018/2019, 11,435 Aboriginal and Torres Strait Islander people accessed dental treatment across the Network, representing a significant increase compared to the 2017/2018 Year in which 9,866 people accessed dental services. Importantly, the delivery of dental treatment services is fully integrated with the comprehensive primary health care services delivered by SEQ Aboriginal Community Controlled Health Services (ACCHSs), with over 90% of patients completing a Health Check prior to commencement of dental treatment. Queensland Health continued to contribute to the cost of delivering these services, given half of the clients accessing dental treatment from SEQ ACCHSs are eligible (ie. those with concession cards) for free public dental care at their local hospital. SEQ ACCHSs continue to meet the cost of dental treatment for Aboriginal and Torres Strait Islander people who are not eligible for free public dental care (ie. those without concession cards) through the reinvestment of Medicare income.

The IUIH Network continued to expand access to **allied health services** for adults, with over 19,000 allied health services attended across SEQ – representing a 35% increase compared to 2017/2018 in which 14,000 services were attended. The range of allied health services available to our people is comprehensive, comprising: podiatry, physiotherapy, exercise physiology, audiology, nutrition and dietetics, diabetes education, speech pathology, occupational therapy and optometry. The integration of these services with local primary health care is a key feature of the IUIH System of Care, with services delivered 'under the one roof' of local Clinics and at no cost to our people.

In partnership with Primary Health Networks, our Network continued to deliver intensive case management and support to Aboriginal and Torres Strait Islander people with complex chronic conditions through delivery of the **Care Coordination and Supplementary Services (CCSS) Program.** In 2018/2019, the Network delivered **Integrated Team Care Arrangements** (including the CCSS Program) to some 2,421 clients across SEQ and the Fraser Coast. Clients received over 90,000 Care Coordination services, some 53,040 direct clinical care services and almost 40,000 allied health services. Clients were also supported to access 14,466 specialist services and provided with 13,486 medical aides.

IUIH continue to expand its **Regional Pharmacy Service,** delivering additional support to Clinic staff, patients and community pharmacies to both improve our people's access to medicines and the quality and safety of medicines. In 2018/2019, the IUIH Pharmacy Service delivered 62 Home Medicine Reviews (HMRs) and distributed 2,287 units of Nicotine Replacement Therapy, 703 sexual and reproductive health medications and 821 influenza vaccines and DTPa vaccines to Clinics.

IUIH continued to deliver on its vision for 'family wellness' across the life course, with the Network expanding services to support our families. The publication of research in the Lancet's *E-Clinical Medicine* publication reporting a halving of pre-term birth rates provided further evidence of the effectiveness of the **Birthing in Our Community Program** (BiOC) operating in South Brisbane. With support from the Federal Government, the BiOC model will be expanded to the Moreton Bay Region in 2019/2020. Continued delivery of the **Australian Nurse Family Partnership Program** within Brisbane North and Brisbane South Regions provided additional targeted/intensive support to first time mums, with over 150 women active participants in the Program in

the 2018/2019 Year. The IUIH Network continued to support reforms to the Queensland child protection system, expanding delivery of Family Wellbeing Services across SEQ. Moreton ATSICHS delivered support to 259 new clients.

The Queensland Government continued to support our **Deadly Kindies Campaign** headed up by its Ambassador, Johnathon Thurston. The Campaign aims to increase participation rates of Aboriginal and Torres Strait Islander children in kindergarten and early childhood health and development programs. Following the success of the 2017 Campaign in SEQ and the 2018 Campaign in North Queensland which saw more than double the number of children enrolled compared to previous years, the Queensland Government has funded further expansion of the Campaign into Central Queensland in 2019/2020.

IUIH continued to increase services and support for our Elders to remain at home and be active in their community. IUIH delivered **Home Care Services** to 2,951 Elders in 2018/2019, a significant increase on the 1,800 who accessed these services in the 2017/2018 Year. The number of Home Care Packages (HCPs) delivered by IUIH increased from 117 in 2017/2018 to 141 in 2018/2019. The wait-list for HCPs continues to place pressure on IUIH Home Care Services, with 73 of our Elders awaiting a HCP at end September 2019. With the national wait-list for HCPs blowing-out to 120,000, it is clear that IUIH will be required to continue to absorb this pressure into the 2019/2020 Year. As noted last year, IUIH is the country's largest community controlled provider of Home Care Services.

The Institute continued to play a leading role at the national level, leading the development of the country's first Aboriginal and Torres Strait Islander Action Plan for the Aged Care Diversity Framework. IUIH also established a national project during the year aimed at developing and implementing innovative solutions to enabling our Elders to navigate the complex My Aged Care system. This project will continue into the 2019/2020 Year and will see IUIH working in SEQ and the Loddon Mallee Region of Victoria.

The IUIH Network continued to support Elders to better manage their chronic disease through delivery of the **Work it Out Chronic Disease Rehabilitation and Management Program,** with 500 new clients accessing Work it Out in 2018/2019. The Program was also delivered, for the first time, at two sites in North West Queensland (Mount Isa and Normanton), bringing the total number of locations to sixteen. In the 2018/2019 Year, IUIH delivered 13,514 individual exercise sessions – a significant increase on the 8,449 delivered in 2017/2018. Work it Out participants continued to report positive outcomes, with ongoing research demonstrating that the program leads to significant improvements in health and well-being, social connectedness and physical fitness.

To further support our Elders to remain physically active and socially connected, IUIH continued to expand delivery of the extremely popular **Senior Indigenous Games.** In 2018/2019, 21 events were conducted in SEQ and extended to Mareeba, Cunnamulla, Charleville and Mount Isa in collaboration with local ACCHSs.

Moreton ATSICHS, operated by IUIH, continued to deliver c**omprehensive primary health care** to Aboriginal and Torres Strait Islander communities across the Moreton Bay Region. In 2018/2019 Moreton ATSICHS saw some 2,289 new Indigenous patients access one of its five Clinics. The number of Health Checks increased to 6,646, a significant increase on the 5,950 completed in the 2017/2018 Year. This increase in Health Checks led to a corresponding increase in GP Management Plans (2,120 compared to 2,006), Team Care Arrangements (2,101 compared to 1,975) and Reviews (5,626 compared to 5,447). Critical to continued sustainability, Moreton ATSICHS also increased MBS income – from $4.7 million in 2017/2018 to $5.357 million 2018/2019.

The impact of legal issues on health and wellbeing is well documented. Established in 2017/2018, IUIH continued to operate the **IUIH Legal Service** within the Moreton Bay Region. The Legal Service provides advice and support to vulnerable families and individuals with legal matters that impact on their health and wellbeing, such as child protection, domestic violence, debt, discrimination and harassment, Elder abuse and tenancy issues. With women comprising 80% of all clients accessing the service, the Legal Service supported 165 clients with ongoing legal support in the 2018/2019 Year. The IUIH Legal Service was accepted as Queensland's 34th Community Legal Service in 2019, gaining accreditation also through the National Association of Community Legal Centres' Accreditation Scheme. The IUIH Network will explore opportunities to expand the service to other parts of SEQ in 2019/2020 and beyond.

IUIH continued to expand the roll-out of its **Deadly Choices Healthy Lifestyle and Tobacco Program** across Queensland, in collaboration with local ACCHSs. With funding support from both Commonwealth and Queensland Governments, the 2018/2019 Year saw the delivery of over 270 **Deadly Choices School Education Programs** with over 4,600 Indigenous students graduating from the eight-week Program. Delivery of Deadly Choices Tobacco Programs also expanded across the State, with 101 Tobacco Programs delivered to 1,238 Aboriginal and Torres Strait Islander young people and over 1,500 Tobacco Stalls to 11,365 Indigenous patients of ACCHSs across Queensland. A new state-wide Campaign featuring the NRMA Insurance Brisbane Broncos was launched in early 2019 to coincide with commencement of the 2019 NRL Season.

IUIH also developed a new Program and brand – **DC Fit** – to encourage and enable young Aboriginal and Torres Strait Islander people (aged 16-25) to exercise in a culturally safe and supportive environment. The Program is set for state-wide implementation in 2019/2020, with over 70 Deadly Choices staff completing a Certificate IV in Fitness to deliver the Program.

IUIH's partnerships with the NRMA Insurance Brisbane Broncos and the Gold Coast Titans continued to support the expansion of our Deadly Choices Program in SEQ and beyond. In 2018/2019, IUIH established a new partnership with the North Queensland Cowboys to support delivery of Deadly Choices across North Queensland, including delivery of a sexual health promotion campaign. IUIH is also supporting Aboriginal and Torres Strait Islander communities in other States and Territories through Deadly Choices collaboration with a range of sporting organisations across Australia.

The IUIH Network continued significant investment in **development of a workforce for the future,** placing some 473 students across 27 disciplines and multiple universities in the 2018/2019 Year, representing a 27% increase compared to last year in which 371 students were placed. Students that completed placements continue to report high levels of satisfaction with their placement, with 98% reporting that they would recommend a placement in Indigenous health to other students. Of the students placed this year, five students were subsequently employed within the IUIH Network. IUIH continues to be supported with funding from The University of Queensland (UQ) to coordinate student placements in SEQ. IUIH's partnership with UQ was recognised by the Business Higher Education Round Table (BHERT), with the IUIH Student Placement Program receiving the 2018 BHERT Award for Outstanding Collaboration in Higher Education and Training.

Continuing to expand its role in training and delivery of pathways to employment for Aboriginal and Torres Strait Islander people, IUIH supported fourteen full-time trainees to complete qualifications in Individual Support and Primary Health Care and to also gain employment within the IUIH Network. This brings the proportion of students that have gained employment after completing a traineeship within the Network to 60%. A further 55 students enrolled in Certificate III in Individual Support, Primary Health Care or Business in 2018/2019. The IUIH Network also continued to 'grow our own', expanding delivery of its Executive Development Program to 70 emerging leaders across the Network.

IUIH further expanded its Ready for Work Program, providing more opportunities to young Aboriginal and Torres Strait Islander people to train and work within the Network. In 2018/2019, 26 young people completed the Program, with 80% of participants (21 participants) transitioning to full-time traineeships, employment or further/accredited training within the Network.

With Aboriginal and Torres Strait Islander people almost twice as likely as non-Indigenous Australians to have a disability and our children 2.5 times more likely than other children, it has been estimated that up to 5,000 Aboriginal and Torres Strait Islander people in SEQ are eligible for the **National Disability Insurance Scheme (NDIS).** With support from the Queensland Government, IUIH continued to lead targeted community education and support to individuals and families across SEQ. This saw the IUIH Network support 168 individuals to lodge 'access request' forms with the National Disability Insurance Agency (NDIA) during the Year. Based on the success of this work, IUIH established a 15-month pilot project of national significance with the NDIA aimed at testing and documenting effective approaches to enabling our people to fully participate in the Scheme. This Project will continue into the 2019/2020 Year and will see the Network support 500 Aboriginal and Torres Strait Islander people to lodge 'access request forms', navigate the pre-planning stage and lodge an

appropriate service plan. The primary focus of IUIH to date has been improving our people's access to the NDIS. In 2019/2020, IUIH will extend its attention to expanding its System of Care to incorporate delivery of NDIS services.

In response to an increasing demand to host site visits from ACCHSs and other service providers from across Australia, IUIH convened its inaugural **IUIH System of Care Conference** in late August 2018. Attended by 131 delegates from across the country, the conference showcased the unique regional ecosystem created by the IUIH Network and how it connects care across health, education, employment and other community services. The response to the Conference was overwhelmingly positive, with 97% of participants reporting that the Conference met or exceeded their expectations. Based on the success of the inaugural Conference, IUIH will stage a second Conference in 2019.

IUIH and its Member ACCHSs – ATSICHS Brisbane, Kambu, Kalwun and Yulu-Burri-Ba – achieved much in the 2018/2019 Year. Again, the Report highlights but a few. On behalf of the IUIH Board, we once again acknowledge and recognise the support, dedication and leadership of our Member Organisations – ATSICHS Brisbane, Kambu, Kalwun and Yulu-Burri-Ba. We also acknowledge and recognise the determination of the IUIH Board and our hard-working staff to deliver on our promise to our SEQ communities. The work of the IUIH Board saw IUIH awarded the **2018 Indigenous Governance Award.** We also thank our partners in the government, non-government and private sectors for their continued support.

Cultural Integrity

The *IUIH Cultural Integrity Investment Framework* and *The Ways Statement* are representations of an ancient cultural and philosophical worldview articulated to bring to consciousness Aboriginal terms of reference (ways). These Aboriginal Ways embed a stance, values and knowledge within all aspects of IUIH's operations and frame our approach.

The *Cultural Integrity Investment Framework* is the practical realigning and rebalancing of our systems and processes. Throughout 2018/19, IUIH has continued to focus on actualising the *Cultural Integrity Investment Framework*, structurally embedding our cultural stance in the Strategic (Intent), Workforce (Relational) and Operational (Systems) approaches through the following activities:

Strategic	Operational	Staff
Strategic Plan	Yarnin' Up Modules	Orientation
IUIH System of Care Conference	Individual and Team Check-In Yarning Tool	Presentations
SEQ Regional ATSICCHS Orientation Program	Research Design	Workforce Integrity Gatherings
Family Centred Systems Reorientation	HR Selection Processes	Staff and Management Coaching and Guidance
Human Resources Quality Framework	Manager Self-Evaluation Tool	IUIH Staff Wellness Program
Moral Authority Check-ins	Wayfaring Initiative	Aunty Pamela Mam Awards
	IUIH Caring for Country Guidelines	Team Building Workshops

Reviewing our performance over the first ten years

Ten years after the establishment of IUIH, it is important to take stock of what has been achieved to inform how we move forward. In 2018/19, the Nous Group was engaged by IUIH to conduct an independent review of the organisation, to document history and progress against its original vision, to examine key impacts and to indicate future directions in addressing emerging challenges and opportunities.

The review identified two overarching findings:

- The case for investment in urban areas is strong.
- IUIH's System of Care has proven highly effective in addressing the health gap.

Program evaluations, independent studies and published papers point to the IUIH System of Care achieving significant client outcomes, delivering outstanding perinatal results and making a material difference towards closing the health gap. The design characteristics underpinning the System of Care and the evidence of success cited in the report of the Nous Group's review of IUIH's performance over its first ten years include:

- **Cultural integrity –** The cultural frame of reference for IUIH's regional model goes back to traditional ways of being, doing and belonging when for thousands of years Aboriginal tribes and nations across SEQ came together to achieve shared and cross-territorial goals. These cultural foundations have been revived under its Cultural Integrity Investment Framework, known as The Ways, and are now deeply embedded within IUIH's practices.
- **A regional approach –** A critical decision by IUIH's founding members was to forge a shared identity through the establishment of a new regional organisation which would act as a systems integrator of regionally led reforms across the IUIH Network of ACCHSs. This has delivered significant returns on investment, including through leveraging region-wide funds pooling, regionally scaled solutions and generation of economies of scale to harness efficiencies and support reinvestment into service expansion.
- **A systems approach –** An emphasis on data-informed ongoing systems analysis, with rapid cycles of review against specified targets, and appropriate adjustments has resulted in a shift from implementation of a model of care at local clinic level to embedding this care into a highly integrated regional health ecosystem, with an increasing focus on broadening IUIH's operations to address the social determinants of health.
- **Financial sustainability –** IUIH has linked business and clinical operations into an integrated and commercially astute model designed to optimise MBS revenue streams and reduce dependence on grant income. At the same time, it ensures a focus on quality and health impact through strong adherence to best practice cycles of care, which also support maximisation of MBS revenue and ultimately provides the capacity to establish services and programs not otherwise grant funded.
- **Workforce development –** A core strength of the IUIH System of Care is the significant provision of employment opportunities for Indigenous Queenslanders across SEQ and the creation of a sophisticated and comprehensive workforce pipeline to develop large numbers of people capable of providing culturally safe care.

In reviewing IUIH's performance over its first ten years, the Nous Group made the following observations:

- **IUIH is meeting its original objective –** IUIH has delivered on its original business case objectives to bring transformational improvements in service reach, access, income generation and workforce.
- **Cultural integrity is embedded throughout the organisation –** in recognition of this, IUIH was announced as joint winner of the National Indigenous Governance Awards in 2018.
- **IUIH is high performing against national indicators –** IUIH's KPI performance well exceeds the urban ACCHS national median.
- **The IUIH Network is also having a broader impact –** through evaluations and independent studies, IUIH has begun to demonstrate the positive economic impact of its programs and services, improvements in Health Adjusted Life Expectancy in SEQ, and significant growth in employment opportunities for Aboriginal and Torres Strait Islander Queenslanders.

The Nous Group also made several recommendations and observations to chart the way forward. These recommendations and observations are in response to emerging opportunities and challenges, aim to build on IUIH's successes and help continue IUIH's legacy of adaption to community needs and have relevance for IUIH, funders and the broader health sector.

The bottom line is that our review at this ten year mark is strongly supportive. IUIH has the right model, the right emphasis on systems and making the right headway.

Nous Group, January 2019

In summary, the Nous Group has observed that:

- **Challenging growth projections will require IUIH to reset its model of service delivery again.**
- **Continued access to MBS is vital.**
- **IUIH has a central role to play in SEQ's transition to the National Disability Insurance Scheme.**
- **IUIH must continue to communicate its broader impact.**
- **IUIH should work towards greater consistency of performance and practice across all clinics.**
- **IUIH's ongoing engagement with mainstream health organisations remains important.**
- **IUIH's success has implications for how Indigenous health services should be commissioned.**
- **There are opportunities for others to learn from IUIH's experiences and success.**

Selected IUIH highlighted achievements 2018 (since 2009)

Original Strategic Objectives	Service Reach	– IUIH Network clinics expanded from 5 to 20 across SEQ.
		– IUIH Network regular clients increased from 8,000 to 35,000 – now largest ACCHS provider and one of the largest community health services of any type (Indigenous or non-Indigenous) in Australia.
		– IUIH Network client coverage of Indigenous population in SEQ increased from 16% to 51%.
		– IUIH Network has expanded its service reach, including to address the social determinants of health:
		  – **Aged Care:** Considered the largest Indigenous community aged care provider in Australia (over 1500 Elders), IUIH operates a (nationally unique) seamless aged and health service model.
		  – **Legal:** IUIH's Community Legal Service provides legal advocacy and support, including family law, domestic violence, elder abuse, tenancy and civil matters.
		  – **Child Safety:** Family wellbeing services support vulnerable families, including children at risk of out of home care and child protection orders.
		  – **Early childhood:** IUIH's Deadly Kindies campaign is significantly increasing kindy participation, strengthening school readiness and targeting developmental milestones.
		  – **Disability:** IUIH is active in facilitating access to, and plans to be a deliverer of NDIS service supports.
		  – **Correctional System:** IUIH operates support programs for Indigenous prisoners existing correctional facilities.

	Access and Participation	– IUIH Network annual Health Assessments increased from 550 to 21,000. – Considered one of the most recognised Indigenous brands, IUIH's flagship Deadly Choices is a powerful force in preventative health and is now incentivising improved access to health across Australia.
	Income Generation	– IUIH Network Medicare income generation has grown from $3 million (2010) to $15.5 million (2018). Best performing clinics generating $1.05 Medicare income for every dollar of grant funding.
	Workforce Development	– IUIH's workforce has grown from 1 in 2009 to almost 600 in 2018 (approximately 50% are Indigenous). – IUIH's university student placements have grown from 26 in 2010 to 380 in 2018 across 22 disciplines, totalling 2000. – 20% of IUIH's workforce are drawn from its workforce pipeline strategies.
National Indicators	nKPIs	– IUIH Network's National Key Performance Indicator (nKPI) performance exceeds national urban ACCHS median, with still some areas for improvement.
Cultural Integrity	Governance	– IUIH's strong cultural foundations were acknowledged in its joint win of the national 2018 Indigenous Governance Awards (Reconciliation Australia). The award recognised IUIH's 'innovation and ingenuity in its governance development and response to local needs; future planning, sustainability and governance resilience; cultural legitimacy; and effectiveness.

Selected IUIH highlighted achievements 2018 (since 2009)

Broader Impact	Economic	– An independent health economic impact study identified a net benefit to society from IUIH System of Care of $1.43 for every $1 invested by IUIH. This included estimated savings in avoidable hospital admissions. Conservative modelling calculated $100 million in net benefit to the community since IUIH established.
	HALE	– An independent detailed analysis of IUIH's impact in shifting the Health Adjusted Life Expectancy (HALE) of its patients indicated an improvement of 0.4 years HALE relative to baseline improvement in SEQ. Study is ongoing.
	Interventions identified in literature as key drivers to improve Indigenous health	**Child/Maternal** – IUIH's Birthing in Our Communities (BiOC) perinatal program: Outstanding results from published prospective interventional cohort study found Indigenous women had significant better outcomes on key metrics (e.g. 3 times less likely to have pre-term birth and low birth weights, compared to standard care).
		Chronic Disease – IUIH's Work it Out chronic condition self-management and rehabilitation program has demonstrated statistically significant changes in clinical outcome measures, including movement, blood pressure and weight.
		Mental Health – IUIH's MomenTIM mental health and wellbeing program targeting 12-24-year-old males saw a 20% increase in young Indigenous men attending clinics, a 12% increase in health assessments and a 7 fold increase in completion of GP mental health plans for this cohort.

