



TALK-ABOUT

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

July/August 2016

Metro North Hospital and Health Service *Putting people first*

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Identification: It's your right to a healthier life

Metro North Hospital and Health Service (MNHHS) has launched a campaign during NAIDOC Week (3–10 July 2016) to highlight the importance of Aboriginal and Torres Strait Islander patients identifying when accessing their facilities.

The *Accurate Indigenous Identification* campaign will contribute to improving the health outcomes of Queensland's Aboriginal and Torres Strait Islander population.

The campaign will run over the next three months and include identification t-shirts for consumers, stickers to prompt health professionals to initiate referrals to culturally appropriate services and a training package to educate MNHHS staff on the importance of Indigenous identification and the correct processes.



Contact information

Indigenous Hospital Liaison Officers

Royal Brisbane and Women's Hospital,
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

After Hours Service (RBWH) Friday and Monday 3.30pm to 8pm
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,
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
Department, Ground Floor Fax: 5433 8730

Stella Laidlaw Ph: 5433 8249

Redcliffe Hospital, Safety Quality and
Performance Unit, West Block Fax: 3049 6767

Rox-Anne Currie Ph: 3049 6791

Improving the Patient Journey Email: Improving_the_Patient_Journey@health.qld.gov.au

Rayna Cowburn Ph: 3646 5612 or 0408 023 733

After Hours Liaison Officer (RBWH) Friday and Monday 12 noon to 8.30pm
Saturday and Sunday 10am to 6.30pm

After Hours, Robert Brown Ph: 0409 583 967

The Prince Charles Hospital,
Temiah Henaway: 3139 6429 or 0429 897 982

Royal Brisbane and Women's Hospital,
Ronald Agie Ph: 3646 5612 or 0439 274 152

After Hours Liaison Officer (TPCH) Friday and Monday 12noon to 8.30pm
Saturday and Sunday 10am to 6.30pm

Indigenous Acute and Primary Care Team

Manager: Robyn Chilcott Ph: 3492 1823

Sexual Health Team

Manager: Robyn Chilcott Ph: 3492 1823

Indigenous Strategic Development Team

Manager: Isaac Simon Ph: 3139 4117 or email
Isaac.Simon@health.qld.gov.au



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 or phone (07) 3139 3235.

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, Chermside Community Health Centre, 490 Hamilton Road, Chermside QLD 4032.

Email to:

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 Community, Indigenous and Subacute Services

Dear colleagues,

Congratulations to everyone involved in this year's NAIDOC events staged across Metro North. It was great to see so many of our staff, patients and visitors supporting the celebrations, which were a vibrant mix of traditional dancing, storytelling, art and craft workshops and some very tasty tucker. The opportunity to join in the music and dance was warmly embraced and brought a real sense of joy and belonging to celebrations.

Events like NAIDOC Week go beyond acknowledging our Indigenous history and celebrations; they provide opportunities to create understanding and build a more inclusive community based on mutual understanding and respect. As a provider of quality patient-centred care, it's important we develop a workforce that reflects our community's diverse population so that we cater for everyone who needs our services. We can achieve this through a strong workplace culture that builds respect, fosters inclusiveness and promotes diversity. We all should feel that our voices are heard and that we are valued and recognised for our skills, knowledge and ideas.

The Accurate Indigenous Identification Campaign is one way we can ensure people receive culturally responsive care. The campaign, which will run for three months, encourages Aboriginal and/or Torres Strait Islander patients to identify when accessing our facilities.

A first for CISS this year will be our Healthy Ageing Expo at Brighton Health Campus on 19 August as part of Seniors' Week. Our population is increasing, and people are living longer, so by supporting our community to lead active and healthy lives at an older age, we are investing in sustainable healthcare. The expo will be a great community event where we can showcase healthy ageing activities such as tai chi and walking groups and strengthen relationships with our community as we shape the future of the campus.

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

Hundreds gathered to celebrate NAIDOC Week across Metro North Hospital and Health Service (MNHHS) during 4–15 July 2016.

The theme, *Songlines – The living narrative of our nation*, was showcased at special events held at The Royal Brisbane & Women's Hospital, The Prince Charles Hospital, Redcliffe, Caboolture and Kilcoy Hospitals and Brighton Health Campus.

The events provided an opportunity for our staff, community members, local elders, patients and visitors to all come together to recognise the contributions that Indigenous Australians make to our country and our society.

I was particularly proud to be able to launch the *Accurate Indigenous Identification* campaign.

The campaign aims to raise awareness amongst both Metro North Hospital and Health Service (MNHHS) employees and consumers about the importance of actively identifying as being of Aboriginal and/or Torres Strait Islander origin.

Our campaign is to educate our staff to ask the question to everyone, not based on appearance or assumption, and for our patients to speak up and identify, as it's their right to a healthier life.

By running this campaign we will improve monitoring and evaluation of *Closing the Gap in Indigenous Health Outcomes* initiatives and other programs aimed at improving Indigenous health outcomes.

Specifically at MNHHS, our aim is to see a reduction in discharge against medical advice rates and reduction in potentially preventable hospitalisation rates for Aboriginal and Torres Strait Islander people.

Finally, I will be Acting in the role as Director of the Aboriginal and Torres Strait Health Unit over the next 6 months. Angela Scotney will be leading an important project to develop a strategic plan for Indigenous Services across MNHHS. This project will ensure credibility, focus and accountability in closing the gap for our people's health. I look forward to working closely with our staff, stakeholders and consumers during this period.

