



# **Institute for Urban Indigenous Health**

## **Strategic Plan 2011 - 2014**



# Background

The Institute for Urban Indigenous Health (IUIH) was established in July 2009 by the Community Controlled Health Sector as a strategic response to the growth and geographic dispersion of Aboriginal and Torres Strait Islander populations within the South East Queensland 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 IUIH represents a partnership between the four Aboriginal and Torres Strait Islander Community Controlled Health Services within South East Queensland:

- The Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane;
- Kalwun Health Service;
- Yulu Burri Ba Aboriginal Corporation for Community Health; and
- Kambu Medical Centre.

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# Aboriginal and Torres Strait Islander Population

2006 Census Data indicated that slightly more than one-half of the Australian Indigenous population lives in areas classified as 'major cities' or 'inner regional' areas.

However, research has identified that there is a high degree of segregation of the Indigenous population in these urban centres as large communities of Indigenous Australians have been found to be concentrated in high density outer suburban neighbourhoods.

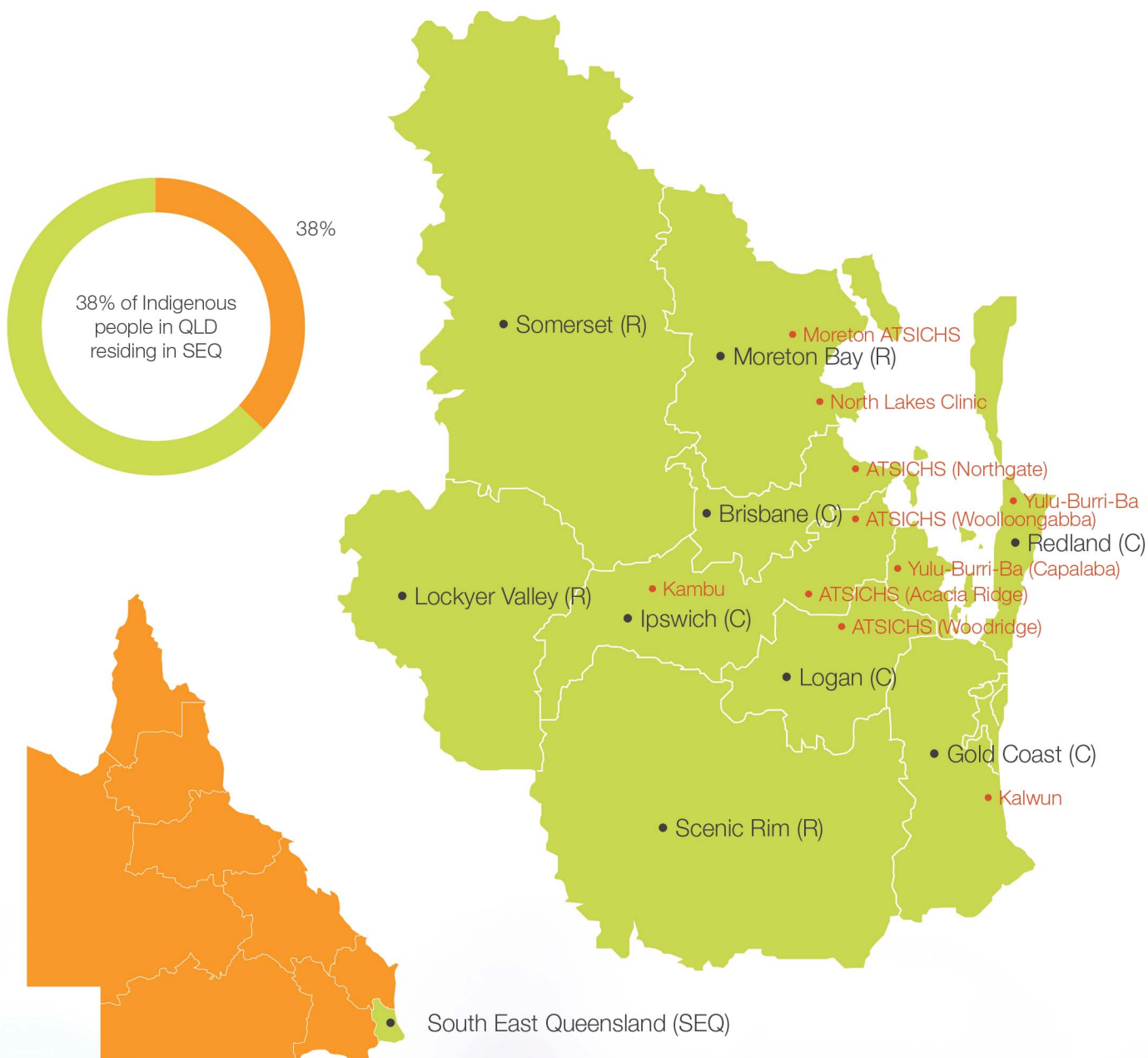
Table 1 provides a breakdown of the Indigenous population across South East Queensland which indicates that the density of the Indigenous population is greater in outer suburban regions of Brisbane. Contributing to this has been the rapid population growth in the South East Queensland as well as migration from the urban centres to new suburbs in the outer regions of Brisbane.

