apunipima

CAPE YORK HEALTH COUNCIL

ANNUAL REPORT 2010/11

VISION

The vision of Apunipima Cape York Health Council is:
Cape York communities own solutions to live long healthy lives,
strengthening our culture and regaining our spirit.

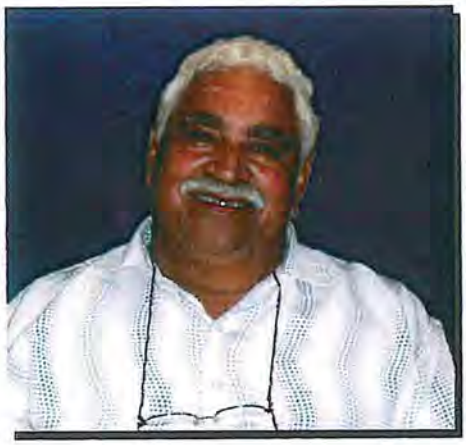
MISSION

We aim to achieve our vision through:
Eliminating health inequalities
Strengthening community control of health outcomes
Increasing access to culturally appropriate services
Educating better
Advocating for communities
Influencing social issues that impact on health

VALUES

We aim to achieve our mission through:
Respect and honesty
Focusing on community
Responsibility for action
Motivation and striving to achieve
Promoting a positive attitude and sense of hmour
Integrity and loyalty
Understanding and agreement
Harmony
Fairness
Inclusiveness

CHAIRMAN'S FOREWORD



Welcome to the annual report for 2010/11.

I am delighted to announce that two years of incredible growth have been followed by a year of tremendous success, with 2010/11 being a period of outstanding achievement for Apunipima.

Not only has Mossman Gorge Clinic, Apunipima's first community controlled clinic, achieved accreditation under the national standards set by the Association of General Practice Accreditation Limited (AGPAL) but the organisation as a whole has been certified as meeting the international quality standards laid out in the AS/NZS ISO9001:2008 Quality Management Systems Standards and is starting to achieve outcomes in Mossman Gorge.

Our Senior Medical Officer, Dr Mark Wenitong has also been recognised for his achievements over the course of his career with induction into the Queensland Aboriginal and Islander Health Council's Hall of Fame and the receipt of the Australian Medical Associations Excellence in Healthcare Award, one of the highest accolades a medical officer can receive.

As the lead agency for community controlled health services in Cape York, we are continuing to work with our partners and communities to continue momentum in the delivery of the commitments laid out in the Deed of Commitment 2006. This year saw the funding for chronic disease services in the east of Cape York transfer from the Royal Flying Doctor Service to Apunipima meaning we now provide almost all visiting primary health care chronic disease services across Cape York.

We consolidated and demonstrated our commitment to true community control and grass roots governance with a change in the constitution earlier this year. The changes give community members much more say over who represents them, their community and their region on the Board of Apunipima. A new election process was established and held with the outcome being a brand new invigorated Board, keen to build on the successes and achievements of the previous Board members. The election procedure is based on the State and Commonwealth election process.

As a Board we will continue to work with state and commonwealth government and our peak body Queensland Aboriginal and Islander Health Council to take forward this agenda regionally and will be spending the next year working with our Health Action Teams to build capacity and capability to drive it locally.

Our focus over the next year will be to embed grass roots governance and continue to develop community controlled health services in each of our Phase One communities so we can achieve our vision and improve health outcomes for the people of Cape York communities.

We know that this will not be without its challenges and recognise that the dedication, commitment and hard work of our staff, supported by managers and the Board is key to seeing Cape York communities own solutions to live long healthy lives and strengthen their spirit.

Phase One Communities	
Coen	Kowanyama
Mapoon	Mossman Gorge

B. Singleton

Bernie Singleton
Chairman

MESSAGE FROM THE CHIEF EXECUTIVE

Following a period of incredible growth in 2009/2010, Apunipima has this year entered a period of consolidation. Building on the footings and foundations laid throughout 2008, 2009 and 2010, Apunipima is continuing to develop its workforce to deliver quality comprehensive primary health care services through a family centred approach to Cape York communities.

This year, the focus has been on the development of systems and processes, policies and procedures and becoming a quality organisation, working within the standards set out by Royal Australian College of General Practitioners, the Chronic Disease Guidelines, the Primary Care Clinical Manual and evidenced based best practice.

We have continued to develop the comprehensive primary health care model delivered through a family centred approach, working towards making sure we have maternal and child health workers in each community and delivering comprehensive evidence based training, learning and development and mentorship to support them in their role.

With the transfer of funding from the Royal Flying Doctor Service to deliver chronic disease services, Apunipima now delivers chronic disease services across the whole of Cape York giving us the opportunity to develop the role of the chronic disease health worker to make sure each community has access to the appropriate expertise to support them to take control of their own health and help them manage their own condition.

Over the past 12 months, Apunipima has recruited from community in order to progress our vision for community controlled health services.

The success we have seen in Mossman Gorge is testament to this approach, where our clinic received national recognised accreditation from AGPAL that many mainstream services struggle to achieve. We are also pleased to report that 74% of adults in Mossman Gorge have received their annual health check and we have seen a real improvement in diabetic control because of better testing and more people being attracted to the clinic for care from Mossman and beyond.

The success of Mossman Gorge and the delivery of comprehensive primary health care through a family centred approach is due to the tireless commitment and dedication of staff from across all facets of the organisation who, supported by a driven Board, have strived to introduce and embed systems, processes and an evidence based model of care that truly supports community controlled health services.

Over the next year we will be focussing on developing the infrastructure to support similar models in other communities, particularly our Phase One communities and hope to see similar results there. We still continue to be involved in the broader transition to quality control process as the ultimate outcome is still transition of all public health clinic services from Queensland Health to Apunipima.

Cleveland Fagan
Chief Executive Officer

ABOUT APUNIPIMA

Since the early 90's health related issues in Cape York have been a high priority for Cape York Aboriginal people. It was decided in 1994 to gather together the representatives from 17 communities of Cape York and associated Homelands at a four day health conference at the Pajinka Wilderness Lodge.

The concern for the lack of improvement in the health status of the Cape York Aboriginal people prompted action to form an organisation with a mandate to carry the health-related issues to both the Cape York Land Council and the then ATSIC Regional Council. Representatives conceived Apunipima Cape York Health Council on 14th September 1994.

