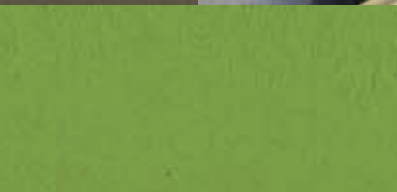
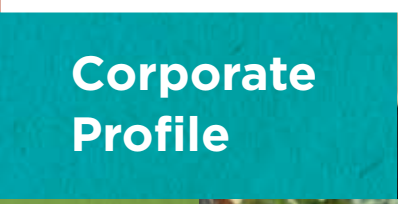
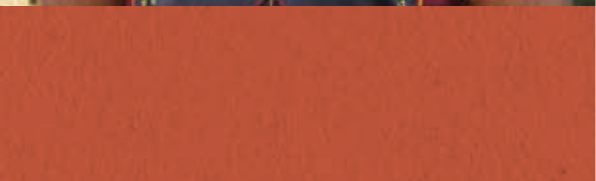


INSTITUTE FOR URBAN INDIGENOUS HEALTH





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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 AND AGEING

QUEENSLAND HEALTH

METRO NORTH BRISBANE MEDICARE LOCAL LTD



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



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SINCE 2009, IUIH HAS CREATED:



AN INCREASE IN THE NUMBER OF PRIMARY CARE HEALTH CLINICS FROM **FIVE** TO **THIRTEEN**, WITH FOUR MORE ON THE WAY



UP TO **THREE** TIMES MORE INCOME FROM THE MBS SCHEME THAN BEFORE

MORE THAN **150** TERTIARY STUDENT PLACEMENTS IN OUR HEALTH CENTRES EACH SEMESTER



360%
INCREASE IN GP HEALTH MANAGEMENT PLANS FOR CLIENTS



220%
INCREASE IN NEW PATIENTS

1000%
INCREASE IN THE NUMBER OF ANNUAL HEALTH ASSESSMENTS

360%
INCREASE IN PATIENT VISITS TO DOCTORS



MORE THAN **2000** YOUNG PEOPLE ACROSS 50 SCHOOLS HAVE PARTICIPATED IN OUR DEADLY CHOICES PROGRAM WHICH PROMOTES A HEALTHY LIFESTYLE

2009

WELCOME

The Institute for Urban Indigenous Health was established in 2009 by four Aboriginal and Torres Strait Islander community controlled health services in South East Queensland to implant an integrated and efficient approach to Indigenous health care in the region.



Until the establishment of the Institute, there was little understanding of or interest in the disadvantages experienced by urban Aboriginal and Torres Strait Islander peoples and their access to health services by government or the wider community. This was mostly due to the incorrect belief that urban Indigenous populations enjoyed easy access to ‘mainstream’ health services and that the need to close the gap in life expectancy between Indigenous and non-Indigenous Australia was only an issue in remote areas.

Accordingly, one of the Institute’s key focuses has been to champion Indigenous health needs and show how investment into services and programs which are well-targeted and delivered in an appropriate way can make a real difference.

health services and the broader mainstream health system with a major focus on integrating services and avoiding duplication.

In tandem with this we have developed and are delivering a network of education and prevention programs, tailored both regionally and demographically, to inform, educate and empower urban Indigenous people in accessing health services and to embrace a healthier lifestyle.

To continue to grow, we continue to seek more support, more partnerships and more opportunities to close the gap for Aboriginal and Torres Strait Island people.

ADRIAN CARSON - CEO

Further, we play a critical role in establishing and strengthening partnerships between our

IMPROVING AND INTEGRATING URBAN INDIGENOUS HEALTH SERVICES

The Institute for Urban Indigenous Health unites, integrates and leads four community controlled health services¹ in South East Queensland.

We work in partnership with health care providers, research bodies and academia, government departments and other community-based agencies to improve the health

of the urban Aboriginal and Torres Strait Islander population and ultimately close the gap in life expectancy between Indigenous people and the wider community.

We do this by increasing the availability, efficiency and quality of health services while working closely with communities to promote the use of comprehensive health

screening, prevention and health care services and to actively encourage healthy life choices.

We are a new model of community controlled health service in Queensland and the only one of our kind in Australia.

Our service area extends west to the Lockyer Valley, north to

We are a new model of community controlled health care in Queensland and the only one of our kind in Australia.

