



## YS UP GOVERNANCE AND BOARDS PODCAST

### Episode 31– Indigenous Health and Wellbeing with Deadly Choices Ambassador: Steve Renouf

#### Transcript

##### Intro:

Welcome to YS Up Governance and Boards podcast brought to you by 3YS Owls Governance Consultants. Covering hot topics in governance, risk, latest regulatory changes and issues keeping directors and executives awake at night. Here are your hosts Ainslie Cunningham and Deb Anderson.

##### Ainslie Cunningham:

Welcome to another episode of YS Up Governance and Boards. Today we are joined by rugby league legend Steve Renouf. Steve is the Deadly Choices Ambassador for the Institute For Urban Indigenous Health. Steve is a Gunggari and Gubbi Gubbi man. He holds the record for the most tries for the Broncos, with 142 tries, wow. And was named in the Broncos' 10 and 20 year teams, the 25 year Grand Final team, and the Indigenous Team of the Century. He played 212 Broncos games, 11 Queensland State of Origin games, 9 International Australian Rugby League tests, and was part of four Premiership winning teams for the Broncos.

##### Ainslie Cunningham:

As a Deadly Choices Ambassador, Steve is an inspiration and fantastic role model. While he may no longer play football professionally, he still plays plenty of sport and is always keeping active and eating good food. He is a loving father to his five children and openly talks about his life with diabetes, encouraging everyone to make healthy choices. His favourite meal is garlic prawns cooked on the barbie, and his favourite exercise is going for a walk. You can follow Steve on Twitter, @therealpearl03. And Steve's deadly choice is to eat healthy, keep active, and keep his diabetes under control. Welcome, Steve.

##### Steve Renouf:

Thanks for having me. I liked that little intro.

##### Ainslie Cunningham:

Yes. Thank you for doing this.

##### Deb Anderson

Garlic prawns on the barbie. I love that.

##### Steve Renouf:

I know, that's a bit ...

##### Ainslie Cunningham:

A bit exciting.

**Steve Renouf:**

I'm a Gold Coaster.

**Ainslie Cunningham:**

Yeah. So, tell us a little bit about the Deadly Choices program, Steve.

**Steve Renouf:**

Yeah, look, Deadly Choices is celebrating its 10 years this year. So, we're very fortunate that we are still operating the way we were. And Deadly Choices, obviously, was born out of the Institute for Urban Indigenous Health. When we first came together back in 2009-2010, we had to have a community engagement program for the community. And Ian Lacey and Keiran Lander were two young men at the time, and they're still young, they're a bit younger than me. But we employed them, brought them onboard, and they came up with the original idea.

**Steve Renouf:**

So, Deadly Choices was born as a school's program for Aboriginal and Torres Strait Islander kids, just around healthy lifestyles. So, eating the right thing, drinking plenty of water, and having plenty of sleep, and all that. So, it was reinforcing what would have been taught at school as well. But we specifically target Aboriginal and Torres Strait Islander kids within the school.

**Steve Renouf:**

And then out of that came this idea that ... The boys come up with an idea ... Or the group at the time, it wasn't just the boys. That how about we look at these shirts that we made, the Deadly Choices shirts, you might see them around the place, and why don't we use them in the medical centres to try and incentivise people coming in for a 715 health check? And that's where it was born, and it was so popular, using that concept. And along the way we built partnerships to help with that.

**Steve Renouf:**

And obviously, the first one being a partnership with the Brisbane Broncos. Because our community love Rugby League, especially up here in the southeast corner. So, having the Broncos come on board, back in 2013, as our first partner in our Deadly Choices program, it just really lifted the profile of what we were trying to do. So, the shirts become very popular, and the only way you can get one of those shirts is to get a 715 health check.

**Deb Anderson**

So, tell us a little bit about what that health check is?

**Steve Renouf:**

Yeah, that health check is just ... We have your normal testing. So it's when you go into a clinic one of the AMS's, you'll have an Aboriginal or Torres Strait Islander nurse or health worker will come and do your blood glucose levels, pricking the finger, and do your blood pressure. And so, they're just your general checks when you're coming in to see the GP, but a 715 health check is obviously a lot more detailed, and there's a lot more around it. It's your normal health check that you might go to yourselves, to a GP. So, it's just about the thorough check. And what we found, it's around that preventative health.

**Steve Renouf:**

So, a lot of the things we do, everyone, all our programs, or community events, to participate in a lot of those ... And I'll go through them, what they are later. Everyone has to get a health check. And it's amazing over the years that we found people with underlying conditions they didn't know they have. A lot of those have been diabetes, but there's been heart conditions picked up, just by getting a health check. And we have a Murri Rugby League carnival where a lot of young and older men still play, and women and children, and we've picked up, diagnosed cases just through those health checks to go into these carnivals where people, if they stepped on the field they probably wouldn't ... It was pretty dangerous from a health point of view that they actually played. So that's happened

over the years a lot. So, once again, it's all about preventative health and picking up chronic diseases that people might not know they have.