Improving Access to Health Care across the Lifespan

Comprehensive Primary Health Care

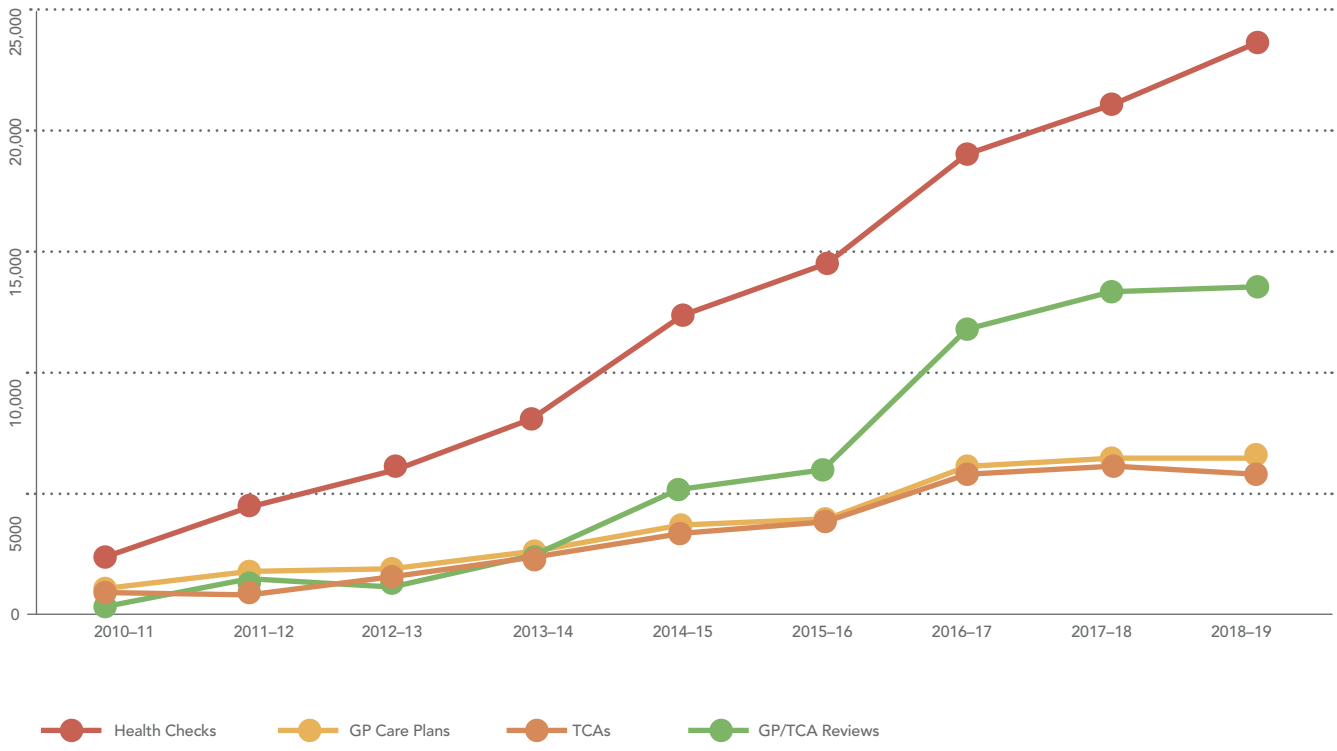
In 2018/19, in the face of unprecedented projected population growth, IUIH and its Members finalised development of a new model of service delivery known as the Hub/Pod model. This new model is designed to reach a larger number of clients whilst retaining the close connection and relational basis of interactions with care providers, along with an emphasis on integration and care coordination that has been characteristic of the way IUIH Network clinics are operated in SEQ. In 2018/19, a formal pilot of the Hub/Pod model was established at IUIH's Caboolture Clinic and an evaluation framework developed.

Other highlights for 2018/19 across the IUIH Network include:

- **9,587 new (additional) patients accessed IUIH Network clinics.**
- **23,419 health checks were conducted.**
- **6,370 GP Care Plans were developed and implemented.**
- **5,892 Team Care Arrangements (TCA) were developed and implemented.**
- **13,471 GP Care Plans and TCA reviews were conducted.**
- **More MBS revenue was generated and reinvested into primary care.**

Total Health Checks/Chronic Disease Plans

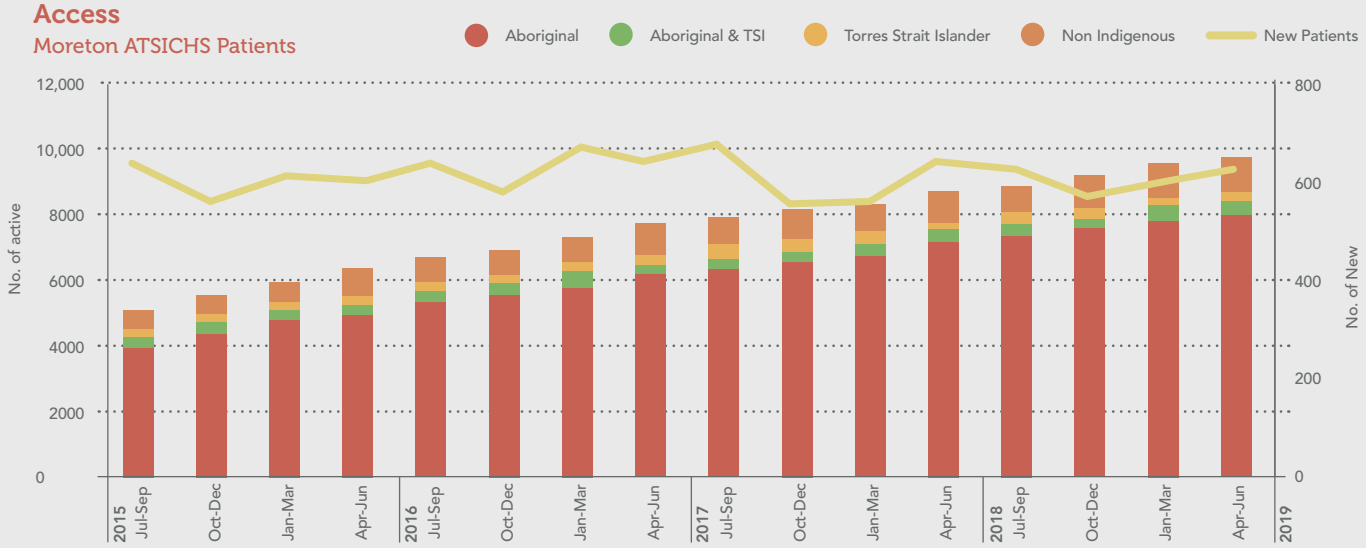
2010-11 to 2018-19



2018/19 Moreton ATSICHS Report Card – Increasing Access to Health Care

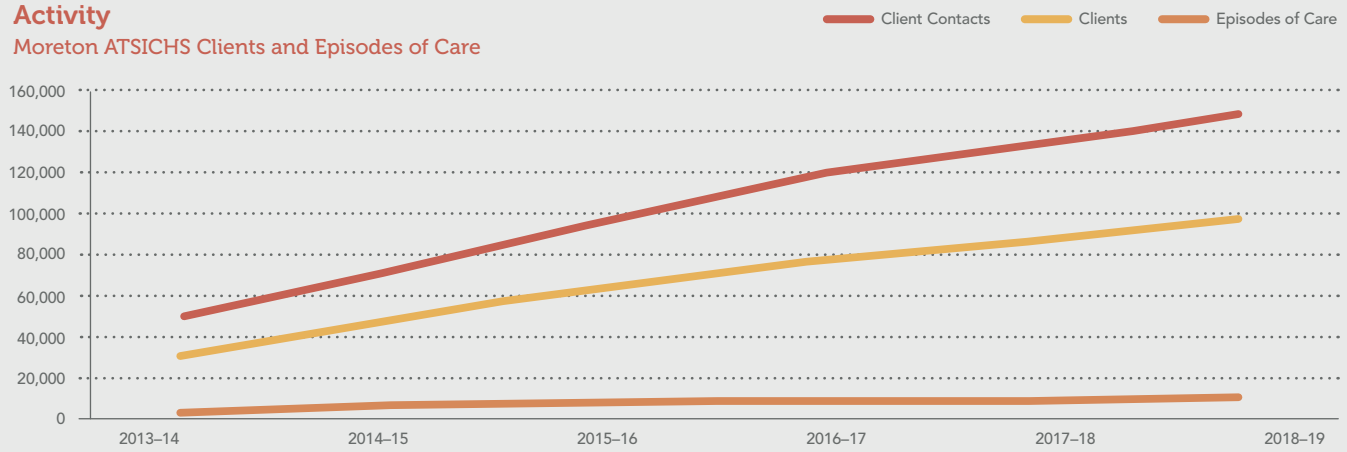
Access

Moreton ATSICHS Patients

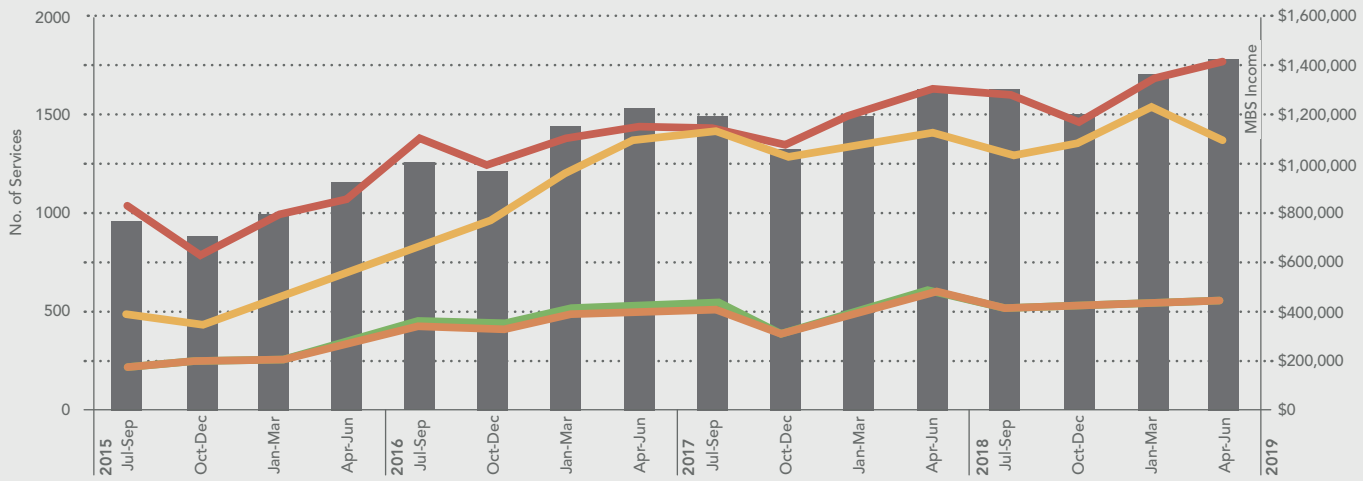


Activity

Moreton ATSICHS Clients and Episodes of Care



Moreton ATSICHS MBS Activity



Improving Child Health and Wellbeing

Services for IUIH's youngest clients start in pregnancy and continue through the early years and into the school-aged population. For each child to reach their own potential we must first support the pregnant woman to birth her baby at term, following good antenatal care based on the latest evidence, and addressing social and economic issues so she is free from stress and hardship where possible. This is achieved through our Birthing in Our Communities program, with additional support for first time mothers being offered through the Australian Nurse Family Partnership Program.

Birthing in our Communities

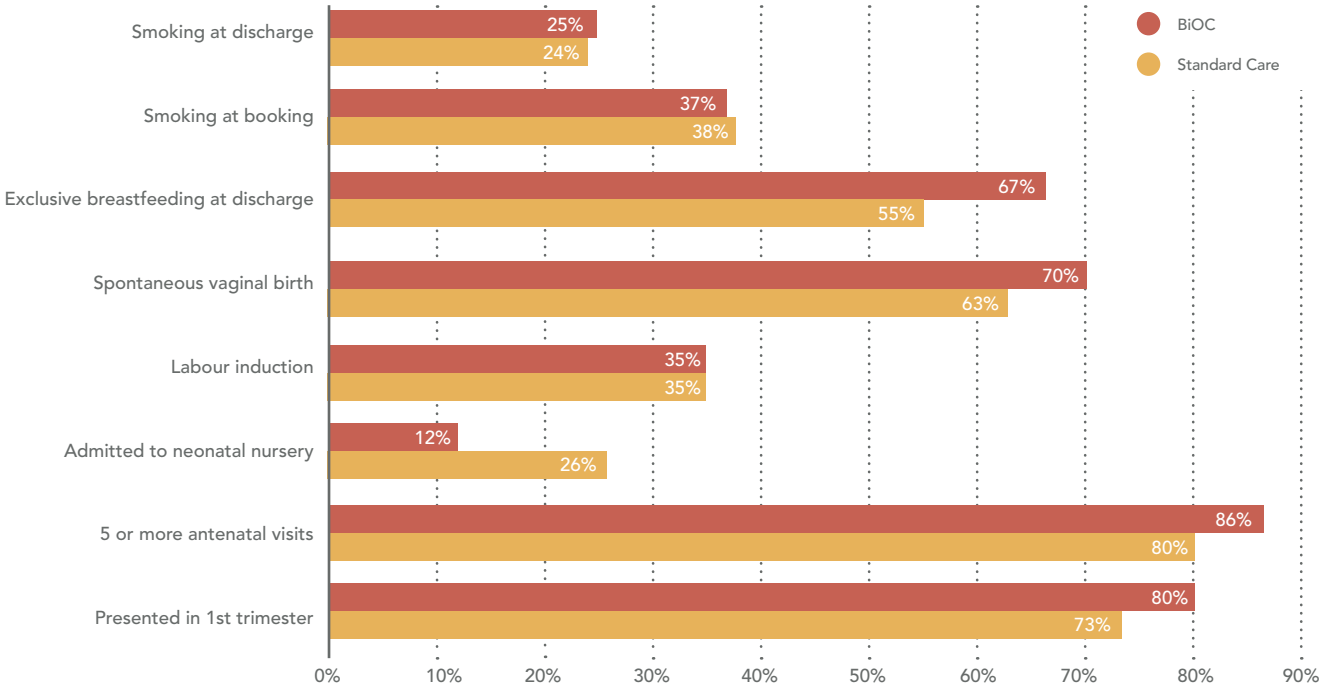
The Birthing in Our Community (BiOC) Program is a partnership between IUIH, Brisbane ATSICHS and the Mater Mothers' hospital. Operated out of our Salisbury Mums and Bubs Hub, clinical outcomes for Indigenous women and babies participating in the program continue to deliver outstanding results. In June 2019 BiOC results, including a halving of pre-term birth rates, were published in the Lancet's E-Clinical Medicine publication (see data below). As well as the strong clinical outcomes reflected below as at June 2019, women accessing the BiOC Program also continue to report a sense of belonging and safety at the BiOC Hub.

With the full support of my Family Support Worker, I wouldn't have come this far in my journey. Having someone who has faith and belief in me, made me start to have faith and belief in myself. I used all supports at the hub and now just received the great news I have been offered my first three bedroom house.

BiOC Mum, 2019

Antenatal and Neonatal Health Outcomes –

National, Standard Care and BiOC 2013-2019



REFERNCE: Kildea et al (2019). Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study Brisbane, Australia. The Lancet – EclinicalMedicine 23 June 2019. https://doi.org/10.1016/j.eclinm.2019.06.001

The weekly community days are also highly valued with women participating in arts and craft activities, receiving peer support and advice on food preparation where women co-produce a healthy lunch and take home the recipe to reproduce for their family.

Outcomes	Before matching (n=1024)			
	Standard Care (n=563)	BiOC (n=461)	OR (95% CI)	P-value
Preterm births	65 (11.6%)	32 (6.9%)	0.57 (0.37, 0.89)	0.013
Term births	498 (88.4%)	429 (93.1%)	Reference	

Meeting other woman during the community days gave me friendships and supports at a time when I was struggling with my pregnancy and then transitioning to becoming a mum again. I was able to have the support of my Family Support Worker who went out of her way to giving me many opportunities and also learning my culture and being surround by mob.

BiOC Mum, 2019

Australian Nurse Family Partnership Program

The Australian Nurse Family Partnership Program is an intensive home visiting program supporting mothers of Aboriginal and Torres Strait Islander babies from pregnancy through to the child's second birthday. This Commonwealth-funded program was established by IUIH on Brisbane's north side in 2016/17 and extended into the south side from 2017/18.

A research team external to ANFPP program providers completed a mixed methods study in June 2019 which explored the facilitators and barriers to recruitment and retention of Aboriginal and/or Torres Strait Islander women into the ANFPP.

The researchers found that the strengths of IUIH's ANFPP Program included:

- continued support after discharge from the hospital/midwifery care
- a peer social network with other mothers and babies through community days
- cultural activities which included art activities (e.g. belly casting during pregnancy)
- building trusting relationships with program staff
- having access to culturally safe and holistic 'wrap-around' care
- access to a physical space for drop in and cultural connection with Indigenous staff, Elders and Aunties.

Opportunities for increased communication between stakeholders and integration with other programs are now being implemented.

Specialist Paediatric Services

IUIH's paediatric service provides outreach specialist paediatrician clinics across 14 clinics in SEQ. We also provide a specialist paediatrician service to Galangoor Duwalami Primary Health Care Service in Hervey Bay by telehealth and 6-weekly face to face clinics. Our specialist paediatrician service expanded significantly over the past few years. In 2016 we had 2 paediatricians and 2 paediatric coordinators. At June 2019, there are 7 paediatricians and 8 paediatric coordinators providing coordinated services at Kalwun (Miami and Oxenford), Kambu (Goonda, Laidley and Ipswich), Yulu Burri Ba (Wynnum), ATSICHS (Northgate, Woolloongabba, Browns Plains, Logan and Loganlea) and Moreton ATSICHS (Morayfield, Margate and Strathpine). The number of clients accessing these services has increased exponentially reflecting this expanded workforce.

So yeah, they took me from a bashed woman with a baby to a woman that's going places, that can have this baby, and is going to get a home. And yeah, watch me go from homelessness, to this little unit, to a 2-bedroom unit, to now a house. So yeah. Like they've taken me from that broken lady, that broken "I can't do it, how am I even going to pay for anything" to the point today, even today we're talking about studying and becoming a youth worker again.

First time mum on ANFPP program, 2019

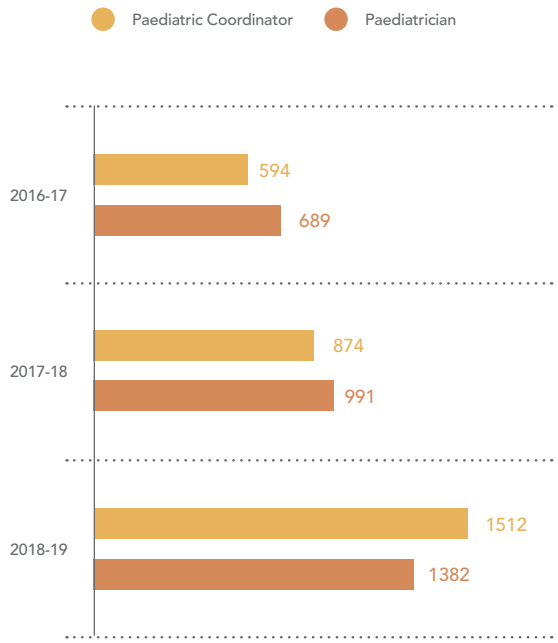
As at June 2019, over 150 women are now active participants of the program.

The paediatric service also provides a real-time Multidisciplinary Assessment Team clinic that includes a speech pathologist, occupational therapist, psychologist, paediatrician and paediatric coordinator. The aim of the service is to provide intensive assessment with diagnostic outcomes specific for children under 6 years of age in order to identify and fast track intervention prior to start of school. Each sub-region within the IUIH Network now has access to a Multidisciplinary Assessment Team clinic.

In 2018/19 IUIH provided a range of specialist medical and allied health paediatric services delivered in multiple locations including clinics, the Salisbury Mums and Bubs service and through early childhood education facilities across the region. Children's occupational therapy, speech pathology and audiology services continue to be delivered across the region.

In 2018/19 12 clinics were held across the region, with a total of 21 patients seen by a Multidisciplinary Assessment Team.

