



SETTING

Urban

PRINCIPLES

Indigenous Leadership
Cultural Safety
Community Engagement

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Reaching out to Indigenous People in outer suburban Brisbane

This case study shows how specialists contribute to an award-winning Indigenous health service. It includes the remarkable story of how the service's original 12 Indigenous clients expanded to over 10,000 in two decades – in part because of specialists' availability.

MSAF CASE STUDY

INALA INDIGENOUS HEALTH SERVICE



RACP
Specialists. Together

Artwork credit: Zachary Bennett-Brook is the artist and owner of Saltwater Dreamtime. A Torres Strait Islander artist born and raised in Wollongong (Dharawal Country), he has a love for the ocean and creating contemporary artworks which represent his culture and passions. Bennett-Brook created an original artwork for the Royal Australasian College of Physicians to represent doctor-patient community engagement.

The red and orange concentric circles on the left symbolise the patient, their family and broader community contexts. The blue concentric circles on the right symbolise the doctor, the health service and the broader medical profession, college and university contexts. The green in the centre depicts the engagement space, where all these individual and contextual elements can connect to promote health and wellbeing. www.saltwaterdreamtime.com



SNAPSHOT Inala and south of Brisbane

Inala is situated in Yuggera country (also known as Jagera), 18 kilometres south-west of the Brisbane CBD. Inala is an Aboriginal word meaning resting place or resting time; it was the stopping point for Aboriginal travellers on their way to the Moreton Bay region prior to colonisation.

After World War 2, an ex-servicemen's housing cooperative purchased land around Inala. In 1950, the Queensland Housing Commission purchased the growing suburb as a place for social housing. Aboriginal families began moving in in the 1960s. In the 2016 Census, Inala had a population of about 15,000. About 6 per cent (around 900 people) are Indigenous.

South of Brisbane, around Inala in a 55-kilometre swathe from Ipswich to Logan, lives a significant portion of the Greater Brisbane area's 55,000 strong Indigenous population. It is estimated that this population will continue to increase significantly in future years in line with the overall population drift to outer metro areas. The projection for the Indigenous population in regional Brisbane is estimated growth to approximately 69,000 by 2021.

Much of this area was relatively geographically isolated for decades with limited access to employment, shopping, health care and transport. It remains disadvantaged.

An award-winning state community health service for Indigenous people

The Inala Community Health Centre, a Queensland Health funded mainstream service, was established in 1977. It aims to provide comprehensive primary health care through the Inala Health Centre General Practice (IHCGP), with access to allied health and specialist health teams operating under one roof.

In 1994, an audit found that only 12 Indigenous clients used the IHCGP despite the thousands of potential Indigenous clients in the South Brisbane area. This led to the 1995 establishment of the Inala Indigenous Health Service (IIHS) operating out of three IHCGP rooms, and later operating at a dedicated clinic site. While not community controlled, the IIHS was led from the start by Aboriginal doctor Professor Noel Hayman who,



with Aboriginal nurse Nola White, was committed to working with the local Indigenous community. They were the IIHS's first two staff. Their initial task was to understand Indigenous locals' low use of the IHCGP by identifying access barriers. This information was utilised to develop and implement an intervention program to increase attendance to the IIHS – as set out in the text box on page four.

Today the Centre has over 10,000 registered patients, with 6000 identified as regular patients.

The IIHS's remarkable success in attracting and retaining thousands of Indigenous clients over the next two decades, the rapid expansion of the services it provides and its commitment to research and training led to a significant funding injection.

The Queensland Government provided funding in 2010 for the development of a Southern Queensland Centre of Excellence in Indigenous Primary Health Care (Centre of Excellence) as an expansion of the Inala Indigenous Health Service. This opened in 2013 with the aim to increase the quality, quantity and appropriateness of Indigenous primary health care services delivered by Queensland Health in South East Queensland. The development fell under the 'Closing the Gap on Indigenous Health Outcomes National Partnership Agreement' (Indigenous Health NPA) initiative which was agreed to by the Council of Australian Governments (COAG).

The Centre of Excellence provides increased service capacity to the South Brisbane Aboriginal and Torres Strait Islander population as well as medical internships and trainee places for health professionals. Additionally, it undertakes research and practice that can be used to inform excellence in Aboriginal and Torres Strait Islander Primary Health Care service delivery across the state. Between 2010–2016, the Centre provided a monthly fly-in medical service to Cunnamulla, 750 km west of Brisbane.

Specialist outreach – a service success factor

Today, the Centre of Excellence employs 55 staff including GPs, nurses, allied health, Aboriginal Health Workers, administrators and researchers.

