

## Expectations high for first stage of transition

**Queensland Health Minister Paul Lucas has confirmed the government's commitment to the final stages of Yarrabah's transition to community-controlled primary health care services.**

In meetings this month Minister Lucas has told GYHSAC chair Drew Dangar, CEO David Baird and board members he was committed to ensuring his department worked more effectively with the Yarrabah team towards a successful outcome.

Mr Dangar said the new health facility was in the final stages of completion.

"Our expectations are high," he said.

"Gurriny already provides the only pharmaceutical service in Yarrabah, we employ our own doctor and we've led the design and development of a 'model of care' to best suit our community's health care needs."

Board member Elverina Johnson said they wanted to be able to show the rest of the world what Yarrabah could achieve with determination "in full swing".

"It gives people hope to know they have a community-controlled organisation where people can come and feel comfortable," she said.

"At community level there's a common understanding, the centre is ours and it will make people feel like they've contributed, and that we do care for our people."

Ailsa Lively, who is on the GYHSAC board for the first time this year, said she

liked what the organisation was doing.

"Our clients at Gindaja use primary health care as well so I wanted to take the opportunity to assist Gurriny to push this transition through, we need a committed board that is committed to quality governance," she said.

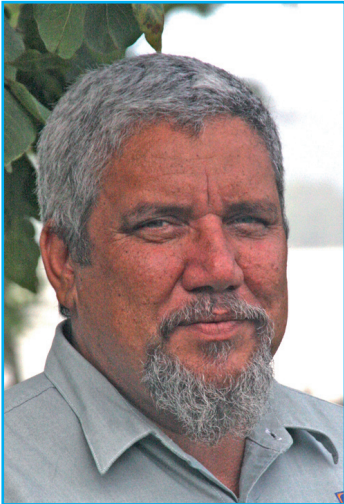
CEO David Baird said in the four years since the Deed of Commitment had been signed, they had been working closely with Queensland Health.

"We are positive around what we need to do to get good health outcomes for our people, and we are confident that we can continue to work with Queensland Health for these outcomes," he said.

"The health services facility here in Yarrabah has been two years in the making and has cost \$17 million, and we're all looking forward to the next stages of our work there.

"We've worked hard to instigate an inclusive 'partnership' approach into what we've managed to achieve so far.

"With a new commitment from the Minister to see this transition through we're hopeful of seeing our long term goals achieved, not only for Yarrabah but for all of our mob."



**GURRINY YEALAMUCKA  
HEALTH SERVICES  
ABORIGINAL CORPORATION**

Gurriny Yealamucka Health Service, Yarrabah QLD 4870. We welcome contributions to the newsletter please contact the editor.

Web

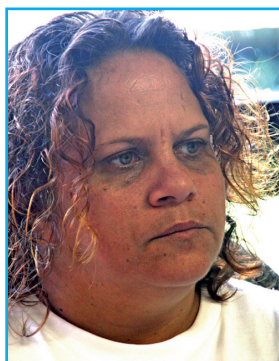
[www.gyhsac.org.au](http://www.gyhsac.org.au)

Email

[janet.guthrie@gyhsac.org.au](mailto:janet.guthrie@gyhsac.org.au)

Phone

0429 590 873



*Top left: Drew Dangar,  
Below Left: David Baird;  
Left: Elverina Johnson  
& Right: Ailsa Lively*

# The Model of Care

## Key Points:

- One half of the diagram depicts the community and the other half depicts the health programs.
- The centre circle represents the Healing Waters or Medicine Water (a sacred place in Yarrabah).
- Pushing from the bottom up and driving the processes is the Yarrabah Community represented as community, family, groups and individuals.
- The Model reflects the communities desire to address all elements of health related to pre-conception through to aged care and death.
- The Model reflects the need to ensure programs are aimed towards early detection of disease, improved self-management, addressing risk factors, and health promotion.
- The Model recognises the need for partnerships to be established, both strategically and operationally, at local, regional, and state levels.
- Resourcing adequately is essential.
- The Model requires a high standard of clinical and organisational governance.
- The Model requires best practice and quality assurance processes to be maintained to provide an optimal quality health service for the people of Yarrabah.

**The Model of Care describes the way we are going to deliver health services across Yarrabah, says GYHS Planning and Partnerships Manager Ruth Fagan.**

"It also describes and identifies one of the key elements around what we need to be considering when we develop our programs or when we deliver health services in the community," she said.

"And it's about Gurriny actually getting out into the community and working, delivering services and engaging at a much greater level with people in the community.

"So it's also about understanding from the community what's important to them about their health services and the way we deliver them, and what sort of services do

they feel strongly that they need to have in the community.

"Not just for individuals and families but also for groups, such as the football players or church groups, who are peer groups with an existing capacity to work together for positive results and shared outcomes."

Clinic Practice Manager Steve Isbister said they were already effectively working as a GP practice and were very active in health promotion. And successfully so.

