

INSTITUTE FOR URBAN INDIGENOUS HEALTH

Annual
Report
2012/2013





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

ACKNOWLEDGEMENTS

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

THE AUSTRALIAN GOVERNMENT'S DEPARTMENT OF HEALTH

QUEENSLAND HEALTH

METRO NORTH BRISBANE MEDICARE LOCAL LTD



We provide an integrated and efficient approach to Indigenous health care in South East Queensland.



CONTENTS

07

• • • **ABOUT IUIH**

09

• • • **OUR VISION**

09

• • • **OUR MISSION**

09

• • • **OUR REGION**

11

• • • **GOVERNANCE**

12

• • • **OUR BOARD**

17

• • • **CHAIRPERSON'S REPORT**

20

• • • **CEO'S REPORT**

25

• • • **CORPORATE SERVICES**

26 • • • Financial Results

27 • • • Human Resources

28 • • • Capital Infrastructure

28 • • • Marketing & Communications

29 • • • Quality Improvement

29 • • • Corporate Governance



31 • • • SERVICE DEVELOPMENT

- 33 • • • Establishment of new Community Controlled Clinics in SEQ
- 34 • • • Clinic reforms and development of the 'IUIH Model of Care'
- 38 • • • Moreton Aboriginal & Torres Strait Islander Community Health Service
- 40 • • • Capital Works Projects
- 43 • • • IUIH Mobile Services
- 43 • • • Mobile Eye Health Service
- 44 • • • Mobile Ear Health/ Multipurpose Van
- 44 • • • Mobile Oral Health Van
- 46 • • • Clinical Governance and Quality Improvement
- 48 • • • eHealth and telehealth services
- 50 • • • Care Coordination & Supplementary Services (CCSS) Program
- 52 • • • Improving Access to Specialist Services
- 54 • • • Improving Access to Mainstream Health Services
- 56 • • • IUIH Research Program
- 58 • • • Progress of IUIH Research
- 58 • • • Health Service Improvement
- 59 • • • Chronic Disease Prevention & Management
- 60 • • • Tobacco
- 61 • • • Data and its Best Use

63 • • • WORKFORCE & ALLIED HEALTH SERVICES

- 64 • • • 1. Developing the Workforce of the Future
- 65 • • • The range of disciplines represented
- 66 • • • Evaluation of Student Placements
- 68 • • • Pathways from High School
- 69 • • • School-based Traineeships
- 71 • • • 2. Planning and Development of the Existing Health Workforce
- 72 • • • 3. Development of new Allied Health Services for Community Controlled Health Services
- 75 • • • 4. Vulnerable Families Project

77 • • • PREVENTATIVE HEALTH BUSINESS UNIT

- 78 • • • Deadly choices social marketing strategy
- 83 • • • The Broncos Deadly Choices Partnership
- 86 • • • Deadly Choices education program

90 • • • 2013 FINANCIAL REPORT

about IUIH



ABOUT IUIH

The Institute for Urban Indigenous Health (IUIH) Limited was established in 2009 by the four Community Controlled Health Services operating in South East Queensland (SEQ) as a strategic response to the growth and geographic dispersion of the Aboriginal and Torres Strait Islander population within the region.

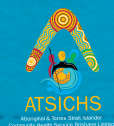
The IUIH leads Aboriginal and Torres Strait Islander health service planning, development and coordination of health service delivery, including implementation of the Council of Australian Government's (COAG) 'Close the Gap' commitments and

initiatives within the region.

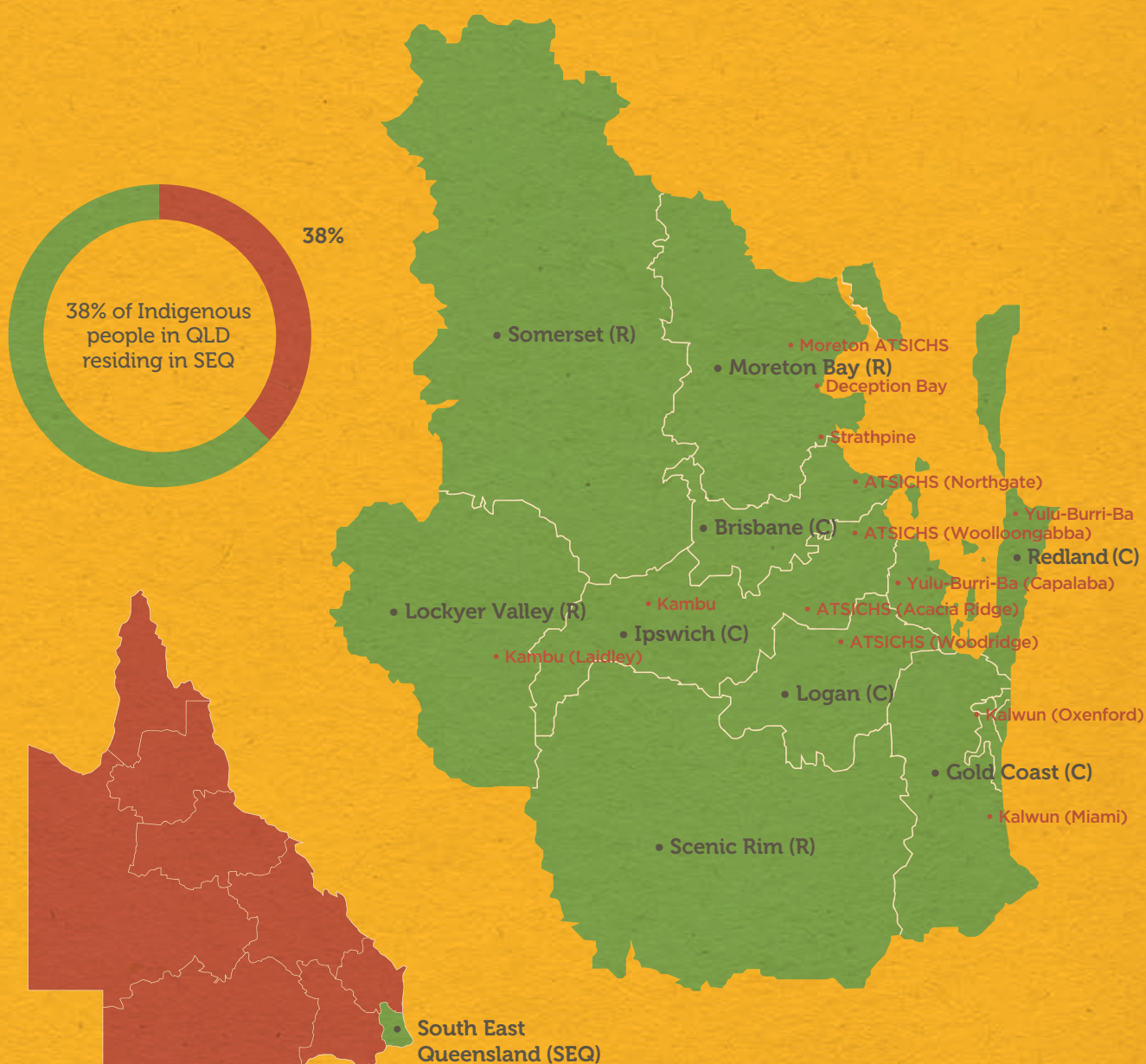
The IUIH also plays a major role in the development of partnerships between the Community Controlled Health Sector and the mainstream health system.

The Membership of the IUIH comprises the four founding Community Controlled Health Services, which are:

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



SOUTH EAST QUEENSLAND



OUR VISION

The vision of the IUIH is to achieve equitable health outcomes for urban Aboriginal and Torres Strait Islander populations within SEQ and to ensure that Aboriginal and Torres Strait Islander peoples have access to culturally safe and comprehensive primary health care.

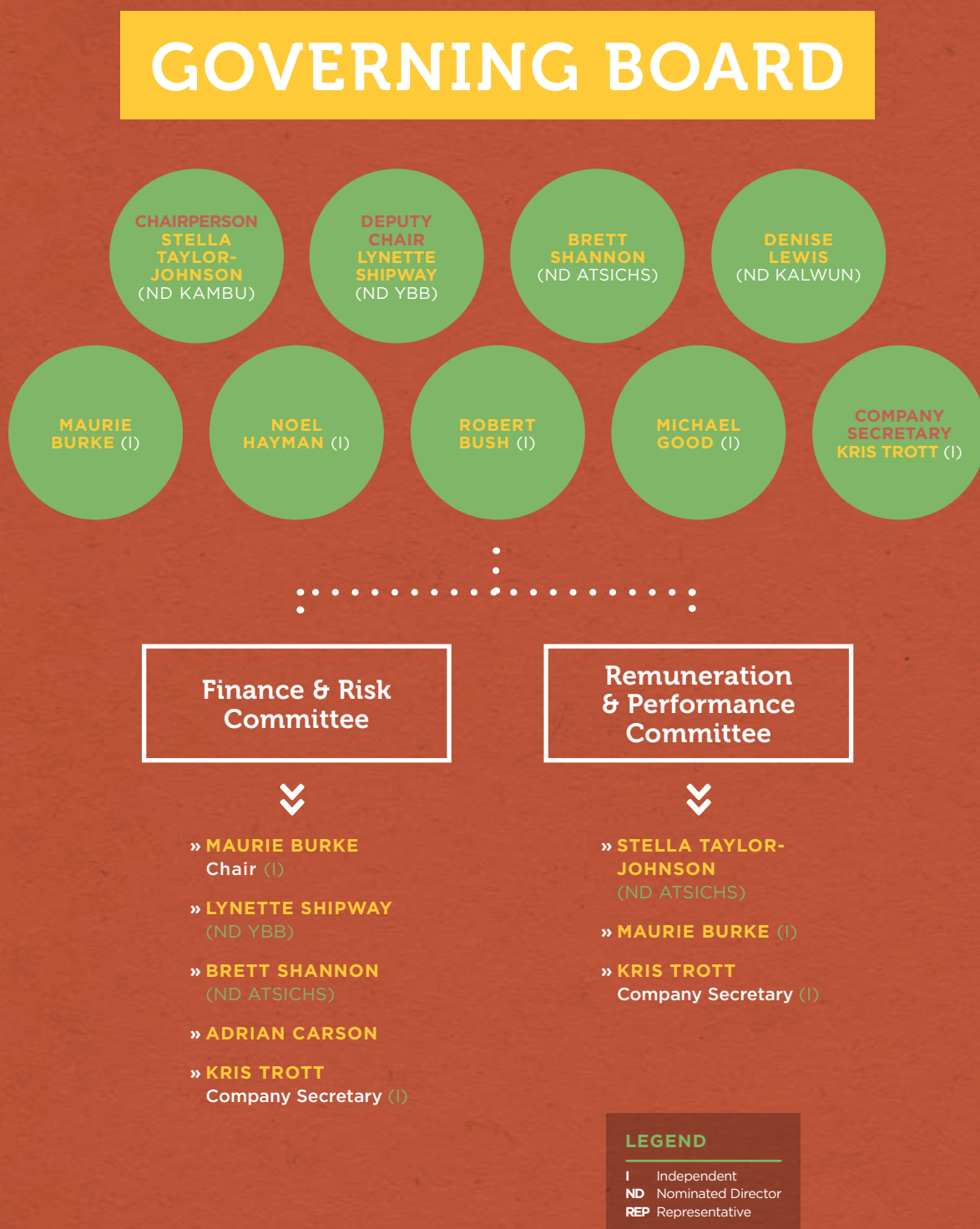
OUR MISSION

IUIH aims to increase health service access and opportunities, and plans to provide support for Aboriginal and Torres Strait Islander health service development and coordination across the SEQ region.

OUR REGION

The 2011 Census reported that the Aboriginal and Torres Strait Islander population of SEQ (SEQ) totals some 48,058. With likely undercounting, it is estimated that the population is closer to 60,000. The Indigenous population of SEQ accounts for over a third of Queensland's Indigenous population.

GOVERNANCE MODEL OF IUIH AND BOARD/COMMITTEE STRUCTURES



GOVERNANCE



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

The IUIH Board comprises nominee Directors from each of our four Member Organisations and four independent skills-based Directors. The Chairperson of the IUIH Board is appointed by the four nominee Directors.

OUR BOARD



STELLA TAYLOR-JOHNSON CHAIRPERSON

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

Stella has extensive experience in Aboriginal and Torres Strait Islander health and the broader human services sector, having worked at senior levels in the Queensland Government and various private and community organisations during a career

spanning some thirty years. Stella holds a number of Director roles for several community-oriented organisations, including Health Workforce Queensland and Regional Development Australia Ipswich & West Moreton. Stella previously held the position of Deputy Chairperson of the Queensland Aboriginal & Islander Health Council (QAIHC) and Deputy Chair of the Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited.



LYNETTE SHIPWAY DEPUTY CHAIRPERSON

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

Lynette brings extensive experience in Indigenous health, education, housing and aged care to the IUIH Board. She has worked for almost seventeen years as a Teacher Aide at Dunwich Primary and Secondary

Schools, before working with the North Stradbroke Island Housing Cooperative as the Administrator/Coordinator for fifteen years. During this time, Lynette played a key role in the establishment of the Nareeba Moopi Moopi Aged Care Hostel on North Stradbroke Island, and currently works at the Hostel on a part-time basis. She holds a Diploma in Business Management and Certificate IV in Business (Governance).



BRETT SHANNON

Brett was appointed to the IUIH Board in 2012. Brett is a Ngugi descendant of the Quandamooka people and holds the position of Director on the Board of the Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited.

Brett completed degrees in human movement and business at the University

of Queensland (UQ) before undertaking a Masters in Applied Epidemiology with the Australian National University (ANU). Brett has worked previously within the Community Controlled Health Sector and Queensland Health and is currently a medical student at The University of Queensland (UQ). Brett replaced Alf Davis on the Board of IUIH in November 2012.



DENISE LEWIS

Denise was appointed to the IUIH Board in 2012. Denise is the Executive Director of the Kalwun Development Corporation Ltd, an Aboriginal Community Controlled Organisation on the Gold Coast.

Denise oversees the operations of Kalwun in over seven different sites and the delivery of housing, social welfare, health, aged care, child protection, family support and cultural promotion services. Denise has a passion for aged care

and caring for Indigenous Elders. Denise has formal qualifications in business governance, home and community care, aged care and health, and is passionate about the Aboriginal and Torres Strait Islander community on the Gold Coast and SEQ. Denise has previously been a Director on the Brisbane Community Development Employments Projects program, the Queensland Aboriginal & Islander Health Council (QAIHC), Domestic Violence Connect and the Regional Indigenous Housing Organisation (RIHO).



MAURIE BURKE

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

Maurie has extensive experience in financial management, having worked for some 38 years with the Queensland Department of Main Roads. Maurie retired from the Queensland Government in 2009, holding the position of Director (Financial Accounting

& Administration) at the time. Maurie holds Director roles with several organisations, including the Delamore Retirement Community Board. Maurie also works with the Missionary Franciscan Sisters of Australia on a periodic basis and undertakes learning support work at a local school on a voluntary basis. Maurie is the Chair of the IUIH Finance & Risk Management Committee.



PROFESSOR MICHAEL GOOD

Michael was appointed to the IUIH Board in 2010 as an Expert Director in the area of research.

Michael is a National Health & Medical Research Council (NH&MRC) Australia Fellow at Griffith University, the past Chair of the NH&MRC, past Director of the Queensland Institute for Medical Research (QIMR), past President of the Association of Australian Medical Research Institute and past Director of the Cooperative Research Centre for Vaccine Technology. In 2008 he was a Steering Committee member and Co-chair of the 'A long-term national health strategy' of the Australia 2020 Summit.

In 2008 he was awarded an Officer of the Order of Australia (AO) for service to medical research and contributions to education. In 2009 Michael won the Australian Museum CSIRO Eureka Prize for Leadership in Science, and in 2010 was named a 'Queensland Great' by the Queensland Premier. Michael graduated MD PhD DSc from The University of Queensland (UQ) and the Walter and Eliza Hall Institute of Medical Research in Melbourne. He undertook postdoctoral training as a Visiting Scientist at the National Institutes of Health in Bethesda, Maryland. His interests are in the field of immunity and immunopathogenesis to malaria and group A streptococcus/ rheumatic fever, with particular reference to the development of vaccines.



ASSOCIATE PROFESSOR NOEL HAYMAN

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

Queensland's first Indigenous doctor, Noel is the Clinical Director of the Inala Indigenous Health Service (Queensland Health) in Brisbane and holds an appointment with The University of Queensland's School of Medicine. Noel has been instrumental in demonstrating how mainstream primary health care services can be made appropriate to the needs of urban Aboriginal and Torres Strait Islander populations.

In 2003, he received the 2003 Centenary Medal for his long service to primary health care in Indigenous communities, the Inaugural Australians for Native Title and Reconciliation (ANTAR) Queensland 'Close the Gap Indigenous Health Award' in 2007 and was the Queensland Australian of the Year in 2011. Noel sits on numerous national and state committees, including the National Health & Medical Research Council (NH&MRC) and is current Chair of the Royal Australasian College of Physician's Aboriginal and Torres Strait Islander Health Expert Advisory Group.



PROFESSOR ROBERT BUSH

Robert was appointed to the IUIH Board in 2011 as an Expert Director in the area of community engagement.

Robert is currently the Director of the Healthy Communities Research Centre at The University of Queensland (UQ) and brings extensive experience and a unique perspective to the IUIH Board, having held senior positions within government, in health practice and research. In his early years, Robert pioneered work on how people's networks impacted on their health. He developed the first national professional training programs in the drug and alcohol

field in the early 1990s while working in South Australia, before coming to Queensland to work in senior roles at The University of Queensland (UQ) and the Department of Premier & Cabinet in the mid-nineties. Robert spent five years in working in South East Asia, developing the index for determining capacity of local areas to support and maintain good health.

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





CHAIRPERSON'S REPORT

As Chairperson of the Institute for Urban Indigenous Health (IUIH) Limited, I am pleased to present our Annual Report for the 2012/2013 Year. The past year has been an extremely busy one for the IUIH and our four Member Organisations as we continued our efforts to improve Indigenous peoples' access to comprehensive primary health within the SEQ region.



The political and policy environments within which IUIH and our members operate continued to present both challenges and opportunities for the Community Controlled Health Sector. With the launch of the *Blueprint for better healthcare in Queensland* in early 2013, the Queensland Government made clear its intent to drive major and wide ranging reforms to rebuild the state's health system. Key among these reforms is a commitment to partner with Indigenous owned and led health care enterprises to drive economic development, employment and training opportunities. The IUIH welcomed this commitment, however we remain unclear how it would be realised alongside the introduction of contestability and the prospect of 'retendering' for the operation of six of our most recent Clinics. The IUIH will continue to work closely with the Queensland Government

to ensure these reforms lead to improved outcomes for Aboriginal and Torres Strait Islander populations in SEQ.

The political environment at the federal level became increasingly turbulent in 2012/2013, with the announcement of a Federal Election for early 2013/2014. The year closed with a change of Federal Government likely, and the future of the Council of Australian Government's (COAG) historic 'Closing the Gap' commitment (in health) uncertain.

Despite these challenges, the IUIH continued to work closely with Australian and Queensland Governments to deliver excellent outcomes for Aboriginal and Torres Strait Islander peoples in SEQ. 2012/2013 saw the establishment of an additional two Primary Health Care Clinics, supported by the Queensland Government in the Moreton Bay Region (Strathpine and Deception Bay), bringing the total number

chairperson's report

of clinics in SEQ to thirteen. The IUIH also secured funding from the Australian Government to expand and refurbish existing clinics operated by ATSICHS Brisbane at Northgate and Acacia Ridge (Murri School). In response to identified need, the IUIH also established mobile hearing health, eye and dental services across the Metro North Brisbane Region. These services were established with funding support from Queensland and Australian Governments and the Metro North Brisbane Medicare Local.

