

Talk-About

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

December 2017/January 2018

Metro North Hospital and Health Service *Putting people first*



Indigenous Hospital Services commended at excellence awards

Indigenous Hospital Services were highly commended for the role they play in supporting Aboriginal and Torres Strait Islander patients visiting our hospitals.

The annual Metro North Hospital and Health Service Staff Excellence Awards provide an opportunity for the Board and Executive to recognise staff who make a significant contribution to our organisation and demonstrate a strong commitment to our values.

This year's awards received more than 200 nominations from across the hospital and health service.

Staff from the Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) had the opportunity to attend

the special awards night held in mid-October at the Royal Exhibition and Convention Centre to receive the 'Highly Commended' award under the People Focus category.

Community, Indigenous and Subacute Services (CISS) Executive Director Chris Seiboth said the Indigenous Hospital Services were recognised for the great service they deliver to ensure that all Aboriginal and Torres Strait Islander people within the Metro North Hospital and Health Service catchment and beyond have equitable



Staff from Indigenous Hospital Services pictured with CISS Executive Director Chris Seiboth (back left) and A&TSIHU Director Paul Drahm (back right).

access to health services that are culturally appropriate and culturally safe.

"This award was highly deserved, and clearly reflects all the hard work performed on the frontline by this wonderful team delivering exceptional health care to Aboriginal and Torres Strait Islander people," Chris said.



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 Principal Communications Advisor Renee Simon at Renee.Simon@health.qld.gov.au or phone (07) 3139 3231.

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

Email to:

A_TSIHU_MNHHS@health.qld.gov.au

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

Contact information

Royal Brisbane and Women's Hospital

Indigenous Hospital Liaison Officer	Ph: 3646 748 or 3646 1696
Indigenous Patient Journey Officer	Ph: 3646 5612 or 0428 861 888
Team Leader	Ph: 3647 4183 or 0408 472 385

The Prince Charles Hospital

Indigenous Hospital Liaison Officer	Ph: 3139 5165 or 3139 5062
Indigenous Patient Journey Officer	Ph: 3139 6622 or 0409 583 967
Team Leader	Ph: 3139 6300 or 0439 082 908

Redcliffe Hospital

Indigenous Hospital Liaison Officer	Ph: 3049 6791
Team Leader	Ph: 3139 6300 or 0439 082 908

Caboolture Hospital

Indigenous Hospital Liaison Officer	Ph: 5433 8249 or 5433 8708
Team Leader	Ph: 3139 6300 or 0439 082 908

After Hours Team

Friday and Monday 12noon to 8:30pm

Saturday and Sunday 10am to 6:30pm	Ph: 5433 8249
Indigenous Hospital Liaison Officer	Ph: 3647 4183
Indigenous Patient Journey Officer	Ph: 0409 583 967

Indigenous Acute and Primary Care / Sexual Health Team

Manager: Robyn Chilcott	Ph: 3492 1823
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Cultural Capability / Indigenous Strategic Development

Manager: Isaac Simon	Ph: (07) 3139 4912
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A&TSIHU Safety & Quality – Pine Rivers CHC

Tracy Grant – Indigenous Safety & Quality Coordinator	Ph: 3492 1818 or Mob: 0417 027 642
Caley Malezer – Project Officer Safety & Quality	Ph: 3492 1820 or Mob: 0417 270 854



Indigenous Hospital Services

with Natasha White, Program Manager

Discharge against medical advice (DAMA)

Metro North Hospital and Health Service are responsible for a number of Key Performance Indicators (KPIs) that are committed to reducing Aboriginal and Torres Strait Islander:

- Potentially preventable hospitalisations
- Discharge against medical advice.

Within these two KPIs, the Aboriginal and Torres Strait Islander Health Unit have an overarching responsibility to ensure actions are undertaken to address these issues within Metro North.

Why is it important?

Aboriginal and Torres Strait Islander people are more likely than non-Indigenous people to leave hospital without completing

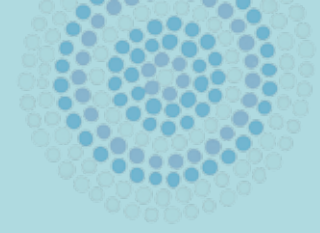
treatment. People who take their own leave are more likely to re-present to hospital and have higher mortality rates.

What are the numbers?

Metro North has experienced a total of 65 discharge against medical advice (DAMA) with six of these patients readmitting to hospital for further treatment.

What are we doing?

We are committed to working with our patients who express that they wish to leave hospital by ensuring they are fully supported throughout their journey. If we have missed people who have left the hospital without medical advice we will follow-up with a phone call to ensure they either continue their treatment somewhere else or gather information on their experience while they were in hospital that may have contributed to them leaving.



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Paul Drahm
 Director, Aboriginal and Torres Strait Islander Health Unit

As we near the end of the year, I'd like to take the opportunity to thank all of our staff for their dedication and commitment to caring for our Aboriginal and Torres Strait Islander patients, families and communities.

I am excited for 2018 and the ongoing commitment from Metro North Hospital and Health Service (MNHHS) for our Closing the Gap agenda.

I recently attended a MNHHS Board meeting to discuss ways MNHHS can improve Aboriginal and/or Torres Strait Islander health outcomes.

A word from the Director

MNHHS is committed to achieving the specific closing the gap health targets and addressing the broader determinants of health particularly around employment pathways.

The MNHHS Board and Chief Executive Shaun Drummond have also shown an interest in our data collection and reporting through the Data Atlas, Effort Tracker and other existing tools such as HCare.

Our management team held recent meetings with Caboolture and Redcliffe Hospital Executives to discuss our Data Atlas tool and to look at ways to help inform Indigenous health priorities. Both Hospitals have expressed their commitment to develop their own Reconciliation Action Plans in the future.

In collaboration with the Chief Executive's Office, two four-year apprenticeships (electrical and refrigeration) have been secured for Aboriginal and Torres Strait Islanders within the Building, Engineering and Maintenance Services (BEMS) area at the RBWH. These positions will commence in January 2018.