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

Safety & Quality

with Tracy Grant

STANDARD 2 – PARTNERING WITH CONSUMERS

Accurate Indigenous Identification Survey

The Aboriginal and Torres Strait Islander Health Unit is currently seeking consumers, both Aboriginal and /or Torres Strait Islander, to complete a short survey as part of the *Accurate Indigenous Identification* campaign.

Hard copies will be supplied through Indigenous Hospital Services and also available on our website - <https://www.health.qld.gov.au/metronorth/atsi>

Those who complete the survey will go into the draw to win a free identification t-shirt. The survey findings will help improve our Close the Gap initiatives and other programs aimed at improving Indigenous health outcomes.

STANDARD 2 – PARTNERING WITH CONSUMERS

STANDARD 11 – SERVICE DELIVERY

STANDARD 12 – PROVISION OF CARE

Identification Campaign

Photo Shoot

John Downs Studio provided excellent service in his Photography skills for the A&TSI Health Unit *Accurate Indigenous Identification Campaign*. We were privileged to have Elder representation of both cultures from the Aboriginal and Torres Strait Islander community as well as staff from across the services in the A&TSI Health Unit. The Aboriginal elders in the photo shoot were Uncle Peter Bird and Aunty Lorelle Bird, the Torres Strait Islander elder was Uncle George Wano. Also the A&TSI Health Unit were fortunate to have staff's family members especially children aged between 2 to 17 years participate in various scenario shoots at one of the parks at Enoggera. These pictures will be used for our brochures and posters to promote identification and other future campaigns.



Tracy Grant

Recording – Consumers

In May 2016, Renee Simon, A&TSI Communications Manager and Luke Mayze, RBWH Medical Illustrator, directed selected staff from A&TSI Health Unit Staff and an Administration Officer from Cherside Community Health Centre to put together a short recording for “Why it’s important to Identify” and “Why I identify”. This promotional video was launched during NAIDOC week in the Metro North Hospitals and will be used throughout the campaign to encourage our patients to identify.

PATIENT EXPERIENCE

My name is Nicole Sexton and I am a 51-year-old Murri woman who lives in Hervey Bay. On 6 June I had to have a very serious operation at the RBWH. I was extremely worried and fearful about the whole thing, from travelling down to Brisbane, staying in hospital by myself for 7 – 10 days, who I needed to talk to and of course, all the paperwork! Not only that but worry about what was happening to me and at the same time worrying about all the family at home, stuff that I had to leave unfinished because the surgery was to be rushed due to its serious nature.

So this little story is about how the staff at the RBWH and the fantastic Indigenous team that work there helped me through a very difficult time. Firstly, the staff at the hospital from admissions right through to my release from hospital were both kind, helpful and were happy to help with all the details i.e. paperwork, ringing family and much more. They made me feel that I was the most important patient and never left me thinking or being too embarrassed to ask stuff I didn't understand.

On my word, after the surgery the nursing teams who looked after me were very kind. They always had time to chat to make me feel comfortable even though they were busy with other patients.

I would like to thank some of the nurses from Ward 9A South (Candice, Fiona, Narelle) and many more whose names I can't remember for taking such good care of me as I was very afraid and felt strange being in such a big hospital.

Luckily for me and the rest of you who may need to make the trip to the RBWH, they have the best Indigenous team here at the hospital. Because I came alone to hospital, I cannot explain enough the relief I felt to know there were Murri workers here, to see other black faces who would have similar backgrounds to me and who would understand me and make me laugh – Rayna Cowburn, Temiah and her team were such a blessing.

Rayna was there when I woke up from surgery to welcome me and ask how I was and did I need anything. She was a very warm and lovely woman who made me feel instantly comfortable. She told me if I need anything even just a cuppa and chat I was to ring her. As it turned out my discharge arrangements got moved forward and Rayna and her team made sure that I was not discharged without having transport back to Hervey Bay. Rayna also sorted some other issues out for me as well.

I just wanted to say how great they are and if you have to come to hospital, they will make sure it will go as smooth as possible. I know I couldn't have managed as well without them helping me. They were my big cuddly back-up. I knew if I needed help they were there. I hope that they will always have this Indigenous support team because even though the other hospital staff were great, Rayna and her team made me feel safe and not alone. Thank you for everything you fellas did for me. I really appreciated it.

*nicole
sexton*

P.S. If I have to come back to RBWH for further treatment, I know I will not feel so afraid next time. So all you ones out there that are worried about going to hospital don't be – your health is important for you and your family and you will have Rayna and her team as your hospital family here to help.



Robyn Chilcott

Indigenous Acute and Primary Care Team

with Manager, Robyn Chilcott

The Indigenous Acute & Primary Care Team currently comprises of three teams: the Adult Health Team; the Sexual Health Team and the Administration Team.

The Indigenous Acute & Primary Care Team aims to improve the health status of Indigenous people to a level equal to that of the rest of the population and its activities currently include:

- Improving and increasing access to quality health services and support services
- Assisting clients to manage illness better through culturally appropriate advocacy, support and linking clients to access early intervention and treatments
- A focus on chronic disease and risk factors
- Promoting good health, to prevent illness where possible and to improve the management of existing illness
- Delivering culturally capable and responsive services by targeted Indigenous-specific programs and assisting with coordinated and integrated care across service settings
- Referral to appropriate GP, Allied Health, Specialist Medical services and supporting services

The team held a Client Morning Tea on 24 June 2016 to provide a supportive gathering for some of the clients of the service. The feedback was very positive and it was good to hear how the work of the team makes a difference in the lives of those who receive our services. This session included an activity requiring participation of clients in creating a piece of artwork to reflect their personal health journey.