Bribie Island, east to Stradbroke Island and south to the New South Wales border.

But our reach is increasing beyond that as many of our programs do not have geographic limits and can be tailored to any group in any location.

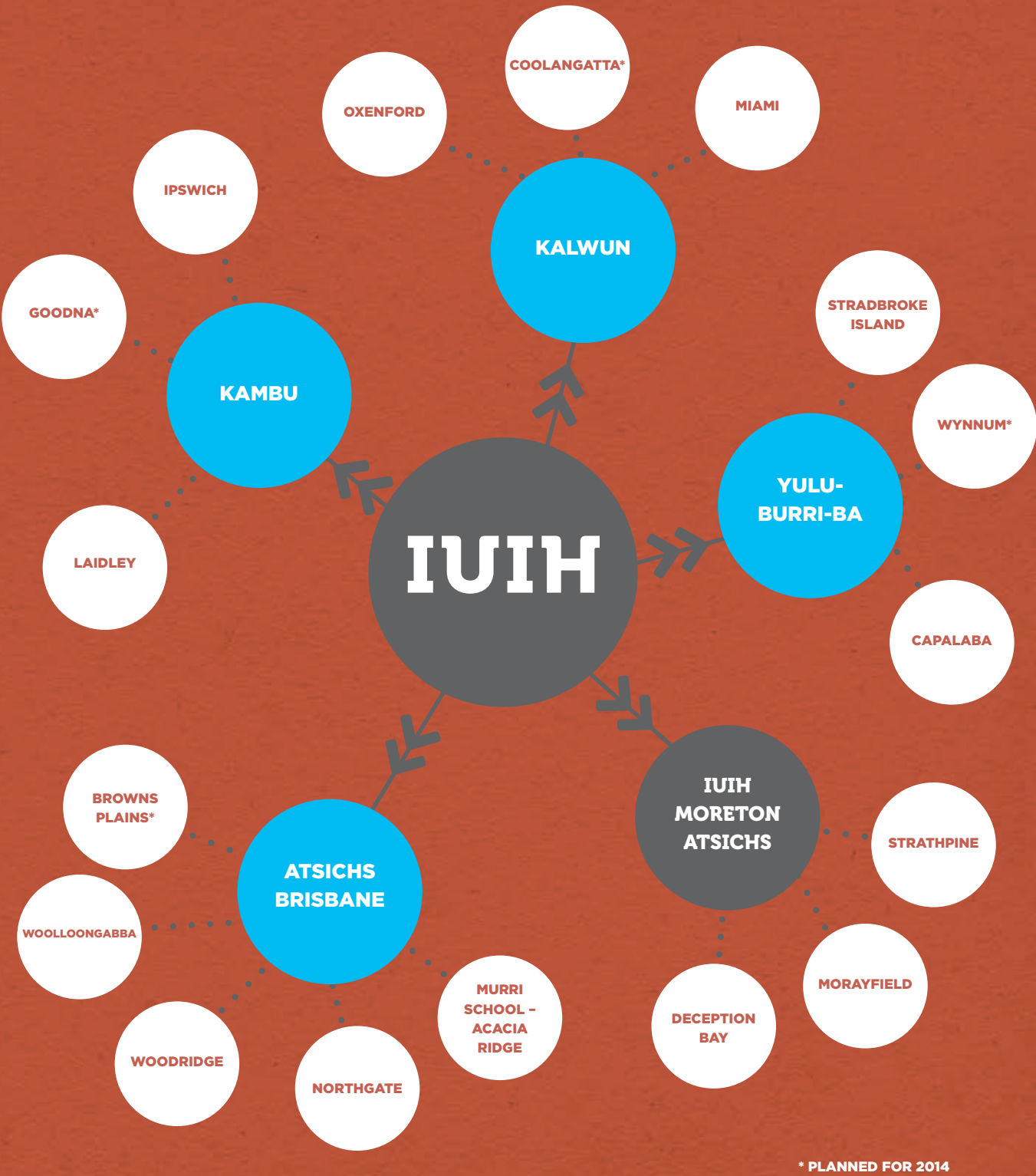
We were established in 2009 by four independent community controlled health services to create a coordinated, integrated approach to managing and mitigating urban Indigenous chronic disease levels in South East Queensland.