The apprenticeships have also led to further conversations with the CE's Office about what MNHHS can do to increase its number of Indigenous employees, both in the short and long term, with the A&TSIHU

being provided with an additional resource for the remainder of the financial year to put together an Indigenous Employment Strategy and to design some entry-level employment programs.

A recent decision has been made to undertake a special project to scope the possibility of establishing Aboriginal and Torres Strait Islander Health Practitioner roles within the A&TSIHU. I am pleased this project will be led by our Safety and Quality Officer Tracy Grant.

Senior Project Officer Phillip Ahmat is currently leading the community consultation plan for the acknowledgement that stolen wages and savings were used to fund the construction of Redcliffe Hospital.

Feedback will be sought from Aboriginal and Torres Strait Islander people as to the most appropriate means of permanent recognition, and to determine what community driven local events can be held to publicly recognise the use of stolen wages and savings.

The focus of this consultation is determining ways of public recognition at Redcliffe Hospital. It is not associated with payment of stolen wages. If you have any questions or would like to contribute, please email Phillip.Ahmat@health.qld.gov.au

Safety and Quality with Tracy Grant



The A&TSIHU participated for cultural appropriateness in the first of many 15 Step Rounds for CISS Rehabilitation Services commencing at Cooina House, Redcliffe on 31 October 2017.

For the Rehabilitation and Transitions Care Services, there was tremendous teamwork between the CISS Services:

- CISS Safety and Quality Coordinators Gai-Maree Cain and Ciaran McSherry
- A&TSIHU – Adult Team Robyn Chilcott, Pamela Lenoy, Delma Dorman, Andrew Williams and Caley Malezer
- Bedded Services Leads at Cooina House, Chermshire Palliative Care Unit and Redcliffe Palliative Care Unit.

Upcoming 15 Steps Rounds include Ebptide on Wednesday 15 November 2017 and the CISS Ambulatory Services which Heather Ronay, CISS Safety and Quality Coordinator, is leading and the A&TSIHU Adult Team have staff participating in this as well.

During the 15 Steps Round being conducted, a framed Statement of Commitment to Reconciliation by CISS is being given to the services and some have also been given a Statewide Statement of Commitment to Reconciliation as well. The 15 Steps has been quite an experience for the A&TSIHU – Adult Team.

Nominations and Expressions of Interest for 15 Steps were generated to participate in the challenge to continuously improve the care experience for CISS patients, clients, residents, carers and families.

The 15 Step Challenge is designed to assist staff, patient and others to work together to identify improvements that will enhance the patient experience. The purpose of this is to see how care is provided from a patient's perspective.



15 Steps Challenge

"I can tell what sort of care is received by consumers/residents within 15 steps of walking to the service"

Focus on four areas of care:

- Is it welcoming?
- Is it safe?
- Is it caring and involving?
- Is it calm and well organised?

The A&TSIHU – Adult Team have described their experience as:

- EXCITING
- PROMISING
- POSITIVE
- MOTIVATING
- EYE OPENING
- INVITING



Staff from CISS took the 15 Steps Challenge at Chermshire Palliative Care.



Sonja Taylor, Registered Nurse from Redcliffe Palliative Care Unit.



CISS staff joined Cooina House consumer Barbara and resident Peter (both pictured far right) as part of the 15 Steps Challenge.



Indigenous Acute and Primary Care Team

with Manager, Robyn Chilcott

assisting with coordinated and integrated care across service settings

- Referral to appropriate GP, Allied Health, Specialist Medical services and supporting services.

In 2017 the Indigenous Acute and Primary Care team had approximately 3,000 occasions of service with a steady flow of referrals for follow up of clients requiring chronic disease management and complex health issues.

The team follow up on all clients discharged from hospital, and play a pivotal role in bridging the gap between mainstream services and the local Indigenous community and supports access to specialists, hospitals, GPs and allied health services for clients.

Chronic disease services such as cancer, diabetes, cardiac, respiratory and renal are all accessed by Indigenous clients regularly with the support of the Indigenous Acute and Primary Care team.

The team ran a number of community health promotion activities including an arts program and peer-mentoring program with the Sexual Health team, school-based heart health and respiratory programs, adult immunisation, client information morning teas and NAIDOC activities.

The Sexual Health team provided support to at-risk groups and supporting education and clinical testing for clients of this service. The teams look forward to continuing to support and advocate for the local Indigenous community to achieve better health outcomes.

More recently, staff of the Indigenous Acute and Primary Care team, have been extensively involved in all CISS by Design activities to ensure cultural considerations are incorporated into practice in all CISS areas of service.

The team have commenced working with a number of CISS services including Hospital in the Home, Post-Acute Care, Brain Injury, Palliative Care and residential aged care facilities to support clients and ensure culturally safe and appropriate considerations are met throughout the care of our Aboriginal & Torres Strait Islander client group.

With continuous quality improvement strategies being a key focus in our work this year, we hope to strengthen our presence across services so together we can reach coordinated health targets and build strong healthcare pathways for our clients, their families and our communities.

I would also like to recognise the hard work of our staff of the Indigenous Acute and Primary Care team. The team have made a very positive impact in the lives of our clients throughout the year.

Our team are fortunate to cross paths with clients and their families from all walks of life and communities. We have very diverse cultures within our communities and are grateful for the opportunity to work with many people within this area of health and other sectors.

We would also like to thank the families who we have worked with throughout the year. We feel privileged to have been part of our clients' lives and to be able to support our clients through their often challenging health journey.

The Indigenous Acute and 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
- Focusing 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



Staff and clients gather at an information morning tea.



NAIDOC Week is always a great celebration at Caboolture.



Heart Week was celebrated at Tullawong State School.



It was great to catch up with residents at Coinda House.

IN THE NEWS

Run success in New York

Karratha runner Natasha Shires is used to braving the Pilbara heat but on Sunday, November 5, it was the grey skies and rain of New York she had to endure on her way to crossing the finish line of the world's biggest marathon. Shires's run was the culmination of six months of training and health courses with the Indigenous Marathon Project, which trains up young indigenous people from a beginner to marathon-level runner in six months to promote healthy lifestyle choices, resilience and success.

