

Talk-About

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

September/October 2017

Metro North Hospital and Health Service *Putting people first*



Taking a journey back in time at the Cherbourg Ration Shed

Members from the CISS Executive and RAP Committee pictured outside the Cherbourg Ration Shed

Members of Community, Indigenous and Subacute Services (CISS) Executive and staff from the newly formed CISS Reconciliation Action Plan Committee had the privilege of visiting the Cherbourg Aboriginal community this month.

Cherbourg was established by Salvation Army member William Thompson in 1899. Barambah/Cherbourg was taken over as a Government Settlement in 1904. Under the *'Aboriginal Protection Act'* tribes from Queensland and New South Wales were moved there.

The Barambah/Cherbourg reserve was regarded as more than just a dumping ground for displaced Aboriginal people but as a place for caring and 'reforming' Aboriginal children.

Under the *'Reformatory Schools Act'*, 'any child born of an Aboriginal or half caste mother' was deemed to be a 'neglected child' and as such was liable to be sent to a reformatory or industrial school (dormitory). Many boys and girls in Cherbourg were housed in dormitories.

In 1968, Aboriginal people started to gain more freedom and rations ended in Cherbourg. In 1988, Cherbourg became a

Deed of Grant in Trust Community (DOGIT) and the first independent Cherbourg Council was elected in 1991.

Respected community Elders Uncle Marshall Saunders and Uncle Robert West travelled from Brisbane to Cherbourg with the group, sharing their stories and experiences from The Boys' Dormitory.

The trip was part of the education and awareness for staff involved in the development of the CISS Reconciliation Action Plan as many community members travel to Metro North Hospital and Health Service hospitals and facilities.

"This tour will help those developing the Reconciliation Action Plan to write policy, interact with Aboriginal and Torres Strait Islander patients and better understand how you can influence change," Uncle Marshall said.

A highlight of the tour, was meeting James Hopkins, who is the youngest member of the Ration Shed Committee, and the grandson of gold-medal winning boxer Jeffery "Mitta" Dynevor. Mitta made sporting history in 1962

when he became the first Aboriginal person to win a gold medal at the Commonwealth Games.

"My grandfather is very influential in me as a man. All of the torment he had to put up with, representing his country and the torment of coming back to community as a gold medallist," James said.

"A lot of the men folk wanted to have a go at him. He learnt from his trainer to walk away and be the better man. I'm very proud of Mitta.

"I feel very privileged to hold this position and draw strength from the Elders. A lot of our younger generation is bitter and frustrated of the history, but I tell them we now live in a new light and this should give them greater appreciation of having Elders around and asking questions and connection to unknown families.

"I love working here with the Elders, their strength makes me want to come to work every day and I'm constantly asking them questions."

Approximately 2,000 Aboriginal people now reside in Cherbourg and it is a vibrant community with its own culture and identity.



Give us feedback

Talk-About

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

Saturday and Sunday 10am to 6:30pm	Ph: 5433 8249
------------------------------------	---------------

Friday and Monday 12noon to 8:30pm

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
-------------------------	---------------

Cultural Capability / Indigenous Strategic Development

Manager: Isaac Simon	Ph: (07) 3139 4912
----------------------	--------------------

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
--	------------------------------------



Paul Drahm

Director, Aboriginal and Torres Strait Islander Health Unit

The Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) is committed to using our data as a key way to inform priorities, enhance and redesign services.

We are pleased to have access to a new Indigenous Services Data Atlas

A word from the Director

tool that allows us to view how we are tracking in regards to our key performance indicators of Discharge Against Medical Advice and Potentially Preventable Hospitalisations. Already we are noticing a decrease in the rate of our DAMA rates currently at 3.6 per cent down from 4.3 per cent in the 2015-16 financial years.

This data is captured and reported as part of our CISS Monthly Operational Performance meetings with our MNHHS Chief Executive, Shaun Drummond. The data allows us to understand the quality of our work and look at ways to further improve our service design for Aboriginal and Torres Strait Islander clients.

Work has already begun in this area for Caboolture Hospital, with Indigenous Hospital Services Manager Natasha White and I attended a recent Indigenous Service planning meeting at Caboolture Hospital. A similar planning framework will be developed for Redcliffe Hospital over the next few months.

I'd like to welcome Kelly Smith on a permanent/full time capacity to the A&TSIHU as the Service Development Officer. This is a new clinical position to the A&TSIHU that will undertake

service development, innovation and service design projects that support A&TSIHU priorities and imperatives, and evaluation of current and future models of care.

Kelly has been working with the A&TSIHU since early 2016 as the Project Lead during the development of the revised Ngarrama Family Health model of care and was also the project support to Terry Mehan in 2016 during the review to sustaining Indigenous health services in Metro North HHS.

Kelly will continue to project lead the Ngarrama Family Health Service until the Nurse Unit Manager position is filled. She will then transfer to the Service Development Officer role and will be located at Chermide CHC.

I look forward to making an announcement in the next few weeks regarding the Nurse Unit Manager role for our Ngarrama Family Community Service and the operational date for the service.

Executive Director's message

Community, Indigenous and Subacute Services



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

The CISS executive and members of the Reconciliation Action Plan committee had the privilege of visiting Cherbourg community recently.

We also had the honour of being guided for our tour by Uncle Marshall Saunders and Uncle Robert West who were “Domo Boys” during the tragic years of policies like the ‘Aboriginal Protection Act, 1897’.

The tour of the historic ration shed and boys dormitory as well as viewing documentaries on the history of the girls dormitories personally left me ashamed to the impact of European colonisation and subsequent policies for Aboriginal and Torres Strait Islander individuals, families and communities.

Being aware of this tragic and unjust history is just the first step towards us to begin to reconcile and move ahead. Uncle Marshall and Robert recounted their stories and more so their personal feelings and life impacts to us on the tour. Their generosity of spirit and commitment to improve the way forward by influencing policy makers was extremely powerful.

The next steps for us will be to generate ideas on how we as the CISS directorate can improve our understanding of the impact of past policies for Aboriginal and Torres Strait Islander people today. To construct opportunities that focus on future equity of outcomes rather than perceived equity of inputs.

These opportunities will be on looking at additional educational and employment pathways as they have a direct correlation to improved health outcomes for wider Indigenous families.

The Reconciliation Action Plan committee will continue drafting the CISS Reconciliation Action Plan with the view of officially launching it during National Reconciliation Week 2018.

Chris Seiboth
Executive Director,
Community, Indigenous and
Subacute Services



Left: Ration Shed tour guide James Hopkins proudly stands in front of an image of his late grandfather, gold medallist boxer Jeffery “Mitta” Dynevor, alongside CISS Executive Director Chris Seiboth (left) and Aboriginal and Torres Strait Islander Health Unit Director Paul Drahm (centre).

