

# GURRINY YEALAMUCKA HEALTH SERVICES ABORIGINAL CORPORATION



## Annual Report 2012-2013





# Yarrabah Community Profile

**The Yarrabah Shire is situated along about 60km of coastline to the south east of Cairns between False Cape in the north, around Cape Grafton and down to Palmer Point in the south.**

The Community lies about 12km to the south east of Cairns in and around Mission Bay.

By road it is a 53km drive from Cairns CBD which takes about 45 minutes to travel.

Geographically, our land area could generally be described as a long slender shape bounded in the west by the Murray Prior Range and the coast on the east.

It has an overall length of about 30km and is about 2.5km wide in the south, but broadens out to almost 8km across the northern part.

It has an area of about 154 square km.

Initially European influence began in earnest with the establishment of an Anglican Mission on this same location on the 17th of June 1892.

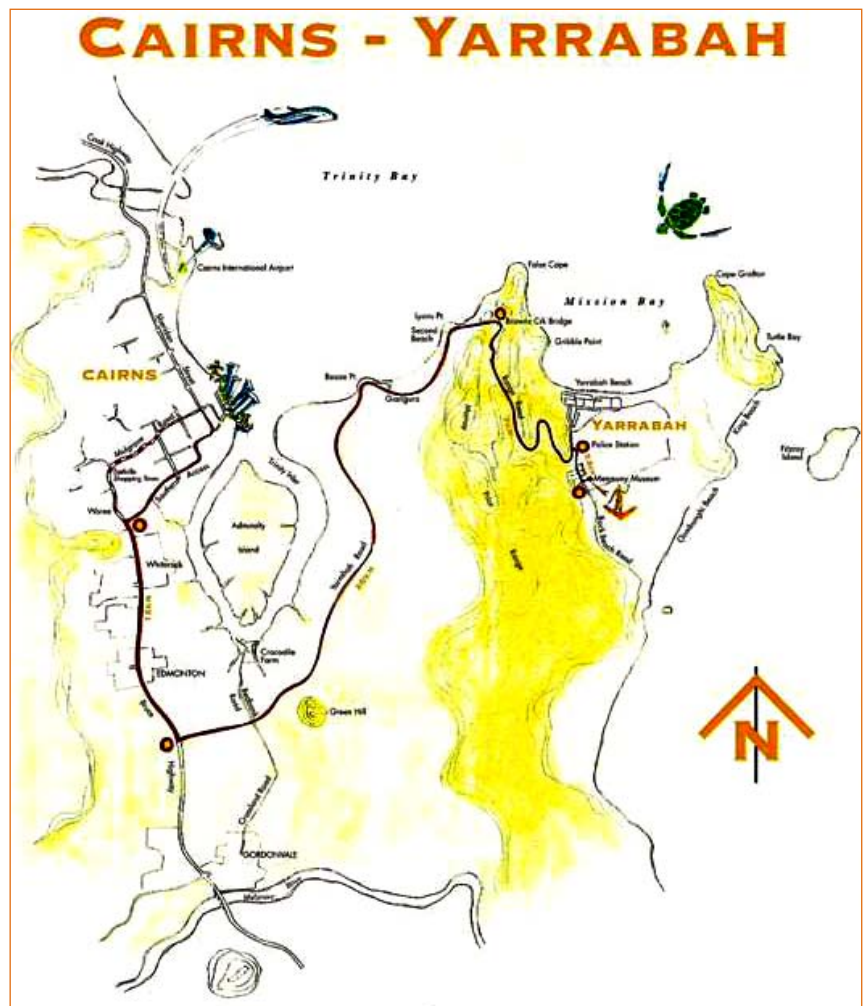
Over the years, subsequent state government administrations forcibly relocated

Aboriginal and some South Sea Islander peoples from far and wide to Yarrabah.

As a consequence most local residents can claim both traditional and historical ties to the area.

The first Aboriginal Council in Yarrabah was established in the mid-1960's, principally as an advisory body.

Community Council status was first granted in 1986 through the *Community Service (Aborigines) Act* in 1984.



Under the Community Services Act tenure known as DOGIT - Deeds of Grant in Trust - were established where the land was held in trust by the Council of the day.

In 2004 the Queensland Government passed new legislation – the *Local Government (Community Government Areas) Act 2004*, which transitioned Community Councils to Aboriginal Shire Councils by the year 2008.

Yarrabah is now governed by an elected Aboriginal Shire Council under the Local Government Act of Queensland and remains under the DOGIT system of land tenure.

The community has an official population of 2722 people according to the 2010 census and unofficially - due to a known deficit in accuracy in census reporting - of more than 3,000 people.

A health profile of the community indicates chronic disease is the main reason people get sick in Yarrabah.

Hypertension (high blood pressure), hyperlipidaemia (cholesterol), diabetes and asthma are the most prevalent.



# Gurriny Yealamucka Health Services Aboriginal Corporation

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# From Health Council to Primary Health Care Services: a short history of 'Gurriny'

The Yarrabah Health Council was established in 1993, out of the Yarrabah Health Council of 1989, by the Yarrabah Aboriginal Council because community members felt the health needs of residents were not being met by state government-run health services.

## Objectives

1. To improve and maintain the health and wellbeing of all people in the community of Yarrabah and surrounding areas, through community participation and by providing a community-based and community-controlled Aboriginal Health Service, in a culturally sensitive manner;
2. To increase and maintain the health standards of the people in Yarrabah and surrounding areas by establishing an Aboriginal Community Controlled Health Service;
3. Incorporate Primary Health Care as the major foundation to serve multi-purpose community controlled Health Services;
4. Identify the priority requirements for improving the health standards and delivery of health services and programs to the people of Yarrabah;
5. To develop policies and strategies to promote and improve the health status of Yarrabah people;
6. To collect, co-ordinate and manage data and conduct research into matters relating to the health of the people of Yarrabah and surrounding areas;
7. To raise the awareness of priority health areas affecting the health and wellbeing of Yarrabah people before the public and to the attention of the appropriate authorities;
8. To network and co-ordinate health information with all other community-controlled health services in Queensland, Australia and overseas;
9. To be able to participate in social research studies in any other Indigenous Health Service in Australia, or other parts of the world;
10. To lobby local, state and federal governments and international organisations for financial aid;
11. To develop and implement education and training programs in all health areas on a needs-based service criteria.

Funding to establish the Yarrabah Health Council was received from the Aboriginal and Torres Strait Islander Commission (ATSIC).

The role of the Yarrabah Health Council was to conduct preventative health care programs primarily for rheumatic fever, hearing health, diabetes and suicide prevention.

A community decision to make the transition from the Yarrabah Health Council into Gurriny Yealamucka Health Services Aboriginal Corporation was made in 1997 and commenced in July 2002, with final stages of that transition being completed in December 2003.

In 2000 the Yarrabah Health Council formally reviewed its operations, changed its name and was incorporated as an Association, under the name of: Gurriny Yealamucka Health Services Aboriginal Corporation (GYHSAC).

The words 'Gurriny Yealamucka' are from the Kunghanghi language and mean 'Good Healing Water'.