While supporting the establishment of new clinics and services, the IUIH remained focused on supporting Member Organisations with the implementation of our 'IUIH Model of Care'. The 'IUIH Model of Care' aims to deliver consistent, high quality care to more Aboriginal and Torres Strait Islander peoples while realising their entitlement to Medicare and enabling greater independence from government grant funding. With greater independence comes the opportunity to practice greater community control in determining priorities for investment based on the needs of our communities rather than those of government. In this sense, the 'IUIH Model of Care' provides an example of social enterprise in Indigenous health which is entirely consistent with our philosophies and principles of community control.

The IUIH continued to support Indigenous peoples with complex chronic conditions, significantly

increasing access to the Care Coordination & Supplementary Services (CCSS) Program across SEQ. The IUIH and our member organisations also continued to expand and increase the frequency of specialist and allied health services in 2012/2013. To further support Indigenous peoples with chronic disease, the IUIH expanded the Work it Out Program - a chronic disease rehabilitation and education program - from two to five sites in 2012/2013. The popularity and effectiveness of the program will see Work it Out delivered from an additional two sites in 2013/2014.

While working to expand and enhance delivery of comprehensive primary health care services, the IUIH has also continued its efforts to empower our communities to make healthy lifestyle choices through the roll-out of our Deadly Choices Campaign and associated programs. In 2012/2013, with support from the Australian Government, the IUIH launched our Deadly Choices partnership with the NRMA Insurance Brisbane Broncos to further strengthen and reinforce our healthy lifestyle messages. The IUIH also enlisted award-winning Director, Wayne Blair to produce a series of television commercials promoting healthy lifestyle choices that aired on commercial television in SEQ early 2013/2014. Preliminary data from an evaluation of the campaign indicates that Deadly Choices is contributing positively to improved health literacy, increases in the number of

Preventative Health Assessments or 'Health Checks' performed by Community Controlled Health Services in SEQ and important changes in attitudes and behavior to key risk factors, particularly smoking, physical activity and nutrition.

The IUIH continued to work with our partners within the mainstream health system — Metro North Brisbane and West Moreton/Oxley Medicare Locals — to improve Indigenous peoples' access to mainstream general practices while also supporting these practices to provide quality care to their Indigenous patients.

In collaboration with ATSICHS Brisbane, the IUIH also worked with the Mater Hospital to develop an integrated approach to the delivery of maternal and child health services within the Metro South Region.

Our efforts to build the workforce for urban Indigenous health continued, with the IUIH coordinating student placements for well over 200 students from five universities and some twenty health and other relevant disciplines within the IUIH network in 2012/2013.

There were many achievements for the IUIH and our Member Organisations during this financial year. This Annual Report highlights a number of them. The IUIH and our members are proud of our progress over the past four

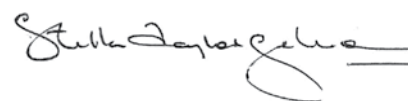
years and recognise that much more work remains to be done. Our progress does, however, demonstrate the importance of 'tangible' leadership by the Community Controlled Health Sector — leadership which translates good words and intentions into action and outcomes. This kind of leadership is not always popular and requires considerable courage, particularly when fundamental change is required within our organisations and communities to realise health improvements. As Chairperson of the IUIH, I would therefore like to acknowledge the leadership of the Boards, particularly our Chairs, and CEOs of our Member Organisations throughout 2012/2013.

I wish to also thank and acknowledge 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, Maurie Burke (Independent Expert Director, Financial Management); Professor Michael Good (Independent Expert Director, Research); Professor Robert Bush (Independent Expert Director, Community Engagement); and Dr Noel Hayman (Independent Expert Director, Clinician).

The IUIH continues to gain considerable benefit from the combination of community,

sector and independent expertise present on our Board. The 2012/2013 year saw the departure of two of our Directors, Alf Davis in November 2012 and Professor Michael Good in 2013. I wish to thank these Directors and acknowledge their contribution to the IUIH. Thanks also to our Company Secretary Tim Timchur.

On behalf of the IUIH Board I extend special thanks and appreciation to our CEO, Mr Adrian Carson, the IUIH Senior Management Team (SMT) and IUIH staff for their continued dedication and efforts during this financial year to improve the health and well-being of Aboriginal and Torres Strait Islander populations across SEQ. The IUIH received significant support from Australian and Queensland Governments in 2012/2013. In particular, I would like to acknowledge the support of the Queensland Minister for Health, the Hon Lawrence Springborg and the then Federal Minister for Indigenous Health, the Hon Warren Snowdon.



STELLA TAYLOR-JOHNSON
CHAIRPERSON



CEO'S REPORT



The 2012/2013 year marked the fourth year of operation of the Institute for Urban Indigenous Health (IUIH). The past 12 months saw the pace and scale of growth within the IUIH and our Member Organisations increase significantly as we continued to expand the delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander peoples across the SEQ (SEQ) region.

With the establishment of an additional two Primary Health Care Clinics this year in areas of unmet need, the total number of Primary Health Care Clinics operated by IUIH and our Member Organisations in SEQ increased to thirteen.

The IUIH and our Members used our expanded 'footprint' to extend access to comprehensive primary health care services to over 6,100 new Indigenous patients, bringing the total number of regular Indigenous

This year we enlisted the support of the NRMA Insurance Brisbane Broncos to help spread the Deadly Choices message ...

patients to over 16,000 – more than tripling the number of Indigenous patients accessing services delivered in 2008/2009, when the IUIH was established.

With one in three Indigenous peoples in SEQ accessing their local Community Controlled Health Service at the end of the 2012/2013 year, the IUIH and our Member Organisations have achieved a great deal in four years.

Community Controlled Health Services in SEQ were responsible for almost 90,000 patient visits

to GPs in the past twelve months and completed more than 6,100 Preventative Health Assessments or 'Health Checks', an increase of over 1000% since 2008/2009.

This dramatic increase in 'Health Checks' demonstrates the commitment of the IUIH and our Members to shifting the focus of our efforts from the management of disease to prevention and early intervention. The increases in 'Health Checks' coincided with an increase in the number of GP Management Plans, increasing to over 1,800 in the 2012/2013 year from 400 in 2008/2009.

The improvements we have delivered during the past four years have been hard earned and result from the implementation of the 'IUIH Model of Care' and related system reforms within the Community Controlled Health Services. These reforms aim to imbue a consistent, evidence-based approach to the delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander populations across SEQ. Critically, the reforms incorporate a business model which aims to realise Indigenous peoples' entitlement to the Medicare Benefits

1. The IUIH established new Primary Health Care Clinics in Strathpine and Deception Bay in 2012/2013.

2. The IUIH was originally established in late 2008/2009 by its four Member Organisations: ATSIHS Brisbane; Kambu Medical Centre; Kalwun Health Service; and Yulu-Burri-Ba Health Service. The IUIH was officially established as a company limited by guarantee under the Corporations Act in September 2009. The IUIH did not receive government funding until late 2009/2010 and did not become fully-operational until the 2010/2011 Year.

CEO's Report

Schedule (MBS) and decrease dependency of Community Controlled Health Services on grant funding from government. In generating more Medicare income, these services are becoming more community controlled, with an increased capacity to fund services and programs in response to the needs and priorities of our communities rather than those of government.

With non-recurrent funding from the Australian Government, the IUIH provided intensive support to Community Controlled Health Services to accelerate implementation of the 'IUIH Model of Care'. The establishment of new clinics in areas of unmet need, along with widespread and concurrent implementation of the 'IUIH Model of Care' has resulted in the marked improvements reported by the IUIH and our Member Organisation for this financial year.

The reform agenda in 2012/2013 was not restricted to our clinics, with the Boards of Member Organisations implementing comprehensive reforms to their Constitutions and corporate governance systems to further strengthen community control and provide a solid foundation for continued growth of Community Controlled Health Services into next year and beyond. These reforms were championed by the IUIH Governance Group, comprising Chairs of each of the four IUIH Members Organisations.

The IUIH continued to expand the delivery of services to Indigenous peoples with complex chronic conditions, working with CheckUP and the Metro North Brisbane Medicare Local to increase the number of dedicated Care Coordinators in SEQ to some 11.5 full-time equivalents. Funded under the Australian Government's Care Coordination & Supplementary Services (CCSS) Program, SEQ Care Coordinators delivered over 25,000 individual 'Care Coordination' services to over 720 eligible patients and provided access to over 9,000 allied health and specialist services in the past twelve months. The CCSS Program in SEQ delivered more care to more patients than any other region across the country in the 2012/2013 Year.

In collaboration with CheckUP, the IUIH continued to coordinate the delivery of specialist services across the region, with approximately 2,000 patient consultations conducted by private/visiting specialists. With the Urban Specialist Outreach Assistance Program (USOAP) to be absorbed into new arrangements for the Rural Health Outreach Fund (RHOF) and Medical Outreach Indigenous Chronic Disease Program (MOICDP), the IUIH aims to further expand specialist and allied health services and beyond.

In response to identified needs, the IUIH significantly increased the range and frequency of allied health services delivered

in 2012/2013. With over fifty-five allied health clinics established across 12 of the 13 clinics in SEQ, the care available to Indigenous peoples within our reach is more comprehensive than any available within the broader health system. A major focus on early childhood development this year saw the establishment of 16 children's Occupational Therapy and Speech Pathology clinics throughout the region.

Importantly, these new services were not funded by government – they were funded by the IUIH and our Community Controlled Health Services from Medicare income generated from the implementation of the 'IUIH Model of Care', further demonstrating the benefits of the governance reforms we implemented this year.

With support from the Australian Government, the IUIH expanded its Work it Out Program to five sites across SEQ. Work it Out is a chronic disease rehabilitation and self-management program.

Supporting the development of our existing workforce and building our capacity to effectively implement the 'IUIH Model of Care' was a key priority for us this year.

We worked closely with our Community Controlled Health Services to undertake a comprehensive assessment of the training and development needs of staff, aligned directly with their specific and defined role within the 'IUIH Model of

Care'. The UIIH also remained committed to developing the future workforce for urban Aboriginal and Torres Strait Islander Health and in collaboration with The University of Queensland (UQ) and others, we supported the placement of 203 students across some twenty disciplines within our service network. We also focused on extending the length of placements and building longer-term partnerships with universities and their students.

The UIIH continued to expand its Deadly Choices Campaign and associated programs to empower Aboriginal and Torres Strait Islander peoples to make healthy lifestyle choices and access their local health service for a 'Health Check'.

The campaign uses positive messages delivered by Campaign Ambassadors aimed at combating the 'social norms' that have developed around high rates of smoking and other key risk factors for preventable chronic disease within Indigenous populations. Through innovative use of incentives and branded merchandise, the campaign has generated a demand for health seeking behaviour in SEQ.

This year we enlisted the support of the NRMA Insurance Brisbane Broncos to help spread the Deadly Choices message, producing a commemorative 'Broncos Deadly Choices Shirt' as an incentive for Indigenous

peoples' completing a 'Health Check' at our health services.

The UIIH also partnered with Award Winning Director Wayne Blair (The Sapphires and Redfern Now), to produce a series of television commercials featuring Indigenous players from the Brisbane Broncos and prominent local community members. The commercials target smoking and pregnancy and encourage healthy lifestyle choices and, with support from the Australian Government, will be placed on commercial television from October 2013.

UIIH and our Member Organisations have achieved much over the past year. While we can be proud of our progress, a number of significant challenges lay ahead as we look forward to the next 12 months and beyond. A likely change of Federal Government and increasingly uncertain economic environment will present key challenges. It will be the vision and courage of our leaders within our Boardrooms and clinics that will see these challenges translate to opportunity.

In closing, I would like to thank UIIH Member Organisations, their Boards, management and staff for their continued support throughout this year. In particular, I would like to thank Chairs and CEOs: Selwyn Button (Chair) and Wayne AhBoo, ATSICHS Brisbane; Alan Fisher (Chair) and Stella-Taylor-

Johnson, Kambu Medical Centre; Denise Lewis (Chair) and Kieran Chilcott, Kalwun Health Service; and Aunty Lyn Shipway (Chair) and Jan Lember from the Yulu-Burri-Ba Health Service.

I thank the UIIH Board for their continued support throughout this year. In particular, UIIH Chairperson, Ms Stella Taylor-Johnson and Mr Maurie Burke, Chairperson of the UIIH Finance & Risk Management Committee.

Lastly, I wish to thank UIIH Managers and staff for their hard work, dedication and support over the past year. In particular, the UIIH Managers: Jody Currie, Director Community Engagement; Dr Carmel Nelson, Clinical Director; Dr Alison Nelson, Workforce & Allied Health Director; Ian Lacey, Director Preventative Health Team, Jason Dalton, Director Corporate Services, Renee Blackman, UIIH Spearhead, and Sharon Byrnes, Finance Manager. I would also like to acknowledge the support of UIIH Consultants Craig Flegeltaub (Human Resource Management) and Chris O'Connell (Strategy).



ADRIAN CARSON
CHIEF EXECUTIVE OFFICER

3. 'Work it Out' Program operating in the following locations: Woolloongabba (4 days per week); Logan (2 days per week); Miami (2 days per week); Capalaba (2 days per week); Strathpine (2 days per week); and Morayfield (2 days per week).



CORPORATE SERVICES



The 2012/2013 year saw continued and substantial growth across all areas of the Institute for Urban Indigenous Health. This growth was supported by an organisational restructure and further expansion of the Corporate Services Business Unit.

During the year additional finance staff were recruited to the IUIH, along with an experienced Finance Manager. The IUIH also invested significantly in the development of its human resource management systems to manage the exponential growth in staff numbers experienced in this year – more than triple the number of staff employed in 2011/2012.

The IUIH continued to build its communications capacity this year, appointing a senior Communication & Marketing Manager to the Corporate

Services Business Unit in March 2013. The IUIH also established a dedicated Quality Coordinator to assist with the development and implementation of 'Quality Management Systems' within IUIH in preparation for ISO Audit/Certification in the 2013/2014 year.

To effectively manage the growth of the IUIH, the Corporate Services Business Unit undertook a series of reviews to ensure currency of corporate policies and procedures and strengthen our internal business and management systems. This included reviews of our Corporate Governance Charter, Finance Policies & Procedures Manual, Human Resources Policies & Procedures Manual and the development of our Disaster Recovery/Business Continuity Plan.

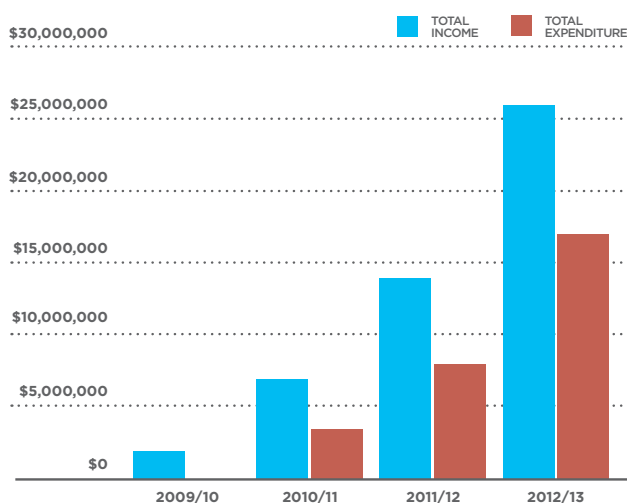
FINANCIAL RESULTS

The significance of our growth this year is demonstrated by the financial results, with the IUIH securing over \$25 million from Queensland and Australian Governments to expand the delivery of comprehensive primary health care and related services to Indigenous populations across SEQ.

Total funding received from government this financial year represents an increase of some 82% compared to previous period. Non-grant funding also increased by over 130% this to total \$1.5million.

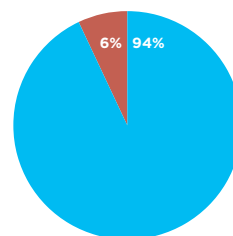
The financial position of the IUIH strengthened considerably during this year, with a 46% increase in current assets and a 57% increase in total assets. Accordingly, the overall equity of the company increased by 65% to total some \$5.8million at 30 June 2013

INCOME VS EXPENDITURE 2009-2013

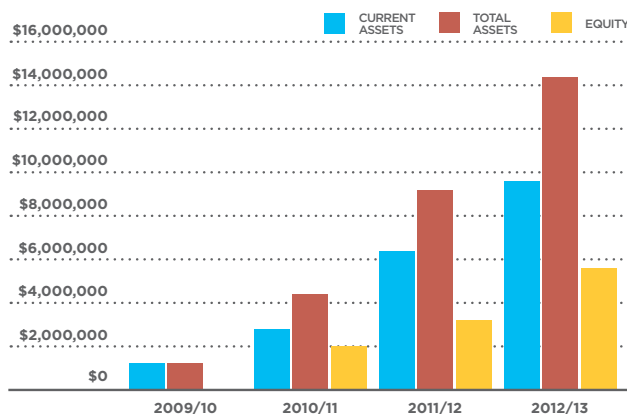


GRANT INCOME VS NON-GRANT INCOME AS AT 30 JUNE 2013

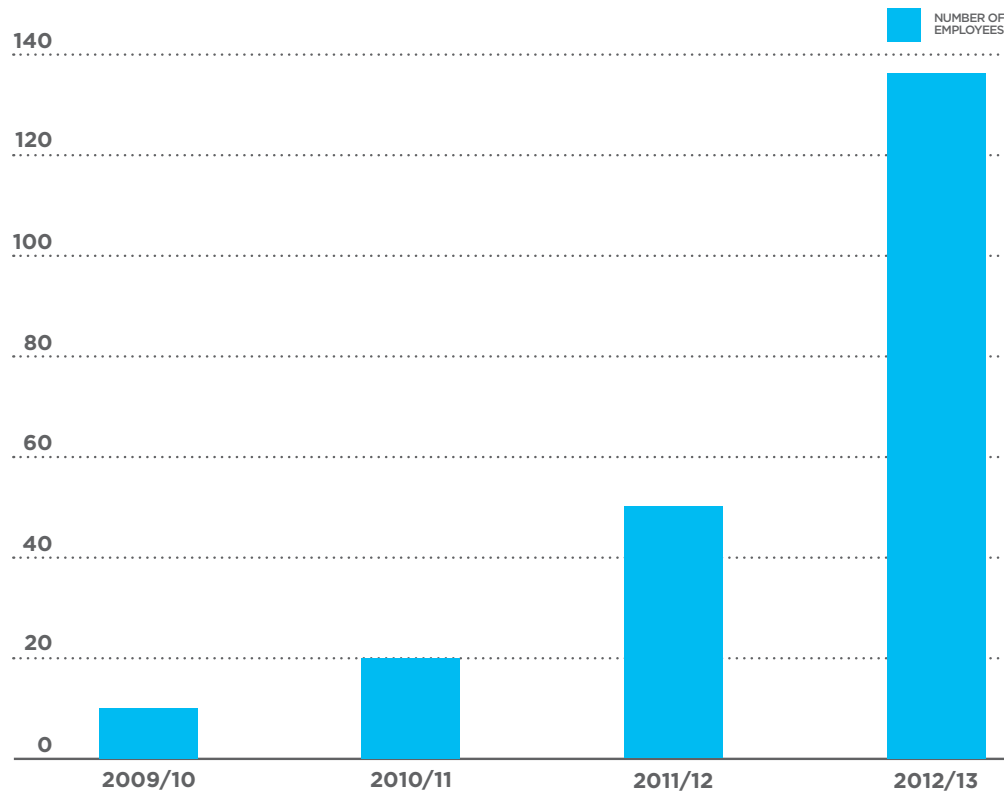
GRANT INCOME
NON-GRANT INCOME



ASSET GROWTH 2009-2013



TOTAL EMPLOYEES 2009-2013



HUMAN RESOURCES

The IUIH recruited 104 staff this year, while experiencing just 12 employment separations, representing a relatively low staff-turnover rate of 8%. The total number of employees at 30 June 2013 was 142, with almost 60% of IUIH staff identifying as Aboriginal and/or Torres Strait Islander.