Below: Uncle Marshall Saunders with Melika Ackinclose and Lateisha Broome, students from the Institute of Urban Indigenous Health.



What's inside

September/October 2017

A word from the Acting Director.....	2
Contact information	2
Executive Director's message	3

PROGRAM UPDATES

Safety and Quality	4
Indigenous Acute and Primary Care Team	5
Ngarrama Child Health.....	5
Indigenous Hospital Services.....	6
Indigenous Sexual Health Team	7
Indigenous Strategic Development Team	8

IN FOCUS

Cultural capability training for new doctors	8
Robert's self-motivation for better health, one step at a time	9
Coordinated care for Indigenous patients	9
Identification: It's your right to a healthier life	10
Cultural Message & Word of the Month	11
In the News	16

OUT & ABOUT

Cultural Gatherings	12
Healthy Ageing Expo	13
Health bodies partner for better indigenous health	13
Health Consumers Queensland Training	14
Deadly Awards	14
World Mental Health Day.....	15

STAFF FEATURE

A Day in the Lift of Henry Nona.....	18
Recipe: Orange and Wattleseed Muffins	19
Back Page: Identification	20



Safety and Quality

with Tracy Grant

Providing feedback through cultural lenses

The A&TSIHU will be an important component of the CISS 15 Step Challenge Working Group to provide feedback with cultural lenses. There are staff members from each of the service lines within the A&TSIHU. All progress from the working parties will be monitored by CISS Engage and CISS Safety & Quality Unit.

The 15 Step Challenge is designed to assist staff, patient and others to work together to identify improvements that will enhance the patient experience. It will help us see how care is provided from a patient's perspective. This Challenge is a regular ongoing practice to cover all teams and ensure that improvements are being progressed.



Benefits from the 15-Step Challenge

- ✓ Improved patient experience, satisfaction and engagement
- ✓ Support and preparation and evidence gathering CQC inspection
- ✓ As part of the Quality and Safety improvement strategic activities
- ✓ Ensuring the Productive Community Services programs is being sustained following implementation.





Indigenous Acute and Primary Care Team

with Manager, Robyn Chilcott

youths in secondary schools within Metro North. The program aims to empower youths with the knowledge and skills needed, in order to make healthy lifestyle choices. This in turn, would assist in working towards prevention of heart disease and ultimately, closing the gap in life expectancy for Aboriginal & Torres Strait Islanders in Queensland.



Staff from the Acute and Primary Care Team pictured with Leanne Webster, Community Education Counsellor at Tullawong State High School

Raising awareness about cardiovascular disease

Cardiovascular disease is the leading drive in the health gap between Aboriginal & Torres Strait Islanders and Non-Aboriginal & Torres Strait Islander Australians in Queensland.

The Health Heart Program raises awareness about cardiovascular disease among Aboriginal & Torres Strait Islander

The Indigenous Acute & Primary Care team held another Healthy Heart Program at (Tullawong State High School – Caboolture) recently.

The feedback from the students / school was extremely positive. In particular the group enjoyed an opening speech from William Campbell and a cultural presentation from Elwyn Hennaway, as well as information on Cardiac Care from Sharon Hodby (CISS).

The students were particularly interested in the presentation from Kevin Maund (Kurbingui) who spoke about Youth Suicide Prevention. This generated a good platform to support our young people with

various sensitive issues within and across our community.

In addition, the students participated eagerly in Zumba physical activity. The school principal and teachers Aid were very supportive of our program and have invited the team to return in the near future to provide a program to the younger students.

Ngarrama Child Health

The Ngarrama project team held a small consumer and Elders workshop at Brighton Health Campus recently to continue the ongoing consumer engagement process for the development of our hand-held Ngarrama Family resource.

This resource is being developed to compliment the new community based navigation and transition model of care called Ngarrama Family. The team believes that the consultation process is a vital stage in the development of both the model of care and the resource, so we were so grateful for all of the input we received during this event.

The workshop was an excellent opportunity for our team to get feedback about our progress so far and to hear directly from our audience. Due to the small group size, we were able to focus on key bits of information that would reflect the experience of the individuals who had expressed interest in assisting in this development process.

The workshop not only offered a platform for consumers to provide input, but the Elders were able to share their views on the overall presentation and effectiveness

of the resource. We were also delighted to have a few of the Elders share their personal insights, experiences, and advice for families to be featured in the resource as well.

Overall, the workshop was a great success. We gained valuable feedback to help make this resource a source of information, empowerment, personal reflection, and cultural insight for Aboriginal and Torres Strait Islander families in Metro North.

Thank you to all who took part in this event. We look forward to sharing more updates as these exciting Ngarrama projects advance.



Ngarrama Mum, Jessica Tapsell with her daughter Alyrah and Project Lead Kelly Smith



Feedback from consumers was gathered at the session and will be used in the development of the Ngarrama family resource.



Indigenous Hospital Services

with Natasha White, Program Manager

Service Improvement through Community Engagement

We have received feedback from community that when we collect people from the airport, they find it hard to find our vehicle. So to help we have created a magnet that will go on the side of vehicle, so people can visually identify our vehicle.

The Lighthouse Hospital Project

The Prince Charles Hospital (TPCH) has been funded to participate in phase three of the Lighthouse House Hospital project alongside Cairns Hospital, Princess Alexandra Hospital and Townsville Hospital.

The project tackles the leading cause of death for Aboriginal and Torres Strait Islander peoples, which is acute coronary syndrome (ACS). For more information on ACS please visit the Heart Foundation at www.heartfoundation.org.au/your-heart/aboriginal-health/the-lighthouse-hospital-project

The team will be working with the project manager on how we can improve health outcomes for our mob with acute coronary syndrome (ACS).

Consumer experiences being sort

The Prince Charles Hospital (TPCH) has a Consumer Engagement Program that ensures consumers are represented and heard. They are seeking applicants who can provide a consumer, carer or community perspective about Patient Experience at TPCH.

Selections of consumers will be based on people's relationship to The Prince Charles Hospital, being patient, a carer or family member, or having an association with a community groups.

For more information, please contact Maggie Fletcher on (07) 3139 4974 or maggie.fletcher@health.qld.gov.au.

Indigenous Hospital Services – Finalists in the 2017 MNHHS Staff Excellence Awards

Congratulations to our Indigenous Hospital Services team for making the finals in the annual 2017 MNHHS Staff Excellence Awards under the People Focus category. We wish the team all the very best. The award announcement will be made on October 12.

Community Space TPCH Indigenous Services

If you or a family member are visiting The Prince Charles Hospital (TPCH) make sure you come over to our community space for a cuppa and a hello.

The demountable is located at Building 23 on the hospital campus (next to the TPCH Pool).



