

# Talk-About

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

September / October 2016

Metro North Hospital and Health Service *Putting people first*

## Sharing our Culture with the World



Elwyn Henaway (far right) with members of The Guruman.

Metro North Hospital and Health Service Cultural Capability Officer Elwyn Henaway recently travelled to Los Angeles in the USA with his dance troupe, The Guruman (named after the Butchella word for Kangaroo), as part of the annual Australia Zoo fundraising gala with the Irwin family.

He rubbed shoulders with Terri Irwin, Olivia Newton John and other celebrities in a trip he described as a great opportunity for culture sharing.

“We had a 6-minute segment on stage performing traditional songs and dance to an audience of 200 people (mostly Americans). We told them stories about our role in conservation and preservation through our traditional customs including hunting and gathering,” Elwyn said.

“We even managed to encourage Robert Irwin to join us on stage for a performance.



On the red carpet in LA.

He was awesome performing as a crocodile and he really touched my heart with his enthusiasm and willingness to join in.”

This isn't the first time Elwyn has travelled overseas playing the didgeridoo. He performed at the Vatican in Rome for the canonisation of our first saint, Mary MacKillop, and in Thailand as part of the UN convention on Indigenous Peoples.



The Guruman with Terry Irwin (top) and Olivia Newton-John.

In October, he will spend 11 days in Glasgow as part of the National Theatre of Scotland ‘Home Away Theatre Beyond Borders’ showcase, performing a one hour theatre show, Gynyal Scar, with 8 fellow Indigenous performers.

“Gynyal Scar explores the cultural practice, identity and dreaming of contemporary urban Aboriginal Australia. It’s a journey through traditional and contemporary dance and language, crafted into a beautiful explosion of life, culture and the ever-beckoning cry of the old people for the next generation to listen to the stories that make them who they are,” Elwyn said.

He also maintains strong local community connections, performing at this year’s EKKA Show each night at the Main Arena and working with schools and community groups in Zillmere.

# 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
Patricia Kennedy	Ph: 3647 9535
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
<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 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
<b>Indigenous Acute and Primary Care Team</b>	
Manager: Robyn Chilcott	Ph: 3492 1823
<b>Sexual Health Team</b>	
Manager: Robyn Chilcott	Ph: 3492 1823
<b>Indigenous Strategic Development Team</b>	
Manager: Isaac Simon	Ph: 3139 4117 or email <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

It's been a busy few months across our service and I am very appreciative of all your efforts to support each other and manage the winter peak. The flu season has placed additional pressure on Metro North hospitals, flowing on to our subacute services.

Thank you to everyone who has made extra effort to cover our colleagues who are unwell and for your continued commitment to caring for our patients.

Members of the CISS Executive Team recently held a planning session to consider our priorities for the short and long term future.

As part of this, we identified opportunities for the A&TSIHU to work more closely with other CISS services to continue to work towards improving Indigenous health outcomes. I hope to be able to share some of these ideas with you soon.

It was great to have the A&TSIHU team well represented at our Healthy Ageing Expo at Brighton last month. It was an incredible day; the atmosphere was buzzing and the feedback has been overwhelmingly positive.

More than 400 people came along, which shows how important the campus is to the community and the need for them to be involved in shaping its future.

A huge thank you to everyone who contributed to planning the event and to those who helped out on the day.

As always, I welcome innovative and practical suggestions to improve our services. Please feel free to contact me via [CISS-Communications@health.qld.gov.au](mailto:CISS-Communications@health.qld.gov.au)

**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

Indigenous leadership is something we are very proud of at Metro North Hospital and Health Service (MNHHS). We have a strong team of men and women within the Aboriginal and Torres Strait Islander Health Unit who provide cultural advocacy and support to patients and consumers right across Queensland.

If we are to ever close the gap on health expectancy between our Indigenous and Non-Indigenous Australians, we need more of our mob as leaders within the health field, be it doctors, social workers, specialists and executive directors. Indigenous leadership goes beyond the realm of our own Health Unit and we are focused on creating more inclusion across all of our facilities and services.

Over the next few months, the A&TSIHU will be working on a new Cultural Leadership Program and Framework across Community, Indigenous and Subacute Services (CISS). This will further support Indigenous input into CISS Service delivery and our cultural framework is established within Safety and Quality committees across all of our Hospitals.

A core element of the Cultural Leadership Program will involve launching our own CISS Reconciliation Action Plan (RAP). The RAP will form part of our public commitment to undertake practical actions within the health field to contribute to reconciliation in Australia.

Our RAP will outline our actions to build strong relationships and enhanced respect between Aboriginal and Torres Strait Islander peoples and other Australians. In particular, we hope to build more opportunities for our Indigenous workforce and to contribute to enhanced partnerships to help close the gap on life expectancy outcomes.

We are currently recruiting for a Project Officer to join our team with experience in RAP's and to work closely with CISS Manager of Community and Strategic Partnerships, Danielle Grant-Cross. I've already had the opportunity to meet with Danielle who developed a successful RAP for Medicare Local in South Australia. She is passionate about creating improved health outcomes for Aboriginal and Torres Strait Islander peoples in Metro North and particularly to create more health awareness amongst our youth. The Executive Director of CISS, Chris Seiboth will lead the CISS RAP as the sponsor and I will undertake the role as the RAP Owner. I look forward to working with Chris, Danielle, CISS Executive, staff and other stakeholders over the next few months as part of our RAP consultation.

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

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## Safety and Quality with Tracy Grant

### TPCH – Patient Experience

The Prince Charles Hospital Safety and Quality, is running a Patient Experience Trial Survey similar to the Survey at the Royal Brisbane and Women's Hospital, and would like to engage with Aboriginal and Torres Strait Islander patients via the Indigenous Hospital Services.

Our Indigenous Hospital Liaison Officers and Improving the Patient Journey team will be contacting patients to encourage participation and to help us reach the quota for 30 responses for "Inpatient" Current and "Outpatient" Recent Admission.

### Accurate Indigenous Identification Campaign

There's been a huge response for the Online and Paper based Survey for the "Accurate Indigenous Identification Campaign" driven by the workforce of service providers within the A&TSI Health Unit.

**The survey will close on Friday, 30 September 2016.**

If you have not completed a survey please go to our website at <https://www.health.qld.gov.au/metronorth/atsti/default.asp> or speak with the Indigenous Hospital Liaison services based in the Hospitals or the Adult Acute and Primary Care Team based at Pine Rivers Community Health Centre. If you participate in the Survey you will go into the draw to receive an Identification T-Shirt, one survey per person.