<https://thewest.com.au/news/pilbara-news/run-success-in-new-york-ng-b88651752z>

The Indigenous health 'gap' is a too benign term for a shattering reality

"It didn't dawn on me until later but I must have seen a thousand patients before I met my first Aboriginal patient. The only thing I remember about him was that he was never in his bed, instead choosing to abscond every time we came on a ward round. I deliberately say "choosing to abscond"."

<https://www.theguardian.com/commentisfree/2017/nov/09/the-indigenous-health-gap-is-a-too-benign-term-for-a-shattering-reality>

Indigenous baby health research gets \$12m

The Turnbull government has pledged \$12 million worth of health research grants aimed at saving Aboriginal infant lives and closing the gap on life expectancy.

<http://www.news.com.au/national/breaking-news/boost-for-indigenous-baby-health-research/news-story/becb1b419a364a19a54902e66a4eda4c>

Indigenous calls for better dialysis services

Remote Aboriginal Australians with kidney disease have demanded equitable access to life-saving treatment closer to home to prevent the removal of people from their traditional homelands.

In a report released by Menzies School of Health Research, patients and carers from across northern and central Australia called on state, territory and federal government health ministers to overhaul the system to provide more holistic care.

<http://www.skynews.com.au/news/national/nt/2017/11/13/indigenous-calls-for-better-dialysis-services.html>

'Closing the Gap impedes health outcomes'

A focus on 'closing the gap' has hidden the "huge" gains made in indigenous health outcomes and obstructs future progress, says a population health expert.

Ray Lovett from the Australian National University says over the past 20 years the rates of cardiovascular disease among Aboriginal and Torres Strait Islander people have dropped by 43 per cent - largely due to a significant drop in smoking rates.

<http://www.sbs.com.au/news/article/2017/11/08/closing-gap-impedes-health-outcomes>

Aboriginal Health: Sweeping overhaul of Indigenous Closing the Gap strategy welcome

After almost a decade of failure to significantly improve outcomes for Indigenous Australians, the Federal

Government is working on a major overhaul of the Closing the Gap strategy.

<https://nacchocommunique.com/2017/10/24/aboriginal-health-coag-closethegap-historic-sweeping-overhaul-of-indigenous-closingthegap-strategy-welcomed/>

Taking an Indigenous perspective on health

A researcher is working with Indigenous Elders to incorporate traditional healing into mainstream health services in a remote NT community.

<http://www.katherinetimes.com.au/story/4999379/traditional-healing-in-mainstream-health/>

Heart disease kills more regional, rural and remote Australians

New research has revealed people living in regional, rural or remote Australia are 90 per cent more likely to die from heart conditions caused by high blood pressure than people living in metropolitan areas.

<http://www.macleayargus.com.au/story/4999738/achy-breaky-heart-the-great-divide-of-cardiac-disease/>

Kids use film to butt out smoking

Young people in four remote communities in Western Australia's East Pilbara — where up to 80 percent of community members smoke — have joined forces with filmmakers on a campaign to urge people to give up the deadly habit.

<https://nit.com.au/kids-use-film-butt-smoking/>

IDENTIFICATION: It's your right to a healthier life

The Accurate Indigenous Identification campaign is designed to highlight the importance of Aboriginal and Torres Strait Islander patients identifying when accessing Metro North Hospital and Health Service hospitals and facilities.



Sandy, Darling Downs

"I'm proud to identify as Aboriginal as I believe we have a special connection with Australia, connection with the country. It calls to me and I feel Aboriginal."



Greg, Gold Coast

"I'm from the Kombumerri tribe from the Gold Coast region. I'm proud to be Aboriginal as it's my cultural heritage."



Pauline, Cherbourg

"I'm from Cherbourg. My family is Wakka Wakka. I'm proud to be Aboriginal as my grandmother is the last blood Wakka Wakka queen that is alive."



Jennifer, Caboolture

"I'm from Caboolture and my tribe is from the Mackay region. I'm proud to identify as my grandmother was part of the stolen generation and I think it's important to acknowledge where we've come from and the traditions to upkeep for future generations."



Indigenous Strategic Development Team (ISD)

with Manager, Isaac Simon

- clinician interviews and debriefs
- observations of bedside service with active feedback avenues on how to service Aboriginal and Torres Strait Islander people.

This month we welcomed back Community Engagement Officer Horace Nona, who has been attending training with the Cultural Capability Officers and reviewing how our services are delivered to rural and remote patients.

His feedback gathered from patients, families and communities will further help inform our system and any process changes required.

Thank you to A&TSIHU staff for utilising our Effort Tracker Program to inform service improvement and growth of our services over the past 12 months.

The application has been essential to record on the spot accurate, relevant and timely data in regards to our Aboriginal and Torres Strait Islanders patient journey.

With more than 12,000 of our MNHHS staff now completing our Cultural Practice Program, either online or face-to-face, we are now focusing our efforts to inform system and process change.

We will be engaging in a planning day on 5 December with key hospital staff and will now play a more intensive onsite focus for cultural capability. This may include:

- more rigorous patient and consumer feedback audits

EFFORT TRACKER



October 2017

Highlights

- 1 1,052 OCCASIONS OF CULTURAL SUPPORT
- 2 104 FINANCIAL SUPPORT QUERIES
- 3 556 CASE CONFERENCE
- 4 DAMA
1 HOSPITAL INTERVENTION
2 FOLLOW-UP
- 5 26 DISCHARGE PLANNING
- 6 10 ONWARD REFERRALS
- 7 150 SUPPORT A&TSI STAFF MEMBERS
- 8 EDUCATION
5 CPP
6 ONE TO ONE
2 IN-SERVICE

INFOCUS



BECAUSE OF HER, WE CAN!

8-15 JULY 2018

Statement by National NAIDOC Co-Chairs Dr Anne Martin and Mr Ben Mitchell

The theme for NAIDOC 2018 has been announced – Because of her, we can!

