

INSTITUTE FOR URBAN INDIGENOUS HEALTH

Annual Report
2014/2015



Please note:

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

Acknowledgements

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

- The Australian Government's Department of Health
- The Australian Government's Department of Social Services
- Queensland Health
- The Metro North Hospital and Health Service
- Metro North Brisbane Medicare Local Ltd
- The University of Queensland
- Movember Foundation

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CONTACT US

Institute for Urban Indigenous Health Ltd

ACN 140 019 290

23 Edgar Street Bowen Hills QLD 4006

www.iuih.org.au

Phone: + 61 7 3648 9500

Email: reception@iuih.org.au

Fax: + 61 7 3252 9851

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ABOUT IUIH

The Institute for Urban Indigenous Health (IUIH) works across South East Queensland to coordinate and integrate the planning, development and delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander peoples. The IUIH services the second largest and fastest growing Indigenous population in Australia.

OUR KEY DRIVER IS TO CLOSE THE GAP IN HEALTH AND WELLBEING OUTCOMES BETWEEN INDIGENOUS AND NON-INDIGENOUS POPULATIONS.

IUIH was established in 2009 by the four Aboriginal and Torres Strait Islander Community Controlled Health Services operating in South East Queensland (SEQ):

- Aboriginal and Torres Strait Islander Community Health Service Brisbane (**Brisbane ATSICHS**) delivers comprehensive primary health care services and a range of related programs to the greater Brisbane region, operating five Primary Health Care Clinics located at Browns Plains, Woolloongabba, Woodridge, Northgate and at the Aboriginal and Islander Independent Community School (The Murri School) in Acacia Ridge.
- Kambu Aboriginal and Torres Strait Islander Corporation for Health (**Kambu**) delivers comprehensive primary health care services to Aboriginal and Torres Strait Islander peoples in the West Moreton and Lockyer Valley Regions, with Primary Health Care Clinics operating at Laidley, Ipswich and Goodna (opened August 2014).
- Yulu-Burri-Ba Aboriginal Corporation for Community Health (**Yulu-Burri-Ba**) delivers comprehensive primary health care services through its two Primary Health Care Clinics at North Stradbroke Island and Capalaba, with a third soon to open at Wynnum.
- Kalwun Development Corporation (**Kalwun**) delivers comprehensive primary health care services to Aboriginal and Torres Strait Islander peoples in the Gold Coast region, with Primary Health Care Clinics at Miami, Oxenford and Bilinga (opened February 2015).



IUIH'S MODEL OF CARE

IUIH's strategic approach to service delivery – the 'IUIH Model of Care' – represents an evidence-based, systematic, urban Aboriginal and Torres Strait Islander community controlled, designed and led approach to the delivery of accessible, efficient and effective and comprehensive primary health care. Using the IUIH Model of Care, IUIH is empowering communities to take control of their health.

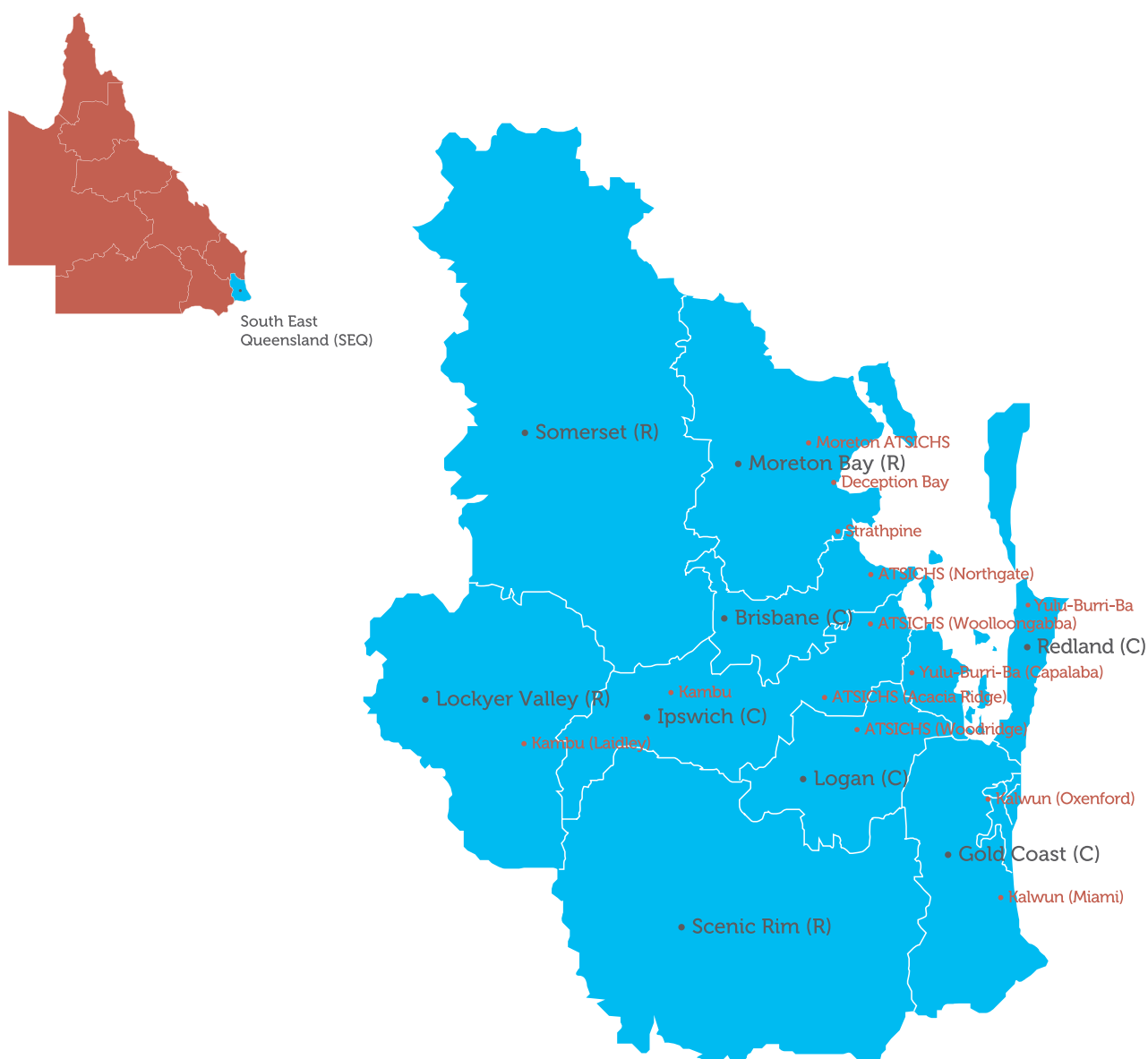
IUIH operates four Primary Health Care Clinics in the Moreton Bay Region, at Strathpine, Morayfield, Deception Bay and Caboolture (opened April 2015). These clinics operate as the Moreton Aboriginal & Torres Strait Islander Community Health Service (Moreton ATSICHS).

We work in partnership with mainstream health care providers, research bodies and academia, government departments and other community-based agencies to develop and implement comprehensive, evidence-based and integrated responses to meet the needs of our communities in SEQ.

Underpinning our general approach and our Model of Care are six principles of delivery:

- **Location** – anchoring health services where they are needed and easily accessed by Aboriginal and Torres Strait Islander peoples, based on statistical and demographic mapping
- **Integration** – providing a fully-integrated and comprehensive suite of medical, allied health and social support services in a culturally appropriate way to meet the needs of our communities
- **Prevention** – complementing these responsive health services with preventative community education and behaviour change campaigns to empower our communities to take control of their health
- **Collaboration** – encouraging and collaborating with mainstream health services to ensure they are able to meet their respective health care responsibilities for Indigenous people
- **Professional education** – developing a skilled and responsive workforce by providing opportunities for health professionals – both Indigenous and non-Indigenous – to understand and gain experience working within the social, cultural and economic characteristics of urban Aboriginal and Torres Strait Islander populations
- **Independence** – achieving greater financial independence of our health services and reducing dependency on government grants, to ensure long-term sustainability and the capacity to respond to growing and changing health needs of our communities into the future.

SOUTH EAST QUEENSLAND



IUIH services the South East Queensland region, an area of almost 20,000 square kilometres extending from Bribie Island and Woodford in the north, to the Lockyer Valley in the west and south to the NSW border. It is estimated that more than 65,000 Indigenous Australians reside in SEQ,

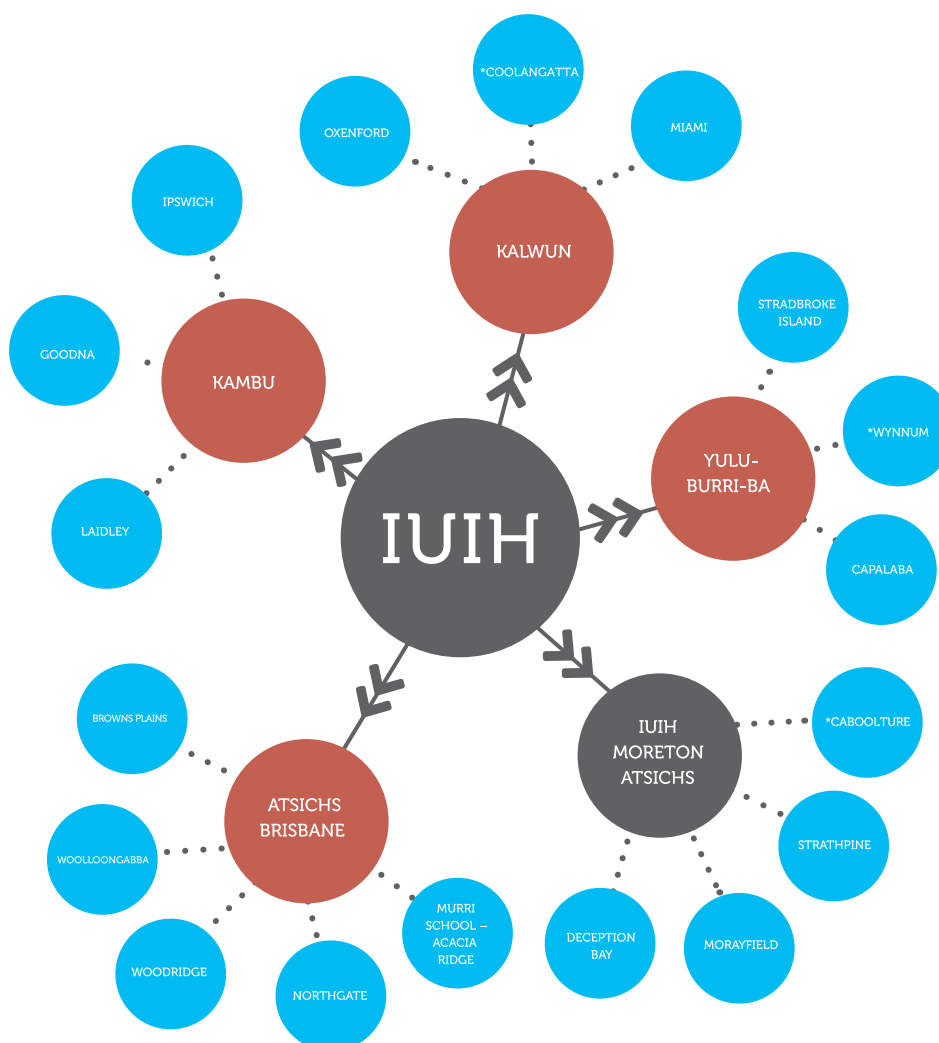
representing over one-third of Queensland's total Indigenous population.

The Indigenous population of SEQ is the fastest growing in Australia, with projections that this population will more than double by 2031 to over 133,000 (Biddle, 2013).

KEY FACTS

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

OUR NETWORK OF PRIMARY HEALTH CARE CLINICS





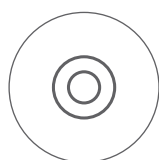
OUR CHARACTER

OUR VISION

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

OUR MISSION

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



CORE VALUES

COMMUNITY

Recognising that we are here because of those that came before us, and the responsibility of realising opportunities they created to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples of SEQ.

CULTURAL RESPECT

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

A HOLISTIC APPROACH

Improvements in Aboriginal and Torres Strait Islander health require attention to physical, cultural, emotional and social wellbeing of individuals and the community as a whole.

EXCELLENCE

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

STEWARDSHIP

Cultivating the resources entrusted to us to realise improvements in the health and wellbeing of Aboriginal and Torres Strait Islander peoples of SEQ.

COLLABORATION

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

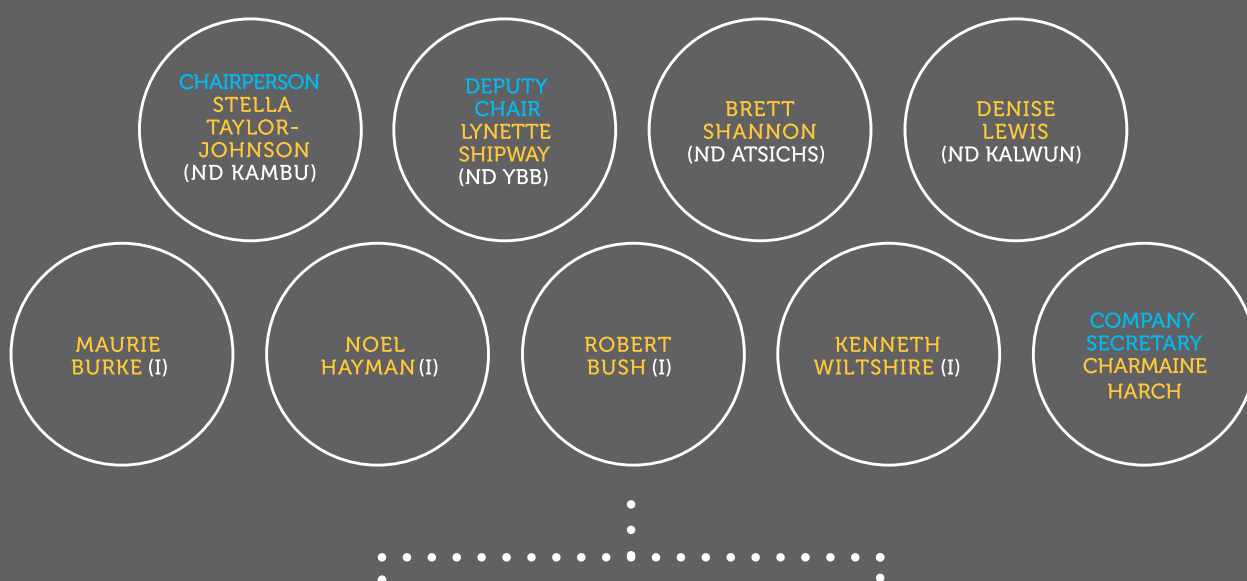


GOVERNANCE MODEL OF IUIH

The Institute for Urban Indigenous Health (IUIH) Limited was established in 2009 as a company limited by guarantee under the Corporations Act. Our Board comprises eight members: a director nominated by each of our four founding member community health services augmented by four independent, skills-based directors appointed by the four nominee directors. The chairperson of IUIH is appointed from and by the nominee directors.



Governing Board



Finance & Risk Management Committee



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

Remuneration & Performance Committee



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

LEGEND

I	Independent
ND	Nominated
REP	Representative



OUR BOARD



STELLA TAYLOR-JOHNSON

Chairperson

NOMINATED DIRECTOR

CHAIR OF REMUNERATION & PERFORMANCE COMMITTEE

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



LYNETTE SHIPWAY

Deputy Chair

NOMINATED DIRECTOR

MEMBER OF FINANCE & RISK MANAGEMENT COMMITTEE

MEMBER OF REMUNERATION & PERFORMANCE COMMITTEE

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



DENISE LEWIS

Nominated Director

Chairperson of the Kalwun Development Corporation Ltd which delivers the Kalwun Health Service



BRETT SHANNON

Nominated Director

CHAIR OF FINANCE & RISK MANAGEMENT COMMITTEE

MEMBER OF REMUNERATION & PERFORMANCE COMMITTEE

Director of ATSICHS Brisbane



DR WILLIAM GLASSON AO

Independent Director

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



ASSOCIATE PROFESSOR NOEL HAYMAN

Independent Director

MEMBER OF FINANCE & RISK MANAGEMENT COMMITTEE

Clinical Director of the Inala Indigenous Health Service in Brisbane and holds an appointment with The University of Queensland's School of Medicine



PROFESSOR KENNETH WILTSHIRE AO

Independent Director

MEMBER OF REMUNERATION & PERFORMANCE COMMITTEE

Emeritus Professor of Public Administration and Leader of the Not for Profit Unit at The University of Queensland (UQ) Business School and holds several other Board/Committee positions



PROFESSOR ROBERT BUSH

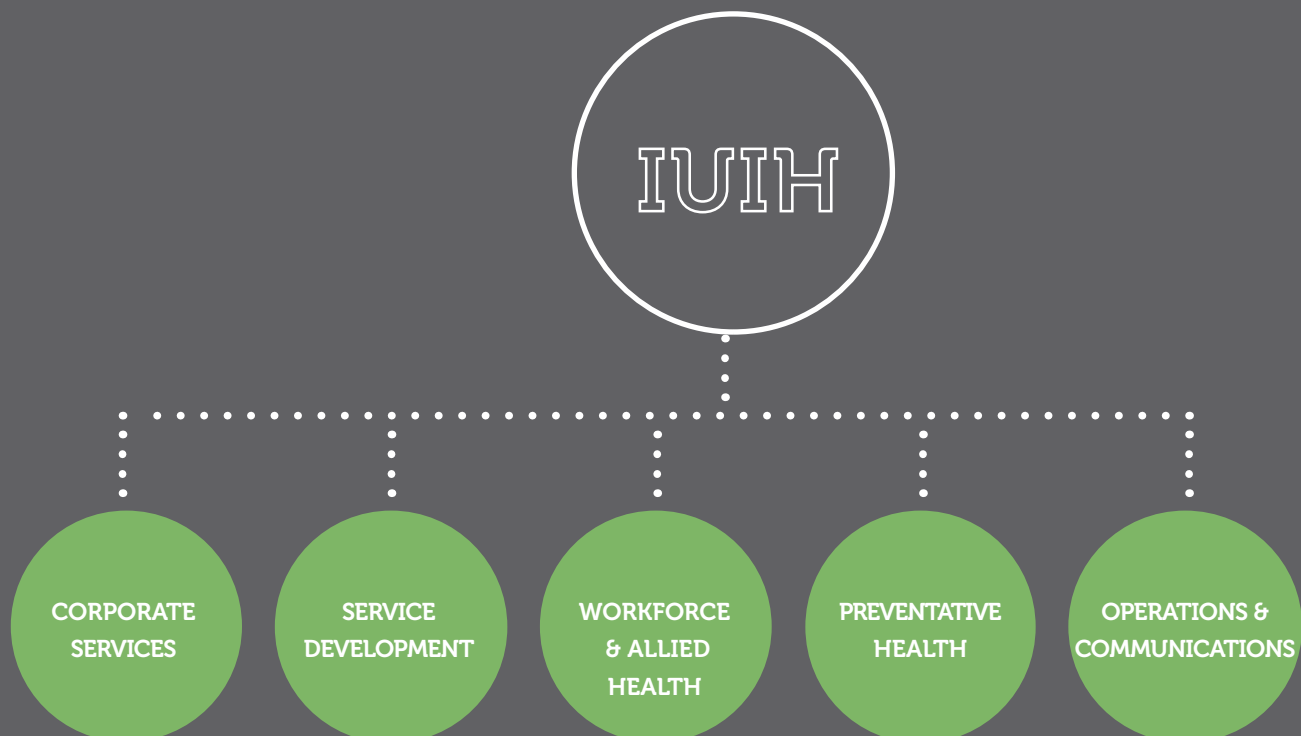
Independent Director

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

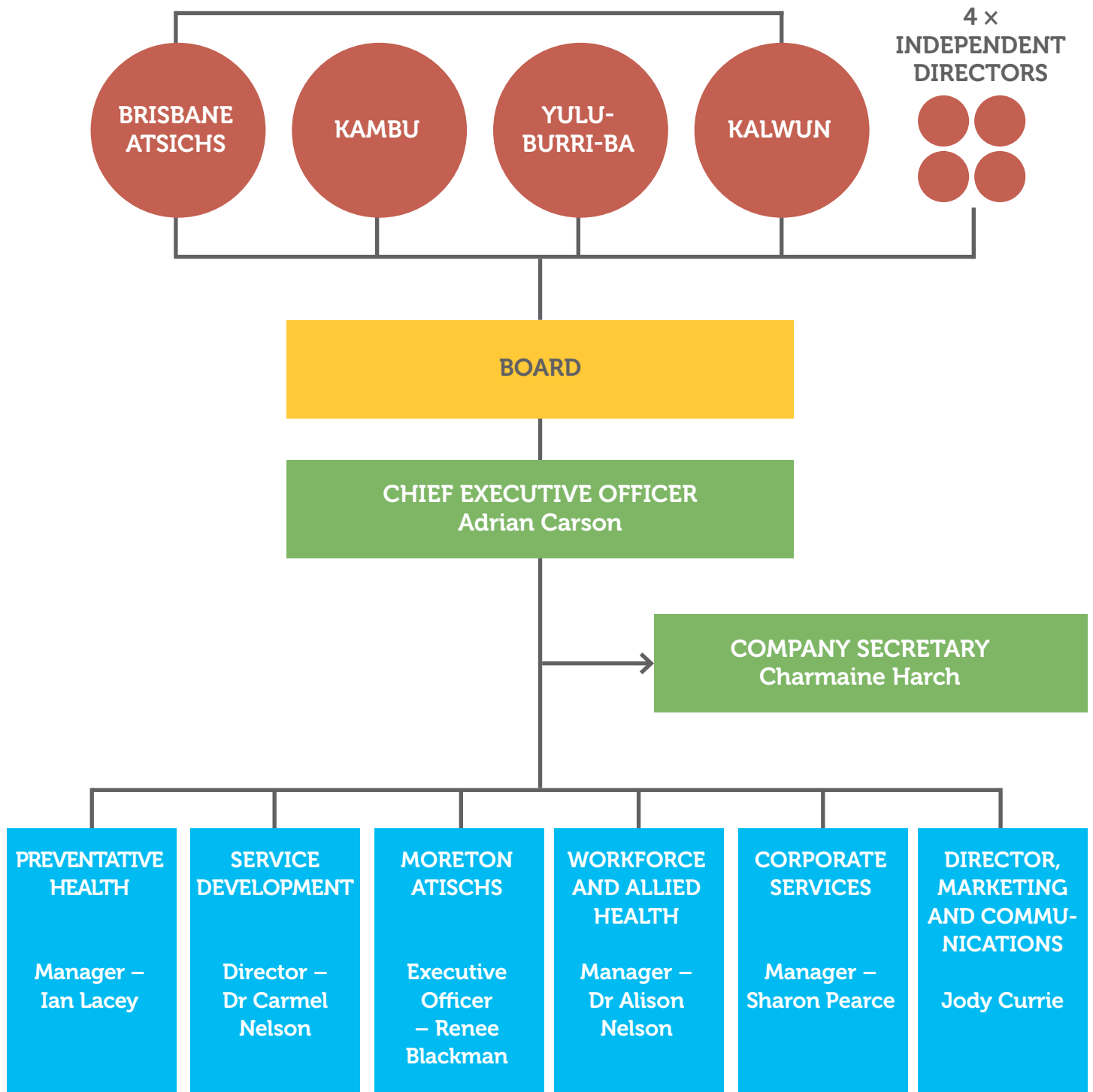


OUR ORGANISATIONAL STRUCTURE

*The organisational structure of IUIH
comprises five Business Units:*



IUIH Member Organisations



In 2014/2015 we welcomed 3 new Primary Health Care (PHC) Clinics to our Network, bringing our total number of PHC Clinics to 17.





CHAIRPERSON'S REPORT

As Chairperson of the Institute for Urban Indigenous Health (IUIH), I am proud to present our Annual Report for the 2014/2015 Year. The past year has seen the Institute and our Members continue to build on the foundations of the past six (6) years to further expand the delivery of comprehensive and effective primary health care services to Aboriginal and Torres Strait Islander communities across South East Queensland (SEQ).

Following almost two (2) years of uncertainty, the Federal Government confirmed continued recurrent funding for CCHSs across Australia. Uncertainty remains, however, regarding the future of a number of significant programs, including 'Tackling Indigenous Smoking' (TIS), the Care Coordination & Supplementary Services (CCSS) Program and the Medical Outreach Indigenous Chronic Disease (MOICD) Program. The IUIH will continue to work closely with the Australian Government to demonstrate the critical role these Program plays within the integrated strategy implemented by the SEQ CCHSs.

The new Queensland Government elected in early 2015 continued to support the work of the IUIH and SEQ CCHSs, demonstrating a bi-partisan commitment to those services and projects funded by the previous Government. The new Health Minister, the Hon Cameron Dick, has been particularly engaged and supportive of our work in SEQ.

In 2014/2015 we welcomed three (3) new Primary Health Care (PHC) Clinics to our Network, bringing our total number of PHC Clinics to seventeen (17). With funding from the Queensland Government, the IUIH will work with Yulu-Burri-Ba to establish our 18th Clinic in early 2015/2016. This increase in the number of dedicated, community-controlled PHC Clinics in a single region is unprecedented across the country and demonstrates both the effectiveness of our regional approach in SEQ and the critical importance of translating investment into outcomes. It has been our experience at the IUIH that outcomes speak all languages, regardless of the political persuasion of governments. Despite changes of government and continued and significant policy and funding uncertainty, particularly at the national level, the IUIH and our Members have continued to grow CCHSs in SEQ.

Chairperson's Report

The growth of our Network has enabled our CCHSs to reach more of our communities, with almost 8,000 new Aboriginal and Torres Strait Islander patients – similar to total Indigenous population of Cape York Peninsula – accessing CCHSs in the past twelve (12) months. Our total active Indigenous patient population grew to over 50% of the Indigenous population of SEQ, to total over 26,000 at 30 June 2015 – more than the total Indigenous populations of Perth (25,534), Adelaide (20,761) and Cairns (24,466). The continued implementation of our own Model of Care and its full integration with an increasing range of allied health and specialist services, the majority of which are now funded by our CCHSs via Medicare income, ensure access to SEQ CCHSs means access to truly comprehensive primary health care.