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Members of Adult Health team with some of our clients / Reconciliation Week display at Pine Rivers Community Health Centre

We also took part in Reconciliation Week celebrations by participating in the CISS Reconciliation Shield touch football game. This year, the team also had a display in the foyer of the Pine Rivers Community Health Centre outlining significant information relating to Reconciliation and held an afternoon tea for National Sorry Day on 26 May 2016 for all staff at the centre to come together in the spirit of reconciliation.

The team participated in NAIDOC activities and were able to hold information displays at all the local Hospitals within the District as well as participate in Community NAIDOC events.

The team have for many years been involved with the community organisation Koobara at Zillmere as the majority of our client groups are from around this local area. The team used this opportunity to liaise and network with local community members throughout the day and promote the Indigenous Acute & Primary Care team and Sexual Health Team services as well as have an information stand to encourage health awareness.

The Indigenous Acute & Primary Care Team wishes to congratulate the NAIDOC committee for another great Community driven NAIDOC event.

In addition, the team participated in the CISS NAIDOC event at Brighton Campus and also had an information display in the front foyer of Pine Rivers Community Health Centre throughout NAIDOC Week.



Murri Healthy Heart Week

The Acute and Primary Care team took part in Murri Heart Week (1 – 7 May) by visiting students at Pine Rivers and Wavell State High schools. Students had the opportunity to learn about healthy heart choices and the importance of exercise and diet. A Zumba class was also held.



Indigenous Hospital Services

with Program Manager, Natasha White

I would like to thank all patients from The Prince Charles Hospital (TPCH) who completed the TPCH Patient Experience Survey, we have completed 15 inpatient and 15 outpatient surveys so far and we are very grateful for the all feedback that you provide.

I would like to acknowledge all the work the Team have put into NAIDOC this year. Indigenous Hospital Liaison Officer's had an information stall at all the NAIDOC events within the hospitals. The Team held a raffle at TPCH, Redcliffe and Caboolture, thank you to Sandra Markwell for sourcing the beautiful artwork and painted Emu egg, Aleacha Hopkins, Mark Budd, Roxanne Currie and Stella Laidlaw also for contributing other resources towards the miniature raffles.

Outpatients

Indigenous Hospital Liaison Officers primary focus is on delivering a culturally appropriate service to Aboriginal and Torres Strait Islander people who identify within the Hospital system.

A recent evaluation of service data has highlighted the need to refocus service delivery to approach outpatient appointments in a more coordinated way.

Our mob suffers from different complex health conditions and the outpatient services are a very important part of the health journey.

If you have to attend or received a specialist outpatient appointment in the past month at The Prince Charles, Redcliffe or Caboolture Hospitals you may have received a call from one of our IHLO's, this is due to the rise in the number of people not attending their appointments the Hospital call it a "Failed to Attend" (FTA) or a "Did not Attend" (DNA).

Our mob suffers from different complex health conditions and the outpatient services are a very important part of the health journey.



Natasha White

If a patient doesn't attend a booked outpatient appointment the hospital will then record the missed appointment as a "Failed to Attend".

This sometimes means that the hospital will rebook your appointment or you may have to go back to your doctor to get another referral. We want to look at the benefits of assisting our mob with their appointments and assist them getting to them.

In the last month we have been able to assist 5 patients rebook their appointment and assisted 15 patients connect to services that can support with attending their appointment or any health concerns they may have.

Improving the Patient Journey

We would like to acknowledge Gavin Tye and Pele Sebasio who both have work tirelessly for the Improving Patient Journey Program and wish them all the best on their future adventures.

Gavin started in the program back in 2014 as Program Manager for the program and was an integral part to its development and growth. Gavin was proud to lead the IPJ team and be able to build partnerships with other Hospitals and Health Services across the State to improve the journey to our tertiary hospitals for rural and remote patients. We would like to thank Gavin for all his hard work and dedication.

Pele started with the program in 2015 and has played an integral role in supporting patients and their family members from Rural and Remote areas at RBWH. Pele came from Bamaga in Cape York and was an asset to the program due to her strong knowledge of the Cape and Torres Strait Islander communities.

On behalf of the team we would like to say it has been a pleasure working with both Gavin and Pele, you will be missed by the team.



Gavin Tye



Pele Sebasio

Indigenous Hospital Services, Royal Brisbane and Women's Hospital

7 days a week service

Indigenous Hospital Services are delivered 7 days a week at the Royal Brisbane and Women's Hospital. This includes our after hours service:

Friday 12noon–8.30pm
Saturday 10am–6.30pm
Sunday 10am–6.30pm
Monday 12noon–8.30pm



Indigenous Sexual Health Team

with Program Coordinator,
Ronald Abala

Community Engagement

The Indigenous Sexual Health Team (ISHT) engages with community and members by participating in Health Promotion events such as NAIDOC. This year, we were pleased to participate in the Metro North Hospital and Health Service (MNHHS) events and the Koobara Kindy event.

Our team also engages with community neighbourhood centres in the New Farm, Sandgate and Lawton areas to reach target populations.

Education

The ISHT offers and provides culturally appropriate education programs in a culturally safe place to small groups or one on one to youth in the northern catchment youth services

- Arana Hills (North West Aboriginal and Islander Community Association-NWAICA)
- Morayfield (Kids Youth Community-KYC)
- Caboolture
- PCYC (Caboolture)

Access to treatment

Our service provides guidance and support to young Aboriginal and Torres Strait Islander people who test positive to bacterial STIs. We support with appointments (both new and rescheduling); we also offer transportation to meet these appointments for regular concerns and check-ups.