By joining forces and unifying our purpose, we have seen an

enormous increase in results across the entire south east corner of Queensland. By the end of 2013, our regional network comprised 13 multidisciplinary primary health care clinics, which more than doubled the geographic reach and client base prior to our inception. Four more clinics are planned for 2014.

1. As its name suggests, a community controlled health service is initiated, developed, delivered and managed by an Indigenous community - through an incorporated body - and ensures well-targeted, culturally appropriate implementation.

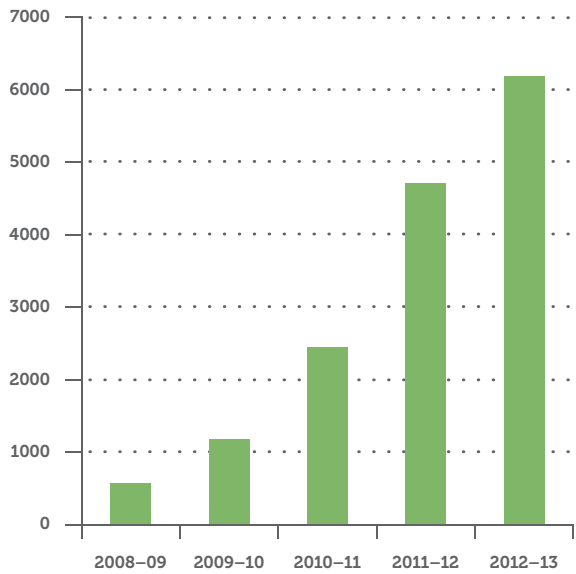
OUR NETWORK OF PRIMARY HEALTH CARE CLINICS



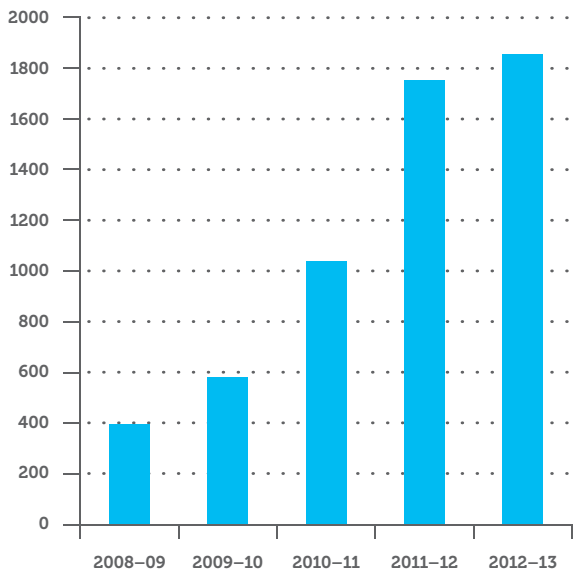
SINCE 2009

... 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.

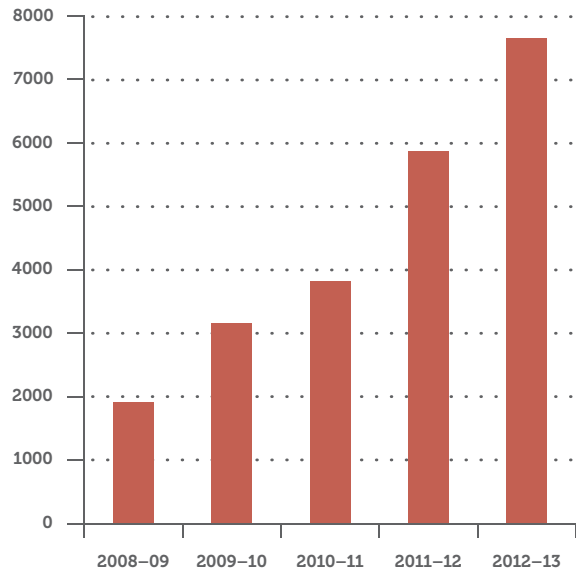
ANNUAL UPTAKE OF INDIGENOUS HEALTH ASSESSMENTS HAVE INCREASED BY OVER 1000% SINCE 2008/09