Apunipima Cape York Health Council is the lead agency representing the health needs of Cape Communities.

Having tripled in size, the organisation now has almost 100 staff located in premises at McCoombe Street, Cairns and within local Cape York communities and regionally at Cooktown. The staff and the Board are constantly working to create an environment that will facilitate an improvement in the health of individuals and communities in Cape York.

When conceived Apunipima was established to provide leadership in health advocacy and consultation. However with the growth in staff and need of the communities, Apunipima has now implemented a program of primary health care delivery to the communities in Cape York via its Primary Health Unit and moved into service delivery.

The service has expanded to include Aboriginal and Torres Strait Islander health workers who are based in Cape York communities, nurses, allied health professionals, midwives and several doctors. One of the main priorities is to deliver services directly to Cape York communities in maternal and child health services that are appropriate culturally and are of high quality. The emphasis on maternal and child health reflects our four priority areas in health care, which include maternal and child health, chronic disease, social and emotional wellbeing and alcohol, tobacco and substance use and both our funding; New Directions (Federal) and Making Tracks (State-based).

By delivering a target health service program, Apunipima is developing a leading role in population health which encompasses adolescent and adult health screening and targeted health service initiatives focusing on child and maternal health.

Apunipima also provides an increasing range of direct clinical support to Cape York primary health care through these programs and an increasing emphasis on directly preventing and supporting excellence in adult health care delivery particularly as it relates to adult chronic non-communicable disease in remote Cape York communities.

Moving forward Apunipima has a committed investment to working with the mainstream health system to coordinate improved health service delivery, and to fill gaps in services as prioritised by the communities that make up its membership.

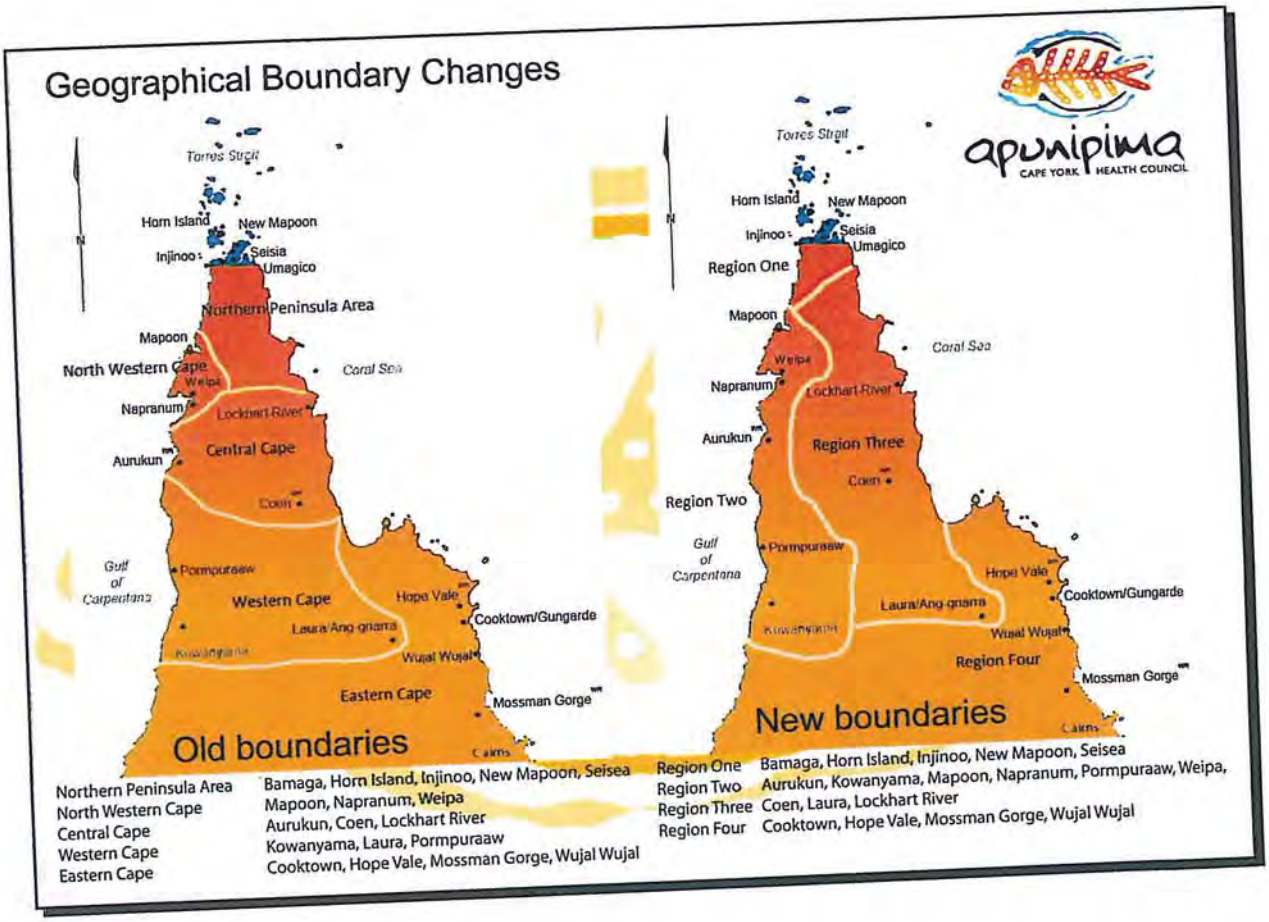
Good Governance Sees Constitutional Change

At a Special General Meeting in December 2010 it was agreed that a change to Apunipima's constitution be made in terms of the make-up of its Board, election to the Board, member representation and geographical boundary changes for that representation.

The changes were proposed following a workshop between the outgoing Board members and the Chairmen of the Health Action Teams in recognition that as a bigger organisation that is still growing we need and want good governance systems in place and our Constitution is out of date. The previous process was not streamlined or effective and did not reflect our community control principles.

The geographical boundaries were considered not to be best fit and the outgoing Board representation did not reflect the membership of Apunipima.

The first significant change agreed to was that the geographical boundaries that divide the Cape York Peninsula into regions be reduced from five to four and reflect cultural linkages and kinship, community populations and health profile and the best geographical spread.