**Deb Anderson**

Now that you've been quite open about having diabetes yourself, has that been a catalyst to help you want to help others?

**Steve Renouf:**

Yeah, without a doubt. I was diagnosed when I was 22, virtually at the start of my career. Even though I started the Broncos at 17, breaking into first grade, I think '91 was really my first full time in the A grade at the Brisbane Broncos. And then in '92, or early '93 I was diagnosed. So, for me, I had no option. I mean, I was very lucky that I had great GPs, obviously, and specialists here in Brissy. I always say I was probably lucky, especially back then being diagnosed in a professional sports team. Because we had access to the best here in Brissy. And so, it was just an option that my GP, still my GP, Dr. Peter Frisk, and he just said, "Look you got two options. You either look after your diabetes and carry on with the footy career, which has just started, or you don't and you'll have a short career, virtually." And so that was the option. So, I chose the-

**Ainslie Cunningham:**

The football career?

**Steve Renouf:**

The football career, which means I had to look after my diabetes.

**Ainslie Cunningham:**

Yeah. No, that's great to be able to have picked up on that so early, and actually use it as a catalyst for change for you.

**Steve Renouf:**

Yeah, without a doubt. And so then, really my lifestyle as a professional Rugby League player suited ... I say that, suited the diabetes. Because I had to have a healthy life, I had to be active. So that sort of just meant they had to test a lot more my blood glucose levels, and just monitor it. But because I had that discipline there already, being a professional sports person, that really helped.

**Deb Anderson**

And you've got some great ambassadors behind you with this program.

**Steve Renouf:**

Yeah, without a doubt. With Deadly Choices, we had Preston Campbell. He's been on board since we first started. We got Willie Tonga to come on board. We got Tallisha Harden, who's now been selected ... Oh, well, she's in the Queens- ... She played in the Queensland team that won the other week, and she won the Premiership with the Brisbane Broncos. And Petero Civoniceva's come on board, and we got Willie Tonga, he's from where I'm from, he's from ... He grew up in Cherbourg, I was from Murgon, and so Willie's come on board. And we got a whole lot of Brandon Wakeling from down here, he's a weightlifter from the Gold Coast. So, he's on board as well.

**Deb Anderson**

Scott Prince?

**Steve Renouf:**

Scotty Prince shows his face every now then. Princey, he pops up every now and then. And to Taliqua Clancy. So Taliqua now, I think is on the Gold Coast. She's living in Adelaide, but she's a

Queensland girl grew up in Kingaroy. She's rated as the number one beach volleyball player in the world, and she plays obviously with another partner, but she was on the Gold Coast here not long ago in the Commonwealth Games, I think she got a silver medal, I think, her and a partner. And so, she's come on board too.

**Deb Anderson:**

That's really good that it's branching into even other sports, and that as well now, as well.

**Steve Renouf:**

Yeah, well we talk about our ... I spoke earlier about our Bronco partnership, that's been very, very important, our partnerships, it's very important to what we do so. Started obviously with the Brisbane Broncos, we went down the other Queensland Rugby League teams, we got a few teams in Sydney. Obviously, North Queensland, Gold Coast. And Gold Coast have been great. And then this year we formalised a partnership with Queensland Firebirds, so that was really good. And then Taliqua Clancy came on board as an Olympian. So, we were very happy with that, and Brandon Wakeling and his weightlifting. So, they're both targeted to do the Tokyo Olympics, let's hope that will go ahead.

**Ainslie Cunningham:**

Yeah, and it's so nice to see some really amazing role models for the Aboriginal and Torres Strait Islander community as well, so that kids going through school have got some amazing role models to aspire to.

**Steve Renouf:**

Yeah, without a doubt. And as I said, we started out just with a school program, and that still rolls on. So, we're in a lot of schools here in Queensland, obviously, and across the state. So, when we first started, we were the Institute for Urban Indigenous Health, but obviously Deadly Choices, we then ... The Queensland state government were very happy with what was being done within them within Deadly Choices, so we got funding to do state-wide rollout of Deadly Choices as well, and that's been gone really well.

**Deb Anderson:**

So, once you pass the health check, how does Deadly Choices work?

**Steve Renouf:**

Well outside of that, so as I said Deadly Choices is a program. So, we have a lot of other programs around Deadly Choices as well. One of the originals was our Work it Out program. So, that was targeting elders, I think 50+ patients. And it's such a ... It's probably been one of my favourite programs outside of Deadly Choices, because we had elderly throughout different medical centres. So, we have exercise physiologists. So, the guys would get the patients, or our community, the elders would get referred to the program. So, we'd have about a group of 15 or 20, they get to work out at a gym, all under the watchful eye of our exercise physiologists.