NAIDOC Week 2018 will be held nationally from Sunday 8 July and continue through to Sunday 15 July. The week will celebrate the invaluable contributions that Aboriginal and Torres Strait Islander women have made – and continue to make – to our communities, our families, our rich history and our nation.

As leaders, trailblazers, politicians, activists and social change advocates, Aboriginal and Torres Strait Islander women fought and continue to fight for justice, equal rights, our rights to country, for law and justice, access to education, employment, and to maintain

and celebrate our culture, language, music and art.

They continue to influence as doctors, lawyers, teachers, electricians, chefs, nurses, architects, rangers, emergency and defence personnel, writers, volunteers, chief executive officers, actors, singer songwriters, journalists, entrepreneurs, media personalities, board members, accountants, academics, sporting icons and Olympians, the list goes on.

They are our mothers, our elders, our grandmothers, our aunts, our sisters and our daughters.

Sadly, Indigenous women's role in our cultural, social and political survival has often been invisible, unsung or diminished.

For at least 65,000 years, Aboriginal and Torres Strait Islander women have carried our dreaming stories, songlines, languages and knowledge that have kept our culture strong and enriched us as the oldest continuing culture on the planet.

Their achievements, their voice, their unwavering passion give us strength and have empowered past generations and paved the way for generations to come.

The National NAIDOC poster competition and award nominations will open in the coming weeks. Aboriginal and Torres Strait Islander artists aged 13+ are encouraged to start working on artwork which reflects the 2018 theme.

For more information visit: naidoc.org.au

Trainees gain valuable experience at busy emergency departments

The latest bunch of Queensland Ambulance Service (QAS) Indigenous trainees had the opportunity to spend two days in our busy emergency departments at The Prince Charles Hospital (TPCH) and Redcliffe Hospital.

The QAS Indigenous paramedic program started in 2012 and is designed to create pathways for Aboriginal and Torres Strait Islander people to become paramedics in their communities.

QAS Principal Consultant for Cultural Capability Patricia Murray supported the six students during their two days working in the hustle and bustle of a city emergency department.

She said the program provided a great employment opportunity for Aboriginal and Torres Strait Islander people who have expressed interest in the pre-hospital and health industry.

“Many of the participating students will work independently within their communities once they are fully qualified,” Patricia said.

“This experience has broadened their understanding of the health system, knowing how big it is and how the dynamics can change depending on the area you work in.”

“We currently have 27 Indigenous students visiting Brisbane. The six students working at TPCH have obtained a Certificate IV in Ambulance Health Care and are ready to start university next year.

“The program was developed to change the type of education pathway to meet the requirements of Indigenous people,” Patricia said.



Students and Indigenous Hospital staff pictured outside the TPCH Emergency Department.

“Some may not have had the opportunity to finish school; we’ve changed the pathway to cater for all different academic abilities.”

Patricia said the students had enjoyed the experience and exposure to an emergency department.

“A lot of these students are from discrete communities so being in this type of environment is challenging for them, let alone having the experience of seeing non-stop patient flow coming into the emergency department from paediatrics through to high trauma resuscitation,” she said.

The experience has allowed the students to learn how to communicate with other health peers and engage with a broad spectrum of patients.

“Yesterday they had lunch with the doctors and they have been taking them out for coffee,” Patricia said. “It’s about having that friendship and connection.

“One of our students told me they were not sure what it felt like to treat a non-Indigenous person, as they are used to treating people in their communities.

“This experience has broadened their understanding of the health system, knowing how big it is and how the dynamics can change depending on the area you work in.”

The partnership with Metro North Hospital and Health Service is expected to continue into the future, with Indigenous students placed twice a year during May and November at the TPCH Emergency Department.



Students pictured with Indigenous Hospital Liaison officers and QAS Principal Consultant for Cultural Capability, Patricia Murray (second left).



STAFF Spotlight

Caleb Meredith, Improving the Patient Journey Officer

it is sitting in with them when speaking to doctors, contacting family for them, assisting with PTSS and travel/accommodation among other things.

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

Both of my parents are Aboriginal and identify as Aboriginal, but do have mixes in both families, including South Sea Islander. I call myself an Iman Man (tribe) from my father's side. I was born and grew up in Rockhampton and have lived in Brisbane since 2005.

6. What are you most looking forward to achieving in this role?

Not sure what I am looking to achieve, just happy to do what I can for each patient on an individual basis and help to make their hospital experience better by assisting where I can.



1. What does your role involve?

Varied, from seeing patients on the ward, and advocating and supporting them through their hospital experience. Transport for rural and remote patients. Liaising with other hospital staff on behalf of our patients and supporting family and friends also.

2. Tell us a little about where you worked previously and in what roles?

I have always worked for Queensland Health since 2002; my first job was an Assistant in Nursing (AIN) at Woorabinda health service. In 2005, I moved to Brisbane and worked as an AIN at the Halwyn Centre at Red Hill.

In 2011, I was the first health worker at Ipswich Sexual Health Service and then went to Inala Indigenous health service as the male sexual health worker. I have been

at RBWH as Improving the Patient Journey Officer (IPJ) since June 2017.

3. Have you always wanted to pursue a career in Indigenous Health?

Initially, I didn't really know what I wanted to do. I started as assistant nurse and came into a health worker role and haven't looked back, really enjoy working with and for our community.

4. What motivates you to help your mob?

In the IPJ role I know what it is like to come from a smaller town and come to Brisbane. It can be daunting, scary and confusing for patients to come from out of town who have never been here before or don't know how to get around the hospital or Brisbane in general, especially if they have no family support. I like to be able to help our mob when they are here by introducing myself and our service, telling them who my mob are, having a chat to build rapport, then from there seeing how I can assist, whether

Ngarrama Family Service to support healthy outcomes for Indigenous children

Creating a culturally appropriate and culturally safe service built on trust will be the foundation of the new Ngarrama Family Service expected to launch in early 2018.