GYHSAC is an Incorporated Aboriginal Association under the Aboriginal Councils and Associations Act 1976 (hereinafter called "the Act").

Since its inception the Board of Directors have actively developed the organisation to become the lead health agency in Yarrabah.

The core business of GYHSAC is to provide a culturally sensitive, multipurpose Primary Health Care Service, and to ensure effective coordination of health services in Yarrabah in partnership with Queensland Health, Yarrabah Community Council and Commonwealth Department of Health and Ageing.

The primary focus is on preventative health care including strategies that target early intervention.

## Vision

Gurriny, as the community controlled health service will lead the advancement of equitable health outcomes for the people of Yarrabah.

## Mission

Gurriny will "Close the Gap" through progressing quality health care services that are underpinned by gold standard governance and business practices.

## Goals

1. To increase and maintain the Health standards of the people in Yarrabah and surrounding areas by establishing an Aboriginal Community Controlled Health Services.
2. In partnership with Cairns & Hinterland Health Service incorporate Primary Health Care as the major foundation to serve a multipurpose community controlled health service.
3. Achieve a culturally appropriate biomedical and social health development model.

# Chair's Report: Sandra Houghton



**Firstly, I would like to acknowledge the previous Chair Mary Kyle who made it easy for me to step into this role and take over from her.**

Well, what a year.

A lot of changes have taken place.

This year our services have vastly improved and we have seen some great work being carried out by our staff with new CEO Suzanne Andrews at the helm.

We, as a community, should be proud of them and for what has been achieved which includes:

- Development of Gurriny News;
- Continued working towards transition date;
- Integrated service delivery Cairns & Hinterland Health Services (CHHS) & Gurriny;
- Yarrabah soon to have a 4-chair dialysis satellite unit; and,
- Development of some real health data for Yarrabah & the health status of Yarrabah.

Gurriny has grown from strength to strength as the Board has become engaged in numerous developments that have enabled growth and continued improvement.

One of the biggest developments was agreeing to a transition end date with the CHHS – this date being June 30 2014.

I would like to thank the CHHS Board and their CEO for working with us to achieve such a positive outcome in setting the date for our transition to community control.

As a Health Board, we are not only looking at the health status of Yarrabah but rather the whole

health reform agenda for all Aboriginal and Torres Strait Islander peoples and as a Board, we are required to participate and engage at all levels.

Through many forums, with other stakeholders such as NATSIHA, QAIHC, NACCHO, CHHS, we actively participate in high level discussions.

If we do not attend these forums and participate governments will assume that we do not wish to become involved and will make changes without our input.

After the AGM last year, the Board received Governance Training to ensure we understood our roles within the organisation.

Governments and funding bodies require accountability and that the Board shows good effective governance.

Early this year, we went off-site for a weekend of planning with the CEO and Senior Managers to set Gurriny's strategic direction for 2013.

A very positive move for the Board and Senior Managers as it helped us to build and maintain good internal relationships.

We have been able to demonstrate and deliver better health outcomes for our people.

More and more we see our people managing their own health but we still have a long way to go.

I firmly believe with our model of care and our great team of workers, we will start to see major health improvements in our community.



**Final week for...**  
 Yarrabah youths and mentors have to 15-24-year-olds to take part in the (YPHC), which is due to finish up at...  
 While it might be perceived as a draining experience waiting, filling out paperwork, getting measured up...and that's even before urine and blood sampling...Gurriny knows it's the best way possible to ensure the community's long term health stats, published in last month's Gurriny News, start improving. And there are other rewards too - not only do participants collect \$20 in phone credit for being in it, they are put into the draw for an iPad as well as greatly improving their chances of living a long and healthy life!  
 Bernice Yeatman, 20, agreed. "I think it's a great opportunity for young people like myself to get a health check-up," she said. "It's all good, staff were really friendly."  
 She said she didn't need to say much to encourage her friends to come along. "I would be happy to see them here."



**Goals set for new board & staff**  
 Improving in all areas is the aim of the Board and staff at Gurriny Yealamucka Health Services Aboriginal Corporation, CEO Sue Andrews says.



Last month the Board and senior staff met over a weekend to reflect on the past year and talk about plans and goal-setting for 2013. A major focus for this year will be community engagement, she said, which was integral in the lead up to community control. "Our focus this year will be to build a stronger than ever relationships with all the residents of Yarrabah, to continue to listen carefully to their needs and to work closely with them to maintain programs helpful to everyone," she said. "This year we can look forward more programs jointly run with Queensland Health (QH), and therefore seeing more of our doctors, nurses and health workers out and about setting up clinics in different locations so people can access our services better. Our Chronic Disease Program has worked very well and I think critical to that success was QH staff and Gurriny staff working together. When you look at the statistics on pages 2-3, we're seeing people are being diagnosed with a chronic illness a lot earlier than non-Indigenous people. "Gurriny has an opportunity to be a real voice for what the community wants in terms of how they want their services delivered and what their priorities are. "Discussions across the two-day workshop were also about funding cuts across all health areas. "The Board recognised the important role they will play this year in highlighting the health needs for Yarrabah to our funding groups to ensure we continue to receive their support. There's a greater level of accountability for us as Gurriny and as community people ourselves, back to community rather than if you were working with a government department. So it's important for us to hear what the community wants to make this service better. "We want to be able to tell the community how healthy they are and what we are doing to address that."

**Young people / child's health check... it's your turn now!**



Above: Health worker Savanna Bulmer checks Myrna Miller's ears  
 MORE PICS INSIDE!  
 ...were staying healthy each year. Gurriny has been doing these screening clinics for several years and they have helped pick up problems such as hearing, eyesight, skin hygiene and weak bones," she said. Child Health Checks have been introduced to address the community health needs and the transition community control processes has provided an opportunity for Gurriny to expand and run this clinic. The child health clinic often runs with a team from the Gurriny and Queensland Health services who report each other in the follow up work as well as

I would like to encourage members who are interested in becoming a director to be positive and constructive, as we need a team of people who will be very committed and dedicated to carrying out the responsibilities of the Board to achieve better health outcomes for our Community.

- I would like to acknowledge and thank:
- NATSIHA members;
  - QAIHC resource support;
  - Apunipima CEO Cleveland Fagan for support and resources;
  - Medicare Local – Michael Wilson;
  - Staff for their dedication and commitment to local Indigenous health outcomes;
  - The Board of Directors for their continued commitment, support & encouragement; and,
  - Community of Yarrabah for their belief in Gurriny.

- Where to from here:
- Transition 1 July 2014;
  - New Governance structure; and,
  - Build on model of care and delivery for better health outcomes for Yarrabah.
- On a final note, I would like to thank the Board and the CEO for supporting me in my role as Chair for 2013 and, I know that Gurriny could not move forward positively without your continued support, commitment, dedication and encouragement.