**Steve Renouf:**

And then there'd also be an education part of it, where after we did our gym, we'd then go into a room we talk about a specific subject around health. Whether that'd be diabetes, diet, bring a dietitian in or bring in a diabetes nurse or expert to talk to them about different conditions. So that changed every few weeks, who we had in. And it was just ... And I used to say to them, that program is probably going nine years now. Deadly Choices, like I said, is 10 years old this year. So that specific program is the second longest running program.

**Steve Renouf:**

And I used to always say to the mob, because they're all the aunties and that. I love going along and chatting to them. And I said, "You're the most educated elders in the country around health."

And it very much is so true. So that's what deadly choice does bring to the community. It's about ... We have ... 10 years, we have young kids, so we do Deadly Kindies, we do work closely with our Mums and Bubs clinics and program, we're encouraging Mums. And this is a this is really another good one that I love that, going full term for Aboriginal and Torres Strait Islander Mums was something ... There's a lot of underlying problems there, and there might not always do on the full term. So, our Mums and Bubs has really turned that around.

**Steve Renouf:**

So, the young ... and I say young, the young mums we brought into the clinic to help them through the way when they found out they were pregnant, all of a sudden we've turned these stats around in our area about our Mums going full term with their babies. Which health wise, which you'd understand, makes a big difference. So, we've had young people born into Deadly Choices. So, they're now 10 years old, they don't know any different.

**Steve Renouf:**

So, it's about that early intervention, and that's what we really worked on. So, it's early intervention, so we got all these young kids that have come through the school system that have been around Deadly Choices now for 10 years and they know. They know what it means to be healthy, what's the right thing. We added into the program, healthy relationships with ...with young people, and how that looks, and what is a healthy relationship? so that's been fairly new brought into the Deadly Choices program, but it's something that we see as a bit of a priority for the community, just like your general health.

**Ainslie Cunningham:**

So, I think I read something on the website around one of your Aunties passed away earlier this year, who was a big catalyst for the program?

**Steve Renouf:**

Oh yeah, we had Auntie Pam. And so, she was our ... She was sort of our shining light, one of the first Aboriginal and Torres Strait Islander nurses. Yeah, and Auntie Pam passed, and she was a big part of what we've done, and obviously very important when we first started. And that was around the Institute. So yeah, she was sort of our number one ticket holder, you'd call. And yeah, and so just around those people, that's where we recognise all of our elders who ... They fought for this way back. And my Dad was one, he was there as well, and so they fought. Where we are today, they had to fight for that back in the day. So, that's all we're very appreciative of what ... And we never, ever forget that.

**Steve Renouf:**

So, us as an organisation, the Institute for Urban Indigenous Health, we're built on that. So, they're sort of our principles, and our principles we tie into, obviously linking back to traditional ways and cultural ways, and that's the way we operate. So, we never forget that. We have our own system of care through our clinics, and it's very unique as well. So, we talk about that, and it's not just a process line we just get patients through and get them in for 15 minutes and roll them out, so It's a lot more detailed than that.

**Steve Renouf:**

And so, the thing is we realised that there's a specific care that our people need. We've got to have a culturally safe place where we bring them into too, which is our medical clinic. And we built that, that's all part of what we do. And historically, a lot of people wouldn't go and get a health check or go to the doctor in general. And that's a few of the questions we got asked earlier about why do we have Aboriginal specific medical centres? I said, well ... Firstly we couldn't believe someone asked that.

**Ainslie Cunningham:**

Yeah, absolutely.

**Steve Renouf:**

And then we just go, well look at what's happening. They'll come and they all feel great, they're not intimidated by it. Anyone in general can get lost in our medical system, and that's nothing against our medical system because Australia's got one of the best in the world. But for Aboriginal and Torres Strait Islander people, and we've showed that through what we do in the Institute and Deadly Choices that we've got more than ever, that many people coming through. I mean, I think we're not far off 40,000 patients just here in the southeast corner that have gone through our clinics, or that are engaged by our medical centres.

**Deb Anderson:**

It's really just building that trust initially, isn't to?

**Steve Renouf:**

Exactly.

**Deb Anderson:**

I mean, once you've got that, word of mouth gets around and-

**Steve Renouf:**

Without a doubt. And I say to people, I get caught up in my own little world with my work and what I do, and I do a bit of work with corporates and that, so you sort of go ... When you want to get back down to earth, or back in touch, I just go and hang out at the medical centre. To be honest, and a lot of the other ambassadors say that. They just love ... I'll go to the GABBA clinic or wherever, and you sit there and sometimes it's just good to connect with everyone when they come through. You sit down have a cup of tea with the elders and it's lovely.