The service will act as a navigation and transition service for women and their Aboriginal and Torres Strait Islander families from pregnancy through to when the child turns two. The service will be an extension of the existing Ngarrama maternity programs based at Royal Brisbane and Women's Hospital, Caboolture and Redcliffe Hospitals.

The new model of care has undergone extensive community consultation over the past 12 months with existing Ngarrama maternity clients, Indigenous Elders and partnering health organisations.

The framework is based on assisting the patient journey through partnership models and reducing the risk factors for Indigenous children by supporting a healthy start during their first 1,000 days of life.

The service will be led by Nurse Unit Manager Gayle Hocking who joined the Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) in late October.

Gayle has broad experience and knowledge in nursing at a senior nurse level and

has worked extensively in Aboriginal and Torres Strait Islander communities across Queensland including Cherbourg, Doomagee, Mornington Island, Aurukun, Weipa, Lockhart River, Kowanyama and Bouli.

"We hope to create a holistic service for the whole family and assist them to navigate their health journey throughout those crucial first years of a child's life," Gayle said.

"The service will be formed on trust with our Aboriginal and Torres Strait Islander families and communities.

"We want to create a service where mums or dads are happy to pick up the phone to engage with us for support and they are comfortable to seek the support."

As part of her role with Ngarrama Family Health, Gayle will manage the day to day operations of the service and ensure the provision of best practice nursing care in the assessment and treatment of Aboriginal and Torres Strait Islander children to maintain and improve their health, functional ability and quality of life in the community.



New Ngarrama Nurse Unit Manager Gayle Hocking

The team will include Indigenous health workers, child health nurses and social workers to provide continuity of carer and cultural support, regular phone contact during developmental milestones from the ages of 0-2 years and home interventions and clinic drop-in services.

"I'd like to have a cohesive and happy service that the community want to engage with and to be able to provide a service that the community need," Gayle said.

"Project Officer Kelly Smith and A&TSIHU Director Paul Drahm have done a brilliant job over the past 12 months in developing the new model of care.

"I feel very blessed to now join the team to be able to provide this new service to the community.

"My plan is for the service to be fully embedded and ready to develop into the next stage by June next year."

For further information regarding Ngarrama Family Service contact (07) 3360 4758 or email Ngarrama_family@health.qld.gov.au

OUT&ABOUT

New artwork to welcome Aboriginal and Torres Strait Islander peoples

A special artwork unveiling was held at The Prince Charles Hospital during Charlie's Week celebrations of the 'Wedgetail Eagle Spirit – Biliyana Mooroop' painting commissioned by long-term patient Don Williams.

Don commissioned a young Aboriginal artist to paint a 4m x 4m artwork which will be on permanent display in the hospital foyer.

The idea being to not only leave his legacy and to show appreciation for the service he has received from the doctors, nurses, Indigenous Hospital Liaisons and staff over the past 11 years, but also to allow other Aboriginal and Torres Strait Islander patients to feel comfortable when they access the hospital.

"It's my way of 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," Don said.



Don Williams and the staff who cared for him as a lung transplant patient.

"Words aren't enough, but it's my contribution that will be there for a long time."

MNHHS Board Chair Dr Robert Stable AM and TPCH Executive Director of Medical Services Dr Donna O'Sullivan attended the opening and personally thanked Don for his contribution to the hospital.



Don pictured with staff from the Aboriginal and Torres Strait Islander Health Unit.



L-R TPCH Director of Medical Services Dr Donna O'Sullivan, patient donor Don Williams, MNHHS Board Chair Dr Robert Stable and A&TSIHU Director Paul Drahm.

TPCH Charlie's Week

Our Indigenous Hospital Services took part in the festivities at TPCH Charlie's Week.

The annual event is an opportunity for staff and teams to celebrate the great work they do every day in supporting the delivery of high quality care to patients.

Indigenous Hospital Liaisons Mark Budd and Temiah Henaway filmed an educational video regarding their roles. The service also held an information stand at the Breeze café and

joined forces with the Indigenous Respiratory Outreach Care team at the Family Feud trivia afternoon.

Mark also won the annual Race to the Roof Event, running the course in 24 seconds. This is the second time he has won the title; in 2015 he ran the event in 21 seconds.

Aleacha Hopkins and Michelle Pieper at the Breeze Café.



Mark Budd holds the title of 2017 TPCH Race to the Roof champion.



Our Indigenous Hospital Liaisons teamed up with staff from the Indigenous Respiratory Outreach Care program for the family feud afternoon.

Staff ambassadors proud to wear new identification shirts

You may start to notice staff from right across Metro North Hospital and Health Service wearing the new Identification polo shirts.

The new design incorporates the colours from the Torres Strait Islander flag on the sleeves and Aboriginal flag colours on the collar.

The shirts are part of the MNHHS Identification campaign to encourage staff to always ask the question confidently to patients: Are you of Aboriginal and/or Torres Strait Islander Origin?

From a patient perspective it's important to actively identify as being of Aboriginal and/or Torres Strait Islander descent to receive culturally appropriate care and support.

Each month the A&TSIHU will be distributing 30 shirts to champions across the health service who are keen to improve Indigenous health outcomes and promote the important Identification message.

Glynn Topp and Cheryl Neff from food services at Cooina House were only

too happy to support the campaign and proudly wear the shirts.

"Identification is important for staff acknowledgement and support. It allows us to have a greater understanding of our diverse and rich Indigenous culture within CISS," Glynn said.

A further 10 shirts were also provided to the Metro North Public Health Unit. Public Health Clinical Nurse Jennifer Vales said "we loved the shirts".

"It's a way for us to be more culturally sensitive for when we attend the 2018 MNHHS NAIDOC Week celebration at Caboolture and deliver immunisation initiatives for our Metro North Indigenous communities," Jennifer said.

If you would like to take part in the campaign, please contact Renee Simon on (07) 3139 3233 or email renee.simon@health.qld.gov.au



Glynn Topp and Cheryl Neff from CISS Food Services at Cooina House.



