The Outreach programs are made possible through funding from the Australian Department of Health.
Contents

OUTREACH SERVICES

Page 4
Outreach Services

Page 5
Ann Maree Liddy, CEO, CheckUP
Matthew Cooke, CEO, Queensland Aboriginal and Islander Health Council (QAIHC)

Page 6
Outreach by the numbers

Page 34
New role for a well-know face
Indigenous Eye Health Coordinator

SOUTH-EAST REGION

Page 7
Meet Sarah Duke
Occupational therapy services improve quality of life

Page 8
Signature Story: Uncle Peter’s Story
A new approach to physiotherapy in SEQ

Page 9
Provider Profile: Take Control...Five Minutes with Dr Dover

SOUTH-WEST REGION

Page 10
Meet Nigel Daisy

Page 11
Provider Profile: A word from our service provider Jane Corbett

Page 12
Signature Story: Podiatry service in Cherbourg kicking goals in diabetes foot care

Page 13
Diabetic service improves quality of life for rural patients

Page 14
Diabetes patients get shakin’ in Cunnamulla

CENTRAL REGION

Page 15
Meet Anita Williams

Page 16
Signature Story: Queensland Cup game proves opportunity to engage with grass roots stakeholders

Page 17
Provider Profile: Dr Bill Boyd, “Wherever the bustard wasn’t”

Page 20
Tucker time a big hit at Biloela State School

NORTH-WEST REGION

Page 21
Meet Katrina Hodson
Integrating Health, Early Childhood and Education to Improve Health

Page 22
Mount Isa Eye Surgery

Page 23
Signature Story: Henry & Gladys Callope

NORTH REGION

Page 24
Meet Susan Dixon-Grover

Page 25
Strong Ears, Strong Futures

Page 26
Nutrition project to lay the groundwork for improved health outcomes

Page 27
Provider Profile: Five Minutes with Grant Collins

FAR NORTH

Page 28
Meet Moira Matic

Page 29
“Maiem Sew Ngapa” to the Torres - Hello, welcome to the Torres

Page 30
Signature Story: Torres Times with Uncle Jack

Page 31
ENT surgery changing lives in the Cape

Page 32
Signature Story: Dedicated mental health team is Australia’s most northerly

FEATURE STORY

Page 18 - 19
“don’t be blinded by diabetes”

We respectfully acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to land, water and community. We pay respect to Elders past, present and emerging.
OUTREACH SERVICES

CheckUP, in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC), is the jurisdictional fundholder for the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP), Healthy Ears – Better Hearing, Better Listening Program, the Visiting Optometrists Scheme (VOS) and the Eyes and Ears Surgical Services (EESS) program, in Queensland.

Collectively, these five programs are known as Outreach Services.

Medical Outreach Indigenous Chronic Disease Program (MOICDP)

The aim of the Medical Outreach Indigenous Chronic Disease Program is to increase access to a range of health services, including expanded primary health for Aboriginal and Torres Strait Islander people in the treatment and management of chronic disease.

The MOICDP focuses service delivery on diabetes, cardiovascular disease, chronic respiratory disease, chronic renal (kidney) disease, cancer and mental health.

Visiting Optometrists Scheme (VOS)

The objective of the Visiting Optometrists Scheme is to improve the eye health of people residing in regional, rural and remote locations, including Aboriginal and Torres Strait Islander communities.

VOS increases access to optometry services in areas of identified need and improves the coordination and integration of eye health services and the quality of ongoing patient care.

Rural Health Outreach Fund (RHOF)

The aim of the Rural Health Outreach Fund is to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities.

The program focuses service delivery on maternity and paediatric health; eye health, mental health, support for chronic disease management and women’s health.

Healthy Ears - Better Hearing, Better Listening

The aim of the Healthy Ears - Better Hearing, Better Listening Program is to increase access to a range of health services including expanded primary health for Indigenous children and youth for the diagnosis, treatment and management of ear and hearing health.

The Program’s objectives are to increase access to multidisciplinary care in primary health care settings and to increase the range of services offered by visiting health professionals to prevent, detect and manage ear disease more effectively.

Eyes and Ears Surgical Services (EESS)

The Eyes and Ears Surgical Services program aims to improve access to Ear, Nose and Throat (ENT) surgery and Ophthalmology surgical services for Aboriginal and Torres Strait Islander people, prioritising those people living in rural and remote locations.

Kenneth, aged 8, who had ENT surgery in Cairns through the EESS program.
Ann Maree Liddy  
CEO, CheckUP  

Welcome to edition three of Outreach Impact magazine. We are very proud of the achievements of the Outreach programs in improving access to much needed health care.

It is a great privilege to showcase a selection of the many Outreach services that are continuing to make a difference for Queenslanders by providing increased access to a diverse range of GP, specialist and allied health services.

One of the most striking features of this edition of Impact is the diversity of services that are being offered through the Outreach programs – not only does the number of communities receiving Outreach services continue to grow (increasing from 156 communities in 2015-16 to 182 communities in 2016-17), but the diversity of service settings and models of care is also significant.

Two notable additions to the suite of outreach programs offered across Queensland are Eyes and Ears Surgical Services and the Nutrition Projects. Whilst these two initiatives span opposite ends of the care continuum, both have been enthusiastically embraced by the communities receiving these services. The success of these programs, like many of the outreach initiatives, is due to the commitment of key organisations and service providers from a range of backgrounds who work together to ensure quality services are delivered closer to home.

We remain indebted to the large number of service providers who continue to deliver outreach services across Queensland. Thank you also to the entire Outreach team from QAIHC and CheckUP for their continuing dedication and commitment to creating healthier communities and reducing health inequities.

Matthew Cooke  
CEO, QAIHC  

When looking through the content of this third edition of Impact, I was immediately struck by the profiles of the QAIHC and CheckUP Regional Coordinators.

These Regional Coordinators come from very diverse backgrounds. Some have a clinical background, some have data related backgrounds and others are definitely people-centred.

What they all have in common, and this is immediately evident when reading their profiles, is the desire to make a difference in people's lives. Whether they are based in an urban, rural or remote location, they are all committed to providing the best possible health care to the communities they look after.

The Regional Coordinators are the ‘boots on the ground’ for our Outreach services. They understand the tyranny of distance, the anguish of lack of access and the often prohibitive cost of service.

The incredible range of skills that are brought together through these Regional Coordinators results in something so much bigger than the individual – it seems to me it represents a pool of possibility; a synergy of abilities that have the capacity to drive change and develop a patient centred care pathway for those who need it.

Delivering Outreach services requires a lot of hard work and cooperation from everyone involved. To everyone who has contributed, thank you for your efforts to 'Close the Gap' and improve health outcomes for our people.
OUTREACH BY THE NUMBERS

Statistics for the period July 2015 to June 2016

158,023 occasions of service

182 locations in Queensland

15,282 visits

108,626 occasions of service for Aboriginal & Torres Strait Islander patients

149 health providers

1,444 services

58% of visits by allied health providers

The Outreach team from CheckUP, QAIHC and UIH
South East Queensland

Meet Sarah Duke, IUIH's South-East Queensland Regional Coordinator

What does your job involve?
My job involves developing and implementing effective planning and service delivery solutions. This will enable Aboriginal and Torres Strait Islander Community Health Services to improve client access to a comprehensive range of allied health and specialist services.

I am also responsible for the planning and review of services which includes identifying demand and evaluating outcomes.