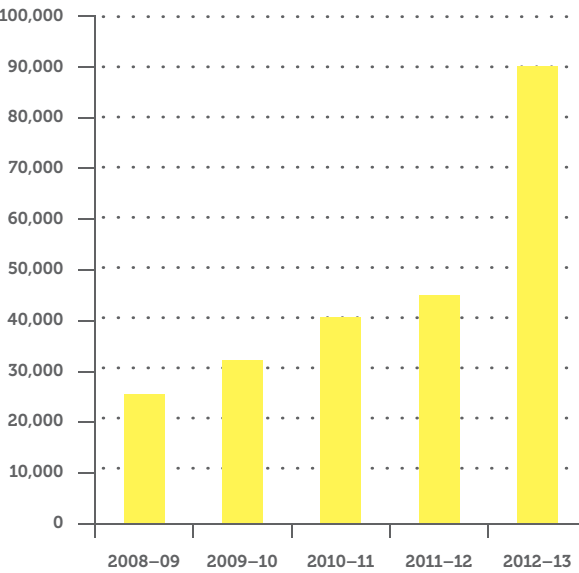
ANNUAL UPTAKE OF GP MANAGEMENT PLANS HAVE INCREASED BY APPROXIMATELY 360% SINCE 2008/09



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



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





PROVIDING SERVICES THAT WORK

There is a common misconception that the vast majority of the Aboriginal and Torres Strait Islander people are based in remote and rural communities. Yet more than one-half of Australia's Indigenous population lives in urban areas. In Queensland, almost one-third of all Indigenous people reside in the south east pocket.

Another incorrect assumption is that urban-based Aboriginal and Torres Strait Islander people benefit from the same health services as the wider metropolitan community. They don't. Research has found a high degree of segregation exists, with Indigenous Australians typically residing in isolated, outer suburban areas characterised by low employment opportunities and reduced, fragmented amenities and services.

The statistical truth is that life expectancy of Indigenous people in South East Queensland is 61 years – 12

years less than their non-Indigenous neighbours, and around 80% of this mortality gap is attributed to chronic disease², in particular cardiovascular disease, diabetes and chronic respiratory disease.

This disparity has been widely recognised by governments and is the foundation of the Council of Australian Governments' (COAG) *Close the Gap* health reform program which specifies clear outcomes for health service delivery to Indigenous Australians. The Institute for Urban Indigenous Health's programs and priorities align with this national agenda.

By providing access to appropriate medical services, we aim to close the gap of life expectancy between Indigenous and non-Indigenous people in South East Queensland.

2. Australian Institute of Health and Welfare 2010. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Cat. No. IHW 48. Canberra: AIHW.

AN INNOVATIVE APPROACH, A PRACTICAL SOLUTION

Our model for improving the health of urban-based Indigenous people is based on six principles:

LOCATION – anchoring health services where they are needed and easily accessed by Indigenous communities, based on statistical and demographic mapping.

INTEGRATION – providing an integrated suite of medical and allied health services in a culturally appropriate way to ensure a comprehensive, long-term commitment to each client’s current and potential health issues.

PREVENTION – complementing these responsive health services with preventative community education and behaviour change campaigns.

COLLABORATION – encouraging and collaborating

with mainstream health services to ensure they are able to meet their respective health care responsibilities for Indigenous people.

PROFESSIONAL EDUCATION – developing a skilled and responsive Indigenous health workforce by providing opportunities for health professionals – both Indigenous and non-Indigenous – to understand and gain experience working within the social, cultural and economic characteristics of the urban Aboriginal and Torres Strait Islander population.

SELF-SUFFICIENCY – achieving greater financial self-sufficiency of our services and less dependence on government grants, to ensure sustainability and the capacity to respond to growing and changing health needs of our communities into the future.

A SNAPSHOT OF THE SERVICES AND PROGRAMS DELIVERED BY IUIH

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

OUR CORPORATE STRUCTURE

We are incorporated as a company limited by guarantee.

Our Board comprises eight members: a director nominated by each of our four founding member health services and four independent, skills-based

directors appointed by the four nominee directors. Currently, the independent directors are leaders in the medical, community health, Indigenous health, academic and financial management sectors.

The chairperson is appointed

from the four directors nominated by our member health services.

The Board is supported by three governance sub-committees: Finance & Risk Management, Remuneration & Performance, and Research.

We are governed—and inspired—by representatives of our four founding community controlled health services in consort with independent expert directors.

BOARD DIRECTORS – SNAPSHOT



STELLA TAYLOR-JOHNSON
CHAIRPERSON
Current CEO of the Kambu Medical Centre in Ipswich and founding Director of the IUIH.