The demountable space is available to community members and includes access to TV and tea /coffee facilities.



The new car magnet is designed to help Aboriginal and Torres Strait Islander patients identify the service once they arrive at the airport.



The demountable is located at Building 23 on the hospital campus (next to the TPCH pool).



The new Indigenous Hospital Services car magnet.

Indigenous Sexual Health Team

with Program Coordinator, Ronald Abala

In the month of July, the Indigenous Sexual Health Team promoted World Hepatitis Day via a display and information outlet in the reception area at Pine Rivers Community Health Centre. Information and resources were readily accessible to both staff and public accessing the Centre, which covered Hepatitis A, B, and C including up to date information on new medications and treatments available to public with 'pocket sized' resources.

Indigenous Sexual Health Team staff (Ronald, Dene and Kim) said it was extremely important to promote and raise awareness about Hepatitis B and C infection as awareness is the next best thing to early intervention and prevention besides

early diagnosis and treatment of hepatitis infections. Early intervention is crucial in preventing further transmission in high risk populations. Undiagnosed and untreated HCV may result in long-term acute and chronic conditions, including death.

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



Dene Campbell and Kim Wedel at the Pine Rivers Community Health Centre

ELIMINATE HEPATITIS

Viral Hepatitis is one of the leading causes of death globally, accounting for 1.34 million deaths per year- that's as many as HIV/AIDS, tuberculosis or malaria. Together, Hepatitis B and C causes 80 per cent of liver cancer cases in the world.

To achieve elimination, greater awareness, increased diagnosis and key interventions including universal vaccination, blood and injection safety, harm reduction and treatment are all needed. Every activity that addresses viral hepatitis is a step towards eliminating it.



WORLD HEPATITIS DAY 2017

Some ways to prevent the spread of hepatitis C

- Reduce any opportunity and contact with infected blood
- Never share injecting equipment
- Never share toiletry items like toothbrush, razors or nail clippers
- Having a first aid kit at hand
- Keeping cuts and wounds clean and free from infection
- Clean up any blood spills, use paper towelling, cold soapy water or diluted bleach
- Secure blood stained items like wound dressings, tampons, sanitary pads

Indigenous Strategic Development Team (ISD)

with Manager, Isaac Simon



Effort Tracker Snapshot

Effort Tracker has been an exciting part of the data collection progression for the A&TSIHU.

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

Keeping the momentum we are now in the process of developing an Indigenous Client Journey (IC) module of Effort Tracker. This will be a system for our Indigenous services that have a clinical requirement to their roles and will allow for electronic chart management for the specific indigenous service. This means that we will be better placed to provide a more agile experience for client and have real-time data input.

The system will be an integral part of capturing data for the new model of care for the Ngarrama Family Service which is expected to be in operation in early 2018.

If you have any feedback on ways to further improve our services within MNHHS, I'd encourage you to contact one of our Patient Liaison or Consumer Liaison officers at:

Royal Brisbane and Women's Hospital
Phone: (07) 3646 8216
Email: RBWH-PLS@health.qld.gov.au



The Prince Charles Hospital

Phone: (07) 3139 4000
Email: TPCH_CLO@health.qld.gov.au

Redcliffe Hospital

Phone: (07) 3882 7728
Email: RedH-Feedback@health.qld.gov.au

Caboolture and Kilcoy Hospital

Phone: (07) 5433 8199
Email: CabH-Feedback@health.qld.gov.au

Community, Indigenous and Subacute Services

Phone: (07) 3049 1469
Email: CISS-CLO@health.qld.gov.au

Aboriginal and Torres Strait Islander Health Unit

Phone: (07) 3139 3235
Email: A_TSIHU_MNHHS@health.qld.gov.au

INFOCUS

Cultural capability training for new doctors

Our Cultural Capability Officers are rolling out a series of new training packages for doctors at grand rounds.

The first session delivered at the Royal and Brisbane Women's Hospital was well received, with the 45 minute training looking at ways to effectively communicate with our Aboriginal and Torres Strait Islander patients in a culturally safe manner in the bedside.

Gene Blow said the training involves a lot of role play and interaction.

"We role play different scenarios of a patient at the bedside and explain certain mannerisms, for example if the patient is making no eye contact or is not understanding instructions," Gene said.

"The training also covers historical impacts on a patients' health and wellbeing, and how a doctor can ensure culturally safety and awareness during the interaction with an Indigenous patient."



L-R: Gene Blow, Resident Medical Officer Matthew Heidecker (back), Medical Education Officer Michelle Simcoe, Resident Medical Officer Rebecca Leeks, Elwyn Henaway and Acting Director of Clinical Training Dr Sonia Chanchlani.

Robert's self-motivation for better health, one step at a time

When Robert Jacobs woke up at The Prince Charles Hospital after suffering a stroke, he couldn't move his body, but could faintly hear the doctor asking 'if you can hear me, please blink'. All Robert could move was his eyes; every part of his body was paralysed.

"At that moment all I could do was cry," Robert said.

Suffering a stroke at just 45 years old was a turning point in Robert's life. He had to learn how to walk again, how to hold a cup, how to be himself again after such a dramatic change.

"You know I was a hard head growing up. I've always had high blood pressure and when my doctor warned me at a young age I could suffer a heart attack or stroke, I didn't listen," Robert said.

"I've had two strokes and a heart attack and now due to my kidney disease I will be on dialysis for the rest of my life."

Robert, 58, is a proud Wakka Wakka man from Cherbourg. His great, great grandmother was the Wakka Wakka Queen. He has fond memories of playing A grade football, boxing, swimming and running the 800 metres at school with ease.

"I was just like everyone else, fit and healthy. But I found myself trapped in my community, drinking and smoking with mates," Robert said. "I only have myself to blame, if I took my blood pressure medication and listened to the doctor all those years ago, I wouldn't be here today."

Robert has been attending The Royal Brisbane and Women's Hospital for over a year now, visiting the dialysis unit three days a week, for five hours each time.

His condition has dramatically improved. He went from monthly visits with the doctor, to now only seeing him every six months. He has also taken control of his health through attending the Woolloongabba Aboriginal Medical Centre for preventive measures, like getting the flu shot or his eyes checked.

"My doctor told me I can make a choice, to do the dialysis treatment or he can put me in the hospital bed for a week. That's how long I would last alive. I needed to grow up; I want to see my grannies grow up," Robert said.

The biggest highlight in his recovery has been learning how to walk again and attending the gym twice a week as part of the Institute for Urban Indigenous Health Work it Out program.

"I went from being able to just take a few steps to the wall, now to being able to walk to my gym classes. I've progressed from my scooter, to walker and now a walking stick. I've improved a lot," Robert said.