And lastly, but importantly, I am involved in service development with a focus on continuous quality improvement and managing service issues.

What's the favourite part of your job?
I love the versatility; no two days are the same. One day, I might be on the north side of Brisbane discussing services and the following day I might be taking a little boat trip "overseas" to North Stradbroke Island. The fluidity and ever-changing environment of service delivery presents challenges and I'm forever learning.

Ultimately, the favourite part of my job is hearing and seeing the amazing health outcomes that the clinicians are able to help their clients achieve. These services are truly life-changing and knowing that you have been a small part of that is extremely rewarding.

Occupational therapy services improve quality of life

The Institute for Urban Indigenous Health's (IUIH) occupational therapists deliver services to adults of all ages to support them with their day-to-day tasks; increase their independence; and offer practical ideas to help keep people active at home.

An occupational therapist might meet with clients at the clinic or in their home. On the first visit they will chat with a client and their family about daily life and explore strengths, supports and challenges faced by the client and their family. They might also walk through the client's home to ensure it is set-up to meet the client's needs. The client, family and therapist will develop a plan together that best meets the client's needs.

IUIH occupational therapists are integrated into existing community controlled Aboriginal Medical Services. This allows them to work closely with an Aboriginal health worker, Care Coordination and Supplementary Services (CCSS) coordinator, GP, podiatrist, physiotherapist and other allied health providers who are also integrated into the clinic.

The occupational therapist works closely with other services in the community to ensure clients have access to the services they need. For example, combined visits with specialist public and private services such as the spinal outreach team, Department of Housing, and University of Queensland Hypertonicity Clinic.

The occupational therapist will help clients to access funding for equipment or modifications to their home. Funding options including MASS, CAEATI, Home Assist Secure, aged care services, HACC and CCSS. They also work with clients to implement strategies to manage any chronic conditions they may have.

Occupational therapy services are accessible through all 18 Aboriginal and Torres Strait Islander Community Controlled Health Service clinics in South East Queensland. The adult occupational therapy team work collaboratively ensuring a high quality and culturally responsive service throughout the region.
Uncle Peter's Story

The Institute for Urban Indigenous Health (IUIH) podiatry team works collaboratively with health professionals across its member organisations – community controlled health services in South East Queensland – to ensure optimal foot care is provided to clients. IUIH podiatrists monitor clients at risk of amputation closely and assist with wound management. Clients who suffer from constant wounds and mobility limitations can experience difficulty participating in daily living activities as well as social activities; resulting negatively on an individual’s social health and well-being.

One client receiving ongoing podiatry care at Yulu Burri Ba Aboriginal Corporation for Community Health, Capalaba Clinic, is Uncle Peter*. Uncle Peter first started attending the clinic in 2014 and was referred for ongoing problems with wounds recurring on his left foot amputation site. Ten years earlier, all five of Uncle Peter’s left foot toes and his right foot second toe were amputated due to complications with type II diabetes.

Over the past two years the IUIH podiatry team have worked with Uncle Peter to assist with healing his wounds, increase his mobility and encourage him to be an active member of his family and community. Uncle Peter was provided with customised footwear and insoles to aid mobility and reduce pressure to his feet, as well as compression socks to help reduce leg swelling. The Capalaba Clinic’s transport department have been invaluable in ensuring that he was able to attend all his appointments.

In spite of the best effort of the health team, Uncle Peter’s wounds were healing but then recurring fairly quickly. This year, Uncle Peter underwent further surgery on his left foot stump to improve its shape. Since that time, he has had no further wound breakdowns. The podiatry team continues to monitor Uncle Peter closely to ensure his mobility continues.

This outcome was achieved by multiple health professionals working together, including general practitioners, nurses, occupational therapists, diabetes educators, orthopaedic surgeons, social workers and podiatrists. By engaging with the multi-disciplinary team through the Capalaba Clinic, Uncle Peter has ultimately avoided further amputations.

Uncle Peter is continuing to flourish in the community, including regularly attending the local Work It Out exercise program.

*Not his real name

A new approach to physiotherapy in South East Queensland

IUIH physiotherapists have provided over 1,300 episodes of care to Indigenous clients across South East Queensland over the last financial year. To meet the needs of clients in the community, IUIH physiotherapists have developed a flexible approach to providing services.

“We try our best to adapt to the individual's circumstance. Clients have the opportunity to receive services at their local clinic, in their home, school or even the local pool or gym” says IUIH physiotherapist Louise Brewster (pictured, on right).

It is this tailored approach, and the strong partnerships created with local clinics that have allowed clients timely access to physiotherapy services without the usual cost associated with accessing non-government health services.

“We are fortunate to be able to provide our clients with a high quality service without the extra cost to them” reiterates MATSICHS Caboolture clinic GP Dr Tom Hilton. Wamuran resident Treena Butler (pictured, on left) is testament to the success of this approach. Treena recently completed five physiotherapy sessions at the MATSICHS Caboolture clinic for shoulder bursitis. Prior to coming to the clinic Treena had never been to a physiotherapist and was impressed by the way the clinic was able to provide the service seamlessly.

“They are on top of everything, from a general health check-up to providing physiotherapy and podiatry” says Treena.

Treena had constant shoulder pain which interfered with her home duties as well as full-time work, and she had difficulties completing overhead tasks. After following the advice of her physiotherapist and diligently completing prescribed exercises, Treena is now pain free and able to complete her work and home tasks without a problem.

“It was good to go away from the sessions knowing that my shoulder would get better by completing the exercises.”

Currently, IUIH physiotherapists work out of MATSICHS Clinics, Northgate, Laidley, Murri School, Wynnum and Goodna AMS.
What is your background?
From school I did a Bachelor of Exercise Science and worked as an exercise physiologist before going back to do a Bachelor of Health Science in nutrition and dietetics. I worked at the Princess Alexandra hospital as a dietitian for two years before going back to study medicine and complete my physicians training in endocrinology.

What attracted you to Outreach?
I am passionate about diabetes and chronic disease and the burden it has on the Indigenous population and the large reduction in life expectancy in this population. We need to do better. Furthermore, the lack of specialist services to many peripheral centres contributes to the problem.

What is your ideal solution/resolution to ‘Closing the Gap’?
Tough one – I’m not smart enough to answer that! I think Indigenous culture and traditions should be emphasised and maintained as much as possible.

What words encapsulate your feelings on ‘Closing the Gap’?
History, culture, tradition.

What is your background?
What inspires you? Can you share a story of a patient/team/community who inspired you?
I’ve been part of many stories where the multidisciplinary team of GP, diabetes educator, and dietitian have all worked together with some input from me to help people get control of their diabetes.

What sort of work do you most enjoy in general practice?
In my specialty of endocrinology, I love the patient contact and repeated exposure so I can see if I’m making a difference.

What is your key preventative health care message to the communities?
Get back to traditional diets, cut out the soft drink and junk food and get moving!

Can you share a message with other health professionals?
Managing chronic disease involves a multi-factorial approach. You must develop rapport and trust with the patient before leaping into treatments.

I like to explain that diet and lifestyle is cornerstone but we have great medications that work together to achieve our outcome of improved diabetes management, blood pressure control and cholesterol lowering which will stop people dying and developing complications so young.

Ipswich, Bundaberg and Logan.

You have a spare week to do anything you want. What would you do?
Travel overseas and run a marathon.