Sexual Health Services include:

- Biala
- Redcliffe
- Caboolture
- Aboriginal Medical Services (regarding sexual health) in the Metro North catchment.

Prevention activities

The sexual health team works hard in trying to reduce the cases of STIs, HIV and Viral Hepatitis through regular education, condom distribution and participating in health promotion events in the Metro North Catchment areas.

Art program offers a therapeutic path to healing

One of our success stories is the Art program that we provide for residents in the Northern catchment area of Brisbane (Aspley), which promotes good health and wellbeing.

The ISHT is utilising art as a therapeutic path to heal for the residents on Brisbane's north side.

The art workshop was launched in June 2015 and there are a number of people taking part regularly in the program.

The program incorporates multicultural awareness, togetherness and promotes calmness for community members.

Our team uses the art workshop as a therapeutic vehicle in providing and promoting relaxation, creative arts, communication, learning and development, building self-esteem and social interactions within the community.

Indigenous Strategic Development Team

with Manager, Isaac Simon

The Indigenous Strategic Development team has been working on a number of landmark events over the past few months including Reconciliation Week and NAIDOC Week. Each of these events promote the importance of upholding Aboriginal and Torres Strait Islander culture and bridging the gap between Indigenous and non-Indigenous Australians.

Identification and knowing our heritage is an integral part of our role at Metro North Hospital and Health Service.

Our Cultural Capability Officers are extremely passionate about our culture and are more than happy to go out of their way to ensure equality is reflected in the workplace.

We understand we have a long way to go, but we are constantly striving to educate and provide positive initiatives that are inclusive of all Australians.

With this in mind, over the coming months we will be working within Community, Indigenous and Subacute Services (CISS) to promote diversity and understanding of Indigenous culture within the workplace.

Our Identification campaign is at the core of this - to encourage our staff to ask the question and for our clients to speak up and identify as Aboriginal and or Torres Strait Islander when accessing our health services.



Isaac Simon

I encourage you to learn more about our campaign by watching our staff talk about why it is important to identify and why they are proud to identify:

www.health.qld.gov.au/metronorth/atsi



Name the Effort Tracker Application

The A&TSIHU is calling for submissions to name the 'Effort Tracker' Application.

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.

The data will be used to inform service provision, resource allocation and policy development and to enable comparisons with non-Indigenous outcomes.

You can have the chance to be part of naming the groundbreaking health care application by submitting your ideas to: A_TSIHU_MNHHS@health.qld.gov.au



The Wagga Dancers.



The Guruman Dancers.

OUT&ABOUT

NAIDOC Week 2016

The Prince Charles Hospital

A warm winter's day kicked off the NAIDOC Week celebrations across Metro North Hospital and Health Service.

Uncle Alex Davidson delivered the Welcome to Country address and TPCH Executive Director, Anthony Williams, officially opened the celebrations.

Anthony told guests Indigenous staff at the hospital played an integral role in closing the gap, reducing chronic disease and improving the health outcomes for Indigenous Australians.

"Here at Prince Charles Hospital we are proud to work alongside our Aboriginal and Torres Strait Islander colleagues to care for our patients during their most vulnerable moments.

"Just this year alone, our Indigenous Hospital Liaison Officers – Mark and Aleacha – supported 650 patients.

"Their job is to not only provide cultural support and advocacy, they are here to make sure the patients family and support network are also OK," Anthony said.

Aboriginal dancers The Guruman and Torres Strait Islander dance group The Wagga entertained staff and patients.

The art workshop and storytelling was popular amongst the younger guests.



Winners of the raffle - A&TSIHU Sexual Health Worker Melanie Kielly won an Emu Egg, TPCH Deputy Director of Physiotherapy Christine Colavitti won a painting and Sue Harwood from Remserv won an Identification T-shirt.



MNHS Board Member Philip Davies and TPCH Executive Director Anthony Williams with members of The Wagga dance crew.

The Royal Brisbane and Women's

Celebrations were held inside the auditorium this year.

The RBWH Indigenous Liaison Officers, Bernadette Bird, Tyler Lea and Patricia Kennedy, had the opportunity to meet with consumers and discuss their services.



Nunukul Yuggera Traditional Cultural Performance with Aarron Martin on didgeridoo as Shannon Ruska delivers a Welcome to Country to the crowd.

Students from Lady Ramsey Child Care Centre took part in the cultural workshops, learning about Aboriginal and Torres Strait Islander songs and storytelling.

The Indigenous dancers from Morton Bay and The Wagga were a highlight for guests, along with a traditional BBQ featuring emu, crocodile and kangaroo sausages.



Children from Lady Ramsey childcare centre learn traditional Torres Strait Islander songs.

Redcliffe Hospital

Uncle Peter Bird performed the welcome to country and discussed the significance of Redcliffe Hospital as a traditional healing place for his people.

He thanked the Hospital Executive and Board for celebrating NAIDOC Week and highlighted the importance of modern medicine for Aboriginal and Torres Strait Islander people.

Hospital staff took part in the mural by placing their handprints on a canvas that will be framed and displayed at the hospital.



Hospital staff take part in the wall mural



Aunt Gwenda Stanley takes timeout from story telling to pose with Indigenous Community Liaison Worker Delma Dorman (left) and Indigenous Hospital Liaison Officer Stella Laidlaw (right).

Brighton Health Campus

Held on the health campus grounds beside the Brighton foreshore, the family fun day featured traditional dancing, storytelling and artefacts.