Staff from the MNHHS Public Health Unit with Public Health Clinical Nurse, Jennifer Vales (centre).

World Chronic Obstructive Pulmonary Disease Day

Redcliffe Hospital marked World Chronic Obstructive Pulmonary Disease (COPD) Day by holding an information stand for patients and staff in the hospital foyer to raise awareness about the disease and the prevalence among Indigenous patients.

COPD is a long-term disease of the lungs which causes shortness of breath. It affects one in seven (or 14.5 per cent) Australians aged 40 or over and is the second leading cause of avoidable hospital admissions.

Aboriginal and Torres Strait Islander people experience considerably greater mortality and morbidity from respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), pneumonia and invasive pneumococcal disease than other Australians.

Chronic respiratory diseases were responsible for 9 per cent of the total disease burden among Indigenous Australians in 2003. COPD and asthma caused 43 and 38 per cent of this burden respectively.

The burden from chronic respiratory diseases in Indigenous Australians occurred at a rate 2.5 times that of the total Australian population.

Redcliffe Hospital Smoking Cessation Coordinator Stacey Morrison said while there was currently no cure for COPD, evidence showed that there were things you can do to breathe easier.

"Early diagnosis and disease management programs such as pulmonary rehabilitation can reduce the burden of COPD, improve quality of life, slow disease progression, reduce mortality, and keep people well and out of hospital," Stacey said.

"Symptoms of lung disease tend to creep up slowly and people often automatically adjust their daily activities to accommodate or reduce their symptoms rather than getting help.

"I'd encourage people to consider the last time you got your lungs checked."

Indigenous Hospital Liaison Officer Rox-anne Currie said Stacey does a great job supporting Indigenous Patients who presented to Redcliffe Hospital with COPD concerns.

"When Stacey first started the role she was keen to engage with us and asked how she can best support Aboriginal and Torres Strait Islander patients," Rox-anne said.

"We have been able to work together on many occasions to support the patient in a culturally appropriate manner."



Left to right: Freya Huebler, Redcliffe Hospital Smoking Cessation Coordinator Stacey Morrison, Ngarrama Indigenous Health Worker Jodi Dyer and Redcliffe Indigenous Hospital Liaison Officer Rox-anne Currie.



Floral Fridays

Cultural Capability Officers Gene, Elwyn and Henry have swapped their work shirts in favour of colourful floral shirts in recognition of Torres Strait Islander culture and people. It's a tradition they would like to encourage other MNHHS colleagues to follow.

Elwyn came up with the idea after a recent trip to the Torres Strait Islands where locals wear their floral shirts every Friday. The same tradition is followed in Cairns and Townsville.

"The tradition started on Thursday Island. The men wear colourful shirts and the women wear floral dresses. It's almost a way to say 'thank god it's Friday'," Elwyn said.

"Staff from A&TSIHU often will wear Aboriginal shirts throughout the week and by having the floral shirts on Friday, they can celebrate the rich and diverse culture of Torres Strait Islander peoples.

"It's also a way to relax and put a smile on other people's faces, particularly in our roles as Cultural Capability Officers. We travel across many of our hospitals and facilities seeing both staff and patients.

"Already we are receiving positive comments and I'd encourage our other colleagues to take part in the fun."



L-R: Cultural Capability Officers Henry Nona, Gene Blow and Elwyn Henaway.

CISS Reconciliation Action Plan committee holds planning day

Established to lead the development of the CISS Reconciliation Action Plan (RAP), the CISS RAP Working Group held a design workshop recently to develop the first draft of the plan.

In line with the Reconciliation Australia RISE framework, the Working Group identified actions in three key areas as being critical to helping to achieve reconciliation between Indigenous and non-Indigenous Australians:

- Actions which enable CISS to demonstrate respect for Aboriginal and Torres Strait Islander peoples, culture, lands, waters, histories and rights;
- Actions which build strong relationships between CISS and Aboriginal and Torres Strait Islander people, communities and organisations; and
- Actions which provide greater opportunities to Aboriginal and Torres Strait Islander peoples or businesses through employment or procurement opportunities within CISS.

Some of the suggested actions included reviewing the Cultural Practice Program to make it more job specific and reflective of the local community, providing CISS staff with regular opportunities to visit Indigenous communities, establishing Indigenous specific entry-level recruitment pathways into CISS, and holding an annual NAIDOC Week art competition.

A first draft of the RAP will be presented to Reconciliation Australia for feedback by the end of the year, with the plan to be publicly released during National Reconciliation Week in May 2018.



L-R: Backrow: Phil Ahmat (RAP Coordinator – A&TSIHU), Paul Drahm (RAP Sponsor / Director – A&TSIHU), Liz Kidd (Centre Manager – NLHP), Jarrod Parter (Adult and Primary Health Team – A&TSIHU), Tammy Dutchske (Data and Reporting Team – CISS), Renee Simon (Principal Communications Advisor – A&TSIHU)

Front Row: Lee Barby (CISS Education), Julie Sochacki (CISS Engagement Team), Robyn Chilcott (Manager – Adult and Primary Health Team – A&TSIHU), Tracy Grant (Safety and Quality – A&TSIHU), Anita Keightley (Allied Health – CISS), Therese Elliott (Director – Speech Pathology CISS)

Absent: Jo Walters (Director of Allied Health – CISS), Mark Budd (Indigenous Hospital Services – A&TSIHU), Rayna Cowburn (Indigenous Hospital Services – A&TSIHU), Elwyn Henaway (Cultural Capability Officer – A&TSIHU), Amanda Duncan (CISS by Design), Debbie Leahy (Nursing Director – Rehabilitation/ Transition Care – CISS)

CULTURAL MESSAGE:

Torres Strait Islander languages

There are two traditional languages of the Torres Strait Islands, Meriam Mir and Kala Lagaw Ya.

Meriam Mir (also written as Miriam Mer) is the Language of the Eastern Islands of the Torres Strait. Linguistically, it is connected to the Papuan languages of the Austronesian family of languages. There are two regional dialects:

- **Mer dialect** – Mer (Murray), Waier, Dauar.
- **Erub dialect** – Erub (Darnley) and Ugar (Stephen).