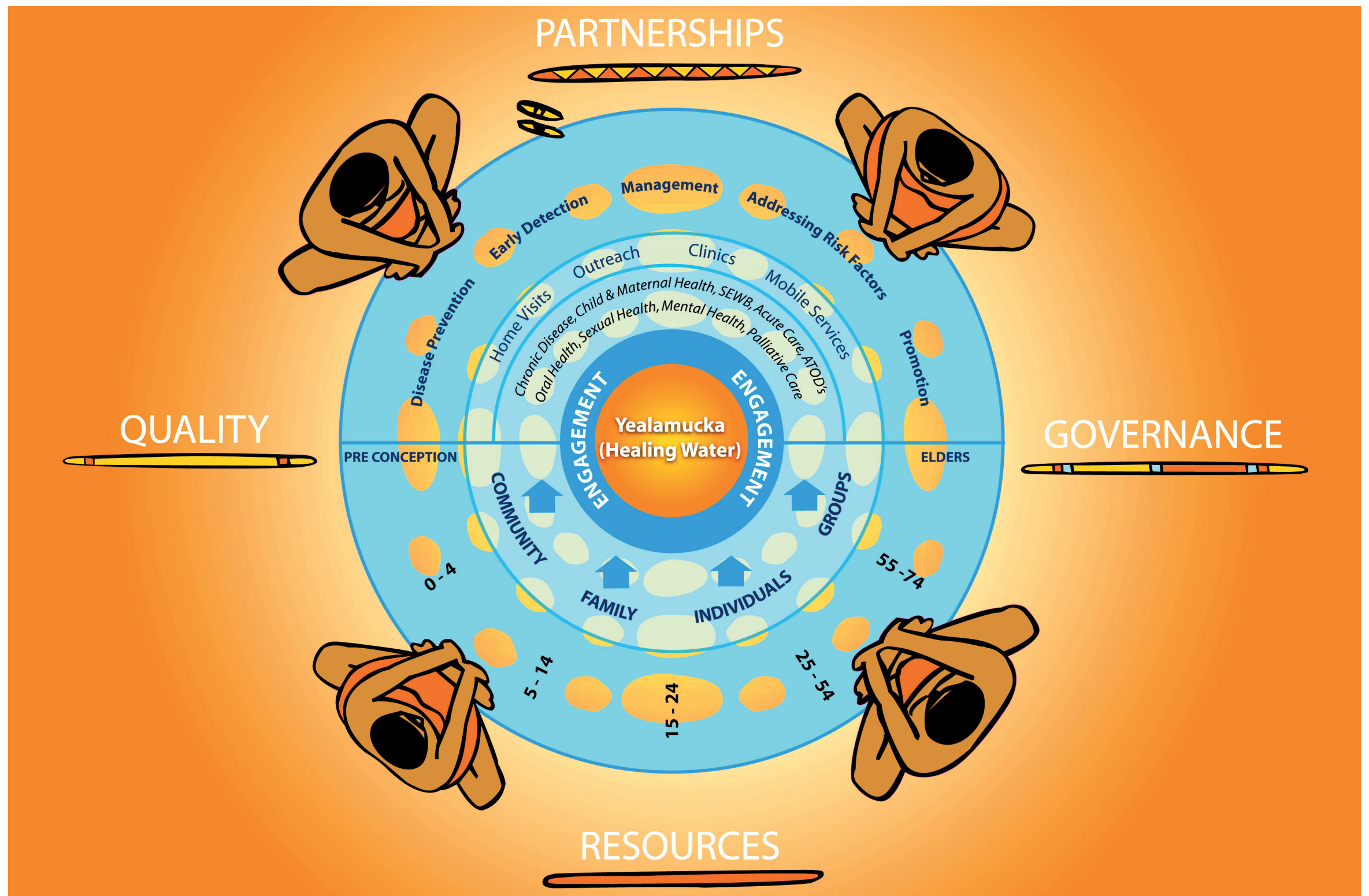
He said a recent young person's check resulted in more than 400 people between the ages of 15

and 24 fronting up for Sexually Transmitted Infection and chronic disease screening

"That's around 72 per cent of that age group here in Yarrabah that the team saw," he said.

"And that triggers recalls; this screening turned up problems such as obesity, hypertension and other issues that need to be flagged at a young age: we will follow up on all that".

"We know we have to actually get out in the community and contact a large number of people, see as many as you can and address the issues, then we can start to get a handle on what the actual figures are and from there work to reduce them."





# Yarrabah's own doctor can see you now!

**Dr Ashleigh Peake is Gurruny's new doctor. He's come a long way to get here, here is some of his story:**

I was trained in Melbourne and was actually drawn to the tropics in my second year of residency which was at the Cairns Base Hospital in the late 1970s.

After that I went back to Melbourne to do some more study, general practice training before returning to Cairns to do some local work for a friend who had a practice in Kuranda.

I subsequently took it over in 1984 and was there until 2000.

So I spent a lot of time in Kuranda and got to know a lot of Indigenous people up there - about a third of our patients were Aboriginal or Islander.

And I think we were very well accepted by the community up there.

Since then I've had a year in the Kimberley and I've been working in rural New South Wales for the New England division of General Practice doing their locum work down there as well as playing farmer.

But the urge to come back to the tropics returned and we've come back this year to work at Yarrabah and to live in Cairns with my wife and my youngest boy who is at school.

I was keen to get back working in Indigenous health and I already knew a few families who had connections over here through my Kuranda days.

So it's been pretty easy to slot back in here.

The other thing that is exciting about Yarrabah is that there are big changes afoot with this transition to community control.

I'm pretty excited about it because I think the best outcomes in Indigenous health come with Indigenous control and I'd really like to see this go well, I'm sure it will.

I'd love to be involved in some general practice doctor training here as well, it would be great to be able to help facilitate some Indigenous doctors coming to Yarrabah and perhaps some kids from Yarrabah becoming doctors.

These are just some of the things possible for the future and I'm proud to be able to play a part in that.