The IUIH Network continued to increase our independence from grant funding from government, increasing Medicare income to \$9.3million in 2014/2015. These funds were utilised to establish and operate nine (9) new Dental Chairs across SEQ, the establishment of the new Primary Health Care Clinic in Goodna, to further expand our 'Work It Out' Chronic Disease Rehabilitation Program and adult and children's allied health and early childhood development programs. At 30 June 2015, Medicare income represented well over 50% of total core grant funding from the Australian Government to SEQ CCHSs.

Our Deadly Choices Campaign and brand continues to engage and generate demand within our communities for preventative health care, evidenced by both an increase in the number of 'Health Checks' delivered by SEQ CCHSs (12,375) and the impact of the Campaign and Programs on health literacy, attitudes to tobacco smoking and other risk factors for chronic disease and a reduction in smoking rates within our communities.

The extension of our partnership with the NRMA Insurance Brisbane Broncos, supported by the new Queensland Government, enables

the IUIH to continue a unique and highly successful collaboration that is delivering outcomes in our communities.

Our partnership with SEQ Medicare Locals continued to support the implementation of the Care Coordination & Supplementary Services (CCSS) Program, providing intensive support and follow-up for our patients with complex chronic conditions. Despite not receiving an increase in funding for the CCSS Program in 2014/2015, the IUIH and SEQ CCHSs provided support to over 1,600 patients in the past year – a 60% increase compared to the 2013/2014. The IUIH Network delivered over 90,000 CCSSs to eligible patients, significantly more than any other part of the country. It is the integration of the CCSS Program within the broader IUIH strategy that enables the efficiencies realized in SEQ.

The IUIH and our Members continued to invest in workforce for Indigenous health, coordinating student placements for over 300 students from five (5) Universities and across over twenty (20) disciplines within our Network in 2014/2015. Our unique partnership with The University of Queensland (UQ) was strengthened by the announcement of funding for the new Poche Centre for Indigenous Health within UQ.

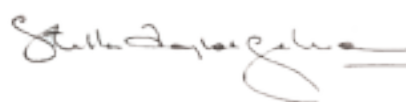
There have been many achievements for the IUIH and SEQ CCHSs over the past twelve (12) months, not all of which will be mentioned in this Report. As Chairperson and founding Director of the IUIH, I am immensely proud of our progress of the past six (6) years. I acknowledge the leadership provided by each of our Members' Boards and Chief Executive Officers (CEOs) over the past year. Our growth continues to present challenges for our Organisations and we continue to work together to meet them.

I would also like to take the opportunity to thank and acknowledge the IUIH Board for their dedication and support throughout the year, including: IUIH Deputy Chairperson, Aunty Lyn

Shipway from the Yulu-Burri-Ba Health Service; Brett Shannon from ATSICHS Brisbane; Denise Lewis from the Kalwun Health Service; Professor Robert Bush (Independent Expert Director); Dr Noel Hayman (Independent Expert Director); Professor Ken Wiltshire (Independent Expert Director) and Dr Bill Glasson (Independent Expert Director). Thanks and appreciation is also extended to our Company Secretary, Ms Charmain Harch.

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

The IUIH continued to receive support from the Australian and Queensland Governments this year and I would like to acknowledge the support of Queensland Ministers for Health during 2014/2015, the Hon Lawrence Springborg (previous) and the Hon Cameron Dick (current) and the Federal Assistant Minister for Health, the Hon Fiona Nash.



STELLA TAYLOR-JOHNSON
CHAIRPERSON



Our expanding network of Clinics enabled the IUIH and our Members to continue to extend the reach of primary health care to an additional 7,970 new Indigenous patients in 2014/2015.





CEO'S REPORT

2014/2015 marked the sixth year of operation for the Institute for Urban Indigenous Health (IUIH) Limited and my fourth as Chief Executive Officer. The past twelve (12) months have seen the IUIH continue to support the growth of the Community Controlled Health Sector in South East Queensland (SEQ) whilst also working with our partners to improve access to mainstream programs and services for our communities.

The establishment of new Primary Health Care Clinics (PHC) in Goodna, Bilinga and Caboolture saw our Network of PHC Clinics in SEQ increase to seventeen (17). With funding secured from the Queensland Government for a new Clinic in Wynnum, the number of Clinics will increase to eighteen (18) in early 2015/2016. Since the establishment of the Institute in 2009, our CCHSs have established twelve (12) new Clinics in response to the needs of our communities. Our expanding network of Clinics enabled the IUIH and our Members to continue to extend the reach of primary health care to an additional 7,970 new Indigenous patients in 2014/2015. The active patient population of SEQ CCHSs increased to over 26,000 Aboriginal and Torres Strait Islander peoples, representing well-over 50% of the total Indigenous population recorded in the 2011 Census.

The total number of patient visits to GPs with SEQ CCHSs totaled some 129,035 at 30 June 2015, a 43% increase on the number of visits reported in the 2013/2014 Year.

The effective integration of our Deadly Choices Campaign with the operation and expansion of our Network of PHC Clinics saw the demand for preventative health care continue to increase in 2014/2015, with SEQ CCHSs completing some 12,375 'Health Checks'. This represents an increase of over 50% on the number of Health Checks completed in 2013/2014. Continued implementation of the 'IUIH Model of Care' saw SEQ CCHSs develop some 3,595 Chronic Disease Care Plans (GPMPs), a 45% increase on 2013/2014, and complete more Reviews of Care Plans in 2014/2015 – over 5,000 in total.



2014/2015 also saw our Network continue to reduce its dependency on grant funding from government, increasing Medicare income to \$9.5million in 2014/2015 – an increase of 31% compared to 2013/2014.

These funds have been reinvested into our communities with the establishment and operation of nine (9) additional Dental Chairs (Ipswich, Deception Bay, Caboolture, Morayfield and Capalaba), expanded delivery of allied health services, including the extremely popular 'Work It Out' Chronic Disease Rehabilitation Program, further expansion of paediatric allied health and early childhood development programs, and the establishment and expansion of eye health services across SEQ. These funds have enabled our CCHSs to respond to the needs of their communities much more effectively than government and further demonstrate the unique role the IUIH plays in integrating a complex and often fragmented health system to enable a seamless pathway of care for our communities across SEQ.

This is further demonstrated by the IUIH's work with Medicare Locals and success with implementation of the Care Coordination & Supplementary Services (CCSS) Program. By effectively integrating the operation of the CCSS Program with the broader IUIH strategy for SEQ, the IUIH and its Member Organisations were able to significantly increase services and support to Indigenous peoples with complex chronic conditions without an increase in funding from government. In 2014/2015, the IUIH Network delivered Care Coordination and Supplementary Services to some 1,645 patients – an increase of over 600 patients compared to the

2013/2014 Year. The number of Care Coordination Services delivered to these patients totaled 60,217 at 30 June 2015, with some 30,341 Supplementary Services also delivered by the IUIH and SEQ CCHSs. The CCSS Program in SEQ continues to provide significantly more services and support to vulnerable Indigenous peoples than any other Region in the country.

The IUIH further expanded the delivery of allied health and specialist services in 2014/2015, both through the implementation of the Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the re-investment of Medicare income derived from implementation of the 'IUIH Model of Care'. This year saw new physiotherapy and diabetes education services delivered within the IUIH Network, and the expansion of existing occupational therapy, speech pathology, exercise physiology, audiology, dietetics and psychology. The IUIH continued to work closely with CheckUP Australia to also expand the delivery of specialist services, ensure their full integration with our expanding network of PHC Clinics.

Our commitment to the continuous quality improvement (CQI) of services delivered to our communities remained, with IUIH and our Members implementing and routinely reporting on performance against the 'IUIH Clinical Governance Framework' developed by our Lead Clinician's Group. The IUIH Lead Clinicians Group (LCG) continued to meet throughout 2014/2015 to drive our CQI processes and strategies, including the successful implementation of a region-wide Influenza Campaign which saw a 400% increase in vaccinations delivered in 2015 compared to last year. Our LCG developed a dynamic set of clinical protocols to support standardization, consistent and quality of care in the areas of Smoking Cessation, Antenatal and Obstructive Sleep Apnoea, with further work to be undertaken in 2015/2016 to finalise protocols targeting Diabetes, Renal, Complex Behavior Amongst Children and Perinatal Mental Health. The IUIH continued to provide practical CQI support to our Members,

undertaking the analysis of data and facilitating monthly CQI monthly in each of our Clinic to report back to front-line staff on the impact of their CQI efforts against agreed targets.

The IUIH continued important work in 2014/2015 to effectively integrate health and home care services for our Elders in the Metro North Brisbane Region, with the expansion of 'IUIH Home Support' within the Moreton ATSIChS Network. At 30 June 2015 the IUIH had delivered home care services to over 300 HACC-level clients and increased the number of Elders receiving a Home Care Package to 34. Critically, 100% of the clients of 'IUIH Home Support' are Aboriginal and/or Torres Strait Islander and the effective integration of their home care with their primary health care has meant our Elders have not been required to contribute to the cost of their care.

The expansion of 'IUIH Home Care' has also enabled the IUIH to provide employment and training opportunities for local communities, with the IUIH coordinated the delivery of accredited training in aged and home care to over fifty (50) Indigenous people in the past eighteen (18) months. The majority of those completing training have commenced employment with the IUIH, a significant number of which were long-term unemployed. In 2014/2015 the IUIH was required to extend its Home Care Service to the Sunshine Coast following the collapse of a local Indigenous provider. The IUIH is working with local providers to ensure the integration of these services with local primary health care services.

The IUIH continued to build integrated substance misuse and mental health services, enhancing health screening ('Health Check') to better identify social health risks earlier and support early intervention, the delivery of training and supervision to the expanding 'Social Health' workforce across the Region, the expansion of Specialist Mental Health (Psychiatry) and Substance Misuse (Addiction Specialist) Services within SEQ CCHSs and increased targeted

CEO's Report

services and capacity to meet the needs of children and young Aboriginal and Torres Strait Islander peoples.

The IUIH continued to invest in the CCHS workforce, with coordination and delivering of training to front-line staff to support implementation of the 'IUIH Model of Care'. Our Student Placement Program expanded in 2014/2015, with 307 students from an increasingly diverse range of disciplines undertaking placement within the IUIH Network.

With preventable chronic disease the major contributor to the health gap, improved access to comprehensive primary health care services must be accompanied by effective disease prevention programs that mobilise and empower Aboriginal and Torres Strait Islander peoples to take control of their health. This continued to be a major focus for the IUIH, with the continued expansion of our Deadly Choices Program and Campaign across SEQ. In 2014/2015 the IUIH delivered its Deadly Choices Program to well over 100 primary and secondary schools across SEQ, with more

than 1,400 Indigenous students graduated from the Program. This, in addition to an increase in tobacco cessation support and education, continued implementation of our Deadly Choices Social Marketing Campaign and tobacco free community and sporting events, and our unique partnership with the NRMA Insurance Brisbane Broncos has resulted in a marked decrease in smoking rates and increase in health literacy within our communities.

The expansion of the 'Work It Out' Chronic Disease Rehabilitation Program to ten (10) sites in 2014/2015 and almost 700 clients is further evidence of the demand that exists for Programs which empower individuals and promote connection and support within our communities. In 2014/2015 the demand for 'Work It Out' stretched beyond SEQ, with the IUIH contracted by the Central Queensland Regional Aboriginal & Islander Community Controlled Health Organisation (CQRAICCHO) to deliver to the Program to communities across the Central Queensland Region.



The IUIH once again partnered with the Arthur Beetson Foundation to support the Open Men's Competition at the 2014 QAIHC Arthur Beetson Murri Rugby League Carnival held at Dolphin Oval in Redcliffe on 25-28 September 2014.

The 2014 Murri Carnival was a smoke, alcohol and for the first time sugar free event, with only healthy food and sugar free drinks available to purchase at the grounds.

All players were required to complete a 'Health Check' as a requirement of their registration for the Carnival, with boys competing in the Under 15 Competition also required to maintain 90% attendance at school in the three (3) months leading up to the Carnival. With fifty-four (54) Teams competing across the Open Men's, Open Women's and Under 15 Boys Competitions and attendance well over 30,000 for the four (4) days of the Carnival, the Murri Carnival once again demonstrated the power of sport to deliver improvements in Indigenous health.

In an extremely challenging policy and funding environment, the IUIH and its Members have achieved much in the past twelve (12) months. This Report highlights a number of those

achievements. As CEO of the IUIH, I would like to take the opportunity to thank Member Organisations for their continued support in 2014/2015, particularly our Chief Executive Officers: Mr Wayne AhBoo from ATSICHS Brisbane; Mr Kieran Chilcott from the Kalwun Development Corporation; Mr David Collins from Yulu-Burri-Ba; and Ms Stella Taylor-Johnson from Kambu. I would also like to acknowledge the support and dedication of staff of IUIH Member Organisations.

The IUIH continues to enjoy strong support from our partners, including the Metro North Brisbane Medicare Local, Queensland Health, the Australian Government, The University of Queensland (UQ), the NRMA Insurance Brisbane Broncos, the Arthur Beetson Foundation, the Movember Foundation and Mater Health Services.

I would like to thank the IUIH Board for their continued support. In particular, IUIH Chairperson, Ms Stella Taylor-Johnson. Finally, I wish to acknowledge the dedication and tireless efforts of the IUIH Senior Management Team (SMT) and staff of the IUIH. It is a privilege to work with such dedicated and professional staff.



ADRIAN CARSON
CHIEF EXECUTIVE OFFICER



Moreton
Aboriginal and Torres Strait
Community Health Service

*Closing the Gap through
encouragement, education,
empowerment and enjoyment.*

SERVICE DEVELOPMENT

Closing the Gap through coordinated, integrated primary health care which is easy to access and simple to understand; building knowledge through documentation, evaluation and research.

The IUIH Service Development Business Unit is responsible for the planning, development and continuous quality improvement of comprehensive primary health care services for Aboriginal and Torres Strait Islander communities across SEQ. In 2014/2015, IUIH had three key areas of focus:

- access to high quality comprehensive primary health care services
- coordination and integration of comprehensive care
- refining and strengthening systems underpinning safe and effective clinical services.

Firstly, IUIH continued the targeted expansion of clinics in priority locations across South East Queensland to address our strategic goal of improving access for Aboriginal and Torres Strait Islander peoples to

comprehensive primary health care services in a 'one stop shop' model of care located close to where our people reside.

Three new clinics were opened in 2014/2015 in Goodna, Bilinga and Caboolture, at the same time as efforts were directed to supporting the ongoing reform and development of existing clinics. By the end of this financial year, over 50% of the Aboriginal and Torres Strait Islander population of South East Queensland were regularly accessing health care through the IUIH Network.

Building on our expanding network of Primary Health Care Clinics, efforts were also directed towards addressing gaps in access to more specialised services.

In the last financial year, focus was given to key priority areas including:

- **oral health care**, expanding the number of dental chairs operated by the IUIH network from 11 to 20
- **building an integrated regional eye health program** addressing prevention, screening, assessment, and primary treatment and care, through to planning for more timely surgical intervention
- **consolidating and expanding** models for culturally safe and responsive maternal and infant services,
- **building and expanding integrated social health services** aimed at addressing key determinants, drivers and impacts of mental health and substance misuse issues affecting individuals and families.

Service Development

At the same time as comprehensive primary health care services were expanded, IUIH directed specific resources towards engaging with Aboriginal and Torres Strait Islander clients and families more likely to be missing out on health and related care, and at the interfaces between primary, secondary and tertiary care where the risk of disrupted care is greatest.

Efficiency gains through a regional model for delivery of the Care Coordination and Supplementary Services (CCSS) Program saw a continued increase service access and care for clients with complex chronic conditions without growth in resourcing. The IUIH Connect Service has also gone from strength to strength, expanding both scope and geographical reach as a single point of contact linking tertiary and primary care.

As services continue to expand, resources are directed towards strengthening systems underpinning safe, responsive and effective care. A strong platform has been established

to support electronic tools needed for effective communication and care, including:

- significant progress towards **a single shared electronic health record system** across the expanding network of clinics and services
- a regional **Clinical Governance Framework** has been developed, implemented and continually reviewed and refined
- **17 clinics actively participated** in a coordinated regional program of Continuous Quality Improvement
- the IUIH **Lead Clinician's Group met quarterly throughout the Year**, bringing together over 30 senior clinicians from across the range of general and specialised services to provide clinical advice and support Boards and CEOs of the IUIH and SEQ CCHSs
- ongoing efforts to **consolidate a program of data collection and analysis**, evaluation and research is increasingly providing the building blocks in an evidence base for ongoing planning and development of services for urban Aboriginal and Torres Strait Islander populations.



SERVICE DEVELOPMENT



NEW CLINICS AND SERVICE EXPANSION

IUIH's priority this financial year was to increase access to comprehensive primary health care through the establishment of additional health clinics at: Goodna, Bilinga and Caboolture.

OUR FOCUS THIS YEAR:

Goodna (opened August 2014) – initially no new start-up funding, clinic was funded through combined efforts of IUIH and Kambu using only existing resources (redeployment of existing Kambu staff and Medicare income)

Bilinga (opened February 2015) – supported by funding from Federal Department of Health

Caboolture (opened April 2015) – supported by funding from the Queensland Government
We are also preparing for the establishment of a new clinic in Wynnum (scheduled to open in late 2015 / early 2016) also supported by funding from the Queensland Government.



3

NEW HEALTH CLINICS
ESTABLISHED IN 2015

OUR KEY GOALS FOR 2014-15:



Establish new clinics in areas of need, identified by a significant population of Aboriginal and Torres Strait Islander peoples and a strong projected population growth. (Each new clinic has a catchment area of at least 2,500 in the target population.)

KEY ACTIVITIES:

IUIH established and opened three new health clinics at Goodna, Bilinga and Caboolture, with plans for a new clinic in Wynnum well underway – this will become the 18th clinic in the IUIH network.

The number of Aboriginal and Torres Strait Islander peoples accessing care increased.

Many of these clients previously had limited access to regular primary health care services nor to the comprehensive suite of services available under one roof in the IUIH Model of Care.

IUIH oversaw several other successful capital works projects including:

- **Morayfield clinic extension** – including additional consulting space, dental clinic with two dental chairs, gymnasium to host the Work It Out program and capacity to host large group activities including activities for aged care clients, playgroup and early childhood development programs.
- **Redevelopment of the North Stradbroke Island clinic**
- **Support to the Galangoor Duwalami AMS** in Hervey Bay in this financial year, providing project management for the establishment of their new clinic in Maryborough.

The continued expansion of the IUIH Network of Clinics is undertaken in response to detailed planning and consultation with our Members, the identification of need for services, mapping of patterns and projections for growth of the Aboriginal and Torres Strait Islander population in SEQ, and determination of priorities for allocating resources to establish new clinics in response. Our focus is on creating access for Aboriginal and Torres Strait Islander peoples to comprehensive primary health care services.



KEY STATISTICS:

	Goodna	Bilinga	Caboolture
Opened	August 2014	February 2015	April 2015
Owned by	Kambu Health Service	Kalwun Health Service	IUIH – Moreton ATSICHS
On-site staff	<ul style="list-style-type: none"> • Practice Manager • Receptionists x2 • General Practitioners x2 • Registered Nurse x1 • Enrolled Nurse x1 • Aboriginal Health Worker x1 • Transport Officer x1 • Community Liaison Officer x1 and x1 Trainee • CCSS RN x1 • Social Worker / Family Support Worker 	<ul style="list-style-type: none"> • Practice Manager • Receptionist x1 • General Practitioners x1.4 • Registered Nurse x2 • Aboriginal Health Worker x1 • Transport Officer x1 • Community Liaison Officer x1 • CCSS RN x1 	<ul style="list-style-type: none"> • Practice Manager • Receptionist x2 • General Practitioners x1.6 • Registered Nurse x2 • Aboriginal Health Worker x1 • Transport Officer x1 • Community Liaison Officer x1 • CCSS RN x1 • Dentist x1.6 • Dental Assistant x2
Visiting services	<ul style="list-style-type: none"> • Paediatric Speech Therapist • Paediatric Occupational Therapist • Podiatrist • Audiologist • Optometrist • Diabetes Educator • Dietician • Psychologist • Psychiatrist / Addiction Medicine Specialist • Dentist and Dental Technician (IUIH Mobile dental van) 	<ul style="list-style-type: none"> • Paediatric Speech Therapist • Paediatric Occupational Therapist • Podiatrist • Optometrist • Diabetes Educator • Dietician • Psychologist • Addiction Medicine Specialist • Paediatrician 	<ul style="list-style-type: none"> • Paediatric Speech Therapist • Paediatric Occupational Therapist • Podiatrist • Audiologist • Optometrist • Diabetes Educator • Dietician • Psychologist • Counsellor • Addiction Medicine Specialist
Clients at end June 2015	<p>1,482 registered clients 49% male / 51% female</p> <p>92% Aboriginal or Torres Strait Islander</p> <p>59% under the age of 25 years</p> <p>11,534 episodes of care were provided</p>	<p>582 registered clients 50% male / 50% female</p> <p>83% Aboriginal or Torres Strait Islander</p> <p>49% under the age of 25 years</p> <p>2,610 episodes of care were provided</p>	<p>414 registered clients 46% male / 54% female</p> <p>89% Aboriginal or Torres Strait Islander</p> <p>54% under the age of 25 years</p> <p>2,935 episodes of care were provided</p>

CARE COORDINATION AND SUPPLEMENTARY SERVICES

*Care Coordination and Supplementary Services (CCSS)
Program staff within the IUIH Network comprises 21 FTE
people focussed on providing intensive case management
and support to clients with complex chronic conditions. IUIH's
role is to bring together the many different specialists, services
and tools required in a way that provides an integrated and
seamless approach for people challenged by serious illnesses
and improving their capacity to better manage their health.*

OUR FOCUS THIS YEAR:

IUIH continued to significantly expand and increase the delivery of intensive case management and support to Aboriginal and Torres Strait Islander peoples with complex chronic in 2014/2015, despite no growth in funding from the Australian Government for the Care Coordination & Supplementary Services (CCSS) Program.

This was achieved by simultaneously driving efficiencies throughout our services and developing strong, positive relationships with key providers and stakeholders.



300%

INCREASE IN THE NUMBER
OF GPs MAKING REFERRALS

OUR KEY GOALS FOR 2014-15:



Continue growing and improving CCSS access across SEQ through continued word of mouth-client communication and reputation building.



Build new and nurture existing relationships with key stakeholders and providers.



Improve on the efficiency and utilisation of supplementary services funds. This is important as our client base grows out of step with existing funding resources.



Demonstrate to the Australian Government that IUIH's CCSS program is effective and successful.



Assist in closing the gap in life expectancy between Indigenous and non-Indigenous Australians by providing an integrated, simplified approach to managing complex health issues.



150%

INCREASE IN THE NUMBER
OF CLIENTS

KEVIN'S STORY

– Improving quality of life through quality of sleep



Kevin was chronically fatigued. He was sleeping 12 hours a night but still feeling lethargic all day. After having a health check – Kevin was referred to the IUIH CCSS Program which evaluated Kevin's sleeping patterns and identified a CPAP machine would improve the quality of his sleep – and have a significant impact on his overall health and wellbeing.

The IUIH's CCSS Team spent time settling Kevin into the routine of using a CPAP and adjusting to find appropriate masks to suit his needs. Through the use of the machine, and the support of the IUIH, Kevin

has gained a lot more energy. He now sleeps just 8 hours a night – but he gets good quality sleep and can now actively participate in family life.

The CPAP machine and support by CCSS has contributed to an improvement in Kevin's motivation to exercise (he's lost a few more kilos), tolerance in day to day life, and has improved his work life – he's recently received a promotion.

Kevin said he appreciated the amount of information given to him so he could fully understand the situation.

The CCSS Program administered by the IUIH works closely with IUIH's expanding Team of allied health providers, providing a strong link between the Program and the range of visiting specialist and allied health services across SEQ.

KEY ACTIVITIES:

IUIH experienced continued growth in referrals from GPs, access to clients and the number of services available. More specifically, this financial year we have seen:

- **an almost 200% increase in the number of GPs making referrals** to the CCSS Program in SEQ. This increase reflects the efforts of the IUIH to promote the CCSS Program, as well as the successful integration of the Program within and across the broader range of services and program delivered by IUIH. **A 150% increase in the number of clients and the volume of CCSS services** delivered, despite funding remaining constant from one year to the next.

IUIH realised **efficiencies in the operation** of the CCSS Program through three key strategies:

- **operating across an entire region through a single agency** with capacity to achieve significant purchasing power on behalf of the entire IUIH network
- **improving access to services** by opening up pathways and ensuring 'every door is open' for Indigenous clients
- **locating the CCSS scheme alongside health providers** who are able to fit, deliver, dispense and support the uptake for supplementary services and medical aids.

For example, IUIH employs and trains Care Coordinators across the network that develop specific skills in supporting clients with Obstructive Sleep Apnoea (OSA) to access, supply and fit the CPAP equipment required to treat OSA, with machines bulk-purchased by IUIH at vastly reduced price and supported

/ maintained by IUIH. Adherence rates for the 225 clients accessing these machines are well over 90%.

The CCSS Program was effectively and fully integrated with primary health delivery and with related programs and services. IUIH's network of clinics meets regularly through initiatives such as the IUIH CEO Forum, Practice Manager Meetings and Lead Clinician Group Meetings, which were utilised to network and share CCSS knowledge, processes, outcomes and clinic feedback.

The CCSS Program administered by the IUIH works closely with IUIH's expanding Team of allied health providers, providing a strong link between the Program and the range of visiting specialist and allied health services across SEQ. There is also strong collaboration between the CCSS Program and the Improving Indigenous Access to Mainstream Primary Care (IIAMPC) Teams across South East Queensland which has been invaluable to ensuring access for our clients attending mainstream GP services for their primary health care needs.

Critically, having a single contracting arrangement with a single Medicare Local (Metro North Brisbane ML) (rather than individual contracts with the four Medicare Locals operating in SEQ) was a major factor in supporting the integration, coordination and efficiency of the CCSS Program – both in terms of service delivery and economic/financial efficiencies – with the net effect being able to deliver more services to more people without more income.