The second significant change was the change in Board representation. Previously each region had a male and female representative on the Board, now however the Board representation is based on membership of Apunipima within the communities within each Region.

Good Governance Sees Constitutional Change (cont.)

There will continue to be ten directors with each region having at least one representative. A formula was used to determine Board representation in each region. Based on the number of members in each region / the number of members in each community = % representation in the region

The percentage of members in each region was then used to decide how many directors there were for each region

- 10-20% = 1 Director
- 20- 25% = 2 Directors
- 25-35% = 3 Directors
- 35-40% = 4 Directors

As a result of an analysis of the members register the representation of the Board in each region is as follows:

Region One	1	(Bamaga, Seisia, Injinoo, Umagico, Horn Island, New Mapoon)
Region Two	3	(Kowanyama, Pormpuraaw, Aurukun, Weipa, Mapoon, Napranum)
Region Three	2	(Coen, Laura, Lockhart River)
Region Four	4	(Mossman Gorge, Hopevale, Wujal Wujal, Cooktown)

The final significant change is that Apunipima's Board Members will now have to be elected, following a preferential voting system. To ensure some continuity existing Board Members that have attended at least 85% of all Board Meetings and have achieved the Certificate IV in Governance (or equivalent) will be eligible to remain in their position for a further one year term, when their position will then be up for election.

Existing Board members that retained their position include Bernie Singleton (Region Three), Priscilla Major (Region Two), Veronica Burke (Region Two) and Lionel Paul Gibson (Region Four).

Regional Elections See New Board Elected

Throughout January and February 2011, members of the community engagement team visited all communities but Lockhart River and Laura to encourage nominations from members to become candidates for election to the board.

Overall 36 nominations were received
Two rejected as they were not members
One rejected as they did not live in community
Eleven rejected as they did not meet the selection criteria

An Independent nomination assessment panel was established as a sub-committee of the Board comprising:
Chairman of the board
Two Health Action Team Chairs
Two Independent persons from Cape York or with experience in health

The panel used a selection criteria to assess each of the nominations based on their skills, experience, qualifications and other criteria and found 22 successful candidates.

There were 22 successful candidates across all regions

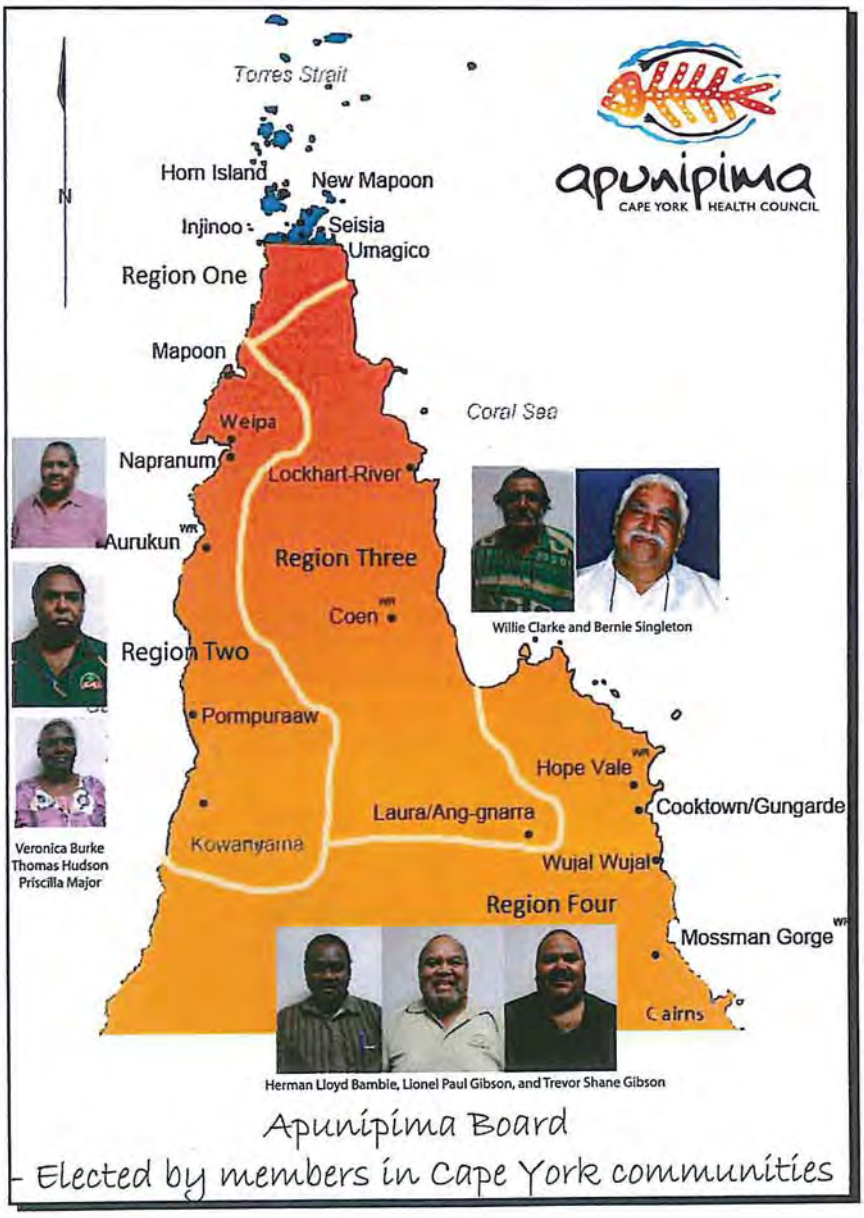
- Six in Region One
- Three in Region Two
- Two in Region Three
- Ten in Region Four

Regional Elections See New Board Elected (cont.)

Elections took place throughout March with an election team from Apunipima visiting every community. Each member was issued with a ballot card and candidate profiles for their region prior to the election and these were hand delivered in most communities.

The election team spent a day in each community collecting member's votes with members being required to vote on the day advertised to ensure fairness across all communities.

Overall 302 votes were cast from a possible 472 meaning there was a 64% turnout across all regions
16 members chose to abstain from voting ~ seven members were deceased
149 were away from their community on the day voting took place



Votes were counted by two members of the election team with oversight from members of the Independent Nomination Assessment Panel, a sub-committee of the Board.