Can you share a story of a patient/team/community who inspired you?
I’ve been part of many stories where the multidisciplinary team of GP, diabetes educator, and dietitian have all worked together with some input from me to help people get control of their diabetes.

What word encapsulate your feelings on ‘Closing the Gap’?
History, culture, tradition.
Meet Nigel Daisy, QAIHC’s South West Queensland Regional Coordinator

QAIHC’s Outreach Regional Coordinator, Nigel Daisy has been coordinating Outreach services into South West Queensland since taking on the role in July 2015. Prior to commencing with QAIHC, Nigel’s background was in community engagement and youth and community work.

Born in Brisbane, Nigel has strong family connections to the Mununjali, Butchulla and Gubbi Gubbi nations. It is his passion and commitment to community and his people that drives Nigel to work hard to ensure that the South West corner of the state has the best medical outreach services he can facilitate.

Nigel said he loves his job working with a number of communities across the South West region on service delivery programs, to ensure local community members have greater access to multidisciplinary healthcare.

Nigel’s passion for his people and their communities has often focussed on the advancement of young people and working on social aspects of their lives, including sport, to improve, not only their health outcomes, but their social and emotional outcomes.

Outside of his role at QAIHC, Nigel sits as a Community board member in Murgon/Cherbourg to work with children who attend alternative schooling in the region. He also fills the role of Community board member working with developing young Aboriginal and Torres Strait Islander people in sport, primarily rugby union.

Nigel is a diehard Newcastle Knights supporter and never loses the faith (got to admire the commitment); his favourite musician is Michael Jackson and he enjoys a good meal at Vapianos.

"Being involved in the on the ground discussions, right through to commissioning an audiology service into local schools to ensure each child across the region has their ears checked is very satisfying; it is about being part of the process from beginning to end to ensure a great outcome. It is about doing everything I can to ‘Close the Gap’ in health equality in my region and my communities."
Jane Corbett (pictured below, front left) is an integral part of the ihear Toowoomba team and a local resident of the Balonne Shire. ihear has been providing hearing tests and hearing aids to the Darling Downs area for 33 years. More recently these services have extended to many other areas around Queensland and New South Wales.

Jane was approached by South West Regional Coordinator, Nigel Daisy to provide verification audiological services to children in the St George area. Toowoomba was the nearest town that provides permanent paediatric audiological services.

The four and a half hour drive to Toowoomba is financially prohibitive and logistically difficult, with time out of school, work and home life, proving challenging for most families.

Jane has been conducting hearing tests of the children from St George, and recently over a three day period undertook 51 hearing tests. The Toowoomba ihear clinic has committed to a further four days of testing between now and June 2017.

ihear is proud to be able to provide such a high quality service to the local community. Some of these children have recorded a hearing loss severe enough to have an impact on their educational performance, and access to services such as this are imperative in the community, and particularly important to the children.
Podiatry service in Cherbourg kicking goals in diabetes foot care

Over the past financial year, Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (CRAICCHS), has continued to benefit from Outreach funded podiatry visits. Feedback has revealed many positive outcomes including an increase in the early detection of diabetes, improvements in preventative care and overwhelming community support of the program.

While the podiatry service strongly focuses on diabetes care, it also encourages the entire community to attend visits as a preventative and early detection service for other chronic diseases including foot care relating to cardiovascular disease.

With a current client base of 220 people who have been diagnosed with diabetes, Rachel Stone Podiatry is visiting Cherbourg twenty times per year. Each visit is booked-out well in advance and the occasional cancellation is easily filled on the day.

“Patients are being really diligent at coming back for their assessment, which is great in terms of increasing awareness and education,” said Rachel.

Approximately 80 clients consistently attend the podiatry clinic for their annual Diabetes Neurovascular Foot Assessment which includes vascular testing (ankle brachial index testing, venous return, microcirculation); neurological testing (monofilament/protective and proprioception); assessment of their ability to safely and competently manage their foot care; dermatological status; and biomedical function.

The podiatry service is well supported by the local GP, with prompt follow-up on care recommendations and referrals to vascular, neurological or renal specialists as required, in addition to the dietitian, diabetes educator and exercise physiologist.

The podiatry service also serves as a training program, with medical students undertaking work experience with Rachel Stone Podiatry to learn more about the importance of podiatry care in the treatment of diabetes.

Visiting specialists and medical work experience students have reported a lower number of patients requiring treatment of diabetic foot and leg ulcers or amputation dressings at the CRAICCHS location in comparison to other locations. This is attributable to the higher number of patients attending podiatry on a regular basis for general foot care and diabetes assessments. It is reported that the majority of persons attending the Rachel Stone Podiatry service are Aboriginal and Torres Strait Islander clients.

“The level of foot health for patients with diabetes has improved overall,” says Rachel. “More patients are conscious of blood sugar levels and how diet and exercise affects their foot health; the number of acute problems has decreased overall.”
Kent Taylor has been delivering diabetic education services to the community in Goondiwindi for the past four years.

Recently Kent had a type II diabetes client present to his clinic. The client had been taking prescribed doses of insulin for more than two years. Unfortunately, his blood glucose control had not shown any substantial improvement, despite the large doses of insulin he was using.

Through chatting with the client and referring to his nutritional patterns, Mr Taylor noticed that his prescribed insulin did not match closely with his carbohydrate intake. In consultation with the client and his medical practitioner, it was decided to trial a different insulin regimen.

This change proved highly beneficial as both his diabetes control improved and his hypoglycaemic episodes diminished. This was an excellent example of collaborative care to ensure that the client was achieving the best possible outcomes and improving quality of life for someone with a chronic disease.

It is not unusual for Kent to maintain phone contact with clients who are having difficulty in stabilising their diabetes due to having a poor understanding of how to regulate their insulin dose. This additional support is extremely useful in assisting patients manage their own illness.

Kent also extends the value of his visits by mentoring medical students who sit in on his consultations. This up-skilling and passing on of specialised knowledge has proved very useful.

Regional Outreach Coordinator, Nigel Daisy is currently investigating the possibility of expanding Kent's Outreach diabetes education service to St George, as this region has been identified as being in need of the services provided by a diabetes educator and the additional service would improve outcomes for those in the region living with diabetes.
The *Sugar Shakers* program was established to support type II diabetes patients in Cunnamulla. The very relaxed environment allows Elders and other participants, Aboriginal health workers and visiting health providers such as dietitians to work together, learning about culture, food and health.

Not only are participants learning about how to effectively manage their diabetes but they are also developing partnerships with the local Aboriginal health centre, other participants and the allied health providers. The program is having a positive effect on the health and wellbeing of the participants and their network of friends and family.

Participants are learning how to cook healthy balanced meals for themselves and their family. The program includes a community vegetable garden which creates a sense of belonging as participants are involved in planting, maintaining and cultivating the fruit and vegetables. A supermarket tour is also included which is run by the visiting dietitian to allow participants to make informed choices about food products on a budget. Each week participants are also involved in practical information sessions about diabetes management principles.

The *Sugar Shakers* group is very well attended and enjoyed and valued. The setting is very relaxed and breaks down barriers and fears that participants sometimes have to lifestyle modification. The program also empowers community members to take ownership of their own health & wellbeing and that of their families. Participants are then more inclined to visit with the allied health professionals one-on-one leading to an increase in attendance rates and positive health outcomes.

"This program has taught me how to cook healthy balanced meals which has improved not only my health but the health of my family".