KEY STATISTICS:

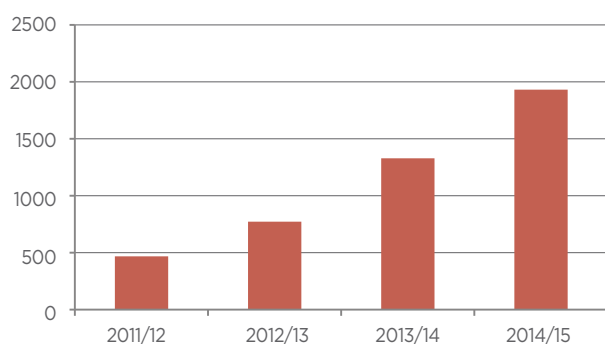
From July 1 2014 to 30 June 2015 the IUIH delivered the following services/activity:

- 441 GPs referred patients to CCSS program
- 1645 patients received both Care Coordination and Supplementary Services
- 286 patients received Care Coordination only
- 1641 patients are actively enrolled in CCSS program
- 60,217 Care Coordination services delivered, with 21,363 direct clinical services (81,580 in total)
- 30,341 Supplementary Services supported – Allied Health 20,577 and 9,854 specialists
- 9,439 Transport services delivered
- 3,886 Medical Aides delivered (purchased, hired and brokered)

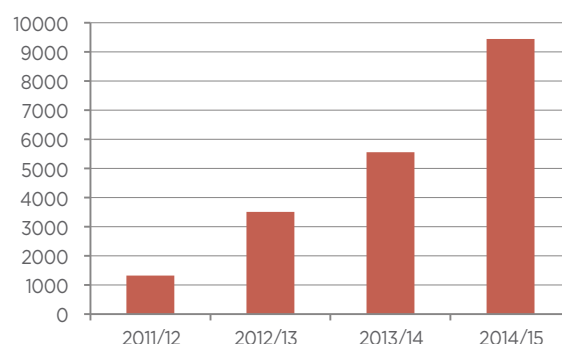
From July 1 2013 to 30 June 2014 the IUIH delivered the following services/activity:

- 250 GPs referred patients to CCSS program
- 1179 patients received both Care Coordination and Supplementary Services
- 173 patients received Care Coordination only
- 1352 patients are actively enrolled in CCSS program
- 40,118 Care Coordination services delivered, with 16,977 direct clinical services (57,095 in total)
- 17,415 Supplementary Services supported – Allied Health 10,835 and 6,580 specialist
- 5,553 Transport services delivered; and
- 1,337 Medical Aides delivered (purchased, hired and brokered).

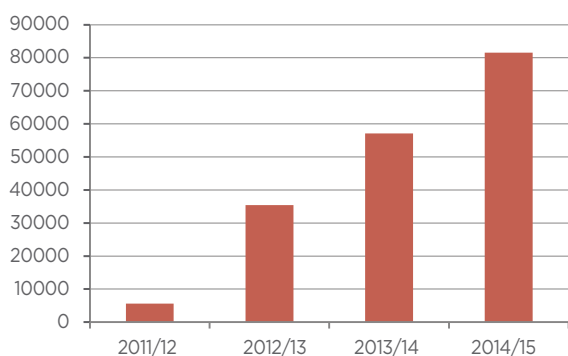
Clients receiving CCSS



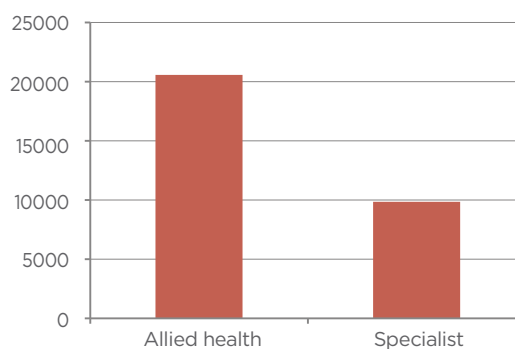
Transport



CC services



Number of consultations



HOME SUPPORT

Home Support services are provided to Aboriginal and Torres Strait Islander peoples who are over 50 years of age and require some assistance in their homes.

OUR FOCUS THIS YEAR:

IUIH's priorities for its Home Support Program were threefold: to continue to expand our services into new areas, to augment the range of services we provide and to increase the uptake of services by eligible clients. To achieve this, we invested considerable resources to grow our workforce and create alliances with existing service providers.

We also focused on training and upskilling our team to enable them to provide a broader range and a higher quality of service.

Further, we continued to embed the Home Support services into the IUIH Model of Care to ensure an integrated approach with other clinic-based or allied health services being provided to clients.

OUR KEY GOALS FOR 2014-15:



Deliver the range of services to clients funded by the Federal Department of Social Services.



Train and /or engage appropriate staff to provide services within the challenges of very rapid expansion.



Identify community members who need assistance and are eligible for services, and to link those people with the appropriate service package.



Integrate the Home Support services into the IUIH Model of Care so that clients receive tailored, integrated packages of medical, allied health and home-based support.



Actively promote Home Support to ensure those people who could benefit from these services are aware of them.



Shift the focus of our services from solely aged care to a broader care basis to include other client groups requiring in-home support.

Service Development



KEY ACTIVITIES:

IUIH Home Support met 92% of our funded service targets this year – approximately 52,000 hours of care – despite numerous challenges including an exponential growth in demand and taking over an additional regional service in October 2014.

The **number of clients receiving aged care services increased by about 770%** – from 64 at the start of the financial year to 558 by the end.

Our **Home Care Package client base grew from 5 to 41** throughout the financial year. Home Care Packages comprise a suite of services for clients with high needs for assistance.

IUIH **expanded our service area to include the Sunshine Coast / Gympie region** at the request of the Commonwealth Department of Social Services, based on our success in neighbouring regions.

41 unemployed people were trained in dual qualifications in Aged Care and Community Care to build an appropriate workforce for the breadth

of services we now offer. This was in response to the demand for qualified services providers exceeding supply. The team developed a unique solution which both provided jobs for unemployed people in the community and also ensured a suitable level of assistance to our clients.

The training was conducted in conjunction with IUIH's existing community care workforce to enable the students to get an understanding of the actual requirements of the role and the way that IUIH works with the community.

Our workforce expanded by more than 200% – from 12 to 37 people. This allowed us to offer more services to more people in more areas throughout South East Queensland and to better meet the growing demands for our services.

The IUIH Home Care Team **devolved our previous centralised structure into four regional teams** which now manage and deliver services tailored to their local communities.

IUIH's Home Care staff grew to 37 FTE staff in 2014/2015, providing a range of services across the Brisbane North, Caboolture and Sunshine Coast Regions to deliver much needed services to vulnerable elders, supporting elders to remain safe, feel secure and be well cared for in their own homes. These services include domestic assistance, social support, in-home respite, centre based activities, nursing,

personal care, allied health and some minor yard maintenance and modifications.

Home Support services are provided to Aboriginal and Torres Strait Islander peoples who are over 50 years of age and require some assistance in their homes.

We deliver these services directly, as well as assist clients to navigate the steps required to apply and be assessed for

eligibility to access funding for packaged services funded by government.

While most of our work focuses on providing aged care services, we have concurrently established the systems and protocols to ensure our model extends to other types of client groups, such as people with disabilities or people with extensive chronic health issues, as required.



37

FULL TIME EQUIVALENT
STAFF IN 2014/15



770%

INCREASE IN CLIENTS
RECEIVING AGED CARE

RICHARD AND PATTY'S STORY

- Support to keep independence

Richard* and Patty* are a couple with significant health issues between them. Richard used to care for Patty but his health deteriorated. Patty's sister also was her carer but needed to return to employment.

With IUIH's assistance, Richard and Patty were able to remain living independently. Our Home Support team arranged multiple in-home and community services for them including domestic assistance, shopping support, transport, in-home respite and assistance to access health clinics.

The couple have engaged with their local clinic's day respite program and now regularly attend outings and community events, as well as accessing the 'Work It Out' program. The wellbeing of both clients has improved and Patty's sister has been

able to reduce her commitment and return to the workforce.

Richard and Patty, and their family, feel safe and comfortable remaining in their own home. Through Home Support, IUIH was able to enable a better quality of life for the couple and to help them retain their independence – a great outcome for the clients and the carer.

**Name has been changed
for privacy.*

SOCIAL HEALTH

The Social Health Program comprises a core team of five practitioners in the centre of an ever-expanding network comprising social health teams embedded in the five health services areas within IUIH, government agencies, other community-based service providers and specialist practitioners.

OUR FOCUS THIS YEAR:

Standardising the approach to screening, assessment, management and referral and follow up of clients, supported by the standardisation of software tools and systems.

Delivering a comprehensive and systematised approach to clinical and cultural supervision, with this service offered across social health, as well as some additional teams and external services.

Building fully integrated social teams into the overall primary health care system, which will bring large dividends in terms of health system efficiency, cost and outcomes for clients.

Our approach is anchored in integration, cooperation and standardisation so that clients with complex social health needs can experience consistent, seamless treatment and support.

We mapped existing services – both internal and external – to identify the specific gaps within each of IUIH's service areas and filled these gaps through the social health resources. Accordingly, while the way we deliver services is consistent throughout the network, the configuration of services changes from centre to centre.



OUR KEY GOALS FOR 2014-15:



Identify clients with complex needs, in particular co-existing substance use and mental illness.



Deliver psychological and social activities to support the treatment of clients with complex needs.



Establish a social health team in each health service for the management and treatment of clients with mental health, drug and/or alcohol related issues.



Provide clinical supervision to social health staff.



Ensure relevant software systems map and track clients' engagement and process through the social health service.



Provide culturally appropriate therapeutic interventions and services for Aboriginal and Torres Strait Islander clients.



Support clients to access appropriate psychological and social measures as part of a care coordination process.

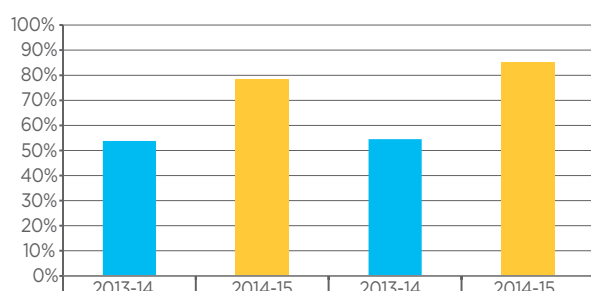


Implement appropriate structures and processes for referral and case management between IUIH's network of health services and government and non-government service providers.

KEY ACTIVITIES:

Our primary health care screening and assessments were improved to better identify social health risks earlier. We further modified our preventative health assessments processes and electronic recording systems to enable more reliable tracking of social health risks including mental health screening as well as alcohol, tobacco and other substance use screening and assessment. For example, screening rates for depression and anxiety (PHQ4 screen) and harmful alcohol use (Audit C) among Aboriginal and Torres Strait Islander active clients over 15 years of age have increased from around 50% in 2013-14 to around 80% in 2014-15.

Regular Aboriginal and Torres Strait Islander clients aged over 15 years – Changes in PHQ4 (mental health) and Audit C (alcohol) screening



The role of the regional and local social health teams was expanded

to provide more training and support to clinic staff to improve overall receptiveness, skill and responsiveness to the social health needs of clients. This included increasing the number of staff able to deliver accredited mental health first aid training and providing regular onsite training services in areas such as: responding to challenging behaviours, self-care, new screening and assessment tools, motivational interviewing and smoking cessation training.

A more standardised approach to the comprehensive assessment of social health risks, conditions and needs for clients and families was developed.

The benefits of this approach, in short, are that clients will receive a more consistent assessment process and experience similar referral pathways and management plans. Standardisation also allows reliable, constant tracking of progress and measurement outcomes.

Service Development

IUIH expanded access to consultant specialist mental health and substance misuse services

through a multi-modal model including:

- visiting psychiatry services in 5 clinic locations (Capalaba, Morayfield, Logan, Ipswich, and Woolloongabba)
- visiting Addiction Medicine Specialist services in 5 locations (North Stradbroke Island, Capalaba, Logan, Goodna and Morayfield)
- tele-psychiatry services for areas without access to visiting psychiatry or addiction medicine services and / or where clients are reluctant to attend a session in person
- coordination of access to IUIH's Care Coordination and Supplementary Services (CCSS) which facilitate funding to specialist services as part of a multidisciplinary care plan

We mobilised an integrated and coordinated response to address the increased demand for services for children.

Just under one third of all client contacts by Social Health service providers were with children and young people.

While for adult clients, referrals for Social Health services are distributed across a variety of provider types, the overwhelming majority of referrals for children and young people are for consultations with psychologists, reflecting a predominance of presentations with complex developmental, behavioural and psychological issues.

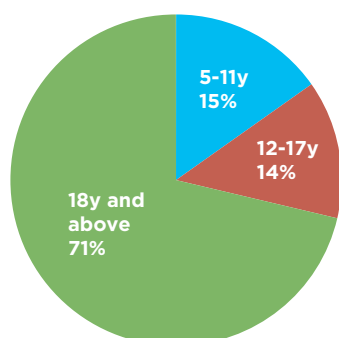
Our approach in response to this area of identified need was five-tiered:

- we focussed attention on early prevention – including the recruitment of a senior, highly experienced Maternal and Child Health Services Manager
- we carefully refined our child health check tools and processes
- we embedded stronger resources for care coordination for children identified with complex social health needs
- we commenced work on the development and implementation of multidisciplinary triage and assessment of children and families with complex social and psychological needs
- our Regional Psychologist began work on a regional assessment service to facilitate more timely and affordable evaluations for conditions such as autism.

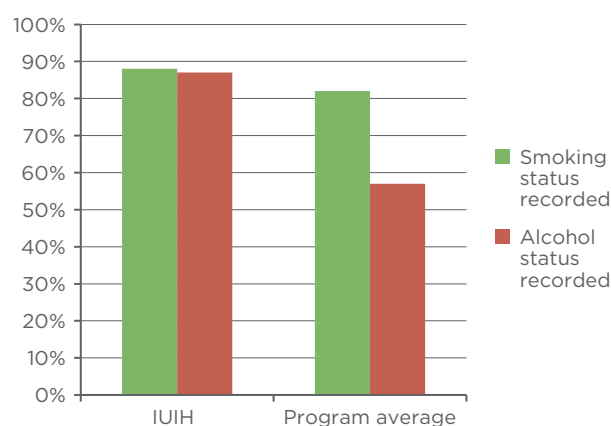
IUIH provided comprehensive and customised clinical supervision to 18 social health staff and 10 additional IUIH and external practitioners throughout the network, providing an environment of supported reflective learning with two primary aims:

- to optimise the knowledge, skills and responsiveness of social health clinicians to meet the needs of Aboriginal and Torres Strait Islander clients accessing Social Health services
- to support the wellbeing and sustainability of our Social Health workforce.

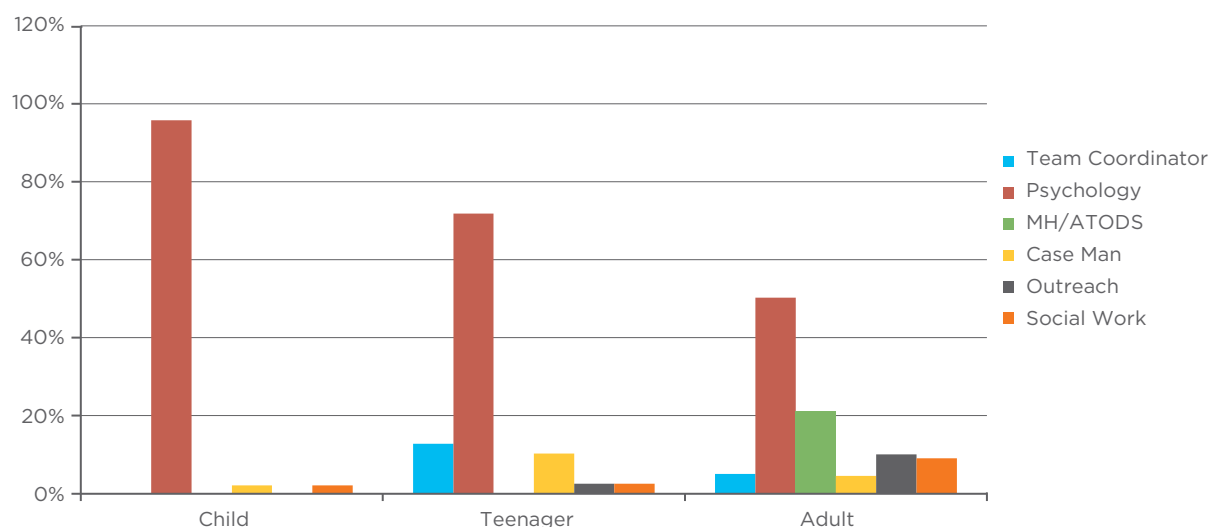
% total client contacts by age category



Completeness of recording of nKPIs



% contacts with provider type by age category



There are indications that overall, rates of screening and assessment for specific substance misuse issues among Aboriginal and Torres Strait Islander peoples – namely cigarette smoking and alcohol use – are higher for IUIH services than the average rates recorded nationally through the Commonwealth nKPIs.

We delivered 12 group supervisory sessions under the Birthing in our Communities program

which encompasses clinical and cultural supervision for a team of midwives providing intensive one-to-one antenatal care as part of a collaborative model of Indigenous maternity and birthing care.

Culturally appropriate programs and services were provided for our clients, including:

- integration of the social health services into the existing IUIH clinic network
- recruitment of professionals with experience

and understanding of inter-generational and trans-generational trauma, identity, culture, community and connectedness

- adoption of a family focussed and strength based approach to service delivery
- flexibility with time allocation when engaging with clients to build a strong relationship and encourage them to direct the therapeutic approach
- specific group based programs reflective of community and client needs and specifically addressing commonly identified themes such as parenting, trauma and grief and loss.

EYE HEALTH

The IUIH Eye Health Team grew to eight FTE staff in 2014/2015, working across SEQ to deliver frontline eye health services from the expanding network of Primary Health Care Clinics . Eye disease is often a secondary result of common illnesses facing Aboriginal and Torres Strait people, such as diabetes and hypertension.

OUR FOCUS THIS YEAR:

The full integration of eye health services within the IUIH Network to ensure all Aboriginal and Torres Strait Islander peoples have equal access to and a consistent experience of optometry services.

This integrated approach provided more opportunities to identify and manage chronic eye-related illnesses early and appropriately, or to prevent them altogether through preliminary action.

As a result, we conducted more than 400 primary health exams per month by the end of the year, which is a 400% increase compared to the start of the year.



400%

INCREASE IN PRIMARY
HEALTH EXAMS IN 2014-15

OUR KEY GOALS FOR 2014-15:



Improve community access to primary eye health services (optometry) by establishing a model of fixed equipment and regular visiting optometrists within primary health care clinics in the IUIH region.



Embed clear referral pathways to specialist tertiary eye care (ophthalmology services) and ensure these are coordinated from initial assessment to treatment, including surgery.



Integrate eye health within the IUIH Model of Care, particularly in chronic disease management.



Commence eye health promotion activities to raise awareness within the community regarding eye health.

KEY ACTIVITIES:

IUIH **appointed three additional full-time optometrists** to improve access to high quality, coordinated eye health services throughout the IUIH footprint. The optometrists' key focus was to provide improved access to eye health services.

Four optometrists saw over 2,800 patients and provided the following breakdown of services:

- vision testing
- spectacle prescriptions
- eye health assessments
- referrals to tertiary care / surgery.

IUIH's **number of clinics almost quadrupled in the past year** – from four to 15. We now provide eye health services at 15 of our networked clinics in South East Queensland (all but Miami and Oxenford). This means a clinic is within a reasonable travelling distance for every one of our clients.

IUIH **developed an association with four ophthalmologists** within the region to assist in providing the link between diagnosis and specialist treatment. These positions are funded through the Australian Government's Medical Outreach – Indigenous Chronic Disease Program

and coordinated through IUIH's CCSS and IUIH Connect programs. They are just one example of the integrated approach – underpinned by IUIH's Model of Care – which links funding and services to create a seamless experience for our clients.

Our team **initiated an accurate wait list for eye surgery**. Previously, there was no integrated reporting throughout the region about the requirements for cataract correction surgery, making it difficult to align resources with demand. By creating this 'master' waitlist, we are now able to better advocate for funding to facilitate surgery for our clients.

A permanent eye clinic was established at the Acacia Ridge Murri School clinic to ensure all children have access to a comprehensive eye examination. Further, through a partnership with OneSight charity, we are able to offer spectacles at no cost to those children who need them.

The team facilitated a **580% increase in access to subsidised spectacles** funded under Queensland Health's Medical Aids Subsidy Scheme Spectacle Supply Scheme. This means about 1,000 of our clients are now using spectacles they might not otherwise been able to access.

JOHN'S STORY

- Renewed confidence in eye health services

67 year old John* has multiple chronic health issues including Type 2 diabetes mellitus. He was referred to our eye health services by his GP because his visual acuity was deteriorating as a result of diabetes.

Our optometrist undertook a full eye examination and identified the presence of cataracts through a routine dilated pupil exam and an ultrasound to capture high quality images.

Our optometrist took the time to show John images of his eye, discuss his diagnosis and to explain why he was being referred to an ophthalmologist. We worked with John to select and order a pair of spectacles

under the Medical Aids Subsidy Scheme Spectacle Supply Scheme provided by Queensland Health. John was reluctant to attend the appointment with the referred ophthalmologist due to a poor prior experience where he felt the consult was done too quickly, he wasn't given enough information and wasn't provided an opportunity to ask questions. As John was eligible to receive IUIH's Coordinated Care and Supplementary Services we referred him to a private ophthalmologist clinic, known to our team for providing excellent service.

John returned to our clinic with a new set of glasses, a care plan and a sense of confidence. He thanked the eye health team saying he will recommend the service to his friends and family. In particular, he was pleased with the information he received about his eye condition and being actively involved in decisions about his treatment options.

**Name has been changed for privacy.*

HOLLY'S STORY

- Working together to find a solution



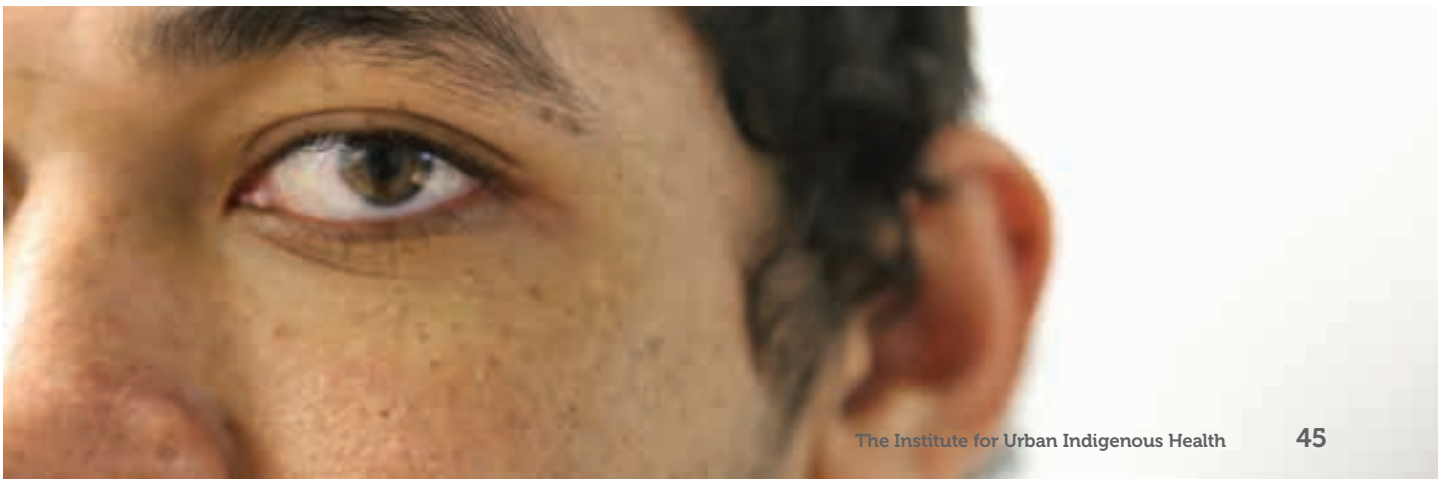
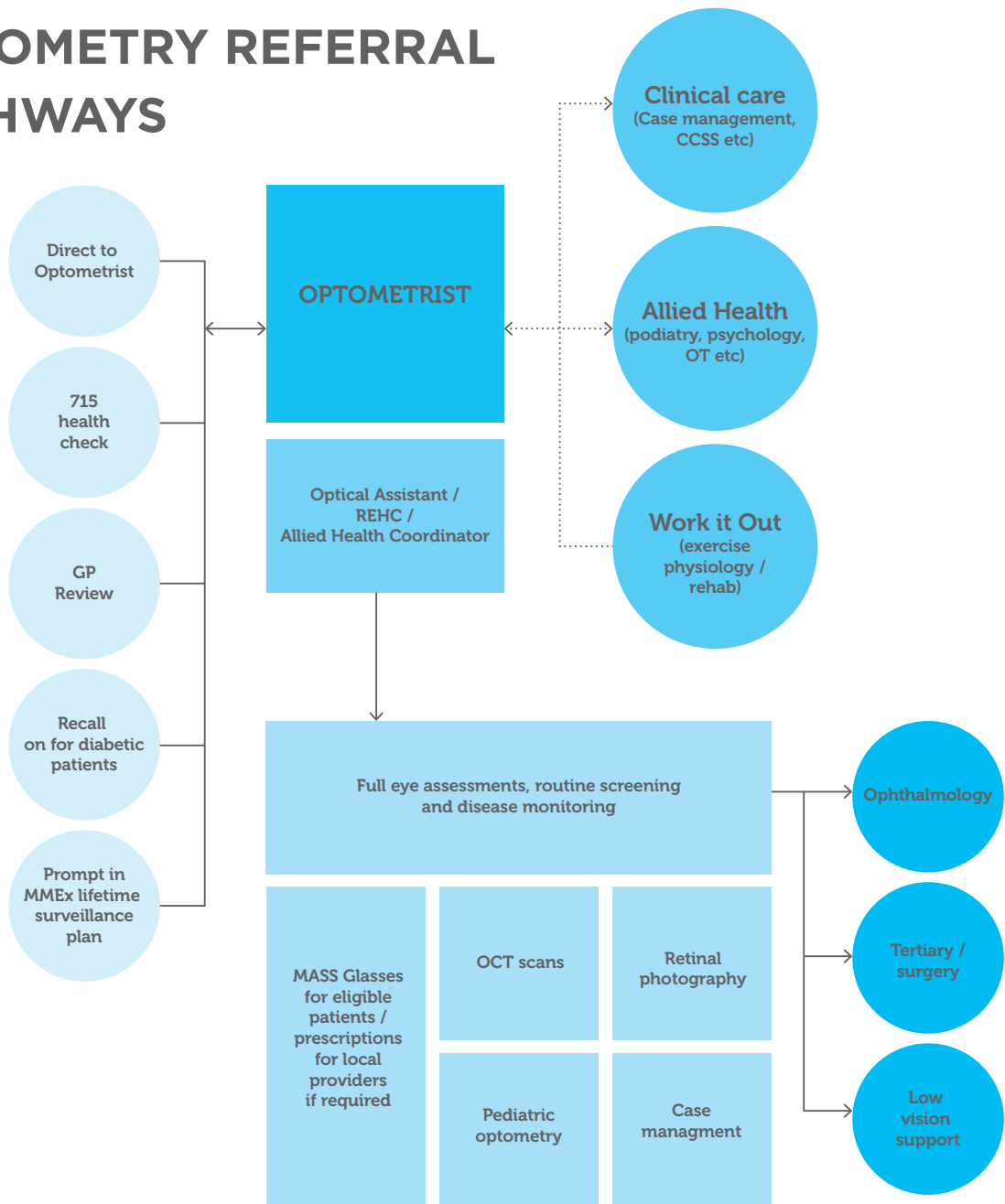
Holly* is a 37 year old with complex health needs (mild cerebral palsy, mild scoliosis and intellectual impairment) who was recommended to one of our eye health clinics by her GP for investigation of possible treatment options for keratoconus, a degenerative eye disorder.

