

# Talk-About

The official newsletter for the Aboriginal and Torres Strait Islander Health Unit

December 2016

Metro North Hospital and Health Service *Putting people first*

## Ngarrama Family Day

Aboriginal and Torres Strait Islander families gathered at Brighton Health Campus last month for the Ngarrama Family Day.

The event was held to gain consumer feedback on the current Ngarrama Child Health Service model and for future planning for eligible families.

Project Lead Kelly Smith said the Ngarrama Child Health Project has been working on reviewing the best practice options for a “family” model of care for Aboriginal and Torres Strait Islander communities. Some of the themes that the new service model is looking at are; culture, holistic, safe, connected, seamless transitions and sustainable.

“A vital part of the project has been to engage services and give the community the opportunity to have their say around the potential service design and to ensure that the framework is culturally appropriate and meets the family’s needs,” Kelly said.

“Ngarrama” meaning Guardian Birth Spirit, comes from the Yuwaalayaay language. Ngarrama is an antenatal, birthing and postnatal service for Aboriginal and Torres Strait Islander families who choose to birth at the Royal Brisbane and Women’s Hospital, Caboolture and Redcliffe Hospitals.

Indigenous Elders Aunty Minnie Mace and Aunty Barb Hubbard, spoke to the audience about the significance of the service.



*Left: Mavanza Chioneso Mudzi with her son Mikael; Right (L-R): Aunty Barb Hubbard, A&TSIHU A/Director Paul Drahm and Aunty Minnie Mace*

“About five years ago the Aunties were called to North Lakes. Out popped the conception of Ngarrama and what a wonderful journey it has been. I’ve had two of my children go through Ngarrama having their babies and they speak very highly of the service,” Aunty Barb said.

Aunty Minnie added the significance of identifying when accessing Metro North Hospital and Health Service. “It’s very important we identify as Aboriginal and or Torres Strait Islander when we present ourselves to the hospital, especially if we are with child. Our own people are working within the hospital and they do a really good job.”

Kirra Capon attended the event with her daughter Amelia, enjoying the cultural workshops, painting and traditional dancing. She is expecting her second child in early December and has received care through the Ngarrama program.



*Kirra Capon with her daughter Amelia. She is expecting her second child on December 6 2016.*

“The Ngarrama service is amazing. They are very supportive, don’t judge or make you feel alone in your journey as a new parent. I had my first child through the Ngarrama maternity service at The Royal Brisbane and Women’s Hospital; with no family here in Brisbane they really made me feel at ease. I was also supported with services back in the community.”

Mavanza Chioneso Mudzi, originally from Zimbabwe, was also supported through the service at Caboolture and Redcliffe when she had her son Mikael two and a half years ago.

“My partner is Aboriginal and it was really good to receive the cultural support. They provided a lot of useful information and it’s good knowing I still have the support through attending events such as this.”

For further information regarding the project email [Indigenoushealthproject@health.qld.gov.au](mailto:Indigenoushealthproject@health.qld.gov.au) or phone (07) 3139 3232.

# Contact information

## Indigenous Hospital Liaison Officers

|  |   |
|--|---|
| Royal Brisbane and Women's Hospital,<br>Floor 5, Ned Hanlon Building | Fax: 3646 2284  |
| Wendy Lewis  | Ph: 3646 7489   |
| Bernadette Bird  | Ph: 3646 1696 or 3647 4171  |
| Tyler Lea  | Ph: 3647 4178   |
| Dell Hagan   | Ph: 3646 4154   |
| Patricia Kennedy   | Ph: 3647 9535   |
| After Hours Service (RBWH)   | Friday and Monday 3.30pm to 8pm<br>Saturday and Sunday 10am to 6.30pm |

|                             |                            |
|-----------------------------|----------------------------|
| Enquiries (Hospital Switch) | Ph: 3646 4154 or 3646 8111 |
| Aunty Janet Layton          | Ph: 3647 4183 or 3646 5106 |
| Candice Simpson             | Ph: 3647 4171              |

|   |                               |
|---|-------------------------------|
| The Prince Charles Hospital, Ground Floor,<br>corridor leading to the Coronary Care Unit) | Fax: 3139 5810                |
| Aleacha Hopkins   | Ph: 3492 1818 or 0439 082 908 |

|  |                |
|--|----------------|
| Mark Budd  | Ph: 3139 5165  |
| Caboolture Hospital, Allied Health<br>Department, Ground Floor | Fax: 5433 8730 |

|  |                |
|--|----------------|
| Stella Laidlaw   | Ph: 5433 8249  |
| Redcliffe Hospital, Safety Quality and<br>Performance Unit, West Block | Fax: 3049 6767 |

|                 |               |
|-----------------|---------------|
| Rox-Anne Currie | Ph: 3049 6791 |
|-----------------|---------------|

|                                      |  |
|--------------------------------------|--|
| <b>Improving the Patient Journey</b> | <b>Email: <a href="mailto:Improving_the_Patient_Journey@health.qld.gov.au">Improving_the_Patient_Journey@health.qld.gov.au</a></b> |
|--------------------------------------|--|

|                                    |   |
|------------------------------------|---|
| Rayna Cowburn                      | Ph: 3646 5612 or 0408 023 733   |
| After Hours Liaison Officer (RBWH) | Friday and Monday 12 noon to 8.30pm<br>Saturday and Sunday 10am to 6.30pm |

|                           |                  |
|---------------------------|------------------|
| After Hours, Robert Brown | Ph: 0409 583 967 |
|---------------------------|------------------|

|   |                           |
|---|---------------------------|
| The Prince Charles Hospital,<br>Temiah Henaway: | 3139 6429 or 0429 897 982 |
|---|---------------------------|

|   |                               |
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| Royal Brisbane and Women's Hospital,<br>Ronald Agie | Ph: 3646 5612 or 0439 274 152 |
|---|-------------------------------|

|                                    |  |
|------------------------------------|--|
| After Hours Liaison Officer (TPCH) | Friday and Monday 12noon to 8.30pm<br>Saturday and Sunday 10am to 6.30pm |
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## Indigenous Acute and Primary Care Team

|                         |               |
|-------------------------|---------------|
| Manager: Robyn Chilcott | Ph: 3492 1823 |
|-------------------------|---------------|

## Sexual Health Team

|                         |               |
|-------------------------|---------------|
| Manager: Robyn Chilcott | Ph: 3492 1823 |
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## Indigenous Strategic Development Team

|                      |  |
|----------------------|--|
| Manager: Isaac Simon | Ph: 3139 4117 or email<br><a href="mailto:Isaac.Simon@health.qld.gov.au">Isaac.Simon@health.qld.gov.au</a> |
|----------------------|--|



## Give us feedback

### Talk-About

We welcome your feedback, contributions, story ideas and details on any upcoming events. Please contact Aboriginal and Torres Strait Islander Health Unit Communications Manager Renee Simon at [Renee.Simon@health.qld.gov.au](mailto:Renee.Simon@health.qld.gov.au) or phone (07) 3139 3233.