Participants taking part in the *Sugar Shakers* program
Meet Anita Williams - CheckUP’s Central Queensland Regional Coordinator

Busy, busy, busy but that is the way she likes it! Regional Coordinator for the Central Queensland region, Anita Williams has been in her role for two and a half years.

As coordinator for the Central region, Anita’s region stretches from the Sunshine Coast, out to Emerald and north to Rockhampton. It is a large region with diverse communities and demographics.

Because of this diversity, Anita spends much of her time ensuring that there is a fair and consistent approach in the planning and integration of services from the onset of the service implementation, through to the monitoring and evaluation of the service.

The role requires a huge amount of stakeholder engagement, contract management and reporting. Anita said that the part of her role she enjoyed most was stakeholder engagement. As someone who loves people and really enjoys talking to them, having this as a key component in her job was a perfect match.

“I enjoy talking to the wide variety of people who I come across each day. I love that each day is different to the next and that I learn something literally every day,” she said.

“I love how humble many people are, and how they are so inspiring and how we can bring the reality of a community need to life by offering those services that are really needed at a grass roots level. It makes you realise that as individuals working together we really can make a difference in people’s lives.”

One of Anita’s strengths is planning and, in the role of Regional Coordinator, good planning is vital...planning reports, service delivery, interviews, integrated approaches and new service delivery. The list goes on and on.

Anita has recently relocated from Gladstone with her husband, two teenage daughters, and a menagerie of beloved pets. Life has been hectic and busy with renovating their recently purchased home, gardening and generally settling in.

Being busy is all in a day’s work for the Central Coordinator and whether she is surveying footy fans in Gladstone or discussing healthy food in Woorabinda, this Regional Coordinator has her sights very firmly set on improving health outcomes and access to services for the communities in her region.
Outreach Impact

Signature Story

Queensland Cup game provides opportunity to engage with grassroots stakeholders

CheckUP Regional Coordinator for Central Queensland, Anita Williams and QAHC State Manager Regional Projects, Liz Rye made the trip to Gladstone to undertake some grassroots community engagement around existing Outreach services and perceived disparities in accessing health services.

With a regional Queensland Cup game planned between the Central Queensland Capras and the Redcliffe Dolphins, the match was sure to prove a big draw card in a footy mad community. It did not disappoint and proved an excellent venue to conduct our survey.

Rugged up against a strong winter breeze and armed with their iPads, Liz and Anita proceeded to work through the crowd, endeavouring to gain a good representative cross section of age and gender.

The intent of the survey was to establish who, within the community, were aware of the visiting Outreach services to the towns in which they lived; who was accessing these services; and their preferred primary health care provider.

Those surveyed were also asked to identify gaps in medical service availability in their town and the distance they are required to travel to access an acceptable standard of medical care.

There were some recurring themes in the service gaps. The lack of mental health services; orthopaedic and fracture services; and access to specialist services including cardiology and paediatrics were some areas frequently raised.

Of those surveyed, 60% said they were required to travel in excess of 30 minutes to access appropriate medical services. A good snapshot of the Central Queensland region with representation from Gladstone, Rockhampton, Biloela and many small towns in between was obtained.

Community members raised a lot of issues and were happy to share the impact of these issues on themselves and their family and friends but what was obvious was the willingness of everyone surveyed to participate to try to bring about change for the better in their towns.

The community members were happy to engage and share their insights and offer up possible solutions, all the while understanding that funding in rural areas would always play a large role in what could be provided.

While the survey provided us with a great snapshot of the Central Region’s needs and priorities, more importantly it provided us with the opportunity to engage one-on-one with the community who utilise our Outreach services. This has allowed us to gain a more complete picture of the health care needs of the region from the patient’s perspective.

There are plans for more patient and community engagement across the outreach regions over coming months.
"Wherever the bustard wasn't"

Dr William Boyd is an obstetrician and gynecologist with a practice in North Mackay.

Dr Boyd has spent a total of 30 years delivering babies as well as working as a consultant gynecologist in Mackay. Anita Williams, Regional Coordinator for Central recently had the privilege of going on a road trip to live a day in the life of Bill Boyd’s outreach service.

It's an early start in the morning; still very dark and the stars litter the Mackay sky. We are packed and ready for the 200km drive to Moranbah where the first outreach clinic of the day was to commence. Dr Boyd has a very methodical pattern to the packing and unpacking of his car which is evident as he quietly prepares and runs through the day ahead in his mind. There is a lot of equipment needed to allow Dr Boyd to fulfill his duties in the regional towns he visits.

Escaping his office and hitting the outback roads of Queensland leaves Dr Boyd with plenty of time to reflect while he is driving. I took advantage of the opportunity to ask him lots of questions about his services and I quickly realised that he is one of the most genuine, well-respected and caring doctors I have had the pleasure to work with.

So, in the spirit of getting to know Dr Bill Boyd, I am happy to share my observations from his clinics and my thoughts. He is a very passionate Scottish gentleman with a love of music. On the road trip we listened to Rod Stewart belt out ‘Maggie May’ and another of Dr Boyd’s old favourites – ‘I want to Break Free’ by Queen – pretty appropriate he remarked as we drove through the wide open countryside.

As we took in the beauty of the open road, Dr Boyd is fascinated by the wild life and we spend the next few days in search of the Bustard, a magnificent bird that he always spots on his road trips. That is, of course, until you want to show it off to your travel buddy, and so we spent the next few days travelling to wherever the Bustard wasn’t!

If you can call family a possession says Dr Boyd, his family would have to be his most treasured possession along with an ornament that his granddaughter made him at school which sits with pride of place on his desk in his office.

I asked Dr Boyd what inspires him and he tells me of a story about a disabled man who operates and runs an outback roadhouse single handedly. He is inspired that even in the face of adversity, people can achieve great things by being adaptable and putting their mind to it.

We visit clinics at Oaktree Medical Centre and Sonic Health Plus in Moranbah; Dr Michael Belonogoff in Emerald; and Clermont Doctors Surgery in Clermont. It is evident that everywhere Dr Boyd goes he is much needed in that community and highly regarded by staff and patients alike.

Escaping his office and hitting the outback roads of Queensland leaves Dr Boyd with plenty of time to reflect while he is driving. I took advantage of the opportunity to ask him lots of questions about his services and I quickly realised that he is one of the most genuine, well-respected and caring doctors I have had the pleasure to work with.

He is always busy getting organised; and he does it all. He unpacks equipment, checks patient lists, completes clinical notes and meets and greets each and every one of his patients. The only exception is in Emerald where his nurse Michelle Baldwin provides assistance.

At the end of the day Dr Boyd enjoys his evening meal and retires to his hotel room to catch-up on emails and the events of the day from his private clinic. He also writes up clinic notes for each patient he has seen during his outreach clinic.

Finaly at the very end of the evening, he is able to check-in on another of his passions; a local radio station with which he is involved.

Tomorrow is another day and the outreach cycle begins again. He will cover a little under 1000km over the four days and make an immeasurable difference to the lives of the patients he treats.
With this funding, a mobile ophthalmic treatment centre, the IDEAS Van, was created with a visiting rural and remote eye specialist service. A statewide retinal screening and grading program and online telehealth endocrinology consultancy established.

Lyndall De Marco, CEO of the IDEAS project states, “The initiative aims to close the health gap for rural and remote communities by providing access to gold standard specialist services in the familiar surrounds of their own community. We try and work closely with existing Rural Outreach Health programs and with those involved in the delivery of health services to Aboriginal and Torres Strait Islander people in Queensland where good work is already being done to close the health gap”.