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# Board Members 2012-2013



*Top: Staff and Board working together in an externally located planning meeting.*

*Above: L-R Gail Fourmile, Sharmaine Stafford, Linda Sexton, & Mahalia Mathieson.*

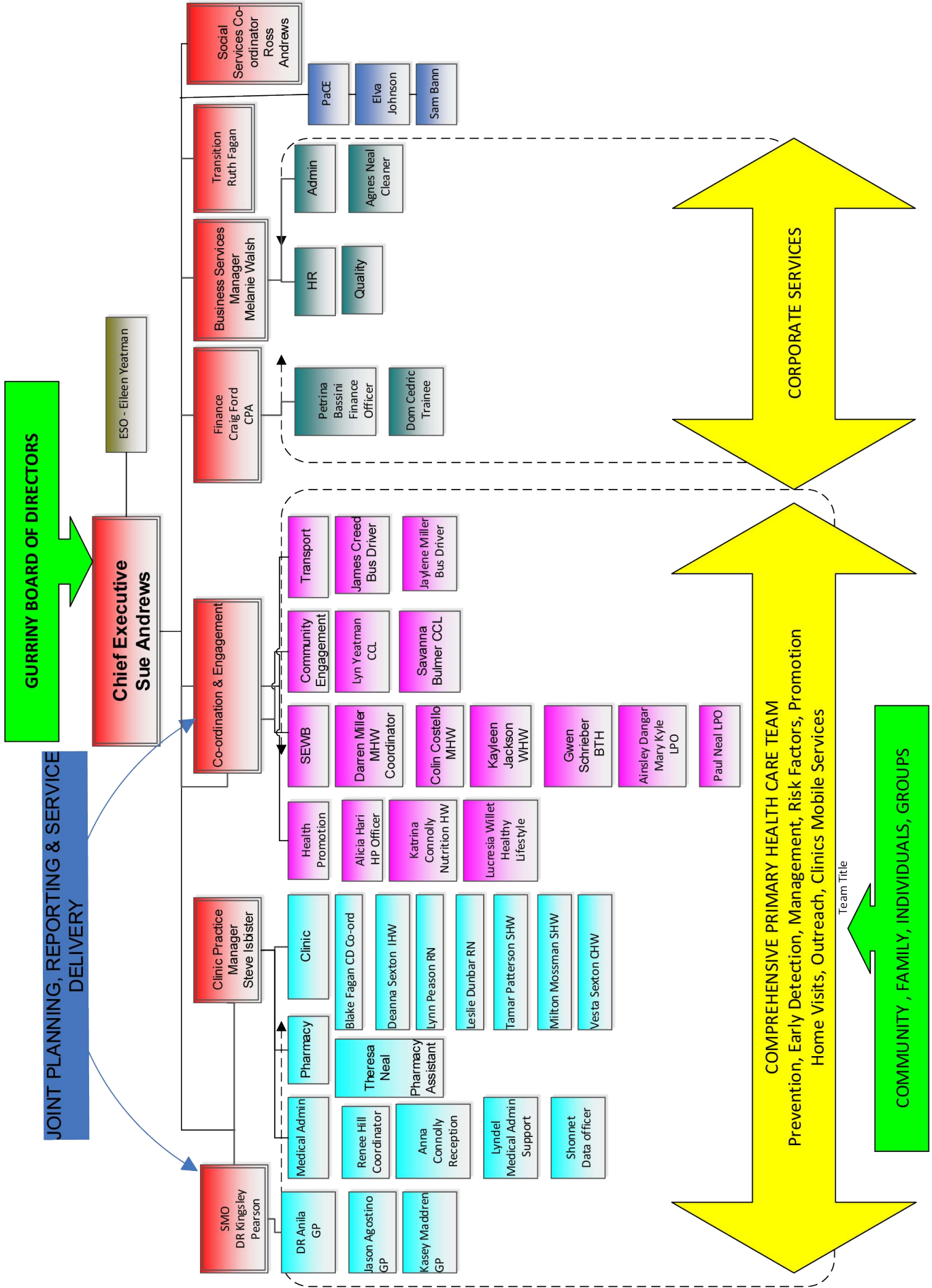
*Left: Board Chair Sandra Houghton*

*Below: L-R: Shennae Neal; Fr Mick Connolly; Petronella Connolly & Lee Yeatman.*



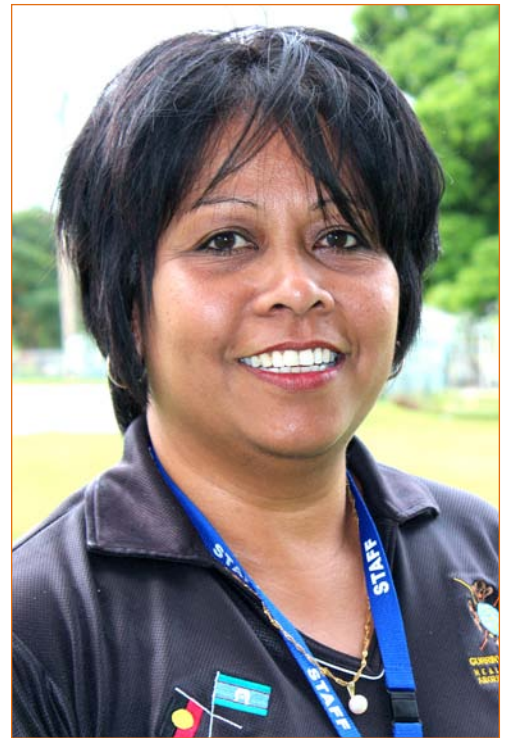


# Organisation Structure



# CEO's Report: Sue Andrews

This is my first year as CEO, after taking over the role from previous CEO Uncle David Baird, who I would like to thank him for paving the way for me, for not only making it easy to slip into this position but also equipping me with the tools to carry out this role.



Over the past 12 months our key priority areas have been as follows.

## **Governance**

Our Board continued to develop from strength to strength and it was only with the full support of BOD that Gurriny continued to grow and expand.

Our BOD had their induction at the end of last year, which equips them with the tools to govern the organisation and be compliant in all areas of governance.

The BOD together with the CEO and the senior managers went off-site for a weekend of planning.

The planning day is to immerse the board into the strategic goals of the organisation and to work together with the CEO on fulfilling the strategic key priority areas of the Gurirny.

Through monthly BOD meetings the BOD monitored with the CEO not only how these goals had been carried out, but also how the BOD supported the CEO to achieve them.

This year has seen a greater responsibility taken on by the BOD, this is due to governance compliance being implemented by funding bodies and government departments.

One of the major changes in board structures will be the introduction of skills-based Board members and independent Board members by June 2014.

This will mean three seats on the Board will be taken up by independent members who will

come with certain skills sets in areas such as legal, clinical/business modelling, finance and governance compliance.

Every Board member will be required to do training around governance and will either have a Certificate IV in Governance or be in the process of attaining same.

## **Primary Health Care**

We continue to deliver an integrated service model together with Cairns Hinterland Health Services (CHHS), this has been somewhat challenging.

Our doctor's numbers have grown from one full-time doctor to 3.5 and a very experienced registrar.

Our nurses and Aboriginal Health Workers (AHWs) also continue to grow in number and current staff have shown an interest in becoming qualified.

Some have started training in the field and we will soon employ a Nurse practitioner to enhance service delivery.