Results of the count were based on the candidate receiving the most '1' votes. Where candidates received the same number of '1' votes the '2' votes were then taken into consideration. Each new Board member will now represent their region for a term of two years.

OUR COMMUNITIES

Project Seeks To Create Healthy Health Action Teams

Health Action Teams are an integral part of Apunipima's vision "Cape York Communities own solutions to live long healthy lives, strengthening our culture and regaining our spirit."

Apunipima views Health Action Teams as the lynchpin and key to community control. They are grass-roots governance linking health services and the local community, holding each organisation to account for their failures and successes, determining what services should be delivered, and how they will be delivered and when.

Over the years, Apunipima has tried to establish health actions teams in each of the Cape York communities but with only a very small Community Engagement Team, sustainability has been a real issue.

Without support and a structured approach many of the health action teams that were originally established have floundered and folded. Infrastructure, training, learning and development have not been put in place to support them and over time, interest and commitment from community has waned as a result of lack of input and outcomes from Apunipima.

As the key to achieving community control, supporting communities to develop and grow sustainable health action teams is a key priority for the organisation and as such a project plan has been developed to do just that.

We have seen before that a Cape wide approach does not work and cannot be supported by a small team, so the Community Development Unit have planned a phased approach to achieving sustainability for Health Action Teams and investigating increasing the available resources.

Each of the Cape York communities have been categorised as either Phase One, Phase Two or Phase Three communities. What this means is that they have been targeted for full transition to community control and those in Phase One will transition first and so on.

The aim of the project is to make sure that there is consistent structured approach to the development of the health actions teams in each of the Phases so that they are all operating at the same level.

All of the elements that have been identified to make health action teams sustainable came out of the Cape York Health Conference in 2010 where the issue was workshopped by participants who identified infrastructure, training, learning and development and the skills and behaviours health action team members needed to have.

So far the Project Plan has been developed and is in the process of being rolled out with a focus on being able to report on the work of each Phase One Health Action Team next year.

Standing Strong Leads To Awards For Apunipima Doc and Hopevale Health Action Team

Dr Melania Scrace and Frankie Deemal, Chairman of Hopevale Health Action Team have been awarded the Royal Australian College of General Practitioners' (RACGP) Standing Strong Together Award 2010 in Aboriginal and Torres Strait Islander Health.

Standing Strong Leads To Awards For Apunipima Doc and Hopevale Health Action Team (cont.)

The Standing Strong Together Award is an award of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health.

The award recognises achievement in Aboriginal and Torres Strait Islander health by a Fellow or member of the RACGP and an Aboriginal or Torres Strait Islander person who has worked in an effective partnership to produce substantial, positive outcomes in Aboriginal and Torres Strait Islander health.

During her time with this remote community, there have been significant improvements in the number of adults receiving complete health checks. Dr Mel's action on the information gathered in these health checks has resulted in improvements in chronic health conditions including significant reductions in high blood pressure and reductions in blood sugar level for diabetic patients.

Upon receiving the award, Dr Mel said, the only way to improve the health of the community is good teamwork between community and the health workers in the community.

"We work as part of a clinic team in Hopevale which consists of registered nurses and Aboriginal and Torres Strait Islander health workers, without whom none of these improvements in health statistics would be possible. I accept this award on behalf of the clinic team in Hopevale," she said.

Summit Moves Patient Transport To The Top Of The Political Agenda

Following a request by the Cape York Health Implementation Group, made up of Health Action Team Chairs and the Board in August 2010, Apunipima played host to a Patient Transport Summit.

Attended by Cape York Health Implementation Group, Jim Turnour, Warren Ensch, Senator for Queensland, Jan McLucas and others, the summit looked at issues experienced by the people of Cape York when using patient transport services to attend diagnostic and treatment appointments in Cairns.

Of the high number of patients transferred to Cairns Base Hospital for day surgery, diagnostics or inpatient care, a large percentage become stranded as a result of gaps in service or mismanagement of transport bookings and end up taking refuge in a camp, staying with overcrowded families or culturally inappropriate accommodation.

Many of these patients medical status becomes compromised as a result. Not only are they dislocated from their traditional land, community and support structure of their families but the mental and physical aspect of being stranded between the airport and their accommodation and/or treatment centre seriously compromises effectiveness of the treatment and recovery.

Mossman Makeover Complete

July 2010 saw work start on the Mossman Gorge Clinic refurbishment.

The refurbishment works were funded by a $345,000 grant from Department of Health and Ageing that was provided to support Mossman Gorge Clinic achieve Royal Australian College of General Practice standards and to cater for growth of service delivery.

Mossman Makeover Complete (cont.)

The main part of the works involved a major electrical refit to bring the systems up to standard including the installation of a $85,000 generator.

The refurbishment of the building took approximately three to four weeks, with the outcome being that the clinic now has two consulting rooms, two exam rooms a spacious reception area, an office and an outside seating area.

The works also made sure that the clinic is compliant with the AGPAL standards expected by the Royal Australian College of General Practice.

As part of the works, the IT infrastructure has also been improved, with the work including major upgrades to the connections between the Cairns office and the Mossman Gorge office.

This has provided the Mossman Gorge office with more reliable and stable connections for Internet, Email, Phones and Clinical Systems. There was also an upgrade to the clinical systems - in particular Medical Director which included the migration of all patient data to the new systems.

First Class Health Service For Mossman Gorge

Mossman Gorge Clinic, the Aboriginal community controlled health service for Mossman Gorge, has achieved the coveted AGPAL Accreditation at first time of asking.

So stringent are the standards that many mainstream clinics need more than one go to achieve accreditation.

AGPAL Accreditation means that safe, high quality health care is delivered according to recognised national standards. Accreditation recognises the achievements of health care teams to meet the requirements of established standards contained within the Royal Australian College of General Practitioner Standards.

With over 400 patients, the clinic offers a full range of comprehensive primary health care services including a doctor, nurse and maternal and child health worker supported by a range of visiting services.

Mossman Gorge Clinic is a real family centred practice focussing on aboriginal and torres strait islander health and chronic disease, supported by a full complement of allied health services and a visiting physician.