The IUIH continued to invest in the development of the future Indigenous health workforce, recruiting 16 workplace and school-based trainees.

The Corporate Services Business Unit established an Employee Assistance Program (EAP) and Health & Wellness Program to support the health

and well-being of our staff and ensure our workplaces reflect and promote the messages of our Deadly Choices campaign.

CAPITAL INFRASTRUCTURE

The IUIH continued to invest in capital infrastructure critical to achieving our vision of achieving equitable health outcomes for Indigenous peoples in SEQ.

The IUIH spent about \$4 million on fixed-assets this year, including fit-out of several leasehold buildings, medical equipment, computers, office equipment and three new mobile health clinics. Expenditure on capital infrastructure remained significant for IUIH, representing approximately

20% of all expenditure in 2012/2013.

The IUIH also transferred clinic fit-out assets of \$1.35million to ATSICHS Brisbane Ltd (Logan Clinic) and \$190,000 to the Kalwun Health Service (Oxenford Clinic) for capital works projects auspiced and project managed by the IUIH.

MARKETING & COMMUNICATIONS

The IUIH implemented a more robust and integrated approach to marketing and communications activity this year, building significantly on the Deadly Choices campaign with the establishment of our partnership with the NRMA Insurance Brisbane Broncos and expanding the Deadly Choices Ambassador Program to include Indigenous NRL player Scott Prince and Australia's first Indigenous NFL player Jesse Williams ('Tha Monstar').

The IUIH also expanded use of social media to promote healthy lifestyle messages and encourage Indigenous peoples in SEQ to access local Community Controlled Health Services, with greater traction and increased 'following' reported.

To promote the establishment of three new clinics within the Moreton Bay region, the IUIH implemented a comprehensive marketing strategy comprising billboard, shopping centre, Indigenous radio and social

media advertising/promotion. The strategy proved successful, with all three clinics meeting or exceeding targets for new patients.

The IUIH also increased scheduled monthly campaign activity on Indigenous radio, including live interviews and pre-recorded messages from IUIH staff and Deadly Choices Ambassadors giving further strength to campaign and program messages.

QUALITY IMPROVEMENT

The IUIH developed and commenced implementation of strategies aimed at enhancing its quality management systems this year.

This included the purchase and installation of LOGICQC – a software-based system which supports key business processes relating to compliance, safety, risk and continual improvement. The IUIH also completed several quality audits to determine compliance with quality system processes, corporate policies and procedures, relevant legislation and reporting requirements.

These audits contributed significantly to the development of a culture of quality improvement within the IUIH and provided a strong foundation for further work next year, including certification against ISO's management system standards (ISO 9001). The IUIH was supported by 2020QMS Integrated Solutions.

CORPORATE GOVERNANCE

The IUIH continued to strengthen its corporate governance systems this year. Key activities and outcomes included:

- continued support from an independent, professional Company Secretary - reporting to the Board and implementing enhancements to corporate governance systems and Board processes;
- implementation of evaluation for all Board and Committee meetings to ensure continuous improvement of Board processes;
- establishment of the IUIH Governance Group, comprising Chairs and Directors of IUIH Member Organisations, to drive agreed reforms and enhancement to corporate governance structures and systems within each Community Controlled Health Service;
- development of an Action Plan for the IUIH Governance Group and significant progress with its implementation, including the identification of agreed/common changes to Constitutions of Member Organisations to address key areas of risk;
- completion of a performance review of the IUIH CEO against a clear set of objectives aligned to the IUIH Strategic Plan 2011-2013 and IUIH Action Plan 2012/2013;
- development of new policies on financial management and implementation of a revised Delegations of Authority;
- completion of an independent internal audit, with assistance of the QAIHC Business Quality Centre (BQC); and
- maintenance of registers to enhance corporate governance, including: compliance; conflict of interest; Directorships; and Director training registers.

A SNAPSHOT OF THE SERVICES AND PROGRAMS DELIVERED BY IUIH

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

SERVICE DEVELOPMENT

The Service Development Business Unit is responsible for the planning, development, expansion and reform of new and existing Aboriginal and Torres Strait Islander Community Controlled Health Services in SEQ, as well as collaborating with mainstream health services to improve health and health care access for Aboriginal and Torres Strait Islander people in areas of identified need.

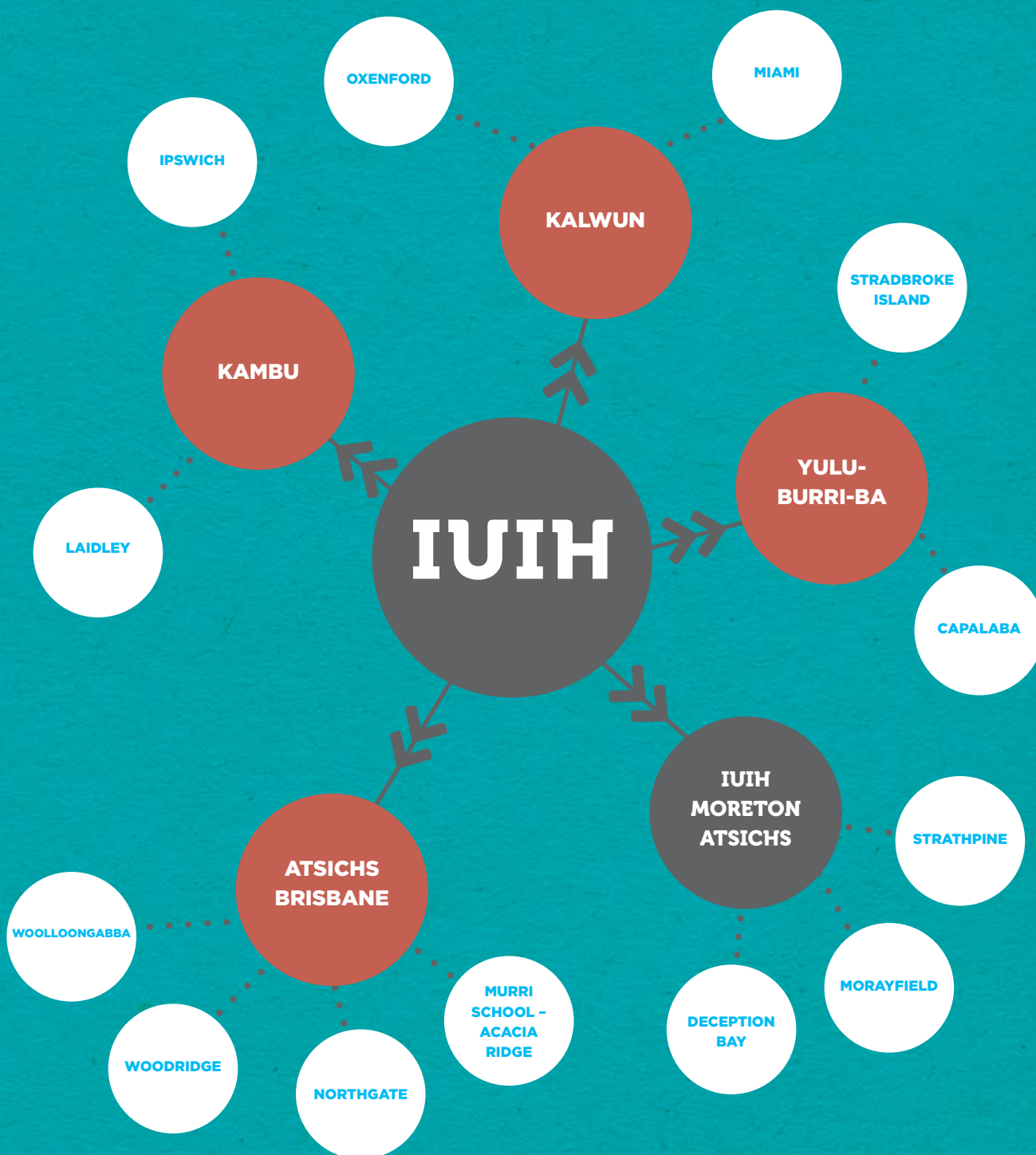
The Service Development Team is also responsible for



the establishment, operation and expansion of the Moreton Aboriginal & Torres Strait Islander Community Health Service (Moreton ATSICHS) within the Metro North Region of SEQ.

The largest of the IUIH Business Units, the structure of the Service Development Team at the end of the 2012/2013 Year was as follows (see page opposite).

OUR NETWORK OF PRIMARY HEALTH CARE CLINICS



ESTABLISHMENT OF NEW COMMUNITY CONTROLLED CLINICS IN SEQ

In its first two years of operation, the IUIH mapped population growth and movement, demographics and service uptake patterns, identifying significant gaps in access to comprehensive primary health care for Aboriginal and Torres Strait Islander peoples across SEQ.

This work has provided the basis for subsequent and sequential targeting of new and existing investment to meet identified needs.

In the 2011/12 Year, the IUIH and our Member Organisations were supported by Australian and Queensland Governments to establish five new Primary Health Care Clinics in

priority locations across the south east region. These clinics are all now fully and successfully operational.

This financial year, investment for further expansion of Community Controlled Health Services was concentrated in the Moreton Bay region – an area with an Indigenous population of over 8500 Aboriginal and Torres Strait Islander peoples with limited access to comprehensive and effective primary health care.

Following the establishment of the first Moreton ATSICHS Clinic in Morayfield in 2011/12, a further two clinics were introduced this year in Strathpine (February 2013) and Deception Bay

(May 2013). These new clinics were made possible through the support of the Queensland Government.

Established in line with the 'IUIH Model of Care', both clinics have seen rapid uptake from the outset, with over 600 clients already accessing services through the Strathpine clinic after only four months of operation and early indications pointing to a similar trajectory for the Deception Bay clinic.

The diagram on the opposite page shows IUIH and member ATSICHS network clinics at the end of June 2013.

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

As the IUIH has continued to support the establishment of new clinics in areas of identified need, we have also continued to support Member Organisations with the development, refinement and implementation of a process of significant system reform across all Community Controlled Health Services with the 'IUIH Model of Care'.

Non-recurrent funding from the Australian Government allowed us to accelerate its implementation.

For both existing and new clinics, a structured process was developed and applied to ensure effective and supported implementation of the clinic reforms.

This process comprises four key stages:

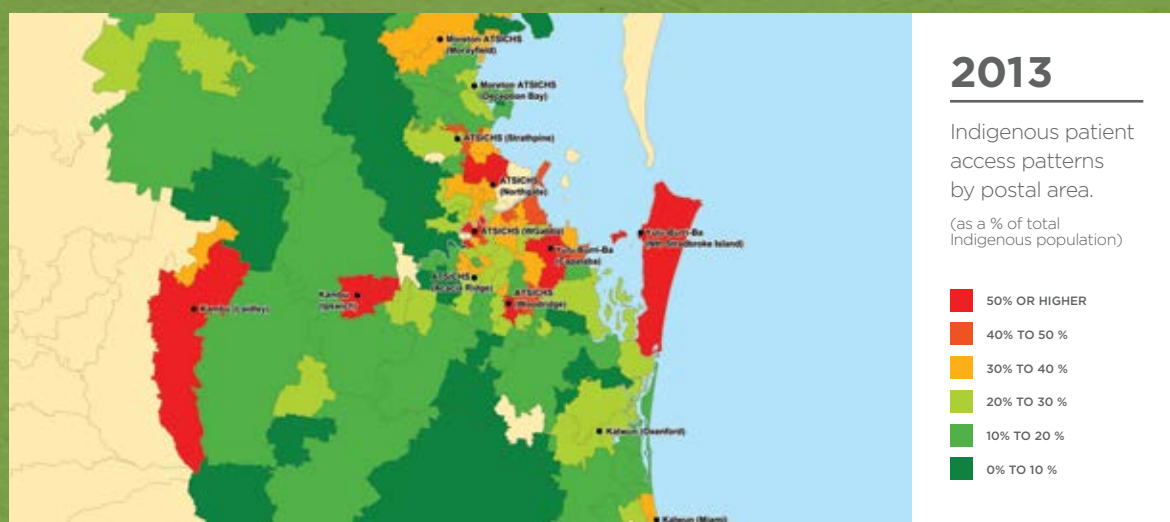
1. Establishment phase - comprising the signing of a Memorandum of Agreement (MoA) and establishment of a Joint Management Committee (JMC) between IUIH and our Member Organisations / Community Controlled Health Services, with allocation and deployment of a "Spearhead" as a supernumerary resource helping to effect system change for a defined period;
2. Assessment phase - involving a detailed analysis of client catchment population, community engagement, clinical, workforce and business systems, and the formulation of a detailed implementation plan based on findings of the assessment mapped to the 'IUIH Model of Care'
3. Implementation phase - overseen by the JMC with system change led by the IUIH Spearhead working alongside local Practice Managers; and
4. Transition phase, marking a planned end to the resource-intensive "surge" and exit of the IUIH Spearhead, but with continued collaboration and operation of the JMC into an ongoing "maintenance" phase.

The following table provides a summary of progress against the stages of implementation of the 'IUIH Model' across the clinics this year:

CLINIC	MOA	ASSESSMENT	IMPLEMENTATION	TRANSITION
Capalaba	✓	✓	✓	✓
North Stradbroke	✓	✓	✓	
Morayfield	✓	✓	✓	✓
Strathpine	✓	✓	✓	
Deception Bay	✓	✓	✓	
Logan	✓	✓	✓	✓
Northgate	✓	✓	✓	✓
Woolloongabba	✓	✓	✓	✓
Murri School	✓			
Ipswich	✓	✓	✓	
Laidley	✓	✓	✓	
Oxfordford				
Miami				



CLINIC LOCATIONS AND SERVICE ACCESS 2011 VS 2013



The impact of new clinic establishment in geographical areas of unmet need, as well as concurrent service reform and widespread implementation of the 'IUIH Model of Care', has resulted in several tangible benefits.

This includes marked changes in service access, increased uptake of comprehensive preventive health screening and a higher

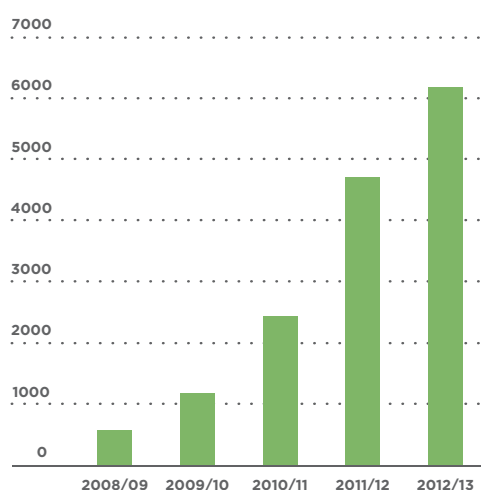
uptake of and participation in annual cycles of chronic disease monitoring and care. At the same time, the model is contributing significantly to enhancing opportunities for self-generated revenue, which is already being strategically reinvested into expansion and enhancement of those services which are not adequately available, accessible or resourced through other means.

Changes in patterns of access and uptake of services through the IUIH network are highlighted above, with maps showing locations of clinics and the proportion of Aboriginal and Torres Strait Islander peoples by suburb who are now active clients of a service in 2011 compared to 2013 (see above).

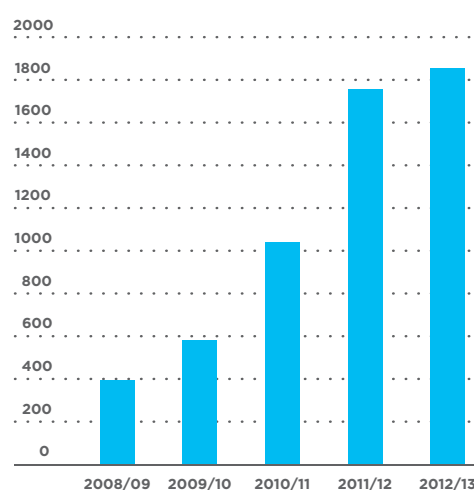
SINCE 2009

... we have seen an extraordinary rise in the number of people accessing services, taking up preventive health screening and assessment and participating in chronic disease management planning with our GPs and health service teams. These results are shown below.

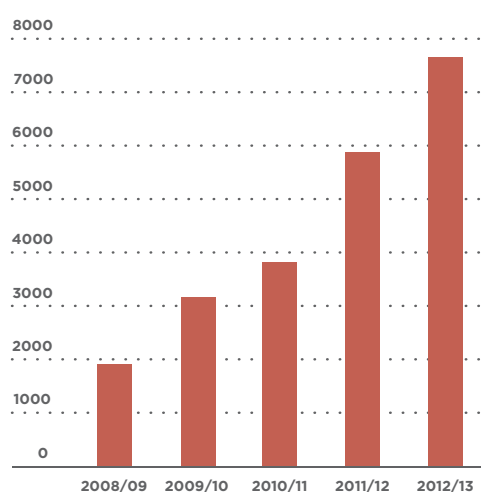
ANNUAL UPTAKE OF INDIGENOUS HEALTH ASSESSMENTS HAS INCREASED BY OVER 1000% SINCE 2008/09



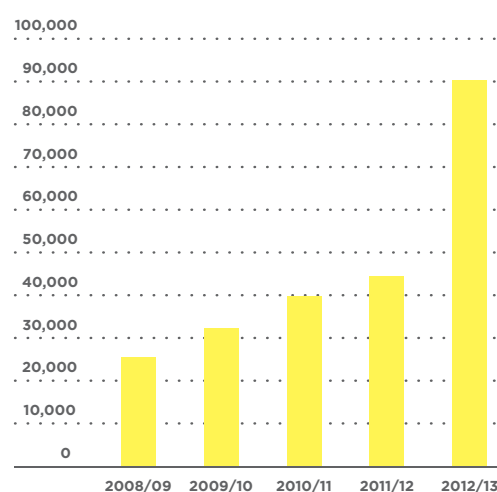
ANNUAL UPTAKE OF GP MANAGEMENT PLANS HAS INCREASED BY APPROXIMATELY 360% SINCE 2008/09



ANNUAL NEW PATIENTS HAVE INCREASED BY APPROXIMATELY 300% SINCE 2008/09



ANNUAL PATIENT VISITS TO DOCTORS HAVE INCREASED BY APPROXIMATELY 250% SINCE 2008/09



Organisational 'Health Checks' are made available to all IUIH Member Organisations each year, providing information in a readily accessible format for patients, local communities and

stakeholders and outlining key measures of the early impact of a strategic, collaborative and systems focused approach to regional health service planning and investment

in the south east region. The 'Regional Health Check' for the 2012/2013 Year, comprising data from across the IUIH network, is shown above.

MORETON ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITY HEALTH SERVICE

While IUIH Member Organisations are generally the direct providers of primary health care services, the IUIH is currently responsible for the operation of Moreton ATSICHS, with an established plan for eventual transition of the clinics within this service to Brisbane ATSICHS.