### Aboriginal and Torres Strait Islander Health Unit

If you have any feedback regarding the Aboriginal and Torres Strait Islander Health Unit services, programs and initiatives, you can contact the following:

#### Mail to:

Aboriginal and Torres Strait Islander Health Unit, Building 26, Chermiside Community Health Centre, 490 Hamilton Road, Chermiside QLD 4032.

#### Email to:

[A\\_TSIHU\\_MNHHS@health.qld.gov.au](mailto:A_TSIHU_MNHHS@health.qld.gov.au)

Alternatively, call and ask for our Safety and Quality Officer on 3647 9531.





**Chris Seiboth**  
Executive Director, Community,  
Indigenous and Subacute Services  
Metro North Hospital and Health Service

## Executive Director’s message Community, Indigenous and Subacute Services

I would like to take this opportunity to thank our staff, partnership organisations and stakeholders for providing feedback to our project team working on the Developing Indigenous Services Project.

The project is designed to ensure the best options for service delivery for our Aboriginal and Torres Strait Islander communities that access healthcare across Metro North.

Experienced consultant and health systems and governance expert, Mr Terry Mehan, led the independent engagement process to assess current programs, submissions and policy frameworks as part of the project.

During the consultation process, some common themes emerged particularly with respect to governance and models of care delivery. Respondents identified the best opportunities for future health gains as:

- Improving the continuity of care through more structured pathways
- Strengthening partnerships with other service providers and communities
- Improving health literacy and the use of mainstream services
- Improving staff capacity and capability in areas including leadership and engagement

- Strengthening staff cultural capability
- Better targeting services for example, early intervention for pregnant women, chronic disease, mental health including drug and alcohol and lifestyle choices

Over the next few months, we will be working towards a response plan as part of the project looking at engaging with key service partners to develop future directions and collaborative partnerships, to apply population health planning to ensure appropriate delivery of health care services and to develop a refreshed model of care for Ngarrama Child Health Service, our hospital navigation services and community based programs.

Finally, I was pleased to be able to recognise staff members from the Aboriginal and Torres Strait Islander Health Unit for their long service with Queensland Health. Collectively they have delivered over 120 years of service working in the area of Indigenous health. I thank them for their dedication and commitment to our patients.

**Chris Seiboth**  
Executive Director,  
Community, Indigenous and  
Subacute Services



**Paul Drahm**  
Acting Director, Aboriginal and Torres  
Strait Islander Health Unit

## A word from the Acting Director

Queensland Health Chief Health Officer, Dr Jeannette Young, recently released the Health of Queenslanders report. The good news was the Indigenous life expectancy rate has increased by one year.

The narrowing of the gap is in line with other states and is based on figures from the past 5 years. Despite the positive change, the report still shows a 10 year life expectancy gap to non-Indigenous counterparts.

We are committed to seeing an ongoing reduction in the life expectancy gap. Our vision is to close the gap completely and to ensure our Aboriginal and Torres Strait Islander communities have equitable and culturally safe access to health care.

For the past few months, our staff have been developing our operations strategy and looking at ways we can continue to enhance our community partnerships and ensure we deliver culturally safe health care.

I am pleased to report since launching our Effort Tracker tool for staff in October, we have recorded thousands of occasions of service for our Aboriginal and Torres Strait Islander patients, families and communities.

This includes cultural support, participating in case conferences, staff education and Discharge Against Medical Advice intervention.

Having a tool such as the Effort Tracker will give us the ability to improve the monitoring and evaluation of Closing the Gap in Indigenous Health Outcomes initiatives.

While closing the gap is no small task, I am pleased we have such a committed and dedicated team who will lead our initiatives and programs aimed at improving Indigenous health outcomes across the Metro North catchment and beyond.

I would like to take this opportunity to wish all of our staff, families and communities Merry Christmas and best wishes for the New Year.

**Paul Drahm**  
Acting Director, Aboriginal and Torres  
Strait Islander Health Unit

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## Indigenous Acute and Primary Care Team

with Manager, Robyn Chilcott



combine senior secondary studies part-time work, and structured training with a registered training organisation (RTO) which leads to the attainment of a nationally recognised VET qualification.

School-based Traineeships allow students to: Start experiencing a work environment while still at school; Participate in a combination of school, paid work, and on and off site training; Work towards completing their Year 12 Certificate; Progress towards gaining a nationally recognised qualification; Sign a training contract, which links to an industrial award or agreement; as well as develop many on the job skills including communication skills.

### Benefits to our service include:

- Promote an interest in the health industry
- Raise our service profile in the community
- Gain a greater understanding of the education system
- Increase service confidence in the ability to attract quality staff in the future
- Develop existing staff through the coaching/mentoring of young people
- Contribute to the development of the future workforce
- Influence young people's career choices

This month the team celebrated with Andrew Busteed-Smith as he completed his Administration School-based Traineeship with the Indigenous Acute and Primary Care Team. Andrew spent 18 months completing his school based Traineeship; working with our Administration Team, under the supervision of Laurel Lincolne (AO Team Leader) while also completing year 12 and a Cert III in Business Administration. The team are pleased to have worked with Andrew and congratulate him on his efforts and wish him all the best for his future upon graduating at the end of the year.

School-based Traineeships enable young people to gain a vocational and technical qualification while completing their senior school studies. School-based Traineeships



I would strongly recommend other services consider providing and supporting our young Indigenous students with an opportunity to learn and grow through the School based Traineeship program.

Andrew Busteed-Smith (Trainee) and Laurel Lincolne (AO Team Leader)

# Safety and Quality with Tracy Grant



## Indigenous Patient Experience Survey

Indigenous Hospital Liaison Officers and Indigenous Patient Journey Teams have participated in Patient Experience Trial Survey at The Prince Charles Hospital – Safety & Quality.

The quota of 30 surveys is completed for each “Inpatient” Current and “Outpatient” Recent Admission. The results will be available in our next edition of Talk-About.