### Safety and Quality Updates

Over the past two months our Management staff have attended training in regards to National Safety and Quality Standards. We have also been working hard to ensure our representation on relevant Committees in the Hospitals and developing a working partnership within the Community, Indigenous and Subacute Services Safety and Quality team.

Stakeholder engagement over the next few months will include joint coordination for Aboriginal and Torres Strait Islander Community Organisations for Cultural Consultation for Gap in Service Analysis. I was also pleased to attend the National Aboriginal and Torres Strait Islander Health Workers Association Forum in Rockhampton for Scope of Practice for our Health Workers.




## ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- ✓ Staff please always ask.
- ✓ You need to ask everyone!
- ✓ You cannot rely on appearance.
- ✓ The only sure way to find out is to ask.
- ✓ Please help us to improve the health of Aboriginal and Torres Strait Islander Queenslanders.

# Indigenous Acute and Primary Care Team

with Manager, Robyn Chilcott



Our team was pleased to take part in the Healthy Aging Expo at Brighton Campus by holding an information stall on Friday 19 August 2016.

Healthy aging is a hot topic. Whether you're concerned about chronic diseases or other risks both physically, emotionally or mentally, the key to healthy aging is a healthy lifestyle. Eating a variety of nutritious foods, practicing portion control and including physical activity in your daily routine can go a long way toward promoting healthy aging.

Many older people live active and healthy lives. But there's no getting around one thing: as we age, our bodies and minds change. There are things you can do to stay healthy and active as you age: The Healthy aging expo provided a range of displays and information stalls from service providers that work towards supporting older people to live healthy and active lives and manage health conditions with supports to enable independent living where possible.

The Indigenous Acute & Primary Care Team support Aboriginal and Torres Strait Islander people with Chronic Disease to manage their illness and have quality of life. The team work closely with the client in accessing General Practitioner (GP) or IUIH (Community controlled medical services) for Chronic Disease Management (CDM) Plans; and care plans to support their journey throughout the health system. If a client has a chronic (or terminal) medical condition and or have complex care needs and require treatment from two or more other health care providers, the Indigenous Community Liaison Workers may coordinate and provide advocacy between service providers as well as provide supportive access to GP, Specialist or Allied Health services as well as support services for scans, pathology, optometry and dental services as required.

## Chronic medical conditions

A chronic medical condition is one that has been (or is likely to be) present for six months or longer, for example, asthma, cancer, heart disease, diabetes, arthritis and stroke. The GP identifies client health and care needs; and can advise on the services required and lists the actions the client can take to help manage their condition. The Indigenous Community Liaison Workers will follow up on these suggestions with the client and develop care plans to assist client to coordinate appointments and ensure the client is able to access services to work through the actions to manage their health issues in a culturally appropriate way.

For further information, please do not hesitate to call Robyn Chilcott, Manager Indigenous Acute and Primary Care Team and Sexual Health Team on (07) 3492 1823.

# Indigenous Sexual Health Team

with Program Coordinator, Ronald Abala

As part of World Hepatitis Day (28 July 2016), the Indigenous Sexual Health Team organised a display and information table in the main reception area of the Pine Rivers Community Health Centre. There was a broad range of information and resources that covered Hepatitis A, B, and C. Information on new medications and treatments was also displayed with "pocket sized" resources.

Staff (Ronald Abala, Dene Campbell, and Melanie Kielly) from the Indigenous Sexual Health Team, CISS, believe that it's extremely important to promote and raise awareness on Hepatitis amongst the general population and amongst people at high risk of contracting Hepatitis B and C infection. Because early diagnosis and treatment of hepatitis C virus (HCV) infections is crucial to prevent further transmission in high risk groups, also if left undiagnosed and untreated the HCV may result in long term acute and chronic liver disease which also may lead to further complications or even death.

The team also believe that Closing the Gap for Aboriginal and Torres Strait Islander people is a priority with respect to viral hepatitis and new medications and treatments that are available for chronic sufferers. For the Indigenous Sexual Health Team it's about promoting awareness of potential risks, testing, treatment and managing the infection and knowing what culturally appropriate services are available within Metro North Hospital and Health Service and how to access these.



**Promoting awareness and supporting people at risk of viral hepatitis to reduce the risk of infection through recognising those at high risk and promote preventative measures and/or access to screening, treatment and holistic care.**

- 230,000 people in Australia live with chronic hepatitis C
- People with moderate to severe liver disease has doubled in the 10 years
- Liver cancer (many caused by viral hepatitis) is the fastest growing cause of cancer death in Australia
- Less than 2 per cent of affected people receive treatment, especially A&TSI people
- New treatments offer cure rates of more than 90 per cent – shorter treatment time; fewer side effects and less monitoring. This will enhance access to care
- **Know the risks** – Unsafe blood, unsafe injections, and sharing drug-injection equipment can all result in hepatitis infection. Demand safe injections/injecting equipment
- **Vaccinate children** – Approximately 780 000 persons die each year from hepatitis B infection. A safe and effective vaccine can protect from hepatitis B infection for life.

# Indigenous Hospital Services

with Natasha White, Program Manager



It's been a very busy few months, with the alignment of two very important hospital based services, under the one governance structure.

Our Indigenous Hospital Liaison Officers (IHLO's) and Improving the Patient Journey Program (IPJ) have come under the name of Indigenous Hospital Service, if you hear someone talking about Indigenous Hospital Services they are referring to both teams.

Rayna Cowburn has moved very swiftly into the role as the Team Leader for the Indigenous Patient Journey Program and has done a great job in keeping everything together, while we work toward improving the Model of Care for Aboriginal and Torres Strait Islander patients and their families from Regional, Rural and Remote locations.

We'd also like to introduce some new team members to the service:

- Emma Galea joins the team from Ipswich Hospital on a 3-month contract and will be working within our IHLO After Hours team located at RBWH.
- Allison Payne joins the team from Inala Indigenous Health Service on a three-month contact and will be working within our IHLO team located at RBWH.
- Melanie Kielly is a Baradah Gabalburra kaiyu women from Bluff (west of Rockhampton), she has been working within MMNHS Indigenous Sexual Health Program since July 2015. Melanie will join the team at TPCH for a period of five months.

## Service Delivery Boundaries

The Maps below outline the service delivery boundaries for each service within Indigenous Hospital Services.