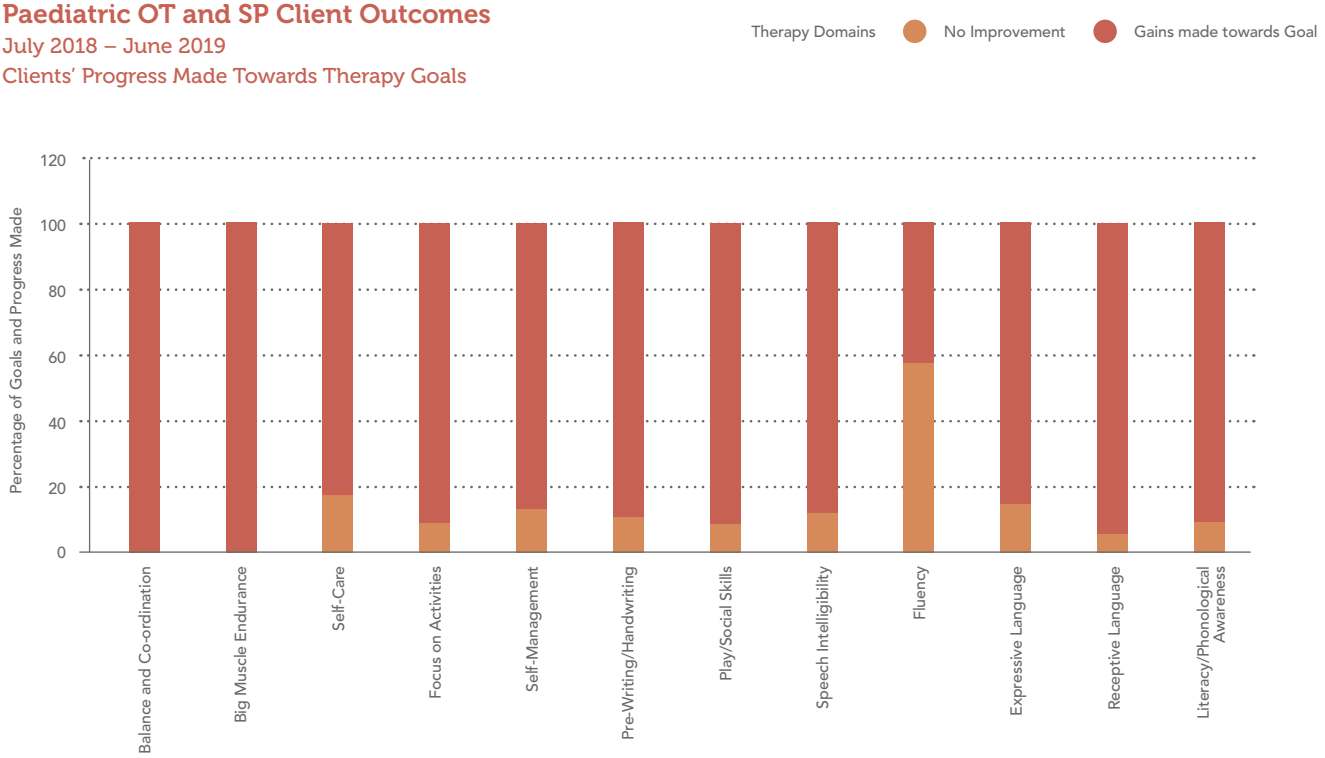
Number of specialist paediatric clients, 2016-2019



Paediatric OT and SP Client Outcomes

July 2018 – June 2019

Clients' Progress Made Towards Therapy Goals



Animal Assisted Therapy

An Animal Assisted Therapy service using a therapy dog named Levi commenced in October 2018 at the Yulu-Burri-Ba Mums and Bubs Clinic and expanded to the Wynnum clinic in January 2019. In 2018/19, 120 occasions of service were completed.

A range of needs and goals are targeted including:

- Emotional regulation
- Fine motor skills
- Social skills
- Literacy group with Speech Pathologist
- Sensory processing
- Play skills
- Self-care skills – brushing hair, toileting.

Client progress is monitored and evaluated using the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC), and the following experiences have been noted:

- Levi seems to be a calming influence on children and carers
- Carers enjoy interacting with Levi when discussing their child's history or things that their child is finding challenging
- Children seem to look forward to sessions with Levi and enjoy being able to walk him into the therapy room from the waiting room
- Sometimes other siblings or family members have attended so that they can meet the therapy dog
- Other clients often ask to interact with Levi.

Clinic staff have also reported a reduction in stress levels when Levi is in the clinic.

Animal Assisted Therapy:
Kyla's Story

Kyla* is the mum of four year old twin girls who have been diagnosed with Global Developmental Delay. The twins are struggling with their fine motor skills, speech development and toileting. When they first attended the Specialist Paediatric Service both girls were wearing nappies at all times and became distressed if encouraged to use the toilet. Following their sessions with Levi and the Specialist Paediatric Team, the girls are nappy-free more than half the day and do not cry when using the toilet. Using a play-based approach where Levi would join the girls for a tea party after which he would need to 'visit the toilet,' Kyla was able to transfer this approach to the home where she noticed the girls giving each other positive praise for trying to use the toilet.

* Name changed to protect privacy

Family Wellbeing Services: Moreton ATSICHS

The Family Wellbeing Service walks alongside families to help build strong and resilient families. As an early intervention program fully integrated with primary health care, the Family Wellbeing Service aims to enhance the resilience, connectedness and social emotional wellbeing of children and young people and their families.

The Family Wellbeing Service Team is made up of family practitioners and family wellbeing workers, who are all accredited under the Parenting Under Pressure (PUP) Framework. The team is engaged to help families in the areas of:

- personal support and development
- practical support to address family needs
- support to promote and enhance strong parenting
- links to clinical and therapeutic health services
- opportunities to connect with culture and community
- building families and kinship connections.

In addition, the Family Wellbeing Service Team facilitated or co-facilitated a number of programs for its clients, including mentoring and activities for young males aged 10-13, a school holiday program, art groups, women and girls' groups and Circle of Security programs for parents/carers, including dedicated dads'/groups.

Recognising that families interact with and require support from a range of services in their community, the Family Wellbeing Service has actively participated in the following community collectives that aim to build an inter-agency response to the over-representation of Aboriginal and Torres Strait Islander children in out of home care and strengthen the community's response and support provided to vulnerable Aboriginal and Torres Strait Islander families.

- Family Support Collective
- Early Response Indigenous Collectives (Caboolture, Morayfield, Redcliffe, Strathpine)
- Moreton Bay Housing Collective
- Local Level Alliance
- Murri Network meeting.

Participation by the Family Wellbeing Service in these forums ensures agencies in the community are aware of and understand the Moreton ATSICHS system of care, enables development and implementation of clear and effective referral pathways and supports smooth interactions for families involved in multi-agency care.

Words cannot describe what the service has done for our family. The service has been so helpful and supportive. I have got nothing but nice things to say especially about my workers. So helpful and understanding and with no judgement.

Family Wellbeing Service Mum

In 2018/19, a total of 259 new clients were referred into the Family Wellbeing Service a variety of sources, including from other non-government organisations and self-referrals. Another 97 enquiries were received by the Service and support and information provided.

Family Wellbeing Services:
Tracey's Story

Tracey* is the mum of two boys aged eight and three years. She and her oldest son live with Tracey's mother in crowded conditions. Her youngest son, in the care of his father, had been taken to another state without her consent and Tracey was in the process of advocating for a Child Recovery Order through the Family Court. Tracey advised her GP that she was feeling overwhelmed with appointments, services and expectations of her. Her GP identified that she was experiencing depression and anxiety and referred her to IUIH's Family Wellbeing Services and Social Health Team. The team helped Tracey understand the pattern of abusive relationships in her past and the impact of historical trauma and current stress on her emotional health.

During this time, Tracey successfully:

- **navigated the Family Court system and was reunited with her youngest son**
- **completed a training program through a job service provider and commenced employment**
- **acquired secure and long term housing**
- **ceased all substance use**
- **completed the Triple P (parenting) program and implemented parenting strategies and child behaviour management systems at home.**

* Name changed to protect privacy

Social Health Services:
Ricky's Story

Ricky* is a 12 year old boy who was referred to the Social Health program by his GP for anxiety and chronic school absenteeism. Ricky and his mum told the GP that Ricky had no meaningful friendships, was being bullied, had difficulty navigating social situations and understanding social cues and struggled to have conversations with peers. He said he felt worried about attending school and his peers teasing him and indicated that he was highly motivated to please others, constantly worrying about what others would think of him and apologising profusely if he believed he had upset someone. He often experienced a runny nose and would sometimes get hives – on these occasions he would refuse to attend school as he feared being teased. On average he attended school only 2-3 days per week and would spend every break in the staff room with his mum who worked at the school. In general, he found attending school stressful and tiring.

Ricky and his mum asked the GP for support to help them manage Ricky's high levels of stress and anxiety, which gave him muscle tension and made him feel constantly on edge. The GP developed a mental health plan and referred him to an IUIH Social Health Team psychologist for assessment. Over the course of 12 months, Ricky attended 15 psychological therapy sessions, commencing with an assessment which identified that Ricky has Autism Spectrum Disorder. Understanding his condition helped him to work out why he struggled in social situations. The psychologist worked with the GP and paediatrician to help Ricky address his emotional needs and his physical symptoms (for example hay fever and fatigue). Over time Ricky became very engaged in therapy sessions and, armed with strategies to aid relaxation and social interaction, Ricky gained in self-esteem and confidence.

Ricky no longer sees the psychologist. At his last appointment, Ricky and his mum reported that his anxiety has significantly decreased, he has a small group of close friends with similar interests and spends time with them during school breaks. His school attendance and grades have improved and he was able to complete the NAPLAN testing for the first time. Ricky is now aiming to go to University to study Mechatronics.

* Name changed to protect privacy

Supporting Educational Outcomes for Indigenous Children

Deadly Kindies Campaign

Since 2017, in recognition that health and education outcomes are interdependent, IUIH's Strategic Plan has included a strong focus on integrating health services into educational settings. It also supported a focus on promoting the importance of Kindy, particularly in the year before school, in preparing children for primary school.

In 2018/19, Queensland Government funding for the Deadly Kindies Campaign, which aims to improve Kindy participation rates, was extended. The Deadly Kindies Campaign utilises social media, community engagement activities, outdoor and indoor marketing, radio advertisements, and promotional materials utilising the Deadly Kindies Ambassador, Johnathan Thurston, and other events utilising Deadly Choices Ambassadors.

The campaign has been designed to mirror the highly successful Deadly Choices social marketing campaign whereby Aboriginal and Torres Strait Islander community members are incentivised to engage with their local IUIH Member clinic. The Deadly Kindies Program involves children who are eligible for Kindy enrolment undertaking a health check and completing a Kindy registration form, which provides permission for IUIH and/or clinic staff to follow up with families to support enrolment. Upon enrolment children receive a Kindy kit which includes items that help facilitate a child's participation in Kindy – for example, a backpack, lunch box, hat and shirt – thereby reducing costs for families.

In 2018/19, the Queensland Government also funded the expansion of the Deadly Kindies Program into Townsville through a partnership between IUIH and the Townsville Aboriginal and Islander Health Service (TAIHS). On 6 October 2018, Deadly Kindies Ambassador Johnathan Thurston launched the expanded program at the Queensland Murri Carnival. In May 2019, the Queensland Department of Education funded a further extension of Deadly Kindies requesting an expansion to Central Queensland in partnership with Bidgerdii Community Health Service based in Rockhampton.

2018/19 Deadly Kindies Campaign

	June 2019	June 2018	June 2017
Number of participating clinics	25*	20	19
Number who received a kit	271	447	110
Number of children who subsequently enrolled in Kindy	242 (89%)	317 (71%)	76 (69%)
Number of families engaged in the program	270	443	109

* excludes the two Rockhampton clinics which didn't commence service activity until August 2019.

Townsville Deadly Kindies

The Townsville Aboriginal and Islander Health Service (TAIHS) employs an Early Childhood Teacher in its Family Wellbeing Service who co-ordinates Deadly Kindies and Yamani Play. Yamani Play are playgroups that operate out of Yamani Meta, the Mums and Bubs program located alongside the TAIHS Garbutt clinic.

A sole parent being supported by Yamani Meta has full custody of her youngest child, an infant, with her other children currently in kinship care. Both the mother and kinship carer attend Yamani Play most weeks with the children who are not yet school age. Through support from Yamani Meta and the Family Wellbeing Service, the mum has progressed to sleepovers with the older children and other unsupervised visits.

One of the children is kindy aged and was enrolled in an approved kindergarten program so the Early Childhood Teacher arranged for the child to receive an MBS 715 health check and provided the child with a Deadly Kindies Kit. As a result of the child taking the backpack to kindy every day and proudly wearing the shirt, the (mainstream) kindergarten has actively sought support to embed Aboriginal and Torres Strait Islander perspectives into their service. It began with the child taking the Yamani Play Book of the week to share with her classmates and now the service conducts an Acknowledgement of County, has introduced Indigenous songs and the child shares the Yamani Play Book of the week with her kindy class each week. The child and her kinship carer also take in other resources and suggestions from Yamani Play.

The child tells other children and staff that she wears the Deadly Kindies shirt because she is 'deadly and Aboriginal' and that she got it because the doctor checked her to make sure she is ready for Kindy. The TAIHS Early Childhood Teacher arranged a visit to the kindy and asked the children why we do the Acknowledgement of Country. They said to say thank you and to care for the land.

Whilst the family are receiving much needed and appropriate support which they are actively engaging in, an unintended and positive consequence of the child wearing her Deadly Kindies shirt and using her Deadly Kindies kit is that the centre is now actively engaging with Aboriginal and Torres Strait Islander perspectives on a daily basis. It highlights, how wrap-around support systems, in this case through TAIHS, have positive impacts beyond a child's enrolment.

Engaging Young Adults

Deadly Choices Schools Program

The Deadly Choices Schools Program is an 8-week program delivered by IUIH and partners in primary and secondary schools across 6 regions in Queensland:

- **Far North Qld –** Yarrabah, Innisfail, Mareeba, Cairns and surrounding.
- **North Qld –** Mackay, Townsville and surrounding areas.
- **North West Qld –** Mt Isa, Normanton and surrounding areas.
- **Central Qld –** Rockhampton, Gladstone and surrounding areas.
- **South West Qld –** Cunnamulla, Charleville and surrounding areas.
- **South East Qld –** Gold Coast, Brisbane, Ipswich, Bayside, Moreton and surrounding areas.

The program covers: leadership, smoking, nutrition, physical activity, harmful substances and healthy relationships. The aim of the Deadly Choices Schools Program is to empower our young Aboriginal and Torres Strait Islander people to be role models in living a healthy lifestyle.

A total of 270 Deadly Choices school education programs were completed in 2018/19 with over 4,600 students graduating from the program.

Total Number of Programs Delivered (Primary – SEQ)	91
Total Number of Programs Delivered (Primary – outside SEQ)	64
Total	155
Total Number of Programs Delivered (Senior – SEQ)	64
Total Number of Programs Delivered (Senior – outside SEQ)	52
Total	116
Program graduates (Primary – SEQ)	1272
Program graduates (Primary – SEQ) that completed a health check	478
Program graduates (Primary – outside SEQ)	772
Program graduates (Primary – outside SEQ) that completed a health check	73
Total	2595
Program graduates (Senior – SEQ)	936
Program graduates (Senior – SEQ) that completed a health check	362
Program graduates (Senior – outside SEQ)	577
Program graduates (Senior – outside SEQ) that completed a health check	174
Total	2049

Deadly Choices Schools Program:
Connor's Story

During the first session of the 8-week Deadly Choices School Program conducted at his school, Connor* shared with the group that his dad was sick and to help his mum out he walks his siblings to and from school every day. A few weeks later a teacher told the Deadly Choices Worker how much Connor loves Deadly Choices. She said he talks about it all the time and cannot wait for the program each week. Throughout the Program, Connor has shown strong leadership qualities and says he tries to lead by example for his younger siblings and others in his family.

His school was selected to attend the Brisbane Broncos Deadly Choices Schools Program Graduation, which 13 young children (including Connor) attended.

* Name changed to protect privacy

DC Fit

DC FIT is a group program designed for Aboriginal and Torres Strait Islander people who are between 16-25 years of age. It enables our young people to exercise in a culturally-safe and supportive environment, while participating in Fun Indigenous Training (FIT). Deadly Choices Program Officers across Queensland have been studying the Certificate III or Certificate IV in Fitness in order to deliver these sessions.

IUIH also ran a pilot fitness program with Indigenous women. The Tough Tiddas Program of DC FIT and healthy yarning was conducted over 8-10 weeks. Around 40-50 women attended, comprising 30-35 attendees at a Northside group and 15 at a Southside group. This training culminated with top attendees selected for the Tough Mudda Challenge held on 18 May 2019.

A total of 27 Deadly Choices Program Officers have completed their Certificate IV and will be delivering the DC Fit Program from July 2019. A further 26 Deadly Choices Program Officers are completing their Certificate IV and another 6 Program Officers are completing the Certificate III before commencing the Certificate IV. On completion, IUIH will have 59 qualified Personal Trainers delivering a fitness program to young Aboriginal and Torres Strait Islander people in South East Queensland.

Moreton Atsichs Youth Services: Social Health

Continuing its efforts to engage with hard to reach young men, MomenTIM, a Men's Health project, was implemented across the Moreton Bay region.

The project aims to:

- Increase access for Indigenous men to clinical services/interventions
- Provide peer support/mentoring
- Develop community support networks
- Destigmatise mental health through program delivery/ social marketing.

MomenTIM is delivered by Indigenous men in community organisations and/or school environments and encourages young men to engage in strength-based conversations about being a man. The program has also developed working partnerships with the Brisbane Youth Detention Centre, Department of Correction and Youth Justice and Department of Child Safety, Youth and Women.

MomenTIM, and its companion program focused on young women, DC Sistas, have provided a key platform to respond effectively to the needs of vulnerable young people who may be at risk or already affected by alcohol or other drugs.

The MomenTIM Program was recognised as an Open Minds Finalist in the 2018/19 Mental Health Week Awards.

In addition, the Youth Services team delivered traditional games to more than 300 students and conducted community based men's and women's groups. Group activities focus on optimising cultural connections, and health and wellbeing outcomes for individuals, particularly to provide education, advice and support to address problematic substance use and more broadly, vulnerabilities including relationships, identity, mental health issues, housing instability and disrupted family circumstances.

After hours youth programs delivered by Moreton ATSICHS Social Health have been providing a culturally supportive diversionary program to Aboriginal and Torres Strait Islander young people. Its successes include developing and maintaining connections with vulnerable young Aboriginal and Torres Strait Islander men and women considered moderately or severely at risk in community. As well as providing an effective after hours response and therapy groups for young people, they also complement and contribute to a wider network of community groups established in the North Brisbane region, which include groups focusing on parenting support, numeracy and literacy, a homework club, school holiday programs, life skills development and fitness.

Key staff across the IUIH service system are also trained in Mental Health First Aid as part of their professional development and knowledge building in mental health particularly anxiety, depression, psychosis, the effects of alcohol and drugs and suicide prevention.

During 2018/19, training provided to youth program staff included:

- Aboriginal Mental Health First Aid
- Circle of Security – Early Intervention Attachment and Security
- Foetal Alcohol Spectrum Disorder
- NAPCAN – child abuse and neglect prevention.

In 2018/19, these and other youth programs were delivered in 14 high schools across the Moreton Bay region and were attended by approximately 200 male and female students.

Addressing Adult Chronic Disease and Mental Health

Work It Out Program

The Work It Out (WIO) program is a group exercise and yarnin' program designed to assist Aboriginal and Torres Strait Islander adults prevent, manage, or rehabilitate their chronic disease(s). In 2018/19, the WIO Program was in its eighth year of operation and active across 11 locations in South East Queensland, two locations in North West Queensland and three locations in Central Queensland. Ongoing research and evaluation of the WIO program demonstrates that attending WIO leads to significant improvements in a client's health and wellbeing, social connectedness and physical fitness. Outcomes include improvements in aerobic exercise capacity and endurance, basic functioning, changes in waist circumference and weight maintenance, social and emotional wellbeing, social connectedness, and stronger engagement in health care.

WIO Program Participation

Outcome measure	2018/19	2017/18	Result
Total OOS	13514	8449	Improvement
Individual clients	1216	895	Improvement
New clients	500	478	Improvement

Changes in Exercise Capacity

Outcome measure	Pre WIO	Post WIO	Result
6MWT (m)	428	448	Improvement
Timed Up & Go (sec)	7.88	7.25	Improvement
Step Balance test (R)	13.2	14.2	Improvement
Step Balance test (L)	13.2	14.2	Improvement

Anthropometric changes

Outcome measure	Pre WIO	Post WIO	Result
Weight (kg)	99.2	98.6	Improvement
Waist circumference (cm)	117.9	111.0	Improvement

In 2018/19:

- 62.3% of WIO clients increased or maintained their 6 minute walk test distance
- 97.7% of WIO clients improved or maintained their score in the Timed Up & Go test
- 82.7% of WIO clients improved or maintained their score for their right foot in the Step Balance test
- 78.9% of WIO clients improved or maintained their score for their left foot in the Step Balance test
- 53.9% of WIO clients maintained or reduced their body weight
- 68.2% of WIO clients maintained or reduced their waist circumference

Our people attended over 19,000 allied health service appointments across South East Queensland in 2018/19. This was an increase of 35% from the previous year.

The Dietetic team have provided over 1700 occasions of service across 17 clinics.

Adult Therapy Services

Adult allied health services continue to be provided across the region with a range of services including: podiatry, physiotherapy, audiology, dietetics, diabetes education, occupational therapy, speech pathology and optometry. Allied Health staff work together, inter-professionally in order to provide a holistic and integrated model of care with wrap around services to facilitate better health outcomes.