Holly was officially diagnosed with keratoconus and IUIH's ophthalmologist recommended a corneal cross-linking procedure in both eyes to strengthen the corneas. Our eye health team worked alongside clinic staff to organise funding through home care organisation, Care Connect to cover the cost of the procedure. They also liaised with the treating ophthalmologist and Holly's carer to organise the appointments, treatment and payment of services.

Holly's carer has expressed extreme gratitude to the eye health team for enabling Holly to have the treatment, which otherwise would not have been possible.

**Name has been changed for privacy.*

OPTOMETRY REFERRAL PATHWAYS



ORAL HEALTH

Services are provided from the 17 Clinics operated by the IUIH and its Members across SEQ.

IUIH's Oral Health Team expanded to 13 staff in 2014/2015, including 7 dentists and an oral health therapist who provide a range of oral health services throughout the IUIH network. These services include:

- dental screening and check ups
- education and advice on maintaining healthy teeth and gums

- dental treatment including dental hygiene procedures, fillings and restorations, extractions, and the treatment and prevention of gum disease.

These services are supported by a fully functional mobile dental clinic van that is used daily at various clinics. The van is also used at special events to provide information on oral health care.

OUR FOCUS THIS YEAR:

IUIH's focus this year was to continue providing quality oral health service to clients throughout the IUIH network of clinics while expanding the service by eight new dental chairs within the regions of three of our member organisations: Moreton ATSICHS, Kambu, Yulu-Burri-Ba (Capalaba and North Stradbroke Island).

We also continued our work in ensuring the service was integrated into the IUIH Model of Care, as a key component of overall health.



2000

CLIENTS ACROSS THE SOUTH
EAST QUEENSLAND REGION

KEY STATISTICS:

IUIH Oral Health Services

NB: These figures do not include oral health services provided by the Brisbane ATSICHS or Kalwun health services as these IUIH member organisations manage them locally.

	Patients 2014/15
Unique clients (at least one visit in the reporting period)	1,933
Comprehensive examinations completed	1,349
Topical application of remineralisation (fluoride) treatment	601
Fissure and/or tooth surface sealing	284
Oral Health instruction	380
Number of patients requiring at least one tooth extracted (permanent and/or deciduous)	396
Number of patients requiring at least one temporary or permanent composite filling (1-2 Surfaces)	551
Number of patients requiring at least one temporary or permanent composite filling (3-5 Surfaces)	149
Adults (turned 18 on or before 30 June 2015)	1,318
Children (turned 18 on or after 1 July 2015)	615

OUR KEY GOALS FOR 2014-15:



Work with IUIH's member services to establish oral health clinics where they are needed.



Establish a competent and capable oral health workforce at each clinic, including Aboriginal and Torres Strait Islander staff wherever possible.



73%

INCREASE IN DENTAL INFRASTRUCTURE

KEY ACTIVITIES:

Eight new dental chairs were established

- at 73% increase in dental infrastructure
- across the IUIH network of services and clinics and **provided a dental service to almost 2,000 clients** across the South East Queensland region.

The team **tripled our oral health workforce** to ensure there was a quality dental service at each of our health clinics throughout the IUIH network.

IUIH **employed four Indigenous oral health professionals** – including a dentist, oral health therapist and dental assistant – who not only assist in providing culturally appropriate care but helps to create leaders among the community.

CHILD AND MATERNAL HEALTH

IUIH's Child & Maternal Health Team grew to three FTE staff in 2014/2015, supporting a range of programs across the IUIH Network. The approach is not a 'one-size-fits-all'. Rather, IUIH helps to tailor, develop and implement programs according to the various workforces and specific needs of our Member Organisations and their Clinics.

THE KEY AREAS WE SUPPORT ARE:

Pregnant women – to improve birth outcomes and Close the Gap in rates of preterm birth, low birth weight and early infant health and wellbeing

Early parenting support – assisting health services to offer individual and group support to new parents

Early childhood development – working with health services and key agencies to make sure children are developing appropriately, and accessing additional assessment and support if they are not

Birthing in our Community (BIOC) partnership – a new model of care between the Mater Hospital, ATSICCHS Brisbane and IUIH to develop and expand culturally competent maternity care and ensure mothers and babies get the best possible support for a good start to life.



OUR KEY GOALS FOR 2014-15:



Finalise the child health checks program to standardise and expand the assessment of children from birth to 18 years of age.



Commence regular education sessions (Mums and Bubs forums three times a year) to improve the capacity of front line workers to deliver high quality, evidence based care.



Develop strong links with UIH's social health team to ensure women and families with complex social health needs are identified early and given support as soon as possible.



Recruit suitably qualified and experienced staff – particularly in the area of midwifery – to bolster the support provided to pregnant mothers and new parents.

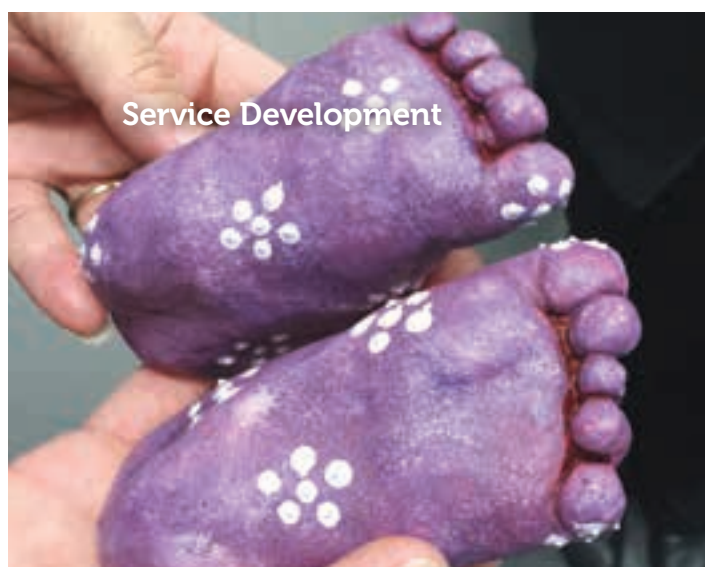
OUR FOCUS THIS YEAR

Our key priority this year was the standardisation of care across the sector, with a particular focus on the expansion of child health checks for the ages of birth to 18. These child health checks comprise a detailed assessment of the child's physical growth, nutritional status and developmental milestones as well as the wellbeing of the child's parent or carer. Their key purpose is to identify families that need additional support so that every child reaches his or her full potential.

Our long term priority is to create confident and capable parents who recognise the important role they have in creating an environment in which their children can grow and learn. This in turn will instill healthy habits and preventative strategies from childhood, and reduce the incidence of chronic illnesses in adult Aboriginal and Torres Strait people.

We modified and piloted the tools this year, and will introduce age appropriate child health checks in early 2016 once it is embedded into our medical software, MMEx.





Service Development



KEY ACTIVITIES:

Our team **finalised the child health check program** to provide a more comprehensive and standardised approach to child health and development across the IUIH network, which will be introduced in early 2016. The checks each have an age appropriate focus depending on the specific developmental needs of each age group:

- birth to 8 weeks
- 4-6 months
- 9 months
- 12 months
- 18 months
- 2 years
- 3-5 years
- primary school
- youth health check (12-18 years).

An antenatal protocol which provides guidance to clinicians on care for pregnant women was developed and implemented. The protocol is based on the latest evidence and standardises the pathways for identification, care and referral processes for pregnant women. This should ensure all women get access to the right investigations at appropriate times across pregnancy, as well as improve communication between the health services and the hospitals where the women will give birth.

Our team improved **the identification and referral pathways for pregnant women and families of children under five** who are requiring additional support, in close collaboration with IUIH's Social Health team.

The roles and responsibilities of our midwives have been expanded

and, accordingly, we are recruiting midwives with an extended scope of practice. These midwives have additional qualifications and are able undertake a wider range of tasks including ordering pathology and radiology tests and prescribing medications for pregnant women. This model brings multiple benefits including:

- relieving the burden on our local GPs
- attracting additional Medicare revenue
- maximising high quality care to pregnant women.

In the long term we aim to seek visiting rights to local hospitals for our midwives which will allow them to accompany our pregnant clients into hospital and care for them in labour and birth.

IUIH recruited a specialist parenting psychologist with expertise in infant attachment.

This position is seen as a crucial opportunity to break the cycle of parenting problems. By working within the Circle of Security model, our worker assists parents to understand the cues of their infants and young children and respond to those cues in a way that strengthens the child's attachment and helps to avoid the development of behavioural problems later in life.

Regular education and networking forums were introduced

to allow all clinicians (including nurses, doctors, midwives, psychologists and allied health workers) working with pregnant women and young families to meet with each other as well as to access contemporary, relevant education that aims to continuously improve the quality of care delivered by these practitioners. These forums

are now offered three times a year and are well attended by internal and external stakeholders.

Our team **spearheaded a multidisciplinary approach to reducing the rates of smoking in pregnancy**. Currently the number of Indigenous women smoking during pregnancy is about 2.5 times higher than non-Indigenous women (about 45% and 17% respectively). Strategies include: the development of TV commercials to air in the latter half of 2015, the endorsement of a Smoking Cessation Protocol for clinicians, a bulk purchasing arrangement for nicotine replacement therapy and a regional partnership with the Mater Hospital

underpinned by an NHMRC-funded research project investigating the impact of smoking cessation intervention in pregnancy.

IUIH curated a belly casting exhibition in collaboration with the Yulu-Burri-Ba Health Service and Beyond Empathy in July 2015. This activity provided opportunity for women to work together, discuss issues and concerns, share stories of pregnancy and child rearing, enjoy social interactions and develop new skills. The exhibition comprises belly casts painted by the participating women and local Aboriginal artists representing a celebration of pregnancy and birthing.

MONICA'S STORY

- Learning skills not previously taught

Monica* is a 23 year old with two children – Zac*, a three year old with behavioural problems and Caitlin*, a 2 month old baby.

Zac's behavioural problems included having 'meltdowns' where he kicked and screamed, taking a long time to calm down when he was upset or angry and not responding to his mother's discipline strategies (such as time-out, visual schedules and being sent to his room). Monica was concerned Zac had autism.

Monica has a poor relationship with her own mother and one of our child health nurses was concerned that Zac's behaviour may have been related to Monica's inability to respond to Zac's needs at different times, because of her own upbringing.

She referred Monica to the IUIH's parenting psychologist who worked with her using the Circle of Security parenting model over a three month period.

After a couple of sessions, Monica realised that when she was a child she was usually left to manage her feelings by herself and that there were not many adults around she felt she could go to for comfort. The psychologist worked with Monica to understand how this made it hard for her to recognise the needs of her own children and the signs they showed to express them.

Once Monica understood Zac's behaviours as signs for underlying needs, she was able to respond differently and his behaviour improved dramatically. Monica was also able to use this new understanding to see and respond to her newborn's needs, and reported to the team that she felt much more 'connected' to both Caitlin and Zac.

**Name has been changed for privacy.*

PARTNERS IN RECOVERY

IUIH's PiR Team comprises three FTE staff, delivering and facilitating a range of support services to people who experience severe and persistent mental illness with complex support needs by working directly with them and their support network to identify services to meet their needs and to make a practical difference to their lives. Most of our clients are based in Caboolture and the surrounding Moreton Bay Region.



100%

INCREASE IN REFERRALS

OUR FOCUS THIS YEAR:

The Partners in Recovery (PiR) Program is an initiative funded by the Federal Department of Health to better support people with severe, complex mental illnesses by encouraging greater collaboration, coordination and integration between the multiple service agencies assisting them.

Since joining a delivery consortium with North Brisbane Partners in Recovery in August 2014, IUIH's priority has been to create a robust framework and a strong network around the provision of services and support for Indigenous clients with severe and persistent mental illness and, as a result, complex support needs.

Many of these clients had not engaged with support services through other mainstream organisations for a variety of reasons. Our focus was to fill that gap in service with a wraparound model, where clients are surrounded by tailored services delivered in a culturally appropriate manner within their own environment.

OUR KEY GOALS FOR 2014-15:



Improve access to mental health services for Aboriginal and Torres Strait Islander peoples with severe and persistent mental illness by providing culturally appropriate, trusted programs and services, and referrals to additional services that can assist in recovery.



Embed critical mental health support and access to recovery programs within general

medical practice to ensure an integrated approach between physical and mental health needs.



Facilitate the provision of services and supports to meet the recovery needs and goals of clients by implementing the IUIH Model of Care within the acute mental health space, increasing their ability to address social and emotional wellbeing issues.



Acknowledge the shame and stigma related to mental illness and support clients in a culturally appropriate way while providing tailored, holistic services and promoting wellness and recovery.

KEY ACTIVITIES:

IUIH saw an **almost 100% increase in referrals from Aboriginal and Torres Strait Islander peoples** this financial year. This was due to our team actively promoting the program to potential clients as well as allied support services. Networking and knowledge sharing is vital in encouraging Indigenous clients to access and receive the most appropriate support.

Client requirements were better aligned with support services by analysing what was needed with what was available and developing a model to ensure access for clients was easy. We identified that our clients needed improved, indeed easier, entry to the services.

PiR promoted regional collaborations to provide recovery-oriented programs. One example of this is the Yarning Circle program in tandem with Caboolture Hospital's Mental Health unit

which aims to build rapport, provide a culturally safe space and to create a community through communication and activities. This has been a successful endeavour in terms of attendance and participation. The establishment of further yarning circles is currently being assessed so that it may be modelled in other hospitals.

The team **built on established relationships with clinical and non-clinical stakeholders** to ensure holistic approaches within the wrap around care model, which mirrors IUIH's overarching Model of Care and comprises delivering tailored services to clients and their families within their own environments.

A pilot of the 'Healing Group' program was initiated, in partnership with IUIH's social health team, to support, in a culturally appropriate manner, Aboriginal and Torres Strait Islander women who suffer severe and persistent mental

Service Development

health primarily caused by grief due to the loss of their child. The next steps for this project are to create a support network for participants and deliver more 'Healing Group' camps.

Our team is **embedding the services for acute mental health issues into mainstream practice** in areas such as grief and loss healing groups, recovery groups (such as the Yarning Circle), integration of referral pathways, GP education and culturally appropriate staff support so that they become an integrated and integral part of regular health practice.



ROBERT'S STORY

- Helping to start anew

Robert* is an Aboriginal man in his mid-thirties who was referred to the PiR team by the Queensland Department of Corrective Services' Mental Health Team. He had spent 18 years in a correctional facility and during this time was diagnosed with bipolar disorder. Robert also suffers from anxiety which he contributed to being locked up by himself for 22 hours a day. As a result, Robert found it difficult to navigate many of the day-to-day activities of normal life such as obtaining ID, opening a bank account and seeing a GP.

In response, the PiR team supported him in many ways including:

- helping him to get appropriate identification which was vital for him to obtain many of the things he needs to function
- opening a bank account
- Linking him to the support network he needed such as an Indigenous support worker at Centrelink to assist with the Disability Support Pension and Indigenous Outreach Worker for GP support
- providing him with a telephone and showing him how to use it
- escorting him to his first day at community service and introducing him to how the public transport system works.

Robert believes that without PiR intervention he may have ended up back in jail.

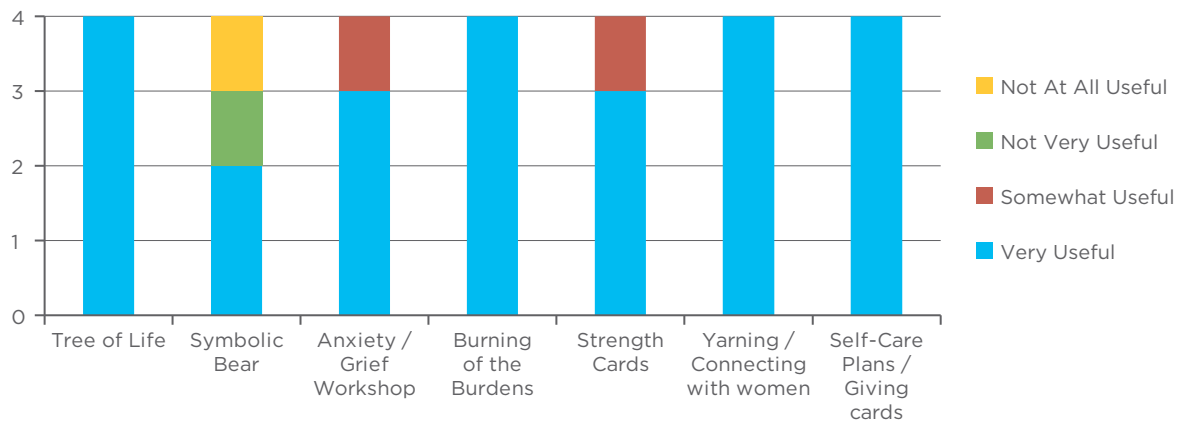
**Name has been changed for privacy.*

KEY STATISTICS:

Client breakdown		Services referred to:	Funding access for:
Total	70	<ul style="list-style-type: none"> • transport • clinic services • social health • accommodation • cultural support 	<ul style="list-style-type: none"> • Home assistance: cleaning, lawn mowing, water and electricity • Accommodation: rent and bond • Wellness: Bed, refrigerator • Communication: mobile phone x2 (access) • 'Healing Camp' expenses
Male	28		
Female	41		
Unknown	1		

Prior to IUIH joining the PiR consortium, 5.4% of total referrals were from Aboriginal and Torres Strait Islander peoples in the previous year. In the 2014/15 year, with IUIH's presence, 9.6% of referrals were from Aboriginal and Torres Strait Islander peoples. Nine percent (9%) of all registered clients are Aboriginal and/or Torres Strait Islander.

'Have Your Say' – Activity Evaluation Survey



The graph represents participant feedback on the formal activities of the Healing Group. All feedback has provided invaluable information for further development. The use of identified data has provided a level of evaluation crucial to exploring possible differences in feedback. It is therefore suggested that the observable differences with activities such as Symbolic

Bears is related to the age of the child/children at the time of passing, with the mothers of older children being less connected to the activity. The other two areas of difference can be attributed to the age, resilience level and stage of loss and grief, with older participants being able to manage anxiety more effectively.

CLOSING THE GAP / IMPROVING INDIGENOUS ACCESS TO MAINSTREAM PRIMARY CARE (IIAMPC)

IUIH employs four FTE staff whose key purpose is to provide cultural awareness training to mainstream primary care providers within the Metro North Brisbane Medicare Local Region to assist them to tailor their services to better meet the needs of Aboriginal and Torres Strait Islander patients.

IUIH is also required to work with Indigenous patients accessing mainstream primary care with support needs such as transport, advocacy for medical appointments and paperwork, providing a referral pathway to other IUIH services, and supporting pharmacies with the Closing the Gap Pharmaceutical Benefits Scheme (CTG PBS) Co-payment measure.



OUR FOCUS THIS YEAR:

IUIH's focus this year was twofold:

- to provide cultural awareness training within mainstream primary care to improve their quality of service to Aboriginal and Torres Strait Islander clients
- support more clients in overcoming the barriers – such as transport, finance, lack of awareness – to accessing essential health services and empowering them to actively seek care.

OUR KEY GOALS FOR 2014-15:



Develop and deliver accredited cultural awareness training to equip mainstream primary care and allied health service providers with the knowledge and tools to provide culturally appropriate services.



Develop and deliver accredited cultural awareness training to equip mainstream primary care and allied health service providers with the knowledge and tools to provide culturally appropriate services.



Increase the number of our clients and simplify the referral pathways from external services to the IIAMPC program.



Focus on the clients' transition between IUIH services and external services provided by mainstream primary care services, non-government organisations and other supports, as an efficient way of promoting our services, providing support and integrating services for clients.



8

CULTURAL AWARENESS
TRAINING SESSIONS WERE
CONDUCTED

KEY ACTIVITIES:

Eight Cultural Awareness Training sessions

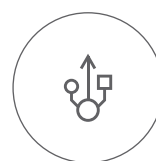
were conducted for external stakeholders such as GPs, nurses and clinic staff. The purpose of this training is to improve the cultural literacy of mainstream primary care providers as well as their knowledge of the services provided by IUIH. Ultimately, this will help them to enhance their practice delivery and capacity for Aboriginal and Torres Strait islander clients. The feedback the team has received from participants who attended the training has been highly positive.

More than 200 clients were supported in

accessing external services in North Brisbane this year in areas such as transport, advocacy, crisis support and improving access to mainstream primary care.

- There are numerous services available to our clients in the Brisbane North Region, however due to barriers with transportation, financial capability, family pressures and limited knowledge of appropriate services, clients put their health needs last. The IIAMPC team works alongside the client to alleviate stress and use a holistic approach to minimise barriers to health care.

The team, in collaboration with an IUIH Pharmacist, is **undertaking pharmacy research to build knowledge and evidence** regarding the efficacy of the provision to pharmacy services to Aboriginal and Torres Strait Islander peoples in the Metro North Brisbane Region.



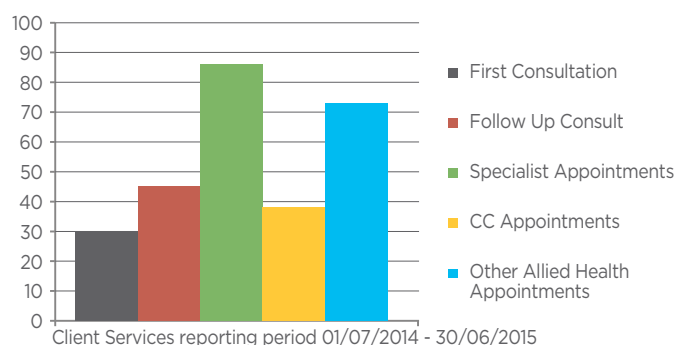
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CLIENTS WERE SUPPORTED
IN ACCESSING EXTERNAL
SERVICES

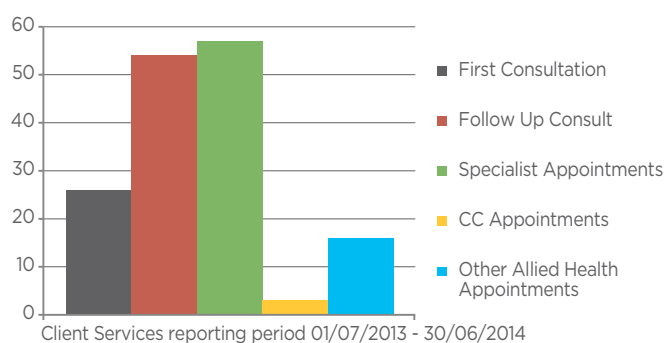
KEY STATISTICS:

The IIAMPC team has seen considerable growth over the past financial year specifically in regards to increased client engagement and client referrals. Due to this, we attended more appointments and provided more advocacy. While IIAMPC outreach workers attended reasonably the same amount of first and follow consultations, there is a noticeable increase in specialist, care coordination and other allied health appointments.

Outreach Worker Occasions of Service 2014/15



Outreach Worker Occasions of Service 2013/14



THE JONES FAMILY'S STORY

- Help from many hands

The Jones* family were a family of four with another on the way. They came to our attention when their middle child was admitted to hospital with a critical condition.

The IIAMPC team acted at the hub for several of IUIH's Teams to work together to provide a wrap-around service to the family in a holistic and integrated manner. This included:

- transportation to antenatal visits, clinic appointments and Centrelink including support to corrective services
- cultural support engaging with the hospital's Indigenous outreach workers

- pharmacy and medication script support with a community pharmacy including picking up paediatric supplements
- food hampers and vouchers due to the family's extreme financial hardship caused expenses related to the child being in hospital
- negotiating with utility providers and community organisations to assist with funds and utility extensions
- transportation to the hospital for extended family members to provide emotional support

This was a true coordinated effort among IUIH's teams, specifically our IUIH Connect, Partners in Recovery and IIAMPC Teams to provide seamless support to one of our client families during a time of great stress and distress.

The child is at home and the family is now doing well and remains in contact with the IUIH. The family said they were very happy with the support and relief provided to them, particularly through food hampers and vouchers.

**Name has been changed for privacy.*



IUIH CONNECT

IUIH's Care Connect Team comprises five FTE staff who work within Queensland Health's Metro North Region to provide a bridge between acute care and primary health care and ensure a seamless transition for patients, typically between hospitals, GPs and specialists. We have built strong working relationships with hospital clinicians, mainstream GPs, IHLOs and other providers to develop and implement individual plans of care which result in improved access to health care and better health outcomes.

OUR FOCUS THIS YEAR:

IUIH's priority this year was to increase the community's awareness about IUIH Connect and our role as a linking agency between different stages of care or care providers.

To achieve this, we implemented several strategies including providing in-service to hospital staff, education to Indigenous Health Service Liaison Officers (IHLOs) and other clinicians, informing patients and their families of our services and distributing promotional material to key locations.



KEY ACTIVITIES:

IUIH Connect **significantly increased the number of referrals from hospitals and other providers**

to assist clients in the transition from one type of treatment, or one service provider, to another. The monthly average number of referrals for comparable six month periods in 2013/2014 and 2014/2015 are 3.3 and 19.8 respectively, a five-fold increase. This demonstrates that our efforts in raising awareness are working and, more importantly, allows us to assist more clients during times of high risk.