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



DENISE LEWIS
Director of the Kalwun Development Corporation Ltd, an Aboriginal Community Controlled Organisation which delivers the Kalwun Health Service.



BRETT SHANNON
Director of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd.



MAURICE BURKE
Holds Director roles for several organisations and provides extensive experience in financial management within the public sector.



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



PROFESSOR ROBERT BUSH
Director of the Healthy Communities Research Centre at The University of Queensland's Ipswich Campus.



PROFESSOR KENNETH WILTSHIRE AO
JD Story Professor of Public Administration within The University of Queensland (UQ) Business School and holds several other Board/Committee positions.

Our success stems from our business model based on strong corporate governance, evidence-based decision-making, measurable performance and consistent service standards.

A NEW MODEL OF INDIGENOUS HEALTH CARE

The Institute for Urban Indigenous Health's rapid success in integrating four previously independent health services stems from our innovative delivery approach coupled with our strict business ethos.

One of our priorities since our establishment has been to develop a business model based on strong corporate governance, evidence-based decision-making, measurable performance, consistent service standards and the efficient integration of resources. We've achieved this in three key areas:

BETTER USE OF FUNDING SOURCES

Our priority is to maximise access to the existing Medicare Benefits Scheme (MBS) to deliver core health services needed by Aboriginal and

Torres Strait Islander people and to use both Indigenous-specific and mainstream grant funding to meet additional comprehensive primary health care requirements which are not able to be met through the MBS.

The results to date are impressive, with clinics now generating up to two to three times the MBS income they were previously able to generate.

BETTER USE OF DATA TO INFORM SERVICE DEVELOPMENT, QUALITY AND PRACTICE

Thoughtful collection, analysis and application of data is critical to the decisions we make every day at IUIH. For example, decisions regarding the establishment of new clinics—including their location,

the model of care and the mix of primary medical and allied health services—are based on detailed mapping taken from existing data. Similarly, service quality is driven by ongoing collection and collation of data which is routinely analysed and used to drive continuous quality improvement.

GOVERNANCE REFORM

IUIH and our four member organisations are leading the way in governance reform among community controlled health services across the nation. We have seen region-wide reinvigoration of constitutions and board structures to reflect the modern, progressive and responsive health enterprises we must be to continue to meet our agenda.

CREATING A NEW GENERATION OF INDIGENOUS HEALTH EXPERTS

To ensure the continual focus on and improvement of the delivery of health services to the Indigenous population, the Institute for Urban Indigenous Health is dedicated to increasing the links between emerging and existing health professionals and our health services.

Our ultimate goal is to develop and expand the Indigenous health workforce as well as increase cultural awareness and understanding among local GPs and allied health professionals. During the past four years, our achievements in this area include:

- the introduction of a Workforce Development Manager, in partnership with the University of Queensland, who oversees a dedicated student placement program
- the introduction of a Medical Educator to mentor GP registrars and support local GP supervisors
- the accreditation of five clinic locations for hosting GP registrars across a variety of placement types; previously, just one centre was accredited
- more than 150 student placements scheduled across our health centres each semester; previously, student placements were ad hoc and infrequent
- an increase in the variety of student placement disciplines; previously medical and nursing students were core participants whereas we are now attracting students undertaking a variety of specialities such as

occupational therapy, speech pathology, pharmacy and physiotherapy

- a formalised program of mentorship and cultural training, accredited by the Royal Australian College of General Practitioners, for trainees and established GPs to encourage greater understanding of the health challenges facing Indigenous Australians.

We are focused on developing and expanding the Indigenous health workforce and increasing cultural understanding among local GPs and the wider health community.

LINKING RESEARCH AND REAL-LIFE

The Institute for Urban Indigenous Health has been closely aligned with academia since our inception.

Our Research Program links research findings, emerging expertise and proven methodologies with the practical delivery of our services to ensure optimal results.

CREATING CHANGE THROUGH TAILORED PROGRAMS

The Institute for Urban Indigenous Health delivers a broad range of primary health care, allied health, education and engagement initiatives to meet current urban Indigenous health issues while concurrently striving to change behaviour and ultimately reduce chronic disease rates in future years.

In addition to primary health care services, we also develop and deliver a broad spectrum of education, engagement and activity programs to change behaviour and, ultimately, lives. Some of these programs are implemented across our entire region, some by specific health services.

