



# **Gurriny Yealamucka Health Service Health Reform Project**

## **Case Study**

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**Fulbright Symposium**

**Presenter – David Baird**

**GURRINY YEALAMUCKA  
HEALTH SERVICES  
ABORIGINAL CORPORATION**

# Yarrabah North Queensland

- Yarrabah – DOGIT to Shire
- Population 3000 Approx 80% Historical
- CDEP, YASC, QH Health Services and ATSI Organisations CC
- Community in terms of family and social structures



# Strategic Documentation for Yarrabah Framework Agreement

- Formal agreement between OATSIH, Yarrabah Shire Council, Qld Health and Gurriny Yealamucka Health Service – Meet Quarterly
- **Yarrabah Health Action Plan**
  - Identifies the health priorities and how they should be addressed and whom is responsible
- **Local Managers Health Forum**
  - Mechanism for local managers to engage and monitor the health developments of Yarrabah – Meet Monthly
- **Deed of Commitment**
  - Partnership Doc up for review 2005
  - Partners agreed to a rededication to the original commitment to Aboriginal Community Control and to develop steps for implementation
  - Review and update the Yarrabah Health Action Plan



# Yarrabah Partnerships

## 2 THE PARTNERSHIP

### Model 1: Yarrabah Health Governance Structure

Diagram 1  
**SIGNATORIES OF THE YARRABAH HEALTH  
FRAMEWORK AGREEMENT**  
(Strategic Health Policy and Planning)

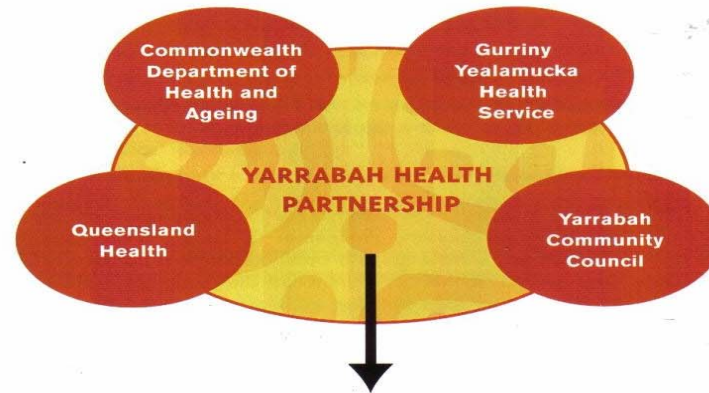


Diagram 2  
**SIGNATORIES OF THE LOCAL HEALTH  
PARTNERSHIP PLAN**  
(Implementation and Program Planning)



# Gurriny Yealamucka & Apunipima

- MOU developed between both organisations to support each other, share information and build capacity through transitioning process.

# Transition - Key Priority Areas

- KPA1 - Governance Reform
- KPA2 - Transition Planning – Health Service Model, Funds Pooling Model, Procurement/Legal advice, HR, Finance & Administration, IT, Infrastructure, Talent Management, Communication,
- KPA3 - Monitoring & Evaluation
- KPA4 – QH Transition Planning Support

# Where are we now?

- Most KPA's researched and reports currently developed.
- Outstanding KPA's being progressed
- Some service delivery components being rolled out ie: GP service at GYHSAC
- GYHSAC responsible for SEWB programs
- GYHSAC working with Commonwealth & State on this journey towards Community Control

# Challenges

- Political – Transition project requires Government support through resourcing Deed of Commitment
- Unknown environment
- Communication – all levels
- Changing Western Medical Model to a comprehensive & integrated PHC Model
- Shift the thinking of employees
- Embracing the growth of GYHSAC (7 staff – 30 staff) over three years
- Working within a changing environment
  - Inter sectoral Partnerships (Negotiation Table etc)
- Reduce the burden of disease in Indigenous populations