The IDEAS Van is a state-of-the-art ophthalmic treatment centre staffed by local and visiting ophthalmologist, optometrists and orthoptists. The Van consists of three treatment rooms; two that are licensed for laser treatment.
Access to the IDEAS Van is by GP referral from the local Aboriginal Medical Service. Patients have a retinal screen with the non-mydriatic camera. The images are sent to Professor Paul Mitchell at Sydney’s Westmead Hospital to be graded. Based on the grading report, an appointment is scheduled for further investigation or treatment on the IDEAS Van.

A partnership with the Royal Flying Doctor Service expands the scope of this Initiative to ensure that all diabetes patients have an annual retinal scan and those over 40 years of age will be screened as part of their annual health check. To date 3,747 patients have been screened for diabetic retinopathy.

This initiative is managed by Diamond Jubilee Partnerships Ltd Board of Directors and the IDEAS Team. A robust partnership between the following partners provides a wealth of expertise and resources – Queensland Eye Institute, Diabetes Queensland, CheckUP, Princess Alexandra Hospital Diabetes and Endocrinology Department, Royal Flying Doctor Service, Royal Australian and New Zealand College of Ophthalmologists, Optometrist Association Australia, UQ Centre for Online Health, and the Royal Australian College of General Practitioners.

Corporate partners such as Volvo, Kurtz, Ellex, Device Technologies, JJ Richards, Minter Ellison, BDO, Crowe Howarth and Traymark have provided valuable support to ensure that this initiative continues to be sustainable for the future.

The IDEAS Van visits each site every four or eight weeks, with some sites having greater intervals depending on the needs of the community. The IDEAS Van spends one day serving as an “annexe” to the Aboriginal Medical Service. Up to thirty patients are seen in one day in one of the three treatment rooms. The host Aboriginal Medical Service takes full responsibility for clinic management and transport of patients. One hundred and twelve clinics have been conducted so far.
**Tucka Time** a big hit at Biloela State School

It's **Tucka Time** at Biloela State School where a group of 24 Aboriginal and Torres Strait Islander children are learning about making healthy eating choices.

The 10-week **Tucka Time** program started in August with 24 of the school's Jarjums Learning After-School Homework Club students learning to make healthy fruit pancakes under the watchful direction of chef Janelle Noonan.

This hands-on approach to extended learning is aimed at helping the children recognise that healthy food preparation can be simple and fun, and that support is available if required.

**Tucka Time** is a program coordinated by the Central Qld Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO).

It is funded through the Commonwealth Department of Health's Medical Outreach Indigenous Chronic Disease Program (MOICDP) Nutrition Projects funding. The project is a collaboration between CQRAICCHO, Biloela School, local business, parents and community.

Acting CEO Melena McKeown, who assisted children during the session on Tuesday, said the success of the first session had surpassed all expectation.

“This is a program that helps children recognise healthy food, hygiene and healthy living choices, but also engages them with community leaders and business people, thus helping them gain confidence, self-esteem and contacts for the future,” she said.

“It has the full support of the school and sponsors, such as Woolworths Biloela, which supplied the ingredients for this week's session, and its floor manager Jason Harris who led one of the cooking groups on Tuesday.”

She said access to nutritious and affordable food was a key determinant of achieving health equality and closing the gap in life expectancy of Aboriginal and Torres Strait Islander peoples.

“Unfortunately, the statistics tell an alarming story; Aboriginal and Torres Strait Islander people are suffering a worsening health crisis across our nation. This is just one small step in addressing that problem, so we are excited that CQRAICCHO is involved.”

Future sessions will include working with a dietitian/nutritionist, label reading and a supermarket tour.
Meet Katrina Hodson, CheckUP's North West Regional Coordinator

What does your job involve?
I am new in my position, but my job will involve coordinating health services and ensuring programs are successfully implemented within my region. I am excited that my job will involve increasing client’s access to medical specialist, GP and allied health services for those people living in rural and remote and urban Queensland.

What’s the favourite part of your job?
So far meeting new people and learning about what my job entails.

How much planning is involved with Outreach?
From my first experience supporting the Eyes and Ears Surgical Services (EESS) program in Mount Isa recently, I can see that weeks of planning and organising were required to ensure everything ran smoothly.

Planning is a multi-faceted process that involves a combination of coordination, building a rapport with service providers, and determining the need for services in the region.

Integrating Health, Early Childhood and Education to Improve Health

In recognition of the significant gaps in the early life outcomes of Indigenous children in the Gulf of Carpentaria region, coupled with the knowledge that child health and early childhood learning are entirely inter-dependent, Gidgee Healing has extended its model of care to ensure an integrated continuum of care exists between its Maternal and Child Health services and the Early Childhood and Education sectors.

Working in a close partnership with the Mornington Island and Doomadgee communities, Gidgee’s Maternal and Child Health Service now includes allied health/child development professionals working across various community-based settings, including playgroups; long day care centres; kindergartens; schools and the Children and Family Centres (CFCs). This integrated, cross-sectoral approach has multiplied the impact that could have been realised by a stand-alone health service through the alignment of effort among partners - enabling the timely identification and management of children with developmental issues in their early years.

Gidgee’s approach places particular emphasis on the involvement of families/carers in their child’s care, recognising the critical importance of family involvement if our services are to affect real change and improve the health and developmental outcomes for our children.

Gidgee Healing is working with our partners, Save the Children Australia and Lifestyle Therapies and Training Solutions (LTTS), to deliver a comprehensive suite of locally-tailored child health, development and family support programs to support pregnant mothers, parents, infants, toddlers and school-aged children, including vulnerable children with complex needs. In doing so, we are proud to be working to fill a long-standing gap that exists across the region.
Twenty-six (26) Aboriginal and Torres Strait Islander people from the Lower Gulf had sight-saving cataract surgery over three days in October 2016 when a team of health providers and local health organisations worked together to coordinate this logistically challenging endeavour. A second round of cataract surgery will be delivered during November 2016 for twenty-eight (28) local Aboriginal and Torres Strait Islander patients from Mount Isa and surrounds.

CheckUP worked in close partnership with the North West Hospital and Health Service (NWHHS), with support from Gidgee Healing and QAIHC, on this important initiative.

CheckUP CEO, Ann Maree Liddy is pleased that CheckUP was able to secure this additional funding from the Commonwealth and is delighted that so many organisations were able to work collaboratively to make the cataract surgery happen. “This enormous undertaking has involved considerable planning and the cooperation and goodwill of many organisations from North West Queensland”.

“The cataract surgery will make a huge difference to the lives of over 50 Aboriginal and Torres Strait Islander people living in the Lower Gulf region and the Mount Isa district. We know that cataracts are the leading cause of blindness in Aboriginal and Torres Strait Islander people and accessing this surgery is normally very difficult for people living in the more remote areas of Queensland. This surgery is potentially life changing as it will allow people to continue to live independently in their communities.”

The Chief Executive for the NWHHS, Lisa Davies Jones, said the opportunity was a real boost for cataract patients in the Lower Gulf. “We are delighted to be able to host this life-changing event for so many of our patients, and we’re very grateful to CheckUP for brokering and organising this surgery blitz. We’re also very grateful to the Commonwealth for funding this extraordinary initiative.”

Dallas Leon, CEO of Gidgee Healing, is also pleased that this initiative took place in Mount Isa over a two month period.