Work to integrate outreach specialist care with its primary health care and other services is a key IIHS (and now Centre of Excellence) success factor. Today, visiting specialists each provide between one and four clinics monthly, with a paediatrician on site two days a week, significantly enhancing access to specialist services and working within a Centre of Excellence multidisciplinary team of nurses and allied health practitioners.

Clients appreciate the specialists coming to Inala rather than having to attend hospital-based specialist outpatient clinics where, historically, Aboriginal and Torres Strait Islander attendance rates have been very poor. This contributes to the service attracting and retaining Indigenous clients. It also means the Centre of Excellence can better respond to client health needs holistically – as a 'one stop shop' – being also able to provide minor surgeries (e.g. excision of pterygia by the ophthalmologist).

Specialists reaching out include a cardiologist, endocrinologist, hepatologist, geriatrician, rheumatologist, ophthalmologist, paediatrician and a psychiatrist.

Breaking down barriers to Indigenous people accessing health services

Hayman and White's early work includes lessons of wider application for all health services working with Indigenous communities. In particular, their work placed the local Indigenous community in the 'driver's seat' by asking the community what they needed from the IIHS and developing the service based on their responses.

Consultations started by identifying the following as concerns and barriers encountered by the Indigenous community when accessing the Inala Health Centre General Practice (IHCGP):

- No Indigenous person worked within the IHCGP.
- Staff were perceived as unfriendly and uncaring.
- Staff talked down to Indigenous people: 'make you feel shamed'.
- Staff body language, as interpreted by Indigenous people, suggested they were not wanted at the centre.
- Indigenous people were treated poorly at reception, e.g. *Why are you coming in at 4.30 pm, we close at 5 pm? Go home and come back tomorrow.*
- Staff showed low tolerance towards Indigenous child behaviour, e.g. *Keep them quiet!*
- There was a long wait to see a doctor.
- There was nothing at the IHCGP that Indigenous people could identify with.

Hayman and White, again working with the local community, developed and implemented five strategic responses to the above in the IIHS:

- **Strategy 1. More Indigenous staff** – Employ an Indigenous person as health worker, receptionist or liaison officer for the IIHS.
- **Strategy 2. Culturally appropriate waiting room** – Purchase or acquire culturally appropriate health posters and artefacts for the IIHS to help make Indigenous people 'feel more at home'. Play Aboriginal radio stations.
- **Strategy 3. Cultural awareness** – Provide locally customised cultural awareness training to IIHS staff.
- **Strategy 4. Inform the Indigenous community** – Disseminate information to the Indigenous community about services available at the IIHS.
- **Strategy 5. Promote intersectoral collaboration** – Liaise with Aboriginal Community Controlled Health Services (ACCHSs) in the Brisbane area. Liaise with the Inala Aboriginal and Torres Strait Islander Women's Health Support Group. Attend Indigenous interagency network meetings.

In addition, maximising funding opportunities was a key success factor, and enabled the IIHS to expand its services to meet increasing demand, including by employing specialists. The IIHS works to maximise both the health benefits and potential MBS rebates associated with providing health checks and chronic disease packages. All MBS items are bulk billed. In 2006, the IIHS was granted an exemption under the Commonwealth's *Health Insurance Act*, which means it is eligible for MBS rebates, even though staff are employed by Queensland Health. This exemption is renewed every few years.

The principles in action: What makes the Centre of Excellence work?

Principles in Practice	Actions
Indigenous leadership	<ul style="list-style-type: none"> Centre of Excellence leadership and many staff are Indigenous. Consultation with the community shapes the service.
Culturally safe and equitable services	<ul style="list-style-type: none"> All staff receive customised Centre of Excellence cultural safety training.
Person-centred and family-orientated	<ul style="list-style-type: none"> Integration of primary health care, specialist care and multidisciplinary teams, including social workers, ensures holistic client and family-centred care.
Sustainable and feasible	<ul style="list-style-type: none"> The diversity of funding sources has helped the Centre of Excellence weather state funding cuts to some health services.
Integration and continuity of care	<ul style="list-style-type: none"> The same specialists who see patients at the Centre of Excellence often also see them in hospital. This connection improves attendance and treatment. The service tends to retain its employees over time, helping support long-term staff–patient relationships. This is, in part, because of imbedded cultural safety for Indigenous staff.

Further information

The Centre of Excellence has a strong focus on teaching and research. Registrar positions in general practice, paediatrics, endocrinology, rheumatology, ophthalmology, public health, and rehabilitation medicine are coordinated within the Centre of Excellence to give exposure to Indigenous Health teaching.

To close the gap in Aboriginal and Torres Strait Islander health outcomes, new evidence-based models of care are required. The Centre of Excellence at Inala is a model of care that has improved significantly Indigenous access to specialist services.