

Brand new students Kaylah Mosby, Berniece Bowie and Rebecca Naawi-Anderson are all signed up and ready to commence the Deadly Start program.

Hospitals and schools across Brisbane have teamed up to boost the number of young Aboriginal and Torres Strait Islander students taking up careers in health.

A Deadly Start for Health

Minister for Health and Minister for Ambulance Services Steven Miles and Minister for Education Grace Grace launched the Deadly Start Education2Employment program at the Royal Brisbane and Women's Hospital (RBWH) Education Centre.

Minister Miles said the program aimed to encourage young Aboriginal and Torres Strait Islander people to choose a career in health.

"Indigenous students from as far away as Torres Strait and Weipa have been offered a school based traineeship in either nursing, allied health or dental at the Royal Brisbane and Women's Hospital, The Prince Charles Hospital and Oral Health Centre," Mr Miles said.

"This is a great opportunity for these students to get their foot in the health employment door. It will also help us increase the number of Aboriginal and Torres Strait Islander people working in our hospitals.

"It makes sense that having more Aboriginal and Torres Strait Islander people working on our wards will help us improve Indigenous health outcomes in Queensland," Mr Miles said.

"It also means that our Aboriginal and Torres Strait Islander patients will receive more culturally appropriate care, which means they're less likely to discharge against medical advice."

"Our large city hospitals are often intimidating to patients from rural and remote communities, so it is also important to connect those patients with staff who share and understand what they're going through."

Minister for Education Grace Grace said the Palaszczuk Government was committed to Closing the Gap in Aboriginal and Torres Strait Islander health outcomes.

Story continues next page





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

Email to:

A_TSIHU_MNHHS@health.qld.gov.au

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

Contact information

Royal Brisbane and Women's Hospital	
Indigenous Hospital Liaison Officer	Ph: 3646 4154 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 12pm 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
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

Continued from previous page

"We know that access to education, employment and healthcare can help determine quality of life and life expectancy of Aboriginal and Torres Strait Islanders and this program will help to address that," she said

"The first intake of nearly 30 students are getting a head start on their nursing, allied health or dental careers, while maintaining their senior school commitments.

"Students will work one day per week (total 375 hours) to attain a Certificate III, as well as gain valuable hands on experience."

By 2031, the Indigenous population in South East Queensland is projected to reach more than 133,000 – almost double that of other states – however the number of those with clinical training is extremely underrepresented, particularly in medicine.

Woodcrest State College Year 11 student Sharde Smith is thrilled to be one of the first Deadly Start participants to enter nursing.

Story continues on page 4



Our Staff Yarns Ambassadors Yvonne Williams, Josh Rigg, Stella Laidlaw and Sonita Giudice yarn with Annabelle Sayers, Metro North HR Graduate, about the cultural mentoring of the new students.

A word from the Director



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

Congratulations to the Community and Oral Health Innovate Reconciliation Action Plan (RAP) Working Committee for being highly commended under the Values in Action category at the recent Metro North Staff Excellence Awards.

The 'CISS Innovate Reconciliation Action Plan May 2018 – May 2020' is the first RAP to be launched for a hospital and health service in Queensland. The RAP provides a blueprint to enhance the health journey of Aboriginal and Torres Strait Islander peoples and improve employment and economic outcomes.

The group was nominated for displaying exceptional values in action when developing and launching the plan. The working group, a mixture of Indigenous and non-Indigenous clinical and administrative staff was integral to shaping the actions of the plan.

The RAP Working Group displayed respect for each other, teamwork to develop the core vision, compassion towards the Aboriginal and Torres Strait Islander Elders and community, and Integrity to embrace the culture and learnings along the reconciliation journey. The group have gone above and beyond to implement the plan at a local level and in every interaction, they have with our Indigenous community.