“It’s great to see a range of organisations working together to provide this important service. Thanks to this initiative, over 50 Aboriginal people living in the North West and Lower Gulf regions will now have increased access to potentially life-changing surgery – that is a great outcome for all involved.”
Signature Story

Henry & Gladys Callope

In 1968, Henry Callope from Normanton worked on the construction of the red brick stack at the mine that towers over Mount Isa. Forty-eight years later, Henry returned to Mount Isa with his wide Gladys to undergo eye surgery that has greatly improved his vision and is making a big difference to his life.

When we first approached Henry and Gladys Callope to feature in a video documentary we were making about the Outreach eye surgery initiative, they were a little bit apprehensive. But by the end of the four days we spent with them in Mount Isa, Gladys summed up how they now felt about all the attention by stating with a wide grin, "It's about time we were famous!"

Henry and Gladys have lived in Normanton for most of their lives, raised seven children, and are well known and much loved in their local community. Henry worked as a stockman for most of his adult life and both Henry and Gladys were interviewed by the Australian Stockman’s Hall of Fame, as part of the Indigenous Heritage Project.

On this trip to Mount Isa it was Henry having eye surgery with the removal of a pterygium, a fleshy overgrowth of the conjunctiva, which is the thin clear membrane on the surface of the eye. If untreated, a pterygium may grow across the cornea (the transparent ‘window’ that covers the pupil and iris) affecting vision and becoming more obvious.

Four years earlier, Gladys made the trip to Mount Isa to have cataract surgery so she knew that Henry would have some discomfort following the surgery but the results would certainly be worth it.

Henry and Gladys were also really pleased that so many patients were having surgery at the same time, as the supportive environment made the whole process much less daunting for all involved.

Gladys commented that, "I had no support besides Henry when I had my eyes done. I feel really good coming to Mount Isa because I've had my eyes done, and I'm able to let the other patients know what it's like. It will be sore for a while, and it feels like there's gravel in it, but don't take any notice of that because it improves quickly. I never, ever had any trouble following my surgery and it's made a big difference to my sight". 
Meet Susan Dixon-Grover, QAIHC's North Queensland Regional Coordinator

Tropical North Queensland is home ground for Regional Coordinator, Susan Dixon-Grover. Born and raised on a property in the Mackay district, Susan completed her schooling in the region and later attended University at James Cook University in Townsville.

As the wife of a serving member of Australia’s regular defence force, she has travelled and worked throughout Australia in Queensland, New South Wales, Northern Territory and Western Australia.

With an honours degree in Biomedical Science, Susan has a diverse work history, which ranges from scientist, project management, research, workforce mapping and quality assurance to her current role as QAIHC’s Northern Regional Coordinator. She has been in her role for three and a half years, and is based at Townsville Aboriginal and Islander Health Service in Townsville (TAIHS).

“No two days are the same,” says Susan. “One day I may be driving to Richmond or Hughenden for a community meeting and the next day I could be working with the TAIHS team, helping to organise referral pathways for ENT surgery.”

“Two areas I am really passionate about are ears and eyes and the difference they can make for young people. If you can't read properly or can't hear properly you cannot learn, and education is the key to making a real difference for many people. Similarly for older people, just having access to a pair of glasses, something most of us take for granted, can make an enormous difference. It doesn't have to cost a lot, sometimes it is just about joining the dots and making the most of what is available and improving access to services, especially for Aboriginal and Torres Strait Islander people.”

Susan has a six year old son Nicholas, and enjoys spending her weekends being a soccer mum. Any spare time she has, Susan spends fishing, spearfishing and reading.

She is also an avid baker with cakes and desserts her speciality (although those of us in the Brisbane office have yet to see proof of this). I am told she makes a mean brownie and an even better cupcake!!

“I love my job, and it is especially useful being based within TAIHS. I now have a totally different perspective of what ‘Closing the Gap’ in Indigenous health really means. When you are living it every day it isn't just words that roll off your tongue. It is actually helping place the building blocks that can make a real difference in people's lives.”
Outreach Impact

The course has been designed to offer health workers the opportunity to develop the skills and knowledge to assess and manage aural health in relation to a range of conditions based on detailed knowledge of the anatomy, physiology and pathophysiology of the auditory system. This increased skill set will allow improved hearing care and assessment to be delivered by the health workers.

The Australian Government announced funding of $66 million over 2013-14 – 2016-17 to continue the Closing the Gap - Improving Eye and Ear Health Services for Indigenous Australians.

TAIHS currently undertakes ear screening in their Outreach and school clinics conducted throughout their catchment area. The screening clinics are the initial contact for hearing and health assessments and further aural care flows from this. TAIHS provides patient support as required and can provide referrals; follow-up assessment; and monitoring as dictated by the patient’s needs.

Strong Ears, Strong Futures

Fourteen Aboriginal Health Workers from Townsville Aboriginal and Islander Health Service have recently completed an extensive and accredited course in aural (ear) health.

The funding is focussed on Aboriginal and Torres Strait Islander children and young people under the age of 21 and aims to reduce the number of Indigenous people suffering avoidable hearing loss; improving the coordination of hearing health care; and giving Indigenous children a better start to education (improving literacy and numeracy and flowing on to improved employment outcomes). The funding is also directed to boost the qualifications of health professionals.

TAIHS hearing screening clinics are delivered at Home Hill, Charters Towers and Ingham, and supported with funding provided through the Healthy Ears – Better Hearing, Better Listening Program.
Nutrition project to lay the groundwork for improved health outcomes

There has been a lot of discussion recently surrounding various initiatives to Close the Gap in Indigenous health. One such initiative being pursued by Mackay Aboriginal and Torres Strait Islander Community Health Service (Mackay AICCHS) is their Healthy Tukka for Mums and Bubs program.

Healthy Tukka for Mums and Bubs aims to provide not only education, but to undertake fun activities with parents, grandparents and caregivers to increase their awareness around the importance and advantages of choosing to eat and live healthily.

Funded through the Commonwealth Department of Health within the Medical Outreach Indigenous Chronic Disease Program, the nutrition projects are designed to support positive lifestyle changes by increasing access to additional nutrition services for Aboriginal and Torres Strait Islander people.

The objectives are to establish new or to enhance existing outreach services to provide access to nutrition services for Indigenous Australians.

Mackay AICCHS is a community controlled organisation that has been serving the Aboriginal and Torres Strait Islander communities within and across the Mackay region for over 30 years, providing comprehensive primary and medical health services.

Through the ‘Healthy Tukka for Mums and Bubs’ project, Mackay AICCHS is looking to lay the groundwork to gain improved health outcomes for future generation.

To achieve this, the project will concentrate on educating and empowering parents and families with the knowledge they need to assist them in making informed decisions, and to gain an understanding of how food and nutrition and the benefits it provides, can contribute to living a long and healthy life.
What is your background?
I grew up in far south west Queensland in Charleville. My family has been there for five generations. I completed studies in audiology and have worked in the government and private sector for 15 years.

My passion has always been to provide full audiological services to rural and remote areas where access is limited. I started Clarity Hearing Solutions eight years ago with a strong focus on achieving this. We are now the largest private audiological service provider in the state and provide services to 30 locations across Queensland.

We provide full services which previously were only able to be delivered in Brisbane or Toowoomba to our most remote locations including Cochlear implant surgical pathways and mapping, full vestibular balance assessments, neonate and infant electrophysiological testing, full paediatric and adult audiological hearing assessments, hearing aid rehabilitation, central auditory processing assessments, to name but a few services.