"I've also quit drinking and smoking since my stroke. Many of my old friends still continue to drink and smoke after a stroke, I tell them to look at me."



Clinical Nurse Brett Cooper and Registered Nurse Neetu Thakkar at the Renal Department at RBWH with patient Robert Jacobs

Robert said the hospital staff and Indigenous liaison services have helped with his recovery.

"When I first started here I was angry, I had to sit here for hours and have several needles. Now visiting here has become a routine for me and we are all like family," he said.

"The nursing staff are good here. We have a good laugh and joke each time. The volunteers here help with the ward; they give us foot massages or even just sit with us for company playing cards.

"I will also go visit the Indigenous Hospital Liaison officers and have a yarn. They are familiar and I enjoy seeing them. It's positive coming to hospital."

Coordinated care for Indigenous patients

Indigenous patients at The Prince Charles Hospital (TPCH) and The Royal Brisbane and Women's Hospital (RBWH) are benefiting from an outreach program delivered by Centrelink.

Scott Moore, a proud Yuin man from the South Coast of New South Wales, is part of a team of seven workers who visit hospitals across Brisbane to deliver services to vulnerable and complex customers.

Each week, he attends the TPCH Indigenous Hospital Services demountable, providing advice and assistance to patients in regards to sickness allowances, reporting and payments and disability support. The support is provided on an as needs basis and includes bedside visits if required.

"Our hospitals are very important to our role. At TPCH we see patients from all over Queensland in need of help," Scott said.

"We are able to help patients who can't access our services in person or who are facing a major change in their circumstances."

The service is able to fill the void for elderly patients who don't use computers and those without access to online services whilst in hospital. Support is also offered to social workers.

"Sometimes a crisis situation emerges and immediate advice or information is required for the social workers, we are only too happy to provide support to benefit the patient," Scott said.

Scott will soon celebrate 31 years of service with Centrelink, 11 of those spent as an Indigenous Service Officer. He said the Department of Human Services recently celebrated 40 years of Indigenous Service Officers.

"Many government agencies have Indigenous support workers that we can link in with and help to do a collaborative



Scott Moore (centre) pictured with TPCH Indigenous Hospital Liaison Officers Michelle Pieper and Mark Budd.

approach for our customers. It has been a very positive approach to visit the hospitals," Scott said.

For further information regarding the program or to access the service, contact the TPCH Indigenous Hospital Services on 3139 5165.

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 to identify when accessing Metro North Hospital and Health Service hospitals and facilities.



Robyn Chilcott, Acute and Primary Care Program Manager

"I'm born and bred in Brisbane; my people are the Wakka Wakka tribe from Cherbourg. I'm proud to identify as Aboriginal, we have a long standing history and a very rich culture. I'm very proud to be part of our people and our ancestry."



Jodi Dyer, Indigenous Health Worker, Ngarrama Redcliffe

"It's important for mums and dads to identify as being of Aboriginal and or Torres Strait Islander origin and their babies due to the extra vaccinations and health checks throughout the first two years of their life and for better health outcomes for our people."



Auntie Grace

"It's so important for each and every one of us to identify when we are in the health system as we come in all shapes and sizes now and colours, even my own children with fair skin and blonde hair."

Please if we are going to close the gap you must identify in the health care system to say your Aboriginal, Torres Strait Islander or South Sea."



Stella Wake, Enrolled Nurse for diabetes, North Lakes Health Precinct

"I'm a proud member of the Jangga tribe on my mother's side as well as Juru on my father's side. I love working in diabetes and have built up a good rapport with our clients."



James Daniel Hopkins, grandson of the late boxer Jeffrey "Mitta" Dynevor from Cherbourg

"There is a big emphasis of sharing in our culture and I think that's what makes our culture so unique, other than being the oldest living culture on the planet, the sharing and respect of our Elders."

I'm hoping to be one of those Elders one day in the Cherbourg Ration Shed succession plan. We just need our younger generation to realise this place is worth fighting for."



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.

CULTURAL MESSAGE:

Turubul body parts

Turubul is the name of one of the languages or dialects spoken in the Brisbane area north to Caboolture and the Sunshine Coast.

Linguistic research, including AUSTLANG and AIATSIS indicate there is some uncertainty around Turubul including whether it refers to a dialect or a group within the North Brisbane Region. Historical documentation from settlers, missionaries and others record words from Turubul since the 1840s. There are shared

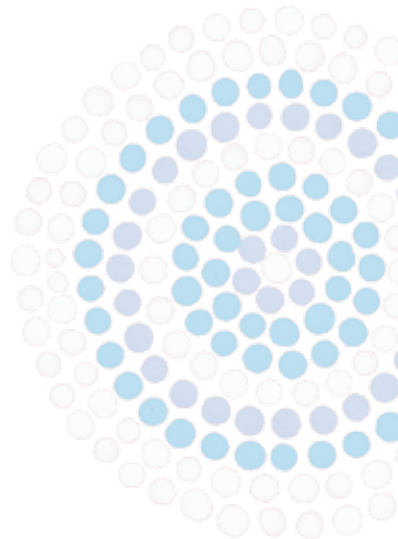
words between Turubul and neighbouring languages of Kabi Kabi to the north and Yugara / Yuggera to the south.

As Aboriginal languages are oral languages that have only been written since European settlement, the spelling of Turubul and Turubul language may differ in historical documents and other sources; for example Turubul has also been spelt Turrbul, Turubul, Turrabal, Toorbal, Tarabul and Churrabool.

The following list identifies parts of the body and their suggested pronunciation.

Note: the following list should be seen as a guide only; there may be several variations in spelling and pronunciation. Check with local language speakers/custodians as to the preferred local pronunciation.

English	Turubul	Pronunciation
Arm	Yamma	Yah-mah
Blood	Gardin	Gar-din
Bone	Dyrrbin	Deer-bin
Ear	Binung	Bin-ung
Eye	Mill	Mill
Finger	Gillen	Gill-een
Foot	Dinung	Din-nung
Forehead	Yilim	Yill-im
Hair	Kabui	Kar-boo-ee
Hand	Marra	Mah-rah
Head	Magul	Mah-gool
Knee	Buhn	Boon
Leg	Dharang	Dah-rang
Mouth	Dhambur	Dam-boor
Neck	Durdur	Door-door
Nose	Muro	Moo-row
Shin	Buyu	Boo-yoo
Shoulder	Giga	Gee-gah
Teeth	Deea	Dee-ah



Word of the Month:

“Galang nguruindhau”

Meaning: Galang nguruindhau means good day in the Turrbal language.

The statement can be used when greeting someone.

Language: Turrbal

Pronunciation: Ga-lung ngoo-rroo-win-dha-woo

Source: State Library of Queensland



Cultural Gatherings

Men's business

Men from the A&TSIHU travelled to Red Beach on Bribie Island to learn how to make traditional spears.