A very big “Congratulations” to the Indigenous Hospital Service staff at The Prince Charles Hospital for ensuring our people were able to complete these surveys and provide vital feedback. These surveys will identify gaps and assist with developing an Action Plan to improve an ongoing quality service to Aboriginal and Torres Strait Islander consumers receiving patient-centred care.

## Consumer Engagement

National Safety and Quality Health Service Standard 2: Partnering with Consumers

Currently, there is an ongoing consultation with various Indigenous and Non-Indigenous Organisations in the Metro North Hospital Health Service area seeking input for future service planning and feedback.

Services within the Aboriginal and Torres Strait Islander Health Unit are redesigning and improving service provisions to Aboriginal and Torres Strait Islander consumers both in the Hospital and Community settings.

The Aboriginal and Torres Strait Islander Health Unit services partnership and collaboration with other service providers and members in the community is important to ensure community needs are being addressed. Sustainability and commitment for a successful networking relationship is essential for Standard 2.

All teams within the Aboriginal and Torres Strait Islander Health Unit are actively participating in preparing for Accreditation. As stated “*Accreditation is recognised as an important driver for safety and quality improvement and Australian’s health accreditation processes are highly regarded internationally*” in the *National Safety and Quality Health Service Standards* – September 2012.

# Indigenous Hospital Services

with Natasha White, Program Manager

Going to hospital for any reason can be daunting and scary, especially if you haven’t been before.

Our team is here to assist you and your family with your hospital journey. When you attend any hospital make sure that you ask the staff to contact the Indigenous Hospital Liaison Officer (IHLO) or Indigenous Patient Journey (IPJ) Officer, to come and assist you.

## How does the team know you’re in Hospital?

Every day the team receive a list of patients who self-identify as Aboriginal, Torres Strait Islander or Both Aboriginal and Torres Strait Islander origin.

If you haven’t personally requested to see either IHLO or IPJ you will still come up on their daily list, this list is viewed everyday by the team.

If you know you’re coming to Hospital and are looking for assistance please let us know by phone or email us.

## What to bring when you come to hospital:

- List of your Medication
- Medicare Card
- Health Care Card
- Some form of Identification (this maybe 18+ card)
- Remember to also update your Next of Kin (Emergency contact person).

This may be a family member and/or friend. Hospital staff will then be able to contact them when you need support

- Any test results and x-rays
- Something to do while you wait, such as a book, magazine or phone charger

You can find more information on our Metro North Hospital and Health Service Website. <https://www.health.qld.gov.au/metronorth/atsi/default.asp>

## Have you ever wondered why Nurse or Doctors keep asking you to repeat your name or date of birth?

This is because before a Nurse or Doctor can give you any medication they must follow 6 very important steps; these are referred to as the 6 Rights of Medication Administration.

Every time they give you any medication, they need to ensure that they have completed the 6 Rights to Medication:

1. Right person
2. Right medication
3. Right amount
4. Right time
5. Right way of taking it
6. Right documentation

They must check all of these 6 rights every time they give any medication to anyone.



Step 1 of the 6 Rights of Medication Administration is where we all get frustrated, because the Nurse and Doctors always asking your name and/or date of birth before they give you medication. These questions are asked to make sure they are giving you the right medication.

## Questions the Nurse or Doctor may use to help identify you?

- Name
- Date of Birth
- Health Record Number
- Address
- Gender
- Photograph

Even if the Nurse or Doctor knows who you are, they still have to ask these questions to help identify you.



# Indigenous Sexual Health Team

with Program Coordinator, Ronald Abala



The 2016 Deadly Sex Congress (DSC) was held in Brisbane on 19th and 20th of October.

The first DSC was in 2003 and it has alternated between Cairns and the Gold Coast/Brisbane since commencing. DSC has been organised by Aboriginal and Torres Strait Islander Sexual Health Workers via an organising committee. This is the first time ASHM has been involved in organising the Congress.

This annual forum for Indigenous Sexual Health Workers from across Queensland

aims to update knowledge, build workforce capacity and share their stories, with topics including healthy relationships, Blood Born Virus/Sexually Transmitted Infections (BBV/STIs), contact tracing, and HIV treatment prevention.

There were 53 delegates working in Aboriginal and Torres Strait Islander sexual health from across Queensland (pictured below). Attendees participated in two days of learning, sharing stories and networking.

## Day 1.

A/Professor James Ward (Head of Infectious Diseases Research Program -Aboriginal Health at the South Australian Health and Medical Research Institute) delivered a plenary lecture to open the Congress. The session gave an overview of BBV/STIs and HIV across Northern Australia and how we can work collaboratively to address these issues.

Other speakers throughout the day included government representatives and non-government organisations. Again the theme related to BBV/STIs and how we need to work together to address rising infections rates, management, timely access to treatments and education. The importance of Health Workers was highlighted from all speakers and this was reiterated via “story telling” and invited speakers.



Today also saw some interactive sessions that were not only fun but resulted in working together and sharing innovative ideas. Illicit drug use and its affects/impacts were also discussed in relation to urban/rural and remote settings and how this can be addressed. Day 1 concluded and this was followed with a dinner at the venue where more networking, “story telling” and yarning for those participants who attended.

## Day 2.

There were interactive sessions again and also community story sessions presented by Aboriginal and Torres Strait Islander Health Workers sharing their experiences and outcomes.

The Indigenous Sexual Health Team (ISHT) were invited to be part of a panel discussion around contact tracing. Ronald Abala and Dene Campbell told “stories” and participated in a question session that involved all the panel members.

There was an informative and interactive session that generated much discussion around the issue of HIV Post-exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis (PrEP). There will be clinical trials for PrEP commencing soon at various locations in Queensland.

There were also sessions on designing, delivering, implementing and evaluating deadly programs on BBV/STIs. This session was also interactive and included “story telling” and experiences from various Sexual Health Workers.



### Key points and messages from DSC 2016

- HIV and STI diagnosis rates are rising in Aboriginal and Torres Strait Islander populations
- More follow-up after a positive STI test is required
- Sexual Health screening should become a part of the 715 Adult Health Check
- Hepatitis C is now a curable disease
- Engagement with Community is the key to successful programs
- The HIV PrEP trial is starting soon in Queensland

# Indigenous Strategic Development Team

with Manager, Isaac Simon

We are pleased to report all of our staff are now compliant with the Effort Tracker program.

Since going live in October we have recorded over 2,500 Occasions of Service and 1,000 occasions of cultural support provided to Aboriginal and or Torres Strait Islander patients, escorts or family members.

The custom-built application works across multiple platforms – computer, tablet and smart phones – and is designed to record on the spot accurate, relevant and timely data in regards to an Aboriginal and Torres Strait Islanders patient journey.