Kala Lagaw Ya (also written as Kalaw Lagaw Ya) is the traditional language owned by the Western and Central islands of the Torres Strait. It is linguistically connected to the Aboriginal languages of the Australian mainland and has four distinct regional dialects derived from this language:

- **Mabuyag** – The dialect of Mabuiag, Badu and St Paul’s Village.
- **Kalaw Kawaw Ya** – The dialect of the top western islands of Saibai, Dauan and Malu Ki’ai.
- **Kawrareg** – The dialect of the south western islands of Kubin, Kaiwalagal, Muralag (Prince of Wales), Nurupai (Horn), Giralag (Friday), Waiben (Thursday Island), Keriri (Hammond), Maurura (Wednesday), Moa (Banks). It is also known as Kawalgau Ya.

- **Kulkalgau Ya** – The dialect of the central islands of Aurid (Aureed), Damut (Dalrymple), lama (Yam or Turtle-backed), Masig (Yorke), Mauar (Rennel), Naghir (Mt Earnest), Poruma (Coconut) and Warraber (Sue).

The dialects are determined geographically and developed over time with influences by traditional trade, visits, inter-marriage and kinship ties.

Torres Strait Creole

The contact with missionaries and others since the 1800s has led to the development of Torres Strait Creole. It has developed from a Pidgin and now has its own distinctive sound system, grammar, vocabulary, usage and meaning.

Torres Strait Creole (also known as Ailan Tok or Yumplatok) is spoken by most Torres Strait Islanders and is a mixture of Standard Australian English and traditional languages. It is an English-based creole however each island has its own version of creole.

Torres Strait Creole is also spoken on the Northern Peninsula Area (NPA) following the movement of people there to Seisia and Bamaga.

Word of the Month:

“Wa”

Wa means yes in Kala Lagaw Ya, the traditional language owned by the Western and Central Islands of the Torres Strait. Wa is also used in Torres Strait Islander creole and is a commonly used term by Torres Strait Islander patients at MNHHS hospitals.

English	Kala Lagaw Ya	Meriam Mir	Torres Strait Creole
Ear	Kaura	Laip	Talinga
Eye	Purka	Poni	Ai
Father	Thathi	Abe	Baba
Hand	Geth	Tag	An
Head	Kuik	Kirim	Ed
House	Mudth	Meta	Aus
Knee	Kulu	Teter-au-kok	Ni
Mother	Apu	Amou	Ama
No	Launga	Nole	Launga





A Day in the Life of Aleacha Hopkins

1. What does your role involve?

I am the current Team Leader for the Northern Facilities Indigenous Hospital Liaison Services. This area covers The Prince Charles, Redcliffe, Caboolture and Kilcoy Hospitals.

I coordinate our team of workers and provide support with backfill. We also have a lot of clients with complex needs so I am able to support our staff with bedside visits and coordination of patient care.

2. Have you always worked in health?

Yes. Prior to working with Metro North Hospital and Health Service, I worked as an Assistant in Nursing at a nursing home in Sandgate.

I spent 19 years in this role looking after geriatric and dementia patients. I enjoyed working with older people and found it very rewarding to care for the elderly and support family members in their time of need.

I have a certificate three in Aboriginal and Torres Strait Islander Primary Health care and have been employed as the Indigenous Hospital Liaison Officer at The Prince Charles Hospital for seven years.

3. What are some of the most memorable moments within your role?

I remember looking after a young patient that required heart surgery from a rural and remote community. He was just a young child when I met him and many years later he returned to the hospital as an outpatient.

He made contact with me and I was able to meet him and his young family. It was very rewarding to see him as a young and healthy adult with his own family. There were a lot of hugs and smiles!

As IHLOs our roles involve working with all hospital staff, to ensure our families and carers needs are being met in a culturally appropriate manner.

4. Since becoming the Team Leader for the Northern Facilities, what are some of the changes you have noticed with the growth of the service?

I have noticed an improvement in the hospitals becoming more culturally aware of the issues that Aboriginal and Torres Strait Islander patients face coming from

rural and remote communities, and our local surrounding areas.

Many of our doctors ask why our people don't follow-up with treatment when coming to our hospitals. We explain that when they are coming from a community to the city they not only have to think for themselves they have to worry about their family, kinships, obligations and the cost of living.

We have been able to work together to improve patient outcomes through organising things such as teleconferences. This involves the doctor explaining the treatment to families via teleconference back to the community with all the extended family watching and seeing their loved one.

I had one Elder from Normanton say they hadn't been able to see their new grandchild who had been born when they were down here for treatment. By being able to organise the teleconference they could see their new grandchild and be put at ease before their surgery.

I also believe our clinical staff can now appreciate things are not straight forward black and white. We have forged strong relationships with many of the clinical staff who now call upon us for assistance with cultural issues and support.

We are also able to support the patient with a healthy return back to their community and link them with extra support services.

5. Who inspires you at work?

Our patients and families. They inspire me to do better and to be a positive role model for our people. I am encouraged to be a healthy person and to be able to practice what I preach to our mob.

Many of our youth are facing complex health issues like mental health, heart conditions and diabetes. For them I like to follow through with what I promise, and make sure I do what I say.

I remember visiting a young boy who was down from a remote community and he was refusing to wear his breathing device. He was too embarrassed and wanted to be like his group of friends, and didn't want to be treated like everyone else. This affected his health. I visited him each day and spoke about making changes. I think he used to roll his eyes every time I'd walk into the room but I was pleased to hear once he returned home he did seek treatment for the first time with the local medical service for his condition.

Sometimes I might come across a little bossy, but my hope is a light may switch on and people are able to make changes. It's rewarding if I've influenced a change, even if it's not instantly and they may remember my advice ten years down the track.



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

I am Brisbane born and belong to a very large extended Aboriginal and Torres Strait Islander family unit, the Gooreng-Gooreng Nation whose geographical homelands range from as far North as Gladstone and as far South as Gympie.