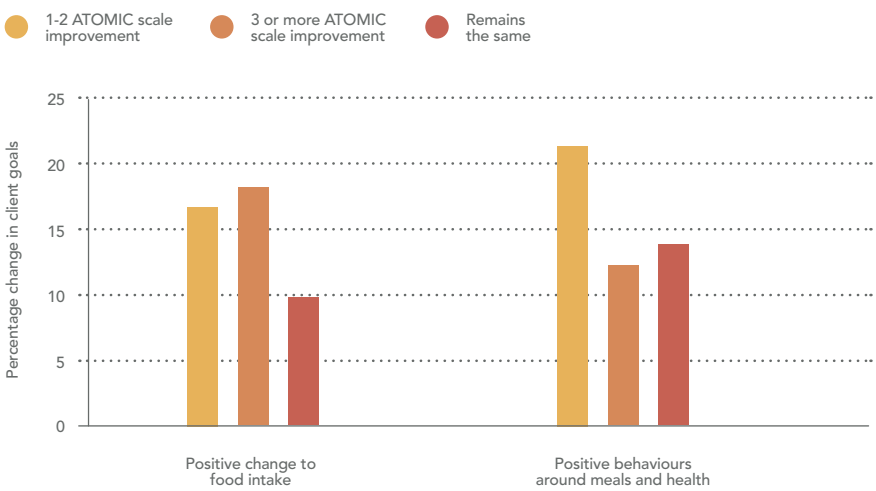
The IUIH Diabetes Education team collaborated with Diabetes Queensland to deliver Feltman training sessions to clinical staff across the IUIH Network including to Aboriginal Health Workers, allied health professionals, registered nurses, pharmacists, CCSS and IUIH connect coordinators, students and trainees. Through this training staff acquired the skills to provide education and support to our clients to empower them to understand and manage their diabetes and help them to reduce the risk of diabetes-associated complications. A total of 41 staff attended the training.

In the second half of the year, the Dietetics Team commenced collecting outcome data using the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC). All clients under care of a dietitian show positive changes in their food selection and eating behaviours.

In 2018/19, individual exercise physiology consults were introduced for clients for which referral to the Work It Out Program may not be suitable.

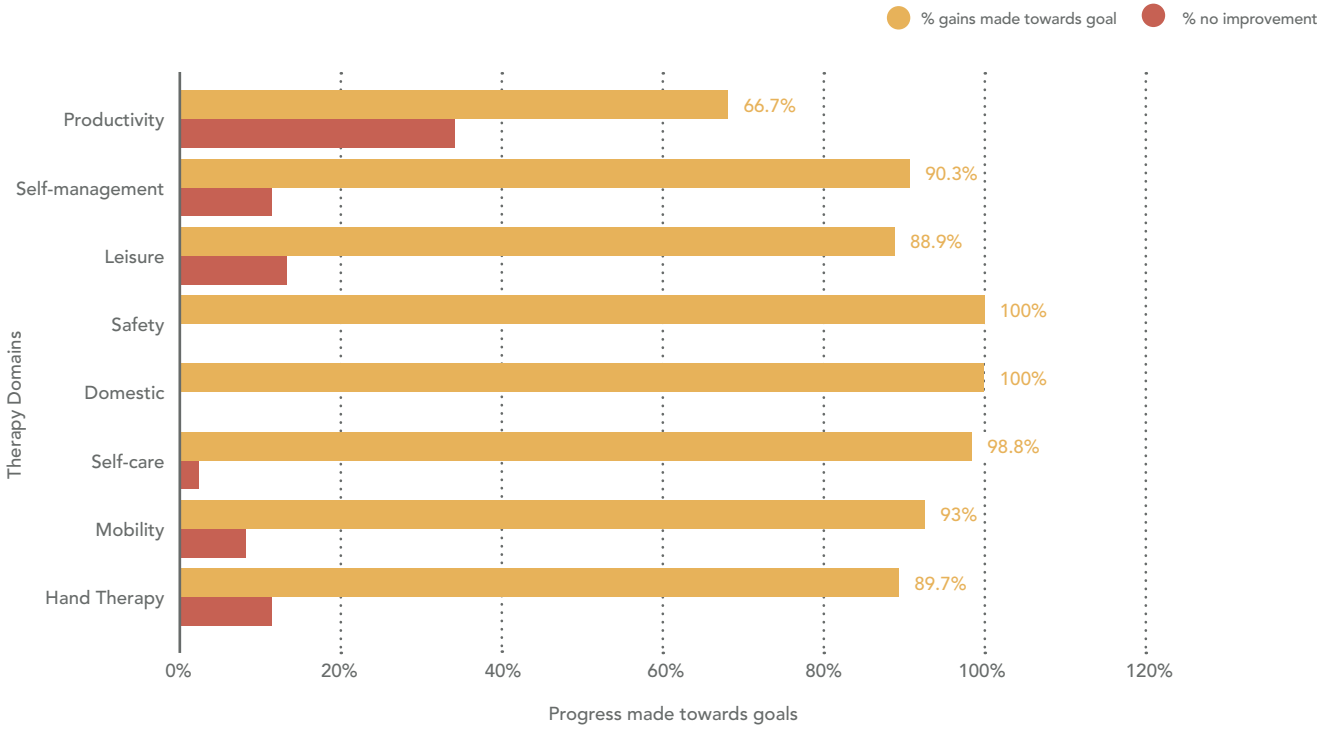
In 2018/19 there were 8,084 occasions of service for podiatry and, by supporting clients to care for their feet, 41 known amputations have been avoided, 391 pairs of shoes have been dispensed along with 225 pairs of orthotics and bracing devices.

Dietetic Outcomes Summary 2018/19



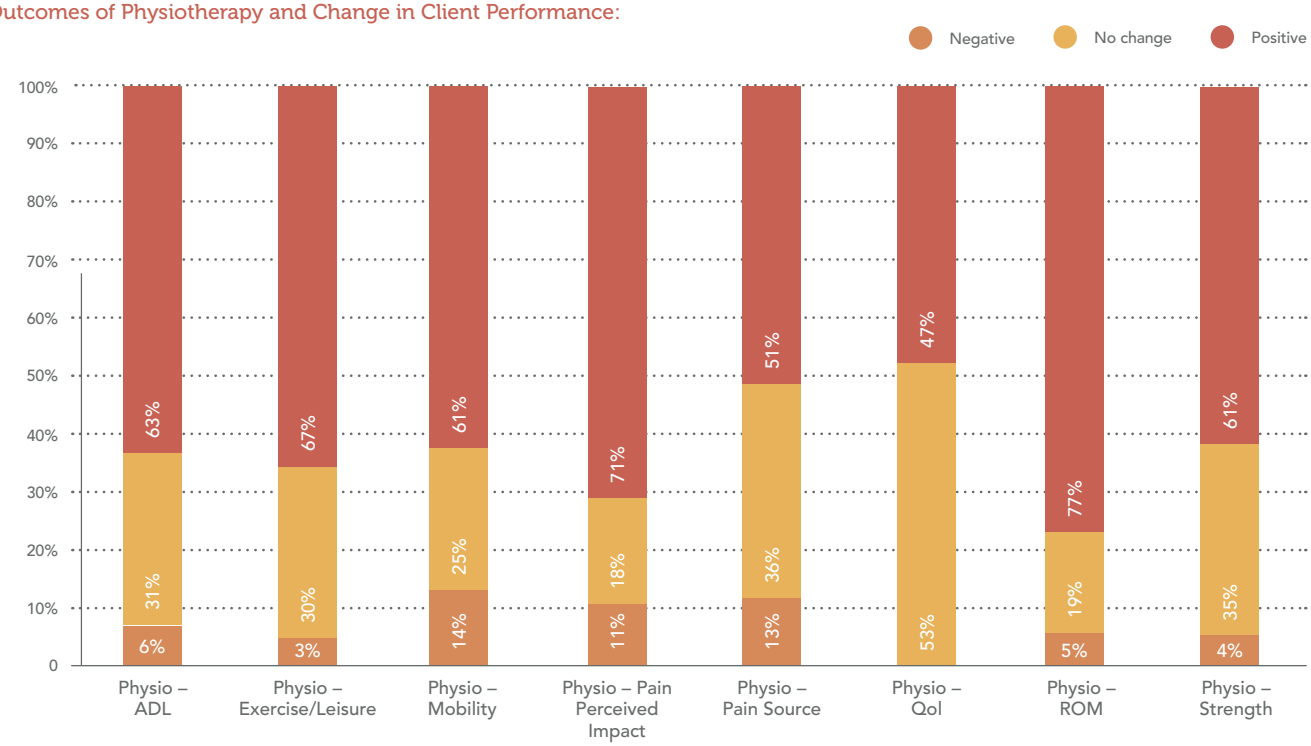
Occupational Therapy

Adult OT Client Outcomes. Progress made towards client goals



Physiotherapy

Outcomes of Physiotherapy and Change in Client Performance:



Integrated Adult Allied Health Services:
Frank's Story

Frank* attended an IUIH clinic with decreased sensation and paralysis to his lower left leg. Also affecting his back and hip, this condition caused Frank to have difficulty walking. In particular Frank's left leg has poor muscle strength affecting his balance. To assist him to walk better, Frank sought assistance from IUIH Podiatry services, who provided modified footwear, custom orthotics and a foot and ankle brace.

Frank also regularly consults with an IUIH physiotherapist to assist him in managing his pain and strengthening his lower back and hip. He has also worked closely with an IUIH Occupational Therapist who provides Frank with equipment that can help him manage tasks of daily living and to reduce his risk of falls.

Frank reports that he is now taking less pain medication, is able to move around more comfortably and feels safer. He has had fewer falls and reports a significant improvement in his quality of life.

* Name changed to protect privacy

Eye Health

IUIH has established eye and ear surgical pathways that assist in addressing lengthy wait times for tertiary care, including:

- Cataract treatment pathway – in partnership with the Springfield Mater Hospital and Check UP
- Ear, Nose and Throat (ENT) pathway – in partnership with the Mater Children's Hospital, Check UP and a visiting ENT specialist.

A significant amount of coordination is required to schedule the surgeries. The eye and hearing health services work collaboratively with member services and visiting medical specialists to identify clients who require tertiary care, provide support on the day of surgery and post-surgery to assist clients with hospital paperwork, transport, and social support and to troubleshoot any issues that may arise. Access to these pathways has resulted in better health outcomes for clients including improved vision, hearing, learning capabilities, independence and quality of life. In 2018-19, 54 eyes were treated for cataracts and seven paediatric clients were treated for ENT issues.

Hearing Health

IUIH audiologists deliver hearing health services across South East Queensland.

Hearing Health Services	2018/19
Number of Audiology Clinic days	249
Occasions of service	1223
Referred for additional care with an Ear, Nose and Throat specialist (ENT)	439
Hearing aids – patients who were identified that would benefit from hearing aids	170

Dental Health

Historically the IUIH Network has been providing dental services that were largely self-funded, helping to alleviate the wait list for public dental services provided through Queensland Health.

In 2017, IUIH put to Queensland Health that it pick up the funding for IUIH dental clients that would have been eligible for Queensland Health dental services, thereby allowing IUIH to utilise its funds to support clients who have no other access pathway to dental care, such as people in the workforce on low incomes and children who are not eligible for, or have used up, the Child Dental Benefit Schedule allowance.

From 2017, IUIH has received funding from the Queensland Government to deliver the Dental Health Services Project, which supports Aboriginal and Torres Strait Islander adults who are Queensland Health Eligible Patients to access dental health services at IUIH clinics.

During 2018 IUIH continued to deliver dental health services under this arrangement supporting Aboriginal and Torres Strait Islander adults who are eligible for public dental services. In addition IUIH also provided paediatric dental services across the ten clinics, employing an additional dental health therapist, with extended scope of practice. Dental health patients routinely complete a health check prior to accessing dental treatment and receive coordinated primary and dental health care.

Services have been expanded to include a dental chair at the Yulu-Burri-Ba Dunwich clinic on North Stradbroke Island opening in March. Services were also expanded at Kambu's Ipswich clinic, with a third chair now in operation.

Clients access general and preventative services, and can access prosthodontic services from ATSICHS Brisbane. This service now has a full time prosthetist and dental technician, providing removable dentures, and flexible removable sport mouth guards. An internal referral process to ATSICHS Brisbane provides client access to a maxillofacial specialist and streamlined referral pathways for more specialised oral surgery procedures are being reviewed with hospital and health services.

- **Dental services were provided through 10 clinics across the region including, for the first time, on North Stradbroke Island**
- **11,000 clients received dental treatment**
- **Over 90% of patients completed a health check prior to their dental visit**
- **A full time dental prosthetist commenced**
- **Two Indigenous dental assistant trainees were supported in Certificate III studies.**

Dental Services:
Janet's Story

Janet* is a 72 year old woman who initially contacted an IUIH Network clinic due to a broken, loose tooth. After initial consultation with the dentist, it was clear that Janet had uncontrolled diabetes, an unknown cardiac ailment, oral health problems and several other health issues which were impacting on her health and wellbeing.

Janet was adamant that she wanted the tooth removed, but the dentist advised her that dental treatment couldn't be started until her blood sugar level was under control. In the short term pain relief was provided, and she was referred to a GP at the Clinic for a comprehensive health assessment. She was also connected with IUIH specialists and allied health staff including endocrinologist, cardiologist, occupational therapist, diabetes educator, physiotherapist, optometrist, podiatrist, and dietitian.

Two years since that first visit with the dentist, with a range of supports to help Janet manage her health issues, Janet reports that she has a better quality of life and a feeling of connectedness with the clinic. All thanks to the broken tooth that made her access the IUIH clinic in the first place.

* Name changed to protect privacy

Social Health

Inner City Referral Service

The Inner City Referral Service (ICRS) supports Aboriginal and Torres Strait Islander people residing within a 5km radius of the Brisbane CBD who require extra social health support, including for alcohol and other drug use issues, unmanaged chronic health conditions and housing.

The ICRS seeks to support clients through assertive outreach, intensive case management, referral and strengths based practice and link clients to other agencies and services that can provide longer term social health support if required. ICRS utilises the existing IUIH System of Care to link clients to a local ACCHS to enable a comprehensive Adult Health Check to be completed and appropriate referrals made.

The ICRS works collaboratively with ATSICHS Brisbane, the Queensland Police Service, Micah Projects, Queensland Health's Homeless Health Outreach Team, the Royal Brisbane and Women's Hospital, the Princess Alexandra Hospital, substance misuse organisations, specialist homelessness services and community housing providers, and other social support services in the Brisbane City area.

In 2018/19 the ICRS Team also participated in new partnerships with government and non-government agencies aimed at improving access to housing and to coordinating care for rough sleepers. In 2018/19 the ICRS supported 138 people to access services to address their needs.

The ICRS Team commenced collecting homelessness data relating to their clients from January 2019. Of the 65 people sleeping rough supported by ICRS since data has been collected:

- 34 (52%) were referred to housing services
- 13 (20%) were housed in their own accommodation
- 5 (8%) were assisted to enter residential rehabilitation and residential facilities with AOD case management
- 3 (5%) were housed in temporary accommodation
- 2 (1.3%) were assisted to return to country to reside.

All clients supported by ICRS accessed treatment and/or referral within one month of assessment by ICRS staff.

Client feedback, recorded since January 2019, was also overwhelmingly positive:

- 93% of clients who provided feedback reported a very high level of satisfaction with the quality of support provided and the remaining 7% reported a high level of satisfaction
- 83% of clients who provided feedback reported a very high level of satisfaction that their needs had been met by ICRS support and the remaining 13% reported a high level of satisfaction.

Inner City Referral Service – Awards and Recognition

During 2018/19, the ICRS Team received recognition through:

- **An NITV Report on SBS,** *Say hello to Black excellence: meet the people who are closing the gap,* **March 2019 available at https://www.sbs.com.au/nitv/article/2019/03/21/say-hello-black-excellence-meet-people-who-are-closing-gap-1**
- **Lowitja Institute's** *Our Choices, Our Voices,* **Closing the Gap Report 2019**
- **Letters of appreciation from the Queensland Police Service and Terri Butler MP, Member for Griffith**

Inner City Referral Service:
Uncle Goldy's Story

ICRS received two referrals regarding 64 year old Uncle Goldy – one from the Indigenous Liaison Service at a major Brisbane Hospital, and one from the Queensland Police Service. The referrals indicated that Uncle Goldy had been assaulted and hospitalised for head injuries and dehydration. Through liaison with hospital staff and discussion with Uncle Goldy, ICRS identified that his health was deteriorating rapidly due to sleeping rough on the street, poor nutrition and alcohol use. He reported he had limited personal supports.

It was clear that Uncle Goldy's health concerns were largely a result of his social situation and homelessness, and ICRS successfully advocated for him to remain in hospital until urgent housing was sourced and supports put in place for him to live independently in the community. ICRS referred Uncle Goldy to Micah Projects, who assisted in completing his housing application while still in hospital. ICRS also worked with the Department of Housing and a community housing provider to obtain a unit for Uncle Goldy before he was discharged.

Upon discharge ICRS coordinated with multiple social support services to obtain bedding, a fridge and other essential living items and helped Uncle Goldy move into his new unit with tenancy support from Micah Projects. ICRS also connected Uncle Goldy to the ATSICHS Brisbane clinic at Woolloongabba for ongoing care to address a chronic liver condition and to reduce his alcohol consumption. At Uncle Goldy's request ICRS reunited him with family with whom he had previously had little contact and who now support his needs in the community.

Uncle Goldy reported that his health has improved dramatically and that he is enjoying the support of his family.

* Name changed to protect privacy

Prison Transition Program

During 2018/19, IUIH continued supporting people with a mental illness released from correctional facilities through a Prison Transition Program funded by the Queensland Government. The Prison Transition Program provides support for clients six weeks before release from prison and six months post release. The aim of the program is to:

- support clients to engage with appropriate services to address their medical, mental health, substance abuse, child safety, housing and financial concerns
- reconnect clients with their families and communities
- prevent future encounters with corrective services, including re-incarceration.

Many clients of the Prison Transition Program successfully completed their 6 months post-release support with the Prison Transition Program without returning to correctional services, including:

- A male client released in late 2018 was supported to connect with community and health services and gained employment once released. This client completed his 6 months, post-release support and provided extremely positive feedback to the program for its support of him in the transition.
- Multiple female clients who were receiving little or no contact with their children while incarcerated are now receiving contact via phone calls, face to face appointments and some clients have had their children returned to their care on release.

In 2018/19, 86 men and women have been supported within the prison and 58 men and women were supported to transition between prison and community.

Supporting our Elders

Aged Care Services

The IUIH Home Support team continues to work across multiple aged care planning regions with a focus of bringing Elders together. The group based respite activity program and the Seniors Indigenous Games have been great vehicles for Elders from different communities to remain connected with each other.

There is ongoing growth in demand for culturally competent aged care services for Aboriginal and Torres Strait Islander people. With regret, waitlists for Home Care Packages in particular are still in place and are growing, but with minimal funding opportunities to enable expansion of services to meet identified needs.

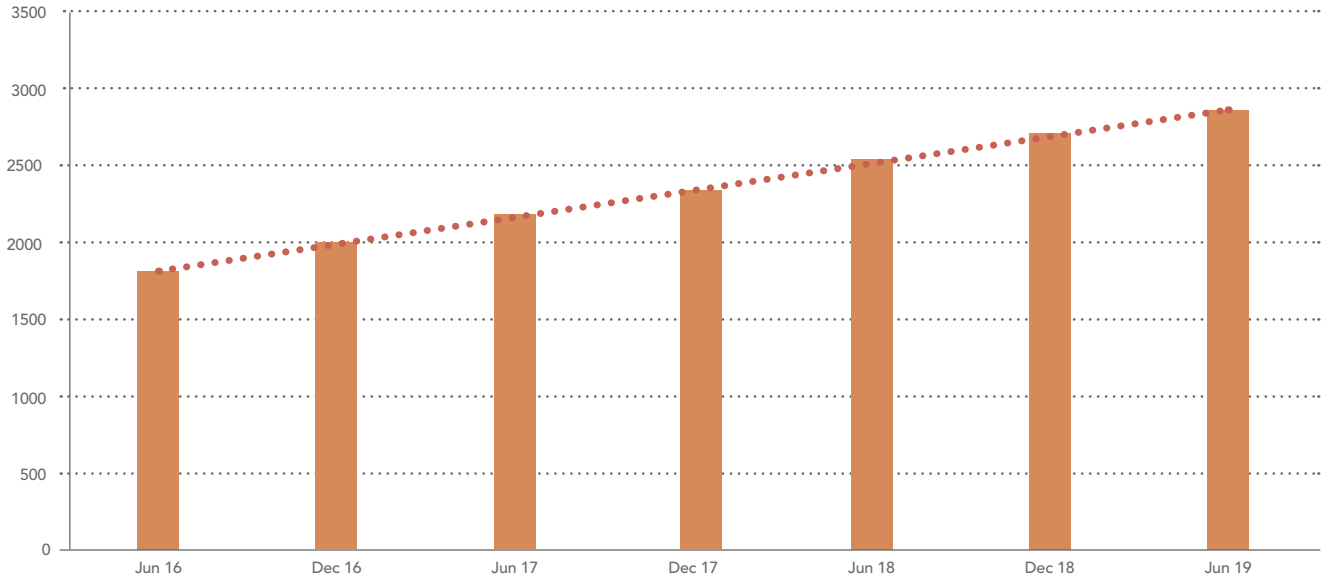
At a glance in 2018/19:

- There is continued demand for Aged Care Services across South East Queensland, Sunshine Coast and Hervey Bay regions
- 390 new clients bringing the total to 2,951 clients
- 141 Home Care Packages were delivered
- 70% of IUIH Home Support staff identify as Aboriginal and/or Torres Strait Islander.