Local Elder Aunty Ruth Hegarty performed the Welcome the Country and Uncle Thomas from the Torres Strait Islands welcomed guests on behalf of his community. MNHHS Board Members Mike Gilmour and Professor Helen Edwards OAM and Deagon Ward Councillor Jared Cassidy attended the event.

CISS Executive Director, Chris Seiboth, thanked the Aboriginal and Torres Strait Islander Health Unit for providing the opportunity to celebrate NAIDOC Week.

Chris, along with other CISS Executive members, patients and members of the community were eager to take part in the “Taba Naba” song performed by the Torres Strait Islander dance crew.

The sit-down dance was performed in Meriam Mir, the language of the Torres Strait Islanders.



Keriba Mabaigal Women’s Dance Group members Mary Rose, Maryann and Ernestine with Uncle Thomas and Uncle George and Gannet House resident Elsie who hails from Hammond Island as do Mary Rose and Ernestine.



Staff, patients and the Executive took part in the “Taba Naba” dance.



Back centre L-R: MNHHS Board Member Mike Gilmour, Deagon Ward Councillor Jared Cassidy, Professor Helen Edwards OAM, CISS Executive Director Chris Seiboth, A&TSIHU Acting Director Paul Drahm and Aunty Ruth Hegarty (centre front) with the dance crews.

Caboolture Hospital

Patients at Caboolture Hospital had a special surprise during the NAIDOC week celebration, with Queensland Reds Anthony Fainga’a visiting the Paediatric Ward, Allied Health Reception, Emergency Department and Mental Health Ward.

“I know for Torres Strait and Indigenous people, they see the hospital as a bad place to come...I’m purely here to say that this is a safe place and is a good place for them to stay. I’ve had so many injuries and it is a good place to be, and the nursing staff, the people here, are all here to help,” Anthony told guests.

He also spent some time with Aboriginal students from the Caboolture Health Care Academy Trial.



L-R: A&TSIHU’s Phil Ahmat with Caboolture Executive Director Lance Le Ray and MNHHS Board Member Kim Forrester take part in the traditional dancing.

Below: Anthony Fainga’a with members of the Deadly Maarders dance crew.



Koobara

Close to 3000 community members attended the NAIDOC Community Family Fun Day held at Taigum on July 7 2016.

A&TSIHU's Patricia Kennedy sits on the Northside NAIDOC Committee representing Qld Health in the planning stages of the event. The Acute and Primary Health Care team also took part in the event.

The free event, held on the grounds of Koobara Kindy, featured a didgeridoo competition, Aboriginal and Torres Strait Islander Dancing and plenty of games and activities for the young children.



A&TSIHU's Erica Girvan, Pam Lenoy and Andrew Williams at NAIDOC Koobara.

Kilcoy Hospital

More than 300 school students descended on the Kilcoy Hospital grounds to learn about Aboriginal and Torres Strait Islander culture.

The students from Mount Kilcoy State School, Kilcoy State High School, Kilcoy State School and Sundale Child Care Centre, enjoyed face painting, art workshops and traditional dancing.

Aunty Jacque Kina and her daughter Courtney provided the Welcome to Country, with MNHHS Board Member Bonny Barry attending the celebrations.



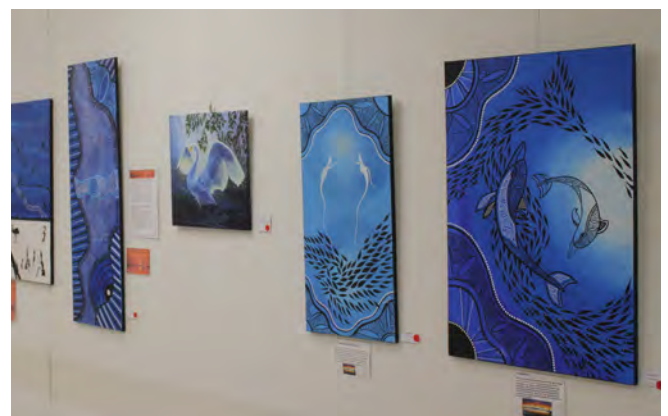
Above: Deadly Maarders dance crew.



Left: Tracy Heaydon face painting the students.

Royal Brisbane and Women's Hospital Market Day

The Royal Brisbane and Women's Hospital hosted the annual Reconciliation Week Market Day. The event featured stalls selling various traditional and contemporary Aboriginal and Torres Strait Islander arts and crafts.



Patricia Kennedy Team Leader mixes with Centrelink staff Janelle Green and Louis Mitchell at the recent RBWH Reconciliation Week Market Day.



Aboriginal artist Jared Coolwell displays his artwork

Reconciliation Shield – CISS All Stars vs Indigenous Touch Footy Day

To commemorate National Reconciliation Week (27 May – 3 June), Community, Indigenous and Subacute services (CISS) held a Reconciliation Shield Touch Footy Game and BBQ at Brighton Health Campus.

The Aboriginal and Torres Strait Islander Health Unit won the match with the final score 10-15.

The game celebrated the importance of Reconciliation Week and was part of the CISS 'Let's Get PhyCISSical' campaign encouraging staff health and wellbeing.



Cardiac program reaches remote communities

Metro North's Indigenous Cardiac Outreach Program has been delivering services to communities like Doomadgee, Karumba and others in country Queensland for more than 10 years.

Operating out of The Prince Charles Hospital, and working in partnership with CheckUP, the team has visited Doomadgee four times this financial year and Karumba once. It has also been to Mornington Island.