Since its inception in June 2011, Moreton ATSICHS has continued to expand rapidly and to enhance the scope of services provided, now including:

- Three clinic locations – Morayfield, Strathpine and Deception Bay, all providing a comprehensive suite of primary health care services including transport and community outreach and engagement to ensure timely access for clients;
- Rapid workforce expansion in response to actual and projected demand:
 - › Second full-time GP position identified and recruited for Morayfield with additional nursing and reception staff to ensure workforce ratios are maintained in line with IUIH workforce model;
- › Strathpine and Deception Bay clinics established initially with a single GP model but with a projected expansion in line with demand before the end of the calendar year
- Structured GP registrar training program in conjunction with Queensland Rural Medical Education (QRME) Limited, with three GP registrars undertaking placements across the Moreton region at varying stages of training;
- Specialised 'Mums & Bubs' Team now well established and set to expand further next year;
- A newly established, specialised Social Health Team, built on a model of care coordination and providing assessment, therapeutic services, and program delivery as an integrated component of the comprehensive primary health care team;
- Establishment of a fixed dental chair with comprehensive oral health service set to be offered through the Deception Bay Clinic, complementing the Mobile Oral Health



Service established within the Metro North region this year;

- Visiting specialist and allied health services including:
 - › General Physician – monthly
 - › General Paediatrician – monthly
 - › Geriatrician – monthly
 - › ENT surgeon – monthly
 - › Paediatric speech and OT – weekly
 - › Podiatry – fortnightly
 - › Dietician – fortnightly
 - › Psychologist – twice weekly
 - › Physiotherapy – twice weekly;
- Commencement of the Work It Out Program to enhance self-management of chronic disease among Indigenous patients.

The growth in client numbers this year reflects both the establishment of new clinics in areas of identified need, along with a targeted marketing and community engagement strategy aimed at ensuring optimum awareness, and



an understanding of the scope, nature and rationale for services available across Moreton ATSICHS clinics.

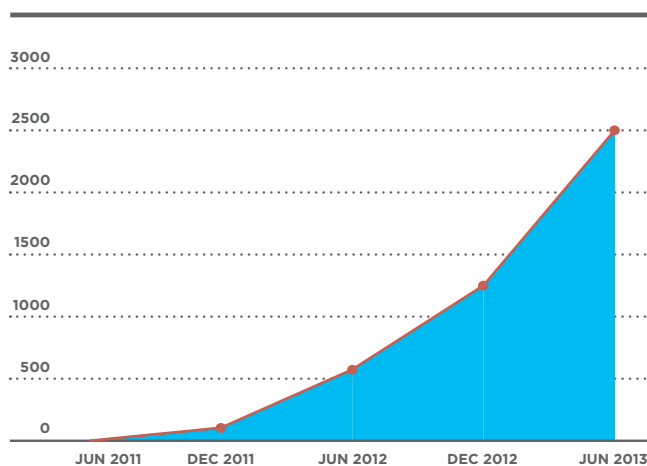
Just over 90% of the total active client population

identify as Aboriginal or Torres Strait Islander, almost 60% of who are under the age of 25 years with less than 10% over the age of 50 years. Significant achievements for Moreton ATSICHS

in its first two years of operation include:

- High rates of coverage for comprehensive preventive health assessments, with young people well represented (65% overall coverage);
- Increasing rates of completion of chronic disease care plans and team care arrangements;
- Early indications of positive clinical trends and outcomes – for example, for those active clients with diabetes who attended in the first year of operation, all measured parameters including glycaemic control, BP control, lipid profile and rates of obesity had improved from one year to the next.

MATSICHS - GROWTH IN CLIENT POPULATION 2011-2013



CAPITAL WORKS PROJECTS

IUIH supported the scoping, procurement of funding, implementation and completion of a number of Capital Works projects in 2012/13.

ORGANISATION	PROJECT	FUNDING	STAGE
Brisbane ATSICHS	Murri School Clinic redesign and extensions – increase consulting space and improve layout to enhance workflow	Australian Government Department of Health (DoH)	Completed
	Northgate Clinic – extensions to significantly increase consulting space, add staff / meeting room, improve layout and workflow	Australian Government DoH	Completed
	Logan – lease of new space adjacent to existing clinic to expand space available for new integrated Social Health service	Australian Government DoH	Lease secured; plans drafted
	Browns Plains – new clinic establishment	Australian Government DoH	Capital works funding confirmed – works to commence 2013-14
Moreton ATSICHS (IUIH)	Strathpine – leasing and refurbishment of site for establishment of new clinic	Queensland Health	Completed Feb 2013
	Deception Bay – leasing and refurbishment of site for establishment of new clinic and for office space for co-location of Murrijabri	Queensland Health	Completed May 2013
Yulu-Burri-Ba	North Stradbroke Island – Major capital project to upgrade clinic – building of new capital works on current clinic site as well as refurbishment and redesign of existing space	Australian Government DoH – Health and Hospitals Fund	Planning and approvals underway – est. completion early 2015
	Capalaba clinic – lease and refurbishment of space to accommodate Mums and Bubs service	Australian Government DoH	Completed
	Capalaba Clinic – lease and refurbishment of adjacent site to enable expansion of core primary health care services; plumbing of rooms for future establishment of dental service	Australian Government DoH	Completed
Kalwun	Coolangatta – new clinic establishment	Australian Government DoH	Capital works funding confirmed – works to commence 2013-14
IUIH	Mobile services	Australian Government DoH	Completed





IUIH MOBILE SERVICES

This year saw the construction of three mobile clinics, all of which are now in operation through collaborative arrangements with a variety of partners to support service delivery:

MOBILE EYE HEALTH SERVICE

- Capital funds provided by the Australia Government Department of Health enabled construction of a mobile, two-room clinic (truck) – one as the anteroom to support initial registration/screening/preparation, while the second houses a full suite of high quality eye equipment suitable for optometry and ophthalmology consultation;
- Funding to support operation of the optometry service has been provided by the Queensland Government;
- Medicare revenue generated through the optometry service will be relied on for growth and sustainability of the service;
- Services offered through the Mobile Eye Health Service include:
 - › comprehensive eye health screening and assessment by optometrist;
 - › wide range of low cost/affordable glasses;
 - › visiting ophthalmology services set to commence in the next financial year.
- Currently provides a visiting service to the three Moreton ATSICHS Clinics, with plans to extend the regular service in coming months to the Brisbane ATSICHS Northgate Clinic;
- One-off/on-demand visits by the mobile service have also been provided at Deadly Choices Community Days, the Murri School Clinic screening and other special events.

MOBILE EAR HEALTH/ MULTIPURPOSE VAN

- Capital funds provided by the Australian Government's Department of Health enabled the construction of a fully operational mobile Primary Health Care Clinic, complete with a sound-proof well-equipped hearing booth and other ear health equipment (video-otoscope and tympanometer), two clinical consultation rooms (a smaller anteroom for initial screening and a larger fully equipped consultation room) and a toilet for collection of urine samples including renal and STI screening;
- The van was in high demand during the year, working across SEQ to support completion of 'Health Checks' at Deadly Choices Community Days, the QAIHC Arthur Beetson Murri Carnival and other sporting and community events. The service also supported specific health screening activities such as hearing/ear health screening and assessment at fixed clinic locations where infrastructure is not otherwise adequate for this purpose.

MOBILE ORAL HEALTH VAN

- Capital works funding was provided by the Australian Government's Department of Health, allowing a truck custom-fitted with a single dental chair and equipment, sterilisation unit and radiology equipment;
- Queensland Health provided funding for the employment of an Oral Health Therapist, an Indigenous OHT Graduate working closely with the Dentist and complementing the oral health team service with a particular focus on prevention, oral health promotion, screening and assessment in children;
- Metro North Brisbane Medicare Local provided start-up funding to support the establishment of the Dentist and Dental Assistant positions. Both positions were recruited and working in the fixed dental clinic in Deception Bay as well as with the new Mobile Dental Clinic launched in late 2012/2013
- The initial focus for the Mobile Oral Health Service will be a provision of integrated care for clients of the Moreton region. The van will park at regular intervals across the Moreton clinic locations and extending service delivery to the Northgate Clinic, operated by ATSICHS Brisbane in the near future. Early trends identified through the mobile service show that clients have significant oral health issues compounded by poor prior access to care. For the vast majority, extensive dental work is now required for remediation.
- Services are also provided at one-off events including Deadly Choices Community Days and other special community events.



Mobile Health Clinic

I had a check?

Deadly Choices



CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT

A key feature of the 'IUIH Model of Care' is a structured framework of clinical governance and the integration of quality improvement activities into core clinic business activities.

To embed this into practice, key activities undertaken during this year included:

- Regular meetings and continued maturation of the IUIH Lead Clinicians Group, bringing together senior clinicians from each clinic location across the IUIH network on a quarterly basis to:
 - › foster discussion and collaborative learning
 - › develop and endorse standardised approaches to service delivery with specific relevance for an urban SEQ client population
 - › review and make recommendations on matters of clinical governance identified as areas needing attention/consideration
- › provide advice and make recommendations to the CEO and Boards of the IUIH and Member Organisations regarding threats, risks and opportunities for ongoing clinical service development and enhancement; and
- › provide a forum for ongoing professional development and networking.
- Formal endorsement by the Lead Clinician Group and subsequently through the IUIH CEO Forum of a standard regional Clinical Governance Framework and Toolkit, with commencement of implementation now underway;
- Progression of the development of an agreed set of uniform clinical indicators forming a component of the Draft Regional Health Performance Framework for SEQ Community Controlled Health Service;
- Consolidation of the position of CQI Coordinator with IUIH, funded by Queensland Health to the end of the 2012/2013 Year with IUIH self-funding the position into the future. This role was established as a core element of the IUIH approach to quality improvement – closing the data loop to ensure that clinical information generated and gathered by services during ordinary business is packaged and returned to the service with the opportunity for all staff to contribute to the formulation of solutions including system changes to address trends and gaps identified in the service data;
- Establishment of monthly all-of-staff quality improvement meetings at each of the clinics, with around 70% now underway. Meetings are used to review volume and access tracking data against agreed targets (MBS income and item numbers, new client numbers, client visits) as well as sequentially focusing on key clinical indicators;
- Ongoing input into the development of software enhancements to support effective and reliable data recording and extraction.

INTRODUCTION OF NEW SOCIAL HEALTH SERVICES

Over the past twelve months, the IUIH introduced reforms for the effective delivery of mental health and substance misuse services across SEQ with the establishment of the Social Health Program.

The Social Health Program is being implemented in a staged approach across five locations in involving the direct case management and targeted psychological and social support services to overcome mental illness and substance misuse problems.

Several key outcomes were achieved in this first year, including the development of uniform assessment, referral, and eligibility processes and improving client management databases.

The establishment of three designated Social Health Teams this year enabled the case-managed delivery of targeted therapeutic interventions, resulting in a high uptake of clients receiving targeted social health services. Further progress and outcomes are detailed below:

WORKFORCE

Established a Social Health Team in three locations for the management and treatment of clients with mental health, drug and/or alcohol related issues. The health teams comprised:

- Moreton ATSICHS with 1 Team Coordinator, 1 Registered Psychologist and 2 Case Managers (qualified Counsellors)

- Yulu-Burri-Ba Health Service with 1 Team Coordinator (Registered Psychologist), 2 Case Managers (qualified Social Worker and Mental Health Nurse) and 1 Community Wellbeing Worker (Outreach Worker).
- Kambu Medical Service with 2 Case Managers (qualified Counsellors) and 2 Community Wellbeing Workers (AOD Outreach Worker and Corrections Outreach Worker). An additional Team Coordinator will be recruited next year.
- Positions filled in the wider regional area comprised a Social Health Manager, a Senior Clinician and a Psychiatric Registrar.

TARGETED INTERVENTIONS

The Social Health Teams delivered the following interventions:

- Routine screening of clients for mental health and drug and alcohol as part of the Preventative Health Checks program.
- Coordinated and intensive case-management of clients with complex conditions, and the delivery of mental health and substance misuse targeted interventions, focusing primarily on:
 - › cognitive change activities that targeted alcohol and other drugs and mental health recovery through psychological and social support measures;
 - › specific behavioural therapy and open reflection activities that target drug and alcohol use, as part of client care plans;

service development

- › targeted social skills training and cognitive restructuring techniques as part of individual counselling sessions and substance misuse care plan.

BRIEF HIGHLIGHTS

This year the Social Health Program delivered targeted mental health and substance misuse services, with the following results:

- 304 clients received treatment for their identified mental health alcohol tobacco and other drugs (MHATODS) needs, with corresponding treatment plans and multi-disciplinary joint care arrangements implemented to provide holistic services for clients.
- 92% of clients self-reported a reduction in the mental health or substance misuse problem
- 216 clients received after care treatment for ongoing case managed MHATODS services, including in-home support, access to educational and employment needs and minor ongoing counselling focusing on coping strategies.

The Social Health Program will be implemented within Logan and Gold Coast Regions in the next financial year. The IUIH and its Member Organisations will also develop group programs to expand service responses, implement data capture mechanisms, deliver targeted workforce development strategies and the introduce quality review systems to track the progress of the program.

eHEALTH AND TELEHEALTH SERVICES

The IUIH Strategic Plan 2011-2013 identified the need to investigate and adopt new technologies that support optimum capture and use of health information, promote secure and timely sharing of health information, and increase participation and access for Aboriginal and Torres Strait Islander peoples in SEQ to comprehensive health care. We refer to this as eHealth.

Our key activities in the area of eHealth this year included:

1. Ongoing roll-out of MMEx, a web-based health information platform now in place in:
 - › Moreton ATSICHS – with transition of Morayfield completed in early 2012 and the new Clinics of Strathpine and Deception Bay commencing operation from inception with MMEx
 - › Major work undertaken to transition two Member Organisations to MMEx, including conversion of two different software systems, staff training and support, and further development of MMEx to improve functionality overall and specifically to better support implementation of the 'IUIH Model of Care':
 - Kambu Medical Centre – underwent transition to MMEx in all locations (Ipswich, Laidley and Children and Family Centre) in September 2012;
 - Yulu-Burri-Ba Health Service – transitioned to MMEx in February 2013 in both Clinic locations (Capalaba and North Stradbroke Island)
 - › IUIH allied health – including Mobile Eye Van and visiting allied health service providers
 - › Visiting specialist service providers – a number of providers have been set up with external MMEx access, sharing records only for referred clients/clients for whom they are providing continuing care
 - › Care Coordination & Supplementary Services (CCSS) Program staff

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| <p>in all locations utilize MMEx for data recording and reporting</p> <p>2. Establishment of the position of MMEx Training and Support Officer within IUIH, responsible for supporting services with orientation and training of new staff, providing one-on-one small group structured training, assisting with database maintenance and cleaning and coordinating input and scoping of regional software development needs;</p> <p>3. While many of the 13 clinics across SEQ have already utilised telehealth technology for consultation and/or non-clinical purposes, uptake has not been systematic and the technology has not yet been utilised to any significant extent as a standard tool to complement care. To enhance implementation and routine access to the technology, IUIH identified resourcing to support a telehealth Project Officer from June 2013, to increase</p> | <p>uptake and routine application of telehealth technologies across SEQ CCHSs. Work has already commenced in:</p> <ul style="list-style-type: none"> › Scoping and establishment of low-cost, low-complexity package solution to support: <ul style="list-style-type: none"> • real-time clinical consultations • case conferencing • store and forward telehealth opportunities • regional (non-clinical) meetings and one-to-one communication between providers › Undertaking needs analysis across each CCHS Clinic location in SEQ to identify both physical (including connectivity) infrastructure as well as local skills and training requirements – 60% completed; › Purchase and installation of minor capital where required (including headsets, mobile cameras, etc.) and/or recommendations for local infrastructure upgrades including opportunities for improving internet | <p>connectivity – commenced;</p> <ul style="list-style-type: none"> › Identification of local telehealth “champions” at each clinic location, with training specifically focused on building local capacity through a train-the-trainer approach; › Establishment of a network of specialist providers keen to participate in delivery of telehealth services in SEQ CCHSs and development of a regionally tailored telehealth directory. <p>4. The first draft of a Regional IUIH eHealth Governance Framework is now well underway, with the aim of providing a regional approach to support standards, safety and quality in the specific context of Community Controlled Health Services for the implementation of fully shared electronic health records (MMEx); telehealth services; roll out of the PCEHR; and for ongoing data collection, storage, collation and sharing across the IUIH network.</p> |
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CARE COORDINATION & SUPPLEMENTARY SERVICES PROGRAM

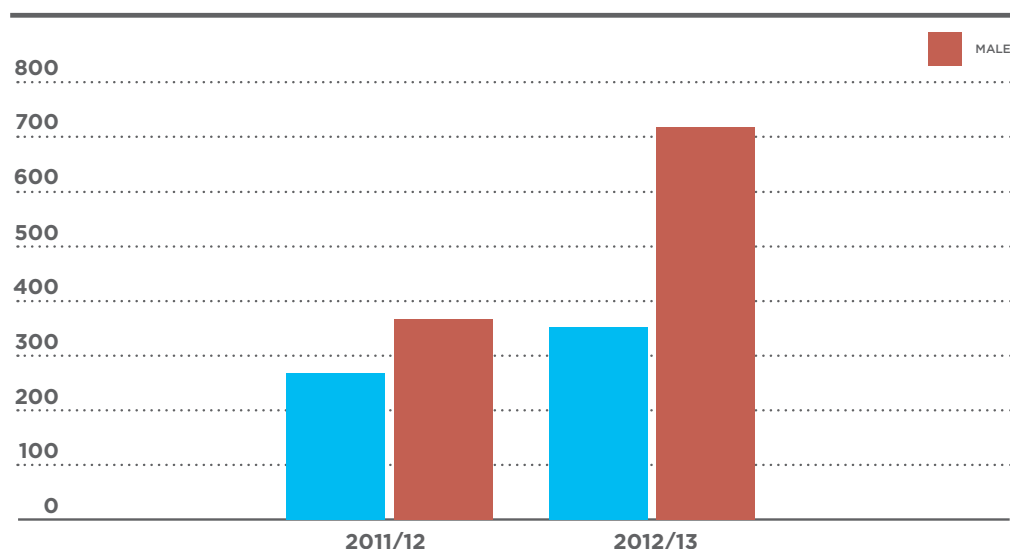
The Care Coordination & Supplementary Services (CCSS) Program is funded by the Australian Government and aims to improve outcomes for Aboriginal and Torres Strait Islander peoples with complex chronic health conditions through better access to coordinated and multi-disciplinary care.

The implementation of the CCSS Program in the south east region commenced in mid-2011 and continued throughout this year. All Community Controlled Health Services were funded to deliver Care Coordination services with some 10.5FTE positions deployed across the region this year. The program is set to further expand in the future to almost double this number next year.

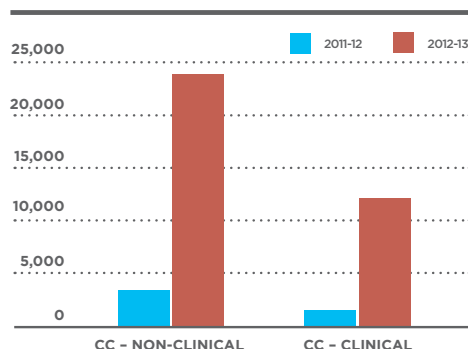
The CCSS Program has been highly successful across IUIH and all Community Controlled Health Services, with demand continuing to grow and feedback from both providers and patients indicating there is strong support for the program in its current form.

The total number of Aboriginal and Torres Strait Islander peoples

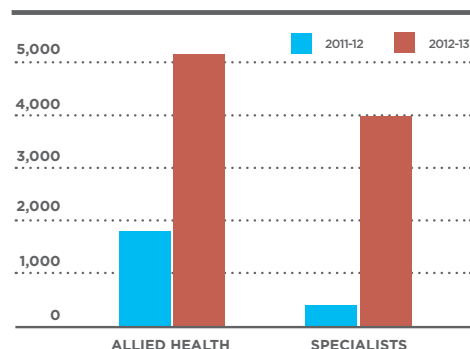
NO. OF INDIVIDUAL CLIENTS ACCESSING CCSS SERVICES



NO. OF CARE COORDINATION SERVICES PROVIDED



NO. OF SUPPLEMENTARY SERVICES PROVIDED



accessing the CCSS Program in this year almost doubled.