IUIH secured **the support and involvement of several hospitals in the discharge planning of patients** with complex needs from hospitals – Royal Brisbane and Women's Hospital, Prince Charles Hospital, Redcliffe Hospital and Caboolture Hospital. This gives clients a clear pathway for ongoing treatment once they are out of the structured hospital environment, ensuring their treatment continues in an integrated manner. This also allows us to advocate on behalf of patients and their families if we feel they require a more robust model of care.



216

**CLIENTS RECEIVED SUPPORT
IN LAST YEAR**

IUIH Connect **developed a pathway for coordinating and simplifying a patient's journey** through the hospital system, as follows:

- 1. Referral received from hospital**
- 2. Patient assessment**
 - home / hospital visit
- 3. Formulating a care plan and interventions**
 - liaise with hospital team regarding discharge plan
 - coordinate care with healthcare clinics and other health providers that are involved in the care
 - referrals to transport, CTG, CCSS, PiR and other appropriate IUIH services
 - provide mobility and home aids when required
 - provide transport when needed
- 4. Follow up/Evaluation**
 - home visit / contact with patient.
 - Practical support to 216 clients was provided in the past year by organising transport, collecting medications and providing appropriate aids, such as wheelchairs and walkers, crutches, personal alarms, and shower and over the toilet chairs.
 - IUIH Care Connect implemented regular, structured meetings with Indigenous hospital liaison services where we discuss the number of referrals received from each hospital, identify concerns and find ways to improve them. We also take the opportunity to educate the IHLOs on how we can support their patients when they come out of hospital.

There has been an increasing flow of referrals received since we began in July 2014 until June 2015, demonstrated below:

	First six months (Jan-Jun 2014)	Second six months (Jul – Dec 2014)	Third six months (Jan to Jun 2015)
Referrals	41	97	119

OUR KEY GOALS FOR 2014-15:



Increase the number of referrals from Queensland Health's Metro North Hospital and Health Service (MNHHS) and other providers by increasing the awareness of hospital staff, especially the IHLO services.



Establish IUIH Connect as a central referral service for patients transferring between acute care and primary health care.



Formulate and implement clear pathways for people with complex health needs e.g. mental health, chronic diseases, palliative care, alcohol and drug use, and social issues to improve outcomes.



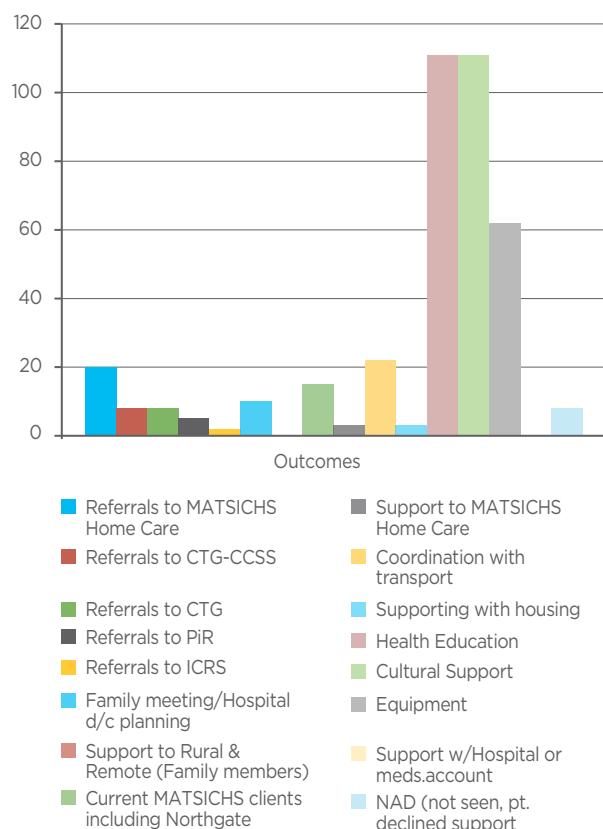
Develop and improve collaboration with other partners in health care to provide an integrated experience for clients.

Most of the referrals come from the hospitals with IHLO but there are also referrals from other health care providers such as GPs, community services including Silver Chain and the Salvation Army and self-referrals or coming from family members.

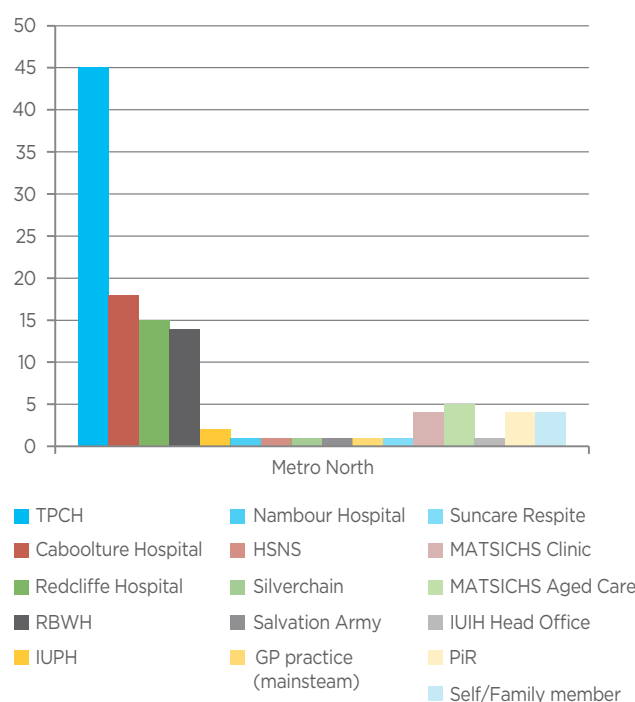
2014		2015	
July	7	January	28
August	12	February	17
September	22	March	17
October	24	April	16
November	19	May	21
December	13	June	20



IUIH Connect Client Referrals by referee January 2015 – June 2015



IUIH Connect interventions and activities January 2015 – June 2015



DIANA 'S STORY

- a coordinated approach to care

Diana* is a 66 year old female with emphysema living alone in a unit in north Brisbane. She does not drive and her next of kin lives on the other side of the city. Diana is continually on home oxygen as well as multiple medications. A local GP visits her at home on request.

Diana was admitted to hospital due to an infective exacerbation of chronic obstructive pulmonary disease (COPD) where she was treated with IV antibiotics and was referred to a dietitian for follow up care. The dietitian recommended food supplements that were expensive and required an ongoing investment. Diana also was referred to IUIH Connect for follow up care post discharge.

When we met Diana, our concerns were her social isolation, the cost of medication and other health related services including supplements, her safety at home and transport limitations. We also wanted to prevent future hospital admissions.

With Diana's consent, we worked with her GP to formulate a GP Management Plan (GPMP) and facilitated a MBS-item 715 health check. Via our Close the Gap and Care Coordination and Supplementary Services (CCSS) teams, we referred her to the respiratory clinic, chest physiotherapist, occupational therapist home and mobility assessment, podiatry service and ACAT. We also provided transport for her appointments.

Diana is now supported by IUIH's Home Support team for her HACC home-based services. She has not had any hospital admissions in the last year and in her own words is very glad to be back to her heritage.

**Name has been changed for privacy.*

ICT AND eHEALTH TEAM

IUIH provided operational support for IUIH's ICT framework for day-to-day operations as well as the technical communications infrastructure for delivering ehealth solutions to clients. As a result, we have both an internal and external focus.

IUIH's ICT and eHealth staff grew to four FTE in 2014/2015, supported by a contracted technical support team. The three key areas of focus were:

- service desk, infrastructure and systems
- eHealth (telehealth project delivery and electronic patient record [MMEx] management)
- data & voice communications.

OUR FOCUS THIS YEAR:

IUIH's priority this year was ensuring that three new clinic setups were successful with minimal issues for our internal and external clients as well as providing continuity of support for all existing office and clinic sites without interruptions.





KEY ACTIVITIES:

IUIH successfully **built, implemented and delivered the information, communication and technology requirements for three new health clinics** –

Goodna, Bilinga and Caboolture. This required a great deal of coordination, collaboration and negotiation between numerous stakeholders with the key priority being uninterrupted service for our clients. This activity comprised setting up the network, desktop PCs, printers, telephony and other peripheral ICT kit and user support on new technology.

All new clinic staff were successfully trained in the MMEx platform, the system integral to our service delivery. MMEx is a web-based e-Health platform that facilitates secure collaboration between health professionals providing integrated care.

IUIH **developed the framework to bring all ICT in house to save money and improve efficiency**. As the organisation continues to expand and require a more multi-faceted, integrated approach to information infrastructure we have changed the model and structure of our team in response. This

will see the reorganisation of our unit into cross-functional teams with end-to-end responsibility for a process, such as basic ICT orientation, MMEx orientation and training on telehealth use and platforms. We will no longer be reliant on the availability and practices of external providers and will be able to actively improve business processes across the organisation.

IUIH participated in a pilot telecare Digital Community Visitor Scheme for elders to ease the social pressure of isolation burdening some of our clients. In association with the Nundah Activity Centre (NAC) we worked with 16 of our clients in the Moreton and Brisbane North Regions to identify how best to deliver telehealth, including issues stemming from isolation. This included issuing some clients with computer tablets and internet access.

IUIH has an active telehealth program across our member organisations and the intention is to extend these services to our aged care clients, once proper evaluation of the program is completed.

OUR KEY GOALS FOR 2014-15:



Successful technology implementation for three new clinics located at Goodna, Bilinga, and Caboolture to ensure they had fully functioning ICT resources by opening day.



Ensure that all systems are fit for purpose by keeping all ICT equipment and anti-virus software up-to-date and maintaining easily accessible back-up systems in the event of a disaster.



Develop and enhance the clinical information system to enable regional and clinical data input and extraction, improve the clinicians' experience with the database and meet client health care needs.



Assist in the development of a clinical database that enables appropriate sharing of health care records across the region to:

- improve our clients' journey
- increases safety and care
- enables effective reporting and data analysis to determine interactions
- measure the effectiveness of programs and services
- support the IUIH Model of Care
- provide evidence to funding agencies about the effectiveness of IUIH program investments.

eHEALTH TEAM ACTIVITIES:

IN 2014/15 IUIH DELIVERED THE FOLLOWING:

- Establishment of three new clinics (Goodna, Bilinga and Caboolture)
- 100 telehealth consultations across SEQ
- 156 new MMEx user sessions across SEQ
- 604 MMEx follow-up training sessions for advanced use of MMEx.
- 2 Extensive Enhancement Packages for the Clinical Information System
- 69 MMEx Bugs
- 233 MMEx Support Tickets
- 152 Client/CLO Telecare Telehealth Support
- 200 Telehealth Support Calls (setup/ appointment coordination)
- 445 ICT helpdesk tickets Opened and resolved
- 85 Scheduled ICT Maintenance Tasks Carried out
- 3898 Security Intrusion and breaches averted
- 35 MMEx user guide documents and cheat sheets created



GP WORKFORCE AND EDUCATION

IUIH's Regional GP Locum Program provides competent and appropriately trained doctors who maintain a coordinated and integrated approach to planning, development and the delivery of primary health care services.

OUR FOCUS THIS YEAR:

IUIH priorities this year were to ensure continuity for frontline services at IUIH's Network of PHC Clinics and better equip GP Registrars with skills for treating Indigenous patients.

We did this by providing:

- short- and medium-term GP locum services and backfill, and short-term and 'one off' GP workforce cover when regular GPs were not available (e.g. on leave, attending special events)
- educational support for GP Registrars as part of their Australian General Practice Training (AGPT) placement.

Our training of GP Registrars in South East Queensland recognises the need for appropriate supervision and mentoring during their progress towards a level of cultural competence essential to building long-term, effective partnerships with our clients.



OUR KEY GOALS FOR 2014-15:



Provide competent, reliable and cost-effective GP locums and backfill for our member services to ensure continuity of high quality, culturally appropriate services. We achieved this by employing a small team of full- and part-time 'GP Relievers' who were dispatched around the region as required.

The benefits of this model are two-fold:

- it is cost effective, eliminating the need for fees to be paid directly to external locum agencies
- the GP Relievers become familiar with the IUIH network systems, processes and people and can therefore 'hit the ground running' on each assignment.



Continue to support and develop a clinical, culturally competent and effective medical workforce in Indigenous health, particularly in urban South East Queensland and primarily through supported placement and training of GP Registrars in our health services and clinics.



14

GP TRAINING SITES IN 2015
UP FROM 3 IN 2012



11

GP SUPERVISORS IN 2015
UP FROM 3 IN 2012

KEY ACTIVITIES:

14 of the 17 clinics in the IUIH network are now available to GP Registrars as training sites.

This expansion is important as it consolidates community controlled health services and their clinics as centres for the education and training of health professionals.

There was a corresponding increase in the number of experienced GPs participating in the training and supervision of GP Registrars which improves the quality and diversity of training.

IUIH employs a Medical Educator (in association with Queensland Rural Medical Education) and a Cultural Educator who jointly provide additional support for our GP Registrars to ensure they have a comprehensive, well-supported training experience during their placement. All GP Registrars have a local supervisor in the clinic in which they work to help oversee and guide their training needs, complemented by these additional, specialist resources.

Three GP registrars successfully transitioned to full time GPs employed by IUIH member services.

This illustrates our ability to develop competent and appropriately trained professionals committed to working in Aboriginal and Torres Strait Islander health.

Our team **successfully completed the first GP Registrar medical research 'extended skills' placement** which has contributed to building the evidence base in urban Aboriginal and Torres Strait Islander child and maternal health. In short, IUIH employed a GP Registrar in an academic rather than clinical post to study the effectiveness of a new model – developed in partnership by IUIH, Brisbane ATSICHS and the Mater Hospital – for providing continuity of maternity care for Indigenous mothers, babies and families.

IUIH's Team of centralised GP relievers grew from 1.5 to 2.5 doctors, which saves money in locum placement fees and increases effectiveness through familiarity with IUIH systems, processes and people.

RESEARCH AND EVALUATION

IUIH remained focused on building our evidence base, evaluating all our activities and ensuring accurate and quality data. This is achieved through regional planning and evaluation, assessment of operational performance by our health services, an expanding Continuous Quality Improvement (CQI) program and research projects conducted with internal and external collaborators.



11

**RESEARCH PROJECTS
IN 2015, 18% INCREASE**

OUR FOCUS THIS YEAR:

IUIH's priority this year was to continue to monitor and report on key performance areas of activity within IUIH across South East Queensland.

This remained in line with IUIH's strategic priorities of acquiring high level evidence and transferring it into practice while also developing the research capacity across the organisation.

We target four areas:

- health service improvement
- chronic disease prevention and management
- data and its best use
- tobacco.

We also continued to work in collaboration with other researchers to undertake research and evaluation in priority areas (see chart following).

Service Development

KEY ACTIVITIES:

IUIH oversaw **11 research projects this year**, an 18% increase on the previous financial year.

IUIH successfully delivered the Regional Influenza Vaccination Campaign which saw:

- **more than 400% increase in influenza vaccines** given in 2015 compared with 2014
- **improved targeting of high risk groups** achieved through regular clinical data extraction and feedback to clinical teams; and marketing and communication within the clinics and community
- **a 14% increase in the number of high risk patients immunised**, with around one-quarter of these high risk patients receiving the vaccine for the first time. (In 2014 we immunised 33% of clients with long term medical conditions including heart disease, diabetes and emphysema. In 2015 this rose to 47%.)

Our team **coordinated the continued monitoring of treatment across our diabetic clients** in targeted areas for improvement, such as blood pressure and HbA1c recordings, in accordance with the National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care.

All clinic teams agreed to continually monitor these areas specifically between November 2014 and May 2015 and IUIH saw a gradual improvement to the number of diabetic clients with schedule of care items completed.

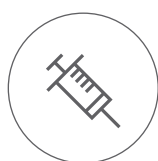
IUIH **facilitated funding from the Movember Foundation to improve the mental health and wellbeing of Aboriginal and Torres Strait Islander young men and boys**. It's a three year project which brings together both clinical and

community supports for a more integrated and holistic approach. It will also include a social marketing campaign and include social media elements to reduce the stigma associated with talking about mental health. The Movember funded project integrates mental health and well-being screening tools into our health assessment process so that clinicians can get a sense of overall physical and mental health.

The team **continued to implement the Continuous Quality Improvement (CQI) program** across all health clinics and offices within the IUIH network, with a specific focus on tailoring the program to meet the individual requirements of each facility. In short, the program aims to ensure high quality information is captured by our information systems and can be extracted accordingly, with the ultimate goal of improving the quality of health care within each centre.

Correct data entry, extraction and analysis of client population data is paramount to the identification of opportunities for improvement in primary health care delivery. This collection and use of this data as evidence, provides staff with a greater understanding of their client demographic and the opportunity to practise with a more informed approach.

Our team **embedded routine data extractions related specifically to clinical processes** and certain health outcomes into each clinic's data management systems and protocols. This aligns with the requirements of the Health Impact Assessment model and allows each clinic to closely manage their quality improvement strategies and ultimately, improve their health care practice.



400%

% INCREASE IN INFLUENZA
VACCINES



14%

INCREASE IN IMMUNISED
HIGH RISK PATIENTS

Research projects and collaboration for 2014/15

- **Movember Foundation Grant** – Improving the mental health and wellbeing of Aboriginal and Torres Strait Islander young men and boys.
- **Queensland Health** – Mental Health Survey – A statewide survey assessing prevalence of mental health and substance misuse.
- **National Health and Medical Research Council (NHMRC) Partnership Grant 2014** – Birthing in our Community: Improving maternal infant health care for Aboriginal and Torres Strait Islander women and infants.
- **NHMRC Partnership Grant** – Mater Partnership Research: My Baby Movements Indigenous Reference Group.
- **The University of Queensland** – Poche Centre for Indigenous Health
- **CREATE: IUIH and South Australian Health and Medical Research Institute (SAHMRI)**. A collaboration to further the development of health services, which will improve the quality of life and health outcomes for Indigenous people.
- **QIMR Berghofer Medical Research Institute** (Aboriginal and Torres Strait Islander Health and IUIH) – Mental Health, Physical Activity and Metabolic Risk within an urban Indigenous population: How's 'Work It Out' working out for you?
- **Fred Hollows Foundation** – Equipment Evaluation Report: review the implementation, service usage and outcomes of the equipment donation and eye health clinic establishment in SEQ for the purposes of learning and preparing for future projects involving the donation of equipment.
- **Griffith Criminology Institute and IUIH** – Prisoner Passport Study: study aims to understand: what people experience when they get out of prison, what services people need when they get out of prison and what helps people stay out of prison?
- **IUIH Influenza Campaign 2015**: Examine the underlying reasons for a substantial increase in the number of Aboriginal and Torres Strait Islander peoples receiving influenza vaccination in SEQ 2015.
- **IUIH Workforce** – student research projects: Ongoing Student placement [e.g. speech therapy, occupational therapy, political sciences, public health, dietician].

OUR KEY GOALS FOR 2014-15:



Receive ethics approval for the Indigenous Birthing in an Urban Setting (IBUS) study, a multi-agency project evaluating models of maternity care for Aboriginal and Torres Strait Islander women in South East Queensland. It is a collaborative project developed by three Brisbane-based organisations: IUIH, the Mater Health Service (MHS), and the Aboriginal and Torres Strait Islander

Community Health Service (ATSICHS), Brisbane Ltd. Ethics approval was provided by the Mater Health Service and the University of Queensland Human Research Ethics Committee for the IBUS main study research and the Stop Smoking in its Tracks (IBUS sub-study).



Continue delivering the Regional Continuous Quality Improvement Framework – a coordinated CQI program

delivered in IUIH clinics and member services health services across South East Queensland. Our team facilitated monthly CQI meetings that involved all staff (e.g. clinical, reception, Community Liaison Officers and transport officers). This has resulted in improved staff confidence in data extraction, analysis and presentation as well as local site leadership.





MORETON ATSICHS

Moreton ATSICHS delivers comprehensive primary health care services to one of Australia's largest and fastest growing Indigenous populations, with over 8,500 Aboriginal and Torres Strait Islander peoples residing in the Moreton Bay Region at the 2011 Census.

OUR KEY GOALS FOR 2014-15:



Open a new Primary Health Care Clinic in Caboolture.



Establish and expand dental and oral health services.



Effectively integrate primary health care and expanded home care (aged care) services.



Continue to improve access to comprehensive and high quality primary health care to Aboriginal and Torres Strait Islander peoples across the Moreton Bay Region

Moreton ATSICHS continued to focus efforts on the expanding comprehensive primary health care services for Aboriginal and Torres Strait Islander peoples within the Moreton Bay Region, with the establishment of a new Primary Health Care (PHC) Clinic in Caboolture (opened April 2015) and the establishment of 3 new Dental Chairs within the expanding network of Moreton ATSICHS Clinics.

The Moreton Aboriginal and Torres Strait Islander Community Health Services, or Moreton ATSICHS, was established in 2011 and is operated by the IUIH. These services are delivered from the four Primary Health Care Clinics operated by Moreton

ATSICHS, located in Morayfield, Strathpine, Deception Bay and Caboolture (opened April 2015).

The Moreton ATSICHS Executive Manager oversees all operations, with individual Practice Managers responsible for the day-to-day operations of each of the four Clinics. By 30 June 2015, each of the four Clinics were staffed by:

- 2 x FTE GPs
- 1 x FTE GP Registrar (Caboolture Registrar to commence January 2016)
- 2 x FTE Clinic Nurses
- 1 x Indigenous Health Worker
- 1 x FTE Community Liaison Officer (CLO)
- 1 x Transport Officer
- 1 x FTE Care Coordinator

Specialised services located on site for MATSICHS include:

Commonwealth New Directions funded

mum and bubs services – including antenatal midwifery care, early childhood development programs, and complex child and family care. In 2015-16, IUIH will be rolling out the Australian Nurse Family Partnership Program (ANFPP) on the north side of Brisbane, based in MATSICHS, with a complement of 6-8 FTE nurses and 3-4 Family Care workers to enhance perinatal and early childhood development and support.

Commonwealth funded Social Health services

including drug and alcohol counselling and case management, psychology services, outreach services and group-based interventions and program support.

Oral Health Services with two fixed chairs

located in each of Deception Bay and Caboolture clinics, and 2 more chairs to be installed with new capital works underway in Morayfield (see below). Operation of the oral health service is reliant on the MBS Child Dental Benefits Scheme, Queensland Health dental voucher scheme, and self-generated income in the form of MATSICHS MBS through primary health care service delivery.

Visiting specialist and allied health services:

Specialists

All funded under the Commonwealth MOICD program to deliver services on site at MATSICHS, other than the geriatrician who works under a direct private arrangement with IUIH. Where services are provided only at the Morayfield hub, clients are assisted to access services as needed:

1. Paediatrician – fortnightly Morayfield, monthly Deception Bay and Strathpine
2. General physician – monthly Morayfield
3. Geriatrician – monthly Deception Bay

4. Addiction Medicine Specialist – monthly Caboolture
5. ENT specialist – monthly Morayfield
6. Psychiatry – fortnightly Caboolture and Strathpine
7. Ophthalmology – monthly Deception Bay

Allied Health

(provided across all 4 clinic locations)

1. Podiatry – 2 per week
2. Dietician – 2 per week
3. Diabetes educator – 1 per week
4. Physiotherapy – 2 per week
5. Audiology – 1 day per month
6. Paediatric speech and occupational therapy services – 1 day a week
7. Adult OT – 1 day a week
8. Work It Out – supervised exercise and chronic disease self-management program (not yet operational in Caboolture)
9. Optometry – IUIH eye clinics are now delivered in Morayfield, Deception Bay and Caboolture through fixed / on site clinics. The IUIH Mobile Eye Van will continue to deliver services to Strathpine, where space restricts capacity to establish a fixed eye clinic. Optometry clinics are delivered one day a week in each location, as part of an integrated eye health program, providing screening and assessment as well as access to affordable (MASS) glasses and other ancillary eye health services, and working closely with the visiting ophthalmology service delivered from the Deception Bay hub on a monthly basis.



16

**DIFFERENT TYPES OF
SPECIALIST HEALTH SERVICES**

KEY ACTIVITIES:

Opening of a new Primary Health Care Clinic at Caboolture in April 2015 in response to identified need in an area of rapid Aboriginal and Torres Strait Islander population growth, which had been placing undue demand on the Morayfield clinic.

Over 1,000 new Aboriginal and Torres Strait Islander clients attended for care at one of the four Moreton ATSICHS clinics during the 6 months January – June 2015:

	Male	Female	Total
Morayfield	144	131	275
Strathpine	115	145	260
Deception Bay	174	207	260
Caboolture	93	105	198
TOTAL	526	588	1114

New clients are counted as those who are new to Moreton ATSICHS overall i.e. clients attending the new Caboolture clinic who were already clients of Morayfield – or another MATSICHS clinic – are not included in the count above.

According to the 2011 ABS Census, there are around **8,500 Aboriginal and Torres Strait Islander peoples residing in the Moreton Bay region**. The following table shows the number and proportion of this population now attending Moreton ATSICHS as “regular” clients (at least 3 visits in the last 2 years):

	Male	Female	Total
Morayfield	818	916	1734
Strathpine	740	827	1567
Deception Bay	738	856	1594
Caboolture	163	184	347
TOTAL	2459	2783	5242

62% ABS 2011 Census population Moreton Bay

The % catchment coverage has increased from 52% to 62% since the end of December 2014.