Although Gurriny operates on a small budget we continue to kick goals in the delivery of our model of care, and we are now able to demonstrate real health outcomes for our patients as well as data output.

For the first time we are able to show the health status of Yarrabah and show health data on how we are tackling the burden of disease.





By December 2013 Gurriny will start to deliver a 4-chair dialysis unit out of the clinic.

I must thank Julie Hartly-Jones for finding the funds to make this happen.

Gurriny currently has 13 patients on dialysis who travel daily to Cairns Hospital for treatment, this will soon become a thing of the past as most of the patients will soon be dialysed in Yarrabah.

Thanks also to the new State Health Minister Lawrence Springborg for his continued commitment towards making this happen.

### Transition

Transition is still on track for June 2014, this has been a working progress for some time now and we will soon see the fruits of our labour come to fruition.

Gurriny has some great challenges ahead but together with CHHS, our BOD and all staff we can overcome these challenges and see the changes are for a greater good for the health of our people.

Gurriny will continue to keep the community abreast with these changes through our community engagement consultation as well through the work our staff do out in the community.

### Corporate Services

As we expand and take on more staff from CHHS, Gurriny has had to advertise for a human resources/organisational capacity support person.

This position will take on all the human resource tasks

as well as support the CEO in the day to day business of Gurriny.

Our Operations Manager Melanie Walsh will focus on operations and quality/compliance.

Craig Ford is now the Finance Manager he comes across from Yarrabah Aboriginal Shire Council with a wealth of experience and is also a qualified accountant.

Once again Gurriny's audit has gone from strength to strength as we continued to build on our working capital.

I would like to thank the good Lord for his guiding light and directing my path, my Board and Chairperson for their constant support being my first year as CEO as well as the senior management and staff who have assisted me every step of the way and have come along on this journey with me.

I would also like to thank my family, who I sometimes neglect, knowing they are behind me 100% for me to carry out this role of CEO.



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# Transition Manager's Report: Ruth Fagan



In 1989 through the Yarrabah Council the Yarrabah Health Committee was established and in 1991 incorporated.

Between 1989 to 2000 under the leadership of the Committee and support from the local Council Yarrabah community, they started to take back control of their health through the building of a health clinic (Noble Drive), employment by Council of three Health Workers (Rheumatic Heart Program) and undertaking the Yarrabah Health Feasibility Study.

The key outcomes of this study was Yarrabah's desire to take ownership of health through a community-control model, and recognition that healing our community can only happen when we also address the social-emotional impacts in our lives as a result of the Stolen Generation.

In 2000 the Yarrabah Health Committee was re-named Gurriny Yealamucka Health Services Aboriginal Corporation and a small amount of funding from the Commonwealth was provided to employ a Manager and part-time Finance Officer.

In 2006, with funding to expand Gurriny to include clinical services alongside our Social-Emotional Wellbeing Programs, the Board of Directors at that time signed a Deed of Commitment with the Yarrabah Aboriginal Shire Council, Commonwealth and State Government to transition Queensland Health Primary Care services, including the funds and staff numbers, to Gurriny.

Today we are entering the final stages of this transition with the Gurriny Board of Directors and the Cairns and Hinterland Health Service (CHHS) Board agreeing to complete this process by June 30th, 2014. Gurriny is undergoing a series of reviews in order to prepare for the expansion of the organisation with a major focus on ensuring governance, financial, quality and health planning systems and processes are functioning well.

Critical pieces of work are in progress around Human Resources and Industrial Relations impacts on the current workforce both in Queensland Health and Gurriny.

The commitment to transferring staff from Queensland Health (QH) includes a legislative requirement that these staff must not be disadvantaged in any way relating to their entitlements and working conditions.

Prior to the end of this financial year all staff in QH who are identified as staff for transition will have had the opportunity to discuss their personal professional circumstances with Gurriny Finance/HR department and meet with a financial consultant provided by QH.

Recently, a high level Transition Committee was established and is comprised of our CEO and Chairperson, the Cairns Hinterland Hospital Services CEO, QAIHC CEO, Director General of Health and the State Manager of the Department of Health and Ageing.

This Committee will drive the discussions and decision-making around the transition that cannot be made locally, for example additional funds that may be required to expand services in Yarrabah.

Finally, Gurriny has successfully developed and distributed six newsletters to date that highlight the hard work and achievements of our staff.

The newsletters are opportunities to discuss at a service delivery level the impacts of Transition and how it is benefiting us and introduce our Board of Directors and Senior Management Team members.

Gurriny has already evidenced through their health statistics that the Model of Care is working and as we grow through transition we expect to provide a more improved service again.

A key part to any success will be the ongoing engagement of community people using the service and their feedback – the good and the bad – so we can improve the service into the future.



# Our Staff:



*Top Pic: Senior Management & Administration team based on Workshop St;  
Below: Clinic and Social & Emotional Wellbeing staff.*

# Clinical Services Report: Steve Isbister



Over the past 12 months, the Primary Health Clinic of Gurriny Yealamucka Health Service has had an enormous growth in delivery of services to the community of Yarrabah.

This increase in service delivery has occurred both within the clinic and in our community outreach programs.

Patient flow through the clinic has increased by 60-80% over the past 12 months and is a reflection of a mix of improved program delivery, a robust recall system, and a continuity of clinical staff and administrative staff.

Throughout the reporting period from July 2012 to June 2013 we were able to see a vast improvement in service delivery due to a number of factors.

The delivery of care through one electronic patient information system, with the vast majority of Yarrabah community members registered, meant for the first time clinicians were able to deliver vastly improved comprehensive primary health care.

A stable doctor workforce led by Dr Pearson also meant clients are much more likely to see the doctor of their choice and have their ongoing care needs delivered in more systematic and comprehensive manner.

We had two very successful planning days at Apunipima in December 2012 which set out the goals for the clinic for 2013.

We recognised the importance of all clinic programs integrating more with the social and emotional team to deliver improved outcomes for the Yarrabah community.

2013 saw an improvement in this regard however we hope to concentrate on greater integration in 2014 with the challenge to find a system that fully supports staff in delivery of these programs.

Clinicians have continued throughout the year to

work with Men's and Women's groups to encourage their members to have an annual health check.

This has been warmly received by the community.

During 2013, we were able to offer a health assessment to 850 patients.

This was a mix of our monthly child health checks at Noble Drive, weekly adult health checks at Workshop St, and a very successful Young Person's Check coordinated by Tamar and Milton in February/March.

340 young people, aged between the ages of 15 and 24 were screened, and enabled the early identification of a mix of sexual health and chronic disease markers.

As a result of this successful community screening, we plan to offer a 12-week Healthy Lifestyle Programme in 2014, for both young people and adults to promote healthy living and the prevention of the onset of chronic diseases such as Diabetes and Coronary Heart Disease.

A particular challenge that presented itself was that of increased recalls generated by increasing patient throughput.

It is widely recognised, that the more a client feels empowered by comprehensive health care the more likely they are to ensure that they have the follow up care required to manage their health effectively.

Gurriny has the systems in place to manage this, being a combination of home visiting and appointments followed up by phone calls and reminders.