All our programs are delivered within the framework of five priorities:

PARTICIPATION – the emphasis of all our programs is on participation and active learning.

LINKS WITH HEALTH – all programs are designed to increase knowledge of chronic disease prevention and management, behaviour change

and to promote and improve access to health services.

LEADING BY EXAMPLE – mentoring is key and each of our initiatives is based on a foundation of developing effective relationships between deliverers and recipients, which often extends beyond the program.

FLEXIBILITY AND DIVERSITY – the Indigenous community, like any, is not a homogenous group and, accordingly, our programs must be flexible and diverse in response.

EVALUATION – is essential to measure and demonstrate each program's impact and outcomes and to ensure we are achieving the right return on investment.

PROGRAM HIGHLIGHTS:

DEADLY CHOICES

Deadly Choices is a chronic disease prevention and education program developed on the principle of empowering young people to become positive leaders and make healthy choices. The program uses sport and physical activity to encourage attendance and deliver health messages and has been delivered in more than 50 schools reaching about 2000 young people. It has been incorporated into the curriculum at state schools, private schools, the Aboriginal and Islander Community Independent School (Murri School) and is regularly delivered at the Brisbane Youth Detention Centre. The program is also delivered to men's groups and fathers' groups at Kambu Medical Service.

- Evaluation from participants told us:
- 100% now eat breakfast more
 - 57% increased their physical daily exercise after completing the program
 - smoking decreased by 14%
 - 100% did not understand chronic disease before the program
 - 100% said they would undertake the program again.

DEADLY CHOICES COMMUNITY DAYS

Community Health Days address four key health areas (chronic disease, nutrition, physical activity & tobacco) through a range of family-focused, sporting, cultural and nutritional activities. They are held regularly throughout the south east corner and comprise a range of activities including group fitness,

DEADLY CHOICES PARTNERSHIPS

We have developed formal partnerships with two of Australia's biggest sporting brands: the NRMA Insurance Brisbane Broncos and Geelong Cats which have proved highly successful in using sport to promote Deadly Choices messages through a range of activities and events.

health testing, art programs and nutrition education.

Our flagship Deadly Choices program has been delivered to more than 2000 young people and is now being licensed throughout Australia.



DEADLY CHOICES LICENSE

Following the success and high recognition of the Deadly Choices brand, many like-minded organisations want to deliver the program in their regions across Australia. In response, we've developed a licensing program to allow the use of the Deadly Choices program, brand and marketing materials.

WORK IT OUT

Work it Out is a rehabilitation and education program for people with chronic diseases such as diabetes, lung disease or heart disease, to help them to cope and take part in everyday activities.

Preliminary evaluation shows that all participants improved in their fitness test results over the program's duration and all clients reported significant changes in their social and emotional well-being.

INDIGENOUS YOUTH SPORTS PROGRAM

The Indigenous Youth Sports Program (IYSP) is designed as a

week-long program to engage young urban Indigenous students in cultural, educational and sporting activities within a university environment.

Surveys show that participants experienced greater feelings of self-worth and perceived university as more achievable after the IYSP experience.

GOOD QUICK TUKKA

Good Quick Tukka is a healthy cooking program developed by the Queensland Aboriginal and Islander Health Council (QAIHC) where community members are taught how to prepare healthy, affordable meals in a short amount of time. Members of IUIH's Healthy Lifestyle Team are trained as Good Quick Tukka facilitators and already have conducted almost 90 sessions engaging over 400 community members.



MUMS & BUBS

We are delivering new child and maternal health initiatives in our centres across South East Queensland, with a specific focus on early childhood development and an integrated paediatric health model.

Our flagship service is the Mums & Bubs program which aligns current community needs with our own objective of responding better to families with complex issues which impact on the health, development and education of urban Indigenous children.

OPPORTUNITIES TO WORK WITH US

FOR MORE INFORMATION ON BECOMING A CORPORATE PARTNER OF IUIH PLEASE CONTACT OUR DIRECTOR CORPORATE SERVICES, MR JASON DALTON ON (07) 3648 9500 OR EMAIL: JASON.DALTON@IUIH.ORG.AU

The Institute for Urban Indigenous Health is proud of our achievements over the past four years and are now in a position to offer partnership opportunities to businesses seeking to work with a progressive organisation making a real difference within the urban Indigenous population as well as the wider community.