With this information we are now able to service the community and our patients more effectively by identifying high needs areas and providing more resources where they are needed most.

Our Cultural Capability Officers continue to deliver mandatory Cultural practice Program training to staff as part of our commitment to the Making Tracks to Close the Gap in health outcomes for Indigenous Queenslanders by 2033.

As the main provider of health services to Aboriginal and Torres Strait Islander Queenslanders, it is critical that Queensland Health builds a cultural capable workforce to address these changes.



We are pleased to have received so many high quality applications for our female Cultural Capability Officer position. This role will lead the development of our Reconciliation Action Plan across Community, Indigenous and Subacute services and also provide female specific cultural advice, support and training. We look forward to appointing a suitable candidate before the end of the year.

## OUT&ABOUT

### Providing a healing path for Indigenous patients

For Aboriginal and Torres Strait Islander patients, seeing a familiar face within hospital can make all the difference with their healing journey.

The Prince Charles Hospital (TPCH) newest Indigenous Hospital Liaison Officer, Melanie Kielly is helping bridge the healing gap by providing cultural support and advocacy to her countrymen and women with they visit the hospital.

“I remember when I first started during NAIDOC week here at TPCH I saw a lady from my community. She told me ‘you know bub it’s really good to see your face, it’s part of my healing to see a familiar face’.”

Melanie understands how overwhelming visiting a hospital can be, especially for those travelling from small communities. She is a proud Baradah Gabalburra kaiyu woman who grew up in a small railway town in Central Queensland (804 kilometres north west of Brisbane) called Bluff with a population of less than 500 people.

“For people travelling from small communities like Bluff, coming to our hospitals is very overwhelming. Our hospitals are really big.”

She joined the Aboriginal and Torres Strait Islander Health Unit last year after spending six years working with Darumbal Community Youth Services as the Project Manager for a sexual health program and four years as an Advanced Indigenous Health Worker in Cairns.

In the past two months, Melanie and her colleague Mark Budd have provided 809 incidences of cultural support to patients and attended 358 case conferences for families.

Whilst working in a hospital environment, Melanie is passionate about preventative health and empowering her people to keep healthy.

“My passion is preventative health. Education is what motivates me, educating our own people and giving them the power to change their own health journey.

“It really hurts my heart when I see a family member with all these health risks and they want to light up a cigarette or if they are in hospital with cirrhosis of the liver and they still want to drink.



“It’s their life and I’m learning to accept the lifestyle, but in my role as Indigenous Hospital Liaison, I’m here to help if they want it. I also link in with services back in the community post their hospital stay to change their life.”

Melanie hopes to continue working for her people within the hospital environment and one day soon plans to enrol into a Bachelor of Nursing, specialising in Midwifery.

“My mum was delivered by her ‘gukoos’ (grandma and aunts). She was one of 16; all of my aunts were midwives who delivered the babies. While they didn’t have a certificate, they were all born on outstations. Our people have been doing it for that long.”



# OUT&ABOUT

## Staff Excellence Awards

Congratulations to Ngarrama Royal Brisbane and Women's Hospital Midwifery Group Practice for being highly commended in the category as 'Patients as Partners' at the annual MNHHS Staff Excellence Awards.

Our Cultural Capability team was a finalist in the Excellence in Training and Education category for the Cultural Practice Program.



L-R: A&TSIHU's Vaughan Travers, Natasha White, Tracy Grant, Paul Drahm and Isaac Simon



L-R: CISS Director of Service and Planning Haley Middleton, A&TSIHU A/Director Paul Drahm, Project Officer Rajni Nair and Indigenous Strategic Development Manager Isaac Simon.

## Long Service Staff Recognition

Members of the Aboriginal and Torres Strait Islander Health Unit were recently presented with long service recognition certificates and pins by Executive Director of Community, Indigenous and Subacute Services, Chris Seiboth.



Acute and Primary Care Manager Robyn Chilcott celebrates 25 years' service.



Indigenous Hospital Services Team Leader Pat Kennedy celebrates 30 years' service



Acute and Primary Care Team Leader Pam Lenoy celebrates 35 years' service



Indigenous Hospital Liaison Officer Wendy Lewis celebrates 20 years' service



Cultural Capability Officer Gene Blow celebrates 10 years' service



Wendy Lewis presents the award to Ron Agie / Pat Kennedy (left) presents the award to Dell Hagan.



## Peer recognition awards

The Aboriginal and Torres Strait Islander Health Unit has established a peer recognition program for staff to recognise their colleagues who go above and beyond in their role for our patients and families.

Congratulations to Ronald Agie and Dell Hagan for being recognised.

Wendy Lewis recognised Ronald for providing extra support to the Indigenous Hospital Liaison Officers while staff attended suicide awareness training.

Pat Kennedy recognised Dell Hagan for assisting a family who had lost their loved one on route to hospital.

## Pan Pacific Masters Games

Acting Director Paul Drahm picked up a silver medal with his Rugby League team, Arana Hills Masters Rugby League at the 2016 Jupiters Pan Pacific Masters Games on the Gold Coast last month.

It was a mighty effort playing in extremely wet storm conditions for the majority of the games with a number of key positional injuries sustained throughout the event

"Our Silver medal is an improvement on our Bronze medal from 2 years ago. Although I am a little battered and bruised after 7 games in 4 days, I look forward to regathering with the team early in the New Year to start training for next year's South East Queensland Masters Rugby League Competition," Paul said.





## Bush to Beach Artwork

Members of The Prince Charles Hospital (TPCH) Executive and Empathy project team officially opened the Adult Intensive Care Services balcony featuring Bush to Beach artwork by Indigenous artist Margaret Henry last month.

Metro North Hospital and Health Service Chief Executive Ken Whelan joined Dr Marc Ziegenfuss to launch the new balcony, alongside hospital staff and patients of the ICU.



L-R: Dr Marc Ziegenfuss, Artist Margaret Henry, MNHHS Chief Executive Ken Whelan, ICOP Project Officer Andrew Goodman and TPCH Executive Director Anthony Williams.

Dr Ziegenfuss told the audience the Empathy project was launched with a goal to improve the quality and consistency of care to patients nearing the end of life and their families.

“There is more to a person than a disease. We like to take a holistic approach. We wanted to create a space when people feel down they can seek solace in nature. With the artwork and outlook to nature, our patients can now escape,” Dr Ziegenfuss said.

The Indigenous Cardiac Outreach Program at TPCH played a role with the Empathy team to organise for Indigenous artist Margaret Henry from Normanton to spend three weeks creating the artwork which is covered from the floor to ceiling on the four walls of the balcony.