Reception staff also has played a vital role in this area by encouraging patients to update their contact details at appointment times and clinical



staff are also encouraged to check the recall status when patients attend to see their doctor.

Gurriny has continued to work closely with Queensland Health to ensure that clients are getting high quality care in all areas and we are continually working to ensure that duplication of services is avoided.

There is an urgent need to improve the electronic discharge system from Cairns Base Hospital to ensure that clinical staff have immediate notification of discharge both from the wards and from clinics in Cairns.

We are working with QH to find the most efficient method of information flow and discharge notes that will also cut down the paperwork needing to be scanned and copied in the clinic.

The individual Gurriny Clinic teams can report as follows:

- Clinical Registered Nurses and Health Workers have worked in 2013 with the doctors to manage all the GP recalls, carry out home visiting and adult health checks and assist with child health checks and specific recalls, such as in the area of sexual health. These staff also are responsible for ensuring the smooth running of a very comprehensive stores program. They also assist in the very busy Patient Assessment Team area where clients are assessed prior to seeing a doctor or proceeding to the emergency area.
- Gurriny continues to deliver an outreach pharmacy from Edmonton Pharmacy. Our pharmacy assistant works closely with both the Edmonton Pharmacy and the visiting home medicine review pharmacist. There are over 75 clients who receive their medications via Webster Packs and the team has visited a great number of chronic disease clients in order to assist them in their understanding of all aspects of their home delivered medication aids. This has resulted in greatly increased compliance and effective monitoring of their ongoing medication regimes. These home visits have been warmly received by clients in particular those who have complex medication regimes.
- The Gurriny transport officers have continued to provide a valued service to the community and in particular the renal dialysis clients in Yarrabah. This job can be difficult and tiring at times and all the drivers are to be commended for their service throughout the year. Gurriny currently runs twice a day 6 days a week to Cairns Base and Cairns Private hospitals. It is expected that the proposed Dialysis unit to be based in Yarrabah in 2014 will mean some renal patients not having to travel in to Cairns for their dialysis.
- Reception/Administration is the area at the front of the clinic and has been attending to over 70 clients per day on average and with a combined workforce of three QH staff. This is an extremely challenging and at times

difficult area of work in the clinic. This team has worked effectively to ensure that the community receives the best front of house service which in turn reduces the waiting times and ensures efficient flow through to the five or six doctors working in the clinic.

- A highlight of the year has been the fantastic results achieved in the area of health screening in the aged group of 4-12 year olds. The combined teams of Child Health, Child Care Links, Nutritionist, Healthy Lifestyle and Health Promotion with assistance from the RN and Generalist Health Worker and GP's, successfully targeted the Pre Prep and early years of the primary school to carry out full health checks including audiometry and tympanometry. This was done out of our Noble St centre near the primary school by the Gurriny Child Health Worker. The team screens three days a month and follows up with referrals as required to specialist's areas such as dental and ENT. Parent's, carers and the primary school have responded very well to this opportunity to identify any issues early that may be affecting the child's development. In this regard we also have worked closely with the school guidance officer to screen children with specific learning difficulties. Gurriny clinicians welcomed the board members of Australian Hearing in 2013 together with the local Cairns team members, with the aim of improving the service to the Yarrabah community in particular to identify hearing issues in the 0-4 age group. It is now well recognised that issues such as otitis media should be identified in these early years if permanent hearing loss is to be prevented. We also are involved with QAIHC in a Healthy Ears project with the emphasis on education for parents of young children and we are planning to increase surveillance at the clinic through increasing the number of health checks in the youngest age groups.
- The Child Care Links team held several very successful Expo's throughout the year such as Under 8 Day and NAIDOC Week and continue to hold weekly play groups at Noble Drive. These groups are very well attended giving the team the opportunities to assist families who may require extra assistance to access services both in the community and in Cairns. This combined team has been involved with both schools in providing cooked breakfasts 2 days per week to supplement Mission Australia, who provide 1 day a week at the primary school. On some days they have provided for as many as 70 students and we believe that this assists in the receptiveness of children in class and teachers report positive results. There has been a notable increase in



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clients taking part in exercise regimes and we plan a 12 week healthy life style program in 2014, supervised by the Gurriny Healthy Lifestyle Officer who currently oversees workouts on the equipment provided at Workshop St.

- It became evident late in 2012 that QH and Tropical Public Health Unit would not be able to assist us in continuing to run the highly successful Young Persons Check sexual health screening program. There are considerable resources required to run this program over the 3 weeks in March and thanks to the support of the Board and the CEO the decision was made to run and fund the program ourselves. It turned out to be a wonderful success due to the tireless efforts of the Sexual Health team with huge support from the health promotion officer and other health workers, nurses and doctors. It continues to be a stand out program that engages the 15 to 24 year olds in Yarrabah and is vital in the prevention and treatment of sexual transmitted infections and also early identification of chronic disease. They continue to run a busy monthly Women's Health Clinic in conjunction with the RFDS and are constantly out in the community meeting with the youth of the community with the ongoing effect of normalizing the subject of sexual health to the point where we see increasing numbers of young people coming to the clinic for health checks and advice. They have also represented Gurriny and Yarrabah at national conferences and have showcased the great achievements that have been realized in the community.

- With the high burden of chronic disease in the community the Gurriny decided in late 2012 to form a dedicated chronic disease team of health workers nurses and doctors who have worked throughout the year to manage what can be a highly complex program both in the clinic and the community. They have made considerable progress particularly in the area of diabetes the majority of who are now managed through care planning, case conferences and regular recalls. We still have a long way to go considering there are around 600 people with one or more chronic illnesses in Yarrabah and surrounds. In 2014 we will expand the team as well as becoming part of the Getting Better at Chronic Disease Program which aims to intensively manage a group of 35 diabetic clients.

I would like to thank everyone involved throughout Gurriny for another memorable year and look forward to the prospect of expanded service delivery team happening in 2014 through transition to community control.

This is a challenging and exciting time for all those working in the clinic.

We must strive to always improve the quality and efficiency of our service to the people of Yarrabah at the same time ensuring that the environment within the clinic and the teams involved enjoy their work.

Steve Isbister  
Clinic Practice Manager



## *...from the Doctors' Desks...*

We are pleased to report we now have 3,880 active patients on our database, which is almost all of the community of Yarrabah.

Doctor numbers at the clinic have stabilised, and increased to four with the addition of Dr Vanessa Walter in November, and Dr Casey Maddren in July this year.

Casey works one day per week with James Cook University educating medical students, as well as her work with GYHSAC.

This has enhanced our already good relationship with the James Cook University.

Dr Anila Reddy and myself have been with GYHSAC for over 12 months.

Dr Reddy has worked across all areas of the clinic and

has a particular interest in ensuring the residents of the Aged Care Hostel receive weekly visits.

He works closely with me in chronic disease management and we have achieved great results particularly in ensuring the vast majority of patients these clients are managed under chronic disease care plans.

Sadly Dr Jason Agostino left our clinic in February of this year to work in Canberra and we welcomed Dr Casey Maddren, who has a strong interest in youth health.