Episodes of Care:

January to June 2015	Male	Female	Total	% total
Aboriginal or Torres Strait Islander	12405	17424	29829	91%
Non Aboriginal or Torres Strait Islander	1249	1665	2914	9%
Unknown Indigenous status	0	1	1	0%
Total Episodes of health care	13654	19090	32744	



8500

**ABORIGINAL AND TORRES STRAIT
ISLANDER PEOPLES RESIDING IN THE
MORETON BAY REGION**



1114

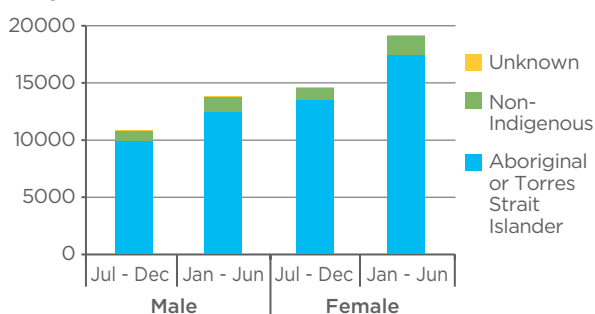
NEW PATIENTS IN 2014/15

Moreton ATSICHS

Episodes of care increased significantly from the first to the second half of the 2014-15 financial year:

Episodes of Care

July - Dec 14 vs Jan - June 15



No. of clients who received an MBS health check (715) and the proportion they represent of total number of eligible regular clients

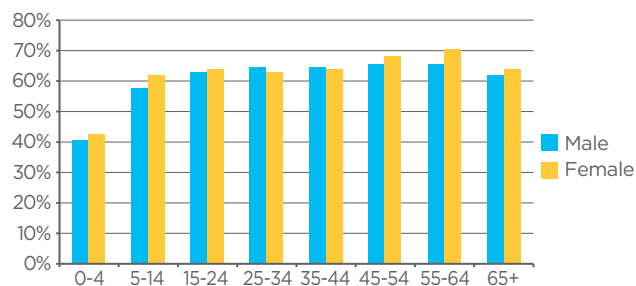
Raw numbers of 715 health checks completed continued to increase overall from one reporting period to the next:

	July - Dec 14	Jan - June 15
Morayfield	424	355
Strathpine	372	383
Deception Bay	398	465
Caboolture		263
TOTAL	1194	1466

Overall coverage rates remained fairly steady, as increases in numbers of 715s completed matched the growth in new clients across MATSICHS over 2014-15. Coverage for males across all groups

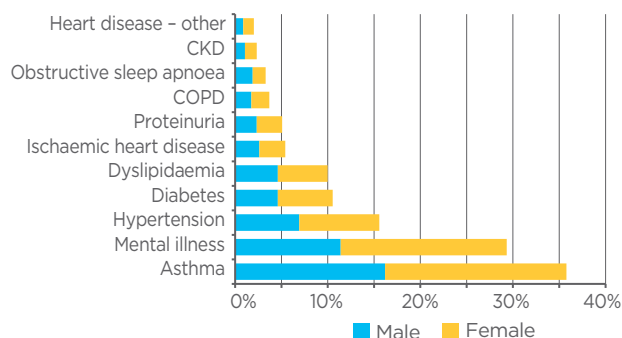
matched closely the coverage rates for females in the same age groups:

% active clients who have had a 715 completed in the last 12 months



Prevalence of chronic disease morbidities amongst regular MATSICHS Aboriginal and Torres Strait Islander clients:

Prevalence of chronic conditions amongst MATSICHS Aboriginal and Torres Strait Islander clients



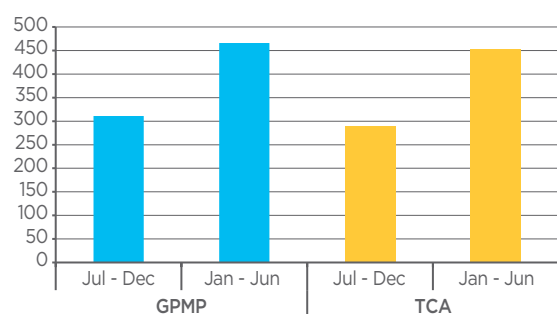
The most common chronic conditions remain the same in this reporting period compared to the last, with asthma and mental illness affecting around one third of the entire (all age groups combined) client population. Hypertension, diabetes and dyslipidaemia are also common, affecting 10-25% of clients.

Number of clients for whom a GPMP was prepared and for whom a TCA was prepared during the reporting period

	GPMP		TCA		GPMP/TCA reviews	
	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June
Morayfield	149	217	148	213	309	308
Strathpine	80	97	69	91	155	284
Deception Bay	82	119	73	117	84	251
Caboolture		33		32		14
TOTAL	311	466	290	453	548	857

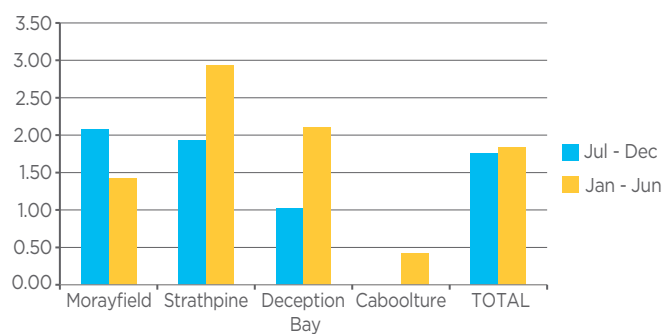
There was a significant rise in the number of GPMPs and TCAs completed in each clinic over the 2014-15 financial year:

Moreton ATSICHs GPMPs and TCAs 2014-15



At the same time, the increase in GPMP/TCA reviews was even more marked:

Ratio of Reviews: GPMPs



Total aggregated MBS generated and how this is being used to support care MBS generated during this reporting period:

	July - Dec 14	Jan - June 15	TOTALS
Morayfield	\$389,133	\$404,384	\$793,517
Strathpine	\$249,072	\$330,608	\$579,680
Deception Bay	\$369,833	\$412,291	\$782,124
Caboolture		\$150,490	\$150,490
TOTAL	\$1,008,038	\$1,297,773	\$2,305,811

Funds are reinvested into services which are not currently able to be funded in a fee-for-service model or through existing government grant arrangements.

Specifically, MBS funds generated across the MATSICHS clinics are used to support:

1. Delivery of oral health services – including operational costs for running for 4 fixed dental chairs, soon to be 6 once refurbishments are completed adjacent to Morayfield clinic.
2. Purchase of the Work It Out program, already described under strategy 2. Client numbers accessing WIO increased markedly across the last reporting period, and are likely to increase again once the new gym is up and running in Morayfield.
3. Delivery of a comprehensive suite of allied health services already outlined, including: podiatrist, pediatric speech and OT, dietician, diabetes educator, physiotherapist, exercise physiologist and optometry services. A number of these services attract MOICD / Outreach Fund revenue,

but this falls well short of the real cost of delivering the allied health services, with areas such as Paediatric speech and OT being services which :

- Attract only limited – and capped – MBS income for clinical services delivered
- Often require multiple and ongoing consultations for delivery of an appropriate course of assessment and therapy for any individual child; and
- Are also provided as preventative screening, education and early assessment services, as well as service in a group context directed at enhancing early childhood development – these are all activities which attract little or no MBS directly, and which are generally not supported through Outreach Service funds.

ROWAN'S STORY

- A new lease on life

Rowan* is a 36 year old dad of two who visited a Moreton ATSICHS clinic with Type 2 diabetes, obstructive sleep apnoea and obesity. Rowan hadn't been visiting a GP regularly, was not controlling his diabetes well and was hiring a CPAP machine at a cost of \$100 per month.

After completing a health check with MATSICHS staff, Rowan was provided with a health plan that has assisted him to lose almost 12 kilos and substantially improve his health. This plan included:

- access to a CPAP machine at no cost through IUIH's CCSS program
- management of his medication in tandem with Rowan's local pharmacy

- access to the Moreton ATSICHS allied health team including optometry, podiatry and dietary
- ongoing dental treatment
- dietary guidelines and exercise plan including participation in IUIH's Work It Out program
- continued support from our dietitian
- footwear dispensed by podiatry through CCSS funding which enabled Rowan to exercise comfortably
- education about the importance of vaccines to protect himself and his family.

Rowan is now a patient advocate in health promotion by appearing in diabetes health promotion videos with Medicare Local and Diabetes Queensland, and later IUIH's eye health promotional video in conjunction with The University of Melbourne.

Rowan and his family continue to access Moreton ATSICHS for all their health needs.

**Name has been changed for privacy.*





*A coordinated, integrated
and comprehensive approach
to health care.*



WORKFORCE AND ALLIED HEALTH

The IUIH Workforce and Allied Health Business Unit is responsible for the implementation of IUIH's Workforce Development Strategy and the delivery of Allied Health services to Aboriginal and Torres Strait Islander communities in South East Queensland (SEQ).

IUIH continued to expand the range and frequency of Allied Health Services in response to identified need and demand across SEQ, with new physiotherapy and diabetes education services delivered in 2014/2015. Existing allied health services expanded include: occupational therapy; speech pathology; exercise physiology; audiology; dietetics; and podiatry. These services are delivered from the 17 Primary Health Care Clinics operated by IUIH and our Member Organisations.

The delivery of services within clinics enables a 'one stop shop' for clients with wrap around support complementing clinical services. It also enables

integration with other services delivered in and through clinics such as Home Support (Aged Care), the Care Coordination & Supplementary Services (CCSS) Program and IUIH Connect. This means that clients have ready access to the care they need without financial burden.

IUIH has further facilitated a coordinated and integrated approach to primary health care by continuing to provide services in an interprofessional model. IUIH Allied Health staff have also focussed on participation in case conferences for client management across disciplines to ensure best practice in service delivery.

Allied health services continue to be funded by Medicare income generated through the implementation of the IUIH Model of Care and the continued operation of the Medical Outreach Indigenous Chronic Disease Program (MOICDP) in SEQ. Significantly, IUIH's partnership with Check-up to deliver allied health services through the MOICDP expanded in 2014/2015 to include the Better Hearing Program which enabled further expansion of children's allied health services, particularly audiology.

IUIH has continued to integrate both services and funding to gain increased efficiencies, reduce duplication of services

Workforce and Allied Health

and better meet the needs of clients.

In 2014/2015 this coordinated and integrated model of service delivery was further recognised by both funding bodies and the wider community-controlled health sector in Queensland, with requests from other regions to deliver much needed allied health services.

This has resulted in further expansion to the Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Services (CWAATSICH) and the Cunnamulla Aboriginal Corporation for Health to deliver podiatry services. IUIH has also been contracted to deliver audiology services to Galangoor Health Service in Hervey Bay, children's occupational therapy, speech pathology and dietitian services to the Child and Family Service at Bidgerdii in Rockhampton and the Work It Out program to Nhulundu Health Service in Gladstone and Cherbourg Regional Aboriginal Islander Community Health Service (CRAICHS).

Creating a workforce committed to Aboriginal and Torres Strait Islander health

In 2014/2015 IUIH continued to manage three key areas of Workforce Development with our ultimate aim being the creation of a workforce qualified in, and committed to the health needs of Aboriginal and Torres Strait Islander peoples.

These focus areas were:

- university placement coordination and support – which saw more than 300 placements across a broad range of professions
- school-based traineeships in partnership with the Aboriginal and Torres Strait Islander Community School (the Murri School)
- ongoing training of existing clinic staff in implementing the IUIH Model of Care.

We also focussed on the development of a Cultural Integrity Investment Program which assists GPs to provide more culturally appropriate care.

OUR KEY GOALS FOR 2014-15:



Ensure the development of a competent and appropriate workforce in Aboriginal and Torres Strait Islander health by providing high quality student placements and training.



Improve access to self-management and rehabilitation for Aboriginal and Torres Strait Islander clients at risk of or living with a chronic condition.



Contribute to building the evidence base for urban Aboriginal and Torres Strait Islander health, particularly related to chronic disease self-management and rehabilitation.



Improve access to culturally responsive services which encourage families to engage more with allied health professionals.



Champion a coordinated and integrated approach to the planning, development and the delivery of allied health services and embed these services into the IUIH Network to become an integral part of the IUIH Model of Care.

WORKFORCE AND ALLIED HEALTH



IUIH's Workforce & Allied Health team snapshot

PRACTITIONER SPECIALTY	NO OF STAFF
Occupational Therapists	8
Speech Pathologists	7
Exercise Physiologists	7
Physiotherapists	2
Audiologists	2
Podiatrists	7
Dietitians	3
Diabetes Educators	2
Psychologists	
<i>(NB further psychology services are delivered by the IUIH Social Health team)</i>	
1	
Allied Health and Fitness Assistants	4

WORKFORCE

Our student placement program again saw participants from a wide range of disciplines such as medicine, nursing, dental, occupational therapy, speech pathology, pharmacy, audiology, population health, business / political science, optometry, podiatry, human movements, nutrition, physiotherapy, primary health care and art therapy.

OUR FOCUS THIS YEAR:

In 2014/2015 IUIH managed three key areas of Workforce Development:

- university placement coordination and support
- school-based traineeships
- ongoing training of existing clinic staff in implementing the IUIH Model of Care.



25%

INCREASE IN STUDENT
PLACEMENTS



IUIH's school-based traineeship partnership with the Aboriginal and Islander Independent Community School (the Murri School) continued with 10 school-based trainees and two full-time trainees.

IUIH continued to support our Member Organisations to implement the IUIH Model of Care through accredited training aligned to job roles, with a particular focus in 2014/2015 on Aboriginal and Torres Strait Islander Health Workers and Medical Reception.

IUIH focussed on continuing to support school, TAFE and university students to gain skills and experience in working in urban Aboriginal and Torres Strait Islander health. We also focussed on the development of our Cultural Integrity Investment Program which assists GPs to provide more culturally appropriate care.

KEY ACTIVITIES:

IUIH increased **student placements by 25% this year**, with 307 students placed across a variety of medical, health, allied health and social services.

Evaluation identified that **almost 90% of students were satisfied with their placement and over 85% they felt well supported and prepared.**

IUIH has had **13 students who had previously undertaken placement in SEQ return to IUIH as employees over the past four years**, including four Indigenous graduates in allied health. This is a significant achievement as Indigenous people are significantly under-represented in allied health professions.

Of the **12 traineeships offered by IUIH this year, 3 participants are now employed by IUIH and 4 have commenced full-time university study** supported by a cadetship from IUIH.

IUIH secured funds in 2014/2015 to develop and implement a Cultural Integrity Investment Program aimed at supporting GPs to provide culturally competent health care to Aboriginal and Torres Strait Islander peoples in SEQ.

TESTIMONIALS FROM STUDENT PLACEMENT PARTICIPANTS

The team members were welcoming and were willingly to share their vast knowledge and show their skills with me. I really enjoyed 'learning circles' which helped me to learn and understand more about Aboriginal and Torres Strait Islander culture, history etc.

The coordinator of the placement provided excellent student tutorials on various aspects of OT practice; which helped me immensely with developing core clinical skills, observational skills, interviewing skills and knowledge about frames of reference, culture and resources.

I really enjoyed this placement in this setting and would recommend this placement to other OT students.

(4th year OT student 2015)

Number of student placements who have been employed in IUH network

Field	Indigenous	Non-Indigenous
Exercise Physiology	0	1
Oral Health Therapy	1	0
Psychology	1	1
Nursing	1	0
Health/social science	1	2
Occupational therapy	0	4
Speech pathology	0	1
Music therapy	0	1
Total	4	10

IUIH focussed on continuing to support school, TAFE and university students to gain skills and experience in working in urban Aboriginal and Torres Strait Islander health.

Number, type and location of student placements during the 2014/15 financial year

	IUIH	ATSICHS	MATSICHS	Murri School	YBB	Kambu	Kalwun	Total
Medicine	1	2	2	6	1	1	3	16
Nursing / midwifery		2	6	35	2	2	7	54
Dental		14						14
Occupational therapy	14	4	4	118				140
Speech pathology	2	4	2	8		3		19
Pharmacy	2							2
Audiology	7							7
Population health	5							5
Business / political science	5							5
Optometry	1			4				5
Podiatry	3			6				9
Human movements	8							8
Nutrition	7							7
Physiotherapy	11							11
Primary health care							4	4
Art therapy		1						1
TOTAL	66	27	14	177	3	6	14	307

WORK IT OUT

IUIH's Work It Out Program is delivered by a multidisciplinary team of 18, whose shared purpose is to educate and empower clients to self-manage their chronic disease through healthy lifestyle choices such as improved nutrition and increased exercise, and to share this knowledge with their friends and family.

OUR FOCUS THIS YEAR:

Effective management of any chronic conditions is critical in closing the life expectancy gap between Indigenous and non-Indigenous Australians.

The priorities this year were to continue delivery of the program across SEQ while also expanding services into Central Queensland through a contract with the Central Queensland Regional Community Controlled Health Organisation (CQRAICCHO). This expansion was successfully implemented at Gladstone and Cherbourg with plans for further expansion to Rockhampton and Hervey Bay in early 2015/2016.



280

NEW CLIENTS WHO STARTED
PROGRAM THIS YEAR



7000

SESSIONS DELIVERED TO
CLIENTS IN 2014/2015



KEY ACTIVITIES:

Our team **increased the number of sites we deliver our program to, by 43%** – from 7 clinics in 2013/2014 to 10 at 30 June 2015.

The program **welcomed 280 new clients to the program**, bringing our total to about 690. This is a **68% increase from last year** and, in simple terms, means more clients are getting healthier.

The program **delivered over 7,000 sessions to clients in 2014/2015**.

IUIH **won the 2015 CAN (Community Action Network) Award for Closing the Gap**. The CAN awards celebrate the people, groups and businesses making a positive difference to social justice and community inclusion in Brisbane's inner-city.

IUIH **increased awareness of the program across social media, traditional media, academia and industry**. As a result, IUIH was approached to partner with other organisations in delivering and evaluating the program, including the Queensland Institute for Medical Research (QIMR), the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and the CQRAICCHO for further rollout of Work It Out across Central Queensland.

IUIH continued to build the **evidence for the Work It Out Program**. In 2014/2015 we engaged a Masters level research student and an Honours student to assist in our evaluation which, in short, found improvements in fitness, daily living capacity and Body Mass Index. (refer to the graph over the page).

AUNTY ANN'S STORY

- I feel good too!



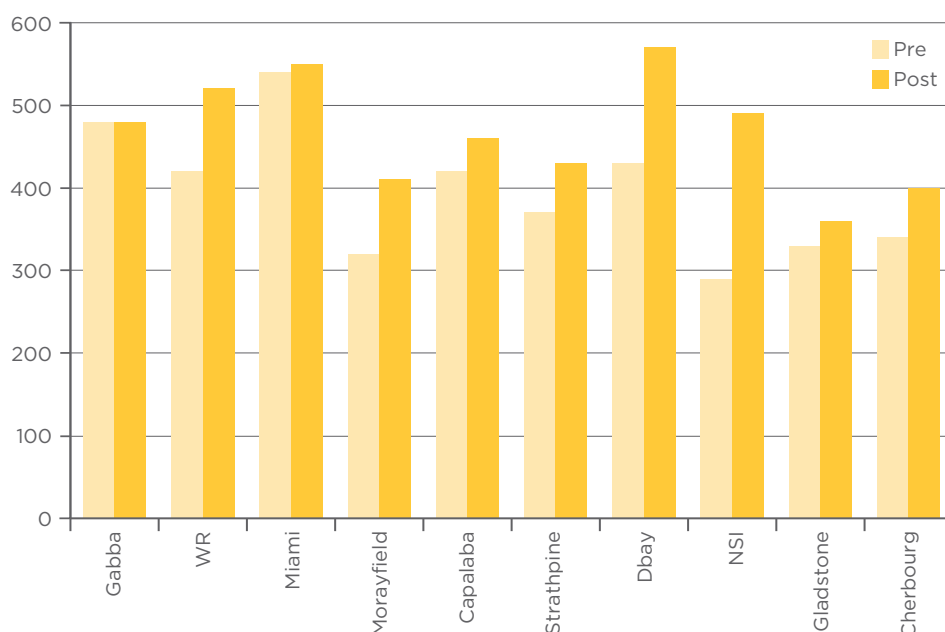
Aunty Ann joined Gladstone's Nhulundu Health Service's Work It Out group in April 2015 with the hope of getting fitter and improving her health. Since starting, she hasn't missed a session. She has noticed a difference in her fitness, has improved strength, and has made steps to reduce her cigarette consumption.

Aunty Ann enjoys the education component of the program and shares what she learns with her family.

"I've noticed a difference; I seem to be fitter. And everybody said, 'Oh my God, you're looking good!' I feel good, too."

AUNTY ANN (ON RIGHT)

Exercise capacity of Work It Out clients



This graph indicates improvements in exercise capacity of Work It Out clients for each location. The six minute walk test shows how far a client can walk in six minutes. An increase in distance indicates increased exercise capacity.



UNCLE KERRY'S STORY

- Stronger mind and body

Uncle Kerry has been a regular attendee at the Strathpine Work It Out group since mid-2014.

Since beginning the program, he has made great progress in achieving his health and fitness goals, which included bringing his cholesterol down, making better health choices, and cutting down on alcohol and cigarettes.

Uncle Kerry has also reported improvements in his social and emotional wellbeing from attending the program. He actively promotes the program within his circle of friends and family, and is a valuable asset to the Work It Out team.

"The exercise program has made a change to my health and wellbeing. I like seeing our Elders there at Strathpine every Tuesday and Wednesday. I feel stronger in mind & body and have more energy," Uncle Kerry said.

PODIATRY

This year, IUIH continued to grow its podiatry workforce to meet the growing need for high quality foot care across the region, with staff numbers increasing to 6 FTE at 30 June 2015.

OUR FOCUS THIS YEAR:

Priorities for the year were to reduce the level of inactivity among our clients due to foot and lower limb pain and to decrease the incidence of lower limb amputation due to diabetes.

To make this happen we increased our podiatry services and worked closely with other health professionals to demonstrate the need for foot care and educate staff about how podiatry can assist in health and wellness.



DAVID'S STORY

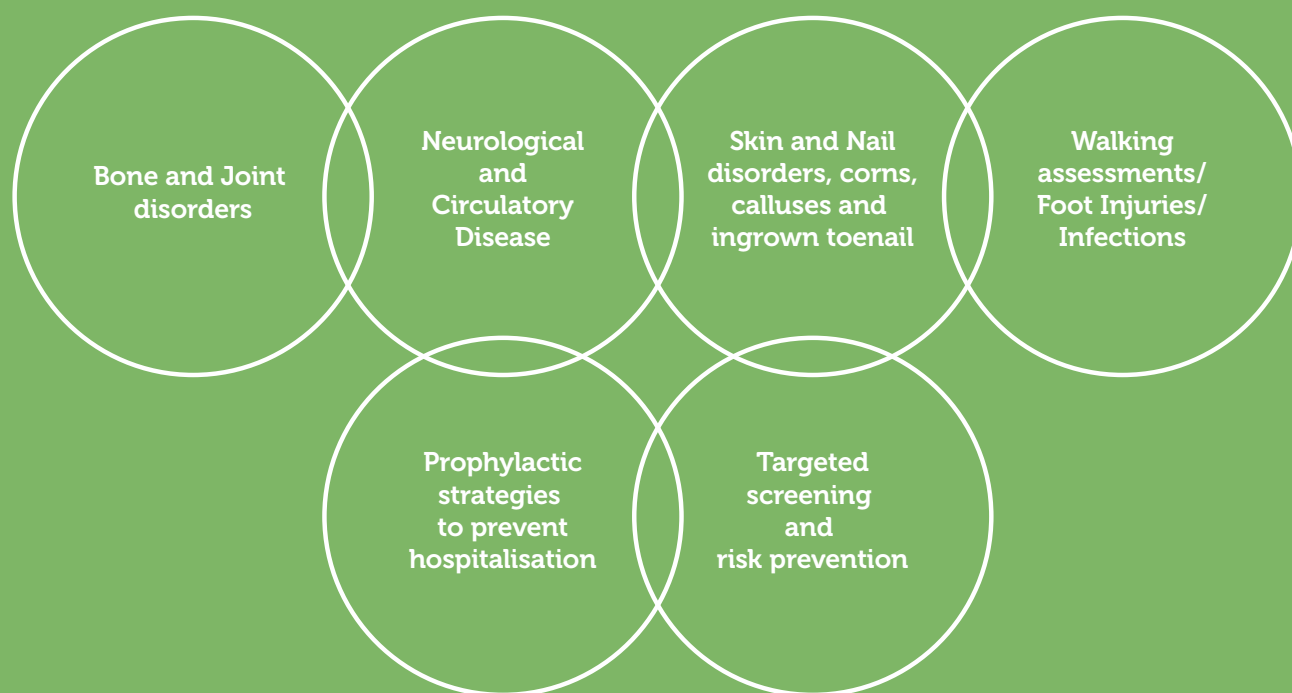
- A small orthotic makes a big difference

David* is a 48 year old suffering from a severe foot deformity caused by a motor vehicle accident two years ago. David is unable to walk for any long distance without falling, or stand for extended periods of time. As a result, he is unable to work, is socially isolated and inactive.

After clinically reviewing David's case, in the context of the larger social issues impacting on his health, the IUIH podiatry service organised a specialist ankle foot orthotic device. As a result, David was able to return to employment, feel more comfortable attending social events and stand for long periods without falling.

**Name has been changed for privacy.*

A Podiatrist ...



KEY ACTIVITIES:

IUIH delivered about 6,500 occasions of service which is a 20% increase on last year.

More than 600 pairs of medical grade footwear and 250 pairs of customised orthoses were provided to clients with complex health needs. These were sourced through the Care Coordination and Supplementary Services (CCSS) Program funded by the Federal Government and have directly contributed to a reduction of foot pain and the incidence of lower limb amputation caused by diabetes.

IUIH **built one of the largest podiatry workforces** specifically working in Aboriginal and Torres Strait Islander health. Demand for the IUIH's podiatry service continues to grow as we increase health staff's and clients' awareness of the issues and importance of high quality foot care, particularly in averting amputation.

Our team **provided 20 specialist pedorthic devices to clients after an amputation** to mitigate the high risk of further amputations. This specialist footwear reduces the likelihood of additional amputation as they provide the appropriate correction to enable natural walking without resulting in abnormally high pressure points after parts of the foot have been surgically removed. Usually, there is a 50 to 80% chance of a person with an amputation having a further amputation. None of IUIH's podiatry clients receiving pedorthic footwear post amputation has had further amputations.

IUIH has **seen the rate of amputations drop for patients accessing our service over the last three years**. This year, the rate of amputations for our known high risk diabetic clients who have returned to our service was 4%.

AUDIOLOGY

IUIH's single yet complex priority for Audiology Services this year was to establish, integrate and grow a service within the expanding network of Primary Health Care Clinics in SEQ. At 30 June 2015, IUIH had commenced delivery of Audiology Services within sixteen Clinics.

OUR FOCUS THIS YEAR:

IUIH employed two FTE Audiologists in 2014/2015, working across 16 Clinics in SEQ as well as an additional outreach service to Hervey Bay. Our Audiologists work with both children and adults. IUIH Audiology provides hearing testing, speech perception testing and middle ear assessments which helps us to advise clients on whether they have a hearing loss and may need to seek advice from an ear, nose, and throat doctor (ENT) and / or be fitted with hearing aids.