“For our people, we know this is a beautiful place to come, the beach and bush represents our childhood. It’s a place for everyone to escape to and to be at peace,” ICOP Project Officer Andrew Goodman said.

Aunty Brenda Holt-Kanofski was one patient who has appreciated the space, after recently spending months in the Intensive Care Unit.

“It’s a wonderful project and I’m so pleased to be here today. For me this space represents my childhood, I can see myself chasing goanna’s as a young child. This is an environment for all to enjoy.”



L-R: Anita Thompson, Karen Francis, Kate Pahor and Wendy Bennett, all Clinical Nurse Consultants with The Empathy Project



TPCH Indigenous Hospital Liaison Officers Mark Budd (left) and Aleacha Hopkins (far right) with Artist Margaret Henry and Aunty Brenda Holt-Kanofski (centre)

## CISS Connections Awards and Planning Day



Members of the CISS Executive

Last month, 100 leaders from Community, Indigenous and Subacute Services gathered for a planning day at Victoria Park Golf Course to begin the journey of designing how we can better meet the challenges that Metro North has in responding to increasing healthcare demand.

Guest speaker, Kamal Sarma, delivered a very personal account of discovering the required resiliency skills to thrive in our modern world.

Executive Director of Community, Indigenous and Subacute Services, Chris Seiboth said the “day was high energy and inspired us to be bold and imagine new ways in which we can respond to the health needs of our community”.

A number of CISS Connections Awards were also presented to staff, including the ‘Embedding Culture Award’ provided to the Aboriginal and Torres Strait Islander Health Unit for the Effort Tracker program.



Award recipients from the CISS Connections award including Isaac Simon (back centre), Paul Drahm and Natasha White



## Ngarrama Family Day

Aboriginal and Torres Strait Islander families enjoyed a day out at Brighton Health Campus.

The event featured dancing from Aboriginal dance troupe the Deadlee Maarders, Miriam Giz dancers from the Torres Strait Islands, art workshops, storytelling and health promotion.



Guests at Ngarrama Family Day



L-R Chantel Henningsen of Zillmere and Chelsea Rolfe of Bald Hills, both Ngarrama Mums.



Deadlee Maarders dance group



Art workshops



Mary Joesephine Oberleuter with her children



Natalie Cranston due with her first child on Dec 6



Torres Strait Islander Dance Group Miriam Giz



Ngarrama Social worker Maddie Mitchell

## World Aids Day

Members of the Aboriginal and Torres Strait Islander Sexual Health team organised a health promotion board at Pine Rivers Health Centre in recognition of national World AIDS Day held on December 1.

The theme for the event was – *HIV is still here – and it's on the move.*

World AIDS Day aims to encourage Australians to educate themselves and others about HIV; to take action to reduce the transmission of HIV by promoting prevention strategies; and to ensure that people living with HIV can participate fully in the life of the community, free from stigma and discrimination.

As a community and as individuals, there is a lot we can do in relation to HIV. Working in partnership with people living with HIV, we can encourage others to understand how HIV is transmitted. We can support people to access testing, treatment and care, as we know that commencing treatment at the early stages of HIV results in better health outcomes and reduces the likelihood of onward transmission.



Members of the Indigenous Sexual Health Team with A/ Pine Rivers Centre Manager Danielle Beattie (centre)





## White Ribbon Day

The Aboriginal and Torres Strait Islander Health Unit hosted a barbeque at the Chermiside Community Health Centre in support of White Ribbon Day on Friday 25th of November.

Over 70 staff members took part, raising much needed funds to support White Ribbon Australia's work to end violence against women.

Cultural Capability Officer, Gene Blow, is a proud ambassador for the White Ribbon Foundation and organised the annual barbeque.

"It was great to see so much support for the event and our male staff took part in the oath to stand up, speak out and act to prevent violence against women," Gene said.

"We were pleased to raise a record amount this year and would like to thank our sponsor smartsalary for supporting the event."

*Cultural capability officer Gene Blow organised the event and is a proud White Ribbon Ambassador*



*Staff from Community, Indigenous and Subacute Services take the oath at Chermiside Community Health Centre*



## Cabinet Smoking Ceremony

Cultural Capability Officer Elwyn Henaway played the didgeridoo at a historic smoking ceremony with the Yuggera Nunukul dancers to welcome the Queensland Government Cabinet to 1 William Street, Brisbane.

Ministers and staffers attended the traditional smoking ceremony and welcome to country.

Shannon Ruska, who descends from the Yuggera, Nunukul and Yugumbir people, led the ceremony.

"May God and our ancestors guide you in peace as you gather on the land of our forefathers and foremothers and let them not be forgotten for their ancestors footprints have been here long before mine and long before yours," Mr Ruska said.

*Queensland Health Minister Cameron Dick pictured with Elwyn Henaway (right) and a member of the Yuggera Nunukul dance group.*

## Cultural Message: Cultural Governance and Leadership

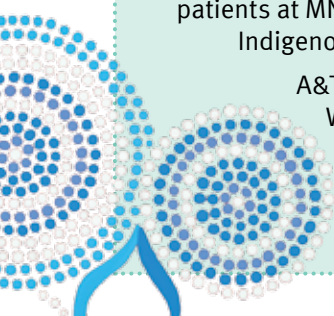
The Aboriginal and Torres Strait Islander Health Unit works towards making sure Governance around Cultural Practice Program (CPP) is delivered to its fullest potential of culture.

Our role in Leadership is to ensure when delivering training our staff can walk away with tools that would be culturally appropriate to apply when dealing with Indigenous patients and consumers.

Close the Gap is discussed continuously in regards to "Discharge Against Medical Advice" by Indigenous patients at MNHHS. Discussion is around systems that can be in place to decrease the high level of discharge of Indigenous patients.

A&TSIHU reviews the cultural appropriateness of our hospitals and facilities on a regular basis.

We have introduced welcoming artwork, distributed our t-shirts for both Indigenous and non-Indigenous staff and created a number of healing gardens for our patients to enjoy. Cultural governance and leadership is something we pride at MNHHS and continue to work towards for our Aboriginal and Torres Strait Islander consumers.



## Facebook could help lower Indigenous smoking rates, Northern Territory health researchers say

Indigenous people have the highest rates of smoking in the country, but researchers in the Top End believe Facebook could be the most effective way of helping them quit. Aboriginal people living in remote communities smoke at three times the rate of other Australians, according to research fellow Marita Hefler from the Menzies School of Health Research in Darwin. Preliminary research into the role of Facebook in helping smokers to quit has found that although the living situations of Indigenous Australians differs widely across the Northern Territory, even those who lack food or clothing may still own a smartphone.