### Indigenous hospital liaison service

Assist all patients residing within the south east Queensland Inset including New South Wales.

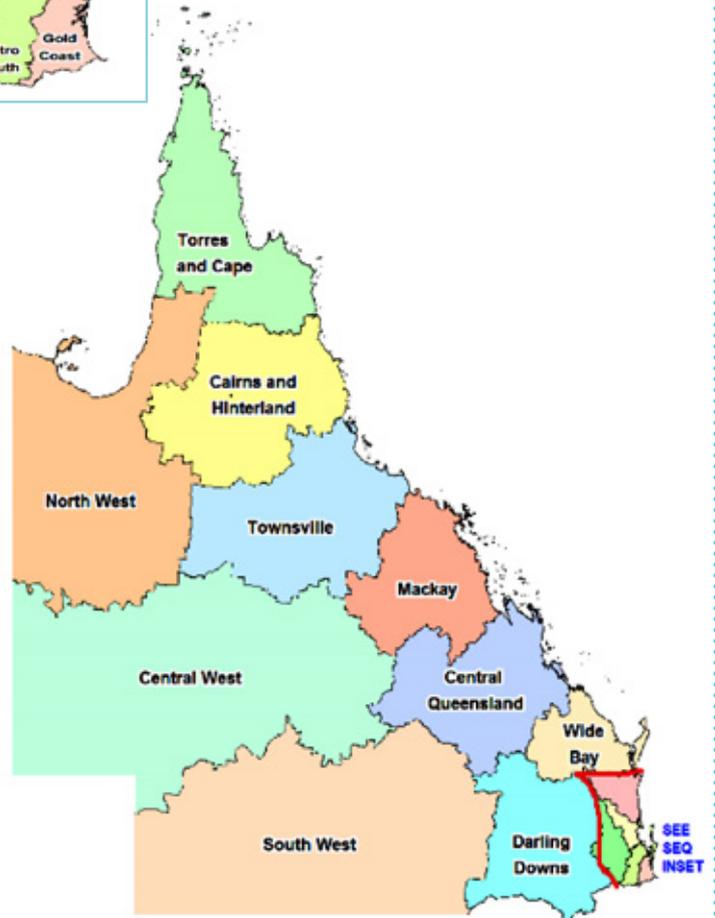
- Metro North HHS
- Metro South HHS
- Gold Coast HHS
- West Moreton HHS
- Sunshine Coast HHS
- Other states:
  - o New South Wales



### Indigenous patient journey

Assist all patients residing outside the south east Queensland inset including patients from other states.

- Darling Downs HHS
- Wide Bay HHS
- Central Queensland HHS
- Mackay HHS
- Central West HHS
- Townsville HHS
- Cairns and Hinterland HHS
- North West HHS
- Torres and Cape
- Other States:
  - o Northern Territory
  - o Western Australia
  - o South Australia
  - o Victoria
  - o Tasmania
  - o Act



# Indigenous Strategic Development Team

with Manager, Isaac Simon

Our team is proud to be a finalist in the annual MNHHS Staff Excellence Awards for the 'Excellence in Training and Education' category. We deliver this through the online Cultural Practice Program, Orientation training and in-service training.

The Cultural Practice Program is a strategy from Queensland Health's overarching Indigenous health policy framework, Making Tracks to Close the Gap in health outcomes for Indigenous Queenslanders by 2033.

On completion of the training, staff have a better understanding of Aboriginal and Torres Strait Islander culture and health, the impact of government policies and practice since colonisation and its link to the current health status of families and communities.

The online program was developed to recognise many of our staff have different needs to the 9-5 working role, with many clinical and non-clinical staff working after hours.

Traditionally staff would undertake the training during an introduction at orientation and a follow-up 4-hour face-to-face course only offered during 9-5 business hours. This meant it was impossible for all MNHHS staff to achieve mandatory status for the Aboriginal and Torres Strait Islander Cultural Practice Program.

The online package was developed so staff could complete the course during their own time and pace and on any device with an Internet connection. Since launching in 2013, the uptake of the course grew from 2,000 participants to now over 10,000 completing the course. Not only has MNHHS staff enjoyed the convenience and interactivity of the online program, external parties have completed the program to increase their knowledge and understanding of Aboriginal and Torres Strait Islander culture and how this applies to healthcare.

The Cultural Capability Officer's have been crucial to the success of the Cultural Practice Program. They have the ability to follow up with staff that have completed the course but may have had trouble on particular topics such as spirituality. This allows them to tailor an in-service with the staff member and work group to further educate them on the areas of need and address any further questions they may have face-to-face.



Throughout the year the Cultural Capability Officer's also organise cultural educational events for staff at hospitals and facilities, including Corroboree Health Day, Close the Gap Day and NAIDOC Week.

I wish them all the best at the Staff Excellence Awards Gala Dinner on the 13th of October and congratulate them already for their success in creating awareness of our Aboriginal and Torres Strait Islander culture within our hospitals and facilities.

# Ngarrama Child Health Project with Program Manager, Kelly Smith



"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.

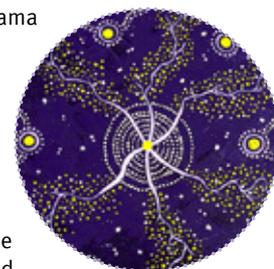
Women who identify as Aboriginal and/or Torres Strait Islander or whose baby will identify are encouraged to engage with the services. Ngarrama Child Health has provided a referral pathway for clients of Ngarrama maternity services with strong links to community services and continuity of care priorities to ensure that children have a healthy start to life.

Ngarrama Child Health's service profile describes a multidisciplinary team which services Aboriginal and Torres Strait Islander families who reside within the Metro North catchment area of Brisbane, including Bribie Island and Caboolture.

The role of Ngarrama Child Health has been to provide culturally competent Child Health Services whilst encompassing a client led, partnership model addressing the unique and universal health requirements of clientele, including health promotion, growth and development, cultural support, social work early intervention, limited hearing screening, social work services and developing linkages to community networks.

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.

On 31 August, Ngarrama Child Health team hosted a Ngarrama Collaborative Day on the Brighton health campus. We invited all staff from the Ngarrama maternity services located at the RBWH, Caboolture and Redcliffe Hospitals.