She has quickly developed a strong relationship with the students of the secondary school and plays an integral role in the health checks in the primary school.

Earlier this year, I took on the Medical Superintendent role for the combined health facility, which in addition to my role as Senior Medical Officer for GYHSAC has enabled me to have a unique perspective on the process of transition to community control.

In January 2014, we will take on a GP registrar, giving us five doctors to support both the provision of medical services on a day to day basis in the clinic, and to assist with the community outreach programmes.

Savanna, in collaboration with the Primary School in Yarrabah and with the assistance of the doctors and the monthly child health checks, has screened many of the children with learning and behavioural difficulties, enabling hearing and eye checks, and on referral for specialist care as required.

This year has also seen an expansion in the delivery of health assessments and medical check-ups to the High School.

Both Casey and Vanessa have been a part of this programme, assisted by Tamar and Milton, and with the new funding for an extra two LPO/IHW positions we plan to develop a new Youth Health Programme, hopefully offering the early detection and management of any emotional health and physical health issues.

Both Casey and Vanessa have also delivered some health education sessions to the High School students.

Anila has continued to visit the Mutkin Aged Care Facility on a weekly basis, assisting the staff to ensure a high level of care delivery to this patient group.

Both Anila and myself have continued to work closely with the Chronic Disease Programme, ensuring that as many of our over 600 clients with a chronic disease as possible are offered regular review and management.

In December, the chronic disease programme will have the addition of a nurse practitioner, who will build capacity in this very important programme area and enhance the delivery of service.

Over the past 12 months, as a result of a stability in medical staffing levels, we have renewed and enhanced our relationships with a number of local organisations.

Through the Medicare Local, we have been offered funding for a care coordinator position, that will enhance the chronic disease programme.

Tropical Medical Training, the GP training organisation in Townsville, will provide us with one or two GP registrars on an ongoing basis, which will assist all of our programmes, and I have taken on a role with their Indigenous Reference Group.

We have a good relationship with the other community-controlled organisations in the region, and both Anila and I attended the Apunipima Doctors Meeting in October, where I presented on the delivery of community health assessments in Yarrabah and on our journey of transition to community control.

In May 2014, we will be hosting a doctors meeting involving all of the regional community controlled health organisations in Yarrabah.

In November this year we hosted a visit by 90 medical students and doctors to Yarrabah, as part of the inaugural world Rural Medicine Conference in Cairns.

This visit was well supported by all of our staff and we received fantastic feedback from all who attended.

As a result of the growth in service delivery that we have seen in 2013, we plan to enhance our community and clinic based screening health assessments in 2014, and to further capacity build the child and maternal health programmes for Gurriny Yealamucka Health Service.

We are looking forward to a very proactive 2014.

Dr Kingsley Pearson  
Senior Medical Officer



**GURRINY YEALAMUCKA**  
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# Social Emotional Wellbeing Program Report: Melanie Walsh & Darren Miller



Gurriny Yealamucka Health Services, Social Emotional Wellbeing Program consists of the following:-

- Men's Health;
- Women's Health;
- Life Promotion Officers (Male & Female), including Weekend Worker and Bringing Them Home Program; and,
- Social Emotional Wellbeing Worker.

During the reporting period, from 1 July 2012 to 30 June 2013, the Social Emotional Wellbeing Program participated in important initiatives to enhance the service delivery aspects of social and emotional health and wellbeing in Yarrabah.

Some of the highlights of the Social and Emotional Wellbeing Program during the 2012 and 2013 reporting period are outlined below.

## Men's Health Program

The Men's Health Program is currently staffed by a Men's Health Coordinator and a Men's Health Worker.

The Men's Health program offers programs and activities throughout the year for Yarrabah men which are designed to enhance and support their physical, social and emotional health and wellbeing.

It also works in partnership with other program areas within Gurriny Yealamucka Health Services and, where appropriate and relevant, requests support of other internal and external agencies, government and non-government, through referrals.

The Men's Health Program Plan is part of Social Emotional Wellbeing Program Annual Work Plan which aligns with Gurriny Yealamucka Health Services Organisation Plan and Model of Care.

Whilst the Men's Health area has presented challenges, implementation of the program has realised a number of achievements.

## Activities

- Men's Group

The Men's Group is held every Wednesday at the Social Emotional Wellbeing program building in Workshop Street from 5pm to 7pm.

The following activities were conducted at each session throughout the reporting period

- Yarn Up & Share
- Barbecues

The Men's Health Staff conducts regular home visits as part of its program to ensure consistent social and emotional health and wellbeing support for the men at a local level.

The Men's Group is a familiar program to many





Above: Marlene Willett, Tamar, Milton Mossman with Raekirah Willet at the Young Person's Health Check; Above Right: Suicide Prevention Awareness at the Bishop Malcolm Allblacks Carnival; Below Left: Joshlyn Barlow, Katrina & Lyndel Connolly & Fiona Cannon at the Young Person's Health Check Young Person's Health Check and Below Right Under 8s Child Expo shirt badge



men in Yarrabah and this enables healthy response to promotion of some of the other activities offered by the Men's Health Program. They have included:

- Men's Group Invitation 2013

The Men's Group was invited by the Kuranda Men's Group to participate and do a presentation on some of the current programs we conduct here in Yarrabah.

This was a great opportunity to network and socialise with other Men's Groups.

- Adult Health Checks

During the year the Men's Health Program within Gurriny Yealamucka Health Services Social Emotional Wellbeing worked with the Clinic Staff to organise and offer Adult Health Checks.

- Men's Shed

The following progress was made during the reporting period:

- A building was offered by Yarrabah Aboriginal Shire Council; and,
- Expressions of Interest were sought to set up Reference Group

Funding was also provided by Australian Men's Shed Association to conduct the following projects:-

1. Art & Craft
2. Community Beautification
3. Father / Son Camp

During the reporting period Social Emotional Wellbeing Program provided support and participation at community and special events to mark significant occasions such as Survival Day, NAIDOC, International Men's Health Week 2013 and Domestic and Family Violence Prevention Month in May 2013.

During Domestic and Family Violence Prevention Month, with the support of Yarrabah Seahawks Rugby League Football Club, Men's Group did a PowerPoint presentation and a BBQ for players at their training sessions to create awareness and support for preventing domestic and family violence at a local level.



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*Life Promotion Officers Mary Kyle & Paul Neal*

### Life Promotion Officers

Gurriny Yealamucka Health Services Life Promotion Officers have come through another year that has seen notable achievements in the program area.

From a program planning perspective, Life Promotion Officers have participated in and contributed to the development of Gurriny Yealamucka Health Services Social and Emotional Wellbeing Program Plan to offer and deliver programs that support the social and emotional health and wellbeing of community members.

This was done in collaboration with other Social and Emotional Wellbeing Staff members.

Through the program, Life Promotion Officers have developed and implemented programs and resources to educate and create awareness around prevention of suicide and self-harm.

Life Promotion Officers support individuals, families and community members in coping with grief, loss and depression.

An important part of the Life Promotion Officers work is networking with other services able to support the work of the program area.

This included working with and maintaining an ongoing rapport with the Queensland Health Mental Health team and Psychologist.