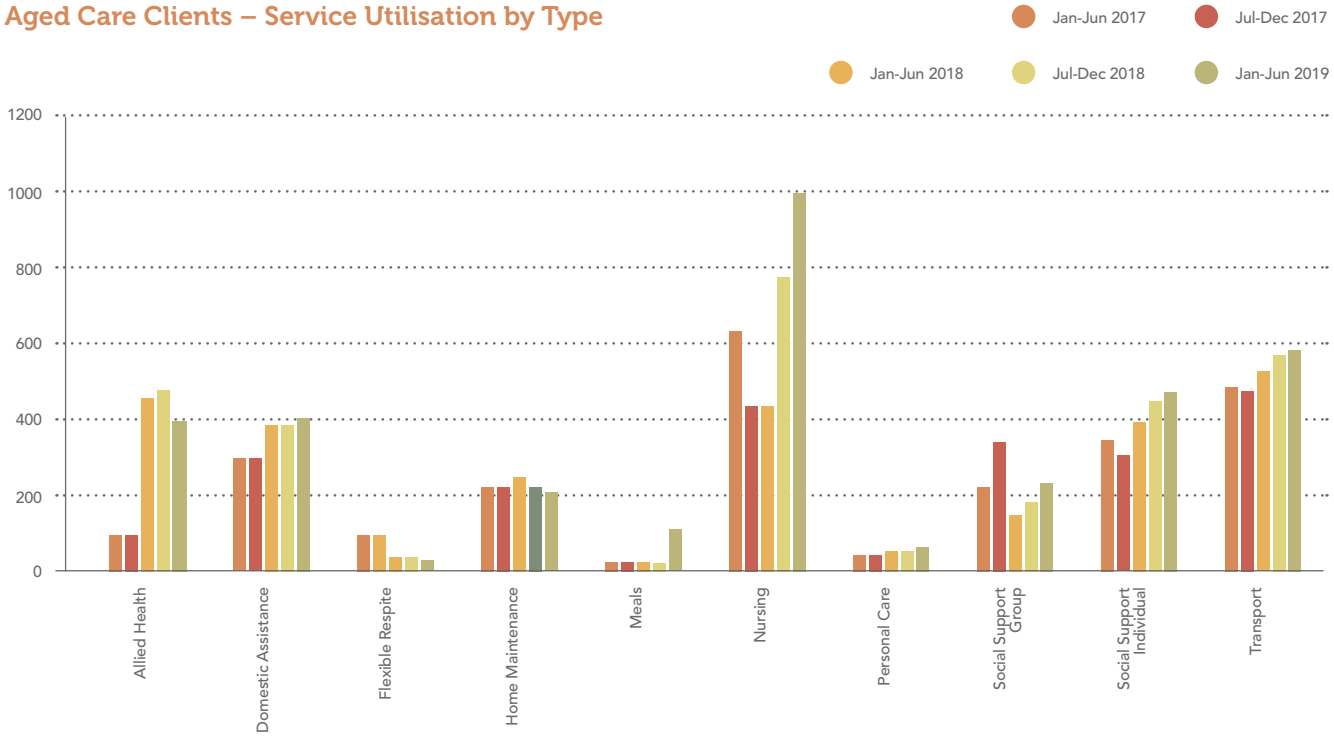
Improving access to My Aged Care

In recognition of the successful work completed for the Australian Government in 2017/18, where IUIH led consultations on the development of an *Aboriginal and Torres Strait Action Plan for the Aged Care Diversity Framework,* in 2018/19 IUIH was asked to lead another important national project. The project is looking at new and innovative ways to assist Aboriginal and Torres Strait Islander Elders navigate the complex My Aged Care system and IUIH is the lead organisation for Aboriginal and Torres Strait Islander Community Controlled Services pilot projects. IUIH believes that this significant work is important in breaking down barriers for Aboriginal and Torres Strait Islander Elders to access aged care services.

Growth in Aged Care Clients



Aged Care Clients – Service Utilisation by Type



Senior Indigenous Games

The Senior Indigenous Games Program is focused on Aboriginal and Torres Strait Islander people aged 50 years and over. The games are modified to accommodate players reliant on wheelchairs and walking frames. Participants must be registered with their local ACCHS who promote the games, recruit the players and supply transport for those who do not have access to their own. In 2018/19, the program was delivered in SEQ, Mareeba, Cunnumulla, Charleville and Mt Isa. The games are a fun way of ensuring our Elders remain physically active and socially connected.

In 2018/19, 21 Senior Indigenous Games events were held with 166 participants.

Universal Services and Programs

Promotion and Prevention – Making a Deadly Choice

The **Deadly Choices Program** is IUIH's health promotion and prevention program. It aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily.

Deadly Choices Community and Sporting Events – Deadly Choices Ambassadors

In 2018/19, the Deadly Choices team conducted alcohol, drug and sugar-free community and sporting events at which healthy lifestyles and the importance of regular contact with health services are promoted.

Deadly Choices Ambassador: Brenton Bowen

In June 2019, Brenton Bowen joined the Deadly Choices Team as a Deadly Choices Ambassador. Brenton is a former professional rugby league footballer who played for the North Queensland Cowboys from 2003 to 2007 and the Gold Coast Titans in 2008. He is a cousin of Australian international fullback Matt Bowen.

Event – SEQ	No. of Events	No. of Participants – SEQ
NAIDOC Celebrations	1	600+
Community Days	43	2480
Camps – Junior & Senior	6	222
Sporting Events	28	3030
Regional Events	13	2698
– Touch Carnival	1	465
– Junior Murri Carnival	1	430

Event – Outside SEQ	No. of Events	No. of Participants – Outside SEQ
Community Days	64	3515+
Camps	4	83
Sporting Events	67	1310+
Regional Events	23	3470+

Deadly Choices Partnerships

Much of the success of Deadly Choices can be attributed to the partnerships we have formed with sporting clubs. In 2018/19, the following partnerships were signed:

National Rugby League:

- Parramatta Eels
- Canterbury Bulldogs
- Canberra Raiders
- Cronulla Sharks
- South Sydney Rabbitohs
- Queensland Rugby League
- New South Wales Rugby League
- Australian Football League:
- Hawthorn Football Club

DEADLY CHOICES PARTNER AND LICENSEE MAP

Deadly Choices Tobacco Cessation

Tobacco Champions and Pledges

The **Deadly Choices Tobacco Education Program** is delivered in a range of settings, including schools and with community groups seeking to prevent uptake of smoking, encourage smokers to quit and create support for smoke-free environments. Tobacco Champions work with clients attempting to quit smoking.

The **Deadly Places, Smoke-Free Spaces** campaign complements and reinforces the healthy lifestyle messages delivered through the broader Deadly Choices social marketing campaign with a focus on tobacco cessation and smoke-free environments. The campaign encourages people to sign a pledge that they will make their car, home and workplaces deadly, smoke-free spaces.

Awesome having the tobacco program as a lot of students have taken up smoking and in the wrong crowds and this program on smoking gives them more knowledge. Teachers even love it as they smoke too ...

High School Student

Key Statistics – Deadly Choices Tobacco Education Program 2018/19 – South East Queensland

Number of DC Tobacco Education Programs delivered	42
Number of participants completing DC Tobacco Education program	602
Active Tobacco Champions across SEQ	17
Tobacco Champion clients	438
Tobacco Stalls held	730
Tobacco Stalls participants	5531
Smoke Free Pledges signed	1923

Key Statistics – Deadly Choices Tobacco Education Program 2018/19 – Outside South East Queensland

Number of DC Tobacco Education Programs delivered	59
Number of participants completing DC Tobacco Education program	636
Active Tobacco Champions across SEQ	15
Tobacco Champion clients	0
Tobacco Stalls held	804
Tobacco Stalls participants	5834
Smoke Free Pledges signed	3815

DEADLY NUMBERS
SOUTH EAST QLD – 2018/19

A DEADLY CHOICE
Deadly Choices
IS A HEALTHY CHOICE

23,419 Health checks conducted

10.5% Increase in health checks

9,587 New patients engaged

38,771 Total patients

13 Smoke, alcohol and sugar-free events

2,698 Participants at these events

155 Education programs delivered

2,208 Program graduates

730 Pop-up Smoke-Free stalls

1,923 Smoke-Free Spaces pledges signed

6,703 People positively impacted by these pledges

5,531 Smoker interventions

69,471 Facebook followers

6,645 Twitter followers

14,900 Instagram followers

91,000+ Social media followers

WWW.DEADLYCHOICES.COM.AU

Integrating and Coordinating Care

In recognition of the significant overlap and interaction between health outcomes and the key social and economic determinants of health and behavioural risk factors, IUIH aims to strengthen its efforts to help Aboriginal and Torres Strait Islander families connect with social support services. In doing so, it continued to improve the coordination of services to create a no wrong door environment, and the integration of health and social support services.

Integrated Team Care Program

The Integrated Team Care (ITC) program includes the Improving Indigenous Access to Mainstream Primary Care (IIAMPC) and Care Coordination and Supplementary Services (CCSS) programs. These programs continued to engage and educate mainstream practices on available services and deliver cultural awareness training to enhance the culturally safety of Aboriginal and Torres Strait Islander people attending mainstream primary healthcare services. The IIAMPC team is actively involved in community engagement strategies to promote the ITC programs through NAIDOC Week, Closing the Gap Week and other local community activities.

In 2018/19, the CCSS program continued to deliver services in South East Queensland and the Fraser Coast. The CCSS Team successfully coordinated access to a Respiratory Physician which enabled clients to seek medical specialist advice and enhanced the care and treatment of clients receiving CPAP support for sleep apnoea. The bulk purchasing of CPAP machines, CPAP accessories and medical aids resulted in cost savings, assisting the available funding to reach more clients.

- 2,407 Aboriginal and Torres Strait Islander clients with complex chronic conditions accessed CCSS services
- 90,136 Care Coordination services were provided
- 53,040 direct clinical services were provided
- 39,266 allied health services were provided
- 14,466 specialist services were provided
- 10,442 transport services were provided
- 13,486 medical aides provided.

Care Coordination and Supplementary Services	2018-19
Number of clients with complex conditions that accessed CCSS	2421
Medical aids provided	13,825

* In 2018-19, CCSS ceased its service to Bundaberg clients (around 300 people) for which services were provided in 2017-18.

Improving Indigenous Access to Mainstream Primary Care	2018-19
IIAMPC North	1624
IIAMPC South	2444

IUIH Connect Program

The primary purpose of the IUIH Connect Program is to improve Aboriginal and Torres Strait Islander health outcomes through the coordination and integration of health care across sectors and service interfaces in the Brisbane region. Since its inception in 2013, the IUIH Connect Program has built a network of more than 64 referring organisations and 76 connecting organisations that coordinate health care and social support within primary and tertiary health services. The team comprises Care Coordinators, Social Workers and Indigenous Outreach Workers.

In 2018/19, the IUIH Connect program continued to focus on three main areas:

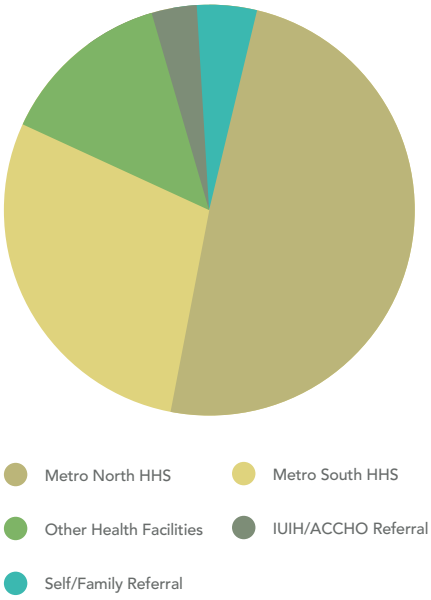
1. **Hospital to community interface –** working together with the patient and/or family and the hospital staff to ensure a safe hospital discharge to home
2. **Navigation –** linking patients to culturally appropriate primary health services respecting patient choice
3. **Partnerships and initiatives –** working with other services and health organisations to improve health outcomes, reduce avoidable hospital admissions and increase access to health care. This includes partnerships with the Better Cardiac Care Program at the Princess Alexandra Hospital, the Lighthouse Project in The Prince Charles Hospital, after-hours pharmacy access and access to footwear and medical aids.

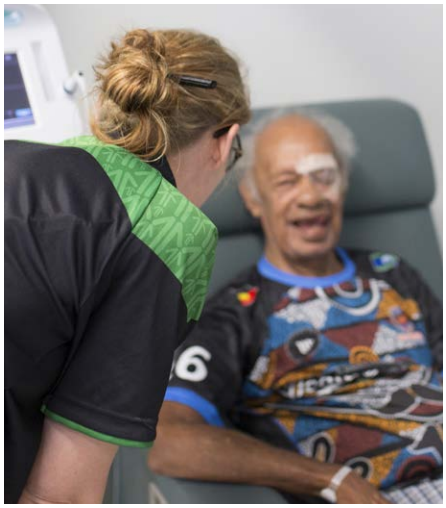
The IUIH Connect program continued to receive referrals from Hospital and Health Services and other health providers in the Brisbane Region, with some referrals from the Sunshine Coast and Gold Coast Hospitals. In addition to this, the IUIH Connect program continues to work with the Queensland Police Service to assist community members that require medical and social support. IUIH Connect received 540 referrals from the Queensland Police Service during 2018/19.

Through a flexible funding model, the IUIH Connect program provides financial assistance for patients to access medical specialist appointments, medications and medical equipment that is not available through other funding schemes.

IUIH Connect 2018/19	2018-19
Total occasions of Service	1474

IUIH Connect – Sources of Referrals





Pharmacy Service

The Pharmacy team has a strong focus on monitoring and continually improving the quality and safety of medicine use across the region through:

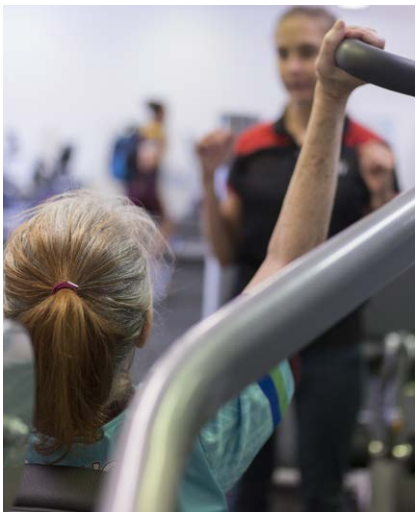
- Providing extended support for community, working closely with IUIH Connect, Deadly Choices, Allied Health, Sexual and Reproductive Health and externally with community pharmacies and hospital pharmacists.
- Supporting systems for effective monitoring and implementation of clinic imprest and vaccine stock.
- Providing continuing education and clinical support for clients, including participating in case conferences and reviewing medication use as part of local clinic teams.
- Providing training and development of the IUIH Network workforce in the safe and effective use of medicines.
- Coordinating, tracking and ensuring follow up of Home Medicine Reviews.

IUIH is also closely working with NACCHO to expand the list of medications available on the Pharmaceutical Benefits Scheme for Aboriginal and Torres Strait Islander people.

Disability Services

During the last financial year, IUIH initiated entry into the complex National Disability Insurance Scheme system for Aboriginal and Torres Strait Islander people who have a disability. IUIH received funding through the Queensland Department of Communities through its transitional arrangements to assist the department to identify Aboriginal and Torres Strait Islander people who have not been previously engaged with the disability system. IUIH prioritised its focus on ensuring Aboriginal and Torres Strait Islander community members living with a disability access their entitlement to this complex scheme. Through this project, IUIH assisted 168 people to test their eligibility by lodging access request forms to the NDIA

- **62 Home Medicine Reviews completed throughout the region.**
- **2287 units of Nicotine Replacement Therapy distributed to clinics**
- **703 sexual and reproductive health medications distributed to clinics**
- **821 influenza vaccines and dTpa vaccines distributed to clinics and staff.**



In recognition of IUIH's success in the transitional arrangements project, the National Disability Insurance Agency expanded the project with a 15-month pilot project of national significance. This national project expands on the previous project and will assist 500 Aboriginal and Torres Strait Islanders living with a disability to lodge an access request, navigate the pre-planning stage and lodge an appropriate services plan.

In 2018/19, IUIH focused primarily on access pathways to the National Disability Insurance Scheme but moving forward will turn its attention to the development of a service system and assistance with coordinating these much needed supports for eligible participants.

- **Aboriginal and Torres Strait Islander Australians are 1.7 times more likely than the non-Indigenous population to have a disability (ABS 2016 Census)**
- **Indigenous Australian children are 2.5 times more likely than non-Indigenous children to have a disability (ABS 2016 Census)**
- **7% of Indigenous Australians reported requiring assistance with core activities of daily living, a 40% increase since the previous census (ABS, 2016 Census)**
- **4939 Indigenous Queenslanders in SEQ are estimated to require assistance with core activities.**

Aboriginal and Torres Strait Islander people with a disability, SEQ – 2016 Census data

Local Government Area	Count	% of total (4932)
Brisbane	1167	23.66%
Gold Coast	626	12.56%
Ipswich	676	13.65%
Lockyer Valley	132	2.73%
Logan	814	16.51%
Moreton Bay	1041	21.05%
Redland	263	5.35%
Scenic Rim	120	2.39%
Somerset	100	2.03%

Enabling Services and Programs

IUIH Community Legal Service

Since June 2017, and throughout 2018-2019, the IUIH Legal Service has been working with individuals and families facing difficulties with legal issues. The impact of legal issues on health and wellbeing is well documented. Many individuals and families who access the IUIH System of Care present with complex needs and high degrees of social risk and vulnerability. IUIH understands that early, intensive and integrated legal education, prevention and support is not readily accessible to many Aboriginal and Torres Strait Islander people, especially those who experience social and financial hardship.

The IUIH Legal Service provides high quality, timely legal advice for individuals and families internally referred through Moreton ATSICHS Family Wellbeing Service or by general practitioners and allied health workers. It also provides services to clients associated with the Birthing in Our Communities Program and the Australian Nurse Family Partnership Program. The team target legal services to women, parents or guardians with children in their care, and Elders and assist with a variety of legal matters, including Family Law, Child Support, Child Protection, Domestic Violence, Discrimination and Harassment, Centrelink reviews, State Penalties Enforcement Registry issues, debt, Elder abuse, and tenancy/housing issues.

On legal matters that the IUIH Legal Services do not cover such as criminal matters, personal injury, WorkCover and migration law, we provide referrals to external services that may be able to assist clients in accessing free legal support where possible.

Around 80% of IUIH Legal Service clients are women.
The remaining 20% are fathers with children in their care or male Elders.
In 2018/19, the IUIH Community Legal Service supported 165 clients with ongoing legal support.

During 2018/19 the IUIH Legal Service was accepted as Queensland's 34th Community Legal Centre and has since achieved accreditation through the National Association of Community Legal Centres' National Accreditation Scheme.