JOSEPH'S STORY

– Complex health issues, simplified treatment

Joseph* is a seven year old boy with complex medical issues including a repaired cleft lip and palate and a history of middle ear infections.

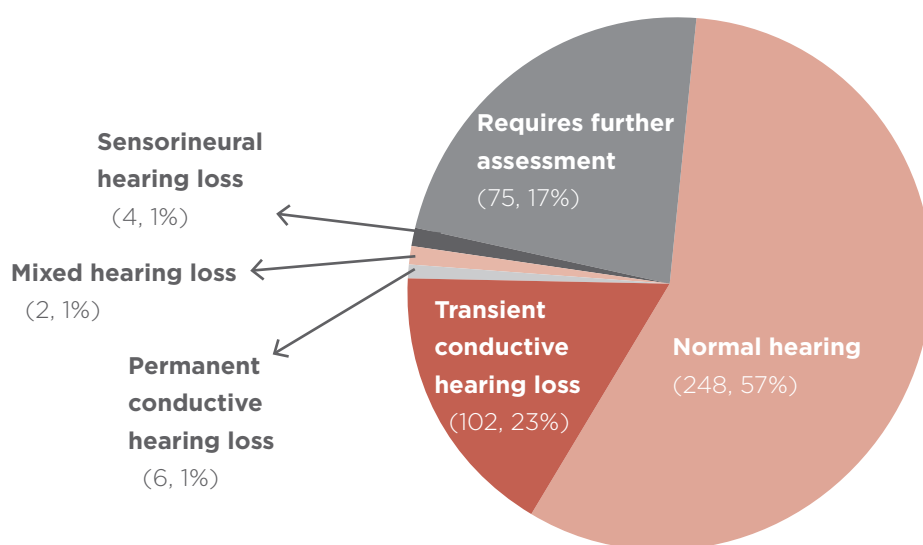
His family had disengaged with mainstream health services due to the challenges in navigating the number of health professionals he needs to see over different locations.

Joseph's family engaged with IUIH by attending their local clinic. They were able to access a GP, ENT specialist and several allied health professions (including audiology, speech pathology and occupational therapy) in an integrated model. IUIH also assisted them to return to mainstream services for surgery and we then provided ongoing health care.

IUIH staff also liaised with Joseph's school and Australian Hearing regarding the use of hearing aids and provided therapy services to develop his speech and language and fine motor skills. Joseph's hearing has improved since his surgery.

**Name has been changed for privacy.*

Audiology appointment Outcomes for children Type of hearing Loss 2014–15



Sites where IUIH audiology services were introduced in the past year:

Morayfield
Strathpine
Deception Bay
Northgate
Woolloongabba
Capalaba
Browns Plains
Logan Mums and Bubs
Logan clinic
Goodna
Acacia Ridge
Miami
Bilinga
Stradbroke
Caboolture
Ipswich
Hervey Bay (outreach service)



81%

ADULTS WHO UNDERTOOK AN ASSESSMENT WERE FOUND TO HAVE ABNORMAL HEARING



26%

CHILDREN WHO WERE ASSESSED WERE FOUND TO HAVE ABNORMAL HEARING

KEY ACTIVITIES:

IUIH acquired **two full sets of diagnostic audiology equipment** allowing hearing assessments for all ages including a new hearing screening service for the 0-3 age group.

Audiology services were established within **16 Primary Health Care Clinics in 2014/2015.**

IUIH worked closely with visiting ENT specialists to make it easier for our clients

by reducing the number of appointments and clinic visits required. This improved coordination facilitates a better uptake of specialist services by clients, which is particularly important given

the high rates of middle ear disease in Aboriginal and Torres Strait Islander peoples. 41.4% of all our audiological assessments this year resulted in a recommendation of referral to an ENT specialist.

All children requiring hearing aids received one at no cost through our referral to Australian Hearing's Commonwealth Government-funded service that provides free hearing aids for children... We were also able to arrange free hearing aids for the majority of our adult clients through Australian Hearing's Commonwealth funded service.

CHILDREN'S OCCUPATIONAL THERAPY AND SPEECH PATHOLOGY

IUIH continued to grow our children's Occupational Therapy (OT) and Speech Pathology services to meet identified needs across SEQ. These services are delivered from the 17 Primary Health Care Clinics operated by IUIH and our Member Organisations in SEQ.

OUR FOCUS THIS YEAR:

Continue providing high quality therapy to children and their families while expanding our reach through a range of strategies including sourcing additional funding and participating in public events with hearing aids.

KEY ACTIVITIES:

Our services were expanded by 20%, increasing the frequency of existing key services at four sites and introducing services at the new Goodna, Caboolture and Bilinga clinics.

IUIH became an approved panel provider for FaHSCIA Helping Children with Autism funding.

This will enable families in need to access appropriate, timely and cost effective services for children with autism.

The team **delivered a 51% increase in the number of occasions of service** compared with the past financial year.

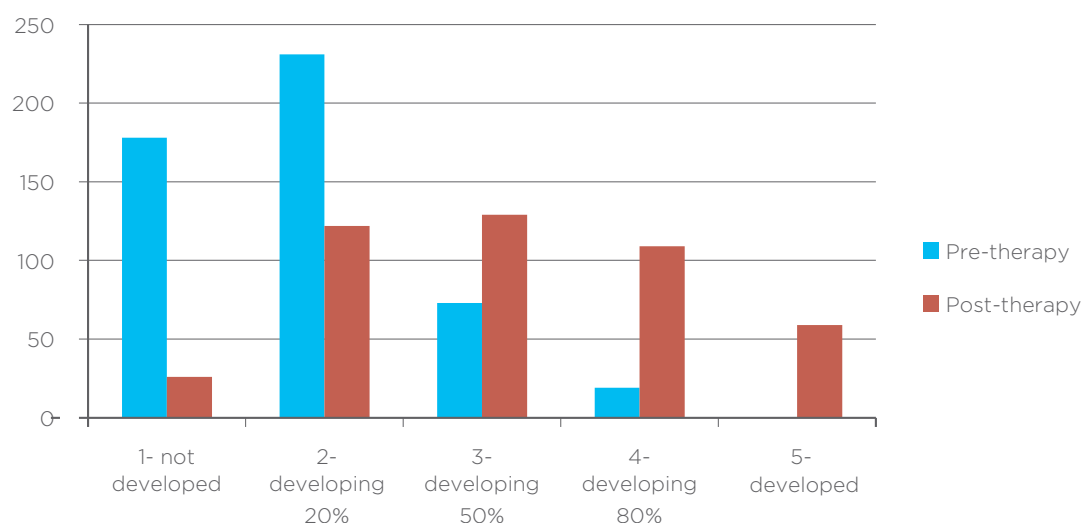
25 sessions of age-appropriate, active, therapeutic play groups were delivered for infants and children at four clinics. This included proven programs such as *Tumble Time*, *Tumble Tots* and *Tools for Schools*. These programs are invaluable in assisting children's development and they also provide a safe entry point for families to access allied health services.

IUIH **secured funding to trial a student-led clinic model** to run *Tumble Tots*, *Tumble Time* and *Tools for Schools* programs from the Queensland Regional Training Network. This resulted in further expansion of allied health services to clinics at Strathpine and Browns Plains.

IUIH developed and implemented outcome measures to demonstrate effective and appropriate therapy provision. This is based on measuring a child's progress towards their goals / needs from the start of a five week block

of therapy to the end of the five weeks. Our approach aligns with IUIH's overarching strategic goal of building an evidence base in Aboriginal and Torres Strait Islander health.

**Combined OT/SP outcome measures
Goal rating pre vs post therapy**



The graph above demonstrates that after a block of therapy there has been an increase in children achieving or moving towards their therapy goals. Outcome measures in children's therapy are based on goals set by the child and/or his/her family about areas they would like to improve. At the beginning of a block of therapy (5 weeks), the therapist identifies whether that particular

skill is "not developed", "somewhat developing" (20%), developing so that the child can do it 50% of the time, developing so that the child can almost always do it (80%) or developed. The data above is based on data from 212 therapy goals for 67 individual children and will continue to be expanded in 2015/16.

OCCASIONS OF OT/SP SERVICES 2013/14 -2014/15

Discipline	Occasions of service	
	2013/14	2014/15
Occupational therapy	1220	1845
Speech pathology	1248	1888
TOTAL	2468	3733

NUMBER OF SESSIONS 2014/15 BY PROGRAM

Program	No of sessions in 2014/15
Tumble Time – 3 sites	15
Tumble Tots – 1 site	5
Tools for School – 1 site	5

NEW SERVICES

IUIH established and expanded four new allied health services in 2014/2015: Physiotherapy, Diabetes Education, Dietetics and Adult Occupational Therapy.

OUR FOCUS THIS YEAR:

IUIH's priorities for the newly established services this year were three-fold:

- promote the services
- make it easy for clients to access the services
- work with other IUIH programs to provide an integrated Model of Care.

PHYSIOTHERAPY

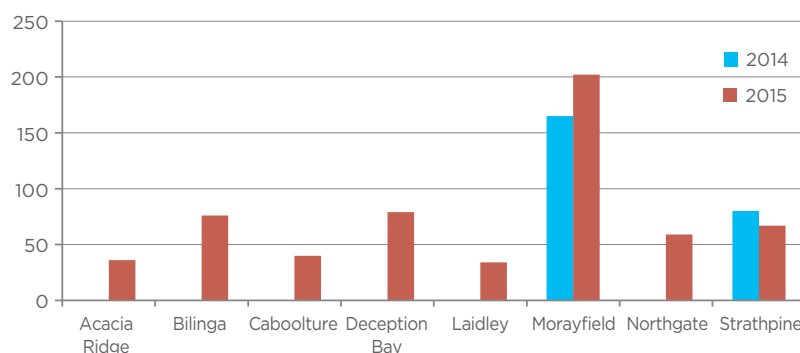
IUIH's Physiotherapy Services support access to comprehensive care for clients with musculoskeletal and neurological conditions. IUIH continues to work in partnership with private physiotherapy provider NorthHab to provide consistent, comprehensive services across the SEQ region.

KEY ACTIVITIES

IUIH's **physiotherapy services have quadrupled across South East Queensland** this year – from 2 sites to 8.

The service **implemented a truly aligned Model of Care at IUIH's Moreton health service** where we integrated the physiotherapy, Home Support and Work It Out services to provide clients with more coordinated care.

Physiotherapy Occasion of Service



DIABETES EDUCATION

Our Credentialed Diabetes Educators (CDEs) Service is delivered by healthcare professionals qualified to provide personalised diabetes education as part of a therapeutic intervention to promote physical, psychological and social wellbeing that empowers Aboriginal and Torres Strait Islander peoples with diabetes to deal with their daily self-management. Using various

educational methods and culturally appropriate tools, CDEs help clients to understand how lifestyle changes, support from health professionals and medication can reduce the risks of complications of the disease.

KEY ACHIEVEMENT

The team **introduced the Diabetes Education Service this year at 11 clinics** throughout SEQ, averaging around 50 clients per month.

LESLIE'S STORY

- Awareness the answer to managing diabetes

Leslie Beckett attends the Kambu Medical Service, Ipswich clinic. In December 2014, Shirley Van Der Linde, Credentialed Diabetes Educator met Leslie to help him better manage his Type 2 Diabetes.

"When I first met Leslie, his concerns were hypoglycaemic (hypo) events, getting his HbA1C below 8 percent and wanted to lose weight. Les also struggled to get up from the chair with his painful knees since putting on more weight. Les had stopped self-monitoring his blood glucose levels because he did not like pricking his finger as it was too painful", Shirley Van Der Linde explains.

"Shirley managed to change my lancet device for pricking my finger to a much less painful one and she helped me to change my thinking, helping me understand the importance of taking my blood sugar." "I was always worried about my hypos, I was frightened so I would eat more carbs but I've



realised now how to judge the amount of carbs I eat and how much insulin I need, my life is a lot smoother. My insulin intake is not as much and my food intake is really good because I'm not being silly" Leslie Beckett said.

"Les feels more in control of his blood glucose levels and is planning to learn some different meals from the dietitian and return to the Kambu Exercise Program when he is injury free" Shirley Van Der Linde said. "I would like to learn some vegan recipes or learn how to cook a lot healthier. I'm finding it really exciting. I'm going on a new path now, it's enlightened me but that's really thanks to Shirley and the other people involved in diabetes [at Kambu Health Service]."

The collaboration and integration of the specialist and allied health services helped Les achieve the following outcomes:

- use of a lancet device which makes taking blood glucose levels less painful
- a better understanding about the relationship between carbohydrate intake and blood glucose levels and the importance of monitoring blood glucose levels
- weight loss, Les has lost 6kg and 7cm off his waist
- increased physical activity, Les is more active at home and takes short walks in the shopping centre
- regular use of a sleep apnoea machine
- reduced hypoglycaemic events
- With less weight his knees are less painful and can get in & out of his chair more easily.

The integrated team approach to Leslie's health has also allowed for the cardiologist, endocrinologist, GP and diabetes educator to collectively discuss Leslie's diabetic medication and recommend alterations as needed.

Les now feels more in control of his blood glucose levels and is planning to learn some different meals from the dietitian and continue his regular exercise regime.

DIETETICS

IUIH's Dietetics and Nutrition Service expanded to support clients wanting to make changes to their dietary intake and is closely integrated with the Work It Out program. Our dietitians help clients learn about healthy food choices and the impact of food on their bodies. They support people with weight issues, diabetes, heart problems, gut problems, allergies, cancers, food intolerances and disordered eating.



KEY ACTIVITIES

Our **Dietetics and Nutrition service more than doubled this year** – from 4 sites in 2013/14 to 9 locations this financial year.

The **workforce has increased from 1 dietitian to a team of five.**

The team coordinated **several successful student projects** including the development of a supermarket tour for clients of Work It Out to help them understand healthy food options.

ADULT OCCUPATIONAL THERAPY

Our Adult Occupational Therapy Service assists clients to engage in home and leisure activities safely and effectively. Clients with a range of conditions, including heart disease, strokes, respiratory conditions and cancer access this support so they can live their lives to the fullest. The services include conducting home visits to check for falls hazards and arranging for rails and other equipment to increase safety and function. These services are integrated with IUIH Connect, Home Connect services and the Work It Out Program to ensure coordinated and integrated service delivery.

KEY ACHIEVEMENT

The **Adult Occupational Therapy Service expanded its catchment this year from 7 to 12 locations** throughout SEQ, assisting about 40 clients each month.

WIN 2 TICKETS TO STATE OF ORIGIN GAME 3

Suncorp Stadium, Wednesday 8 July


GET A FREE FLU SHOT HERE AND FOLLOW THE INSTRUCTIONS FOR YOUR CHANCE TO WIN!














iuih.org.au

Don't Bring the Flu to School with You




If your child gets the flu, chances are their classmates will too.


Keep everyone healthy this winter with a free flu shot from your local **Aboriginal Medical Service**.

ASK US ABOUT YOUR FREE* FLU SHOT
*Conditions apply - ask your local clinic for details.




iuih.org.au

Don't Bring the Flu to Work with You




If you get the flu, chances are your workmates will too.


Keep everyone healthy this winter with a free flu shot from your local **Aboriginal Medical Service**.

ASK US ABOUT YOUR FREE* FLU SHOT
*Conditions apply - ask your local clinic for details.




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Don't Bounce the Flu Around




If you get the flu, chances are you'll bounce it off to your classmates too.

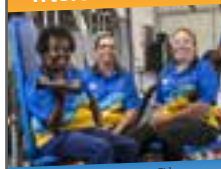
Keep everyone healthy this winter with a free flu shot from your local **Aboriginal Medical Service**.

ASK US ABOUT YOUR FREE* FLU SHOT
*Conditions apply - ask your local clinic for details.




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Don't give your friends the Flu



If you pass the flu onto an Elder or someone with a chronic illness they could have serious health complications.

Keep everyone healthy this winter with a free flu shot from your local **Aboriginal Medical Service**.

ASK US ABOUT YOUR FREE* FLU SHOT
*Conditions apply - ask your local clinic for details.


iuih.org.au

Don't Bring the Flu Home with You



If you get the flu, chances are your family will too.

Keep everyone healthy this winter with a free flu shot from your local **Aboriginal Medical Service**.




ASK US ABOUT YOUR FREE* FLU SHOT
*Conditions apply - ask your local clinic for details.



*Closing the Gap through
encouragement, education,
empowerment and enjoyment.*



PREVENTATIVE HEALTH TEAM

The IUIH Preventative Health Business Unit is responsible for the development and implementation of preventative health programs aimed at addressing the risk factors for chronic disease in our communities, with a major focus on tobacco smoking, nutrition and physical activity.

Preventable chronic disease are the leading causes of the 'gap' in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. The 'gap' in South East Queensland has been estimated to be some ten (10) years.

IUIH's Preventative Health Team, funded largely through the Australian Government's Tackling Indigenous Smoking Program, was formed in 2010 as a critical and fully-integrated component of the IUIH's vision and strategy to improve health outcomes in our communities. Since its establishment, the IUIH Preventative Health Team has grown from 2 to 16 staff, with an expanded regional presence in place that works closely with the CCHSs and their Clinics across SEQ. IUIH has implemented programs in Primary Health Care Clinics, primary and secondary schools, training centres, the Brisbane Youth Detention Centres and Community Sport and Recreational facilities and events with continued success.

OUR FOCUS AREAS ARE:



Deadly Choices

A positive, proactive, multifaceted Campaign and Education Program empowering Aboriginal and Torres Strait Islander peoples to take control of their health by making healthy ('deadly') choices in relation to their lifestyle and health.



Good Quick Tukka

Teaching our communities how to prepare healthy, affordable food quickly and encouraging them to share these new skills with their family, friends and community.

OUR FOCUS AREAS ARE:



Tobacco action

Encouraging and supporting our people to quit smoking and educating our young people to never start.



Community Family Fun Days & Sporting Days

Fun, interactive and family friendly events themed around the healthy lifestyle messages of the Deadly Choices Campaign.



Social media

Using a range of social media tools to communicate health messages and promote the messages of the Deadly Choices Campaign. The Preventative Health Team consists of Healthy Lifestyle Officers, Tobacco Action Workers and Deadly Choices Program Officers.

PREVENTATIVE HEALTH



The list below outlines the training and professional development activities the Healthy Lifestyle team regularly undertakes:

Healthy Lifestyle training

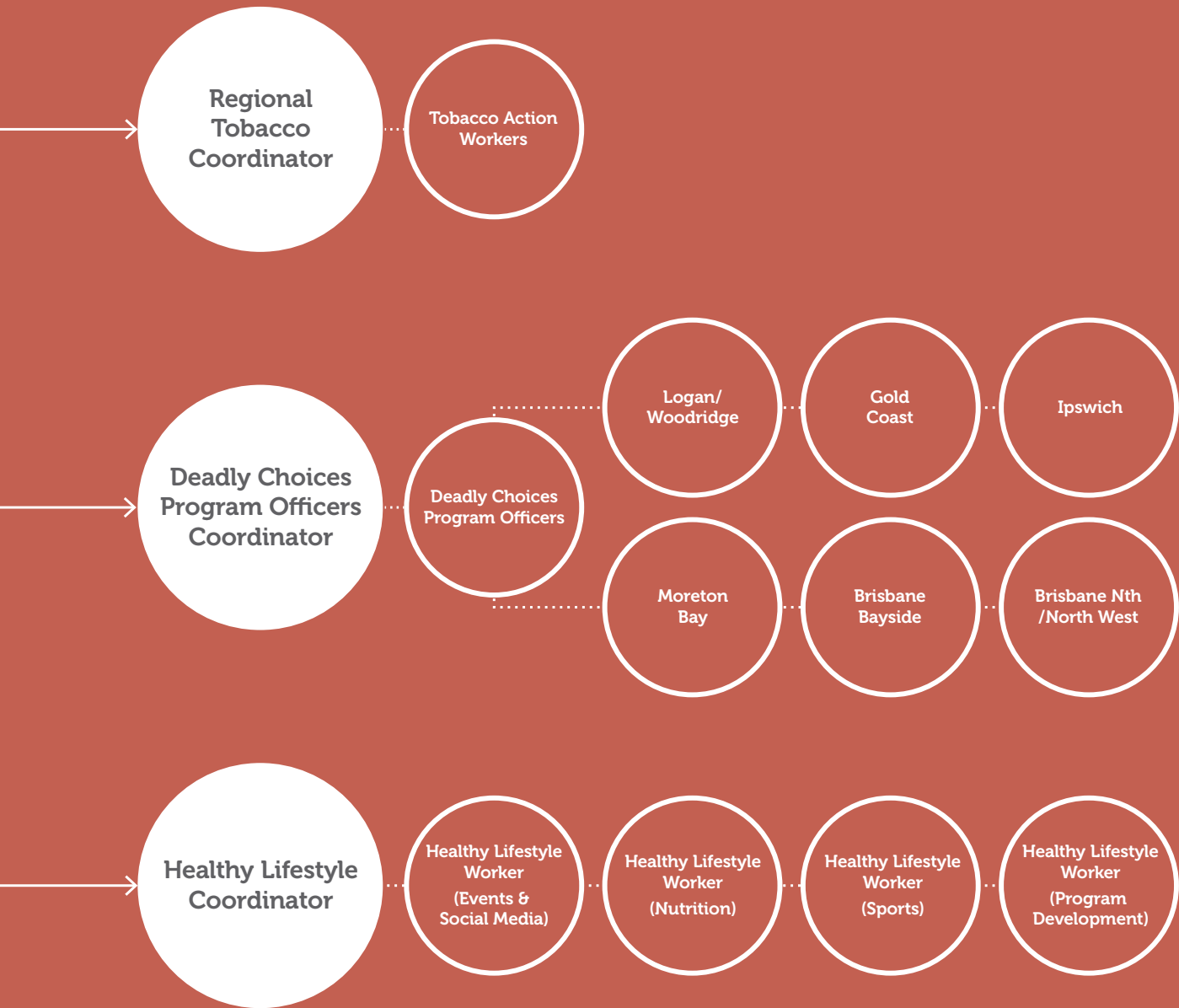
First Aid
Manual Handling
Occupational Health and Safety
Facilitator Workshop
Good Quick Tukka Facilitator Training
Traditional Indigenous Games

Smoking Cessation Training

Quit Educator
Smoking Cessation and Course
(University of Sydney)

Professional Development Training

Certificate III – Aboriginal and Torres Strait Islander
Primary Health Care
Certificate III in Fitness
Certificate IV in Fitness
Certificate IV in Training and Assessment
Certificate IV in Frontline Management
Diploma in Population Health
Diploma in Management
Diploma in Project Management





DEADLY CHOICES

Deadly Choices is a multifaceted approach to empowering Aboriginal and Torres Strait Islander peoples to make healthy lifestyle choices with the ultimate goal of 'closing the gap' in health outcomes between Indigenous and non-Indigenous Australians by tackling the high rates of preventable chronic disease in our communities. Leveraging off the profile and success of our Deadly Choices Campaign and brand, the IUIH undertakes a broad range of activities and programs in our communities to reinforce our healthy lifestyle messages and support communities to take control of their health.

OUR FOCUS THIS YEAR:

In a year of continued uncertainty regarding the future funding of the Tackling Indigenous Smoking Program, the IUIH continued to expand implementation of its Deadly Choices Campaign and Education Program in SEQ. This year saw a refocus of IUIH activity, with a greater emphasis on reducing smoking rates in our communities in line with the 'redesigned' Tackling Indigenous Smoking Program announced by the Australian Government in 2014/2015.



1400

STUDENTS PARTICIPATED
IN THE DEADLY CHOICES
EDUCATION PROGRAM



The range of Deadly Choices Programs and activities comprises:

Deadly Choices Education Program

A seven-week program delivered to both primary and secondary students at independent schools, state schools, private schools, youth correctional service centres and community groups. Modules include: leadership, chronic disease, smoking, nutrition, alcohol and substance misuse, physical activity, and completion of a Health Check at local CCHSs. The Program is augmented by a comprehensive social marketing program, including use of a series of high profile Indigenous Ambassadors and our long-standing partnership with the NRMA Insurance Brisbane Broncos.

Deadly Choices Leadership Camp

An invitation-only event involving Indigenous youth aged 12 to 17 years who completed the Deadly Choices Education Program at their respective schools and demonstrated leadership potential. Building strong leadership within peer groups of young Aboriginal and Torres Strait Islander peoples is the focus of the camp, with participants gaining skills and knowledge

in leadership, healthy lifestyle choices, healthy cooking classes (Good Quick Tukka), healthy relationships and the dangers of substance misuse. Sport, recreation and cultural activities are utilised throughout the camp as vehicles for engaging participants and strengthening their cultural identities.

Healthy Community Days

Are an important part of the Deadly Choices Program and aim to enhance health literacy, increased access to and use of local CCHSs and effectively engage IUIH with our communities across SEQ. At these smoke and alcohol free events, health education and promotion is provided alongside sport, and cultural activities to further enhance and promote the healthy lifestyle messages of Deadly Choices.

Deadly Choices Sporting Events

Promote the health benefits and importance of physical activity, while providing an opportunity for community engagement around healthy living.

Preventative Health Team



KEY ACTIVITIES:

The **Deadly Choices Education Program** was delivered to **41 primary schools** and **68 high schools** this year. In total, more than 1,400 students participated in Program in 2014/2015.

Results of pre and post surveys demonstrate significant increases in participant knowledge and understanding of risk factors for chronic disease, improved health literacy and a continued positive shift in attitudes regarding healthy lifestyle choices.

102 Aboriginal and Torres Strait Islander students from 29 secondary schools attended Deadly Choices Leadership Camps. The students were selected from across SEQ to participate in the camps.

IUIH combined Deadly Choices Healthy Community Days with Deadly Choices Sporting Events (below) in 2014/2015 to maximise attendance and community engagement. In 2014/2015, IUIH partnered with Kambu Health Service to conduct the year's only stand-alone Community Day in Goodna in September 2014. Attended by almost 500 people, the event was utilised to promote the new Primary Health Care Clinic in Goodna which commenced operations in August 2014.

Including the 2014 Arthur Beetson Murri Rugby League Carnival held in Redcliffe, over 32,000 people attended a range of Deadly Choices Sporting and NAIDOC Events held across SEQ in 2014/2015.