Cultural Capability Officer Elwyn Henaway and Indigenous Hospital Liaison Officer, Tyler Lea, organised the cultural gathering.

The men were challenged to make spears out of bamboo sticks using their own techniques. The analogy of the spear was the workforce as the head of the spear, the body as middle management and the person throwing the spear as the leaders. All areas of the spear should work in harmony for an effective service delivery.

In the afternoon, they enjoyed a BBQ lunch and barefoot cricket.



Caboolture Indigenous Hospital Liaison Officer Tyler Lea



Men from the A&TSIHU made spears using bamboo sticks



A&TSIHU Director Paul Drahm



After Hours Liaison Officer, Jonathan Tapau

Women's business

As part of Women's Health Week celebrations, members of the A&TSIHU headed outdoors to enjoy some bushwalking and yarning at Bunyaville Conservation Park.

They worked up a sweat trekking through the park and doubling the amount of steps taken by the average office worker each day.

After a healthy lunch, the women enjoyed yarning together and discussing ways to further improve cultural governance within their roles at Metro North.

Some ideas included establishing a cultural staff network, linking with communities to enhance cultural knowledge and appreciation and establishing a cultural award as part of the MNHHS Staff Excellence Awards.

Another gathering will be held towards the end of the year, with the women deciding to organise a Nungeena tour through the Glasshouse Mountains.



The women from the A&TSIHU enjoyed a brisk walk through the Bunyaville Conservation Park.



The outdoor event allowed the women to connect with nature and discuss ways to further develop cultural governance across MNHHS.



Women from the A&TSIHU enjoyed putting on their joggers as part of Women's Health Week celebrations.

Healthy Ageing Expo

Indigenous Hospital Services and the Acute and Primary Care Service took part in the annual Healthy Ageing Expo held last month at Brighton Health Campus.

Clients from the services enjoyed meeting various health experts and discussing ways to lead a healthy lifestyle as they grow older.



Cultural Capability Officer Elwyn Henaway was invited to deliver the Acknowledgement to Country.



Aleacha Hopkins with a resident from Brighton Health Campus.

Almost 600 community members attended the event, with a full range of activities on offer including Tai Chi alongside the Brighton Campus waterfront, a Heart Foundation walking group, and hearing and blood pressure checks.

The Expo also commemorated the 70th anniversary of the Brighton Health Campus with a display of historical items, photos and memorabilia.

A new wooden bench made by the Sandgate and District Men's Shed commemorating the Campus' 70 years was also unveiled on the day by Member



Indigenous Advanced Health Workers Delma Dorman and Andrew Williams pictured with client Sandra Blundell from Deagon.

for Sandgate Stirling Hinchliffe and Metro North Hospital and Health Board member Associate Professor Cliff Pollard AM.

The bench will take pride of place in a special healing and sensory garden being developed on campus this year.



Members of the Acute and Primary Care team with MNHHS Board Member Associate Professor Cliff Pollard AM.



MNHHS Board Member Associate Professor Cliff Pollard AM, CISS Executive Director Chris Seiboth and Member for Sandgate Stirling Hinchliffe with the new wooden bench made by the Sandgate and District Men's Shed.

Health bodies partner for better Indigenous health

Five of the state's peak health bodies have partnered to improve the health outcomes for Aboriginal and Torres Strait Islander children.

The Queensland Clinical Senate, the leading clinician advisory body for Queensland Health, has partnered with the Queensland Aboriginal and Indigenous Health Council, The Institute of Urban Indigenous Health, Health Consumers Queensland and Queensland Health to deliver the Growing deadly families forum in Brisbane last month.

Senate Chair and emergency physician Dr David Rosengren said the forum would take a unique approach to addressing the poor health outcomes of the state's Aboriginal and Torres Strait Islander peoples.

"This is not going to be a forum of health chiefs and clinicians deciding what needs to be done to improve the health outcomes of our Indigenous community," Dr Rosengren said.

"This is going to be health chiefs and clinicians listening to Aboriginal and Torres Strait Islander women and elders about their experiences using existing health services and how we can do better."

Professor Cindy Shannon, a descendent of the Ngugi people from Moreton Island, facilitated the meeting involving 150 Aboriginal and Torres Strait Islander peoples and elders, health workers, clinicians and health system leaders.

"The health of Aboriginal and Torres Strait Islander peoples is everyone's business," Professor Shannon said. "We need to work together to improve health outcomes for our children and their families.

"I am delighted to be part of this forum, which is a collaborative effort to make a difference."



Pictured RBWH Ngarrama Midwife Amy (second left) and Ngarrama Family Project Lead Kelly Smith (second right) with some proud Ngarrama mums.

Ngarrama Maternity consumers had the opportunity to share their stories regarding the impact of culturally appropriate care.

For more information about the Queensland Clinical Senate visit: <https://www.health.qld.gov.au/clinicalpractice/engagement/clinical-senate>

Health Consumers Queensland

Members of the A&TSIHU had the opportunity to attend a Partnering with Consumers training session with Health Consumers Queensland.

Project Manager Ann Curtis led the session discussing the fundamentals of partnering with consumers and involving consumers and carers in projects and committees for the health industry. Consumer Natasha Malmstrom also shared her story and journey as a domestic violence survivor and mother.

The session has been delivered to thousands of Queensland Health Staff in an effort to improve partnering with consumers and ensure patient-centred care is recognised as an element of high quality health care.

“You need to bring consumers at the beginning of the planning, they’ll help you. They have the ability to think outside the box and add value,” Ann said.



Ngarrama Family Community Service Project Lead Kelly Smith, Principal Communications Advisor Renee Simon, Ann Curtis and Ngarrama Maternity manager at RBWH Amy Galliene.

Health Consumers Queensland is the peak health consumer organisation representing the interests of Queensland’s health consumers and carers.

TEN ATTRIBUTES OF A HEALTH LITERATE HEALTHCARE ORGANISATION

1. Has leadership that makes health literacy integral to its mission, structure and operations.
2. Integrates health literacy into planning, evaluation, patient safety and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations’ services by the organisation into the design, implementation and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation.
6. Uses healthy literacy strategies in interpersonal communication, and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audio-visual and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

Deadly Awards

As part of the A&TSIHU cultural leadership and governance program, staff nominate team members for bimonthly ‘deadly awards’ in recognition of going above and beyond in their roles.

The program allows staff members to be recognised by their peers and for all the deadly work they do with supporting Aboriginal and Torres Strait Islander clients.