We believe developing mutually beneficial business-to-business partnerships with like-minded organisations will help us to further expand our services, secure ongoing delivery of those programs and continue to increase our network of

community support. In return, we offer a unique opportunity for organisations seeking to support initiatives, perhaps as part of a corporate social responsibility program, that are delivered in a highly accountable and professional manner, are closely monitored and managed to ensure optimal return on investment, and which are making a demonstrable difference within the community.

As a not-for-profit organisation with deductible gift recipient status we are able to offer your company a tax deduction for any monetary donation that may be made and welcome your support.

But this is just one small way that you can get involved with us.

DEVELOPING A TRUE CORPORATE PARTNERSHIP BETWEEN OUR ORGANISATIONS INVOLVES A STRONG COMMITMENT AND MAY TAKE THE FORM OF ANY OR ALL OF THE FOLLOWING:

- funding of specific programs and initiatives
- opportunity to access the expertise and skills of your workforce
- opportunity to access your network of partners thus expanding our ability to reach the broader community
- training and development opportunities for IUIH

- employees and member services
- opportunity to access your marketing and communication channels allowing for the expansion of our profile and program reach, educating mainstream Australia.

YOUR INVESTMENT IN IUIH WILL REALISE THE FOLLOWING RETURN OF BENEFITS:

- a positive improvement in the health of Aboriginal and Torres Strait Islander people of not only South East Queensland but also Australia
- increase the access to primary health care for Aboriginal and Torres Strait Islander people
- directly impact on "Closing the Gap" of life expectancy between Indigenous and non-Indigenous Australians
- improve the awareness of health of both Indigenous and non-Indigenous Australians through education
- enable your company to achieve your Corporate Social Responsibility goals
- raise the profile of your company by aligning with IUIH, a recognised leader in our field
- opportunities to communicate directly to Indigenous Australia about the products and services of your company
- leave a positive legacy which will derive benefits for generations to come.

We do not have a one size fits all approach or pre-determined packages. Rather, we would be pleased to discuss any potential initiatives, ideas or proposals to determine how we could partner with one another to achieve our mission.

Our only prerequisite when selecting our Corporate Partners is ensuring that they possess the same passion for making a difference and demonstrate respect for the Aboriginal and Torres Strait Islander people of Australia.

IUIH

VISION

To achieve equitable health outcomes for urban Aboriginal and Torres Strait Islander populations and to ensure that all Aboriginal and Torres Strait Islander people in the South East Queensland region have access to culturally safe and comprehensive primary health care.

MISSION

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 South East Queensland region.

To support the effective implementation of the Council of Australian Governments' (COAG) *Close the Gap* initiatives and other strategic developments in the region and to have a major emphasis on promoting partnerships and integration with other mainstream health services.

CORE VALUES

- Strategic focus in every activity and relationship.
- Quality in performance of every task and in every process.
- Enhancement of the capabilities of member services.
- Accountability to stakeholders and communities for meeting all commitments.
- Solidarity in working together, sharing, strengthening and supporting each other.

STRATEGIC GOALS

TO FACILITATE IMPROVED ACCESS TO COMPREHENSIVE PRIMARY HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES IN SOUTH EAST QUEENSLAND.

TO ENSURE A COORDINATED AND INTEGRATED APPROACH TO THE PLANNING, DEVELOPMENT AND DELIVERY OF PRIMARY HEALTH CARE SERVICES TO ABORIGINAL AND TORRES STRAIT ISLANDER POPULATIONS ACROSS SOUTH EAST QUEENSLAND.

TO ENSURE THE DEVELOPMENT OF A COMPETENT AND APPROPRIATE WORKFORCE IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH.

TO BUILD SUSTAINABLE PARTNERSHIPS IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH.

TO CONTRIBUTE TO BUILDING THE EVIDENCE BASE FOR URBAN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH.

FUTURE DIRECTIONS

WE WILL PLAY A STRATEGIC ROLE IN ADDRESSING:

POORER HEALTH OUTCOMES AMONG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

MAJOR RISK FACTORS IN INDIGENOUS HEALTH

BARRIERS TO HEALTH SERVICES ACCESS AND USE

THE SOCIAL DETERMINANTS OF HEALTH

THE IMPLICATIONS OF NEW INITIATIVES IN BOTH

MAINSTREAM AND INDIGENOUS HEALTH POLICY.



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