At the same time, the number of actual services delivered for clients in the CCSS Program continued to grow at every service location for both Care Coordination and Supplementary Services:

A significant improvement to the program this year was the introduction of access through the Supplementary Services Scheme to medical aids, and subsequent expansion of the list of eligible aids to include medical footwear/orthotics, respiratory equipment including CPAP machine and accessories, and blood sugar/glucose monitoring equipment.

IUIH was able to build a highly cost effective system for brokering optimum access to the CCSS aids while at the same time costs through a coordinated regional approach, two key examples of which include:

1. Obstructive Sleep Apnea (OSA) Support – OSA is prevalent among Indigenous populations of SEQ and until recently access to timely sleep studies,

diagnosis, recommendations for management and if needed, timely and affordable access to CPAP equipment has been limited. IUIH was able to complement the resources now available through the CCSS Program with a coordinated regional approach that includes:

- Training of the Regional IUIH Care Coordinator in skills required for fitting and troubleshooting sleep study and CPAP equipment;
- Purchase of a mobile sleep study unit for in-home assessment;
- Linkage with tertiary center and respiratory specialist to support diagnosis and recommendations for management;
- Up-front purchase of CPAP machines at heavily discounted price and no-cost leasing of machines to CCSS Program clients deemed eligible under the guidelines;
- Support with equipment fitting, troubleshooting and access to CPAP accessories including masks etc. also provided through the CCSS team.

Since introducing the service in early 2013, over 30 patients benefited from the scheme. IUIH has ordered more CPAP machines to meet demand.

2. Medical footwear - Through establishment of collaborative and efficient purchasing arrangements, the IUIH Network established a Team of Podiatrists (3) to deliver both direct clinical services as well as supporting training and up-skilling of the generalist workforce within SEQ Community Controlled Health Services. With the ability to purchase medical footwear for eligible CCSS Program clients through the Supplementary Services Scheme, we were able to capitalise on our existing regional podiatry service to bulk-purchase orthotics, engineer the moulding and fitting in-house, and deliver timely and tailored orthotics at no cost to the client as part of a comprehensive podiatry service. This is delivered around an eighth of the cost to the scheme, compared with the cost of purchasing customised orthotics commercially on a one-off basis for individual clients.

IMPROVING ACCESS TO SPECIALIST SERVICES

The Urban Specialist Outreach Assistance Program (USOAP), funded by the Australian Government and administered through CheckUP in Queensland, provides support for specialists to deliver services on site in urban and Community Controlled Clinics. In SEQ, coordination of USOAP Clinics is undertaken by the IUIH.

Approximately 2000 client consultations were conducted by a wide range of specialists at our clinics this year.

Specialist services across IUIH comprise:

KAMBU MEDICAL CENTRE - IPSWICH

- Ophthalmologist
- Dermatologist
- Endocrinologist
- Psychiatrist
- Paediatrician
- Cardiologist

ATSICHS BRISBANE - WOODRIDGE /LOGAN

- Dermatologist
- Paediatrician
- Geriatrician
- Cardiologist

YULU-BURRI-BA HEALTH SERVICE - CAPALABA

- General Physician
- Paediatrician
- Geriatrician
- Cardiologist

IUIH -MORETON ATSICHS

- General Physician
- Paediatrician
- ENT surgeon
- Cardiologist

KALWUN - MIAMI

- Dermatologist
- Paediatrician

ATSICHS BRISBANE - WOOLLOONGABBA

- Respiratory Specialist
- Dermatologist
- Psychiatrist
- Paediatrician
- Geriatrician
- Orthopaedic surgeon
- Cardiologist

In general, clinics are well coordinated and attended, with benefits clearly apparent in having the specialist service provider delivering care on site at our clinics, close to home and with the benefit of both local service provider support and knowledge. Patient access to timely specialist care is also supported through reminder services, transport, and appointment availability unparalleled within the public system.

Planning is underway for the 2013/2014 Year as the USOAP becomes absorbed into the new arrangements for MOICD and RHOF funding.



IMPROVING ACCESS TO MAINSTREAM HEALTH SERVICES

In January 2012, IUIH was contracted by the Metro North Brisbane Medicare Local to deliver the Closing the Gap (now called IIAMP) Program within the Metro North Brisbane Region, with the aim of improving access to, and quality of, care for Aboriginal and Torres Strait Islander people through mainstream general practices.

October 2012 the IUIH took on responsibility under subcontract from West Moreton/Oxley Medicare Local for the operation of the IIAMP Program in the West Moreton/Oxley Region.

The approach developed by the IUIH has been to provide broad level information, advice, and assistance to all mainstream GPs, while at the same time, investing more intensive effort and support to practices located in areas where access to our clinical services are limited, have significant Indigenous populations; and are

demonstrating a commitment to enhancing their responsiveness, accessibility and service delivery to local Aboriginal and Torres Strait Islander populations.

This year, IUIH established key partnerships with eight mainstream practices and delivered intensive support, including:

- Assistance to map characteristics of client population, and to identify specific areas for improvement; e.g. in access, client identification, uptake of health

assessments, content and flow for conduct of 'Health Checks', and so on.

- Staff improvement; Staff exchange where staff from a mainstream GP were given the opportunity to visit a local clinic to learn firsthand from staff experienced in working with Aboriginal and Torres Strait Islander peoples;
- The provision of an experienced nurse to work alongside mainstream practice staff, supporting training and knowledge building implementation of 715s/Health Checks into routine practice
- Direct access to Care Coordination services for clients with complex chronic conditions;
- Opportunities for assistance with community engagement activities

Other key activities delivered by IUIH under these programs this year included:

- Working closely with the Institute's Workforce Development Team to convene a Closing the Gap Symposium at Redcliffe in April 2013. The Symposium was attended by over sixty health professionals and provided participants with information on a range of Indigenous health issues, programs, and other services and resources available. The Symposium brought together staff from CCHSs, mainstream GPs, Queensland Health, private allied health providers, specialists and local Indigenous Organisations to share ideas and challenges when delivering health services to Indigenous peoples within the Metro North Brisbane region.
- Supporting the delivery of tailored, RACGP-accredited

cultural awareness training to private General Practitioners and practice staff;

- Conducting a study in conjunction with pharmacy students from the University of Queensland to identify barriers to the uptake of the CTG PBS Co-payment Measure by Aboriginal and Torres Strait Islander peoples within the Moreton Bay Region, and working with pharmacists and pharmacy staff to identify and implement solutions;
- Building on existing relationships between IUIH, IIAMP teams and others to forge linkages with a wide range of sporting, community and other agencies connected with Aboriginal and Torres Strait Islander communities, promoting awareness and supporting uptake of Closing the Gap Measures within mainstream GPs.

IUIH RESEARCH PROGRAM

Building the evidence base in urban Aboriginal and Torres Strait Islander health is a strategic priority for the IUIH. To meet this priority, research at the Institute is focused on the transfer of research evidence into practice and the development of Aboriginal and Torres Strait Islander research capacity.

In summary, this involves:

- adapting best evidence clinical and public health interventions to the needs of Aboriginal and Torres Strait people living in SEQ;
- implementing best evidence clinical and public health interventions in collaboration with community controlled and government organisations for delivery to Aboriginal and Torres Strait Islander peoples;
- evaluating the effectiveness of clinical and public health interventions for improving the health of Aboriginal and Torres Strait Islander peoples; and
- mentoring Aboriginal and Torres Strait Islander researchers to develop their knowledge and skills and formal expertise to lead Aboriginal and Torres Strait Islander health research in the south east region.

The IUIH research targets four key areas: Health Service Improvement, Chronic Disease Prevention & Management, Data and its Best Use, and Tobacco. This year there were twelve research projects in progress across these four key areas. These research projects were funded by three key sources: IUIH strategic research funding, state or commonwealth government project funding and competitive grants.



***Building the
evidence base in
urban Aboriginal
and Torres Strait
Islander health is
a strategic priority***

PROGRESS OF IUIH RESEARCH

HEALTH SERVICE IMPROVEMENT

Four key research projects designed to generate evidence to improve the delivery of IUIH health services were in progress in 2012/2013: Economic Impact Study; Social Health Project and Vulnerable Families Project; and Student Placement evaluation.

ECONOMIC IMPACT STUDY

The IUIH commissioned a leading international health economist to conduct a cost-benefit analysis of the IUIH Model of Care. The first stage of this research—a broad scoping exercise of IUIH activities and sources of data—was completed in June 2013. An economic impact assessment of IUIH and the development of an impact tool will be completed in December 2013.

SOCIAL HEALTH PROJECT

A research plan and ethics protocol was developed and approved to examine the process and evaluate the effectiveness of integrating a comprehensive model of drug and alcohol and mental health care into routine primary health care across five IUIH member services. Qualitative interviews with health staff and the collection of process data commenced.

VULNERABLE FAMILIES PROJECT

A research plan and ethics protocol was developed and approved to develop, implement and evaluate a sector-wide approach for improving the identification, management and referral of vulnerable Aboriginal and Torres Strait Islander families. Published evaluations of interventions targeting high risk Indigenous families have been systematically identified and are currently being reviewed. Findings of this review will inform the development of the

preventive model of care and referral for high risk Aboriginal and Torres Strait Islander families in Logan and Gold Coast. Qualitative interviews with health professionals working with high risk Aboriginal and Torres Strait Islander families has commenced.

STUDENT PLACEMENT EVALUATION

Ongoing evaluation using qualitative and quantitative methods of a student placement program combining cultural awareness training and clinical training and supervision in a community controlled health setting. Students participating in the program are final year or advanced level university students from the University of Queensland and Queensland University of Technology.

CHRONIC DISEASE PREVENTION & MANAGEMENT

Two key research projects in chronic disease prevention and management were in progress this year.

DEADLY CHOICES PROGRAM EVALUATION

Pre-post evaluations of a school-based and community day chronic disease education program commenced. Baseline survey data for 81 students across 6 schools was collected for the school-based evaluation. Pre-post survey data on 480 community members participating in the community day education program was collected and analysed by

a biostatistician. Qualitative interviews with samples of participants from the school-based and community day chronic disease education program were also conducted. Three papers reporting key findings of the Deadly Choices Program evaluation are in preparation for publication in a peer review journal.

WORK IT OUT EVALUATION

Mixed methods (qualitative and quantitative) evaluation of a Chronic Disease Rehabilitation Program (health education and physical activity program) designed to improve self-management and health

outcomes in Aboriginal and Torres Strait Islander peoples with chronic disease. Self-report and routinely collected clinical data to measure the effect of the program on improving health outcomes has been collected from 154 Work It Out participants. Semi-structured interviews have been conducted with a sample of Work it Out participants to explore their perceptions and experiences of participating in the program. Analysis of qualitative and quantitative data commenced.

TOBACCO

Four tobacco research projects were in progress this year. Three projects were a pre-post evaluation of existing IUIH tobacco programs and one was a community survey of Aboriginal and Torres Strait Islander peoples' knowledge, attitudes and behaviours in relation to tobacco.

SAY NO TO SMOKES EVALUATION.

A process evaluation of the feasibility and acceptability of quit smoking groups targeting healthcare practitioners in SEQ who use tobacco was undertaken. Twenty-one healthcare practitioners who smoke have completed the Say No to Smokes Evaluation. A paper reporting the findings of the process evaluation is in preparation for publication in a peer review journal.

MURRI SMOKE FREE WORKPLACES.

A survey examining health staffs' attitudes to workplace tobacco policy and smoking behaviour was administered across five organisations in the south east region. The survey provides baseline data for an evaluation of a workplace tobacco policy implemented in Community Controlled Health Services in SEQ.

SMOKING, TOBACCO, MIND, BODY AND SPIRIT.

A survey examining knowledge of, and confidence and practices in, delivering tobacco cessation to Aboriginal and Torres Strait Islander clients was administered to 89 healthcare practitioners and health promotion staff participating in a tobacco cessation training workshops across four locations in SEQ.

COMMUNITY DAY SMOKING SURVEY.

A smoking survey was administered to 448 Aboriginal & Torres Strait Islander people participating in community or sporting events across 8 locations in the south east corner. The survey explores Aboriginal and Torres Strait Islander peoples' knowledge and use of, and attitudes to, tobacco. Analysis of survey data commenced.

DATA AND ITS BEST USE

Two research projects focusing on improving health data were in progress this year:

Analysis of Chronic Disease Patient Data and Shared Electronic Client Records. Both projects involve longitudinal analysis of routinely collected patient data and are integral to IUIH's continuous quality improvement processes.



IUIH WORKFORCE DEVELOPMENT PLAN



WORKFORCE & ALLIED HEALTH SERVICES



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

The IUIH developed a Workforce Development Plan this year, representing a comprehensive approach to developing the current and future workforce for Indigenous Health. A diagram of the key programs and activities delivered under this plan is presented on the opposite page.

The IUIH Workforce Development and Allied Health Business Unit focused on four main areas of activity this year.

1. DEVELOPING THE WORKFORCE OF THE FUTURE

The IUIH continued to work with universities to coordinate and support the placement of health students from a range of disciplines within our Member Organisations health services and clinics including student doctors, nurses, dentists, pharmacists, occupational therapists, speech pathologists and exercise physiologists.

We continued to experience a high level of interest from students (Indigenous and non-Indigenous) to undertake placements in the Aboriginal and Torres Strait Islander Community Controlled Health Sector.

Critically, it is the Community Controlled Health Sector that now drives the demand for student placements which has led to further diversity of disciplines available to our members. Student numbers remain steady with over 200 students from 20 disciplines and 5 universities completing placements with IUIH and our Member Organisations this year. The breakdown of participant numbers and disciplines are detailed in the table adjacent.

DISCIPLINE	2012/13
Medicine	67
Nursing/Midwifery	19
Dental/Oral health	14/20
Occupational Therapy	23
Speech pathology	15
Music Therapy	1
Pharmacy	4
Human Movement Studies	2
Psychology/Sports psychology	3/2
Population health	5
Social Work/Counselling	2
Business/Political Science	8
Aboriginal and Torres Strait Islander Studies	5
Arts	3
Music Therapy	1
Podiatry	5
Optometry	5
Biomedical Science	2
Total	203

THE RANGE OF DISCIPLINES REPRESENTED

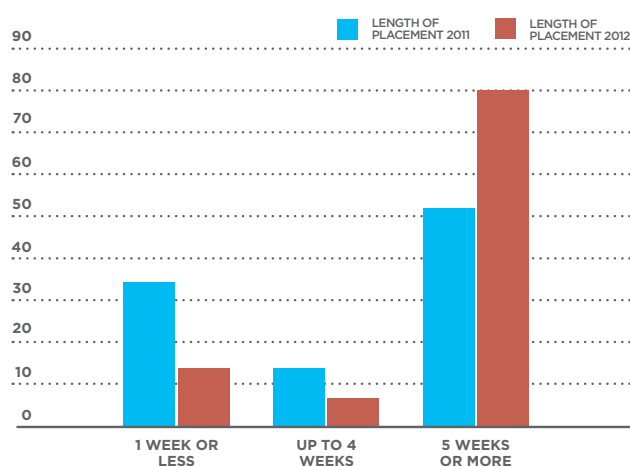


This year the UIIH has focused on building longer-term partnerships with universities and their students while reducing the number of short-term/one-off student placements. This enabled us to continue to build a workforce ready and willing to work within the Community Controlled Health Sector upon graduation in a more efficient, planned and meaningful way for all parties.

The graph (right) shows the shift in student placement lengths this year.

UIIH recruited four new staff members (an Occupational

THE SHIFT IN STUDENT PLACEMENT LENGTHS THIS YEAR



Therapist, a Music Therapist, a Psychologist and an Aboriginal Oral Health Therapist) this financial year following their engagement

in student placements, further demonstrating the importance of this program.



EVALUATION OF STUDENT PLACEMENTS

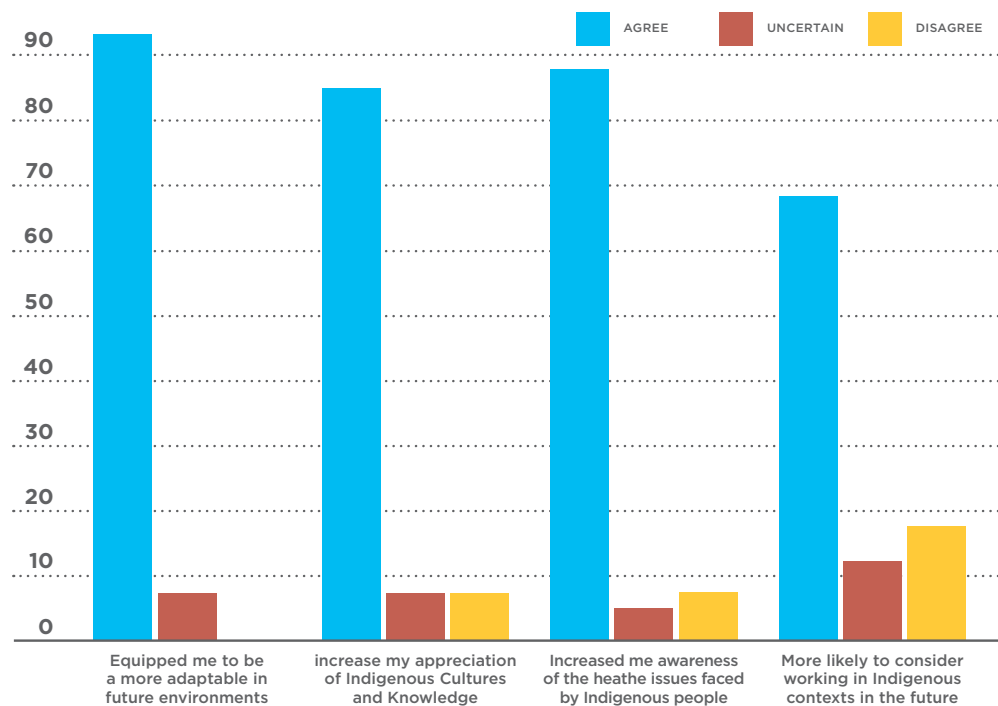
IUIH has commenced research to track students' perceptions of their placements and likelihood to work in Indigenous health and Community Controlled Health Services after placement.

The results — detailed in the following graph — to date are overwhelmingly positive in demonstrating the placement experiences are building a culturally aware and effective workforce. One student reported:

“Supportive staff who were encouraging helped me to stay motivated, on task as well as to ask for help when I needed it. Increased knowledge about Indigenous communities through experts in their area. This allowed me to learn from the best and provide first hand experiences to me”.



EVALUATION OF STUDENT PLACEMENTS



PATHWAYS FROM HIGH SCHOOL

This year we commenced work with local universities, our Member Organisations and high schools to develop pathways for Aboriginal and Torres Strait Islander high school students into careers in health and related fields.

THE INDIGENOUS YOUTH SPORTS PROGRAM (IYSP)

is one of these initiatives. The program is based on the highly successful National Youth Sport Program (NYSP) run in the USA for over 40 years and exposes Indigenous young people aged 10-16 years to university and encourages them to consider and pursue tertiary studies when they finish school.

This year, IYSP was conducted in January 2013 by the UIIH, in partnership with the University of Queensland, Inala Indigenous Health Service and our Member Organisations at UQ's St Lucia Campus.

Into its third year, the IYSP has seen more than 130 young people from across SEQ attend the week-long program. Students participate in a range

of physical activities and classroom based cultural and academic activities (with a subtext around healthy lifestyle). Each group of young people is mentored by a community mentor (Indigenous adults working in health and welfare already but without a university degree) and a university mentor.