Congratulations to the following staff members for receiving ‘Deadly Awards’ at the recent All Staff Forum:

- **Temiah Henaway (Improving the Patient Journey Officer)** for always being supportive and keen to assist with vehicle log sheets.
- **Chloe Marshall (Administration Officer)** for always being supportive in her role and for assisting Unit events.
- **Ann Baxter (Ngarrama Child Health Nurse)** for always offering support, big smiles and laughter in the workplace.
- **Renee Simon (Communications Advisor)** for helping and coordinating behind the scenes and on the day of the Caboolture NAIDOC Family fun day.

- **Paul Drahm (Director)** for providing support and leadership for the Unit.
- **Laurel Lincolne (Service Improvement Officer)** for following up with community contacts for the NAIDOC Week event. Laurel was an active and supportive member of the events committee.
- **Vaughan Travers (Executive Support Officer)** for providing outstanding support to the A&TSIHU events committee for the 2017 NAIDOC Event at Caboolture.



Mark Budd, Temiah Henaway and Aleacha Hopkins. Temiah presented both Mark and Aleacha with a peer recognition award for providing support and leadership in regards to a complex patient situation.



Vaughan Travers presented Chloe Marshall with a peer recognition award for assisting the Unit with cultural events throughout the year.



Paul Drahm presented Ngarrama Child Health Nurse Ann Baxter with a deadly award for providing support and laughter in the workplace.



Vaughan Travers was recognised with both a Peer Recognition award and Deadly award for his role in coordinating the 2017 NAIDOC Community Family Fun day at Caboolture.

OUT&ABOUT

World Mental Health Day

One in five Australians are affected by mental illness, yet many don't seek help because of stigma.

Some of our staff made a promise on World Mental Health Day (October 10) to help shed a more positive light on mental health for our mob.



Caley Malezer (left) and Chloe Marshall (right) are currently supporting each other with improving their health and wellbeing by eating healthy, attending the gym and giving up smoking.

Chloe Marshall, Administration Officer, Pine Rivers Community Health Centre

"I promise to keep going with giving up smoking and keep a positive mindset. I already feel my mind is stronger and my body is cleansed since quitting smoking."

Caley Malezer, Project Support Officer

I promise to continue to be active, visit the gym, eat healthy at work and have a positive mindset in everything I do. My goal is to slim down for my wedding in 2019."



Jarrod Parter, Acting Team Leader, Acute and Primary Care

"I promise to get back to the gym to keep my mind and body active, and to be a positive influence in our Indigenous communities."



Henry Nona, Cultural Capability Officer

"My mental health promise is to stay fit, active and healthy through good diet and exercise. I promise to be a positive representation to our younger generation of Aboriginal and Torres Strait Islander peoples and show that we are healthy people in mind and spirit."



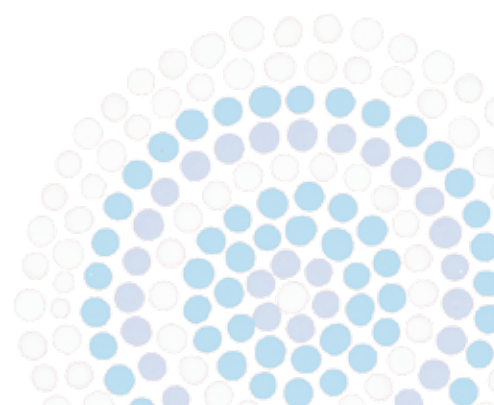
Aunty Sandra Markwell, Indigenous Community Liaison Officer, Acute and Primary Care

"I promise to get up from my desk, stretch and enjoy some fresh air. By keeping the mind and body active I can help build a positive mindset."



Natasha White, Indigenous Hospital Services Manager

"I promise to visit the Dadirri healing garden at Cherside Community Health Centre in my lunch break. It allows me to take time out, listen to the trees, birds and be one with nature."



B.strong training program to help close the gap

Health professionals will receive training on how to provide culturally-appropriate healthy-lifestyle advice to their Aboriginal and Torres Strait Islander clients with the launch of the B.strong training program.

Minister for Health and Ambulance Services Cameron Dick launched the Palaszczuk Government's \$2.24 million three-year Aboriginal and Torres Strait Islander Brief Intervention Training Program (the B.strong training program) which will be delivered by Menzies School of Health Research over 2017-2019.

<https://www.bstrong.org.au/>

Indigenous Australia faces 'tsunami' of kidney disease

Indigenous Australia faces what's been described as a looming "tsunami" of kidney disease. Following the death of the acclaimed Indigenous musician Dr G Yunupingu from renal failure, east Arnhem Aboriginal health organisations are calling on the federal and territory governments to match their own funding to fight the problem.

<http://www.abc.net.au/radionational/programs/breakfast/indigenous-australia-faces-tsunami-of-kidney-disease/8780432>

Australia better at tackling natural disasters than helping Indigenous people, CEO says

Mental Health Australia says governments need better response to 'slow-burning, invisible kind of tragedy'.

The Arnhem Land community of Galiwin'ku was devastated by two cyclones just four weeks apart in 2015 and while the Northern Territory government was rebuilding houses it was missing the opportunity to address high levels of disability by putting in wheelchair ramps at the same time, the Garma festival audience was told.

<https://www.theguardian.com/australia-news/2017/aug/07/australia-better-at-tackling-natural-disasters-than-helping-indigenous-people-ceo-says>

Dramatic child mortality turn around on Tiwi Islands

In the 1960s, half of all deaths recorded on the Tiwi Islands were of children aged 15 or under. But a study of more than five decades of data has shown a dramatic turnaround of that tragic trend.

<http://www.news.com.au/national/northern-territory/dramatic-child-mortality-turn-around-on-tiwi-islands/news-story/bbe6db5f8e14e88b688965a4a0fc61d7>

New treatment space opens at Ipswich Hospital

A new clinical space has opened up at Ipswich Hospital but it's no ordinary consultation room. This space was built using three tonnes of sandstone and granite rocks and ironbark timber. It's part of a collaborative project to better meet the needs of the indigenous community.

<https://www.qt.com.au/news/new-treatment-space-opens-at-ipswich-hospital/3225323/>

Indigenous psychologists; a rare, but vital, kind of health worker

Indigenous Australians have over 200 years of trauma compounded throughout the generations, making it both unsurprising and devastating that we have a mental health crisis in Aboriginal communities throughout the country. Children as young as 10-years-old are committing suicide, highlighting a national crisis that needs far more attention than it is getting from the political power brokers.

<http://www.sbs.com.au/nitv/article/2017/09/13/indigenous-psychologists-rare-vital-kind-health-worker>

We can use AFL to boost school attendance and improve mental health in Indigenous communities

Indigenous boys living in remote Australian communities have a 20 per cent lower truancy rate if they play AFL. This is one of the findings from our latest study exploring the benefits of Indigenous people's participation in Australian rules football (AFL).