The day was based on sharing ideas, identifying strengths and ways to improve the services and also identify gaps in services to be able to shape the new model of care offered by the Ngarrama Child Health team. It was a successful day enjoyed by all and the first of more opportunities that each service are able to come together and collaborate to enhance the care we deliver to the Aboriginal and Torres Strait Islander families.

If you have any questions or feedback you would like to give to the project team please email [Indigenoushealthproject@health.qld.gov.au](mailto:Indigenoushealthproject@health.qld.gov.au) or phone 31393232.

## Brighton Healthy Ageing Expo

A Healthy Ageing Expo was held at Brighton Health Campus on Friday, August 19 as part of Senior's Week celebrations.

The expo provided local residents with the opportunity to connect with service providers and community organisations in a social environment. The Aboriginal and Torres Strait Islander Health Unit's Acute and Primary Care Team and Cultural Capability Officer's took part by liaising with residents and providing service details.

CISS Executive Director Chris Seiboth and MNHHS Board Member Associate Professor Cliff Pollard also officially opened the World Café Forum at the health campus.



*Above: Members of the Aboriginal and Torres Strait Islander Health Unit with Local Elder Uncle Alex Davidson, and (inset) local residents and community organisations at the expo. Left: CISS Executive Director Chris Seiboth and Associate Professor Cliff Pollard officially open the new Brighton café. Far left: Council on the Ageing (COTA) Seniors Week Coordinator Lisa Hodgkinson fills in an Identification Survey.*



*Caboolture Indigenous Hospital Liaison Officer, Stella Laidlaw, took part in the first Kilcoy Community Hub last month hosted by Somerset Regional Council.*

## Kilcoy Community Hub

Held outside Prince's Super IGA in Mary Street, the monthly get together allows service providers to engage with the local community.

Caboolture Indigenous Hospital Liaison Officer, Stella Laidlaw, said the hub was a good opportunity for community members to learn about the Metro North Hospital and Health Service Indigenous Hospital Services and how they can help provide cultural advocacy, support and care to Aboriginal and Torres Strait Islander patients.

"I encourage community members to take part by visiting the various stallholders. We have plenty of information available and I'm able to answer any questions regarding our Indigenous Hospital Services."

Stella also visits the Kilcoy Hospital each month as part of an outreach service.

The hub will be held the last Friday of each month from 10-11.30am. For further information, contact Stella Laidlaw on 0438 518 912 or email [stella.laidlaw@health.qld.gov.au](mailto:stella.laidlaw@health.qld.gov.au)



## Cultural Leadership Program

Members of the A&TSIHU gathered together for a 'men's business' day as part of the Cultural Leadership Program. They travelled to Bribie Island to spend the day yarning, enjoying a BBQ, and discussing their roles as male leaders within Metro North Hospital and Health Service.

The event is the first of many as part of the Cultural Leadership Program, with the women to organise their own day over the next few months.

# Indigenous Identification Campaign

The Cultural Capability Officers have been interviewing staff across Metro North HHS as part of the Accurate Indigenous Identification Campaign. They were asked “Why it’s important to identify as Aboriginal and Torres Strait Islander when visiting our hospitals and facilities.”

The Accurate Indigenous Identification campaign aims to raise awareness about the importance of actively identifying as being of Aboriginal and/or Torres Strait Islander descent.

If you are Aboriginal and or Torres Strait Islander you can take part in a survey which will help improve our Close the Gap initiatives and other programs aimed at improving Indigenous health outcomes. All entries will go into the draw to win an Identification t-shirt.

Visit <https://www.health.qld.gov.au/metronorth/atsi/default.asp> or ask one of our Indigenous Hospital Liaison Officers for a copy.



“I’ve got some close friends who are Indigenous and many are leaving us too early. We need to take a more culturally sensitive approach and help bridge the gap between us and the other mobs.”

*Lee Milliken, Nurse, Coinda House Redcliffe*



“It allows us to direct our resources and support to the right communities as a hospital and to make sure the funding we get is supporting our local Indigenous community.”

*Bevan Marks, Facility Services Director, Caboolture Hospital*



“It’s extremely important to identify. From a nursing perspective it’s the only way to identify if there are any specific needs, wants or special care we can provide.”

*Rene Carnes, Palliative Care Prince Charles Hospital*



“I like to help my people feel comfortable when they access our services in the hospital. It identifies who I am but also to be an asset to the health system.”

*Monique Ramsey, Hearing Health Worker*



“Currently there are huge gaps in health care status and life expectancy, therefore we need to see if these gaps are closing between Aboriginal and Torres Strait Islanders and other Australians.”

*Tracy Lee, North Lakes Health Precinct*



“It’s really important to identify so we can figure out the best possible way to look after you, especially to make sure we are respecting any of your traditions and your needs. It’s also really important for the medical staff to know so they can screen for extra health checks.”

*Jasmin Tregal, Relief Nurse*



“It’s important to ask a patient if they are of Aboriginal and or Torres Strait Islander descent so we are able to make them and their family members feel comfortable while they are in hospital by being aware of their culture beliefs. It’s also important so we were able to provide the appropriate care so the patient can heal, recover and return home quickly.”

*Brianna Zelow, Administration Support Officer, Caboolture Hospital*



“It’s very important mothers are asked the question so they feel comfortable identifying as Aboriginal and or Torres Strait Islander so culturally appropriate services such as Ngarrama is offered to their family. It’s also important mothers are asked whether their baby is going to identify as Aboriginal and or Torres Strait Islander so we are able to provide extended services, especially postnatally to reduce some of the risks involved with Indigenous mothers and their babies.”

*Kelly Smith, Program Manager Ngarrama Child Health Project*



“As a social worker it gives us the opportunity to match services you may need within the health system and community that best meets your needs and provides good cultural safety for you.”

*Madeline Mitchell, Social Worker, Ngarrama Child Health Project*



“One of the important things is more of the health concerns than a lot of other people which need to be dealt with. It’s about closing the gap between Indigenous and Non-Indigenous people.”

*David Leach, Child and Youth MHS Clinical Nurse*



“One of my roles at ATODS is dispensing the needle and syringe program. I ask everyone, every day if they identify as Aboriginal and or Torres Strait Islander.”

*Suri Weeks, Administration Support for Mental Health and ATODs*



“We need to know so we can provide services in our health facilities in a culturally appropriate manner.”