The team recently visited Winton, Longreach, Barcaldine, Isisford and Tambo in the Central West.

Indigenous Cardiac Outreach State Manager Rohan Corpus said while the service targeted Aboriginal and Torres Strait Islander patients, it could also see non-Indigenous patients in remote areas where there were no other options.

So far this financial year, the team already has delivered more than 700 occasions of services to patients in country areas.

Each outreach team comprises a specialist cardiologist, cardiac scientists, sonographer, nurses and health workers.

As well as seeing the cardiologist for consultation, review or follow-up; patients attending the outreach clinics are able to have specialised tests like echocardiograms and electrocardiograms.



Doomadgee Aboriginal Community Health Team Leader Aunty Anne O'Keefe and Prince Charles Hospital Cardiac Scientist Amy Secomb at Doomadgee and Aboriginal Community Health.

The team also is able to do a variety of on-the-spot blood tests, the results of which are available immediately, without having to send them away to a laboratory for analysis.

If necessary, patients can be referred to a major hospital for further treatment.

IN THE NEWS

Using art to encourage Indigenous people to manage respiratory problems

By pairing artwork with medical devices, one physiotherapist is hoping to inspire Indigenous people to better manage respiratory health conditions. With the death rate for chronic lower respiratory disease three times higher for Aboriginal and Torres Strait Islander people than the general population, Kamilaroi woman Kathryn Potter was inspired to bridge this gap. <http://www.abc.net.au/news/2016-07-10/using-artwork-to-connect-indigenous-people-with-health-care/7580550>

Aboriginal health officers working to make doctor's visits easier

Visiting a doctor can be a difficult task for some Indigenous Australians but some health workers are trying to make it easier. "Some of them rely on medicines from the bush I think and it is hard for them to come into the mainstream places to get white man's medicine," explained Andrea Mitchell, a Larrakia woman from Darwin. <http://www.abc.net.au/news/2016-07-04/visiting-a-doctor-can-be-uncomfortable--for-indigenous-people/7567272>

Indigenous women handed mental health boost to assist pregnancy, motherhood

A digitised mental health screening program which aims to assess the social and emotional wellbeing of pregnant Aboriginal women is to be piloted in Western Australia. The program, called 'Baby Coming - You Ready?', invites expectant parents to choose images they strongly connect with from a series of illustrations, to help identify areas of support they may need and to flag mental health issues. <http://www.abc.net.au/news/2016-06-12/pregnant-aboriginal-women-mental-health-screening-tool-piloted/7502504>

Running for health and for fun

Students from the remote community of Amata in northern South Australia have been running for their health and for fun. The Indigenous Marathon Foundation (IMF) hosted the Deadly Fun Run as part of a series of events in remote communities to encourage healthy lifestyles and physical activity. <http://www.indigenous.gov.au/news-and-media/stories/running-health-and-fun>

Fighting blindness and obesity through fitness: Aboriginal man turns adversity into achievement

Overcoming a degenerative eye condition and weight problems were the catalyst for Aboriginal man Wayne Wright of Orange in central west New South Wales to start a major life turnaround. Mr Wright's life is now healthier, he has taken up and received accolades for further education and has become a role model and mentor to others. <http://www.abc.net.au/news/2016-05-31/fighting-blindness-through-fitness-aboriginal-man-turn-adversity/7463744>

Indigenous health: Queensland's gulf in cancer survival rates fails to improve

The gulf in cancer survival rates between Indigenous and non-Indigenous patients in Queensland has not changed from two decades ago, despite improvements for both groups, according to new research. A study tracking survival rates five years after diagnosis from 1997 through to 2012 found little evidence of that gap closing, even with 10% more Indigenous patients likely to survive by the end of that period. <http://www.theguardian.com/australia-news/2016/jun/06/indigenous-health-queenslands-gulf-in-cancer-survival-rates-fails-to-improve>

Creative solutions needed to help remote Indigenous men access sexual health tests

Men's health days at football clubs and culturally appropriate education could help more remote Indigenous men access sexual health tests, according to a Northern Territory researcher. Associate Professor Suzanne Belton from Charles Darwin University and a team of researchers found men in an unidentified remote Indigenous community were much less likely than women to turn up for sexual health screening and testing. <http://www.abc.net.au/news/2016-05-16/barriers-for-male-sti-treatment-in-indigenous-communities/7417350>

Indigenous health: Aboriginal and Torres Strait Islander smoking rate drops

For the first time the rate of smoking among Aboriginal and Torres Strait Islander people has dropped below 40% and a third of those who have previously smoked have now successfully quit, new data shows. However, the rate remains much higher than non-Indigenous Australians and it is unlikely the gap will close any time soon. <http://www.theguardian.com/australia-news/2016/apr/28/indigenous-health-aboriginal-and-torres-strait-islander-smoking-rate-drops-below-40>

Queensland syphilis cases on the rise, especially amongst Indigenous youth and gay men

The sharp increase in syphilis cases seen in Queensland in 2015 has continued its trend, with Indigenous youth over-represented in infection statistics, Queensland. There were 238 recorded cases in the first quarter of this year, an increase of more than 20 per cent on the same period last year. <http://www.abc.net.au/news/2016-04-28/spike-in-syphilis-cases-queensland-indigenous-youth-and-gay-men/7365106>

World's largest study into Indigenous health finds location doesn't determine disadvantage

The world's biggest study on the health and wellbeing of Indigenous people has found that living in a richer country doesn't give Indigenous people an advantage. The study of more than 150 million Indigenous people in 23 countries was published in the Lancet today. It's found that the gap in life expectancy of Indigenous people in Australia is on par with Indigenous people in Cameroon. <http://www.abc.net.au/pm/content/2016/54447721.htm>



Kim's passion for community

Kim Wedel has enjoyed a rewarding career with Queensland Health and has now added another milestone to her journey, this month completing a Diploma in Aboriginal and Torres Strait Islander Primary Healthcare.