<http://www.abc.net.au/news/2016-11-21/facebook-could-help-lower-indigenous-smoking-rates/8043694>

## More Indigenous psychologists needed to address gaps in mental health

In September, the Australian Psychology Society (APS) issued a monumental apology to Aboriginal and Torres Strait Islander People. It was a formal acknowledgment of psychology's role in their mistreatment, corrosion of culture and loss of identity.

<http://www.sbs.com.au/topics/life/culture/article/2016/10/20/more-indigenous-psychologists-needed-address-gaps-mental-health>

## Indigenous life expectancy improving in Qld

Life expectancy for indigenous Queenslanders has increased by one year but is still a decade shorter than their non-indigenous counterparts. The narrowing of the gap was detailed within a biennial snapshot of the health of Queenslanders, released by Chief Health Officer Dr Jeannette Young on Wednesday.

<http://www.skynews.com.au/news/national/qld/2016/11/16/indigenous-life-expectancy-improving-in-qld.html#sthash.8gxz719F.dpuf>

## Aboriginal health: Indigenous medical graduate wants to bring skills home to Derby

A young Aboriginal medical graduate hopes to return to her home in a remote part of Western Australia to become the town's first Indigenous doctor. In a record for the University of Western Australia, six Aboriginal medical students will graduate this weekend, including Vinka Barunga.

<http://www.abc.net.au/news/2016-11-17/aboriginal-health-grad-first-full-time-indigenous-doctor-derby/8026878>

## Mer Island to be given health upgrade

Torres Strait's Mer Island will receive \$30,000 worth of new health equipment. The island's Primary Health Care Centre offers residents a 24-hour on-call nurse, visiting doctor services and indigenous health workers.

Premier Annastacia Palaszczuk said Queensland Health allocated the funding after she visited the centre during a three-day visit in July and promised upgraded health equipment. <https://au.news.yahoo.com/qld/a/33160298/mer-island-to-be-given-health-upgrade/#page1>

## Lower drug copays lead to reduction in hospitalizations among indigenous people in Australia

A new study finds that in regions where indigenous Australians most readily accepted a government incentive to lower drug copayments, hospitalizations to treat the population's chronic conditions declined by 40 percent in just two years.

<http://www.news-medical.net/news/20161108/Lower-drug-copays-lead-to-reduction-in-hospitalizations-among-indigenous-people-in-Australia.aspx>

## 2017 National NAIDOC Poster Competition is now open

Aboriginal and Torres Strait Islander artists are encouraged to start working on their entry which must reflect the 2017 National NAIDOC theme – *Our Languages Matter*.

The NAIDOC Poster competition is open to all Aboriginal or Torres Strait Islander peoples who are aged 13 years and older.

The winning artwork will be used to create the 2017 National NAIDOC Poster which will promote NAIDOC Week 2017 around the country. The winning entry also attracts a \$5000 cash prize and is a wonderful opportunity for artists to be recognised Australia wide for their artwork. **Find out more on how to enter.** Entries close AEST Monday 20 March 2017.

## Call for nationwide Indigenous Hepatitis B vaccinations

A new Australian report for the World Health Organisation has called for a national Hepatitis B immunisation program for Indigenous adults. Aboriginal and Torres Strait Islander Australians are at significant increased risk of Hepatitis B, according to a new World Health Organisation report. Its authors say that with the higher rate of Hepatitis B for Indigenous Australians - 3.6 cases per 100,000 compared with 1.1 per 100,000 in other Australians, a national immunisation program would be beneficial.

<http://www.sbs.com.au/news/article/2016/10/28/call-nationwide-indigenous-hepatitis-b-vaccinations>

## Malnutrition Traps Children Of Remote Australia In Poverty

On any given day in a regional Australian hospital, 44 percent of children admitted have signs of malnutrition. In our wealthy nation, where no one starves, National Rural Health Alliance research details an epidemic of malnutrition in regional and remote areas, and it's affecting children's development for the rest of their life. Chief executive officer Kim Webber told The Huffington Post Australia that the problem isn't that there is no food -- it's that there is the wrong kind of food available.

<http://www.huffingtonpost.com/au/2016/10/19/malnutrition-traps-children-of-remote-australia-in-poverty/>

## Urgency demanded for Indigenous maternity services

The federal, state and territory governments need to show "greater urgency" in regard to improving maternity services for Indigenous women in Australia, according to a new report. The report, led by Mater Research Institute—University of Queensland (MRI-UQ) Professor Sue Kildea, provided a review of Australia's National Maternity Services Plan (NMSP) and resulting actions regarding Indigenous mothers and babies between 2010-2015.

<https://www.uq.edu.au/news/article/2016/10/urgency-demanded-indigenous-maternity-services>



# RECIPE

## \$5m to support Indigenous arts and languages in the NT

The Coalition Government will provide \$22.8 million to support a range of projects across the country that will strengthen Indigenous language and showcase traditional and contemporary Indigenous cultural and artistic expression. Minister for the Arts, Mitch Fifield, and Minister for Indigenous Affairs and Country Liberals Senator for the Northern Territory, Nigel Scullion, said that of this investment, more than \$5 million would support a range of Indigenous language and arts projects across the NT.

<http://www.indigenous.gov.au/news-and-media/announcements/5m-support-indigenous-arts-and-languages-nt>

## Experts Call For Indigenous Mental Health Overhaul

The Federal government is being urged to radically rethink Indigenous mental health policy and place Aboriginal people at the centre of care, amid record levels of suicide in remote regions. A major new report by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) also calls for an effectiveness evaluation of all Indigenous suicide prevention programs, amid evidence the most are failing, The ABC reports.

<http://www.huffingtonpost.com.au/2016/10/12/experts-call-for-indigenous-mental-health-overhaul/>

## Meeting in Geneva to ensure Indigenous rights

Representatives from Indigenous communities and organisations in Australia recently travelled to Geneva, Switzerland to attend an important United Nations (UN) forum. The Expert Mechanism on the Rights of Indigenous Peoples (EMRIP) is one of the most important UN mechanisms for the support of Indigenous peoples.

<http://www.indigenous.gov.au/news-and-media/stories/meeting-geneva-ensure-indigenous-rights>

## Christmas pork roast

serves 6

Orange zest, mustard and clove glazed roast pork with steamed potato and pumpkin.