**Ainslie Cunningham**

Yeah. So, let's talk about bringing those medical centres together as part of the Institute. How has that worked?

**Steve Renouf:**

Yeah. So originally the idea came up ... I think it was about 2009. And I think we might have formed in 2009, but obviously we had the four medical centres. So, we had Kalwun here on the Gold Coast, Yulu-Burri-Ba at Stradbroke Island, and ATSICHS Brisbane, which is at Woolloongabba, it's still there, and Kambu out at Ipswich. So, they're all community controlled Aboriginal medical services. So, they have their own active board. So, then we had to talk to them and then just say, "This is the plan, do you want to be a part of it?" And we couldn't have done it without them. So, we had to bring those four together, form another governing board which came under the Institute for Urban Indigenous Health. They all have representation on the Institute's board, and then they just move forward, making the decisions together.

**Steve Renouf:**

And obviously that was around a lot of governance areas, funding and administration. And I'll be very honest here, that that needed to be looked at. This is 11, 12 years down the track, we go back and that really needed to be looked at. And I think that was a big reason why things did happen that way. And all of a sudden everything's running really well. We're 11 years down the track of the Institute and everything's going along really well, we've grown from 4 to 22 medical centres. And when I say that the people they sort of go ... You see their faces, "Why?" And I said, "Well, a lot of people don't know but the southeast corner of Queensland is the fastest growing Indigenous population in the country. So, we had to get the services out there for where our big populations of our people were living."

**Deb Anderson:**

What sort of challenges have you had in getting funding?

**Steve Renouf:**

Look, I think it's a little bit out of my realm, but obviously been involved from the start. We've been pretty good. The reason being ... Look, my CEO will probably say different because he's at the forefront of all that. But I think what's happening quickly, for us, our growth, obviously. So, all along ... And I really got to give our CEO, Adrian Carson, a big wrap here, because we've grown so quickly. When you think about that.

**Steve Renouf:**

So, we're an organisation started with 4, 10 years later, 11 years later we got 22 medical centres. We've got all this governance around all of that, and it has been a quick rise. And to having control that and operate that says a lot about our leadership. We do have some great leaders within the organisation, Adrian Carson's one of them, and there's many others. So, without that ... I can sit here and say, "Oh, it just happened." I know, that's not true.

**Ainslie Cunningham:**

No.

**Steve Renouf:**

I know that's not true. But to be a part of that is ... You sort of get to a point and you go ... We just sort of ... We're at a point now where we're sort of looking at where we go in the future. Because the population growth is growing. But yeah, look, there were obviously different challenges with the community, bringing those four clinics together, and representation.

**Steve Renouf:**

And then we had to ... Our board for the Institute, they're not all Indigenous people on the board, so there was a little bit of pushback there. But you build boards around expertise, and you've got to have a very diverse group, as you guys would appreciate, a diverse lot of people on your boards. And they bring their own different skill to that. But I must admit, pretty happy with where we are at the moment, and it's just about taking check now and see we're going to be in another 10 years. And that is happening, so the thing is we have ... It's been such a juggernaut of an organisation, really. But we're very happy where we are at the moment.

**Ainslie Cunningham:**

Yeah, you're experiencing phenomenal growth. And, yeah, as you've said it presents its own challenges when you scale so quickly.

**Steve Renouf:**

Yeah, it does. And it's just about all ... What becomes a priority here? And obviously the community is always our priority, that's why Deadly Choices is so important to us. It's a community engagement tool. So that's always our priority, but then where with our services, and where do we go now? Mental health's really ramping up. And that was a time thing for us to grab a hold of other issues within the community. And we've partnered over the years with with Movember and organisations like that.

**Steve Renouf:**

And so, we make sure ... This is what I always say to people. If we want to go into an area ... And really the thing is we will do it when we know time's right, or we know we have the capacity to deliver. So, we'll never go in short on something. And that's why it might take a little bit longer, but that's the way our governance system is set up. We don't want to go into one area and go, "Oh that's going to fail." Because we just can't afford ... You just don't want to have that happen.

**Ainslie Cunningham:**

And what sort of challenges and opportunities has COVID presented?

**Steve Renouf:**



Oh yeah, it's funny because we just weren't sure, like everyone else. And so, I sort of sat back at the start of that. We're in isolation, and then all of a sudden, we started ... We're sitting here in your studio and we've had this overnight studio pop up. It's amazing. So young Jackson Canuto, he's our producer and expert. And out of that I got my own podcast, I was very happy with that.

**Ainslie Cunningham:**

Welcome to the crew.