*Liz Kidd, Centre Manager, North Lakes Health*



“It’s important for our mob to identify as when they come into hospital it may be a place they’re not familiar with or scared of. There’s people and language they don’t even know so it’s important for them to identify for our people to take care of them, that their pathway is explained to them in their own language and also for cultural sensitivities. They will be able to be referred to an Aboriginal health worker or organisation so they can get the best care possible and their outcomes can be a lot more positive in regards to understanding their language and culture.”

*Debbie Luland, Advanced Health Worker*

## IN FOCUS

### Organ and Tissue Donation: Let’s have the conversation

It’s early on a Monday morning at the Day Unit for Investigations and Therapies (DUI) at The Prince Charles Hospital (TPCH). The room is slowly filling up with patients of all ages. Indigenous Hospital Liaison Officer Mark Budd takes me across to meet Don Williams.

Don is wearing a Deadly Choices T-shirt with black, yellow and red arm bands and his Harley Davidson motorbike helmet sits beside him. Without even speaking I can tell this is a proud man, who is proud of his culture.

A doctor wanders across the room and hands Don an article about a young Derby girl who is about to be the town’s first Aboriginal Doctor. The doctor turns to me and says – “He’s a great man, we have to keep him alive, there is so much work to do.” Don tells me each month he visits the hospital for a transfusion, the doctor will print him off a positive story about Indigenous culture, something he can share back to his community.

Don’s health journey at The Prince Charles Hospital (TPCH) started 11 years ago.

He was admitted to Logan Hospital with Pneumonia and referred to TPCH for respiratory concerns. He was told he needed an urgent lung transplant and on September 18, 2007 he got the call.

“It’s been an up and down journey. At one time I spent four and a half months in hospital. I’m now on over 100 tablets a day and I sleep with a life support machine at night to assist my breathing,” Don said.

“But on the bright side, I’ve been able to spend an extra nine years with my family since the transplant; I’ve been able to walk my daughter down the aisle and to watch my five grandchildren grow as toddlers. Every day is a bonus.”

Don is a proud campaigner for Donate for Life, as are his four children and five grandchildren. He is particularly passionate about helping his mob start the conversation around organ and tissue donation.

He organises a murri ride to raise awareness about organ donation and donates \$20 each month to the TPCH Foundation to help a brother or sister out when they need to go to hospital.

“It’s something as a community we need to talk about. Too many of our mob is fearful of the hospital, fearful of organ donation and having a conversation. I see our body as the vessel, once we are gone so is our soul, our spirit, but if our organs can give another brother, sister, aunty or uncle life, then it’s worth it. We are proud peoples, but it’s ok to accept help,” Don said.

“I speak to different communities about organ and tissue donation, they’ve heard of it in conversation, but never talked about it. Our culture is yarning people, we don’t sit and read books, it’s the stories, pictures and talking that makes an impact.” >>



Don Williams (far left) with Indigenous Hospital Liaison staff Mark Budd (right) and Melanie Kielly (centre) with the artwork which will be displayed at the TPCB hospital foyer.

Don is a proud Aboriginal man who grew up in the Beaudesert area. His Aboriginal mother raised him and his three siblings, travelling to New South Wales for work as a cotton picker.

“She was a strong black woman, who raised us as good adults to work, respect the law and respect our culture. It’s the lessons she taught me in life that has allowed me to be a strong leader in the community, a good husband, father and grandfather to my children,” he said.

Don now spends a lot of his time working with youth and ‘planting the seeds’ for the younger generation.

“We’re proud people, but somewhere along the way our youth are struggling. There is now a reliance on being a ‘gangsta’ like in America, but we need our youth to realise we are the toughest warriors and the longest living culture in the world. It’s all about developing more education in our schools, teaching our children how to shake a leg, about men’s and women’s business and having access to our Elders for support.”

He is involved with an Indigenous Warrior Program with Syl Johns for Indigenous males aged between 15-22 years old, with 80 per cent of participants less likely to reoffend since completing the course.

“We teach them to be proud black warriors, to learn culture, dance, boxing, bush foods, about their totem, and men’s business. We’ve got to steer our kids in the right direction and to know who they are.”

He recently commissioned a young Aboriginal artist to paint a 4m x 4m artwork which will be hung in the entry of the hospital. The idea being to not only leave a legacy once he has gone and to show an appreciation of the service he has received from the doctors, nurses, Indigenous Hospital Liaisons and all the staff over the past 11 years, but to allow other Aboriginal and Torres Strait Islander patients to feel comfortable to access the hospital.

“It’s my contribution to say thank you, to show how proud peoples we are and to say thank you to the Indigenous staff in the hospital and the transplant team. Words aren’t enough, but it’s my contribution that will be there for a long time.

“I was scared when I first came to hospital. I was ashamed and didn’t tick the box to say I was Aboriginal and Torres Strait Islander. Because I’m black I thought there would be the perception that I didn’t deserve a new set of lungs. It wasn’t until 12 months later a doctor prompted the question again that I spoke up and identified. I knew I was in good hands and was confident and comfortable.”

It’s no surprise Don is especially grateful of the nursing staff who sat beside his bed during the tough moments. His wife is a nurse and his late mother went on to be a matron.

“Without the support of my family, I wouldn’t be where I am today. The nurses in ward 1E were also amazing during those four months; they held my hand, talked me through everything and kept my spirits high when I was feeling low.”

He encourages other Aboriginal and Torres Strait Islander patients to speak up and be proud of your identity.

“There’s no shame in being proud of whom you are. Here at TPCB being Indigenous doesn’t make you any different to the person standing next to you. You will get the same medical support and health checks.

“I came here thinking they wouldn’t look after me because I’m a blackfella, but how wrong I was. My journey has been respectful and comfortable.”

Don hopes to continue spreading the message of organ and tissue donation for as long as he can.

“I used to be a fire-fighter and a heavy smoker. I haven’t had a smoke since my new set of lungs. I want people to realise the consequences.

“I fight every day to stay alive. I often get up and talk about how someone saved my life by donating their lungs, what better way to get that second chance of life.”

You can check and update (or register) your details on the Australian Organ Donor Register at [www.donorregister.gov.au](http://www.donorregister.gov.au), call 1800 777 203 or visit any Department of Human Services service centre.



## Meet our Staff: Wendy Lewis

You may have noticed our Indigenous Hospital Liaison Officer, Wendy Lewis, recently star in the MNHHS 'Because We Care' video. The video acknowledges the small moments that make a difference to our patients every day.

Wendy's role at The Royal Brisbane and Women's Hospital is to provide cultural support and advocacy to Aboriginal and Torres Strait Islander patients and their families.