Conducted by the Bankwest Curtin Economics Centre, the report also showed that 56 per cent of Aboriginal and Torres Strait Islander children who participated in football were assessed as being in excellent health compared to 48 per cent of those who had not participated in any organised sport.

<http://theconversation.com/we-can-use-afl-to-boost-school-attendance-and-improve-mental-health-in-indigenous-communities-83956>

Support service as rehab follow-up

For the first time in the Kimberley, people returning home from residential alcohol and drug rehabilitation are being offered access to a support service. The program aims to close a significant gap in the East and West Kimberley and has been made possible by more than \$1 million from the Commonwealth.

The philosophy recognises people returning to their homes and families after residential treatment need active support and follow-up to have the best chance of a sustained recovery.

<https://thewest.com.au/news/regional/support-service-as-rehab-follow-up-ng-b88589565z>

Indigenous health brought to heal

A new facility for members of the Aboriginal and Torres Strait Islander community offering traditional healing practices as well as assistance with life skills, job training and emotional wellbeing has been officially opened in the Tidbinbilla Valley.

The first of its kind in the ACT, Ngunnawal Bush Healing Farm (NBHF) offers clients a range of activities to enable them to better respond to life's challenges, such as life skills training, cultural programs, and physical health and wellbeing programs.

<http://www.psnews.com.au/act/567/news/indigenous-health-brought-to-heal>

Future Brisbane: Obesity rate a major health hazard in years ahead

Experts are warning the fight against fat will be one of the biggest health battlegrounds over the next few years, as the number of overweight and obese Queenslanders swells to three million by 2026.

Latest Queensland Health data shows 259,000 children and 2.3 million adults are overweight or obese, with the number of people not within a healthy weight range expected to grow to 2.7 million by 2020 and three million by 2026 if rates remain unchanged.

<http://www.couriermail.com.au/news/queensland/future-brisbane/future-brisbane-obesity-rate-a-major-health-hazard-in-years-ahead/news-story/86e207ae5bacdb2d54460b38a8851c19>

'Business as usual' health care unsafe for Indigenous Australians

Research by the Royal Flying Doctor Service (RFDS) and Flinders University shows that limited uptake of culturally safe healthcare practices is contributing to negative health outcomes for Indigenous Australians and undermining national Close the Gap initiatives.

The research cites evidence that Indigenous people presenting to emergency departments with acute coronary syndrome, or sudden, reduced blood flow to the heart, are half as likely as non-Indigenous patients to undergo a coronary angiography.

<https://indaily.com.au/news/2017/09/06/business-usual-health-care-unsafe-indigenous-australians/>

Indigenous hospital services

Indigenous dialysis patients pushing for grassroots community health services

Aboriginal dialysis patients say too many people are dying a lonely death away from their families, because they cannot be treated at home. In remote parts of Australia, patients whose kidneys are failing often have to leave their home communities to seek dialysis treatments in larger cities and towns.

<http://www.abc.net.au/news/2017-09-06/indigenous-dialysis-patients-push-for-community-health-services/8879524>

Deafness leading to life of misery, say surgeons

Loss of hearing could be playing a role in Aboriginal and Torres Strait Islander children ending up in the juvenile justice system—and then hampering attempts for them to change their lives, according to Australia's peak body for surgeons.

The Royal Australasian College of Surgeons has told the Royal Commission into the Protection and Detention of Children in the Northern Territory that the impact of ear disease and hearing loss on Aboriginal and Torres Strait Islanders in the justice system was of "great concern".

<http://nit.com.au/deafness-leading-life-misery-say-surgeons/>

Dementia risk higher for Indigenous Australians abused or part of stolen generations

New research has found that Indigenous people with high rates of childhood trauma, including those who were forcibly removed from their families such as Alison's aunt, are nearly three times more likely to develop dementia, especially Alzheimer's disease, than others.

<http://www.smh.com.au/national/health/risk-of-dementia-three-times-higher-for-indigenous-australians-abused-or-part-of-stolen-generation-20170831-gy7q6z.html>



Here to support you

Assisting the hospital journey of Aboriginal and Torres Strait Islander patients and their families.

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



Queensland
Government



A Day in the Life of Henry Nona

1. What does your role involve?

My role involves providing project management, support to development, implementation and evaluation of the Community, Indigenous and Subacute Services Reconciliation Action Plan.

I also provide Aboriginal and Torres Strait Islander cultural advice, guidance, support and education, including promotion of good practice models. This includes regular training and education to Metro North Hospital and Health Service staff.

2. How long have you worked with the Aboriginal and Torres Strait Islander Health Unit, and what did you do prior?

I've worked within the Aboriginal and Torres Strait Islander Health Unit for the past five years as a Cultural Capability Officer.

Prior to this I worked at community, capacity, safety and quality for the Department of Communities. We monitored the funding applications for all non-government organisations for their service delivery. I worked within this role for four years.

3. Can you provide details about where you come from and your family history?

I was born on Thursday Island in the Torres Strait Islands. My mum and dad all grew up in Badu, a Western Island of the Torres Strait Islands. I come from a family of 14.

We later relocated down to Cairns. I identify as both Aboriginal and Torres Strait Islander Australian.

I grew up in a family of language. I can speak seven different languages. It's very interesting as you would pick it up very quickly, the different dialects of different mobs. For my children I speak to them in these seven languages, they are the next generation to carry the native tongue.

If you hear songs and dance in the Torres Strait Islands I can identify exactly where they come from, which Island and you also get taught the features of the people from different islands. I can see from a distance which Island they come from just from their features.

4. What was life like for you growing up in the Torres Strait Islands and how does it compare to living in Brisbane?

It's a big culture shock and change. Growing up in the Torres Strait Islands you're indulged with the language, day in day out, and the practices of the Indigenous ways.

Moving down to the mainland, the diverse culture changed as I had to learn English, the culture of the non-Indigenous ways, as well as maintain the cultural practices of Indigenous Australians. As much as I still practice it today, I'm still lacking in other areas as I'm not in the area of the Torres Straits to learn other practices that take place. In saying that, I'm very lucky as I get to learn both.

5. How do you maintain your cultural connection back home to the Torres Strait Islands?

I maintain it by speaking the language at home to my children. I teach them about the practices that take place that we don't see day by day here.

I try attending many of the Torres Strait Island events in the community so they are aware of what takes place. In regards to sad news and sorry business I also educate them of the different roles. I teach my sons how the guys actually do their role once someone has deceased and how my daughters are expected to do their role as the women. Traditionally, all the men do the hard labour and the women dress it up to give a female touch.

I take my children back to our community in Cairns. This area has a high population of Aboriginal and Torres Strait Islanders. The practices are very big up there; they continue to maintain language and practices in these communities.