**Steve Renouf:**

Yeah, I know. So, but yeah, so now we've reached the community, out of necessity. So, remembering that all of our programs are interfaced with the community, like this, one on one. You see them face to face, and that stopped. So, then we know a lot of our mob are on Instagram, a lot are on Facebook. Facebook is massive. And I don't have the stats here, but we keep track of our Deadly Choice digital platforms, and where we're at. And so, Facebook's big for us. So, we go Live Facebook, or ... So, we do a lot of work around that. That's come out of COVID, and what that's done, we're going to end up going from this semi-permanent ... Sorry, studio to a permanent one, because it's just the way we're going ahead with telehealth.

**Steve Renouf:**

And so, it's been great, to be honest. And I think that was the only ... When you thought about it, originally, we thought that was going to be a challenge because we couldn't interface with the community, but that was just another way. And the funny thing is, we'll just keep doing that. We're back out in the community now in different areas. Obviously, we have our schools' program back up and running, and we're obviously still adhering to the rules with the other programs.

**Steve Renouf:**

We had another program launch this year called ... Or late last year, DC Fit. So that was targeting 16 to 25 year old's in the general community, but we noticed in our community that we had programs all around that age group, so it was all about them coming in and doing station fitness. And it's not heavy fitness, obviously. And once again they're referred to the program through our AMS's. And they're just for young people to feel like they can be young and fit. And then once again, it's just getting that cohort of the community with healthy habits. Which sometimes, as I said in the greater community, they can drop out of... Not out of society, but out of the loop of general life. And that happens across the board so we're trying to keep them engaged.

**Ainslie Cunningham:**

Yeah, quite a vulnerable age group, aren't they?

**Steve Renouf:**

Yeah it is. And because ... Just specific, talking about in a sporting term, Rugby League. You will have stories all the time about these young kids, 15, 16, 17. They're going to be big stars and they just get lost. And they'll leave school and then, bang, you don't see them again. And it's, "Where do they go?" And sort of just get eaten up in society. So, it's around keeping that young group engaged in their health and taking responsibility.

**Deb Anderson:**

And it's probably a safe space for them too.

**Steve Renouf:**

Well, it is. It is. And it's good to see, so we were taking that online as well, we took that online. So, I had all the younger ambassadors actually do the physical work, I was just doing the commentary, so I was pretty happy with that.

**Ainslie Cunningham:**



Not out there, showing them how it's done?

**Steve Renouf:**

That's up to the younger ambassadors.

**Deb Anderson:**

So, in terms of their medical health practitioners, are there scholarships available to help the Aboriginal and Torres Strait Islanders get to that level?

**Steve Renouf:**

Yeah, definitely. So, we have ... At all levels we have traineeships coming in, and varied areas obviously. And we had a partnership with UQ, we now have a partnership I think with QUT. So, we've always kept in contact with that education side of things. So yeah, so in any areas that anyone's interested in, and we can offer it, we do. So, we'll start out with ... If kids want to come in at that level of a trainee ship just in Aboriginal Health, it's a good way in, and we offer those.

**Steve Renouf:**

And yeah, I think we're one of, if not the (I hope I am saying it right) the biggest employer of Aboriginal and Torres Strait Islander people, definitely in Queensland, and I'm not sure in the country. So, we've make sure that's a big part of what we do. So yeah, and we have some ... As I said, once again we have a lot of good people in these places that help deliver that for us. And so that was ... That was really early on in the piece, so that's actually quite advanced these days. So yeah, we have a lot coming through.

**Deb Anderson:**

And they're really good advocates for the program too, aren't they?

**Steve Renouf:**

Yeah. without a doubt, so yeah. And that was something that it's not ... It is about health, but it's everything attached to that. We obviously, we want to have our people be healthy, right through their life from birth to being an elder, and so we've built on that over the years. But it's great that we recognise around those employment opportunities and coming into the medical industry. Because we need more of our people in the medical industry.

**Ainslie Cunningham:**

Yeah, it's so great to be able to give back to the community, we really love hearing stories like that. So, in terms of your career with the Broncos. How have you found in terms of being a team player in sport, and going through strong leadership in coaching, and things like that. How have you found some of those transferable skills taken across into the Institute for you?

**Steve Renouf:**

Yeah, I think it's about being leader. I'm not a stand-up leader, but you become a leader within you. It was like my transition through my Rugby League career at the Broncos. So, I started there when I was 17, I left there when I was 29. So, all of a sudden it got a bit scary for me because Wayne goes ... I think I was about 26, he goes, "Oh, you're in the senior leadership group this year." I go, "What? I don't want to be in there."

**Ainslie Cunningham:**

Wayne's still there.

**Steve Renouf:**

But you know what I mean? That sort of ... Used as an example, and then all of a sudden you got this responsibility. So, then we're in the little special group who make decisions around the team I said, "Wow." And I was obviously just came through as a kid, and I was happy where I was. And so,

just in the Rugby League space that happened, and then it happens even with the Institute and what we've done at Deadly Choices. So being there at the start, same thing. When we first started, you do in your own right, whether you want to or not, you become a leader within the group.