The year has seen the Life Promotion Officers take part in community and other significant events, including Survival Day, NAIDOC celebrations and Father Son Camp.

They also work with the other program areas within Gurriny Yealamucka Health Services, including Clinical Services to offer support.

This has also involved taking part and support of the other program areas within Gurriny Yealamucka Health Services at various events and activities in the community.

Some of the other activities the Life Promotion Officers took part in promoting were Suicide Prevention Day and Community Day.

In support of Mental Health Week, the Life Promotion Officer conducted door knocks in the community as this enables face to face contact and distribute resources to the community.

A notable achievement by the Life Promotion Officer was leading and contributing to the development and distribution of a Yarrabah Community Flow Chart of Community Members volunteering their time to support those individuals, families and the community cope with grief, loss, depression and issues around their social and emotional wellbeing.

This included the provision of professional support to members by an external agency to support this service.

The Life Promotion Officers would like to give a special thanks to those on the Yarrabah Community Flow Chart who have given up their time to support the Life Promotion Team to provide these important services to the community during their weekends and holidays.



## Social Emotional Wellbeing Conference

Gurriny Yealamucka Health Services Social Emotional Wellbeing program Staff attended the Annual Social and Emotional Wellbeing Gathering at Rydges Esplanade Resort in Cairns from 4 -6 December 2012.

This Conference brought together Social and Emotional Wellbeing Service Providers from across Queensland to network and share knowledge of current service delivery and national developments in the area of social and emotional health and wellbeing.

## Women's Health Program

The Women's Health Program is currently staffed by a Women's Health Worker.

The female Life Promotion Officer also assists with these programs wherever possible.

The program offers a range of activities throughout the year for the women of Yarrabah and surrounding area.

These programs are designed to empower the women of our Community to take control of their lives and everyday living.

- Women's Group

Our Women's Group is an ongoing group sessions that takes place nearly every week.

In these groups we run our own programs as well as getting them involved with other programs.

Activities include:

- Yarn Up and Sharing
- Arts and Craft
- Healthy Lifestyle Programs
- PCYC Holiday Camps
- Home Visits

Women's Health also assists with the preparation of NAIDOC week and the Child Expo Day and any other special event that is run in the Community.

- Women's Health Check

Gurriny's SEWB staff assist with picking up and dropping off women for check ups at our Women's Health Clinic when they are due.

They also participate in Home Visits to inform clients when the Allied Health Team is due to visit.

## Bringing Them Home Program

It is with pleasure we report on the following achievements and initiatives of the Bringing Them Home Program.

Two projects were implemented during the reporting period.

A joint project between Gurriny Yealamucka Health Services Bringing Them Home Program.

The Yarrabah Aboriginal Centre for Women had been successful in seeking funds to run a project.

Benefits of this project include demonstration of respect for our land, its flora and fauna, to have a record of the local native plant species, use the resources to educate our children and community, use seeds and plants to make things ie basket weaving, beading necklaces, to aid health and mental wellbeing of our people knowing that something is being done to ensure the long term sustainability of the local environment for future generations, which will contribute to their physical, social and emotional, spiritual, health and well-being of our whole community.

There will also be other opportunities in the long term - ie Eco-Tourism business, marketing, to grow on and eat from the land – natural sustenance and to provide food for our families.

The second project was the Healing Journey 2013 Yarrabah Elders – connecting back to country with the communities of Cooktown, Hope Vale and Wujal Wujal.

About 25 Elders from the community of Yarrabah participated.

Workshops on Stolen Generations, educational sessions on the Acts, colonisation, segregation and assimilation, induction, empowerment, identifying strengths and how to use them, expressed where the feeling, emotions or behaviours start from using what they have identified were some of the areas covered.

An outline of services - local, state and national, provision of a copy of the time line of various Government Legislations affecting Aboriginal people was given to each participant involved in the workshops.

The facilitator of the workshop was from the Guthlan Indigenous Training.



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*Above: Playgroup support from Gurriny  
Right: indoor ball games for NAIDOC 2013*



### Community Engagement & Networking

The Social Emotional Wellbeing program continually engages with individuals, family and service providers of the community.

This was done through a number of mediums for the purpose of supporting the work the program area offers as well as through acquiring knowledge of other activities being offered outside of Yarrabah which may make a healthy contribution to our community's social and emotional health and wellbeing.

Some of the SEWB Staff took a group of community members who regularly attend the Women's Group, Men's Group, PACE Group and Elder's Group to this year's Laura Dance Festival.

This was challenging as well as rewarding for all who attended.

### Visit by National Mental Health Commissioners

On 7 March 2013, a group of National Mental Health Commissioners visited Yarrabah as a part of a meeting held in Cairns.

The Commissioners were given an informative tour of the health services and its programs, including an information session in regards to a number of issues and discussions around the Social & Emotional Wellbeing and/or Mental Health needs of our community.

### Reflection Garden

Significant progress was made towards the establishment of a Garden for the purpose of providing social and emotional wellbeing support for those community members attending Gurriny Yealamucka Health Services and its programs, including identification and approval for on-site location and design.

### Staff Training & Professional Development

Training and Development opportunities are provided by Gurriny Yealamucka Health Services to support and progress the work of the Social Emotional Wellbeing Program.

During the year staff training included Mental Health Certificate IV, Counselling and several enrolments into Management Courses.

*Melanie Walsh, GYHSAC Operations Manager  
& Darren Miller, Manager Social & Emotional Wellbeing Program*



# Social/Youth Services Coordinator: Ross Andrews



Throughout the year, the Community Investment Project continued to provide great challenge in terms of capacity building and maximising opportunities to strengthen our dialogue to improve networking.

This particular period saw a change in program direction whereby the project moved from social services spectrum to a focus more on youth.

In terms of the program objectives and project plan, the systemic challenge associated with our discrete indigenous communities remains quite that.

Until we can overcome the systemic barriers, every effort to help address our state of dysfunction will continue with our next generation of young leaders.

Strong and smart choices will need to be made and supported.

I am pleased to say that we have the utmost potential in the Yarrabah Community to excel in whatever path we choose.

With a bit of grounding, mentoring and support, our young people can exceed our expectations if we provide the right direction and support them in making strong choices.

Throughout the year, the CIP managed to 'kick some goals' in delivering on practical outcomes that mean something at the local community level.

In saying that, the local answers program and its objectives complemented Gurriny's direction as a leader in primary health care service delivery for Yarrabah.

Some of the progress that were initiated throughout the reporting period are as follows:

- Hosting Bi-Monthly Social/Youth Services Co-ordination Network Meetings
- Installing Yarrabah Smart Network in key locations around the community
- Developing a youth enterprise summary discussion paper with Yarrabah Youths and Social Ventures Australia
- Helping to develop the capacity of the Yarrabah Seahawks Junior Rugby League Club

- Providing assisting with the SEWB and Clinical Staff in service delivery whenever required
- Supporting the Parents and Community Engagement (PaCE) staff and the Yarrabah School's around educational outcomes in the community
- Providing support to the Yarrabah Youth Council members
- Assisting with the hosting of community events and expos throughout the year
- Liaising and working with Job Services Australia in assessing the labour market opportunities and the participation rate around mutual obligation
- Developing a deficits and resilience flowchart

Whilst there are many positives that have been derived from this program, there still remains quite a challenge in networking, collaborating and integration as service providers.