I have two children and a two year old granddaughter. My late husband was a Darumbal man from Rockhampton.

7. Why are you proud to identify?

I'm proud to identify as a strong Aboriginal woman, with stories to tell, experiences to share and to guide our women to stand proud. I am proud to be a strong Aboriginal leader of my family, a grandmother, a mother, a sister, a daughter and an aunty.

I've always taught my own children to be proud of who you are, and where you have come from, to stand tall. You have to earn the respect.

Being proud of your culture is a reflection of your character, spirit and reflects on your ancestors who have walked before you.

We have many stories to share, we have walked in many shoes and have been trodden on, but we are still standing as strong people.

RECIPE

Christmas Baked Apple with Berries



To Prep: 10 minutes To Cook: 45 minutes

INGREDIENTS (for 4 serves)

- 300g frozen mixed berries
- 800g apples
- 4 cardamom pods
- 140g natural yoghurt (low fat)
- 2 teaspoons honey

Method

1. Place berries in fine sieve set over small bowl, cover; thaw in refrigerator overnight.
2. Preheat oven to 160°C/325°F
3. Core unpeeled apples about three-quarters of the way down from stem end, making hole 4cm (1½ inches) in diameter. Use small sharp knife to score around circumference of each apple. Make small deep cut in base of each apple; insert one cardamom pod into each cut.
4. Pack three-quarters of the berries firmly into apples; place apples in small baking dish. Bake, uncovered, about 45 minutes or until apples are just tender.
5. Meanwhile, mash remaining berries with a fork in small bowl; stir in yoghurt and honey.
6. Serve apples with yoghurt mixture.

Source- Diabetes Australia <https://www.diabetesaustralia.com.au/recipes/11601>

Vision

To ensure that all Aboriginal and Torres Strait Islander people within the Metro North Hospital and Health Service catchment and beyond, have equitable access to health services that are culturally appropriate and culturally safe.

Mission

To increase health services for Aboriginal and Torres Strait Islander peoples within the MNHHS area and to urban, and rural and remote communities across Queensland in order to improve health outcomes and contribute to the Council of Australian Governments (COAG) Close the Gap initiatives.

We will do so by delivering high quality and culturally safe holistic health care to our Aboriginal and Torres Strait Islander patients, families and their communities accessing our hospitals and facilities.

Core Values

- To be committed, honest and work together for our Aboriginal and Torres Strait Islander people
- To advocate for positive health outcomes
- To display respect and dignity to our patients and their communities
- To respect our patients cultural beliefs and understand their needs

UPCOMING EVENTS

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13 February 2018

Anniversary of Apology to Australia's Indigenous Peoples

This day is the anniversary of the formal apology by the Australian Parliament to Australian Aboriginal people and Torres Strait Islander people, specifically the Stolen Generation, that took place on 13 February 2008. The anniversary of the National Apology is a reminder of how our nation can come together in efforts to overcome injustices of the past and look to the future.

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15 March 2018

National Close the Gap Day

National Close the Gap Day gives people the opportunity to show their support for closing the 17-year life expectancy gap between Aboriginal and Torres Strait Islanders and other Australians. It aims to raise awareness of the Aboriginal and Torres Strait Islander health crisis.

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26 May 2018

National Sorry Day

National Sorry Day is commemorated each year to acknowledge the Stolen Generations. This day gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Stolen Generations refer to Indigenous Australians who were forcibly removed from their families and communities.

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27 May 2018

Anniversary of 1967 Referendum

In 1967, over 90 per cent of Australians voted in a Referendum to

remove clauses from the Australian Constitution which discriminated against Aboriginal and Torres Strait Islander Australians. The Referendum also gave the Commonwealth Government the power to make laws on behalf of Aboriginal and Torres Strait Islander people.

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27 May – 3 June 2018

National Reconciliation Week

Each year National Reconciliation Week celebrates the rich culture and history of the first Australians. It's the ideal time for people to join the reconciliation conversation and to think about how to turn around the disadvantage experienced by many Aboriginal and Torres Strait Islander people.

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3 June 2018

Mabo Day

Mabo Day celebrates the High Court's historic judgement delivered on 3 June 1992, accepting the claim from Eddie Mabo and the other claimants that their people had occupied the island of Mer before the arrival of the British.

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1 July 2018

The Coming of the Light Festival

The Coming of the Light Festival marks the day the London Missionary Society first arrived in Torres Strait. The missionaries landed at Erub Island on 1 July 1871, introducing Christianity to the region. This is a significant day for Torres Strait Islanders, who are predominantly of Christian faith, and religious and cultural ceremonies are held annually across Torres Strait and mainland Australia.

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8 – 15 July 2018

National NAIDOC Week

NAIDOC is a celebration of Aboriginal and Torres Strait Islander cultures and an opportunity to recognise the contributions of Indigenous Australians in various fields. Its origins can be traced to the emergence of Aboriginal groups in the 1920s which sought to increase awareness in the wider community of the status and treatment of Indigenous Australians. All Australians are encouraged to participate in NAIDOC Week activities.

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4 August 2018

National Aboriginal and Torres Strait Islander Children's Day

National Aboriginal and Islander Children's Day (NAICD) was established by the Secretariat of National Aboriginal and Islander Child Care in 1988. Each year, Secretariat National Aboriginal and Islander Child Care (SNAICC) has a theme for Children's Day to highlight a significant issue, concern or hope for Aboriginal and Torres Strait Islander children.

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9 August 2018

International Day of the World's Indigenous Peoples

International Day of the World's Indigenous People aims to make the voices of Indigenous peoples heard more clearly around the world and to protect the rights of Indigenous peoples and improve their situations with respect to their lands, their languages, their livelihoods, and their cultures. This day is also to strengthen international cooperation for the solution of problems faced by Indigenous people in such areas as culture, education, health, human rights, the environment and social and economic development.

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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 Principal Unit Communications Advisor Renee Simon at Renee.Simon@health.qld.gov.au or phone (07) 3139 3233.



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