6. How do you support patients travelling down from the Torres Strait Islands for treatment in our hospitals and facilities?

I often receive questions from staff about Torres Strait Islanders. I teach them the general practices around the Torres Strait Islander culture and general practices with engaging with our women or men.

I assure them that 75 per cent of staff across Queensland Health is female so just to be aware when you are caring for a male patient be aware of eye contact and advising if you are in an area of women in the ward or vice versa.

7. What does a typical day look like for you?

It involves delivering cultural awareness training or preparing reports.

I could also be delivering language support to our Indigenous Hospital Services. I will translate the language in broken English so they understand some of the words so I am delivering the right message from the clinician. If the patient speaks full language to me I will translate to the doctors in English and speak back to the patient in Creole.

8. You've led a Torres Strait Islander dance group; can you tell me the places you have travelled to across the world?

I've travelled to Sweden, Finland, parts of Asia (Kuala Lumpur, Thailand and China) and most recently we visited Hawaii four times to dance for the Australian Consulate. I manage a group called Jaran which means "fresh water turtle".

Hawaii and Kuala Lumpur were two of the most memorable countries. In Hawaii we performed in the low socioeconomic area for the students. These children live in the beach cities in tents on the south of Hawaii close to Pearl Harbour. In Kuala Lumpur we performed for the refugee families. Both experiences really touched my heart.



9. You are a keen boxer and like maintaining good health, what advice do you provide to others wanting to maintain a healthy lifestyle?

I started boxing at a very young age in Victoria in the amateur bouts. I love staying fit. Along the way the food just got too good and I stacked on the weight!

The real cause of staying fit was for my children and for the wider community. As a Cultural Capability Officer when delivering the message of health and discussing Indigenous life expectancy limitations, I'd like to show Indigenous people are also very healthy people. I'd like to be a positive role model to my community and showing the wider community you can be fit.

I just love boxing and doing weights. I'm actually going in a body building competition next October.

10. Are there any other interesting facts you can share about yourself?

When you're in the entertainment industry you meet people you wouldn't believe. I performed at the Europe Grammy Awards in Sweden at the Tennis Centre. I met the King and Queen of Sweden and they invited us to have dinner with them.

I met a few of the 400 athletes for the 2000 Sydney Olympics. We had to perform.

I met famous Swedish tennis player Bjorn Ball, with the long hair. I didn't necessarily get Tennis, but I loved him.

At a function I performed for American musicians George Benson, Bobby Brown and MC Hammer.

I think the most interesting thing I've found in life is the general people you meet. I've exchanged numbers with all of these celebrities, but meeting the general people is more of a buzz to me as you know you will be back in contact with them.

11. Finally, what are your wishes for the future generations of your people?

I'd like to see healthier outcomes for our Indigenous children and for them to live a longer life. Also, to maintain their culture and ensure it isn't lost. It's important to practice this through language and dance.

To create true equality for our children we also need to work in unity with our non-Indigenous peoples.

RECIPE

Orange and Wattleseed Muffins

By Fred's Bush Tucker



To Prep: 10 minutes To Cook: 15 minutes

INGREDIENTS (for 4 serves)

- 2 cups self-raising flour
- 1 tablespoon of caster sugar
- 1 tablespoon of roasted wattleseed
- 100g low-fat margarine or olive oil spread
- ½ cup orange marmalade
- 1 egg, lightly beaten
- ½ cup milk
- 1 tablespoon of icing sugar, for dusting

What to do

1. Pre-heat oven to 210°C. Prepare a 12 hole muffin tin with patty cases. Sift flour and sugar into a bowl.
2. Add roasted wattleseed and stir. Make a well in the centre of the mix.
3. Combine margarine and marmalade in a small pan. Stir over a low heat until the marmalade becomes runny and the margarine has melted.
4. Add margarine mixture and combined egg and milk to the flour mixture and stir until just combined (do not overbeat) – the batter should be quite lumpy.
5. Spoon batter into lightly oiled muffin tin and cook for 10-12 minutes or until golden.
6. Transfer to a wire rack to cool and dust with icing sugar before serving.

Source – https://www.heartfoundation.org.au/images/uploads/publications/4423_HF__Koori_Cookbook_FA_WEB.pdf

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

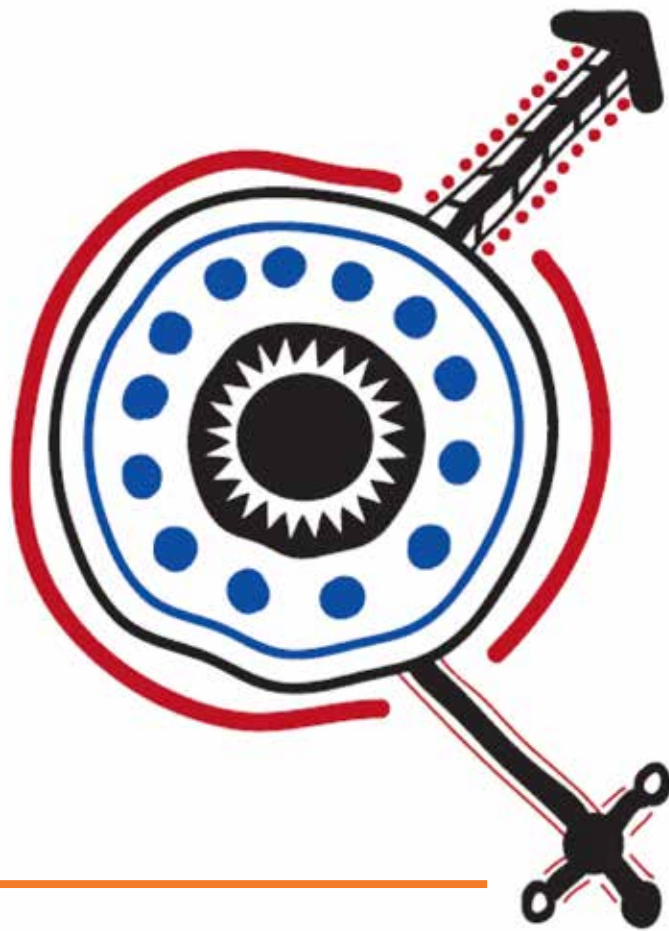
To increase health services for Aboriginal and Torres Strait Islander peoples within the MNHHS area and to urban, and rural and remote communities across Queensland in order to improve health outcomes and contribute to the Council of Australian Governments' (COAG) Close the Gap initiatives.

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

Indigenous sexual health



Culturally-appropriate access, advocacy and support services

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

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



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

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



<http://creativecommons.org/licenses/by/2.5/au/>

© State of Queensland (Metro North Hospital and Health Service) 2016

Produced by the Metro North Communication Directorate

Page 20