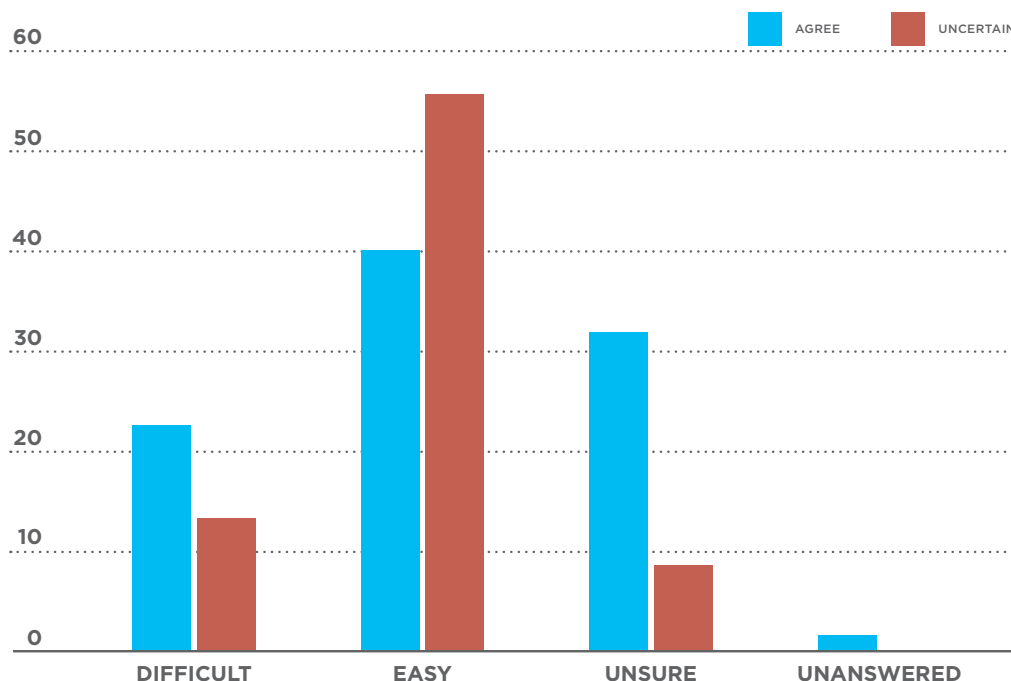
This approach also exposes mentors to the possibilities of university as a pathway. The young people selected for this program must attend school and come under the R.A.P criteria - Respect, Attend and Participate. The last day of IYSP culminates with a career's talk tailored for each age group including information about pathways into universities for older young people, and "tasters" of different professions, such as dentistry and occupational therapy, for younger students.

IYSP is continually evaluated and, as can be seen by the chart below, students perceive university as more achievable after the IYSP experience.

Qualitative interviews also showed changes in attitudes with one student expressing that

"It [the program] has changed the way that I've been going, because now I really, really want to go university".

FOR ME TO GO TO UNIVERSITY IS?



SCHOOL-BASED TRAINEESHIPS

In 2013, IUIH expanded our workforce development activities to include school-based traineeships for several Aboriginal and Torres Strait Islander students in years 11 and 12.

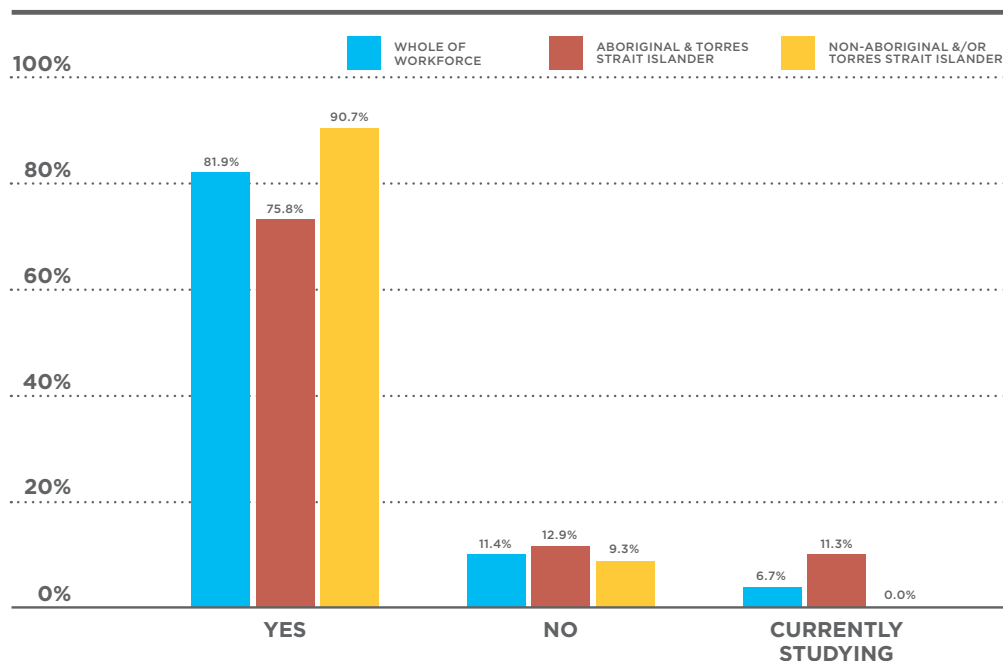
In 2013, the IUIH employed nine Indigenous trainees to work across a range of settings and to train as Allied Health Assistants. Trainees work for one to two days per week rotating each term through our Preventative Health Team/Deadly Choices Program and the Work it Out Chronic Disease Rehabilitation Program.

Trainees are mentored by allied health and health promotion staff so they receive a comprehensive introduction to work as an Allied Health Assistant. In addition, IUIH has employed a Dental Assistant Trainee who works in the Logan Dental Clinic operated by ATSICHS Brisbane. This trainee is mentored by the current Dental Assistant, a former Murri school student who completed her traineeship with IUIH after leaving school and is now employed within the clinic on a full-time basis.

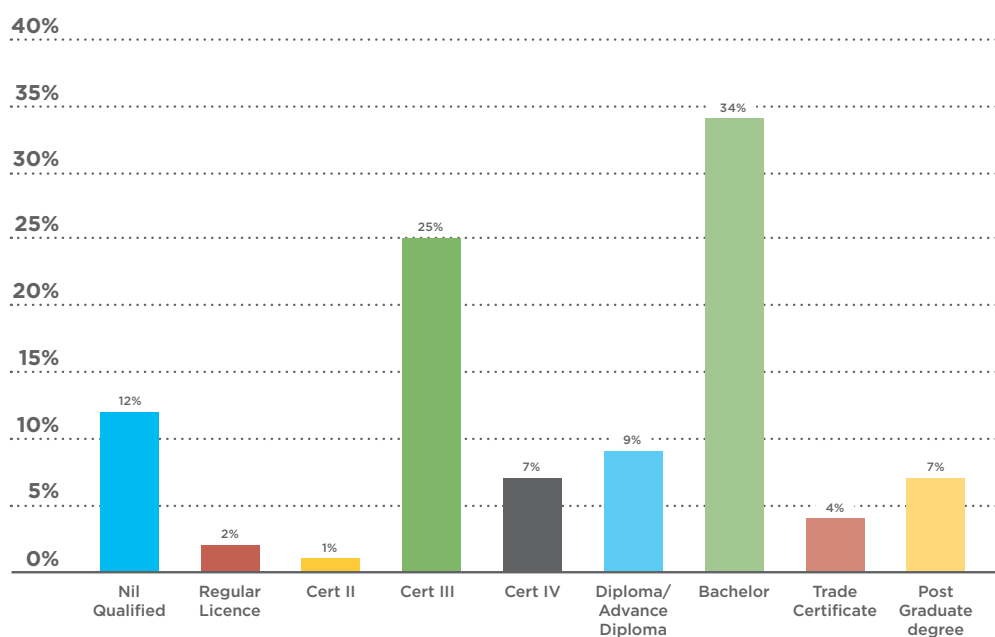
This program involves intensive case management of the young people, beyond existing conventional support offered through government training programs. In response, the IUIH has self-funded a Case Manager position to support trainees to complete paperwork, open bank accounts and find stable housing.

Upon successful completion of the traineeship, graduates will be supported to gain employment within the sector or pursue further education through articulation with the vocational training sector and universities.

ATSICCHS CORE CLINICAL - COMPLETED HIGHER EDUCATION



ATSICCHS CORE CLINICAL - LEVEL OF EDUCATION ATTAINMENT



2. PLANNING AND DEVELOPMENT OF THE EXISTING HEALTH WORKFORCE

In 2012/2013, the IUIH continued to undertake workforce planning and development for the existing workforce in the SEQ Community Controlled Health Sector.

This process has seen the IUIH complete extensive mapping of the sector's workforce, with an immediate focus on implementation of the 'IUIH Model of Care' and identification of training

and development needs. The emphasis of IUIH workforce development activity is not focused on completing a certain qualification (although this is also considered) but on the best fit between a person's role and the knowledge and training they need to complete their role confidently and effectively. At the end of this year IUIH developed a regional training plan for our health services and beyond.

The tables opposite illustrate the current educational levels of existing staff in IUIH and Member Organisations.

The data collected by the IUIH from workforce/service mapping will also aid the development of a framework for best practice minimum standards for our workforce in SEQ, including pre-requisite and ongoing professional development and education requirements. For example, the service mapping process found that qualifications do not necessarily provide the task-based, sector contextualised educational requisites specific to service delivery within CCHSs or effective implementation of the 'IUIH Model of Care'.

3. DEVELOPMENT OF NEW ALLIED HEALTH SERVICES FOR COMMUNITY CONTROLLED HEALTH SERVICES



IUIH significantly expanded the range of scope of allied health services delivered to the sector this year, including paediatric allied health services.

The services delivered by the IUIH in 2012/2013 included:

SERVICE	KALWUN	KAMBU	BRISBANE ATSICHS	MORETON ATSICHS	YULU BURRI-BA
Children's Occupational Therapy	Miami	Ipswich	Woodridge Acacia Ridge	Morayfield Strathpine Deception Bay	Capalaba
Children's Speech Pathology	Miami	Ipswich	Woodridge Acacia Ridge Northgate Woolloongabba	Morayfield	Capalaba
Podiatry	Miami	Ipswich Laidley	Woodridge Northgate Woolloongabba	Morayfield Strathpine Deception Bay	Capalaba Nth Stradbroke Is
Physiotherapy	Miami	Ipswich Laidley		Morayfield Strathpine Deception Bay	Capalaba
Psychology	Miami		Woodridge		Capalaba Nth Stradbroke Is
Occupational Therapy	Miami		Woodridge	Morayfield Strathpine Deception Bay	Capalaba Nth Stradbroke Is
Dietician	Miami			Morayfield Strathpine Deception Bay	
Exercise Physiology	Miami		Woodridge Acacia Ridge Woolloongabba	Morayfield	Capalaba




In 2012/2013 the Work it Out Program was expanded to five locations across the region. Work it Out is a Chronic Disease Rehabilitation Program, comprising a 45 minute education session delivered by a range of health professionals, followed by a one hour tailored exercise program. Over 200 clients have been involved in the program in the past 12 months, with some clients involved since the program began nearly two years ago.

Work it Out aims to:

- Improve or stabilise key health outcome indicators in terms of individual chronic disease/s;
- Reduce activity limitation in Indigenous peoples with chronic disease;
- Improve clients' independent management of their chronic disease in terms of their quality of life, confidence and ability to cope;
- Increase knowledge on individual chronic diseases;
- Increase understanding on how to live a healthy life with chronic disease; and
- Adopt healthy lifestyles.

Work it Out is evaluated both quantitatively and qualitatively. Data analysis of blood pressure and blood sugar levels of 154 clients, from 15 February 2012 to 6 May 2013 indicated that systolic blood pressure and blood sugar levels both improved over time on a group level. Students continue to be involved in delivery of the education and assistance with the exercise program, as well as capturing the data for evaluation of the program.



A full-page background image featuring the silhouettes of a woman and a young child. The woman is in the foreground, her head in profile facing right. The child is slightly behind her, also facing right. The background is a warm, golden-yellow color, suggesting a sunset or sunrise. The overall mood is contemplative and hopeful.

***the project has
focused effort on
early identification
and integration of
case management for
vulnerable families ...***

4. VULNERABLE FAMILIES PROJECT

With funding from the Queensland Government, the IUIH commenced implementation of a two year project aimed at enhancing health and related services to vulnerable Indigenous families within Logan and Gold Coast regions.

Undertaken in collaboration with ATSICHS Brisbane (Logan) and Kalwun Health Service (Gold Coast), the project has focused effort on early identification and integration of case management for vulnerable families across primary health care (particularly Mums and Bubs services), family support and child protection services. With the IUIH to expand delivery of specialised substance misuse and mental health services early next year, the project will provide a much broader range of support to families.

This year the project established networks and partnerships with key service providers and welfare agencies, particularly within the Logan Region where the project commenced. This included regular visits from Centrelink staff into the Logan Mums and Bubs Clinic and strategic partnerships with local hospitals and child protection agencies to prevent unnecessary notifications and to support families with comprehensive primary health care.



PREVENTATIVE HEALTH BUSINESS UNIT



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

With preventable chronic disease responsible for about two-thirds of the 'Indigenous health gap', and the biggest contributors to excess Indigenous mortality in SEQ being cardiovascular disease, diabetes and respiratory diseases, the IUIH Preventative Health Team plays a critical role in supporting our vision of eliminating health inequality experienced by Indigenous populations in this region.

DEADLY CHOICES SOCIAL MARKETING STRATEGY

The IUIH continued to develop and expand implementation of its Deadly Choices Campaign this year, with Deadly Choices providing an overarching framework and 'brand' for delivery of all activities and programs delivered by the Preventative Health Team across the south east corner.

With preventable chronic disease responsible for about two thirds of the 'Indigenous health gap', and the biggest contributors to excess mortality and in SEQ being cardiovascular disease, diabetes and respiratory disease, the Campaign aims to empower Indigenous peoples to make health lifestyle choices.

The 'Deadly Choices Campaign' utilises positive messages targeting individuals, families and communities. In recognition of the popularity and importance of sport to Indigenous communities in SEQ, the IUIH recruited leading Indigenous sports people as Ambassadors for the Campaign. Utilising positive messages and



images, the campaign aims to address the 'social abnorms' that have developed within Indigenous communities around high smoking rates, poor nutrition and sedentary lifestyles. Through innovative use of branded merchandise as incentives for participation, the campaign rewards health seeking behaviour and has generated considerable demand for preventative health care.


With funding from the Australian Government, the IUIH produced a second series of Television Commercials (TVCs) featuring Ambassadors and prominent local community members. These commercials will appear on

commercial television across SEQ from October 2013 as part of a broader social marketing strategy, comprising: campaign website/s; bus, train, cinema and shopping centre advertising; poster series; social media; advertisements on Indigenous radio; campaign events; and branded merchandise. An independent evaluation of the Deadly Choices Campaign will be finalized in early 2013/2014. Preliminary outcomes from the research are positive:

- When prompted, respondents reported the main role of Deadly Choices is to support people making healthy choices (81%), followed by encouraging use of health services (62%).

• *"Any Indigenous person who has 'made it' is a hero and welcome back into the community. 'Famous' Indigenous people have a lot of sway in the community and can influence others; there is no cynicism around celebrity endorsement if it comes from Indigenous celebrities".*

• *"The primary take out of commercials featuring current and ex-Broncos was to follow a healthy diet and lifestyle. The creative idea of the footballers eating yoghurt as a health choice an eating healthy food more aspiration and not a 'weak' or 'uncool' choice".*



"Deadly Choices as an idea has become synonymous with a program that 'helps' Indigenous people make better choices about their life".

preventative health business unit

- *"Indigenous people, in particular parents, focus on the hope and aspirations of their children and not for themselves. Many have known only hardship and sadness and their consolation is an investment in the next generation... Indigenous people are much more likely to encourage their children or other family members to seek help than seek it for themselves".*

While it is not yet possible to directly connect the campaign to decreases in smoking rates or other key risk factors for preventable chronic disease, the IUIH can report a substantial increase in health seeking behaviour evidenced by the 300% increase in Indigenous peoples access Community Controlled Health Services in SEQ and 1000% increase in 'Health Checks'⁴. The increases in access

and 'Health Checks' have corresponded with increases in GP Management Plans (GPMPs) and other key MBS items, demonstrating the comprehensive and cyclical approach to care implemented by SEQ CCHSs. The significance of this activity in SEQ is clear when IUIH activity is compared with data from States and Territories, including Queensland.

MBS SERVICES RATE PER 1,000 PEOPLE, 2012-13

SERVICE PROVIDED	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	TOTAL	IUIH
Health Assessment	201	131	264	125	189	56	150	243	208	409
GP Management Plans	85	70	66	61	45	66	33	49	70	124
Team Care Arrangements	68	58	54	50	33	46	26	40	56	118
Review of Chronic Care Plans	100	77	78	92	48	76	29	39	82	92

4. Increases compared to activity reported for the 2008/2009 Year

Again, while too early to substantiate the impact of the campaign on smoking rates in SEQ, surveys undertaken by the IUIH in the 2012/2013 Year report average smoking rates of up to 30% - significantly less than the national average for Indigenous peoples at 45%. The IUIH has focused considerable effort on young people via its 'Deadly Choices Education Program', delivered to over 60 primary and secondary schools across SEQ in 2013. The Programs aims to generate a culture and 'trend' within the target group of being 'deadly and strong' with a view to decreasing the number of Indigenous peoples taking-up smoking. The IUIH can also report a significant increase in access/demand for its Work it Out Program - a chronic disease self-management program incorporating individual and group exercise/fitness and education delivered and supervised by allied health professionals. Work it Out expanded to six sites across SEQ in 2013, with over 230 clients currently participating in the program.

The IUIH continued to utilise social media to promote healthy lifestyle messages, upcoming events and to conduct campaign related competitions (15 in total). The Deadly Choices Facebook page grew from 431 'Likes' in 2011/2012 to 2,497 at 30 June 2013, with the potential reach of the campaign extending to 688,773 via 'Friends' of accounts that 'Like' the Deadly Choices page. Similar growth was experienced with the Deadly Choices Twitter account, which grew from 681 'Followers' to 1,090 at 30 June 2013. The IUIH established a Deadly Choices Instagram account in 2012/2013 to load picture up-dates of the team's events and programs in real time. At end June 2013, Instagram had some 456 'Followers'. The IUIH also produced and loaded twenty-four videos onto the Deadly Choices YouTube Channel in 2012/2013.

The popularity and impact of the Deadly Choices Campaign has been recognized by other Community Controlled

Health Services and others in Queensland, with the IUIH working with the Apunipima Cape York Health Council (Cape York), Nhulundu Woori bah Health Service (Central Queensland), Mount Isa Aboriginal Community Controlled Health Service (Mount Isa/Gulf), Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited (Far South West) and the Wide Bay Medicare Local (Wide Bay) to customize the campaign and associated programs for implementation within their Regions. Deadly Choices extended into NSW in 2012/2013, executing a partnership agreement with the Awabakal Newcastle Aboriginal Cooperative to implement the campaign within the Hunter Region. The IUIH also secured an agreement with the Victorian Government and the Geelong Football Club to implement Deadly Choices within the Geelong Region.



THE BRONCOS DEADLY CHOICES PARTNERSHIP

With support from the Australian Government (\$100,000) and based on success of the campaign in 2012, the IUIH executed a partnership agreement with the NRMA Insurance Brisbane Broncos in March 2013.

The partnership spanned the 2013 NRL season and aimed to combine and utilise the popularity of the Brisbane Broncos 'brand', its players and considerable infrastructure with the popularity of the Deadly Choices 'brand', existing IUIH programs, activities and networks to expand implementation of the Deadly Choices Campaign across SEQ.