As community representatives, we must all build on each other strength and learn from each other.

Our strength can come from unity, whereas in comparison, every effort must be made in minimising the strength of our 'silos'.

In conclusion, I look forward to 'local answers' continuing into the future to provide support to this beautiful community.

Ross Andrews  
Social/Youth Services  
Co-ordinator



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# Finance:

## GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>ASSETS</b>			
Cash and cash equivalents	4	1,114,079	611,637
Trade and other receivables	5	66,040	164,927
<b>Total current assets</b>		<u>1,180,119</u>	<u>776,564</u>
Property, plant and equipment	6	695,934	767,987
<b>Total non-current assets</b>		<u>695,934</u>	<u>767,987</u>
<b>Total assets</b>		<u>1,876,053</u>	<u>1,544,551</u>
<b>LIABILITIES</b>			
Trade and other payables	7	928,709	814,767
Loans and borrowings	8	1,580	2,755
Employee benefits	9	37,880	8,087
<b>Total current liabilities</b>		<u>968,169</u>	<u>825,609</u>
Employee benefits	9	19,737	31,130
<b>Total non-current liabilities</b>		<u>19,737</u>	<u>31,130</u>
<b>Total liabilities</b>		<u>987,906</u>	<u>856,739</u>
<b>Net assets</b>		<u>888,147</u>	<u>687,812</u>
<b>EQUITY</b>			
Retained surplus		888,147	687,812
<b>Total equity</b>		<u>888,147</u>	<u>687,812</u>



**GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION**

**STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2013**

<b>INCOME</b>			
Revenue	10	4,677,777	3,887,474
		<u>4,677,777</u>	<u>3,887,474</u>
<b>EXPENSES</b>			
Accounting fees		4,100	12,133
Administration and office expenses		21,479	20,520
Advertising		5,846	12,003
Audit fees		36,167	21,983
Bad debt expense		-	83
Capital expenditure		31,859	7,612
Cleaning		2,489	9,189
Clinic supplies		44,227	21,615
Computer support and equipment hire		168,928	130,689
Conference fees		1,756	10,778
Consulting and professional fees		351,051	122,166
Donations		4,277	3,670
Electricity and water		13,039	11,149
Employee amenities		21,046	4,185
Employee expenses	11	3,039,606	2,907,231
Hire of equipment and facilities		1,168	3,155
Insurance		27,985	25,656
Licences and permits		20,694	1,381
Meeting expenses		6,523	3,938
Motor vehicle expenses		72,534	63,583
Motor vehicle leasing and hire		137,905	119,955
Program expenses		154,953	66,230
Printing and stationery		19,653	21,678
Repairs and maintenance		36,376	30,049
FBT expense		7,997	-
Telephone and fax		27,231	30,658
Training		8,888	11,584
Travel and accommodation		71,320	110,690
Workcover		69,733	49,723
Sundry expenses		17,400	4,536
		<u>4,426,230</u>	<u>3,837,822</u>
<b>Results from operating activities before net financing costs</b>		<u>251,547</u>	<u>49,652</u>
Finance income		10,136	17,578
Finance costs		(3,612)	(2,209)
Net finance income		<u>6,524</u>	<u>15,369</u>
<b>Results from operating activities</b>		<u>258,071</u>	<u>65,021</u>
Capital expenditure transferred to non-current assets		31,859	7,612
Depreciation and amortisation expense		(68,841)	(70,850)
Net gain / (loss) on disposal of property, plant and equipment		(20,754)	-
<b>Net surplus/ (deficit) before income tax</b>		<u>200,335</u>	<u>1,783</u>
Income tax expense	3(h)	-	-
<b>Net surplus/ (deficit) for the year</b>		<u>200,335</u>	<u>1,783</u>
Other comprehensive income		-	-
<b>Total comprehensive income/ (deficit) for the year</b>		<u>200,335</u>	<u>1,783</u>

*The accompanying notes are an integral part of these financial statements.*

GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

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

	Note	2013 \$	2012 \$
<b>RETAINED SURPLUS</b>			
Balance at 1 July		<u>687,812</u>	<u>686,029</u>
<b>Total comprehensive income for the year</b>			
Surplus/ (deficit) for the year		<u>200,335</u>	<u>1,783</u>
<b>Total comprehensive income/ (deficit) for the year</b>		<u>200,335</u>	<u>1,783</u>
Balance at 30 June		<u>888,147</u>	<u>687,812</u>

GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

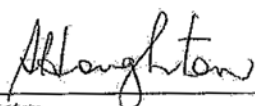
DIRECTORS' DECLARATION

In the opinion of the directors of Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation (the Corporation):

- (a) the Corporation is not a reporting entity;
- (b) the financial statements and notes that are set out on pages 1 to 17 are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007*, including:
  - (i) giving a true and fair view of the Corporation's financial position as at 30 June 2013 and of its performance for the financial year ended on that date.
  - (ii) complying with Australian Accounting Standards to the extent described in Note 2, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and any applicable determinations made by the Registrar of Aboriginal Corporations under Division 336 of the Act;
- (c) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (d) the financial report does not comply with International Financial Reporting Standards as disclosed in Note 2 (a).

Signed in accordance with a resolution of the directors:

Dated at Cairns this 30<sup>th</sup> day of September 2013.

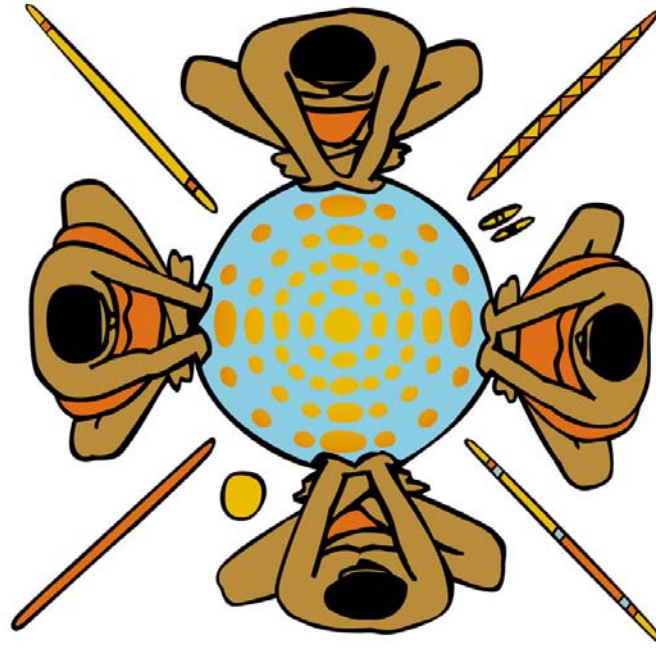
  
\_\_\_\_\_  
Director



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**GURRINY YEALAMUCKA**  
**HEALTH SERVICES**  
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