Chief Executive of Apunipima, Cleveland Fagan said, "This is a tremendous achievement that we can all be proud of. For many years it has been accepted that Aboriginal people can receive second rate health care and our mission at Apunipima is to provide health care that is second to none in Australia and this accreditation takes us one step closer to achieving that aim."

"It means we can really say to the Aboriginal and Torres Strait Islander people of Mossman Gorge that they are getting "at least" the Australian standards of quality of primary health care that are available to any other community in Australia from North Shore Sydney to Perth, nothing second rate."

Sharryl Ellington, Practice Manager for the clinic said, "The people of Mossman Gorge deserve the best health care and facilities we can provide and I am incredibly proud of my team for their achievement."

From Strength To Strength

In the past year Apunipima has grown in size with the workforce continuing to focus on service delivery with 76 staff employed at the commencement of the year and expanding to 94 staff. The most significant increase has been in the number of clinical staff boasting a full complement of health care professionals. Of the 94 staff, 77% are employed to deliver services within Cape York communities (both clinical and community engagement), with 25% of positions based full-time in Cape York communities.

Corporate staff (including program managers and project specific roles) managing finance and payroll, Human Resources, Quality, Communications, Infrastructure and IT equates to 21 staff members.

Staff turnover for the past year reflects the high number of short term funded positions which have now come to completion and the usual reasons of staff relocating to other parts of Australia.

Apunipima continues to partner with key organisations to encourage and develop young people into a career in health in the Cape and actively participated in four career expos which included Former Origin Greats Indigenous Employment and Careers Expo, Cooktown Jobs Expo, Cape York Partnerships Career Expo and Schools Health Career Expo.

OUR SERVICES

Exercising Community Control Of Chronic Disease Services

The Far North Queensland Rural Division of General Practice was also funded by the Department of Health and Ageing to deliver the improved Primary Health Care Initiative and in January 2010 that funding transitioned to Apunipima.

In November 2010, the Department of Health and Ageing approved the transition of improved Primary Health Care Initiative funding from the Royal Flying Doctor Service to Apunipima effective 28 March 2011.

What this means for community members is that Chronic Disease Services in Coen, Kowanyama, Lockhart Rover, Aurukun and Pormpuraaw are now delivered by Apunipima.

Promoting community control is a key principle of the National Strategic Framework for Aboriginal and Torres Strait Islander Health and is considered best practice for the planning of primary health care services. It has been proven in other nations to improve health outcomes for Aboriginal peoples.

The commitment by communities to transition to community control and the mandate for Apunipima to continue to act as the lead agency for this process was confirmed in March 2010 at the Cape York Health Summit that saw almost 140 members of communities across Cape York come together to explore the concept of community control and define how it should be implemented in Cape York.

When the improved Primary Health Care Initiative was originally established in Cape York, the Department of Health and Ageing who fund the program, made it clear to providers that at some point the funding would transition to community control.

The Department of Health and Ageing funded the Royal Flying Doctor Service to deliver the improved Primary Health Care Initiative. This funding under the terms of the 2006 Deed of Commitment has now transitioned to Apunipima.

As the funding for the program transitions, positions covered by the funding also transitions including Podiatrists, Diabetes Nurse Educators, Community Health Engagement Officers, a Medical Officer and Dieticians.

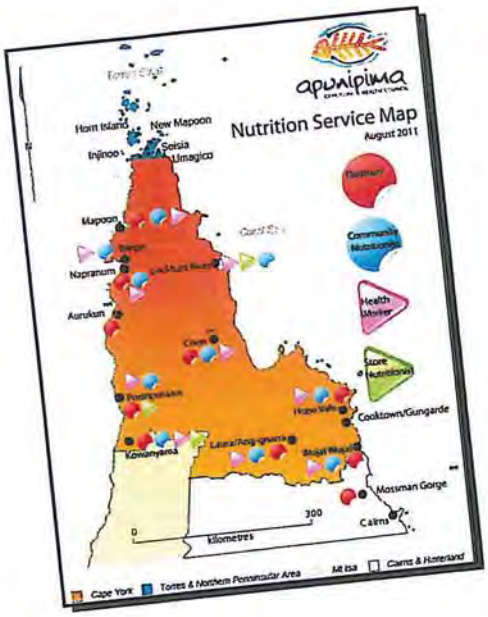
The transition of the funding for the improved Primary Health Care Initiative from the Royal Flying Doctor Service to Apunipima is the next stage in the transition of health services to community control in Cape York under the terms of the Deed of Commitment.

Apunipima have been delivering the program and have expanded their chronic disease team to include a physiotherapist, chronic disease and nutrition health workers and a health promotion coordinator.
The roles that covered by the Royal Flying Doctor Service funding include Dieticians, Podiatrists, Diabetes Educators, Health Promotion Officers and Community Health Engagement Officers.

Reaching Far and Wide

With the rapid expansion of the organisation and the continuing change in focus from advocacy to service delivery it is important to have a clear picture of where we deliver services in the Cape.

Our services are clearly defined through Mapoon, Napranum, Weipa, Lockhart River, Aurukun, Coen, Pompuraaw, Kowanyama, Laura, Hope Vale, Wujal Wujal, Cooktown and Mossman Gorge.



Reaching Far And Wide (cont.)

With the transition in funding on certain positions in Primary Health Care to Apunipima we have successfully increased the number of staff and services to be able to deliver additional services encompassing dieticians, community nutritionists, health workers and store nutritionists.

Together with the services offered by Queensland Health we are able to reach remote communities with basic health care services with the aim of increasing the attainability of basic health care for Aboriginal and Torres Strait people living in the Cape.

Giving Children A Better Start To Family Life

Although improving, maternal and child health in Cape York is poor, with high rates of maternal and neo natal morbidity and mortality in comparison to the rest of Australia. In 2008 a comprehensive report detailing these issue with recommendations on child health was presented to the Queensland Cabinet.

As a result of a Cabinet-generated submission and allocated specific funding from Queensland Health's Making Tracks and, as one of several initiatives, in late 2008, Apunipima was asked to develop "baby baskets" in an effort to give mothers and their children a better start to family life. Apunipima was chosen for this project by consensus by organisations providing health services to Cape York and with the aim that with community and aboriginal and torres strait islander input, and flexibility, the program would be sustainable. Although the funding allowed for only four pilot sites in Cape York, the scheme was rapidly broadened to all Cape communities. The initial aim was to spend about $300 per Cape child that is born every year.