The partnership supported the development and implementation of a comprehensive social marketing strategy across SEQ. The IUIH utilised the Brisbane Broncos 'logo' on all campaign merchandise and material, including the production of a 'Deadly Choices Broncos' shirt as an

incentive for completing a 'Health Check' at SEQ CCHSs. With over 4,000 of these shirts produced in 2013, the IUIH has demonstrated the effectiveness of incentives to drive behaviour change and 'reward' health seeking behaviour. The IUIH has also demonstrated the importance of integrating preventative health campaigns with existing/local primary health care services, ensuring that the 'call to action' translates to real and measurable change.

The IUIH also produced television commercials (TVCs), featuring prominent Indigenous current and past players of the Brisbane Broncos. The TVCs were written and directed by Award Winning Director, Wayne Blair of the film *Sapphires* and the ABC's *Redfern Now*. The TVCs were placed on the Brisbane Broncos website and the big screen at home games throughout the 2013 season. The IUIH also secured funding from the Australian Government to place the

preventative health business unit

TVCs on commercial television in SEQ for four months, commencing October 2013. The Brisbane Broncos is the only sporting team on the east coast of Australia with a free-to-air TV show – the Broncos Insider, comprising 12 episodes and aired on Sunday afternoons throughout 2013. The IUIH secured a branded segment promoting the Deadly Choices Campaign on all 12 episodes, along with interviews with former Indigenous players associated with the IUIH and Deadly Choices. With over 305,000 likes on Facebook and over 37,000 followers on Twitter, the Brisbane Broncos significantly increased the reach and exposure of Deadly Choices in SEQ and beyond via social media in 2013.

Indigenous players from the Brisbane Broncos made appearances at various community events held by the IUIH, including 'Deadly Choices Health Community Days' attended by over 2,000 people in 2013. Player appearances at these events contributed significantly to attendance and participation rates, with over 500

Indigenous peoples attending the 'Strathpine Community Day' attended by Broncos Captain and Deadly Choices Ambassador, Sam Thaiday. These events anchor the Deadly Choices Campaign within local communities and connect local communities with their local CCHSs.

The IUIH partnered with the Broncos to deliver its 'Deadly Choices Education Program' alongside the Brisbane Broncos Mentoring Program in 2013. Funded by DEEWR, the Mentoring Program aims to provide Indigenous students in Year 12 with support to complete their studies, transition into further study, training or employment. The IUIH delivered its Education Program to eight secondary schools and over seventy students participating in the Broncos Mentoring Program.

The IUIH utilised tickets for Brisbane Broncos home games throughout 2013 as incentives for completing Indigenous peoples completing a 'Health Check' at their local CCHS, completing the Deadly Choices Education Program

(7 week program) and on-line/Facebook competitions. The IUIH also secured exclusive access to facilities and staff for tours of young Indigenous peoples from across SEQ as a reward for participation in Deadly Choices Programs.

The Broncos Deadly Choices Partnership culminated in the 'Close the Gap' Round at Suncorp Stadium on 16 August 2013, with 'Deadly Choices' the major focus of promotion leading up to and at the game. The Deadly Choices TVCs were broadcast on the big screen at the stadium to a crowd of almost 22,000. Deadly Choices was also featured on LED signage around the field. The game was televised 'free-to-air' across SEQ/Queensland, with the TV audience totalling some 779,001. The IUIH secured an on-field presentation, with the then Federal Minister for Indigenous Health, of the specially designed 'Indigenous' jersey to former Indigenous players of the Broncos. All former Indigenous players appeared in the IUIH's 'Deadly Choices Broncos' shirt and completed a lap of honour following the formal presentation. The presentation



was televised on Channel 9. Indigenous patients of CCHSs in SEQ and competition winners were rewarded with tickets to the game. The IUIH and former Federal Minister for Indigenous appeared on Bronco TV, broadcast on the big screen at the stadium, to discuss the Deadly Choices Campaign.

The IUIH was provided access to the Plaza at Suncorp Stadium in the week prior to and on the evening of the CTG Round to promote the

Deadly Choices Campaign and, in partnership with Oxfam Australia, secure pledges from fans for the 'Close the Gap' Campaign. The IUIH and Brisbane Broncos secured over 1600 pledges from fans, significantly more than the average reported for the NRL of 500. The 'Close the Gap' Campaign Coordinator with Oxfam Australia has since stated: "The collaboration between the Brisbane Broncos, Deadly Choices & the Close the Gap

campaign was a near perfect example of how the round can operate, highlighting Indigenous health at a local and national level".

Based on the outcomes of 2013, the IUIH and NRMA Insurance Brisbane Broncos will seek continued support from Australian and Queensland Governments to continue the Deadly Choices Partnership into 2014 and beyond.

DEADLY CHOICES EDUCATION PROGRAM

The Deadly Choices Education Program is a school and community based initiative which encourages Aboriginal and Torres Strait Islander peoples to be healthy role models for family, friends and broader community networks.

Delivered over seven to eight weeks, the program is strengths-based, using positive messages and education to reinforce skills, knowledge and attitudes of participants to prevent chronic disease and make informed decisions regarding their lifestyle choices.

Implementation of the Deadly Choices Program expanded to some 36 primary and eight secondary schools 28 across the SEQ region this year. The IUIH also partnered with the Australian Indigenous Youth Academy (AIYA), the NRMA Insurance Brisbane Broncos (Mentoring Program) and local Men's Groups to expand delivery of the Deadly Choices Program to over

seven hundred participants during 2012/2013.

The IUIH commenced an evaluation of the Deadly Choices Education Program, with preliminary findings demonstrating a significant increase in knowledge and understanding amongst participants of the risk factors for chronic disease and strong support for the positive messages delivered by the Program. By linking local schools with their local CCHS, the Deadly Choices Program also coordinated the delivery of some 140 'Health Checks' during the Year.

The IUIH convened its second 'Deadly Choices Leadership Camp' in December 2012, attended by forty-seven students from secondary schools participating in the Education Program. With students selected by schools, the Leadership Camp acts as both a reward for role modeling 'Deadly Choices' within the school and amongst their peer group and maintaining school attendance.

DEADLY CHOICES HEALTHY COMMUNITY DAYS

The IUIH, in collaboration with Member Organisations, staged eight Deadly Choices Community Days across the region reaching well over 2,000 people this year. Locations included: Laidley (Kambu), Oxenford (Kalwun), Moreton Bay (Moreton ATSICHS), North Stradbroke Island (Yulu-Burri-Ba), Logan (ATSICHS Brisbane), Strathpine (Moreton ATSICHS), Zillmere (ATSICHS Brisbane) and Ipswich (Kambu). Healthy Community Days provide a vehicle for promotion of our Deadly Choices Campaign and actively encourage those in attendance to participate in a range of healthy lifestyle activities including: Traditional Aboriginal Games, Indigenous Art, Zumba, Rock Climbing, Hip Hop Dancing, Smoking Cessation Program and Jumping Castle/s. Utilising the IUIH's new Mobile Health Clinic, the IUIH and Member Organisations also delivered over 200 'Health Checks' at Community Days this year.

INCREASING PHYSICAL ACTIVITY – COMMUNITY SPORTS DAYS

Physical activity is a key focus of IUIH's strategy to prevent chronic disease within Indigenous communities of SEQ. The IUIH staged six sporting events, involving over 650 participants, this financial year. These events were all smoke and alcohol free and incorporated health education and screening for participants. They included:

- Oz Tag Tournament at Laidley in August 2012, in collaboration with Kambu Medical Centre, involving over 80 Indigenous young people from across the West Moreton/Lockyer Valley region;
- Gold Coast Oz Tag Gala Day on the Gold Coast in November 2012, in collaboration with Kalwun Health and involving 6 primary schools and 100 young people from across the Gold Coast region;
- Murri Big Bash Indoor Cricket Tournament at Darra, in collaboration with Inala Wangarra and involving over 40 Indigenous men;
- Netball Tournament at Darra, in collaboration with Inala Wangarra and involving over 150 Indigenous women across the Metro South region;
- AFL Clinic in partnership with the Geelong Football Club at Zillmere in June 2013, involving over 60 young peoples from across the Metro North region;

- Indigenous Surf Program on the Gold Coast in collaboration with Krurungal Aboriginal and Torres Strait Islander Corporation in May 2013, involving over 60 young Indigenous people from across the Gold Coast region;
- Indigenous Youth Sports Program (IYSP) with the IUIH Workforce & Allied Health Business Unit and the University of Queensland (UQ) in January 2013, involving over 130 Indigenous young people from across SEQ;
- Ipswich Jets Indigenous Appreciation Round in July 2012 in partnership with the Kambu Medical Centre and the Ipswich Jets Rugby League Football Club; and
- the Redcliffe Dolphins 'Close the Gap' Round in April 2013, in partnership with Moreton ATSICHS and the Redcliffe Dolphins Rugby League Football Club.

The IUIH has also supported local Indigenous organisations and other key agencies to deliver health education and promote healthy lifestyle choices. These include:

- Shailer Park Health Expo
- Brisbane Indigenous Media Association (BIMA) 'Move' Community Day
- Yumba Hostel Morning Tea
- Inala Oz Tag Day
- Academic Secondary Leaders Program
- Gundala Kindy Health Day
- Gundoomirra Kindy Health Day

- Murri School Camp
- Yulu-Burri-Ba Softball event
- Ipswich Family Fun Day
- NACCHO Annual General Meeting (AGM)
- Murri Heart Week
- Reconciliation Week
- Homeless Connect
- Logan Youth Week
- World No Tobacco Day.

PROMOTING GOOD NUTRITION – GOOD QUICK TUKKA PROGRAM

The IUIH expanded the Good Quick Tukka program across the south east corner this year, delivering almost ninety individual sessions to over four hundred participants. The Good Quick Tukka program was developed by the Queensland Aboriginal & Islander Health Council (QAIHC) and is based on the principles of Jamie Oliver's Ministry of Food – where participants are taught how to prepare healthy, affordable meals in a short amount of time. Participants are also encouraged to share their new skills with family and friends. The IUIH and QAIHC also worked with our Community Controlled Health Services to develop their capacity to deliver the program to their clients.

The IUIH commenced an evaluation of the Good Quick Tukka program this year, with preliminary findings indicating a positive impact on knowledge and behaviour of participants.



QAIHC ARTHUR BEETSON FOUNDATION MURRI CARNIVAL

The QAIHC Arthur Beetson Foundation Murri Rugby League Carnival was held at Ipswich on 20-27 September 2012. The IUIH secured the naming rights for the Open Men's Competition, promoting our Deadly Choices Campaign throughout the carnival and during the live national broadcast on NITV. The IUIH also delivered health education to over 1500 players and spectators over the three-day tournament. The carnival involved teams from across Queensland, competing in three competitions: Open Men's; Open Women's and Under 15 Boys. A smoke and alcohol free event, the carnival required all players to complete a 'Health Check' as a requirement of their registration/participation for the carnival. Attended by over 26,000 Indigenous people, the carnival was a huge success and further demonstrates the value of sport, particularly rugby league, as a vehicle for delivering healthy lifestyle messages and supporting behaviour change.

NACCHO DEADLY CHOICES INTERSTATE CHALLENGE

Following the success of the inaugural challenge in 2012, the IUIH worked with the Arthur Beetson Foundation and peak bodies for Indigenous health, NACCHO and QAIHC, to stage the second 'Deadly Choices Interstate Challenge' at Davies Park in South Brisbane on 8 February 2013. The game was featured as part of the NRL Indigenous All Stars Festival, played the evening prior to the NRL All Stars Game at Suncorp Stadium (on 9 February 2013) and involved the winners of the 2012 NSW Koori Knockout – the Newcastle Yowees – and the 2012 QAIHC Arthur Beetson Murri Carnival – the Argun Warriors from Badu Island in the Torres Strait. A smoke and alcohol free event, the challenge was televised on NITV and attended by almost 10,000 Indigenous peoples from across Queensland and NSW.

TOBACCO ACTION

Reducing smoking rates is a key priority for improving Indigenous health, with smoking causing 20% of all deaths and 12% of the total burden of disease and

injury suffered by Indigenous populations. Tobacco smoking is the major single contributor to ill health, predominantly through ischaemic heart disease, chronic obstructive pulmonary disease (COPD) and lung cancer. A high proportion of Indigenous people smoke (47%), compared to the Australian population as a whole (16.6%).

The IUIH Preventative Health Team continued to focus its efforts on supporting 'smoke free' as the social norm within Indigenous communities and workplaces across the south east region. Tobacco education is integrated within the Deadly Choices School Education Program and broader social marketing strategy, with the aim of preventing the take-up of smoking among young Indigenous peoples. The IUIH worked with 19 Indigenous organisations to develop and implement smoke-free workplace policies, significantly expanding its 'Murri Places, Smoke-free Spaces' Program across the region. The IUIH also delivered its training in its 'Say No to Smokes' Tobacco Cessation Program to over 100 staff of health services and other Indigenous organisations in SEQ.

Officially launched in October 2012, the IUIH and Kambu Medical Centre continued to support the operation of Queensland's first and only Indigenous Smoke-free Wellness Clinic. The clinic provides a comprehensive range of support services to patients to quit smoking, including a plan customised to the individual needs and circumstances of the smoker.

Clients registered with the clinic receive weekly intensive counseling sessions, with follow-up phone calls to monitor progress with cessation. Clients are also referred and actively encouraged to access other services available at Kambu. Operating from limited and temporary facilities while redevelopment of the Kambu Medical Centre was completed and with all participants reporting changes in smoking behaviour, the clinic will be significantly expanded next year at Ipswich and extended to other locations across SEQ.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

2013 FINANCIAL REPORT



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

INDEX

Directors' Report	1 - 3
Directors' Declaration	4
Auditor's Independence Declaration	5
Independent Auditor's Report to the Members	6 - 7
Statement of Financial Position	8
Statement of Profit or Loss and Other Comprehensive Income	9
Statement of Changes in Equity	10
Statement of Cash Flows	11
Notes to the Financial Statements	12 - 27

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

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2013.

Directors

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

	<u>Commenced</u>	<u>Ceased</u>
- Kieran Chilcott	1/07/2010	22/11/2012
- Maurice Burke	29/11/2010	
- Michael Good	1/07/2010	
- Noel Hayman	1/07/2010	
- Robert Bush	1/07/2010	
- Stella Taylor-Johnson	1/07/2010	
- Alfred Davis	17/02/2011	5/11/2012
- Lynette Shipway	19/05/2011	
- Brett Shannon	12/02/2013	
- Denise Lewis	14/01/2013	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated. Stella Taylor-Johnson was appointed as Chairperson on 22/11/2012, on resignation of Kieran Chilcott.

Company Secretary

The name of the Company Secretary in office during the financial year and to the date of this report was Kris Trott, appointed September 2011.

Principal Activities

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

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

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

Operating Results

The entity recorded a surplus of \$4,318,079.

Review of Operations

During the 2012/13 year IUIH Ltd operations have seen growth in grant income of 82% to \$25m to provide for the major infrastructure required in setting up clinics in Strathpine and Deception Bay. This increase in grant income is also reflective of the additional programs funded by both State and Commonwealth including three mobile health clinics for ears, eyes and dental. IUIH Ltd was also successful in the establishment of clinics at Logan, Oxenford and Murri School during the year, represented by the transfer of assets at written down value of \$1,546,556 to member organisations.

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

DIRECTORS' REPORT

As at 30 June 2013 there was \$5,018,882 in unexpended grant funding, the majority of which was released to IUIH in the last few days of the 2012/13 year. The recorded surplus is \$4,318,079, the majority of which (\$4,034,453) is represented as capitalised assets. The return to the Department of Health and Ageing of surplus government grant funding amounting to \$469,599 for the year ended 30 June 2011 is also reflected in Retained Earnings.

Significant Changes in State of Affairs

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

After Balance Date Events

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

Future Developments

The entity expects to sustain the level of funding during 2013/14, whilst increasing the level of non-grant income through commercialisation of program and service delivery activities. These increased activities do not change the original intent of operations of the entity.

Environmental Issues

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

Information on Directors

Name	Position	Directors Meetings	
		No eligible to attend	Number attended
Stella Taylor-Johnson	— Chairperson	4	4
Kieran Chilcott	— Director	2	2
Maurice Burke	— Director	4	4
Michael Good	— Director	3	2
Noel Hayman	— Director	4	2
Robert Bush	— Director	4	3
Alfred Davis	— Director	1	0
Lynette Shipway	— Director	4	4
Brett Shannon	— Director	2	2
Denise Lewis	— Director	2	1

Directors Qualifications

Name	
Stella Taylor-Johnson	— Cert. Social Welfare, Cert. Management, Cert. Community Mediation.
Kieran Chilcott	— B.Ed, Cert IV Business Governance, Cert IV Workplace Training & Assessment, Cert IV Project Management

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

DIRECTORS' REPORT

Maurice Burke	—	B.Com, Commissioner for Declarations
Michael Good	—	BSc(Med), MBBS, PhD, MD, DSc, FASM, FAFPHM, FRACP (Hon), FAIM, FRACMA, FQA, FTSE, Du.
Noel Hayman	—	Bsc. App, MBBS, MPH, FAFPHM, FRACGP.
Robert Bush	—	B.A. (Hons), PHD.
Alfred Davis	—	B. Social Work.
Lynette Shipway	—	Teachers Aid Cert, Assoc. Dipl Community Welfare & Indigenous Education, Cert IV Assessing & Training, Dipl. Business Management.
Brett Shannon	—	B.Bus, B.App Sci, MAE
Denise Lewis	—	Cert. Aged Care, Cert. Home & Community Care, Cert. Business Governance, Cert. Drug & Alcohol Treatment for Indigenous, Cert. Marketing, Cert. Property Management, Cert. Basic Communications, Cert. Aboriginal Health

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the entity.

Proceedings on Behalf of the Entity

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

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

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2013 has been received and can be found on page 5 of the financial statements.

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

Director 

Director 

Dated this TENTH day of OCTOBER 2013

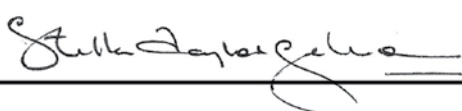
INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD
ABN: 32 140 019 290

DIRECTORS' DECLARATION

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

1. The financial statements and the notes set out in the attached are in accordance with the *Corporations Act 2001*:
 - (a). comply with the Australian Accounting Standards applicable to the company; and
 - (b). give a true and fair view of the financial position of the company as at 30 June 2013 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the Directors opinion:
 - (a). there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.
 - (b). the financial statements and the notes set out in the attached have been prepared in accordance with the *Corporations Act 2001* and the Corporations Constitution.
 - (c) grant moneys expended by the Corporation during the financial year have been applied for the purposes specified in the relevant Letter of Offer and the Corporation has complied with the terms and conditions relating to grants received.

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

Director 

Director 

Dated this TENTH day of OCTOBER 2013

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

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been no contraventions of:

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



Lyons Judge Chartered Accountants



Wayne Lyons

Dated this 11th day of October 2013

Address: Level 13/46 Edward Street BRISBANE QLD 4001

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

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

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of the Institute for Urban Indigenous Health Ltd, which comprises the statement of financial position as at 30 June 2013, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant account policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independence

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

Opinion

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

- (i) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.



Lyons Judge Chartered Accountants



Wayne Lyons

Address: Level 13/46 Edward Street BRISBANE QLD 4001

Dated this 11th day of October 2013

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

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2013

	<u>Notes</u>	<u>2013</u> \$	<u>2012</u> \$
CURRENT ASSETS			
Cash and Cash Equivalents	2	6,178,193	5,336,309
Trade and Other Receivables	3	3,500,393	1,340,904
Other Current Assets	4	289,780	129,349
TOTAL CURRENT ASSETS		9,968,366	6,806,562
NON-CURRENT ASSETS			
Property, Plant & Equipment	5	4,591,487	2,465,835
TOTAL NON-CURRENT ASSETS		4,591,487	2,465,835
TOTAL ASSETS		14,559,853	9,272,397
CURRENT LIABILITIES			
Trade and Other Payables	6	3,080,861	1,303,781
Provisions	7	456,150	218,556
Unexpended Grant Funds	14	5,018,882	4,140,506
TOTAL CURRENT LIABILITIES		8,555,893	5,662,843
NON CURRENT LIABILITIES			
Provisions	7	180,419	87,937
TOTAL CURRENT LIABILITIES		180,419	87,937
TOTAL LIABILITIES		8,736,312	5,750,780
NET ASSETS		5,823,541	3,521,617
EQUITY			
Retained Earnings	8	5,823,541	3,521,617
TOTAL EQUITY		5,823,541	3,521,617

The accompanying notes form part of these financial statements.