After spending 34 years as a Nurse, Wendy applied for the role as Indigenous Hospital Liaison Officer to assist Aboriginal and Torres Strait Islander patients and their families to feel more at ease within the hospital system.

"I enjoy being there for patients and families and advocating for them when they are dealing with serious medical issues. I make sure their needs are met and they feel comfortable with me and put their trust in me to be there for them and their families."

Wendy was born and raised in Biggenden (a small town west of Bundaberg). Her grandparents were from Cherbourg, the Wakka Wakka tribe.



Member of the Diamonds in the Sky committee with Leroy Loggins

## Diamonds in the Sky – Raising awareness for suicide prevention

The Aboriginal and Torres Strait Islander Health Unit's Safety and Quality Manager, Tracy Grant, recently travelled to Innisfail to take part in the Diamonds in the Sky Suicide Intervention Carnival basketball competition with her two daughters.

The event is held each year to raise awareness in the community about suicide. The competition included an under 18's and men's and women's competition. A separate touch football competition was also held.

Tracy decided to take part in the event after she was personally touched by suicide in her family.

"I recently learned I had a brother who committed suicide in 2010. I never got the chance to meet him," Tracy said.

Since the event started five years ago, there has been a dramatic decrease in suicide rates in the region.

"I was touched by one mother who shared her story. Her daughter committed suicide two years ago. She had what seemed like a normal life – friends, a part time job and good grades. The question is always why?"

"It's so important to raise awareness in the community. Suicide is something that impacts a whole community, we all feel it."



Leroy Loggins with some of the Under 18s players

Tracy said the event provided the opportunity for the whole community to come together.

"It wasn't just for Indigenous people, we had all ages and backgrounds joining in. It was really nice to see and everyone had fun."

Retired professional basketball player, Leroy Loggins was the keynote speaker, sharing his own personal experience about suicide. Former professional rugby league footballer Preston Campbell also attended.

## Cultural Message: Spiritual Healing

The Metro North Hospital and Health Service (MNHHS) Cultural Practice Program discusses the topic of spiritual healing for Aboriginal and Torres Strait Islander people. Spiritual healing is something practiced in the community and a referral must happen through family members to source the healer.

An example of spiritual healing within the health system is practised successfully in South Australia. In the Anangu Pitjintjatjara Yangkunjatjara (APY) lands in northern South Australia, healers work alongside doctors and medical staff in community clinics and hospitals.

The Elders who are working as healers are called Ngangkari, a Pitjantjatjara word that literally means 'traditional healer'. Aboriginal traditional healers are born into the ability through family lines and knowledge passed down through family.

South Australia is the only state in Australia that recognises traditional healers in its Mental Health Act 2009, which says that mental health services for Aboriginal patients can, "when practicable and appropriate, involve collaboration with health workers and traditional healers from their communities".

Other countries including New Zealand recognise spiritual healers, with the NZ Ministry of Health providing spiritual healing through 'karakia' for its Maori population.

The A&TSI Cultural Capability Framework encompasses spiritual healing in the model and you can learn more about the topic as part of the MNHHS Cultural Practice Program - <https://www.sdc.qld.edu.au/courses/206>



# IN THE NEWS

## Calls for better, culturally appropriate health services

Multicultural and indigenous communities are calling for health services to be better tailored to improve the lives of Australians from diverse backgrounds. The report, entitled, "Australia's Health 2016", shows 85 per cent of Australians rate their health as good, very good, or excellent. But health outcomes are generally worse for people in remote areas, and especially for Indigenous Australians. Health care advocates say a one-size-fits-all approach to health care doesn't work.

<http://www.sbs.com.au/news/article/2016/09/14/calls-better-culturally-appropriate-health-services>

## WA Health campaign urges Aboriginal people to 'never share needles'

A NEW campaign by WA Health, to be launched this week, is urging Aboriginal people to "look after your blood" and "never share needles", as hepatitis C in indigenous populations ramps up to a 10-year high. WA Health's communicable disease control director Dr Paul Armstrong said the 10-week campaign was aimed at reducing the rates of HIV and hepatitis C in the Aboriginal population.

<http://www.perthnow.com.au/news/western-australia/wa-health-campaign-urges-aboriginal-people-to-never-share-needles/news-story/6e217ccadad1bba50c80138ff3d46dfb>

## Mixed diagnosis for Aussies' health

Nearly two-thirds of Australians are overweight and half have a chronic disease, a new report says. The mixed diagnosis is delivered in the latest biennial report card on the nation's health released by the Australian Institute of Health and Welfare on Tuesday. Indigenous Australians have lower life expectancies than other Australians, are 3.5 times more likely to have diabetes, five times more likely to have end-stage kidney disease, and twice as likely to have coronary heart disease. The rate for indigenous Australians who died by intentional self-harm or suicide was also more than double that for non indigenous Australians.

<https://www.sbs.com.au/news/article/2016/09/13/mixed-diagnosis-aussies-health>

## Boyer Lectures: Sir Michael Marmot urges Australia to invest in early childhood to close Indigenous health gap

If Australia wants to close the gap between the health of Indigenous and non-Indigenous Australians, the traditional approach of treating disease will not do it, epidemiologist Sir Michael Marmot says. Indigenous life expectancy is 10 years lower than that of the general population. Rates of diabetes are more than three times higher.

<http://www.abc.net.au/news/2016-09-10/boyer-lectures-michael-marmot-early-childhood-closing-gap-health/7830956>

## New online lung cancer learning module for Aboriginal and Torres Strait Islander Health Workers

Cancer Australia has launched Lung Cancer in our Mob: an online learning module for Aboriginal and Torres Strait Islander Health Workers. This online learning module provides lung cancer information for Aboriginal Health Workers, Health Practitioners, and Aboriginal Liaison Officers to help them support their communities by raising awareness about lung cancer symptoms, the importance of early detection and treatment options.

To access the module, please visit:  
<http://cancerlearning.gov.au/topics/atsi>

## Lecturer makes real difference

UNIVERSITY of Southern Queensland (USQ) alumni Dr Odette Best has been recognised for her research and passion for Indigenous health. Dr Best, a nursing lecturer at USQ Ipswich, was named the 2016 USQ Indigenous Service Alumnus of the Year at a function in Toowoomba recently. She has a long and distinguished career as a registered nurse, an academic and a historian of Aboriginal nurses and midwives.