The plan was to improve maternal and child health key performance indicators, specifically to ensure the timing of first antenatal presentation was early in the pregnancy (using a baby basket as an incentive) and that women attended at least five antenatal visits.

Giving out the baby basket was also an opportunity to educate the pregnant woman on breastfeeding, birthing, baby care, the role of fathers, smoking and alcohol effects in pregnancy and specific health issues, such as sudden infant death syndrome, and eating well.

The nutrition status of young Cape York women has been shown to be poor, therefore the promotion of good nutrition throughout conception, pregnancy, breastfeeding and childhood should remain a priority in the delivery of comprehensive healthcare.

Three major evaluations have been carried out so far on the baby baskets: the first encompassing the first 30 evaluation forms returned in the initial three months of the program; the second a year ater; and the third audit completed in 2011, 18 months later. The baskets come with an evaluation form for the health professional giving out the basket to fill in and return; around 40 per cent have been returned overall which assist with formal audits.

Giving Children A Better Start To Family Life (cont.)

"Apunipima has devised... a well-received, comprehensive and continuously evaluated baby basket program that has contributed to improvements in key indicators in maternal and child health in Cape York."

Baskets are now provided in the course of both clinic and family home visits, which is another linked Apunipima program, from Wujal Wujal, Laura, Hopevale, Aurukun and Coen, (Cape York communities) by health worker and midwife/child health nurse teams. The home visits, as a general rule, are provided by Apunipima staff with support in some communities from the Royal Flying Doctor Service or Queensland Health midwives and child health nurses.

The consistently positive and sustained response from most communities suggests that overall the response to the program is excellent.

The pregnant women and mothers of Cape York have responded very positively to the baby basket program, and they are now being delivered as part of a home visiting education program by nurse and health worker teams.

The program has attracted interest and queries from all over Australia. With planning, consultation and specific funding, Apunipima has devised and maintained a well-received, comprehensive and continuously evaluated baby basket program that has already contributed to improvements in key indicators in maternal health in Cape York.

Collaboration Of Health Professionals To Improve The Health And Well-Being Of Aboriginal And Torres Strait Islander Women

The second Royal Australian and New Zealand College of Obstetricians and Gynaecologists Indigenous Women's Health Meeting, was held in June 2010 over four days at the Cairns Convention Centre with the aim of bringing together health professionals with the common interest and desire to improve the health and well-being of Aboriginal and Torres Strait Islander women.

The meeting had a diverse program of presentations covering cultural issues, current public health information, clinical topics, a focus on youth and young women's health and medico-political opinions. The meeting developed on themes of the inaugural meeting held in Darwin in 2008, with over 300 delegates attending the four day event it is evident that all health professionals who work with aboriginal and torres strait islander women as part of their practice, or have a strong interest in this area were in support of such a significant event.

It was clear that the presentations and discussions at this very successful meeting presented issues around women's health that are multi-dimensional and complex often involving whole families. They require approaches that use both traditional health intervention models and also more innovative methodologies to ensure progress towards more equitable health outcomes for Aboriginal and Torres Strait Island peoples.

There was genuine enthusiasm and energy for a truly collaborative approach to the problems was more than just reassuring - it illustrated that real solutions will come from those delivering healthcare in the community, as much as from government interventions and bureaucratic re-modelling of existing health infrastructure.

The Importance Of Good Nutrition During Pregnancy

The effect of poor nutrition during pregnancy is inter-generational and is linked to anaemia, a lower birthweight infant and poorer growth and development outcomes for the child. Reports show that pregnant women and children in remote Aboriginal and Torres Strait Island Communities are at greater risk of malnutrition than the rest of the Australian population.

A healthy diet during pregnancy encompasses the consumption of a balance of foods from all core food groups to provide adequate energy and nutrients. Emphasis on consuming adequate iron and calcium-rich foods is a major focus during pregnancy, in addition to the use of folate and iodine supplementation as per National Health and Medical Research Council recommendations. The importance of eating sufficient fruit and vegetables during pregnancy cannot be overlooked as this forms a balanced diet and assists to meet the fibre and micronutrient needs for the mother and her unborn child. Consuming adequate fruit and vegetables also assists with a healthy level of weight gain during pregnancy, and is a major area of focus in the management of gestational diabetes.

In order to assist people achieve an adequate fruit and vegetable intake, the provision of free or subsidised fruit and vegetables to at-risk groups, such as pregnant women and children, is regularly advocated for. The fruit and vegetable vouchers and folate supplements were therefore planned as a major part of the budget for the baby baskets.

The food vouchers was one of the most challenging part of the initiative to implement, as all of the Cape York community food stores had to be brought on board, their staff educated on what was included (all fresh fruit and vegetables) and a system of reimbursement organised. This was undertaken by the Apunipima community nutritionist. Following as audit of use the food vouchers in 2010, their numbers were reduced from ten to five, but the value was increased.

Barriers to increasing fruit and vegetable consumption have previously been identified as:

1) lack of cooking equipment
2) lack of preparation and cooking skills with fruit and vegetables
3) high cost of fresh fruit and vegetables and
4) poor quality of fresh fruit and vegetables.

To deal with these issues, Dieticians and Nutritionists throughout Cape York are continually advocating and working towards the provision of higher quality fresh produce. They also work within the community to develop healthier cooking skills using basic cooking equipment. Addressing the cost of fruit and vegetables is difficult, but subsidy for the cost of fruit and vegetables, especially during important life stages is one proposed mechanism which could be implemented to increase fruit and vegetable consumption.

The fruit and vegetable vouchers were first released in April 2009 as 10 x $30 vouchers available to pregnant and breastfeeding women when they attended their antenatal visits at the clinic. The fruit and vegetable vouchers were used as an incentive to encourage women to attend their antenatal visits, and to create an opportunity for clinic staff to discuss the importance of good nutrition during pregnancy.

Changes were proposed as a way to improve the implementation of the fruit and vegetable vouchers. The changes to the vouchers were completed and ready to implement during January 2011. It is important to note that these vouchers are not designed to work in isolation to improve the nutritional status of pregnant women. The vouchers are designed as an incentive for women to attend clinic visits and create an opportunity for staff to undertake a brief intervention about he importance of nutrition during pregnancy. The vouchers are not intended to address food security issues.