These events were all tobacco, alcohol and sugar free, consistent with the healthy lifestyle messages of our Deadly Choices Campaign. Participants at these events were all required to complete a Health Check at their local CCHSs or GP and complete a health education session delivered by IUIH, with students required to also maintain 90% attendance at school in the lead up to these events. In addition to the Murri Carnival, other sporting events held by IUIH include: Men's Gym Program, Men's Golf Competition, Traditional Indigenous Games, School Holiday Programs, Touch and Oz Tag and Touch Football Competitions, Basketball Competitions and Woman's Netball Competition.

The range of activities delivered under the Deadly Choices Sporting Days program:

Initiative	Key messages	Description	Delivery partners
Men's gym program	Fitness advice and health screen	12 week men's gym program at the local Inala PCYC, integrated with other UIIH support services	Inala Indigenous Health, Kambu Medical Service and Inala Wangarra
Men's golf event	Mental health, fitness advice and health screen	Participants were required to walk throughout the day and were given different men's mental health questions to increase their awareness.	Local Aboriginal and Torres Strait Island health services & Psychiatry Registrar Dr Derek Chong
Traditional games	Increasing cultural awareness	Teaches Indigenous culture and heritage to students and also provides positive health messages	Deadly Choices participating schools & community Events
School holiday programs	Cultural awareness and fitness	School holiday activities that reinforce the importance of physical activity and healthy lifestyle	Local Aboriginal and Torres Strait Island health services
Woman's netball event	Tobacco education, health screen and fitness	Focus on women's health and wellbeing, as well as smoking – with the event coinciding with <i>World No Tobacco</i> day	Local Aboriginal and Torres Strait Island health services
Basketball	Physical Activity and health education	Students from the Deadly Choices program participated in a basketball competition	Headspace Redcliffe, Deception Bay PCYC and MATSICHs
Inala Family Touch Day	Physical activity and tobacco education	The Deadly Choices team has supported local community organisation Inala Wangarra with this event for several years	Inala Wangarra
Men's indoor cricket	Health screening and tobacco education	Men from a variety of communities including: Inala, Ipswich, Woodridge, Redland Bay, Rosewood and North Brisbane come together for the common cause of improving health and wellbeing	Local Aboriginal and Torres Strait Island health services



GOOD QUICK TUKKA

Good Quick Tukka is based on the principles of Jamie Oliver's Ministry of Food where community members are taught how to prepare healthy, affordable meals in a short amount of time. Participants are encouraged to share these new skills with their family and friends. IUIH staff are trained as GQT Facilitators and have implemented the Program across SEQ.

OUR FOCUS THIS YEAR:

Priorities for 2014/2015 were to effectively integrate the Good Quick Tukka (GQT) Program into programs and services delivered by SEQ CCHSs and continue to build capacity to further expand its delivery across SEQ.



1900

PARTICIPANTS ENJOYED
GOOD QUICK TUKKA
SESSIONS THIS YEAR



/ Good Quick Tukka

KEY ACTIVITIES:

IUIH **delivered Good Quick Tukka sessions to about 1,900 participants in 2014/2015** as part of either ongoing or one-off programs, more than double the number of participants in 2013/2014 (950). Participating groups were diverse and included clients of the Work It Out Program, Mums & Bubs Groups, Mens' Groups and students undertaking the Deadly Choices Education Program.

IUIH continued to utilise Deadly Choices Ambassadors **and competition winners to film cooking videos** to show how easy it is to cook and prepare healthy meals and to encourage the community to try cooking themselves at home. Competitions run on our Facebook page have been very successful, with community members posting their healthy prepared meals on the Deadly Choices page. Visit the Deadly Choices YouTube page to see the videos.



TOBACCO ACTION

*IUIH worked with it's network of IUIH clinics
to deliver a range of tobacco – related
education and lifestyle programs.*

OUR FOCUS THIS YEAR:

This year saw an increased focus on tobacco control in response to changes to the Tackling Indigenous Smoking Program funded by the Australian Government. IUIH activities in 2014/2015 included expanded delivery of the Institute's 'Say No to Smokes' Tobacco Cessation Program of community education and awareness programs such as our Say No to Smokes initiative and weekly smoking clinics.





Aboriginal and Torres Strait Islander peoples begin smoking at a younger average age – about 12 years – than the non-Indigenous community and, with this trend, comes an array of long-term health issues. This is one of the reasons our education programs now target secondary school students as well as adults. In short, our key programs are:

Say No to the Smokes program

A 6-week program aimed to increase the knowledge of the effects of smoking and change the behaviours and attitudes of smokers to encourage them to build their confidence to attempt to quit smoking. This program is run with community groups / organisations and in schools in tandem with the Deadly Choices program.

Tobacco information stalls

These stalls are set up at health clinics and community events to generate a conversation with smokers and their family and friends to plant the seed to get them to ultimately quit smoking. These stalls use a combination of brief interventions, referral pathways, how to use nicotine replacement therapy (NRT) and tools for quitting to provide a comprehensive overview to stop smoking. Tobacco surveys are also completed which allows us to capture data about smoking status trends and behaviours in our community.

Tobacco Mind, Body & Spirit

A training workshop developed to increase the knowledge and confidence of our workforce to support our community members to address the

issue of smoking. The workshop is a combination of various tobacco training initiatives such as Smoke Check (Brief Intervention), Quit Educator, Nicotine Dependence & Smoking Cessation, Mental Health & Nicotine Replacement Therapy. We use highly qualified health professionals such as Aboriginal Psychiatrist Dr Derek Chong and Pharmacist Lucky Zeniou to provide up to date information.

Tobacco surveys

Our team has developed a Tobacco Survey to capture the smoking status, trends and behaviours in our community. This data tool is vital for us to identify the appropriate interventions to address tobacco consumption.

Murri Places Smoke-Free Spaces

Our workplace policy intervention program where we support Aboriginal & Torres Strait Islander organisation's to have a smoke-free working environment. This is done by negotiating a date with the board, management and staff of the organisation to be smoke-free and then providing all of the smoke-free signage, policy guidelines and staff support programs to make it happen.

'Birthing in Community' collaboration to lower the incidence of smoking during pregnancy.

Participation at 23 community events to raise awareness about the risks of smoking as well as the available support services.

Weekly clinics to provide tailored assistance to clients referred from GPs within the Kambu and Yulu-Burri-Ba health services

Preventative Health Team

KEY ACTIVITIES:

Our team **delivered the Say No to Smokes program to 192 people across 14 sites** in South East Queensland this year. The program comprises 6 one-hour sessions and covers: stages of change, addiction, triggers, effects of tobacco smoking, nicotine replacement therapy and pharmacotherapies, mental health, resilience building, nutrition and physical activity. The program is available to all IUIH affiliated health services and other interested community organisations.

The team **saw real behavioural and health changes in participants** of the Say No to Smokes program with some recording decreased carbon monoxide ratings to the same level of non-smokers and others quitting altogether. This was a particularly great achievement for participants in groups run from the Miami and Browns Plains clinics.

The team **ran the Say No to Smokes program in secondary schools for the first time**. This shows the program's versatility and demonstrates the importance of tobacco education across all age groups to work towards reducing the uptake of smoking in young people.

Our **weekly clinics within the Kambu and Yulu-Burri-Ba health services assisted 29 and 27 clients** respectively. The clinic was developed using an evidence-based

approach that incorporates smoking cessation and brief intervention techniques. Such a comprehensive and individual-focused approach to supporting people to quit smoking is unique.

Our team **attended 23 community events** at clinics across the IUIH network as well as major initiatives such as the Murri Rugby League Carnival, Deadly Choices Leadership Camp, Community Health Days, NAIDOC events and Punyahra Health Expo to raise awareness about the health risks of smoking tobacco and the services available to reduce or stop.

The team **delivered 7 Mind Body & Spirit Workshops across** the IUIH network with over 65 Health professionals receiving the training. This is a key component to ensuring there is adequate support for smokers to attempt to quit smoking.

Our team **collected more than 3,900 community baseline surveys** to capture tobacco smoking rates and trends across South East Queensland to inform our tobacco strategies. From this data we can see almost 50% participants were under the age of 18 and nearly 60% of participants reported never smoking. Given national evidence suggests Aboriginal and Torres Strait Islander peoples are more likely to start smoking early (around age 12), this finding could be seen as an indication of a decline

in smoking uptake among our young age group and suggests our health prevention strategies are working.

The team continues to **raise awareness about tobacco and its effects during pregnancy** in collaboration with The Mater Hospital and the Brisbane Aboriginal and Torres Strait Islander Community Health Service. This joint project, 'Birthing in Communities', aims to improve mortality and morbidity rates in pregnancy through reducing the prevalence of smoking tobacco. Mater Hospital data shows that Indigenous mums have a 50% smoking rate. This is about 2.5 times higher than non-Indigenous mothers.

The team saw real behavioural and health changes in participants of the Say No to Smokes program with some recording decreased carbon monoxide ratings to the same level of non-smokers and others quitting altogether.

NAIDOC WEEK

– An opportunity for tobacco education

During NAIDOC Week this year, the IUIH Preventative Health Team attended several events throughout South East Queensland SEQ to promote healthy lifestyle messages, with a focus on tobacco education.

At each event we set up a marquee to undertake surveys about tobacco use (we collected more than 1,300 responses) and also to provide education. We used Deadly Choices merchandise as an initial

draw card and had Deadly Choices Ambassadors including Sam Thaiday, Ben Barba and, Jharal Yow Yeh and Damien Hooper in the marquee to meet and greet the community once they completed their education.

The percentage of smokers who entered the Deadly Choices marquees across all the NAIDOC Week events we attended was considerably lower than the national average for Indigenous smokers.

This may indicate that the Deadly Choices Campaign and various smoking cessation programs of the IUIH (supported by SEQ CCHSs), are working to change behaviours.





SOCIAL MEDIA

Deadly Choices uses a range of social media to communicate health messages and engage urban Indigenous communities in an integrated manner. Regular competitions steadily increase the number of Deadly Choices 'followers', with healthy behaviour messages embedded in communications delivered through Facebook, Twitter, Instagram and YouTube.

OUR FOCUS THIS YEAR:

Our priority this year has been simple: extend our reach as far as possible using the social media tools available to us and popular with our clients, particularly youth. This has not been a 'scattergun' approach though. We have ensured an integrated strategy and recognised the importance of anchoring any social media activity to local programs, activities and events.



FACEBOOK FOLLOWERS INCREASED
BY ABOUT 32% (OVER 10,000)



INCREASE IN TWITTER
FOLLOWERS



Relationships are fundamental to health promotion within Indigenous populations, for which social media is a powerful tool. Health messaging can also be communicated via social media and help to influence behaviour change in individuals and communities. We have learned that social media must be embedded in broader health promotion practice, including locally based engagement mechanisms.

Instagram provides a platform for the community to show their family and friends their own interpretations of what making a Deadly Choice looks like.

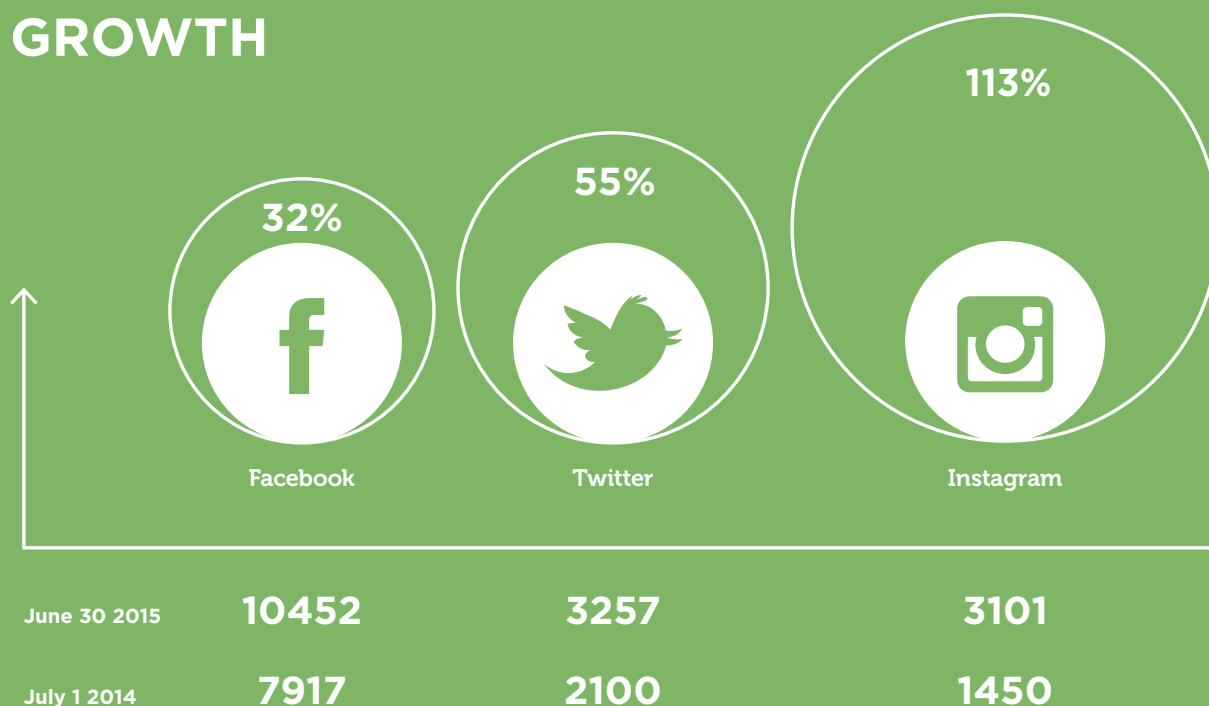
KEY ACTIVITIES:

The UIIH **increased the number of Deadly Choices Facebook followers by about 32%** (over 10,000) this Year. This can be attributed to continuous engagement with our communities, including use of competitions and promotions. Themes for the competitions are always on a health topic (e.g. diabetes, nutrition, and tobacco) with prizes ranging from tickets

The team also **increased the number of our Twitter followers by 55% this year**. We use Twitter to provide Healthy Lifestyle Team updates in real time, an efficient and easy way to share news regarding healthy living.

The use of Instagram was initiated this year and already has more than 3100 followers. Instagram provides a platform for the community to show their family and friends their own interpretations of what making a Deadly Choice looks like. This engagement and amplification of the community's voice on social media keep Deadly Choices active and alive among our clients.

SOCIAL MEDIA GROWTH

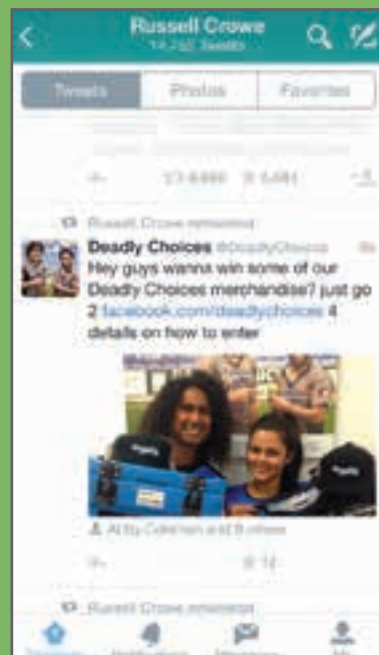


The Deadly Choices YouTube channel (Deadly Choices TV) now has more than 50 videos promoting healthy lifestyles including interviews with sports stars, Good Quick Tukka healthy eating demonstrations, TVCs, feature videos events, and advice and interviews with local community members. Deadly TV has proved to be successful with some videos reaching over 2000 views.

The **introduction of our new website and Deadly Choices ambassadors helped to catapult our social media presence.** Having access

to athletes and community members such as Jesse Williams (NFL star), Mathew Stokes (Geelong Cats player), David Williams (A League Soccer player with the Melbourne Heart) and Wayne Blair (Director of the Sapphires), Tracey Thompson (Women's Australian Rugby League player), Rhonda Dahlen (natural body builder) and Larissa Chambers (current member of the Australian youth track & field team) not only brings value to our brand but helps stretch our reach within our community, particularly via social media.

The team increased the number of Deadly Choices Facebook followers by about 32% (over 10,000) this year. This can be contributed to our continuous engagement with the community including a series of competitions.





*A coordinated, integrated
and comprehensive approach
to health care.*



CORPORATE SERVICES

The Corporate Services Business Unit is responsible for developing and embedding appropriate and robust business, governance and management systems to support the effective operation of IUIH.

The unit's operations cover finance, human resource management, corporate governance, business development and marketing communication.

IUIH's priority this year was to simultaneously deliver the administrative services required for an ever-expanding and diversifying organisation while driving rigorous management processes to meet our corporate governance responsibilities and continuously look for ways of doing business better.

IUIH continued to focus on increasing revenue streams from non-government sources to mitigate the risks associated with government grants in an increasingly uncertain policy and funding environment while also prioritising the identification of efficiencies in areas like procurement, staff management and financial reporting.

IUIH's governance credentials were recognised by the Reconciliation Australia's Indigenous Governance Awards (IGA) in 2014, which selected us as a finalist. IGA judge Gary Banks said, "IUIH has a clear sense of mission, a high degree of competence and a



12%

INCREASE IN INCOME



76%

**INCREASE IN
NON-GRANT INCOME**

governance model that provides an effective blend of community and technical expertise".

KEY ACTIVITIES:

IUIH secured a **12% increase in income** to \$38 million.

IUIH **maintained grant income of \$29 million** during a year of significant policy and funding uncertainty and at the same time **increased non-grant income by 76%**.

Corporate Services

Corporate costs were reduced by introducing shared procurement arrangement in areas such as telecommunications, medical supplies and company secretarial services.

HR issues and Workcover claims were kept at a minimum due to improvements in staff management processes, including standardised induction processes.

IUIH's managers can make **better, more informed decisions** due to our improvements in financial reporting processes and analysis.

IUIH maintained **ISO 9001 Quality Management Systems certification** and supporting quality management system. This is important not only for ensuring rigorous business processes but for providing confidence to our stakeholders – and particularly our investors – that are our business practices of the highest standards.



In addition to ISO 9001 we continued to work towards **certification for Aged Care Common Standards and QIP (Dental) Standards** to further demonstrate we're providing quality services in these areas.

OUR KEY GOALS FOR 2014-15:



Maintain quality and efficient processes during a period of increased diversification in operations and an expanding workforce.



Strengthen governance and enhance accountability throughout the organisation.



Strengthen the financial health of IUIH.



Increase and diversify revenue sources for IUIH and CCHS by identifying non-grant opportunity for funding



Implement shared procurement arrangements to reduce operational expenses.



Ensure the IUIH vision is underpinned by appropriate planning processes.



Develop and manage the needs of the IUIH workforce by working with manager to project future skills requirement.

FINANCIAL RESULTS

IUIH has secured over \$38 million in income from all sources (12% increase compared to 2013-14), including but not limited to Queensland and Australian Governments, to expand delivery of comprehensive primary health care and related services to Aboriginal and Torres Strait Islander populations across South East Queensland.

While grant income was maintained at \$29 million during a year of policy and funding uncertainty, non-grant income has increased by a significant 76% over last year.

Total number of primary health care clinics operating in the IUIH Network increased to 17 by 30 June 2015.

The expansion of Home Care (Aged Care) Services contributed to the growth experienced by IUIH during the 2015 year.

The financial position of the company was strengthened by a 12% increase in total assets.

The overall equity of the company increased by 16% to \$12.5 million at 30 June 2015.

HUMAN RESOURCES

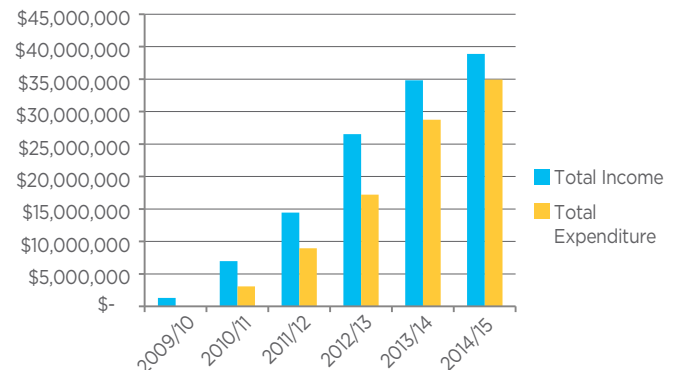
- Staff numbers increased by 103 to 313 at 30 June 2015 – growth of 49%.
- 52% of staff employed by IUIH identify as Aboriginal and/or Torres Strait Islander

CAPITAL INFRASTRUCTURE

Fixed asset acquisitions during 2014-15 – \$3.3 million.

- Capital works projects – \$2.5 million.

Income vs Expenditure 2009 - 2015



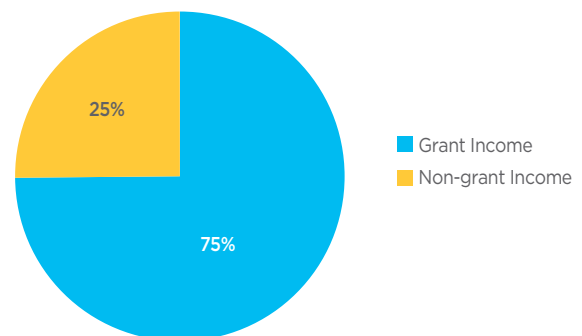
\$38.8m

INCOME 2015

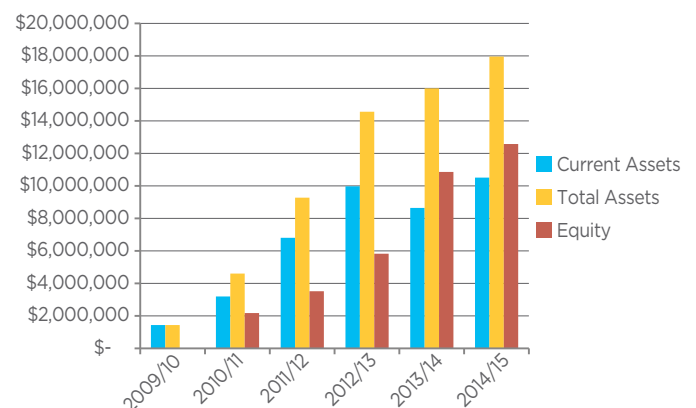
\$35m

EXPENDITURE 2015

Grant Income vs Non-Grant Income as at 30 June 2015



Asset Growth 2009 - 2015



\$10.5m

CURRENT ASSETS

\$17.9m

TOTAL ASSETS

\$12.5m

EQUITY

COMMUNICATIONS

IUIH's Communications Team expanded to four FTE staff in 2014/2015 providing strategic marketing and communication support to the IUIH and South East Queensland Community Controlled Health Services (CCHS).

OUR FOCUS THIS YEAR:

The priority this year was to continue to deliver an integrated marketing and communication strategy to support the operation and growth of the IUIH and our Member Organisations across SEQ.

This included: brand development and management, public and media relations, corporate and internal communications, publications and print management, managing sponsorships and partnerships, corporate events and workshops, online marketing, web content and design, and social media.

KEY ACTIVITIES:

The **renewal and expansion of the Deadly Choices Partnership with the NRMA Insurance Brisbane Broncos** which will continue to strengthen IUIH's highly successful Deadly Choices Program and social marketing strategy aimed at empowering Aboriginal and Torres Strait Islander peoples to take control of their health by reducing the risk factors for chronic disease.

Development of **several communication campaigns to improve health outcomes and increase use of health services**, leveraging

significant community events and dates to raise awareness about specific health issues. These initiatives were delivered across the IUIH Network, in collaboration with our Member Organisations and clinics. Key events included:

- Think Pink Breast Cancer Awareness – production of Deadly Choices 'Think Pink' Shirts to raise awareness of breast cancer and encourage Indigenous women to complete a Preventative Health Check at their local CCHS
- White Ribbon Day (prevention of domestic and family violence) – production of Deadly Choices 'White Ribbon Shirts' to encourage



Indigenous men to pledge their support for the White Ribbon Day and end men's violence against women within Indigenous communities of SEQ

- the NRL Indigenous All Stars 2015 – integrating the IUIH's Deadly Choices Campaign with the 2015 Indigenous All Stars Festival and activities on the Gold Coast in February 2015, including coordination of appearances and events involving players and officials, sponsorship of the Indigenous All Stars Women's Team and production of a limited edition Indigenous All Stars Deadly Choices shirt as an incentive for Indigenous peoples to visit their local CCHS.
- Movember Men's Health – support for the Movember Foundation, with the IUIH 'Deadly Choices Mob' raising \$26,500 for the foundation in 2014, putting IUIH in the top 5 non-government organisation (NGOs) fundraising teams nationally.

IUIH **launched our new website** to keep key stakeholders, clients and the broader community informed about the services and programs offered by IUIH and our member organisations.

Several major communication and education initiatives were delivered to assist in the promotion of IUIH network-wide and clinic-specific services, including:

- clinic openings in 3 locations
- clinic-based services and programs, including the Deadly Choices 'Health Check' Campaign
- an overarching social media strategy for the IUIH and SEQ CCHSs
- design, production and promotion of special edition Deadly Choices shirts as an incentive for clients to undertake a Health Check at SEQ CCHSs.
- 'back to school' promotion to encourage parents to take their children to their local CCHS and complete a Health Check prior to starting the school year
- comprehensive program of radio

advertisements promoting the IUIH networks range of services and programs on Indigenous radio station 98.9FM.

IUIH implemented the first flu vaccination **promotional campaign which saw 400% more influenza vaccines given in this financial year than in 2013/2014**. The aim of the campaign was to encourage as many people as possible to have an influenza vaccination. Not just those at very high risk – such as people with chronic conditions and those over 50 years of age – but those people who could reduce the risk of spreading the virus to high risk candidates.

The team **coordinated The Watch House's second year of programs**. The Watch House provides a community space to stimulate enhanced community and social participation using performing arts as vehicle for engagement and community expression. Programming in the 2013/2014 included:

- fundraising events including singer Troy Cassar-Daley, a comedy festival and an art exhibition with Bianca Beetson
- Aboriginal Centre for Performing Arts (ACPA) Deadly Voices Showcase
- Well Women's Workshop educational seminar and fundraiser event in support of the National Breast Cancer Foundation.

IUIH's Communications Team coordinated the organisation's attendance at the NAIDOC Musgrave Park Family Fun Day in 2015 to showcase the services and programs offered by IUIH and our network of member services and clinics. Our information stand had representation by Deadly Choices and their Quit Smoking program, Moreton ATSICHS, the Work It Out Program, various allied health professionals, Maternal and Child Health Services and mobile health vans.