### INGREDIENTS

- 2 tablespoons honey
- 3 tablespoons olive oil
- 3 oranges, juiced and zest grated
- 2 teaspoons of mustard
- 1 tsp cloves, plus extra for studding
- 1 kg pork leg roast
- 500g potatoes, washed and halved
- 500g pumpkin, cut into 5cm chunks
- 500g green beans, topped and tailed

### COOKING INSTRUCTIONS

1. In a small saucepan, heat honey over medium heat for approximately one minute. Add 2 tablespoons olive oil, orange zest and juice, mustard and cloves, and simmer for 10 minutes, until the glaze has reduced into half the amount.
2. Remove skin and most of the fat from the pork leg. Cut a criss cross shape into the outside of the leg, and stud the crosses with cloves.
3. Place pork on a rack in a large roasting pan (so the pork sits above the roasting pan). Half fill roasting pan with water and brush pork liberally with glaze. Reserve at least half of the glaze to baste the pork frequently during roasting. Roast for approximately 45 minutes or until golden. Remember to baste!
4. While the pork leg is roasting, steam the potato and pumpkin chunks until half soft, either with a stovetop steaming pot or in the microwave (place an inch of water in the base of a microwave safe dish, add the pumpkin and potato, cover and microwave on high for 10-12 minutes). Transfer the pumpkin and potatoes into a large roasting tray, and drizzle with a tablespoon of olive oil. Roast for 10-15 minutes until crisp.
5. Steam the beans in the same manner.
6. Serve pork with the vegetables, and enjoy!

*Note: alternatively serve the roast with a fresh garden salad, for more of a traditional Australian Christmas meal!*

| Serves per recipe: 6   |          |                  |
|------------------------|----------|------------------|
|                        | Per 100g | Per Serve (486g) |
| Energy (kJ)            | 355      | 1725             |
| Protein (g)            | 8.6      | 42               |
| Total Carbohydrate (g) | 6        | 31               |
| Total Fat (g)          | 2.4      | 12               |
| Saturated Fat (g)      | 0.4      | 2                |
| Dietary Fibre (g)      | 1.5      | 7                |
| Sodium (mg)            | 27       | 131              |

Source – Diabetes Queensland <http://www.diabetesqld.org.au/recipes/special-occasion/christmas-pork-roast.aspx>



# A Day in the Life of Renee Simon

## 1. What does your role involve?

As the Principal Communications Advisor, I provide professional communications and engagement services to the Aboriginal and Torres Strait Islander Health Unit (A&TSIHU). This includes managing internal and external communications, media relations, event management, community and stakeholder relations.

My role is to develop and implement a yearly strategic communications plan that is designed to promote the projects and milestones of the A&TSIHU internally and externally ensuring that they strategically align to COAG's Close the Gap agenda and contribute to achieving key performance indicators such as Reducing Discharge Against Medical Advice within our hospitals.

Since starting the role two years ago, I'm proud to have overseen a number of new initiatives for the A&TSIHU including the introduction of our Talk-About newsletter that is now distributed state wide, building relationships with journalists and securing coverage for our key campaigns in targeted Indigenous publications such as The Koori Mail and The National Indigenous Times and developing digital campaigns for our Accurate Indigenous Identification campaign and NAIDOC week events.

I work closely with the A&TSIHU Executive and Management team and all of our communications activities align with the Metro North Hospital and Health Service (MNHHS) communications directorate. Our profile has lifted significantly with a dedicated communications function. We have been able to build stronger relationships with our Aboriginal and Torres Strait Islander consumers and communities, as well as with partnership organisations. We also now have the ability to contribute our strategic agenda across MNHHS including regular stories published in hospital and facility publications and contribution to key reports such as the Quality of Care report, Annual Report and Community News.

## 2. How did you enter into a career in communications?

Growing up I had three firm choices for my career path – to be a Doctor, Lawyer or Journalist. I went with the latter.

After taking a gap year after school finished, I enrolled into a Bachelor of Communication (Public Relations and Journalism) at the University of the Sunshine Coast. Initially, I was keen to work as a print journalist but soon found my passion in public relations and communications. My decision to specialise in communications was made after working in both fields as a Journalist for a local newspaper and as a consultant with a boutique public relations agency.

I thrived in both roles but really enjoyed the diversity of the agency environment; I could combine my love for writing and storytelling with community engagement, events and crisis communications – no two days were the same.

## 3. What was your role before you joined Queensland Health?

After finishing my studies in 2009, I relocated to Sydney after being offered a graduate position with a public relations agency. I spent close to five years with the same agency working as a consultant and later became the manager.

The role involved managing internal communications for an international organisation, running issues and crisis management programs for clients in the transport, health and infrastructure sectors, and arranging a wide range of events from product launches to community showcases.

I was privileged to have two close mentors within the role, John MacGregor who previously worked with ABC News and SBS in Australia and CNN in Washington DC and Ian Armstrong OAM, the Former Deputy Premier of NSW. Both coming from a media and political background, I was able to learn many valuable lessons.

Working in a PR agency is very different to an internal communications role; you have several accounts and projects you work on each day and you need to juggle client expectations. As we worked with many clients for crisis management issues, you always had to think on your toes and be available 24/7, especially with online media and social media, the news cycle really doesn't stop and you need to be available at all times for strategic counsel and advice.

## 4. What's some of the main highlights throughout your career?

Many of my clients I worked with for years and enjoyed watching their businesses and projects grow. I had the opportunity to work with the Chiropractors' Association of Australia (NSW) for close to six years. My role was to manage all of their media and community relations. A highlight was travelling right across regional and remote communities in NSW as part of a rural tour to meet patients at a grassroots level and build partnerships with other local allied health professionals.

I also worked with the Australian Tourism Export Council during an exciting period for the industry when US Talk show host Oprah Winfrey announced her tour to Australia. We saw a direct impact on tourism figures and her visit was a great opportunity to promote our country.

By far a major highlight was working with an international transport company that was bidding for the new transport ticketing system



in Sydney. I worked with them during the tender phase of the project, to the contract being awarded and the system now being introduced. I worked in the head office during a busy time for the company, with engineers, technicians and project managers relocating to Australia from all around the world. The company was a real pleasure to work for and had a great staff culture, with many of its employees working with them for 30 plus years. I remember one colleague telling me 'this project is something you will tell your children and grandchildren about, you are part of something historic'.

## 5. In 2013, you relocated from Sydney to Brisbane and started your own public relations agency. What was running your own business like?

I started my own public relations agency to help other small business owners and start-up companies who didn't have access to big marketing budgets. It was a leap of faith starting a new business in a different city and with a young child, but I continued to work with clients from Sydney and also build new partnerships.