Kim first started working with Queensland Health 16 years ago after volunteering one day a week at Rosemount. At the time, she worked with A&TSIHU's Indigenous Hospital Liaison Team Leader Patricia Kennedy.

"I was at the right place at the right time as I was offered 3 months work. This turned into another 9-month placement. I loved the clinical role and enjoyed working in child health."

After finishing the 12-month secondment, Kim worked at Yelanghi Preschool and Kindergarten Association as a community development officer. The grassroots role allowed her to build relationships and respect within the community and make a real difference for Indigenous students at the preschool.

"A lot of the students attended the preschool as part of a domestic violence funded initiative. I worked with the kids to manage their health, social and emotional wellbeing. I was able to link them in with dental, hearing, GP's and paediatricians.

"I also gathered donations from local schools for school packs which included lunch boxes, pencils, water bottles and shoes."

Kim returned to Queensland Health five years later as a Clinical Health Worker.

"Coming back to Queensland Health reignited my passion for working with our Mob. I connected back with other Murri's and I found that lost part of my soul that I could never fill."

She worked with the Acute and Primary Care team at Brighton, Chermside and Nundah.

"Our antenatal and postnatal service grew so much we were seeing up to 15 mums a day. I worked closely with the paediatrician and was able to learn so much, particularly about Autism and ADHD.

"I also enjoyed home visits and building relationships with the families. One day I walked into a room and realised I had cared for 5 generations in the same family.



"This is what makes me humble, building the relationships with community and walking with them through their healthcare journey. I'm pleased over the years we have been closing the gap in some areas."

IN FOCUS

Identification: It's your right to a healthier life

MNHS Aboriginal and Torres Strait Islander Health Unit Director Angela Scotney said the latest figures show the average life expectancy gap between Indigenous and Non-Indigenous people within the Metro North catchment was improving.

"The average life expectancy at birth for Indigenous people of Metro North HHS was 77.1 years and for non-indigenous people was 85.3 years, which is now a 8.2 year gap. This is compared to the rest of Queensland with the gap at 10.4 years for males and 8.9 years for females.

"While our figures show an improvement, it is still important that we do not become complacent and identify that there is still a significant gap and more hard work is needed to close the gap."

She said the Accurate Indigenous Identification campaign would support the measurements of the Indigenous health status and the effectiveness of intervention programs.

"Identification is a topic especially close to my heart as our people suffer with many complicated conditions and quite often have several conditions at the one time.

"By identifying as Indigenous the clinician can be aware of these issues and screen for other conditions where there is a high prevalence. Holistic health care is so important and you cannot just treat a person with one condition when there can be many."

Cultural Capability Officer Elwyn Henaway said it was important to tick the box to say you are of Aboriginal and/or Torres Strait Islander descent to receive the appropriate care.

"Identification is important for me as chronic disease now accounts for 30 per cent of Indigenous death rates. Chronic disease runs in my family and I have to make sure we get the screenings to check my children.

"By identifying, our mob has improved individual care through culturally capable health service delivery, and through referrals and linkages to services specifically for Aboriginal and Torres Strait Islander people."

Elwyn Henaway with his daughter Ruby (left) and wife Alexia (right) supporting the Identification Campaign.





A Day in the Life of Delma Dorman

1. What does your role involve?

My role involves working with Aboriginal and Torres Strait Islander people from 18 onwards who suffer from chronic disease by assisting with transport to appointments, providing cultural support, advocating on their behalf, linking them to other Indigenous services, as well as mainstream services.

On an average day we can see up to five patients and assist with their appointments to allied health workers, specialists, social workers, hospital appointments and GPs. All of our clients are in the Metro North catchment from the Brisbane River up to Kilcoy.

Our relationship with our clients is very strong. They know us by name, by face and by nature.

2. How did you start working in Indigenous Health?

I completed my Certificate in Primary Healthcare. This qualification is vital in my role today, as we need to have an understanding of our people's health needs and the ability to work closely with other health professionals.

I applied for a job with Queensland Health when I was halfway through studying a Bachelor in Health Science. I withdrew from my studies as the opportunity provided to good to be true and I was able to follow my passion of working in Indigenous health.

I hope to go back and finish my studies in the future.

3. Why did you want to work with Aboriginal and Torres Strait Islander people?

My Mob. My passion is my Mob.

We've had such a major shift in the health issues we face today. If you can't take care of your people and your family, who else is going to take care of them? Sometimes it's the family taking care of the sick person, but who takes care of the family? It's a ripple effect.

I worked in child health for a number of years. My role was in hearing health, child health and working with the mum's and dad's to make sure they were OK and how they were coping with bringing a new baby home.

I went into schools to do hearing tests on Aboriginal and Torres Strait Islander children from Prep until year 7. I would then make sure the family accessed the audiologist if required.

Prior to this I was working as a Registered Trainer to provide training for our people who wanted to obtain a Certificate IV in Primary Healthcare. This was probably why I fell into it, because I was always training those in the role.