**Steve Renouf:**

And as I said, having great leaders is a big thing for me. So, having Wayne Bennett, and our board, and our owners during that period from '88 through the '90s was amazing. And it gives me goosebumps when I talk about those men and women. That's the reason why Brisbane are where they are today is because with our foundation. And the same with the Institute, to be honest. And Auntie Pam, and Adrian Carson, Cindy Shannon. She was our first CEO, and that's helped there. And I must admit, the thing is someone who ... A good leader will put good people around them, and that's exactly what's happened. So, as I said, we've got a lot of good leaders within this organisation, and that's why we're so successful.

**Ainslie Cunningham:**

You're a Dad of five. Most of ... There's quite a few of your kids who've got diabetes as well, and the work that your wife does in terms of-

**Steve Renouf:**

Yeah, my ex-wife.

**Ainslie Cunningham:**

Oh, sorry, sorry, sorry.

**Steve Renouf:**

That's okay, that's okay.

**Ainslie Cunningham:**

Do you want us to edit that out?

**Steve Renouf:**

No, no, all good. That's all good. A lot of people do that. So yeah, so we had five. The five the kids have Type 1 Diabetes, so Sunny was ... She got diagnosed the same age as me. I was 22, she was 22 last year she got diagnosed. So, the four boys, they were diagnosed when they were two and a half, four, nine, they were the first three boys, and then my eldest son they were within 18 months of each other actually, those three. It was a really scary period. And then, Sam, my eldest son, he was diagnosed when he was 16.

**Steve Renouf:**

But they really, they have success with it, and as I said ... You mentioned my ex-wife, we had a company together called Diabete-ezy, so it was around products for people with diabetes, and she still has that running. And so, the kids are really onto their diabetes, and they are in their own right good role models for other diabetics, and we still try to ... I've just gone back into diabetes, I've become the first ambassador for Australia Diabetes Educators Association, ADEA. So that's very new, that only happened last week.

**Deb Anderson:**

Congratulations.

**Steve Renouf:**

World diabetes day, fourth of November. So yeah, I'm the first official ambassador. And the reason why I do that because, through our journey with diabetes and a family with diabetes, diabetic educators are probably ... And the endocrinologists won't like me saying this, but they're the most important point I find, or diabetic nurses, of your journey with diabetes. Especially that

initial ... When you're initially diagnosed ... You believe it, even though it's a condition, it's not terminal per se, but it's a condition you've got to live with the rest of your life, it's very scary for people when they're first diagnosed. And we know what that's like. So, the people who made that really good for us, or made it not as hard were diabetic educators.

**Ainslie Cunningham:**

My Mum's a diabetic and she got it when she was 35. I'm one of four kids, and the same thing. So, she had gestational diabetes with each of us.

**Steve Renouf:**

Yeah, okay.

**Ainslie Cunningham:**

And then when she had my youngest sister, the same thing, it just stayed on and she's had it now for 35 years. And yeah, she finds that the diabetes educators are actually more up to speed sometimes with the latest developments in-

**Steve Renouf:**

Yeah, latest developments in everyday care. So initially when you engage, most of the diabetes, you get their number, you can ring them. It's amazing the service they give you, they gave us as a family. And when the kids are, 15, teens they were allowed to ring them directly and talk to them about, "I need something here," or, "This isn't working." And so, the service they offer is amazing.

**Ainslie Cunningham**

How great's that?

**Deb Anderson:**

We just need to extend that to mental health, don't we?

**Steve Renouf:**

Well, yeah. It is, it's just about having those organisations like ADEA, put their hand up. And this year is obviously the year of the nurse, so we celebrated on World Diabetes Day last week, the nurses, the diabetic nurses, and what an important role they play. And I'm very honest about that, when I went into ... You usually go in the hospital when you're first diagnosed and you spend the night in there, and my diabetic nurse at the time was amazing.

**Ainslie Cunningham:**

So, in terms of the Institute, are there grand plans to become a national organisation?

**Steve Renouf:**

Yeah, well, the title is, "Urban." Look, the Institute is obviously responsible for Indigenous health care delivery within the southeast corner, and that's why Deadly Choices is such an important tool or program for us, because we do have a national footprint with that. So, we're in the Northern Territory, Alice Springs, well they're Northern Territory. We're in Adelaide, we're in Victoria, New South Wales. We're not in WA as of yet, but there's been chats around that. So, I think it'll be more Deadly Choices. And we have other things like our system of care, which is very unique in the way we deliver that. So, we look forward to more hear more about that. And so, I think it'd be more around Deadly Choices, which we are already ... Do have a bit of a national footprint.