What attracted you to Outreach?
Our shared passion of the delivery of primary health care to remote, rural and Indigenous populations.

Which locations do you visit?
Ayr, Barcaldine, Bowen, Charleville, Charters Towers, Clermont, Collinsville, Emerald, Gladstone, Ingham, Longreach, Mount Isa, Proserpine, Rockhampton, Roma, Sarina, Caboroorte, Quilpie, Cunnamulla, Hughenden, Richmond, Biloela, Blackwater, St George, Mitchell, Surat, and Palm Island.

Who did you last listen to when you drive?
I'm an ABC radio fan, so usually Radio National or Grandstand Sport.

What is your key primary health care message to the community?
Use it or lose it! Both from a functional health and service provision point of view!

Can you share a message with other health professionals?
Not sure if it's applicable with all allied health, but for us it's embrace technology and broaden clinical service provision.

What inspires you? Can you share a story of a patient/team/community who inspired you?
Most recently it was assisting a 13 year old Indigenous boy with bilateral Cochlear implants in Quilpie who hadn't had a mapping completed in three years (this should be done at least once every 12 months) and had lost one of his speech processors over a year ago. He was told that the closest site where he could get it done via a telehealth consult was Toowoomba (10 hours drive away) or Brisbane for a face-to-face mapping.

We did his mapping at Quilpie on one of our CheckUP trips and helped facilitate organising a replacement speech processor for his other ear. He was so grateful as he wanted to be able to hear for a local touch football carnival that was coming up, and his mother was in tears.

What is your ideal solution/resolution to ‘Closing the Gap’?
Outsourcing and coordinating with private practice to help deliver services. It's much more efficient, cost effective and more likely to get done.

A quote from you encapsulating your feelings on ‘Closing the Gap’?
It can be done!
Far North Queensland

Meet Moira Matic, CheckUP's FNQ Regional Coordinator

My job involves managing and supporting Outreach programs across rural, remote and regional Far North Qld to increase patient access to medical specialists, GPs and allied health professionals.

It is great to meet patients, hear their stories and experiences to better understand the positive effects our visiting outreach providers have on their health. It is important that these local voices and stories add to the evidence base that informs planning and decision making on health priorities to align with broader health strategies.

The challenges involved in preventing and managing chronic disease is felt by patients, families, communities and the health sector, especially across the remote areas in the Far North.

I am passionate about narrowing the inequalities in health access, something my position is designed to do, but the best part of my job is meeting the many skilled, caring and dedicated people willing to travel incredible distances to help their fellow humans. Ensuring and increasing a supply of a quality workforce within funding allocations keeps me busy.

I can understand the popularity of the visiting clinicians and further appreciate the planning, logistics and barriers in getting patients to appointments. I like that the work we do in Outreach, be it as a clinician, facility or coordinator provides an opportunity to contribute to Closing the Gap through responsive care to identified need. The work we do, either directly or indirectly, is targeted at assisting people to achieve optimal health and more fully realise their life potential.

My hobbies include travel, exploring the great outdoors and cycling. I was able to combine my interests by taking part in the recent Cardiac Challenge, alongside family, friends, Outreach providers, cardiac care recipients and many cycling enthusiasts.

This 'gentle' 333km bike ride from Cairns to Cooktown is an annual event now in its tenth year raising funds for the Far North Queensland Hospital Foundation to improve the quality and range of cardiac services available to residents of this region. Heart disease is a major health issue here, with 74,800 people in FNQ experiencing heart disease such as congenital heart defects and rheumatic heart disease. Equipment purchased through funds raised includes a portable echocardiography system, enabling the outreach paediatric cardiologist to assess children in Weipa, Bamaga, Thursday Island, Aurukun, Kowanyama and Lockhart River.

My husband Vlad and I both rode this year and proving that it is never too early to start exercising. Our son Conrad rode a fair part of the challenge and our daughter Zara was a ‘supporter’ from the comfort of the RV.
I was fortunate to visit Thursday Island recently and experience a taste of Island culture along with colleagues, Elise and Tony from the Brisbane Outreach team. The tyranny of distance rang loudly as the hours passed until we reached our destination. It opened my eyes to the distances our Far Northern neighbours must travel to receive tertiary care in Cairns. It reinforced the need for local and visiting primary health and specialist services, targeted at prevention to keep the Islanders from requiring high level acute care.

We met staff from the Community Wellness Centre, Thursday Island Hospital and the Northern Queensland PHN (NQPHN). The NQPHN estimates a population of 4,619 people living in the Torres Strait Islands (2014); 93% identify as Aboriginal and Torres Strait Islander with a difference of 14 years life expectancy between Torres Strait Islanders and the Queensland average.

The Islands have Outreach providers visiting from places such as Cairns, Townsville and Brisbane as well as interstate.

The Australian Institute of Health and Welfare has released reports from the Australian Burden of Disease Study 2011, informing that Indigenous Australians experienced a burden of disease that was 2.3 times the rate of non-Indigenous Australians and over 30% of the disease burden could be prevented by removing exposure to risk factors such as tobacco and alcohol use, high body mass, physical inactivity and high blood pressure.

Outreach services in conjunction with local health providers identify and educate about risk factors and work together to combat the impact of chronic disease in a supportive, familiar primary care environment.
It is a pleasure to be able to share Jack’s health story. ‘Uncle Jack’, as he is known by locals and clinicians alike, was born on Thursday Island sixty years ago. He grew up there, spending much time under the sea as a pearl diver like many of his family, neighbours and friends. He worked away for many years in WA but eventually returned home. Over the years he has kept himself busy with cray fishing, dugong and turtle hunting, spearfishing and logging. Uncle Jack has a rich family history on Badu Island. He is married with three children and three grandchildren, and has worked for the last ten years as a courier driver at the hospital. This involves getting patients, clinicians and medical supplies to and from the hospital to homes and the ferry wharf for dispatch to the outer Islands.

Uncle Jack is a fan of Outreach services. He sings high praises for the visiting specialists and teams to the Torres. In particular, he appreciates the time clinicians spend getting to know their patients from ‘head to toe’ and fixing them up. He tells me the specialists look at your full health history and that of your family, right through from birth to diagnosis. They are interested and thorough and want to make sure that every part of your body works as best as it can.

Although active most of his life, until recently Uncle Jack smoked, drank alcohol and his diet was not so healthy with too much fast food. He was diagnosed with diabetes around six years ago.

Uncle Jack, with advice and guidance from the local health team and visiting services decided to change his life. He quit smoking, stopped drinking and made healthier food choices from the day he was diagnosed with diabetes. Uncle Jack is satisfied that this self-care approach has improved his overall well-being and diabetes management. That was not enough though for Uncle Jack, who now uses his big personality and status in the community to promote the importance of giving up smoking and drinking, taking up exercise and making good food choices.

Thanks Uncle Jack. Wise words from a wise man.
A collaboration between CheckUP, Torres and Cape Hospital and Health Service (HHS), and ENT surgeon Dr Sukhbir Ahluwalia with support from Apunipima Cape York Health Council, the Queensland Aboriginal and Islander Health Council (QAIHC) and the Royal Flying Doctor Service (RFDS), is paying dividends for 16 children from Cape York who had a variety of ENT surgical procedures performed at the Cairns Private Hospital and Cairns Day Surgery in September 2016.