A majority of these regions have relatively low socioeconomic characteristics compared to the inner suburban regions. Consequently, these areas are susceptible to the greatest risk of disadvantage due to the quality of housing and limited employment opportunities as well as poor access to primary health care facilities, education and other services.

The continued growth of the Indigenous population and shift to these outer urban areas provides the IUIH with significant opportunities to support the effective implementation of COAG 'Close the Gap' commitments and funding. These trends support the IUIH's dedication to develop initiatives that will successfully contribute to 'Closing the Gap' and strive to achieve health equality for all Australians.

Table 1: Aboriginal and Torres Strait Islander population of South East Queensland by LGA.

	Indigenous Population	Total Population	% of Total Indigenous Population
Brisbane	12,943	956,151	34.03%
Gold Coast	4,563	433,955	11.99%
Ipswich	4,699	138,879	12.35%
Logan	6,140	251,070	16.14%
Redlands	1,943	127,628	5.11%
Moreton Bay	5,946	324,781	15.63%
Lockyer Valley	712	30,120	1.87%
Somerset	439	18,596	1.15%
Scenic Rim	650	32,911	1.71%
<b>Total</b>	<b>38,035</b>	<b>2,314,091</b>	



The minimum Indigenous population of South East Queensland therefore totals approximately 40,000 (see Table 1 opposite), with Census under-counts the population is estimated to total up to 50,000. This is significant when compared to Indigenous populations across both Queensland and Australia:

- The Indigenous population of SEQ comprises over a third of Queensland's total Indigenous population;
- The Indigenous population of SEQ is greater than the total Indigenous population of Victoria;
- The Indigenous population of SEQ is greater than the total Indigenous population of South Australia; and
- The Indigenous population of SEQ comprises more than two third of the total Indigenous population of the Northern Territory and more than half of the total Indigenous population of Western Australia.

# Rationale for a Regional Approach

The significant burden of chronic disease in Aboriginal and Torres Strait Islander communities means that care coordination is of central importance.

However, the extent to which Aboriginal and Torres Strait Islander Community Controlled Health Services are best placed to deliver all elements of comprehensive primary health care varies according to local conditions, including:

- Accessibility of services;
- Relationships with other agencies;
- Roles of private general practice;
- Range of care providers; and
- Capacity to provide appropriate care.

Over recent times there has been strong attention as to funding for primary health care services to Aboriginal and Torres Strait Islander people living in remote and rural communities. However, the health status of Australia's urban Indigenous population has also continued to suffer relative disadvantage as a result of socio economic disadvantage and increasing migration into urban centres.

The IUIH has been established as an Indigenous specific agency to facilitate access to comprehensive primary health care to urban Indigenous peoples in the South East Queensland Region. Through its collaborative partnerships and networks, the IUIH provides a strong regional model to guide decision making in relation to funding and support, ensure equitable access to care, assist the development of best practice in the urban clinical care environment and support stronger governance and management arrangements within Community Controlled Health Services.



Mums and Bubs Program



# Current Pressures and Future Challenges

It is important to align the priorities for the IUIH with the major national health reform agenda to 'Close the Gap' in Indigenous outcomes.