**Ainslie Cunningham:**

And do you find there's a common thread in terms of medical problems within your community?

**Steve Renouf:**

Oh yeah, without a doubt. Chronic disease, obviously. Diabetes is massive, and heart disease. So, a lot of the chronic diseases, and that's what we take ... What the Institute and their programs bring ... And I can say this confidently, just, I mentioned our Work it Out program for our elders. Well, we had people come into that program who've had varied conditions over the years ... Whether it be alcoholism, not drinking but has had a stroke. I can guarantee you, being part of that program for ... They're possibly part of that program for seven, possibly years or the like, that we've extended their life through that. I can say that confidently.

**Steve Renouf:**

Because the lifestyle they came from was totally different under, say, our Work it Out program. Because all of a sudden, they're being a lot more active. They're in a gym, believe it or not. In the gym, not pushing the big heavy weights, but just moving and they have that social emotional interaction, that's massive. You're talking about mental health, that's a real big thing within our programs, is that. Is being together. And when you ... A lot of our community that come into our programs, there's varied levels of mental health within the groups as well. So that being together and coming together, that is, it's huge. So, we hold a lot on that, around that emotional side of things. And our people love being together, to be honest. It's about getting together, and I always say if we go to a medical centre, you always find a new cousin there somewhere, or an auntie.

**Ainslie Cunningham:**

Absolutely. So, let's talk about culture. Aboriginal Torres Strait Islander community is the poster child for culture, what sort of things could organisations be learning from you guys in terms of developing a stronger culture within their businesses.

**Steve Renouf:**

Well it's just about how you engage. I mean, I'll talk about non-indigenous organisations, and it's about how you engage. So, I do other work around Reconciliation Action Plans, and some people over the years have boo-hoed them and saying that people that organisations are just ticking a box. Well, not if the organisation has made a real commitment, they're not. And I'll only get involved with companies that do, organisations. So, I do a bit of work for Digital Health Australia, and we just launched ours the other week in NAIDOC week.

**Steve Renouf:**

Now, I can guarantee you that the people involved in our working group sincerely want to deliver what we have put out there, in partnership with Reconciliation Australia. And so, look at them, it doesn't necessarily have to be a RAP either. I mean ... But if you commit, it needs to be done from the top, I believe. So, the organisations I have been involved with, it's been from the CEO down. So once the CEO makes a commitment, that commits the whole organisation. And I must admit the Digital Health Agency has done that. I did the same for Aurizon Rail and Freight back in the day, and they're very much on board. And they've done their second one, I helped them deliver the second one, and then they went with it themselves. And so, organisations who are fair dinkum about it, I think that's a great way to go.

**Deb Anderson:**

So, NAIDOC week last week, what was your contribution to NAIDOC week?

**Steve Renouf:**

So, NAIDOC week, it was fairly busy. We did a big push through Digital Health, because I sit on one of the committees for the My Health Record. And we find that the My Health Records and Digital Health going forward, obviously, as we just seen in COVID, it's going to be very, very important for health delivery across the country. So, we launched that. We obviously did a lot of online, did a lot of interviews last week. I'm talking 40 radio interviews across the country.

**Deb Anderson:**

Wow.

**Ainslie Cunningham:**

It's a wonder you've got a voice.

**Steve Renouf:**

In the last two weeks. And it's just been huge. So, and I think that's what it's about, it's about sharing that. And it's really good with the stations, and remote communities that I was talking to, and how I think they get it but it's about us assisting them about the connectivity and how that's going to work, and what it means to them. So, what does Digital Health mean to someone up in Kowanyama, or something like that.

**Steve Renouf:**

So, and that's where it comes back to the organisation about, well this was a journey you got to come on with us, because it's going to benefit the community in the long run. It's going to benefit the whole country. But a lot of the work I've been doing has been specifically with Aboriginal and Torres Strait Islander communities by delivering that through their radio stations. And we have a lot of other work happening around the country, Communities Excellence Program which is East Arnhem Land, Port Hedland, Emerald here in Queensland. And so they're just models we're going to have around the country where we can show people within a community, it'll work.

**Ainslie Cunningham:**

So, in terms of, obviously diversity is still big on the agenda in terms of boards for Australian companies. How can ... And gender was a big-ticket item for a long time, and now that that sort of, in some areas pushing 30%. How can boards get more diversity around Aboriginal and Torres Strait Islander representation on boards? Is there some sort of register of directors or a platform where you can marry those two up?

**Steve Renouf:**

Yeah, I'm sure they're out there. The way I ... So, I co-Chair one of the Federal committee, the Medicine Safety Committee. And that was really just ... Mine was through connects. But it's about ... Possibly someone like me going in to say, "Look, you can do it." Once you're on a board, you learn very quickly. I was very young when I went on board, so I co-chaired it with GPs and specialists, and I sort of ... My first meeting I was like, "Wow, what am I doing here?" But I was representing consumers, which is everyone in the country. So, I then realised what my actual role was there, and that brings a different range.