<http://www.qt.com.au/news/usq-alumni-makes-real-difference/3084357/>

## Meeting in New York to support Indigenous cultures

Keeping Aboriginal culture strong and healthy in his community of Doomadgee, North Queensland is a top priority for Elijah Douglas. The 19 year old and 2016 winner of the NAIDOC Youth of the Year award teaches language and culture to students and teachers at the Doomadgee State School. His passion for Indigenous culture is not limited to his own. Elijah recently returned from New York where he was part of Australia's delegation to the 13th Session of the United Nations Permanent Forum on Indigenous Issues (UNPFII).

<http://www.indigenous.gov.au/news-and-media/stories/meeting-new-york-support-indigenous-cultures>

## That Sugar Film: Documentary maker Damon Gameau pays back Indigenous health initiative

In the language of the Pitjantjatjara people of Central Australia, there is an expression – "Ngapartji Ngapartji". It means: "What are you going to give back in return for this favour?" Melbourne filmmaker Damon Gameau was introduced to the concept a couple of years ago while making his now acclaimed documentary That Sugar Film, which raised awareness of the hazards of any diet containing too much sugar. He wanted to include a segment about an innovative health program initiated by Indigenous communities in the APY (Anangu Pitjantjatjara Yankunytjatjara) Lands, where stores were stocking healthy foods and nutritionists were advising customers on the best food choices.

<http://www.abc.net.au/news/2016-09-05/that-sugar-film-filmmaker-shares-health-message/7811230>

## Word of the Month: "Ngangkari"

Ngangkari is a traditional healer in the health and well being of the Anangu people of Central Australia.





# A Day in the Life of Ronald Abala

## 1. What does your role involve?

My role involves advocating and improving the health status and journey of Aboriginal and Torres Strait Islander people throughout North of Brisbane River to Kilcoy.

I coordinate, develop and deliver culturally safe outreach, education, health promotion programs and provide information about appropriate cultural support services that are available and relay to community services, youth and staff members.

My responsibilities also involve liaising and building networks within the sexual health and community controlled services, meeting with medical and nursing officers about advice, treatments and services for Aboriginal and Torres Strait Islander people and communities for the surrounding Brisbane region.

I also coordinate a condom distribution service to surrounding community members/ services and also provide any support with referrals/organising medical appointments and provide transport to meet scheduled appointments (sexual health being a priority).

## 2. What was your role before you joined Queensland Health and how did you enter into a career in health?

I will start by saying that Schooling wasn't my strongest subject therefore I didn't manage to complete my HSC. Instead I started my working career at the early age of 14. I travelled and worked around Darwin, Northern Territory (NT) area as a labourer for a few years and eventually advancing my skills to plant operating, which involved heavy machinery work, maintaining and building new roads. Working throughout the Territory gave me the opportunity to see what was happening in our Aboriginal communities. In my travels, I noticed that there were high cases of chronic illnesses and limited medical services available for Aboriginal and Torres Strait Islander people, which I realised was a major contributing factor of poor health and that was lacking urgent attention.

I decided I needed to change my career choices so I enrolled into TAFE, after several months of studying I was fortunate to complete my year 8 and 9 certificates which enabled me to obtain certificates and qualifications which provided me with the required ability to work for the NT Health as an Aboriginal and Torres Strait Islander liaison officer for the Aboriginal and Islander Medical Service (AIMS), at The Royal Darwin Hospital (RDH). My duties involved working and engaging with communities/members (rural and remote) around health and helping Aboriginal and Torres Strait Islander people and family members in accessing community controlled /mainstream health services to gain better holistic health outcomes.

I accomplished complete satisfaction out of working with a dynamic team and in helping my people throughout their health journey, so I commenced working with AIMS for 10 years from 1984-1994.

In 1994 I decided I needed a career change again and wanted to travel and see what was happening in other Aboriginal communities outside of NT, so I moved to Cairns. Being so enthusiastic and full of youth (back Then) I decided to apply myself to more studies which allowed me to graduate after completing an 18 month traineeship with the Aboriginal Hospitality Training Company. I worked in a variety of jobs in the hospitality industry including food and beverage, front office reception, night auditing and housekeeping and eventually travelling to far Northern Aboriginal and Torres Strait Islander Communities (Pajinka, Bamaga, Seisia and Somerset). I worked in the industry for another four years (gaining acknowledgement and recognition for being named Aboriginal Torres Strait Islander Hospitality worker of the year in 1996) until deciding that I needed to follow my passion and work back in health, so taking on TAFE was my only option once again, and after 12 months of studying I successfully completed my Cert 1V in Aboriginal and Torres Strait Islander Health Care. I worked in Hospitality for another 12 months before moving to Brisbane. Furthering my studies I completed a Cert 111, 1V in aged care which qualified me to work in aged care. I applied and was successful for an Assistant In Nursing (AIN) position and commenced working at a nursing home and an aged care agency for casual nursing staff.

I worked for 8 years in aged care before commencing work with Queensland Health. I started my career working in Alcohol and Other Drugs as Indigenous Health Worker finally moving into Sexual Health services where I have been for 6 years. I began as an Advanced Health Worker and have undertaken and successfully completed further studies to enhance my role as a health service provider. I am currently Acting Program Manager for the Indigenous Sexual Health team and with two team members.

I would also like to acknowledge the 3 year working partnership between Queensland Health (Indigenous Sexual Health Team (ISHT) and the New Farm Neighbourhood Centre. The ISHT have been attending the centre since 2013. And like anything new, it was challenging at first but after a time of building friendships/relationships and basically connecting with people we have gained the trust and respect from management, staff and the community members to be able to discuss and talk about any health issues that arise (especially around the topic of sexual health). The team and I thoroughly enjoy engaging with all community and staff members each Monday and we look forward to a rewarding future in attending the Centre to continue our working partnerships.



## 3. You deliver education to Correctional Centres in Queensland, how is this service received by the inmates?

Recently I provided and worked with the Aboriginal and Torres Strait Islander Sexual Health worker at the Woodford correctional centre. Sexually Transmitted Infections (STI) and Blood Borne Virus (BBV) are very high on the agenda in these types of institutions.

As required I did provide brief education sessions highlighting men's health for small groups of up to 5 inmates per session. The group engaged well and seemed to enjoy the program.

## 4. You have established a program for your clients on the north side using art as a healing medium, how successful has this been?

The team primarily invited and brought together individuals/cultures from Aspley to participate in this "Pilot" art workshop that was run weekly over a 4 week period.