The key measures to be achieved under the 'Close the Gap' initiatives include:

- To close the life expectancy gap within a generation;
- To halve the mortality gap in children under age five within a decade;
- To halve the gap in literacy and numeracy achievement within a decade;
- To halve the gap in employment outcomes within a decade;
- To at least have the gap in attainment at year 12 schooling by 2020; and
- To provide all four year olds in remote communities with access to a quality pre-school program within five years

In terms of health service delivery, a major focus will be on addressing the burden of chronic disease in Indigenous communities and ensuring a healthy start to life for Indigenous children. This will therefore require a significant focus on building integrated and multi-professional approaches to improved antenatal/postnatal care and the prevention, treatment and management of chronic disease.

In developing its strategic response to this national agenda, the IUIH has identified the following key challenges:

- Poor identification of Aboriginal and Torres Strait Islander clients among general practices
- Services delivered that do not address the cultural specific needs of Aboriginal and Torres Strait Islander people
- Failure to coordinate effectively with other service providers as required
- Gaps in knowledge regarding Indigenous demography as well as current rates of access to services.
- Poor planning for health service delivery to Indigenous people across South East Queensland.
- Lack of a specific focus on disease prevention.



# Vision

The vision of the IUIH is to achieve equitable health outcomes for urban Aboriginal and Torres Strait Islander peoples 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 Statement

The 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.

The IUIH also aims to support the effective implementation of the COAG 'Close the Gap' initiatives and other strategic developments in the region and will have a major emphasis on promoting partnerships and integration with other mainstream health services.

# IUIH Core Values

The IUIH will apply the following values in order to achieve its business mission:

- 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

# Future Directions

This strategic plan represents a three year vision for the IUIH and provides the strategic focus for key outcome areas for all activities of the organisation.

The IUIH 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



# Strategic Goals

In order to achieve its vision by 2014, the IUIH will strive to achieve the following five goals:

## Strategic Goal 1

To facilitate improved access to comprehensive primary health care for Aboriginal and Torres Strait Islander peoples in South East Queensland.

### Strategies:

In order to achieve this goal, the IUIH will:

- Undertake comprehensive mapping of health service needs for Indigenous peoples in South East Queensland
- Undertake health service planning based on priorities identified in the mapping exercise
- Maximise the uptake of MBS Items in Indigenous health
- Maximise the use of the Practice Incentives Program (PIP) Indigenous Health Incentive.
- Test and evaluate new models of service delivery to Aboriginal and Torres Strait Islander peoples in South East Queensland

### Workforce Development Unit



## Strategic Goal 2

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.

### Strategies:

In order to achieve this goal, the IUIH will:

- Develop and implement a model for chronic disease management
- Assume the role of regional funds holder for the implementation of the COAG initiatives
- Strengthen and maintain key service relationships, such as those with the local Divisions of General Practice, private practitioners, allied health service providers and hospitals
- Develop and implement regional programs for disease prevention

## Strategic Goal 3

To ensure the development of a competent and appropriate workforce in Aboriginal and Torres Strait Islander health.

### Strategies:

In order to achieve this goal, the IUIH will:

- Collaborate with the University of Queensland in implementing its strategic agenda for the development of an Indigenous health workforce
- Coordinate the placement of students in Aboriginal and Torres Strait Islander health settings
- Establish a 'Teaching Centre of Excellence in Indigenous Health', with multiple nodes for activity
- Support the ongoing capacity development of the existing workforce in Indigenous and mainstream health services to improve service delivery to Aboriginal and Torres Strait Islander peoples

## Strategic Goal 4

To build sustainable partnerships in Aboriginal and Torres Strait Islander health.

### Strategies:

- Establish a formal network of partners in implementing the IUIH activities
- Work with a range of stakeholders in implementing the COAG agenda in Indigenous health
- Develop new models of service delivery that are based on business models and include both mainstream and Aboriginal and Torres Strait Islander Community Controlled Health Services
- Ensure engagement with other sector services in addressing the social and economic determinants of Indigenous health

## Strategic Goal 5

To contribute to building the evidence base for urban Aboriginal and Torres Strait Islander health.

### Strategies:

- Collaborate with universities and research institutes in addressing gaps in knowledge and undertaking research in priority areas
- Monitor all activities undertaken by the IUIH and ensure they are evaluated
- Improve the quality, availability and accuracy of data collected on urban Aboriginal and Torres Strait Islander peoples
- Ensure the timely use of technology and patient health information systems







[www.iuih.org.au](http://www.iuih.org.au)