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

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
INCOME		
Grant Income from Operations	25,024,516	13,772,550
Lease Income	15,000	15,000
Medicare Income	519,195	108,247
Interest Income	157,705	118,193
Other Income	814,264	414,461
Total Income	<u>26,530,680</u>	<u>14,428,451</u>
EXPENDITURE		
Salaries & Wages and other employee costs	8,464,170	3,539,918
Contractors and Consultants	5,047,436	3,561,552
Auditors Fee	47,400	26,050
Depreciation Expense	337,189	191,811
Cost of Occupancy	782,418	349,955
Other Operational Expenses	2,515,106	1,276,919
Total Expenditure	<u>17,193,719</u>	<u>8,946,205</u>
Less: Unexpended Grants Liability	(5,018,882)	(4,140,506)
Current year surplus before income tax	4,318,079	1,341,740
Income tax expense	-	-
Net current year surplus	<u>4,318,079</u>	<u>1,341,740</u>
Other comprehensive income:	-	-
Items that will not be reclassified subsequently to profit or loss	-	-
Items that will be reclassified subsequently to profit or loss when specific conditions are met	-	-
Total other comprehensive income for the year	<u>-</u>	<u>-</u>
Total comprehensive income for the year	4,318,079	1,341,740
Total comprehensive income attributable to members of the entity	<u>4,318,079</u>	<u>1,341,740</u>

The accompanying notes form part of these financial statements.

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

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2013

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2011	<u>2,179,877</u>	<u>2,179,877</u>
Comprehensive income		
Surplus for the year attributable to members of the entity	1,341,740	1,341,740
Other comprehensive income for the year	-	-
Total comprehensive income attributable to members of the entity	<u>1,341,740</u>	<u>1,341,740</u>
Balance at 30 June 2012	<u>3,521,617</u>	<u>3,521,617</u>
Comprehensive income		
Surplus for the year attributable to members of the entity	4,318,079	4,318,079
Other comprehensive income for the year	-	-
Transfer of Assets	(1,546,556)	(1,546,556)
Prior Year Adjustments	(469,599)	(469,599)
Total comprehensive income attributable to members of the entity	<u>2,301,924</u>	<u>2,301,924</u>
Balance at 30 June 2013	<u><u>5,823,541</u></u>	<u><u>5,823,541</u></u>

The accompanying notes form part of these financial statements.

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2013

	<u>Notes</u>	<u>2013</u> \$	<u>2012</u> \$
Cash Flows from Operating Activities:			
Receipts from Customers		23,743,887	14,366,568
Payments to Suppliers and Employees		(19,050,311)	(9,632,796)
Interest Received		157,705	118,193
Total Cash from Operating Activities	9	<u>4,851,281</u>	<u>4,851,965</u>
 Cash Flows from Investing Activities:			
Proceeds from sale of property, plant and equipment		-	-
Payments for property, plant and equipment		(4,009,397)	(1,254,872)
Net Cash Used in Investing Activities		<u>(4,009,397)</u>	<u>(1,254,872)</u>
 Net Increase / (Decrease) in Cash held		841,884	3,597,093
 Cash at beginning of financial year		5,336,309	1,739,216
 Cash at end of financial year		<u>6,178,193</u>	<u>5,336,309</u>

The accompanying notes form part of these financial statements.

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

Notes to the Financial Statements
for the year ended 30 June 2013

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

Note 1: Statement of Significant Accounting Policies

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

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

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

Accounting Policies

a. Revenue

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

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

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

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

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

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

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

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

b. Property, Plant and Equipment

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

Property, Plant & Equipment is brought to account at cost for individual items over \$500.00 and are depreciated at rates based on their economic life.

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

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

Depreciation

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

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

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

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

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

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

Assets acquired utilising Optus tech fund credits are not capitalised in the financial statements. These assets are represented by the acquisition of 59 mobile phones, 10 ipads and 3 data devices at a cost of \$54,911. Contractual commitments exist in relation to these assets as outlined in Note 10.

Leasehold improvements and other assets of IUIH established clinics are transferred to member organisations at written down value, if applicable.

c. Leases

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

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

d. Financial Instruments

Initial recognition and measurement

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

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

Classification and subsequent measurement

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

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

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

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

Financial assets at fair value through profit or loss

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

Held-to-maturity investments

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

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

Available-for-sale investments

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

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

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

Financial liabilities

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

Impairment

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

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

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

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

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

Derecognition

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

e. Impairment of Assets

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

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

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

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

f. Employee Provisions

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

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

g. Cash and Cash Equivalents

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

h. Goods and Services Tax (GST)

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

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

i. Accounts Receivable and Other Debtors

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

j. Unexpended Grants

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

k. Income Tax

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

l. Intangibles

Software

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

m. Provisions

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

n. Comparative Figures

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

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

o. Accounts Payable and Other Payables

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

p. Critical Accounting Estimates and Judgements

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

Key estimates

(i) Impairment

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

(ii) Inventories

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

q. Economic Dependence

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

r. New Accounting Standards for Application in Future Periods

- AASB 9: *Financial Instruments* (December 2010) and AASB 2010-7: *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)* (applicable for annual reporting periods commencing on or after 1 January 2015).

These Standards are applicable retrospectively and include revised requirements for the classification and measurement of financial instruments, as well as recognition and derecognition requirements for financial instruments.

The key changes made to accounting requirements that may impact the company are:

- simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value; and
- allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the instrument.

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

- AASB 10: *Consolidated Financial Statements*, AASB 11: *Joint Arrangements*, AASB 12: *Disclosure of Interests in Other Entities*, AASB 127: *Separate Financial Statements* (August 2011) and AASB 128: *Investments in Associates and Joint Ventures* (August 2011) (as amended by AASB 2012-10), and AASB 2011-7: *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards* (applicable for annual reporting periods commencing on or after 1 January 2013).

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

AASB 11 replaces AASB 131: *Interests in Joint Ventures* (July 2004, as amended). AASB 11 requires joint arrangements to be classified as either "joint operations" (where the parties that have joint control of the arrangement have rights to the assets and obligations for the liabilities) or "joint ventures" (where the parties that have joint control of the arrangement have rights to the net assets of the arrangement). Joint ventures are required to adopt the equity method of accounting (proportionate consolidation is no longer allowed). This Standard is not expected to significantly impact the company's financial statements.

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

To facilitate the application of AASBs 10, 11 and 12, revised versions of AASB127 and AASB 128 have also been issued. The revisions made to AASB 127 and AASB 128 are not expected to significantly impact the company's financial statements.

- AASB 13: *Fair Value Measurement* and AASB 2011-8: *Amendments to Australian Accounting Standards arising from AASB 13* (applicable for annual reporting periods commencing on or after 1 January 2013).

AASB 13 defines fair value, sets out in a single Standard a framework for measuring fair value, and requires disclosures about fair value measurement.

AASB 13 requires:

- inputs to all fair value measurements to be categorised in accordance with a fair value hierarchy; and
- enhanced disclosures regarding all assets and liabilities (including, but not limited to, financial assets and liabilities) to be measured at fair value.

These Standards are not expected to significantly impact the company's financial statements.

- AASB 119: *Employee Benefits* (September 2011) and AASB 2011-10: *Amendments to Australian Accounting Standards arising from AASB 119* (September 2011) (applicable for annual reporting period commencing on or after 1 January 2013).

These Standards introduce a number of changes to accounting and presentation of defined benefit plans. The company does not have any defined benefit plans and so is not impacted by the amendment.

AASB 119 (September 2011) also includes changes to:

- require only those benefits that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service to be classified as short-term employee benefits, post-employment benefits or termination benefits, as appropriate; and
- the accounting for termination benefits that require an entity to recognise an obligation for such benefits at the earlier of:
 - (i) for an offer that may be withdrawn - when the employee accepts;
 - (ii) for an offer that cannot be withdrawn - when the offer is communicated to affected employees; and
 - (iii) where the termination is associated with a restructuring of activities under AASB 137: *Provisions, Contingent Liabilities and Contingent Assets* and if earlier than the first two conditions when the related restructuring costs are recognised.

These changes are not expected to significantly impact the company's financial statements.

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

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1: Statement of Significant Accounting Policies (continued)

s. Cost Allocations - Grant Acquittals

Grant Acquitted

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

Grant income is acquitted after allowing for the following costs:

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

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

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

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

t. Internal Administration Charges

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

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
Note 2: Cash and Cash Equivalents		
Cheque Account	13,591	50,954
Donations Account	32,471	-
Cash Management Account	3,502,473	5,026,745
Medicare Account	628,958	258,382
Term Deposit	2,000,000	-
Petty Cash	700	228
Total Cash and Cash Equivalents	<u>6,178,193</u>	<u>5,336,309</u>
 Note 3: Trade and Other Receivables		
Current		
Trade Receivables	3,500,393	1,340,904
Total Trade and Other Receivables	<u>3,500,393</u>	<u>1,340,904</u>
 Note 4: Other Current Assets		
Property Rental Bonds Held - Fortitude Valley Admin Office	-	12,375
Property Rental Bonds Held - Logan Clinic	24,937	24,937
Property Rental Bonds Held - Bowen Hills Admin Office	48,750	48,750
Property Rental Bonds Held - Darra Office	25,055	-
Parking Bond Held - Moreton Council	-	2,100
Prepayments	182,941	41,187
Sundry Receivables	8,097	-
Total Other Current Assets	<u>289,780</u>	<u>129,349</u>

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

Notes to the Financial Statements
for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
Note 5: Property, Plant and Equipment		
Artwork at Cost	44,965	30,246
Less: Accumulated Depreciation	<u>(2,417)</u>	<u>(2,823)</u>
Net carrying amount	42,548	27,423
Fitout and Leasehold Improvements at Cost	2,930,475	1,952,318
Less: Accumulated Depreciation	<u>(44,256)</u>	<u>(55,689)</u>
Net carrying amount	2,886,219	1,896,629
Computer Equipment at Cost	478,599	227,313
Less: Accumulated Depreciation	<u>(155,584)</u>	<u>(70,446)</u>
Net carrying amount	323,015	156,867
Medical Equipment at Cost	539,884	356,976
Less: Accumulated Depreciation	<u>(62,647)</u>	<u>(80,904)</u>
Net carrying amount	477,237	276,072
Furniture and Fixtures at Cost	84,327	53,527
Less: Accumulated Depreciation	<u>(9,025)</u>	<u>(4,891)</u>
Net carrying amount	75,302	48,636
Software and Licenses at Cost	55,466	39,650
Less: Accumulated Depreciation	<u>(26,072)</u>	<u>(9,064)</u>
Net carrying amount	29,394	30,586
Plant & Equipment at Cost	99,000	43,023
Less: Accumulated Depreciation	<u>(35,757)</u>	<u>(17,151)</u>
Net carrying amount	63,243	25,872
Motor Vehicle at Cost	710,330	5,000
Less: Accumulated Depreciation	<u>(15,801)</u>	<u>(1,250)</u>
Net carrying amount	694,529	3,750
Total Property, Plant and Equipment	<u>4,591,487</u>	<u>2,465,835</u>

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

Notes to the Financial Statements
for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
Note 6: Trade and Other Payables		
Current		
Trade Payables	1,562,195	561,365
Sundry Payables	564,077	55,916
Accrued Expenses	427,796	178,640
Westpac Master Card	16,542	18,919
GST Liability	265,148	398,265
Superannuation Payable	66,369	26,303
PAYG Tax Payable	178,734	64,373
Total Trade and Other Payables	<u>3,080,861</u>	<u>1,303,781</u>
 Note 7: Provisions		
Current Liabilities		
Provision for annual leave	456,150	218,556
Total Current Provisions	<u>456,150</u>	<u>218,556</u>
Non-Current Liabilities		
Provision for Long Service Leave	180,419	87,937
Total Non- Current Provisions	<u>180,419</u>	<u>87,937</u>
 Note 8: Retained Earnings		
Opening Balance	3,521,617	2,179,877
Transfer of Assets (a)	(1,546,556)	-
Prior Year Adjustments (b)	(469,599)	-
Profit/(Loss)	4,318,079	1,341,740
Total Retained Earnings	<u>5,823,541</u>	<u>3,521,617</u>

(a)

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

(b)

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

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

Notes to the Financial Statements
for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
Note 9: Reconciliation of cash flows from operations with net current year surplus		
Net current year surplus	4,318,079	1,341,740
Non-cash flows in profit:		
- depreciation and amortisation	337,189	191,811
Changes in assets and liabilities:		
- increase in unexpended grants at end of year	878,376	2,411,907
- (increase) / decrease in trade receivables	(2,159,489)	56,310
- (increase) / decrease in other current assets	(160,431)	(64,885)
- increase (decrease) in trade payables	1,777,080	666,729
- increase (decrease) in other provisions	330,076	248,353
Prior year adjustments	(469,599)	-
Cash flows (used in) / provided by operating activities	<u>4,851,281</u>	<u>4,851,965</u>
Note 10: Operating Lease Commitments		
Non-cancellable operating leases contracted for but not		
Payable — minimum lease payments		
- not later than 12 months	1,131,249	653,216
- later than 12 months but not later than 5 years	1,414,846	973,475
- greater than 5 years	-	-
	<u>2,546,095</u>	<u>1,626,691</u>

These lease commitments represent 55 motor vehicles, 2 photocopiers and 5 buildings that are non-cancellable operating leases contracted for but not capitalised in the financial statements with varying terms and expiry dates. No capital commitments exist in regards to the operating lease commitments at year-end. Increase in lease commitments may occur in line with CPI.

Additional commitments not capitalised in the financial statements exist in relation to telecommunication contracts for telephone and data plans. These contracts are for two year terms with varying expiry dates. The outstanding commitment for these contracts at 30 June 2013 is \$135,920. Refer Note 1b.

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

Notes to the Financial Statements
for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
	\$	\$
Note 11: Insurance		
	Insured Value	
Public Liability	\$20,000,000	
Insurers:- Liberty International Underwriters		
Contents Insurance	\$3,200,000	
Insurers:- AAI Ltd		
Voluntary Workers Insurance	\$50,000	
Insurers:- ACE Insurance Ltd		
Professional Indemnity / Association Liability Insurance	\$10,000,000	
Insurers:- Lloyd's of London		
Commercial Motor Vehicle Insurance	Market Value	
Insurers:- Global UW Services Pty Ltd		
Travel Insurance		
Insurers:- ACE Insurance Limited	Various	
Work Cover	Act Benefits	
Insurers:- Work Cover Queensland		

The above policies and insured values represent the insurance in place as at 30 June 2013.

Note 12: Entity Details

The registered office of the company is:

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

The principal place of business is:

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

Note 13: Members' Guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2013, the number of members was 4.

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

Notes to the Financial Statements
For the year ended 30 June 2013

Note 14: Unexpended Grants Schedule

	BALANCE b/fwd	RELEASE 2012/13	OTHER INCOME	TRANSFERS TO/(FROM)	EXPENDED 2012/13	BALANCE 30/06/2013
	\$	\$		\$	\$	\$
QUEENSLAND HEALTH						
IUIH - Core Activities	-	1,245,000	2,490,506		3,735,506	-
Preventative Care Research Program	18,513	-	-		18,513	-
Audit Best Practice Chronic Disease Program	5,272	123,215	-		128,487	-
Indigenous Youth Sports Program	29,159	6,136	40,000		53,651	21,644
Strathpine & Deception Bay Primary Health Care	-	1,321,920	20,763		1,342,683	-
Strathpine & Deception Bay Clinic Fit Out	700,000	578,080	-		1,278,080	-
Vulnerable Families	-	1,000,000	-		935,114	64,886
CQRAICCHO MDMC	-	1,247,165	-		1,247,165	-
Care Connect	-	700,000	-		102,731	597,269
DEPT OF HEALTH & AGEING - OATSIH						
Logan Clinic Primary Health Care	-	2,266,149	-		2,266,149	-
Morayfield Clinic Primary Health Care	-	1,275,484	95,535		1,371,019	-
Morayfield Mums & Bubs	-	247,574	-		247,574	-
Capalaba Mums & Bubs	-	370,942	-		370,942	-
Practice Manager	-	126,594	46,011		172,605	-
Inner City Referral	-	372,821	-		313,114	59,707
Smoking & Healthy Lifestyle Workforce - Team 1	866,808	423,236	18,700		781,070	527,674
Smoking & Healthy Lifestyle Workforce - Team 2	-	684,989	49,459		734,448	-
Smoking & Healthy Lifestyle Workforce - Evaluation	-	30,000	-		-	30,000
SHLS - Surge Initiative	-	340,000	-		340,000	-
Work It Out	-	855,000	-		603,654	251,346
Integrated Substance Misuse & Social Health Plan - DATC	-	482,599	-		146,774	335,825
Substance Misuse Service	-	900,000	-		459,650	440,350
Mobile Eye Health Van	470,000	-	-		435,740	34,260
Mobile Ear Health Van	295,000	-	-		228,201	66,799
Mobile Dental Health Van	250,000	-	50,134		300,134	-
Murri School Clinic Refurb	200,108	5,125	-		205,233	-
Northgate Clinic Upgrade	479,690	100,063	-		579,753	-
Spearhead Team	568,772	593,750	-		598,207	564,315
Minor Capital Works - Coolangatta	-	500,000	-		-	500,000
Minor Capital Works - Browns Plains	-	500,000	-		-	500,000
Deadly Choices TVCs	-	400,000	-		-	400,000
Aged Care Service	-	291,351	-		-	291,351
GENERAL PRACTICE QUEENSLAND						
Urban Specialist Outreach Assistance Program (USOAP)	-	45,454	-		45,454	-
Care Coordination	93,097	629,807	-		722,904	-
Supplementary Services	(69,845)	294,845	-		225,000	-
Allied Health Services	-	308,100	1,068		309,168	-
MEDICARE LOCALS						
Metro North Brisbane Medicare Local - Close the Gap	144,761	388,317	-		533,078	-
Metro North Brisbane Medicare Local - Professional Dental Service	-	183,636	-		44,594	139,042
Metro North Brisbane Medicare Local - After Hour	-	60,000	-		14,055	45,945
Metro North Brisbane Medicare Local - Care Coordination	-	728,663	-		728,663	-
Metro North Brisbane Medicare Local - Supplementary Services	-	561,760	-		551,508	10,252
West Moreton Oxley - Close the Gap	-	358,181	-		301,242	56,939
QUEENSLAND UNIVERSITY OF TECHNOLOGY						
Sexual Health Education Program	33,137	108,241	-		134,376	7,002
QAIHC LTD						
Workforce Project	-	300,000	-		225,724	74,276
DEPARTMENT OF COMMUNITIES						
Urban Wellbeing Program	10,000	-	-		10,000	-
Mums & Bubs Swim Classes	16,034	-	-		16,034	-
Deadly Choices Redesign	30,000	-	-		30,000	-
DEPARTMENT OF ATSI & MULTICULTURAL						
LEAP - Swim & Bubs Club	-	10,000	-		10,000	-
TOTAL	4,140,506	20,964,197	2,812,176	-	22,897,997	5,018,882

thank you



THANK YOU



CONTACT DETAILS

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