OUR SERVICES

Core Of Life - National Indigenous Program

Core of Life is a unique life education program developed by midwives by midwives, alongside other youth/health professionals. It is designed to encourage young people to discuss information, challenge their beliefs, and embrace the concepts of Pregnancy, Birth, Breastfeeding and Parenting as a normal part of a healthy adult lifestyle.

Core of Life's National Indigenous program developed in response to a distinct and well recognised lack of appropriate, locally inclusive, culturally respectful pregnancy and parenting education for young people especially in rural and remote Indigenous communities.

Although communities are experiencing concerns with teenage pregnancies and questionable parenting practices, up until recently Aboriginal and Torres Strait Islander youth are not being offered important life education in a way that they can understand or relate to. With the introduction of Core of Life through our Apunipima educators we are able to assist in providing pregnancy and parenting information directed at communities that is no longer ad hoc and are able to offer factual, evidence-based information that respectfully incorporates elements of traditional or cultural practices.

Our educators working in the Cape, are able to assist and support teens and offer a quality life education package on pregnancy and parenting.

Demand increases from Aboriginal and Torres Strait Islander communities prompted Core of Life to modify and redevelop their systems, tools and training to suit this specific group of clients. Working within Aboriginal and Torres Strait Islander communities has now become an integral element of the National program.

The target group for Core of Life is primarily youth aged 14-17 many of whom are at risk of early pregnancy or parenting. In an Aboriginal and Torres Strait Islander setting this is often reduced to as low as 12 years of age.

The program responds to local communities' needs for promoting awareness of the potential short and long term consequences of pregnancy and parenting. This in turn will help improve outcomes for our young and future families whilst promoting connectedness within each community.

Apunipima's Family Health Team have been very active in the past year delivering Core of Life through Cape communities in the schools, clinics and community group and Cairns boarding schools whose student population is a large proportionate of Cape teens. The sessions that were run for teen boys and girls (separately) were very successful educating teens in grades 11 and 12 through the schools' health education curriculum with 28 boys and 32 girls completing the program.

From March through until August our educators rotated and delivered sessions regularly varying from once a week over six weeks to four sessions in two days. Sessions have been successfully completed at Djarragun College, Peace Lutheran School, Wangetti College, Coen, Indigenous Workplace Training, Weipa High School which is a total of 12 different programmes rolled out from the beginning of 2010.

Particular acknowledgement must be given to the following staff for their contribution Theeron Pearson, Debra Jia, Julie Salam, Dorelle Pascoe, Bernard David, Fiona Wellard and Rachel Sargeant.

CEO Certifiable As Organisation Sails Through Quality Audit

The Board and CEO of Apunipima had a lot to celebrate this year, particularly when confirmation of the ISO 9001:2008 certification was received.

Following a rigorous two day audit in June with CEO and auditor Judith Robson from the Institute for Healthy Communities Australia Cerrtification (IHCAC), Apunipima was determined to have met the requirements set out in the internationally recognised AS/NZS ISO 9001:2008 quality management systems standard.

Judith was overwhelmed with the project management of the certification and commended that "The way this certification process has been put in and the project management is one of the best I have seen in my whole time, so my sincerest congratulations on that".

"There has been a very strong buy in by staff and senior management and I can see the systems are there and they are starting to be implemented. From a project management/implementation point of view, it has gone extremely well for you. The model of service delivery, is quite unique, the planning and community engagement are quite extraordinary and the work that has been happening in that area. It was a privilege to go to Mossman Gorge and see what was happening there to see the work and the obvious pride from the staff in their achievements".

Cape York communities can feel safe in the knowledge that their primary health care provider, Apunipima Cape York Health Council, is a quality organisation after their success in achieving ISO 9001:2008 quality certification.

This internationally recognised quality standard assesses an organisations systems and processes to make sure that quality is key throughout the organisation.

AS/NZS ISO 9001:2008
QUALITY CERTIFIED
ORGANISATION

Cleveland Fagan, Chief Executive Officer said of the achievement, "From quality systems and processes comes quality services and service delivery. All staff at Apunipima are committed to delivering quality health services to the people of Cape York and can be proud that their dedication to quality has been recognised in this way"

"I am incredibly proud that Apunipima has achieved this international standard and has been recognised for providing quality services to the people of Cape York".

Deadly Doc Wins National Award

Deadly doc, Dr Mark Wenitong has been awarded the highest honour amongst medical professionals - the Australian Medical Associations Excellence in Health Care Award 2011.

The Excellence in Healthcare Award is made to an individual who has made a significant contribution to improving health or health care in Australia.

Recognised for his ongoing commitment to quality health and medical care in indigenous communities, Dr Wenitong was presented the award by the President of the Australian Medical Association at their National Conference in Brisbane earlier this year.

He accepted the accolade by saying "I am delighted to receive this award but it is easy to look good when you have the support of great Aboriginal and Torres Strait Islander community controlled professional health organisation like Apunipima Cape York Health Council and Wuchopperen Health Service."

Deadly Doc Wins National Award (cont.)

"Apunipima and the people of Cape York have been working towards achieving improved health outcomes for Aboriginal and Torres Strait Islander people through a community controlled health model for a number of years and I am grateful to be a part of that process. We are not there yet but I am glad that the work we are doing in the Cape has been recognised with this award."

AMA President, Dr Andrew Pesce, said "In his role as Senior Medical Officer for Apunipima Cape York Health Council, Dr Wenitong has integrated his work in policy, health service planning and research to develop an evidence-based Family Centred Primary Health Care model for Cape York."

"Dr Wenitong's contribution to improving the health of Indigenous people has gone above and beyond that of a clinician," Dr Pesce said.

"He is a role model for future generations of Indigenous people and a mentor for medical students and practitioners with a desire to work in Indigenous health."

"This award recognises and acknowledges Dr Wenitong's tireless efforts to achieve the best possible health outcomes for Indigenous people as an advocate for the Indigenous health workforce and an adviser on primary health care service delivery in Indigenous communities."