4. What are some of the highlights in your role?

I know I've done my job if I've helped one client. You can't fix all health problems, but if I've helped them achieve what they wanted and to provide a service they thought was important, that's all that matters. It could be something simple like organising a food hamper on a minutes notice. For us it's something so simple, but it really makes a difference. It also gives you that warm and fuzzy feeling!

5. You are involved in a lot of community engagement programs including at the local schools, what are some of the major health issues facing Indigenous youth?

It's providing health education and promotion to our Indigenous youth. The Murri Heart program has been around a long time. I don't think kids are aware of their bodies until they are actually shown. They start to become more aware and conscious of their eating habits. I've also found this generation is not shame to ask questions or to participate in activities.

They take in a lot from their grandparents who may suffer from chronic disease and what's going on at home and whom they're related to. Now, they are able to put the pieces together and begin to relate how the heart works, what is a heart bypass or a stent. It's all these terminologies they've heard but never seen before.

I've also worked with other health programs. I delivered education to kindergarten students aged up to five. It was fun, interactive and taught them the correct way to blow their nose. I delivered this to schools during March in preparation for the winter season.

6. What are your goals within the Acute and Primary care team over the next 12 months?

If I don't finish my studies, I would like to obtain a Diploma in Primary Healthcare Practitioner. I believe the Diploma will give me a stepping-stone and recognition to myself, my colleagues and other health professionals.

I hear it a lot from other health professionals; we are vital to our people and our community. I like to hear that, as sometimes it can be a barrier as we are justifying our role. I find we are working from the ground - the frontline. Some health professionals are so supportive of our role and they find us an important link, as important as the service they're providing.



7. Tell me about your family history and where you come from?

I'm very fortunate to have two backgrounds – Aboriginal and South Sea Islander.

I was born in Rockhampton. My grandfather, an Aboriginal man, married a South Sea Islander woman and on my dad's side, an Aboriginal woman married a South Sea Islander man. Rockhampton is known for its South Sea Islander community.

For Aboriginal, I classify myself as Darumbal people in Rockhampton. That's where my mum and dad raised me. I also have cultural links for my Grandfather who is a Yankunytjatjara (pronounced *Young-kun-jarrah*) Pitjantjatjara (pronounced *pigeon-jarrah*) man from Central South Australia. He walked from South Australia at 14; he worked at a Station and told his Brother one day he was leaving and not returning to his community. I now understand why as there was nuclear bombings in the area. It was not something he wanted to return to, as it was dangerous. He walked all the way from South Australia to Rockhampton in Central Queensland. He met my Nan and the rest is history.

Looking at his life then, he was not a man to sit still. Walk-about was very common for him. He would come and go and we knew he was OK. He would be all dressed up and well groomed; it would be the only clothes on his back until he came home. We knew he was happiest when he was walk-about.

My mum comes from a family of ten and my dad comes from a family of three. I have two sisters.

My grandmother, 93, is still alive and I return home at least three times a year to see her and my family. My Aunty is her carer. My mum and dad live in Brisbane, I have a son who lives on the Sunshine Coast and an 8-month old Granddaughter.

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

I go to the gym with my partner in crime Tracy Grant (A&TSIHU's Safety & Quality Manager). We do egg each other on. I go 4-5 times a week. It's more of a healthy lifestyle choice for me because of the field I work in; I need to practice what I preach.

I like to spend time with my family, go shopping and attend social gatherings. I also like to watch the footy; my favourite team is the Rabbitohs. I like to travel and go up to the South Sea Islands every few years.

UPCOMING EVENTS

September

7 September: Indigenous Literacy Day

Indigenous Literacy Day aims to help raise funds to raise literacy levels and improve the lives and opportunities of Indigenous Australians living in remote and isolated regions. We need your support to help raise funds to buy books and literacy resources for children in these communities.

WORD OF THE MONTH:

Gunnin Gunnin

Used by Aboriginal mobs throughout Queensland, which is a sympathy word or can be used to emphasize a point in conversation.

Example:

When seeing someone trying to sing at a Murrioke event you would say 'Oh this fulla trying to sing Gunnin Gunnin'

CULTURAL MESSAGE: SONGLINES

Songlines – The living narrative of our nation was the theme for 2016 NAIDOC Week celebrations.

For Aboriginal and Torres Strait Islander people, the Dreamtime describes a time when the earth, people, and animals were created by ancestral spiritual beings. They created the rivers, lakes, plants, land formations and living creatures. Dreaming tracks are sometimes called 'Songlines' which record the travels of these ancestral spirits who 'sung' the land into life.

Aboriginal and Torres Strait Islander people used Songlines to navigate vast distances and map oceans, waterholes, rivers, birds, animals, plants and hunting grounds.

The paths of Songlines are recorded in traditional arts, crafts, dance, songs and stories.

RECIPE

Recipe: Smoked Eel Patties



INGREDIENTS

- 1 smoked eel
- 1 cooked sweet potato
- 1 teaspoon of lemon myrtle
- Chopped desert lime
- 1 egg, separated
- 1 teaspoon of
- Mountain Pepper
- 1 hand full of chopped dill
- 2 teaspoons of cornflour
- 1 tablespoon of olive oil

1. Skin and debone the eel and break up the meat into a bowl.
2. Add the cooked sweet potato and mash together.
3. Add lemon myrtle, desert lime, egg yolk, mountain pepper, dill and corn flour, mix thoroughly.
4. Roll the mix into small balls and flatten out to form patties then dust with a little cornflour.
5. Heat frying pan with a little oil and fry off patties until golden brown, remove from pan and drain on greaseproof paper.

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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 or phone (07) 3139 3235.



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