I enjoyed the flexibility and challenge of operating my own business. There is no traditional 9-5 working hours, and often it involved working late into the night and on weekends. But seeing your client successfully launch their brand and be featured on the evening news was a real buzz.

## 6. As a communications specialist, how does communication differ for Aboriginal and Torres Strait Islander people?

Communication for Aboriginal and Torres Strait Islander people is focused on visual communication and talking (yarning).

At MNHHS, it's important all staff, whether they are in administration, clinical or a management setting, are respectful of Aboriginal and Torres Strait Islander cultural sensitivities. A core part of this education for our services is for all staff to complete a four-hour mandatory cultural practice program. The training comprehensively covers the different communication techniques, especially within the healthcare setting.

Talk-About has been so successful for our audience as they enjoy learning about our staff, where they come from and their family history. Family connections are very important.



It's also very respectful to sit and have a yarn with our Indigenous audience and to find a common ground, it could be as simple as discussing your favourite football team. For me, coming from a corporate environment, it's refreshing to look at things differently and to sit down and have a chat to someone. You really can learn so much about a person by going back to the core of communication – sitting and yarning face to face.

### 7. How have social media and new technologies impacted the Indigenous audience?

Social media has had a huge impact on the Indigenous audience over the past few years. Aboriginal and Torres Strait Islander people are online to interact with one another, to have conversations, debates and form partnerships.

A recent study found Indigenous Australians, particularly those in remote communities, are dependent on Facebook. Their social media usage is twenty per cent higher than the national average.

Organisations such as The Institute for Urban Indigenous Health (IUHU) are really leading the way with their social media engagement, particularly with their Deadly Choices campaign which has over 14,000 likes on Facebook and nearly 5,000 on Twitter. Just last year I had the opportunity to listen to firsthand about the role of social media for the Indigenous audience by attending the Mayo social media conference. Three Indigenous speakers, Katrina Hogan from the IUHU, Luke Pearson from IndigenousX and Summer May Finlay for #JustJusticeCampaign, all highlighted the important and integral role of social media for health promotion, engagement and social justice.

For us, social media provides a huge opportunity to connect with Aboriginal and Torres Strait Islander people who are accessing our services and facilities.

### 8. What do you see as the main opportunities you be working towards over the next 12 months?

As part of the recent MNHHS *Sustainable Indigenous Services* project, we will be working towards a number of key strategic initiatives particularly surrounding confirmed models of care for some of our services and building our community partnerships. My main priorities will include:

- Developing and implementing a communications strategy to connect with our Aboriginal and Torres Strait Islander patients and communities.
- Creating a consumer engagement program to promote our culturally appropriate services and programs.
- Further build the internal communications program for our A&TSIHU staff to connect amongst the different facilities and services.

- Consult with partnership organisations for joint media and promotion activities surrounding major events such as Closing the Gap Day, Reconciliation Week and NAIDOC Week.
- Develop campaigns and case studies specific to areas of need such as reducing the rate of Discharge Against Medical Advice for Aboriginal & Torres Strait patients and Closing the Gap on life expectancy across the Metro North Hospital & Health Service catchment.

### 9. This year the A&TSIHU launched an Accurate Indigenous Identification campaign, encouraging Aboriginal and Torres Strait Islander Patients to identify when accessing MNHHS Hospitals and Facilities. Can you tell me more about the campaign?

The campaign was launched during our NAIDOC Week celebrations (3 – 10 July 2016) to highlight the importance of Aboriginal and Torres Strait Islander patients identifying when accessing our facilities. The campaign is part of a push from our hospitals to improve the health outcomes of Queensland's Aboriginal and Torres Strait Islander population.

We are currently reviewing the feedback from the initial campaign and will be looking at expanding the campaign in 2017 through more training and education for staff and looking at the process for referrals back to community.

I'm particularly passionate about playing a role in contributing to closing the gap on life expectancy and improving health outcomes for Aboriginal and Torres Strait Islander people. With a young daughter and son, who identify as Aboriginal and my extended family, I would like to play a role in improving their health status and outcomes for future generations.

As such, I'd like to see the campaign expand the next phase of the campaign to 'Asking the question is your child of Aboriginal and Torres Strait Islander origin'. It allows the child to have access to the extra health checks, cultural support and culturally appropriate services, such as Ngarrama maternity at The Royal Brisbane Women's Hospital, Redcliffe and Caboolture Hospitals.

### 10. Finally, what do you enjoy doing outside of work?

I have two young children, my daughter Eden is 3 and son Omari recently turned 1. Outside of work all of my time is spent with them - watching them grow, learn new things and seeing the beauty of the world through their eyes. Every day is very busy but when I do have some down time, I enjoy cooking, reading, spending time with my family, walking and going to our local markets. My husband and I are also into designing and renovating properties; we are now onto our second property, currently restoring an old Queenslander to its former glory.

## Word of the Month: “Ziba Zib”

Ziba Zib means  
Sunset in the Torres  
Strait Island Western  
Language.

*At Ziba Zib (that time  
of day when the sun  
has almost set) we can  
go down to the rocks  
by the water.*





# Indigenous acute and primary care

The Indigenous Acute and Primary Health Care Team is located at The Pine Rivers Community Health Centre in Strathpine. Services are available to Aboriginal and Torres Strait Islander people within the Metro North catchment, from the Brisbane River up to Kilcoy.

We provide culturally appropriate support, advocacy and advice to Aboriginal and Torres Strait Islander communities on health related issues by providing:

- Client advocacy
- Co-ordination of care
- Home visits
- Health promotion with a specific focus on chronic disease and risk factors
- Transport to health appointments for eligible clients
- Referral to appropriate GP, Allied Health and Specialist medical services and supporting services

## Culturally-appropriate access, advocacy and support services

Assisting Aboriginal and Torres Strait Islander people living in Brisbane North, with their health needs.



Supported by the MNHHS Aboriginal and Torres Strait Islander Health Unit.

### CONTACT US

Aboriginal and Torres Strait Islander people can self-refer and also service providers.

Central Referral Phone:  
1300 658 252

Central Referral Fax:  
3360 4822 Brisbane North

General Enquiries  
Phone: 3492 1804

We welcome your feedback, contributions, story ideas and details on any upcoming events.

Please contact Aboriginal and Torres Strait Islander Health Unit Communications Manager Renee Simon at [Renee.Simon@health.qld.gov.au](mailto:Renee.Simon@health.qld.gov.au) or phone (07) 3139 3233.