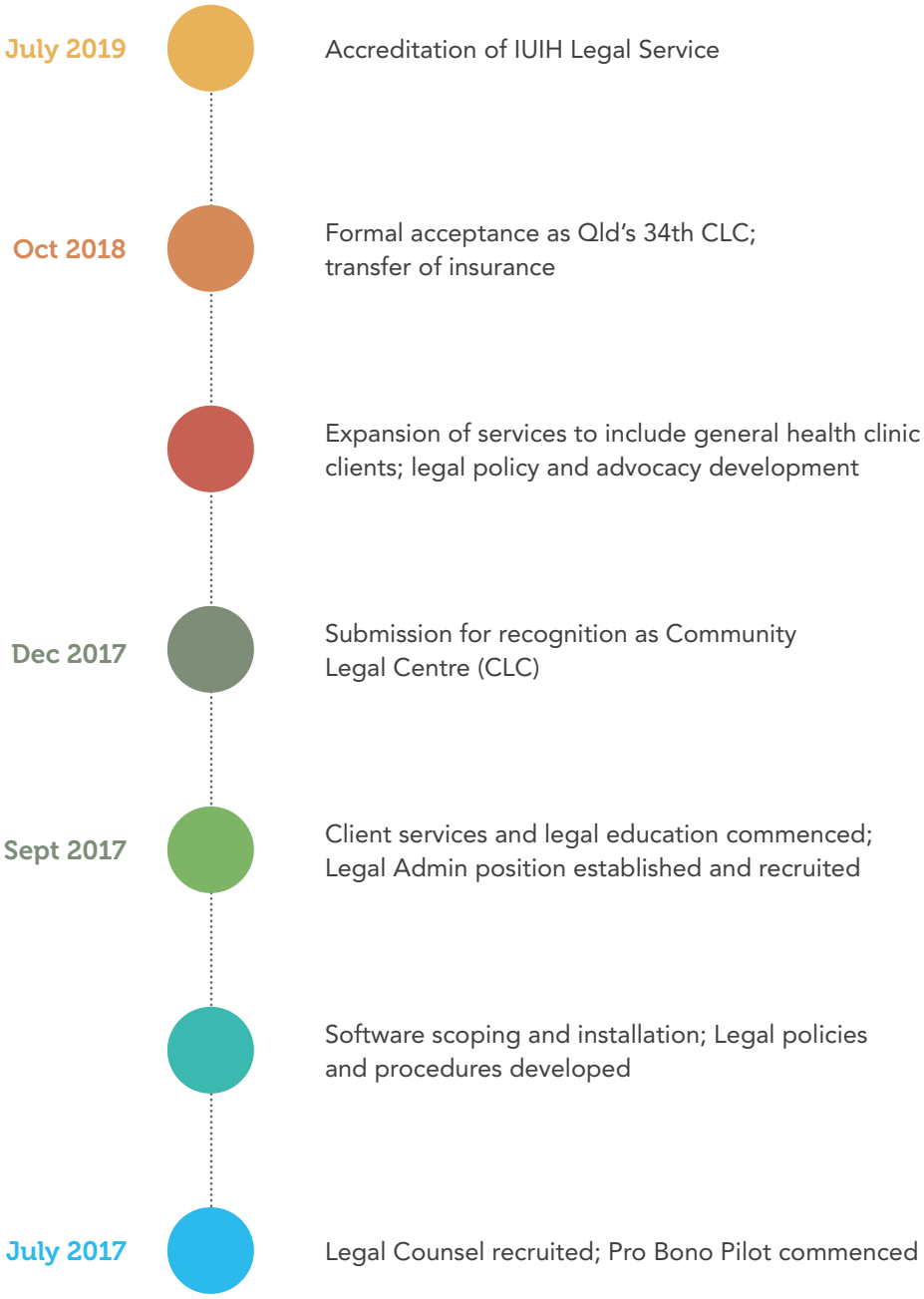
You gave me the confidence to deal with facing the legal requirements to escape from an abusive marriage. It was very daunting to attend at court, but I felt confident I had the best legal team to move forward.

Client, 2019

My lawyer has been amazing! She dedicated herself to finding solutions for us. She gave us an honest and professional service of high standard. She listens and makes sure I understood before she moved forward on our case.

Client, 2019

IUIH Legal Service establishment



Community Legal Service:
Mark's Story

Mark* is a single dad with a young daughter. For several years, he has tried to obtain a copy of his daughter's birth certificate from the child's mother who has been in jail for some time. Mark was referred to the IUIH Community Legal Service by a Moreton ATSICHS doctor who became aware that Mark was worried that he would not be able to enrol his daughter into school without a birth certificate. Adding to his anxiety was his fear that if he was unable to enrol his daughter into school, the Department of Child Safety might remove his daughter from his care.

The IUIH Community Legal Service worked with Mark to help him apply for a birth certificate. It took several months as the child was born in another State and negotiation with an interstate bureaucracy was required. The legal team learned that the child's mother had not initially registered her daughter's birth which presented some additional hurdles. The legal team helped Mark gather the documents he needed including proof that he is the father so that he could obtain the birth certificate.

When Mark and his daughter finally received the birth certificate, they were so excited because it meant that Mark's daughter could be enrolled in school in the following year.

* Name changed to protect privacy

Continuous Quality Improvement

IUIH has continued to invest time and resources in data systems that support quality improvement across IUIH. We use data to measure a range of different indicators and performance metrics to monitor systems and processes, and to learn about and share best practice across our network. As part of this, data is used to support Continuous Quality Improvement (CQI), a way of embedding our values into all that we do through a cyclical process of learning and sharing. This process, together with the feedback we receive from our stakeholders forms the basis of an ongoing conversation at all levels of the organisation about how to improve access to our services and improve their clinical effectiveness.

Data – Systems and Insight

In 2018/2019 there were some significant developments in the way data is collected and utilised throughout the IUIH network, including in MMEx, the electronic health record system used by IUIH and Member Services. IUIH was heavily involved in the planning of these changes which, when activated in September 2019, will provide a number of improvements to clinician workflow and data management. In addition, a regional data warehouse for IUIH and its member SEQ ACCHSs was also developed in 2018/19. To be operational by the end of 2019, the warehouse will support advanced business intelligence and planning capability through delivery of 'self-service' dashboard and reporting functions that can be accessed by IUIH Network staff in real time. In addition, the warehouse will allow integration of new data with existing health data, providing new insight for clinicians and management that was previously not accessible.

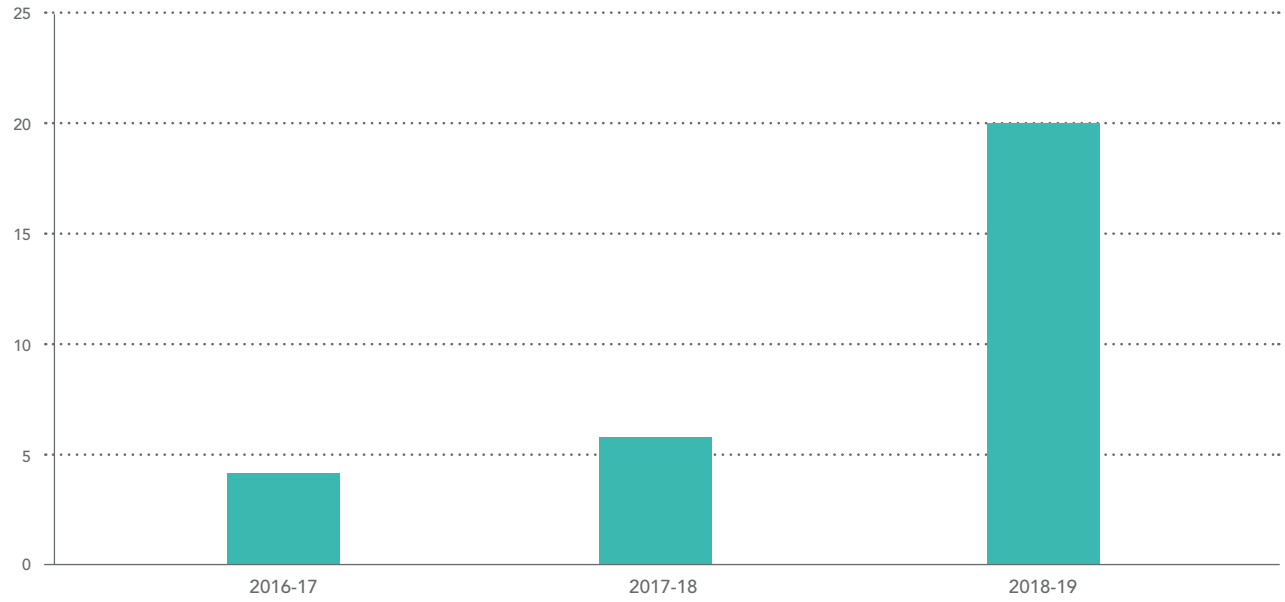
CQI Facilitation and Team Activation

A small team of facilitators, comprising data analysts, MMEx trainers and medical educators, delivers monthly CQI sessions at clinic locations across the network. These meetings create an inter-disciplinary environment for learning and sharing best practice which has led to local strategies for improved uptake of screening and preventive activities as well as targeting resources for clients with particular needs. Encouraging practitioners and managers to agree local targets and timescales maintains momentum in the CQI process and promotes accountability to each other and our communities.

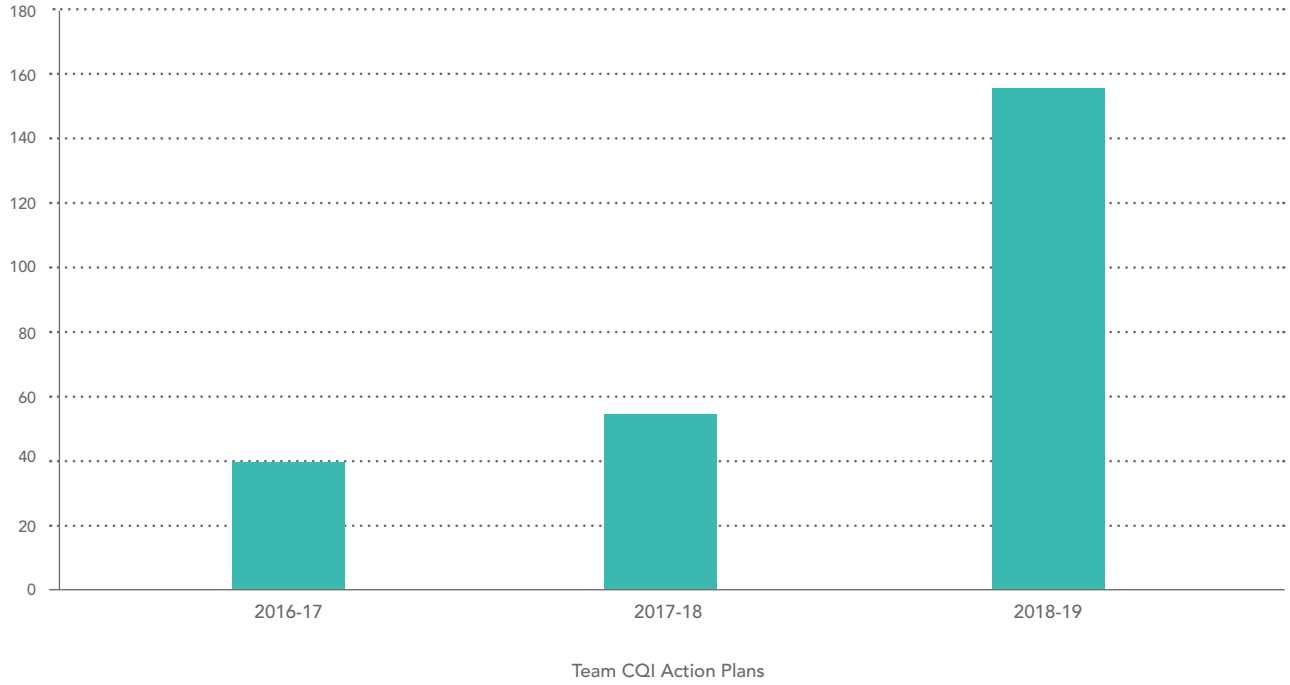
Further embedding of CQI as part of the IUIH regional Clinical Governance Framework is supported by:

- development of the regional CQI Protocols, endorsed by senior clinicians and managers from all IUIH Member Services
- the launch of the IUIH Data Warehouse, which will further improve access to benchmarked, high quality data that underpins CQI
- development of the IUIH System of Care e-Learning and Resources Package, with a 'course' within the interactive multi-media platform focused on data, knowledge and CQI.

Number of Clinic and Program Teams participating in Monthly CQI Meetings



Annual number of facilitated CQI meetings delivered and Team Action Plans produced 2016/17 to 2018/19



Research and Evaluation

There has been a busy program of research initiated or continued within IUIH and its Member Services throughout the year, with some significant outcomes generated from existing research. Notably, the following research activity was undertaken during 2018/2019:

- **Indigenous Birthing in Urban Settings (IBUS) –** a five year NHMRC funded research project investigating the impact of the Birthing in Our Communities model of birthing care (partnership with Mater Hospital Brisbane and ATSICHS Brisbane); significant results from this project were published in the Lancet's EClinicalMedicine journal.
- ***Telling my story: Hearing from dads in the IBUS study –*** a project looking to understand the experiences of dads of babies from the Birthing in Our Communities program.
- **Paediatric Allied Health –**
  - development and validation of a speech pathology assessment for urban Indigenous children (in partnership with the University of Queensland)
  - research investigating the efficacy of an inter-professional skills development program for urban Indigenous school children
  - Inflate Trial: a randomised control trial to examine the effectiveness of nasal balloon auto-inflation for the treatment of Otitis Media.
- **Sexual and Reproductive Health –** systems for improved surveillance and quality improvement in sexual and reproductive health services led by the South Australian Health and Medical Research Institute.
- **Deadly Choices evaluation –** preparations for a full evaluation of all Deadly Choices activity began in 2018/19, including a state-wide evaluation of the Tackling Indigenous Smoking program, and school-based Deadly Choices education programs.
- **Social Health –** novel interventions to address Methamphetamines in Aboriginal and Torres Strait Islander communities, an NHMRC project led by the South Australian Health and Medical Research Institute.
- **Blood borne viruses –**
  - evaluation of a new telehealth supported model of care for patients with Hepatitis C
  - qualitative interviews with Aboriginal and Torres Strait Islander patients that inject drugs from the perspective of Hepatitis C acquisition and treatment.
- **Workforce Development –** student and postgraduate research projects included:
  - use of SMS as a virtual hub for student learning
  - assessing the effectiveness of an Indigenous health placement in developing a student's reflective skills and cultural responsiveness
  - impact of student placements in urban Indigenous health settings on student's perceptions and intent to work
  - development and validation of a goal-based allied health therapy assessment tool (ATOMIC).
- **IUIH System of care evaluation –** planning and commencement of a project to evaluate the new Hub/POD model currently being trialled in Moreton ATSICHS.

Organisational Development

The IUIH Organisational Development Team has responsibility for:

- embedding *The Ways and IUIH's Cultural Integrity Investment Framework* into all areas of IUIH development and practice
- coordination and growth of student placements across the region
- development and delivery of accredited training in order to build SEQ's Aboriginal and Torres Strait Islander health and community services workforce
- workforce mapping to align new and existing programs to the IUIH System of Care
- development and delivery of an IUIH Wellness Program for staff
- development and delivery of workforce, leadership and management training and pathways to develop our next generation of leaders.

In 2018/19, IUIH, in partnership with The University of Queensland, won the Business Higher Education Round Table (BHERT) award for Outstanding Collaboration in Higher Education and Training. An IUIH Training Team member was named a finalist in the Metropolitan Queensland Training awards in recognition of her outstanding contribution to training in Business and Primary Healthcare.

University Student Placements

In 2018/19, 473 students across 27 disciplines and multiple universities completed placements at an IUIH Network service or program. This is an increase of 28% from the previous financial year. Of these, 5 students were subsequently employed within the IUIH Network.

Australian Catholic University	7
Bond University	3
Charles Darwin University	1
Central Queensland University	1
Deakin University	5
Griffith University	14
James Cook University	1
Newcastle University	1
Queensland University of Technology	34
Southern Cross University	2
University of New South Wales	3
University of Queensland	397
Total	469*

* TAFE/VET/RTOs account for 4 students

This placement has given me the opportunity to increase my awareness and confidence in caring for Indigenous Australians. I have learnt that there is much more to learn about caring for patients from different cultures and that a key skill to have is the art of listening. I have had the best 4 weeks and I am so grateful that I received the opportunity to have worked in such a culturally, family orientated, community supported and spiritually rich clinic.

Nursing Student, 2019

University Student Placements: Range of Disciplines Represented

Medicine	Dentistry	Occupational Therapy	Speech Pathology	Nursing/ Midwifery
Exercise Physiology/ Sports Coaching	Education	Counselling	Health Science Public Health	Podiatry
Psychology	Nutrition & Dietetics	Pharmacy	Audiology	Political Science
Human Movement	Physiotherapy	Optometry	Social Science	Social Work/ Human Services

Of the university students who completed a placement within the IUIH Network in 2018/19, 98% of students reported they would recommend a placement in Indigenous health and 93% of students reported they were satisfied with the quality of their placement.

Trainees and Training

In 2018/19, two new school-based trainees in Allied Health Assisting were recruited. In addition, 9 full-time trainees in Individual Support and 5 full-time trainees in Primary Health Care completed their traineeships and have been supported to gain employment, bringing the proportion of students that have gained employment within the IUIH Network after completing a traineeship to 60%.

A further 55 students enrolled in a Certificate III in Individual Support, Primary Health Care or Business, supported by the Department of Small Business and Training's *Skilling Queenslanders for Work Program*. Twenty-six young people completed a *Ready for Work Program* supported by the Department of Small Business and Training's *Skilling Queenslanders for Work Program*, with 80% of these students transitioning into traineeships, employment or accredited training.

Growing our own Workforce

Over 20% of IUIH's existing workforce has been recruited through IUIH's training pathways.

In 2018/19, three cohorts of staff, totalling 70 participants (from across the IUIH Network and State Deadly Choices partners), completed IUIH's Executive Development program, designed to support and develop leaders of the future. A further 18 participants are currently enrolled in the program.

IUIH has developed and is trialling an e-learning module called *The Ways of Growth*, which aims to support staff and managers to plan for and develop growth opportunities.

Propa Ways: Student Cultural Skills Program

The student cultural skills program called Propa Ways has continued to be implemented following a successful pilot in 2017. 87 students completed the program in 2018/19, of which 21 students (24%) completed a feedback survey which revealed that:

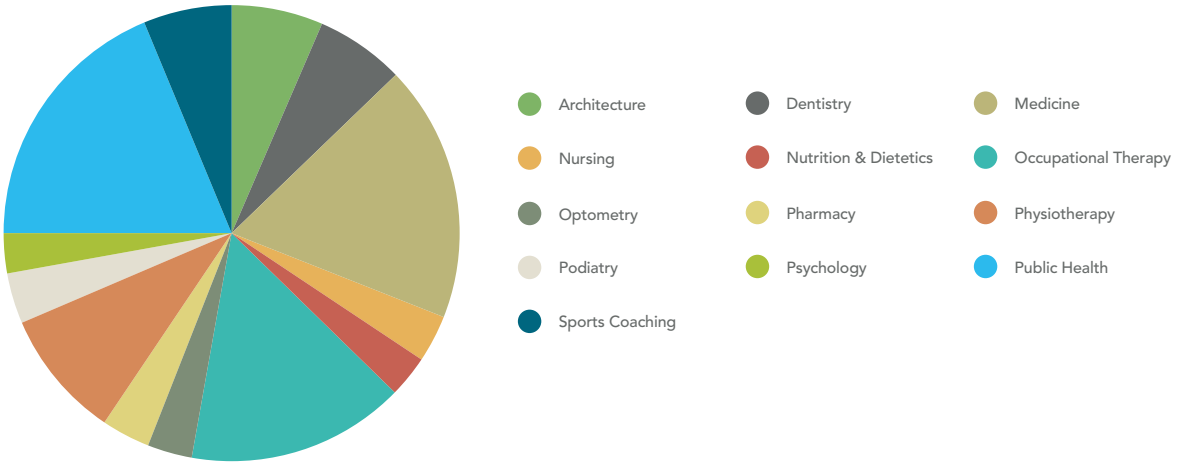
- 86% of students felt the *Propa Ways* program helped them feel more confident when working with Aboriginal and Torres Strait Islander people
- 95% believed that the program improved their understanding of, and appreciation for, Aboriginal and Torres Strait Islander cultures and knowledge
- 67% believed the program helped them to build good relationships with Aboriginal and Torres Strait Islander people
- 90% of students felt that the *Propa Ways* reflection sheet allowed them to reflect on their learnings each week
- 100% of students felt the program helped them better understand how IUIH and its Member Services interact with Aboriginal and Torres Strait Islander people.

The program improved my understanding of the services IUIH provides to the Indigenous population and the view of IUIH from the Community's perspective. It was a good program as it allowed me to reflect personally and build my knowledge of appropriate health care practices. This instils cultural appropriateness and confidence, which I can use throughout my professional career.

Population Health Student

University Engagement

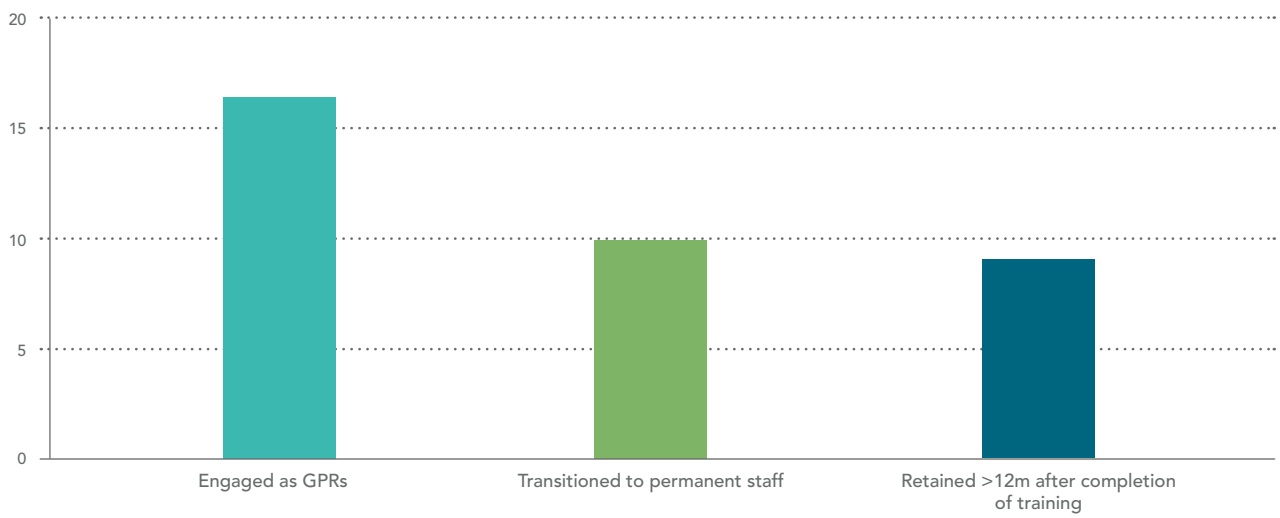
In addition to hosting student placements, IUIH teaches into university programs at the University of Queensland, the Australian Catholic University, Queensland University of Technology, Griffith University and Bond University in order to improve the cultural capability of future practitioners. In total, 32 lectures were delivered (14 in Semester 2, 2018, and 18 in Semester 1, 2019) by 28 individual IUIH staff members, of which 19 are emerging Indigenous leaders.