The children's health assessments were undertaken with staff from all the agencies including health workers, nurses, doctors, the Apunipima audiologist and Outreach-funded ENT specialists. Staff were quick to get on board this initiative knowing that the surgery would have an immediate impact on the children's overall health and well-being, as well as their learning at school.

Following the surgery, the children and their families started noticing improvements in their sleeping, breathing, hearing, behaviour and concentration, almost immediately. The project has been led by Denise Newman, Ear Health Coordinator, Torres and Cape HHS who coordinated and organised the delivery of the project including the planning and logistics of getting the children and their families to Cairns and meeting each of the children and their families to help them understand what was involved and gain their support.

Michel Lok, Chief Executive for Torres and Cape HHS, said that the ENT surgery initiative was a great partnership benefiting Cape York children.

“Aboriginal and Torres Strait Islander children experience some of the highest levels of ear disease and hearing loss in the world, with rates up to 10 times more than those for non-Indigenous Australians. We are very proud to be a part of this program to help address hearing health in Cape York.”

Apunipima Cape York Health Council CEO, Cleveland Fagan said, “It's a great opportunity that we've been given thanks to the support of CheckUP and the Commonwealth Department of Health. We have managed to get a lot of kids assessed, and to get them treated in a far timelier manner than otherwise would have been possible is tremendous”.

CheckUP CEO, Ann Maree Liddy, is also delighted that so many children had their hearing issues addressed all at once through CheckUP’s Outreach program. “Without this funding, this wonderful initiative would not have been possible. We are so grateful to our partners in this initiative, Torres and Cape HHS and Apunipima, as well as the surgeon Dr Sukhbir”.

**ENT surgery changing lives in the Cape**

Denise and Olivia
Outreach Impact

Signature Story

Dedicated mental health team is Australia’s most northerly

A dedicated team of clinicians and support staff has the distinction of being Australia’s most northerly mental health team.

The Torres and Cape Hospital and Health Service’s Thursday Island-based Community Mental Health Team delivers services to the myriad tropical islands of the Torres Strait, one of Australia’s most isolated areas.

Situated between the tip of Australia and the vast underbelly of Papua New Guinea, their region covers around 480,000 square kilometres of sun-kissed sea, speckled with 274 islands; 17 of them permanently settled. Around 7,000 people with distinct cultures live, work and play in the area.

The Torres Strait Community Mental Health Team comprises four clinical nurse consultants who deliver adult services; one social worker delivering child and youth services, a senior Indigenous mental health worker and an administration officer. They are supported by...
From their Thursday Island base, they deliver outreach services, facilitate specialist psychiatric clinics, undertake community case management and provide consultation liaison between Thursday Island Hospital and the primary healthcare centres.

They also deliver crisis response and management, ATODS interventions, child and adolescent mental health services, mental health education, psychotherapeutic interventions and support for community, family and carers.

The clinical nurse consultants visit each of the 17 settled islands monthly, while the consultant psychiatrist and registrar visit each island every three months.

Come rain or shine, the team fans out across the region using helicopters, light aircraft, ferries and boats to reach their communities.

The development of inter-agency relationships is integral to the cohesive delivery of services in the Torres Strait region. As a result, the community mental health team works closely with partners such as After Care, Partners in Recovery, the Social and Emotional Wellbeing Team, Relationships Australia, Queensland Police Service, primary health care centres and GPs to deliver optimal outcomes for people experiencing mental illness.

They also host a regular local radio segment promoting mental health and participate in local events such as RUOK Day, the Colour Run and the Thursday Island Running Festival.

Another unique local initiative in which the mental health team is involved is an inter-agency project known as the “Yumi Yarn Project” – which literally translates to “you and me talk”.

This project seeks to get people talking about their mental health on a daily basis in ways which are sensitive to Torres Strait Islander people’s view of health as holistic – encompassing physical, spiritual, cultural, social, emotional, and mental health.

Part of the project currently under way includes a swim crew which meets twice a week to exercise and discuss concerns, thoughts, values, goals, plans, relationships, and anything else that comes up. The project also seeks to link with different agencies so that programs complement each other and referrals are streamlined.

The Torres Strait Community Mental Health Team also worked hard to support a number of local events during the recent Mental Health Week.

So, what’s the best part about living and working in Australia’s most northerly location?

It would be easy to say the amazing scenery, the diverse marine eco-system that houses more than 500 coral reefs, the tropical weather, the fishing, the outrigger paddling, the deadly runners, the incredible sunsets, the relaxed way of life, the cultural festival and the gala balls.

However, for the Torres Strait Community Mental Health Team, the best part of their workday is getting to work with the incredible locals. They are a proud community and an unforgettable part of Australia.
Outreach Impact

Staff Update

New role for a well-known face

Former Auxiliary Regional Coordinator, Tony Coburn, has taken on the new role of Statewide Projects Coordinator with the Outreach program.

Tony is well known in communities across the state, having spent most of his working life in Aboriginal health. A registered nurse with a Certificate IV in Aboriginal Health, Tony’s work background covers varied and experienced roles. He has worked with profoundly and intellectually disabled children, as an operating theatre assistant, nurse, practice manager, and in health promotion.

Tony is a Gubbi Gubbi/Badtjala man. He spent 11 years with the Queensland AIDS Council delivering the ‘2 Spirits’ program which was designed to educate Indigenous community members in sexual health matters.

In 2010, Tony joined QAIHC as the Alcohol and Other Drugs (AOD) State Training Coordinator and later took on the role of Sexual Health Coordinator.

He became Regional Coordinator for Outreach services in the South West two and a half years ago, and last year accepted the challenging role of assisting all Regional Coordinators across the state, especially North West and Far North regions.

His current role builds on the previous one, with Tony adding huge value to the programs with input into the Eye and Ear Surgery project, maintaining his assistance in the Far North and providing cultural protocols for non-Indigenous providers and staff members.

A qualified Justice of the Peace, Tony is often in demand in the workplace to assist with witnessing documents. In his spare time he enjoys nothing more than a good rummage through second hand stores and fairs, seeking out that elusive special item that will fuel his passion for restoring old furniture. Tony also enjoys a good yarn (no one would argue with that) and catching up with his family and friends.

Indigenous Eye Health Coordinator

Improving eye health and treatment outcomes for Indigenous Queenslanders is the goal of QAIHC’s newly appointed Eye Health Coordinator Barbara O’Connor.

Barbara is an experienced professional, having held the position of Regional Indigenous Eye Health Coordinator at Brisbane AICCHS since 1999 and is a previous Program Manager of the Queensland Trachoma and Eye Health Program at the Mater Hospital in Brisbane.

Funded by the Commonwealth Department of Health through CheckUP, Barbara’s position involves working closely with key stakeholders, including Primary Health Care providers, Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS), Hospital and Health Services (HHS), general practice, outreach service providers and other key organisations providing services, to improve access to eye care for Indigenous patients.

She also links closely with QAIHC and CheckUP Regional Outreach Coordinators in the delivery of the Eye and Ear Surgery Service program.

The Indigenous Eye Health Program is part of the Indigenous Australians Health Program.

Barbara said her goal was to improve access to eye care for Indigenous patients. This can occur through better coordination of services, including improving links between the range of services required by patients and enhancing the delivery of those services.
Thank you to all of our Outreach Providers who travel the length and breadth of the state to deliver health care where it’s needed most.