Local Doctor Inducted Into Hall Of Fame

At a glittering ceremony in December, Dr Mark Wenitong, Senior Medical Officer for Apunipima Cape York Health Council was inducted into the Queensland Aboriginal & Islander Health Council Hall of Fame.

The Board of Directors of the Queensland Aboriginal & Islander Health Council (QAIHC), the peak body for Queensland's Aboriginal and Torres Strait Islander Community Controlled Health Sector, established the QAIHC Hall of Fame in 2008 to formally recognise and honour the dedication and commitment of individuals to the establishment and expansion of Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland.

Dr Mark Wenitong was recognised because of his lifelong commitment to improving the health of aboriginal and torres strait islanders.

A member of the Queensland Aboriginal and Torres Strait Islander Advisory Council, Dr Wenitong is committed to improving health outcomes for Aboriginal and Torres Strait Islander people through community control. His proven resilience over many decades in pursing improved health outcomes means he moves with ease through the political, social and economic landscape.

Dr Mark was instrumental in developing the primary health care service provision across Cape York communities for Apunipima and establishing evidence based programs. Their success means that they are able to influence and shape service delivery through the development of community health plans.

In his discussion paper "Comprehensive Primary Health Care and a Family Centred Approach for Cape York - Aiming for Excellence" he advocates a holistic, whole system approach to an individual's health using a family centred approach to the delivery of a comprehensive primary health care model. This has now been adopted across Queensland by QAIHC in their roadmap to Indigenous Health in Queensland.

Apunipima, is adopting this approach with the full support of the Health Action Teams meaning that when a patient presents at clinic, the clinician looks at the wider determinants of health and offers early intervention and targeted health promotion programs for the whole family, supported by a community based Family Health Worker, rather than just treating the person for the issue presented.

Local Doctor Inducted Into Hall Of Fame (cont.)

Of his induction, Dr Mark Wenitong said, "I would really like to dedicate this to my mother Aunty Lorna Wenitong who passed on two years ago but who was one of the first Aboriginal Health Workers in Queensland, and who motivated me to be involved in Aboriginal and Torres Strait Islander health."

"It is really humbling to receive an award like this from the actual Aboriginal and Torres Strait Islander community of Queensland. These mob are the 'real deal' community people, with community perspectives and to whom the health statistics are real people, aunties, uncles, parents, children. It makes it even more special as they can usually read peoples motivation, and you know that an award from them is heartfelt and sincere."

Cleveland Fagan, Chief Executive of Apunipima said, "An inspirational leader, Dr Wenitong uses his compassion, understanding and quiet intelligence to bring the team along with him. Blessed with razor sharp wit, immense charm and a zany sense of humour his approach maintains fun and sense in an often challenging environment."

Recognition Of A Job Well Done

December 2010 saw the inaugural staff awards event to recognise the high calibre of service delivery by our staff. The awards were a huge success with 38 nominations received for seven awards. The categories included:

Living the Vision: The person whose approach and way of working on a daily basis is consistent with our community control philosophy of 'for the people by the people' and who embodies the vision statement that "Cape York" communities own solutions to live long healthy lives, strengthening our culture and regaining our spirit. **Winners were: Sharryll Ellington, Deborah Burke, Dr Mel Scrace, Lou Akenson and Dr Mark.**

Team Player: The person who works well with everyone and encourages others to work as a team; this person goes out of their way to make others feel comfortable and welcome in the team and the organisation, and is an inspiration to others around them. **Winners were: Bernard David and Kristy Whitehead**

Unsung Hero: The quiet achiever of our team who just gets it done in a quiet way; and just seems to work through the challenges that face them on a day-to-day basis and gets the job done. **Winners were: Bobbi Adidi, Loretta Pitt and Sara Rosandich**

Innovation and Quality: The person who is always looking for better and more effective ways of doing their work; is constructive to others when it comes to improvements; has developed/initiated something new which has contributed to better ways of doing things. **Winner were: Julie Salam and Bernadette Heenan**

Dignity in Service Delivery: A member of staff who has shown they have gone the extra mile to ensure dignity and respect in any area of service delivery and/or communities. **Winners were: Natalie Newie, Trish Reimer, Kristy Cummings and Dr Fiona Purcel**

Rookie of the Year: This award is a Senior Management Team award to recognise new staff that have made a real impact since they have been with us, based on unsolicited comments made about them by their peers since they have started in the last year. **Winners were: Elianna Wedrat and Melissa Ryan**

Service Recognition: In recognition of those staff who have achieved length of service milestones as at 31 December each year when they reach five years and ten years of service.
Recipients were Robbie Corrie Snr for ten years service and Lou Akenson for five years service.

Inaugural Hall of Fame: The inaugural Hall of Fame Award was presented to Lester Rosendale's family in recognition of his work behind the state government's 1983 Deed of Grant in Trust indigenous land legislation and spearheading many of the reforms that we see come into fruition today.

LEADING THE WAY IN LEADERSHIP

Apunipima is committed to the growth of its employees both professionally and personally.

In July 2010 several key members of staff embarked on leadership training by commencing a Diploma of Management. This exciting leadership program has been designed to have an immediate impact on individuals and organisations as it brings theory and work related experience together.

It is practical, contemporary and focuses on both personal and professional development. The program looks at the real issues occurring in the workplace and assists participants in discovering relevant solutions to these issues. It also gives people a unique learning opportunity to further develop their leadership skills and potential, while recognising the experience they already have and offers a range of delivery options.

The program confirms the need for a professional and productive workplace and aims to provide ways to create a more positive culture. It also assists participants in establishing strategies for the implementation of their learning back in to their workplaces.

The group includes Doris Ahmat, Louise Akenson, Bernard David, Sharyll Ellington, Jason Fagan, Louise Pratt, Myra Spurling and Kristy Strout. A big congratulations to Myra, Doris and Kristy who have already achieved the Diploma of Management and who are now equipped to lead the way in leadership.

Our Senior Management Team also participated in a high impact two day Executive Development Program for leaders and managers in Februrary 2010.

The executive program is designed to inspire leaders to become strategic in their thinking and in their approach to leading themselves, their people and their organisations.

The contemporary material and the interactive nature of the program will provide leaders with the skills, knowledge and desire to become highly effective and to know how to focus on what is truly important.

apunipima
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