Medical Education

In 2018/19, IUIH staff continued their contribution to the delivery of the University of Queensland's medical curriculum. There has been a continued growth in the number of available GP Registrar placements across the region, strengthening the pipeline of 'home grown' vocationally registered general practitioners.

Moreton ATSICHS GP Registrars' Journeys into the Permanent Workforce 2014-18



The IUIH System of Care Conference

The Institute held its inaugural System of Care conference in August 2018. The conference included 131 delegates, 49 presenters, 35 trainees and student volunteers and 10 trade displays.

The conference highlighted IUIH's regional ecosystem which supports and connects people across health, education, employment and other community services. The conference was attended by people from other Aboriginal and Torres Strait Islander Health Services, Primary Health Networks, Hospital and Health Services, Universities and Community Organisations.

97% of participants reported the conference met or exceeded their expectations.

A highlight was seeing how the demonstrated integration and holistic approach is reaping such amazing results for community.

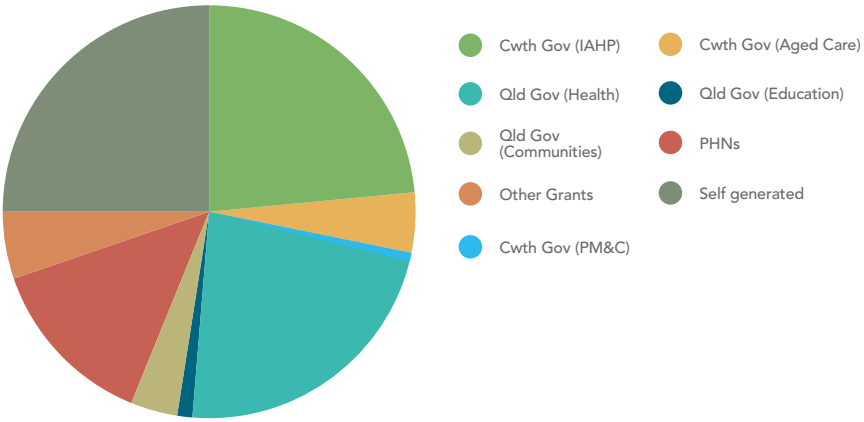
Conference Participant, 2018

Corporate Services

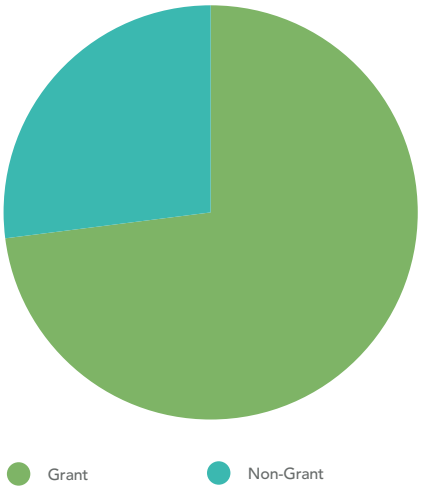
Finance

	2018/19	2017/18	2016/17	2015/16
Total Expenditure	$86,489,000	$70,836,993	$56,003,503	$46,964,290
Current Assets	$12,557,000	$13,159,295	$14,845,195	$13,049,861
% change	(4.6%)	(11.4%)	13.8%	23.9%
Total Assets	$31,358,000	$27,909,064	$28,851,251	$21,920,138
% change	12.34%	(3.3%)	31.6%	21.9%
Equity	$20,166,000	$17,877,844	$17,635,483	$14,581,900
% change	12.8%	1.4%	20.9%	15.8%
Capital Infrastructure Acquisition	$2,539,000	$1,772,480	$6,053,049	$2,126,604

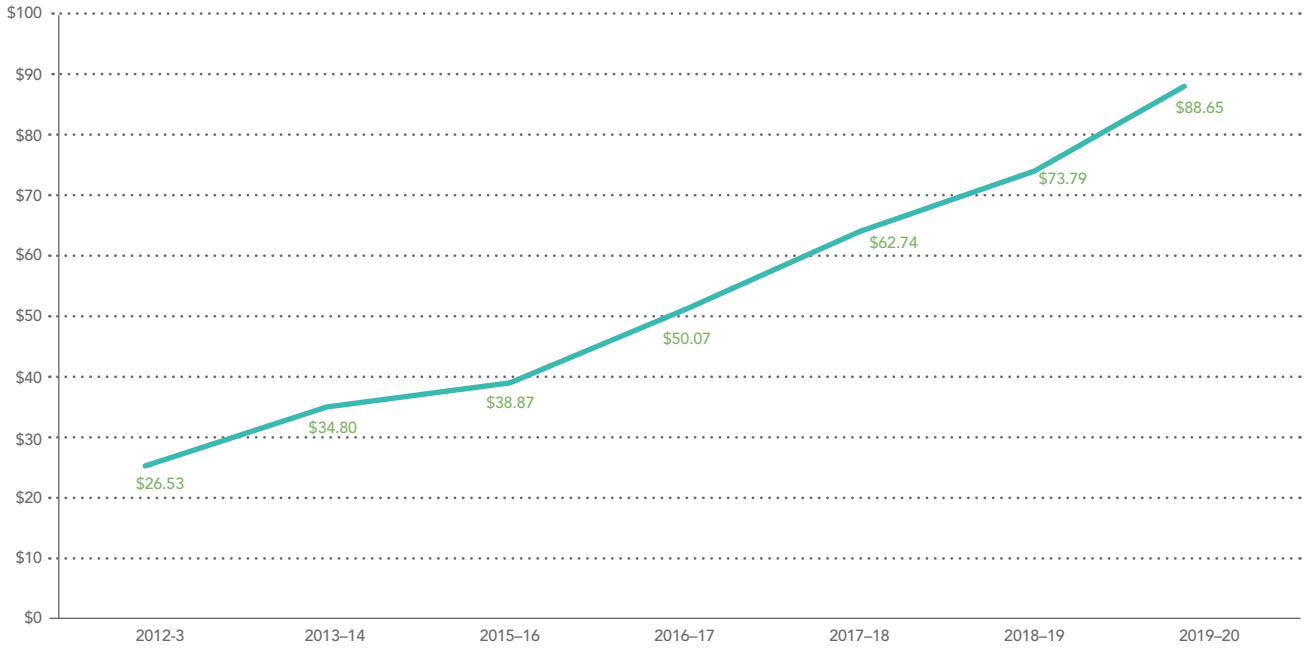
IUIH Sources of Income 2018/19



Grant vs Non-Grant Funding



Total Income ($m)



Human Resources

	18/19	17/18	16/17	15/16	14/15	13/14	12/13	11/12	10/11	09/10
Number of employees	621	572	457	412	313	210	142	57	29	7
Percentage of employees identifying as Aboriginal and/ or Torres Strait Islander	48.8%	48%	51.2%	49.4%	52%	56%	60%	–	–	–

Information and Communication Technology

System Users	1705
MMEX Users	850
IT supports provided	16,500

Quality and Compliance

Topic	2017/2018
CQI	669
Compliments	557
Internal Audits conducted	467
Standards (Re-certifications)	– ISO 9001:2015 – HSQF – Family Wellbeing Service – Food Safety Accreditation – Zillmere and Hervey Bay – Clinical Accreditation (AGPAL) Morayfield and Caboolture Clinics
Standards (New certifications achieved)	– HSQF – Clinical Services Families – Clinical Accreditation (AGPAL) Margate Clinic – Dental Accreditation – Stradbroke Island – Legal Accreditation – Community Legal Centre

Institute for Urban Indigenous Health Ltd

(ABN 32 140 019 290)

Financial Statements

For the year ended 30 June 2019

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DIRECTORS REPORT

The Directors of the Institute for Urban Indigenous Health Ltd (the Institute) present their report, together with the financial statements of the entity for the year ended 30 June 2019 and the Independent Audit Report thereon.

Governing Board details

The following persons were Directors of the Institute during or since the end of the financial year.

Ms Lynette Shipway Dip. Bus M'ment, Assoc Dipl. Comm'ty Welfare & Indigenous Ed, Cert IV Assessing & Training

Chairperson

Remuneration & Performance Committee Chair and Member of the Finance & Risk Management Committee

Nominated Director Since 2011

Currently Chairperson of the Yulu-Burri-Ba Aboriginal Corporation for Community Health, North Stradbroke Island, Wynnum & Capalaba.

Dr Brett Shannon MBBS, MAE, B.Bus, B App Sci, GAICD

Nominated Non-Executive Director

Member of the Remuneration & Performance Committee

Nominated Director 2013 – March 2019

Director of ATSICHS Brisbane and Doctor at Resile Pty Ltd.

Mr Kieran Chilcott B.Ed, Dip Management, Certs IV Mental Health, Project M'ment, Bus (Governance), Assessment & Workplace Training

Nominated Non-Executive Director

Director since 2016

CEO of Kalwun Development Corporation Ltd delivering a range of health & wellbeing services on the Gold Coast. Current Director of Gold Coast PHN & Check Up. Former Chair of QAIHC.

Mr Maurie Burke B.Com

Independent Non-Executive Director

Finance & Risk Management Committee Chair

Director since 2015

Retired Accountant; holding several other board and Finance Committee positions.

Mrs Stella Johnson Certs. M'ment, Social Welfare & Community Mediation

Deputy Chairperson

Member of the Remuneration & Performance Committee and Finance & Risk Management Committee

Nominated Director Since 2009

CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich and founding director of IUIH; Director Health Workforce Qld

Dr William Glasson MBBS, FRANZCO, FRACS, FRCO phth, FRACGP, Dip App Sci (Optom), GAICD, AO

Independent Non-Executive Director

Director since 2014

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

The Honourable Paul Lucas B.Econ, LL.B, M.B.A, M.U.R.P, MPIA, FAICD

Independent Non-Executive Director

Director since 2017

Former Queensland Deputy Premier and Minister for Health, Adjunct Professor - Australian Catholic & Bond Universities, Solicitor and Urban Planner, Director of various Government, for-profit and non-profit companies.

Mr Andrew Niven B.Bus

Nominated Non-Executive Director

Nominated Director since March 2019

Director of ATSICHS Brisbane and Senior Data Analyst University of Qld.

Company Secretary

Charmaine Harch is a Chartered Company Secretary and Fellow of the Governance Institute of Australia. Charmaine has held corporate governance positions with a number of Aboriginal Community Controlled Health Services and a large disability charity. She has a law degree and graduate diploma in Applied Corporate Governance. Charmaine has been the Company Secretary of the Institute for over five years.

Principal activities

During the year, the principal activities of the Institute were the coordination of planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander people within the South East Queensland region.

There have been no significant changes in the nature of these activities during the year.

Current objectives

The Institute's primary objective is to build sustainable programs and services for the prevention and early intervention in healthcare and disease control for urban Indigenous populations and to reduce the impacts of disease on this group of the Australian urban community.

In accordance with the current three year Strategic Plan (2017-2020), the Institute will direct its efforts to improving 'family wellness' across the life course, moving beyond its focus on the provision of comprehensive primary healthcare to address key social and cultural determinants of Indigenous health.

This shift in direction recognises both the vital contribution that education and employment outcomes, physical environments and social inclusion have on health outcomes and the Institute's significant achievements in health care delivery. The Institute will remain committed to the provision of health services, ensuring these services are family-centred and fully integrated with the range of social support services required by Aboriginal and Torres Strait Islander families.

Strategies for achieving current objectives

To achieve these objectives, the Institute have adopted the following strategic goals:

- Improve access to quality health and social support services, through:
  - Access to primary health care
  - Integrated primary health care and social services
  - Models of coordinated care
- Build and sustain healthy families across the lifespan, through:
  - Mobilised Indigenous communities that promote health and wellbeing
  - Family-centred models of care
  - Family support and early intervention services; Early childhood health and education services
  - Expanding youth health services
  - Access to aged care services for Elders
  - Access to the NDIS for people with a disability
- Foster collaboration and innovation
  - Expanded and new partnerships
  - Strong evidence base for urban indigenous health
  - New models of service delivery
  - Strategies that address the key determinants of health
- Strengthen enabling systems and governance through
  - An expanded and strengthened workforce
  - Data to support planning, development and delivery of services
  - Stronger governance of the Institute and the Network
  - Optimised revenue to support sustainability

Governing Board meetings

The number of meetings of Directors (including meetings of committees) held during the year, and the number of meetings attended by each Director, are as follows:

Governing Board Meetings

Director	A	B
Lynette Shipway	12	12
Stella Johnson	12	8
Brett Shannon	6	3
Kieran Chilcott	5	5
Andrew Niven	2	2
William Glasson	5	3
Maurice Burke	9	9
Paul Lucas	10	10

Where:

- **Column A** is the number of meetings the Director was entitled to attend
- **Column B** is the number of meetings the Director attended.

Contribution in winding up

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 each towards meeting any outstanding obligations of the entity. At 30 June 2019, the total amount that members of the Company are liable to contribute if the Company wound up is $40 (2018: $40 / 2017: $40).

Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under s.60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is included in page 7 of this financial report and forms part of the Governing Board's Report.

Signed in accordance with a resolution of the Governing Board.

L Shipway

Lynette Shipway
Chairperson
25th September 2019

AUDITOR'S INDEPENDENCE DECLARATION

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD ABN 32 140 019 290

AUDITOR'S INDEPENDENCE DECLARATION UNDER ACNC ACT S 60-40 TO THE DIRECTORS OF THE INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

In accordance with Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, I am pleased to provide the following declaration of independence to the directors of Institute for Urban Indigenous Health Ltd. As the lead audit partner for the audit of the financial statements of Institute for Urban Indigenous Health Ltd for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been no contraventions of:

i. the auditor independence requirements of the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and

ii. any applicable code of professional conduct in relation to the audit.

Name of Firm:

Lyons Judge Accountants and Advisers

Name of Registered Company Auditor:

Robert Edwards

Date: 26/9/19

Address:

Level 25, 239 George St, BRISBANE QLD 4000

The accompanying notes form part of these financial statements.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2019

	Notes	2019 $'000	2018 $'000
Revenue	4	86,780	73,441
Other Income	4	1,870	350
Changes in inventories	8	(54)	0
Employee benefits expense	13.1	(48,402)	(41,870)
Depreciation expense		(1,161)	(1,029)
Loss on sale of property, plant and equipment		(7)	(1,004)
Unexpended grants liability		(2,302)	(2,712)
Fundraising expenses		(73)	(103)
Other expenses		(34,490)	(26,831)
Surplus / (deficit) before income tax		**2,161**	**242**
Income tax expense	3.10	0	0
Surplus / (deficit) for the year		**2,161**	**242**
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
• revaluation of land, net of income tax		0	0
Items that may be reclassified subsequently to profit or loss:			
• net changes in fair value of available-for-sale financial assets, net of income tax		0	0
Other comprehensive income for the period, net of income tax		**0**	**0**
Total comprehensive income / (loss) for the period		**2,161**	**242**

STATEMENT OF FINANCIAL POSITION

As at 30 June 2019

	Notes	2019 $'000	2018 $'000
Assets			
Current			
Cash and cash equivalents	5	9,506	9,813
Trade and other receivables	6	1,883	2,645
Inventories	8	54	0
Other assets	11	1,114	705
Current assets		**12,557**	**13,163**
Non-current			
Other financial assets	7.2	2,675	0
Property, plant and equipment	9	16,118	14,740
Intangible assets	10	8	9
Non-current assets		**18,801**	**14,749**
Total assets		**31,358**	**27,912**
Liabilities			
Current			
Trade and other payables	12	3,850	3,300
Provisions	13.2	2,485	2,395
Other liabilities	14	2,837	2,779
Current liabilities		**9,172**	**8,474**
Non-current			
Provisions	13.2	2,020	1,560
Non-current liabilities		**2,020**	**1,560**
Total liabilities		**11,192**	**10,034**
Net assets		**20,166**	**17,878**
Equity			
Reserves	15	127	0
Retained earnings		20,039	17,878
Total equity		**20,166**	**17,878**

This statement should be read in conjunction with the notes to the financial statements.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2019

	Reserves	Retained earnings	Total equity
	$,000	$'000	$'000
Balance at 1 July 2017	**0**	**17,636**	**17,636**
Profit for the year	0	242	242
Other comprehensive income	0	0	0
Total comprehensive income for the year	**0**	**242**	**242**
Balance at 30 June 2018	**0**	**17,878**	**17,878**
Balance at 1 July 2018	**0**	**17,878**	**17,878**
Profit for the year	127	2,161	2,288
Other comprehensive income	0	0	0
Total comprehensive income for the year	**127**	**2,161**	**2,288**
Balance at 30 June 2019	**127**	**20,039**	**20,166**

This statement should be read in conjunction with the notes to the financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2019

	Notes	2019 $'000	2018 $'000
Operating activities			
Receipts from:			
fund raising		32	95
government grants		61,156	49,064
Medicare Income		7,328	6,569
services income		14,154	12,730
interest income		360	152
other income		1,870	350
Payments to clients, suppliers and employees		(84,944)	(69,059)
Net cash provided by operating activities		**(44)**	**(99)**
Investing activities			
Purchase of property, plant and equipment		2,412	0
Proceeds from disposals of property, plant and equipment		0	(1,772)
Purchase of AFS investments		(2,675)	0
Proceeds from disposals of AFS investments		0	0
Net cash provided by / (used in) investing activities		**(263)**	**(1,772)**
Financing activities			
Proceeds from bank loans		0	0
Repayment of bank loans		0	(1,635)
Net cash from / (used in) financing activities		**0**	**(1,635)**
Net change in cash and cash equivalents		(307)	(3,507)
Cash and cash equivalents, beginning of year		9,813	13,319
Cash and cash equivalents, end of year	5	**9,506**	**9,813**

This statement should be read in conjunction with the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

1. General information and statement of compliance

The financial report includes the financial statements and notes of the Institute for Urban Indigenous Health Ltd. These financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012. The Institute for Urban Indigenous Health Ltd is a not-for-profit entity for the purpose of preparing the financial statements.

2. Changes in accounting policies

2.1 Future Australian Accounting Standards requirements

AASB 15 Revenue from Contracts with Customers (AASB 15) and AASB 1058 Income of Not-for-Profit Entities (AASB 1058) replace components of AASB 118 Revenue and AASB 1004 Contributions. AASB 15 and AASB 1058 could significantly change the pattern of revenue and profit recognition and internal budgeting processes. The new standards are effective from 1 January 2019.

AASB 16 Leases will require all leases to be recognised on the balance sheet of lessees, thereby increasing the transparency surrounding such arrangements and making the lessee's balance sheet better reflect the economics of its transactions. The new standard is effective from 1 January 2019. This is likely to impact on the recognition of operating leases currently reported as commitments.

IUIH will adopt AASB 15, AASB 1058 and AASB 16 from the beginning of the next full financial year commencing 1 July 2019 in accordance with the applicability and implementation requirements of those standards.

2.2 Other standards adopted by the Institute which do not have a material impact on the financial statements

- AASB 9 Financial instruments

3. Summary of accounting policies

3.1. Overall considerations

The significant accounting policies that have been used in the preparation of these consolidated financial statements are summarised below.

The financial statements have been prepared using the measurement bases specified by Australian Accounting Standards for each type of asset, liability, income and expense. The measurement bases are more fully described in the accounting policies below.

3.2 Revenue

Revenue comprises revenue from the provision of services, government grants, Medicare income, fundraising activities and client contributions. Revenue from major services is shown in Note 4.

Revenue is measured by reference to the fair value of consideration received or receivable by the Institute for goods supplied and services provided, excluding sales taxes, rebates, and trade discounts.

Revenue is recognised when the amount of revenue can be measured reliably, collection is probable, the costs incurred or to be incurred can be measured reliably, and when the criteria for each of the Institute's different activities have been met. Details of the activity-specific recognition criteria are described below.

Sale of goods

Revenue from the sale of goods comprises revenue earned from the sale of goods donated and purchased for resale. Sales revenue is recognised when the control of goods passes to the customer.

Government grants

A number of the Institute's programs are supported by grants received from the federal, state and local governments.

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

Where a grant is received on the condition that specified services are delivered, to the grantor, this is considered a reciprocal transaction. Revenue is recognised as services are performed and at year-end until the service is delivered.

Revenue from a non-reciprocal grant that is not subject to conditions is recognised when the Institute obtains control of the funds, economic benefits are probable and the amount can be measured reliably. Where a grant may be required to be repaid if certain conditions are not satisfied, a liability is recognised at year end to the extent that conditions remain unsatisfied.

Where the Institute receives a non-reciprocal contribution of an asset from a government or other party for no or nominal consideration, the asset is recognised at fair value and a corresponding amount of revenue is recognised.