**Steve Renouf:**

And then all of a sudden, "Oh, well, he's an Aboriginal man." So, then you get that side of me. So, I think there's that uniqueness, and you can say to people, try and get on boards. And I don't know the general ... Obviously there's State Government boards as well, and you can go on a registry there. I'm sure Federal Government does have a registry as well. So yes, so I sit on one committee for the State Government well, that's through Skills and Training, though.

**Steve Renouf:**

And so, there are opportunities there. And I think governments are realising that. You bring a unique part to a committee. So even outside of that, not being a Chair, but being on a committee, it's great. If somehow, we can get a lot more Aboriginal and Torres Strait Islander people on, because believe it or not, there's some smart ones out there.

**Ainslie Cunningham:**

Yeah, absolutely.

**Deb Anderson:**

It's a substantial portion of our population for them to be represented.

**Steve Renouf:**

I mean I was being sarcastic, but it's really something that I think organisations need to look at.

**Ainslie Cunningham:**

Yeah and look everybody brings something unique to the table. And I think like you've just said, a lot of people feel that "Oh, maybe I'm not good enough to contribute here." But really people just need to be heard for what they do have to bring to the table, and-

**Steve Renouf:**

Yeah, and I must admit, when I first had my meeting coming up, which I think... No, it was actually here in Brissy, which was good. Because usually I thought I don't want to travel to Sydney or Canberra. But anyway, it was here in Brissy. But it's one of those things, the penny drops when you're there. So, in saying that the people who are looking at doing that. Yes, I think it's a bit scary at the start, but it doesn't take long to realise why you're there, and then open your mouth. Go your hardest.

**Ainslie Cunningham:**

And we're big catalysts for diversity is so much more than gender. It's age, different religions, and different ethnicities, and so much more than just gender.

**Steve Renouf:**

Yeah, no, you're right. And I think ... I must say the State Government and their committees, they're very good with it, especially with diversity. So ... and obviously in different areas they look at that, particularly here in Queensland. And I'm pretty sure that gets mirrored across Australia, but then it comes down to the big corporates. I mean, just look at what's happened with Rio Tinto. I'm not bringing on a negative here but if they have a representative on their board, that that maybe not would have happened? You know what I mean? So just. things like that.

**Ainslie Cunningham:**

Yeah, thinking outside of the box too. Corporations have progressed a lot in the last 50 years with digital disruption, and technology, and so many different ethical investment opportunities. And so, with all of that growth there, you do need a different change in mindset around the board table to be seeing these opportunities.

**Steve Renouf:**

Yeah, without a doubt and just look at the year we've had, and what's coming out of this year. A lot of that, everything that happened during COVID, and what's happened ... I'll say it directly, what happened in America, comes with ... It's all around diversity. It's all around culture, and so there's a lot to learn out of this year. And as I say, some of those corporates could learn from that.

**Ainslie Cunningham:**

Yeah, well the Black Lives Matter movement and all of that as well has happened, yeah.

**Steve Renouf:**

Yeah, exactly. So, it's around representation, and just having that within your organisation.

**Ainslie Cunningham:**

Well before ... You go.

**Deb Anderson:**

No, I was just going to say, you're an amazing ambassador.

**Steve Renouf:**

Oh, thank you.

**Ainslie Cunningham:**

Well and truly, it's just been an absolute pleasure for you to come on our show. So before we wrap up today, is there any sort of top three things that you'd like to leave our listeners with about the campaign or the work that you do?

**Steve Renouf:**

Yeah, the work that we do obviously, we're very proud of that. Deadly Choice, 10 years. I keep saying 10 years, but we had no idea when this all started that we're 10 years down the track, we'd have close to a full, national footprint with the program. So, it's worthwhile people looking at ... Have a look, jump on up on our website, Deadly Choices website, the Institute. Because a lot of people don't know that ... And I say we're just a program, but we're a program that was born out of the Institute, and hop online, have a look at our structure and exactly what we deliver for our people through our 21, 22 medical centres we have here in the southeast corner.

**Ainslie Cunningham:**

And the website is?

**Steve Renouf:**

Yeah, www. ... I think that's it. DeadlyChoices.org.au. And obviously, IUIH.org.au.

**Ainslie Cunningham:**

Fantastic. Well thanks for joining us, Steve.

**Deb Anderson:**

Thanks, Steve.

**Steve Renouf:**

No worries. Thank you.

**Outro:**

That's all for today. Until next time, happy podcasting. And remember if you're enjoying the show, check out our other episodes and all things governance at [www.3ysowls.com.au](http://www.3ysowls.com.au).