The "Pilot" art workshop was utilised to develop, implement and offer information as well as increasing awareness of sexually transmitted infections (STI's) and to promote health messages/lifestyles and any other issues raised by participants.

Overall feedback from all participants was very positive and reported "being very comfortable and relaxed enough to ask questions and join in on conversation in a safe and friendly place without being judged".

The Sexual Health Team will continue to deliver the workshop for the 2-3 hours a week period, as the workshop has been requested by participants to continue as they report this event having a positive impact on their wellbeing.

## 5. Your artwork is featured throughout Metro North Hospital and Health Service and as a visual representation for the Aboriginal and Torres Strait Islander Health Unit, can you tell me about your work and inspiration?

I feel very privileged and would like to think that by having my paintings displayed around the Metro North Hospitals and Health Services is making a difference in creating the setting to be more culturally friendly and culturally appropriate when Aboriginal and Torres Strait Islander people are accessing the Hospitals and Health Services in the Metro North Region.

I'm a self-taught Aboriginal and Torres Strait Islander artist and through my paintings I interpret my culture, the people, the animals, the landscapes and stories that have been passed down to me from my Elders.

My inspiration is inherited from my father who is also a self-taught Aboriginal and Torres Strait Islander artist and also from my spiritual connection I have with country and both my cultures (Aboriginal and Torres Strait Islander).

Other mediums I have worked with consist of pottery, tile mosaics and stained and glass which have been displayed and sold, but these days my artworks mainly consist of acrylics on canvas.

#### 6. Can you tell me about your family history and where you come from?

My name is Ronald Abala - WULUKANTHA "little spirit man" is my Aboriginal Name from the Marri- Amu Rak-Chindi people from my mother's country (South Darwin). I was born in Darwin and grew up in surrounding areas throughout the Northern Territory region. I identify and acknowledge my Aboriginal and Torres Strait Islander heritage and cultures through the three groups/clans that I am associated with: IWAIDJA - East Arnhem Land, Marri-Amu Rak-Chindi – Daily River, South Darwin and Torres Strait - Badu Island. now.

#### 7. What do you enjoy doing outside of work?

I find painting to be very therapeutic and relaxing and can find myself painting for hours on end and when I'm not painting I'm an outdoorsy type of person who enjoys traveling, exercise gardening/landscaping, camping, fishing and any other outdoor activities you can think of other than skydiving and bungy jumping!

#### 8. Finally, the Aboriginal and Torres Strait Islander Health Unit is currently running a campaign encouraging patients to identify when accessing our hospitals and facilities, why are you proud to identify?

It's important for me to identify and recognise my cultures of both Aboriginal and Torres Strait Islander because it gives me a purpose and a belonging in life.

I am proud to identify as Aboriginal and Torres Strait Islander because it's one of the oldest living cultures in the world, and our people, culture and country are so unique, rich and beautiful.

Cultural Identity is important, I feel if you don't have an identity then you are nobody.

Also it's important to identify or know your mob especially if you are going to start a family. Cultural pride!

# RECIPE

## Bush Beef Stir-fry

serves 6



### INGREDIENTS

- Canola oil spray
- 1 onion, diced
- 1 teaspoon minced garlic or 1 crushed garlic clove
- 1 Tablespoon of crushed ginger
- 750g lean beef cut into strips
- 1 sliced red capsicum
- 1 bunch broccoli
- 2 large peeled and sliced carrots
- 1 cup sliced mushrooms
- 1 cup of snow peas or green beans
- 1 sliced zucchini
- 2 tablespoons water
- 1 tablespoon corn flour
- 1 teaspoon sugar or honey
- 1 tablespoon sweet chili sauce
- 3 tablespoons salt reduced soy sauce
- Steamed rice or noodles to serve with

### EQUIPMENT

- 1 fry pan or wok
- Large knife
- Chopping board
- Vegetable peeler
- Tablespoon
- Teaspoon
- Cup measure
- Wooden spoon
- 1 large bowl

### METHOD

1. Lightly spray pan or wok with oil and cook onion, ginger and garlic on medium heat for two minutes.
2. Add beef strips and cook until slightly brown all over.
3. Add red capsicum, green capsicum, broccoli, carrot, mushroom, snow peas and zucchini and cook for 3 minutes.
4. In a bowl mix water, cornflour, soy sauce, sugar or honey and sweet chilli sauce.

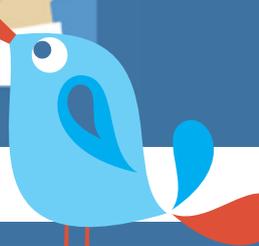
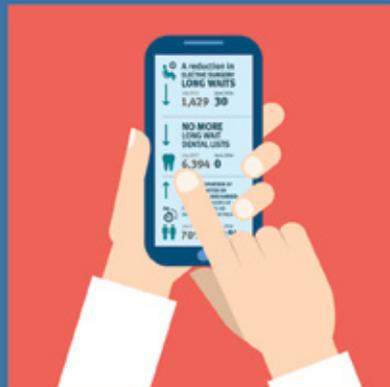
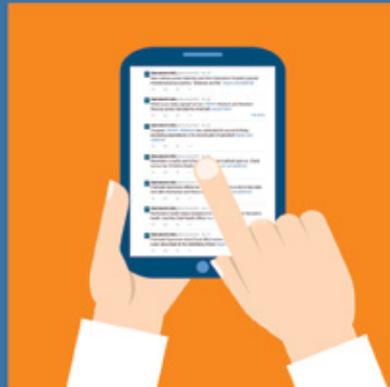
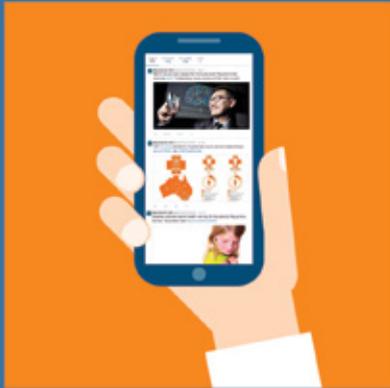
### TUKKA TIPS

- Can use frozen or tinned vegetables if fresh vegetables are not available
- Other types of meat such as chicken (skin removed) or kangaroo can be used instead of beef

Source: Good Quick Tukka, Queensland Aboriginal and Islander Health Council (QAIHC)

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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](mailto:Renee.Simon@health.qld.gov.au) or phone (07) 3139 3233.



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