Medicare Income

Medicare Income is recognised in profit or loss when received.

Client contributions

Fees charged for care or services provided to clients are recognised when the service is provided.

Donations

Donations collected, including cash and goods for resale, are recognised as revenue when the Institute gains control, economic benefits are probable and the amount of the donation can be measured reliably.

Interest

Interest income is recognised on an accrual basis using the effective interest method.

3.3 Operating expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

3.4 Intangible assets

Recognition of other intangible assets

Acquired intangible assets

Acquired computer software licences are capitalised on the basis of the costs incurred to acquire and install the specific software.

Subsequent measurement

All intangible assets are accounted for using the cost model whereby capitalised costs are amortised on a diminishing value basis over their estimated useful lives, as these assets are considered finite. Residual values and useful lives are reviewed at each reporting date.

The following useful lives are applied:

- software: 2.5 years

Amortisation has been included within depreciation and amortisation.

Subsequent expenditures on the maintenance of computer software and brand names are expensed as incurred. When an intangible asset is disposed of, the gain or loss on disposal is determined as the difference between the proceeds and the carrying amount of the asset, and is recognised in profit or loss within other income or other expenses.

3.5 Property, plant and equipment

Land

Land held for use in production or administration is stated at cost. Revalued amounts are fair market values based on appraisals prepared by external professional valuers periodically or more frequently if market factors indicate a material change in fair value.

Any revaluation surplus arising upon appraisal of land is recognised in other comprehensive income and credited to the revaluation reserve in equity. To the extent that any revaluation decrease or impairment loss has previously been recognised in profit or loss, a revaluation increase is credited to profit or loss with the remaining part of the increase recognised in other comprehensive income. Downward revaluations of land are recognised upon appraisal or impairment testing, with the decrease being charged to other comprehensive income to the extent of any revaluation surplus in equity relating to this asset and any remaining decrease recognised in profit or loss. Any revaluation surplus remaining in equity on disposal of the asset is transferred to retained earnings.

As no finite useful life for land can be determined, related carrying amounts are not depreciated.

Buildings, plant and other equipment

Buildings, plant and other equipment (comprising fittings and furniture) are initially recognised at acquisition cost or manufacturing cost, including any costs directly attributable to bringing the assets to the location and condition necessary for it to be capable of operating in the manner intended by the Institute's management.

Buildings, plant and other equipment are subsequently measured using the cost model, cost less subsequent depreciation and impairment losses.

Depreciation is recognised on a diminishing value basis to write down the cost less estimated residual value of buildings, plant and other equipment. The following useful lives are applied:

- plant and equipment: 5 years
- leasehold improvements & buildings: 40 years
- computer hardware: 2.5 - 3 years
- motor vehicles: 10 years
- office equipment: 5 years

In the case of leasehold property, expected useful lives are determined by reference to comparable owned assets or over the term of the lease, if shorter.

Material residual value estimates and estimates of useful life are updated as required, but at least annually.

Gains or losses arising on the disposal of property, plant and equipment are determined as the difference between the disposal proceeds and the carrying amount of the assets and are recognised in profit or loss within other income or other expenses.

3.6 Leases

Operating leases

Where the Institute is a lessee, payments on operating lease agreements are recognised as an expense at cost over the lease term. Associated costs, such as maintenance and insurance, are expensed as incurred.

3.7 Financial instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the Institute becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transaction costs, except for those carried at fair value through profit or loss, which are initially measured at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

3.8 Classification and subsequent measurement of financial assets

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- Loans and receivables
- Financial assets at Fair Value Through Profit or Loss (FVTPL)
- Held-To-Maturity (HTM) investments
- Available-For-Sale (AFS) financial assets

The category determines subsequent measurement and whether any resulting income and expense is recognised in profit or loss or in other comprehensive income.

All financial assets except for those at FVTPL are subject for review to impairment at least each reporting date to identify whether there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs or finance income, except for impairment of trade receivables which is presented within other expenses.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment. Discounting is omitted where the effect of discounting is immaterial. The Institute's trade and most other receivables fall into this category of financial instruments.

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics. The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

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

Financial assets at fair value through profit or loss (FVTPL) include financial assets that are either classified as held for trading or that meet certain conditions and are designated at FVTPL upon initial recognition.

Assets in this category are measured at fair value with gains or losses recognised in profit or loss. The fair values of financial assets in this category are determined by reference to active market transactions or using a valuation technique where no active market exists.

Held-to-maturity (HTM) investments

Held-to-maturity (HTM) investments are non-derivative financial assets with fixed or determinable payments and fixed maturity other than loans and receivables. Investments are classified as HTM if the Institute has the intention and ability to hold them until maturity.

Held-to-maturity (HTM) investments are measured subsequently at amortised cost using the effective interest method. If there is objective evidence that the investment is impaired, determined by reference to external credit ratings, the financial asset is measured at the present value of estimated future cash flows. Any changes to the carrying amount of the investment, including impairment losses, are recognised in profit or loss.

Available-for-sale (AFS) financial assets

Available-for-sale (AFS) financial assets are non-derivative financial assets that are either designated to this category or do not qualify for inclusion in any of the other categories of financial assets. The Institute's AFS financial assets include listed securities.

All Available-for-sale (AFS) financial assets are measured at fair value. Gains and losses are recognised in other comprehensive income and reported within the AFS reserve within equity, except for impairment losses and foreign exchange differences on monetary assets, which are recognised in profit or loss. When the asset is disposed of or is determined to be impaired the cumulative gain or loss recognised in other comprehensive

income is reclassified from the equity reserve to profit or loss and presented as a reclassification adjustment within other comprehensive income. Interest calculated using the effective interest method and dividends are recognised in profit or loss within 'revenue' (see Note 3.2).

Reversals of impairment losses for AFS debt securities are recognised in profit or loss if the reversal can be objectively related to an event occurring after the impairment loss was recognised. For AFS equity investments impairment reversals are not recognised in profit loss and any subsequent increase in fair value is recognised in other comprehensive income.

Classification and subsequent measurement of financial liabilities

The Institute's financial liabilities include borrowings and trade and other payables. Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at fair value through profit or loss (FVTPL), that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

3.9 Inventories

Inventories comprises goods for resale and goods for distribution at no or nominal consideration as part of the Institute's charitable activities. Inventories may be purchased or received by way of donation.

Goods for resale

Inventories of goods for resale are valued at the lower of cost and net realisable value. No value is ascribed to goods for resale that have been donated to the Institute where fair value cannot be reliably determined. Net realisable value is the estimated selling price in the ordinary course of business, less any applicable selling expenses.

Goods held for distribution

Donated goods and goods purchased for nominal consideration held for distribution are initially recognised at their current replacement cost at date of acquisition. Inventories of goods purchased and held for distribution are initially recognised at costs. The cost of bringing each product to its present location and condition is determined on a first-in, first-out basis.

3.10 Income taxes

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

3.11 Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits, together with other short-term, highly liquid investments that are readily convertible into known amounts of cash and which are subject to an insignificant risk of changes in value.

3.12 Reserves

Other components of equity include the following:

- revaluation reserve – comprises gains and losses from the revaluation of land (see Note 3.5)
- AFS financial assets reserves – comprises gains and losses relating to these types of financial instruments (see Note 3.8).

Retained earnings include all current and prior period retained profits.

3.13 Employee benefits

Short-term employee benefits

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. Examples of such benefits include wages and salaries, non-monetary benefits and accumulating sick leave. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The Institute's liabilities for annual leave and long service leave are included in other long-term benefits as they are not expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Institute presents employee benefit obligations as current liabilities in the statement of financial position if the Institute does not have an unconditional right to defer settlement for at least 12 months after the reporting period, irrespective of when the actual settlement is expected to take place.

3.14 Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

Any reimbursement that the Institute can be virtually certain to collect from a third party with respect to the obligation is recognised as a separate asset. However, this asset may not exceed the amount of the related provision.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

3.15 Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

3.16 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 the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

3.17 Economic dependence

The Institute is dependent upon the ongoing receipt of Federal and State Government grants and community and corporate donations to ensure the ongoing continuance of its programs. At the date of this report management has no reason to believe that this financial support will not continue.

3.18 Significant management judgement in applying accounting policies

When preparing the financial statements, management undertakes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

Estimation uncertainty

Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash-generating unit based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Inventories

Management estimates the net realisable values of inventories, taking into account the most reliable evidence available at each reporting date. The future realisation of these inventories may be affected by future technology or other market-driven changes that may reduce future selling prices.

Long service leave

The liability for long service leave is recognised and measured at the present value of the estimated cash flows to be made in respect of all employees at the reporting date.

4. Revenue

	Notes	2019 $'000	2018 $'000
Revenue			
Services Income		14,154	12,164
Medicare Income		7,328	6,569
Fundraising:			
• Individuals		32	39
• corporate donors		0	56
Government grants		64,906	54,461
Donations		0	0
Investment income:			
• interest		360	152
		86,780	**73,441**
Other income			
Net gain on disposal of property, plant and equipment		0	0
Asset Replacement Insurance Income		1,714	150
Business Interruption Insurance		156	200
		1,870	**350**
		88,650	**73,791**

In December 2017 IUIH suffered the loss of its Primary Health Care Clinic located at Caboolture due to a substantial fire event. The Clinic was appropriately insured and was rebuilt and reinstated to full operations within 12 months of the fire event. The Asset Replacement Insurance Income represents the insurance recovery of the building, plant and equipment lost in the fire, while the Business Interruption Insurance represents the calculated loss of income and additional cost of operations up to the date of the reopening of the Clinic.

The Company's revenue may be analysed as follows for each major product and service category:

5. Cash and cash equivalents

Cash and cash equivalents consist of the following:

	Notes	2019	2018
		$'000	$'000
Cash on hand		6	6
Cash at bank		7,327	3,655
Short term deposits		2,173	6,152
Cash and cash equivalents		**9,506**	**9,813**

5.1 Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the statement of financial position as follows:

	Notes	2019	2018
		$'000	$'000
Cash and cash equivalents		9,506	9,813
Bank loans		0	0
		9,506	**9,813**

6. Trade and other receivables

	Notes	2019	2018
		$'000	$'000
Current			
Trade receivables, gross		914	1,961
Provision for impairment		-17	0
		897	**1,961**
Rental Bonds		254	239
GST receivables		79	3
Receivables due from related entities	16	653	442
		1,883	**2,645**

All of the Institute's trade and other receivables have been reviewed for indicators of impairment. Certain trade receivables were found to be impaired and an allowance for credit losses of $16,912 (2018: $0) has been recorded accordingly with other expenses.

The movement in the allowance for credit losses can be reconciled as follows:

	Notes	2019	2018
		$'000	$'000
Reconciliation of allowance credit losses			
Balance 1 July 2018		0	0
Amounts written off (uncollectable)		0	0
Impairment loss		17	0
Balance 30 June 2019		**17**	**0**

7. Financial assets and liabilities

7.1 Categories of financial assets and liabilities

The carrying amounts presented in the statement of financial position relate to the following categories of assets and liabilities:

	Notes	2019	2018
		$'000	$'000
Financial assets			
Cash and cash equivalents	5	9,506	9,813
Held-to-maturity (HTM) investments:			
• long-term deposits	7.2	0	0
Available-for-sale (AFS) financial assets:			
• securities	7.2	2,675	0
Loans and receivables:			
Non-current:			
• trade and other receivables	6	0	0
Current:			
• trade and other receivables	6	1,883	2,645
		14,064	**12,458**
Financial liabilities			
Financial liabilities measured at amortised cost:			
Current:			
• trade and other payables	12	3,850	3,300
		3,850	**3,300**

See Note 3.8 for a description of the accounting policies for each category of financial instruments. Information relating to fair values is presented in the related notes.

In 2019 IUIH undertook a review of its cash reserve investment strategy. This resulted in $2.5m in cash reserves being placed with the Queensland Investment Corporation.

7.2 Other long-term financial assets

Other long-term financial assets include the following investments:

	Notes	2019	2018
		$'000	$'000
Held-to-maturity (HTM) investments:			
• long-term deposits		0	0
Available-for-sale (AFS) financial assets:			
• securities		2,675	0
Other long-term financial assets		**2,675**	**0**

8. Inventories

Inventories consist of the following:

	Notes	2019	2018
		$'000	$'000
At cost:			
• Inventory		54	0
At current replacement cost:			
• donated inventory		0	0
Total		**54**	**0**

9. Property plant and equipment

Details of the Institute's property, plant and equipment and their carrying amount are as follows:

	Building & Improvements	Computers & Software	Plant & equipment	Motor Vehicles	Managed Projects	Capital WIP	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Gross carrying amount							
Balance 1 July 2018	10,424	2,294	3,046	942	1,957	0	18,663
Additions	1,488	423	574	0	0	54	2,539
Disposals	0	(95)	0	0	0	0	(95)
Transfer	0	0	0	0	0	0	0
Revaluation increase	0	0	0	0	0	0	0
Balance 30 June 2019	**11,912**	**2,622**	**3,620**	**942**	**1,957**	**54**	**21,107**
Depreciation and impairment							
Balance 1 July 2018	(525)	(1,427)	(1,348)	(360)	(261)	0	(3,921)
Disposals	0	93	0	0	0	0	93
Depreciation	(257)	(435)	(348)	(58)	(63)	0	(1,161)
Balance 30 June 2019	**(782)**	**(1,769)**	**(1,696)**	**(418)**	**(324)**	**0**	**(4,989)**
Carrying amount 30 June 2019	**11,130**	**853**	**1,924**	**524**	**1,633**	**54**	**16,118**

10. Intangible assets

Details of the Institute's intangible assets and their carrying amounts are as follows:

	2019
	$'000
Trademarks	
Gross carrying amount	
Balance at 1 July 2018	14
Addition, separately acquired	0
Disposals	0
Balance at 30 June 2019	**14**
Amortisation and impairment	
Balance at 1 July 2018	(5)
Amortisation	(1)
Impairment losses	0
Disposals	0
Balance at 30 June 2019	**(6)**
Carrying amount 30 June 2019	**8**

11. Other Assets

Other assets consist of the following:

	Notes	2019	2018
		$'000	$'000
Current:			
• Prepayments		198	436
• Accrued income		916	269
		1,114	**705**

12. Trade and other payables

Trade and other payables recognised consist of the following:

	Notes	2019	2018
		$'000	$'000
Current:			
• Trade payables		1,655	979
• Payables due from related entities	16	0	45
• Other creditors and accruals		1,882	2,007
• Payroll liabilities		313	269
Total trade and other payables		**3,850**	**3,300**

13. Employee Remuneration

13.1 Employee benefits expense

Expenses recognised for employee benefits are analysed below:

	Notes	2019	2018
		$'000	$'000
Wages, salaries		43,009	36,926
Workers compensation insurance		278	202
Superannuation – defined contribution plans		3,772	3,231
Employee benefit provisions		507	994
Other employee expenses		836	517
Employee benefits expense		**48,402**	**41,870**

13.2 Employee benefits

The liabilities recognised for employee benefits consist of the following amounts:

	Notes	2019	2018
		$'000	$'000
Non-current:			
• long service leave		2,020	1,560
Current:			
• annual leave		2,485	2,395
• long service leave		0	0
		2,485	**2,395**

14. Other liabilities

Other liabilities can be summarised as follows:

	Notes	2019	2018
		$'000	$'000
Unexpended grants		2,302	2,712
Income received in advance		535	67
Other liabilities – current		**2,837**	**2,779**

Income Received in Advance and Unexpended Grants consists of government grants received in advance for services to be rendered by the Institute.

15. Reserves

The details of reserves are as follows:

	Asset revaluation reserve	AFS financial assets reserve	Total
	$'000	$'000	$'000
Balance at 1 July 2018	**0**	**0**	**0**
Other comprehensive income for the year:			
AFS financial assets:			
• current year gains	0	127	127
• reclassification to profit or loss	0	0	0
Revaluation of land	0	0	0
Before income tax	**0**	**127**	**127**
Income tax benefit / (expense)	0	0	0
Net of income tax	0	127	127
Balance at 30 June 2019	**0**	**127**	**127**
Balance at 1 July 2017	**0**	**0**	**0**
Other comprehensive income for the year:			
AFS financial assets:			
• current year gains	0	0	0
• revaluation of land	0	0	0
Before income tax	**0**	**0**	**0**
Income tax benefit / (expense)	0	0	0
Net of income tax	**0**	**0**	**0**
Balance at 30 June 2018	**0**	**0**	**0**

16. Related party transactions

The Institute's related parties include its key management personnel and related entities as described below.

Unless otherwise stated, none of the transactions incorporate special terms and conditions and no guarantees were given or received. Outstanding balances are usually settled in cash.

16.1 Transactions with related entities

Other related parties include the four Member Entities & other Related Parties where all transactions between the Institute and its related entities are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

	Notes	2019	2018
		$'000	$'000
i). Sales of Goods and Services to Member Entities			
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd		2,396	2,292
Kalwun Development Corporation Ltd		227	280
Kambu Aboriginal & Torres Strait Islander Corporation for Health		1,384	1,495
Yulu-Burri-Ba Aboriginal Corporation for Community Health		1,057	950
		5,064	**5,017**

Services provided to Member Entities include Allied Health, Oral Health, Primary Health Care, Regional Company Secretarial Services and IT Service and Support all governed by arms-length service level agreements.

	Notes	2019	2018
		$'000	$'000
ii). Purchases of Goods and Services from Member Entities & Related Parties			
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd		3,825	3,899
Kalwun Development Corporation Ltd		3,034	1,668
Kambu Aboriginal & Torres Strait Islander Corporation for Health		323	300
Yulu-Burri-Ba Aboriginal Corporation for Community Health		1,236	1,149
Lacey Events Trust		14	24
		8,432	**7,040**

Services purchased from Member Entities & Relates Parties include Primary Health Care, Mums and Bubs, Social Health, Care Coordination, Rental & Consulting services, all governed by arms-length subcontract and sub-lease agreements.

	Notes	2019	2018
		$'000	$'000
iii). Outstanding Accounts Receivable balances			
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd		202	309
Kalwun Development Corporation Ltd		18	51
Kambu Aboriginal & Torres Strait Islander Corporation for Health		338	32
Yulu-Burri-Ba Aboriginal Corporation for Community Health		95	50
		653	**442**

Outstanding balances as at 30 June 2019 arising from the sale of goods and services are included in Note 12 and are unsecured receivables. These are based on commercial trading terms of 30 days nett and all balances are considered recoverable with no provision for doubtful debts required and were settled with cash in July 2019.

	Notes	2019	2018
		$'000	$'000
iv). Outstanding Accounts Payable balances			
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd		0	0
Kalwun Development Corporation Ltd		0	45
Kambu Aboriginal & Torres Strait Islander Corporation for Health		0	0
Yulu-Burri-Ba Aboriginal Corporation for Community Health		0	1
		0	**46**

Outstanding balances as at 30 June 2019 arising from the purchase of goods and services are included in Note 6 and are unsecured payables. These are based on commercial trading terms of 30 days nett and all balances are considered payable and were settled with cash in July 2019.

16.2 Transactions with key management personnel

Key management of the Institute include all the non-executive directors of the Institute Board, the CEO and Senior Management Team.

	Notes	2019	2018
		$'000	$'000
Total key management personnel remuneration		2,518	2,029

17. Contingent assets and liabilities

There are no contingent assets or liabilities that have been incurred by the Institute in relation to 2019 or 2018.

18. Leases

18.1 Operating leases as lessee

The Institute's future minimum operating lease payments are as follows:

	2019	2018
	$'000	$'000
Minimum lease payments due:		
Within 1 year	3,378	3,266
1 to 5 years	3,164	3,178
After 5 years	0	0
	6,542	**6,444**

Lease expense during the period amounts to $3,535,208 (2018: $2,951,151) representing the minimum lease payments.

These lease commitments represent 131 motor vehicles, 5 photocopiers and 19 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 or market rent reviews in accordance with the agreements.

19. Post-reporting date events

19.1 Non-adjusting events

The Institute has entered into a contract to purchase land at Dakabin for $2,500,000. This contract is subject to development approval.

No adjusting events have occurred between the reporting date and the date of authorisation.

20. Member's 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 $10 each towards meeting any outstanding obligations of the entity. At 30 June 2019, the total amount that members of the Company are liable to contribute if the Company wound up is $40 (2018: $40).

DIRECTOR'S DECLARATION

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

a) The financial statements and notes of the Institute for Urban Indigenous Health Ltd are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

i. Giving a true and fair view of its financial position as at 30 June 2019 and of its performance for the financial year ended on that date; and

ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013; and

b) There are reasonable grounds to believe that the Institute for Urban Indigenous Health Ltd will be able to pay its debts as and when they become due and payable.

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

L Shipway

Lynette Shipway

Chairperson

Dated the 25th day of September 2019

INDEPENDENT AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS

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

Opinion

We have audited the financial report of The Institute for Urban Indigenous Health Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of The Institute for Urban Indigenous Health Ltd is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 (the ACNC Act), including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ACNC Act, the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going

concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Auditor's name and signature:

Robert Edwards

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Name of firm:

Lyons Judge Accountants and Advisers

Address:

Level 25, 239 George St, BRISBANE QLD 4000

Dated this ....26TH.... day of September 2019

IUIH institute for urban indigenous health

Contact Us

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