I am pleased to see our Aboriginal and Torres Strait Islander staff jump on board the new Metro North Staff Yarns network. The online portal hosts a wealth of information and resources and provides a cultural connection for Aboriginal and Torres Strait Islander staff. The aim is to bring Aboriginal and Torres Strait Islander staff together and will provide an opportunity for them to connect and collaborate on ways to improve services for Aboriginal and Torres Strait Islander people. So far, we have had 23 members join the network, a great effort and we hope that over the next couple of weeks that number will continue to increase.

Last month, I was privileged to attend the launch of the new Metro North Deadly Start Program. I would like to welcome the 25 new Aboriginal and Torres Strait Islander students joining our organisation as school-based trainees and choosing health as a career path into the future. I truly believe closing the gap on health outcomes for our mob will start with this next generation of Indigenous healthcare leaders.

Finally, I would like to take this opportunity to thank all our staff for their dedication and commitment to delivering exceptional care to our Aboriginal and Torres Strait Islander community over the past 12 months. I wish all you mob a safe and happy Christmas and I look forward to working with you in 2019.

Paul Drahm

Acting Director, Aboriginal and Torres Strait Islander Health Unit



L-R: Metro North Board Member Dr Paula Conroy, A/Director of Speech Pathology Therese Elliot, Education Officer Lee Barby, Brighton Health Campus Centre Manager Julie Sochacki, Director of the Aboriginal and Torres Strait Islander Health Unit Paul Drahm, Director of Community and Oral Health Tami Photinos and Allied Health Director Jo Walters.

With more experience in a hospital than most people her age following a childhood diagnosis of leukaemia, the now-16-year-old was able to bond with an Indigenous nurse who taught her stories and helped her understand the situation through their shared culture.

"I've been through what they're going through, I know how it feels so I want others to know there is someone there to help them through their hard times," Sharde said.

"This program is going to have a huge impact because I'm going to be doing what I love, giving back, changing people's lives, saving them, so I think it's going to be something that I look forward to everyday," she said.

Metro North Hospital and Health Service Chief Executive Shaun Drummond said that health is one of the largest employers in Queensland and will account for as many as one in four jobs in the next five years. However just four per cent of school-aged students are choosing a health pathway at school.

"Without targeted recruitment, particularly aimed at young Aboriginal and Torres Strait Islanders, we just won't have the workforce we need to cover this growing demand," Mr Drummond said.

"Almost 20 schools have signed up to the program, including Beenleigh, Woodcrest, Glenala and Kelvin Grove State College, and we even have some students from Weipa and the Torres Strait.

"Deadly Start is more than just a statement – it's about taking action to build a strong and thriving workforce that better reflects the community we live in."

The Deadly Start Education2Emplyment program is part of a newly-established Health Hub, which is a partnership between Metro North Hospital and Health Service, Brisbane North West Trade Training Centre, Mater Education, and state, independent and private schools.



Setting up displays for Deadly Start are Renee Simon, Chloe Marshall and Caley Malezer



All the fun of the fair, enjoying a laugh were Caley Malezer and Natasha White



Getting into the spirit of things are Elwyn Henaway, Debra Devers and Gene Blow



Director of the Office of the Chief Executive, Vivienne Hassed (centre) with Principals from the participating schools.

What's inside

December 2018 / January 2019

Contact information	
PROGRAM UPDATES	
Indigenous Hospital Services5	
Indigenous Acute & Primary Care Team7	
A year in review8	
OUT & ABOUT	
Metro North Family Fiesta9	
Diversity roadshow9	
Mental Health Week	

IN FOCUS

RBWH Indigenous Hospital Liaison Phones	11
Caboolture Hospital commits to reconciliation	11
MN Staff Yarns Ambassadors profile - Yvonne Williams	12
Values in Action Page – poster	13
Values in Action Champions	14
My Health Record (MHR)	16
STAFF FEATURE	
Identification: It's your right to a healthier life	16
Word of the month: Binay	17
A day in the life of Chris Henaway	18
DART Team recognised for 'deadly effort'	
Pack Page: Supporting our Diverse Workforce	22



As we move towards Christmas, on behalf of the team we would like to wish you all Merry Christmas and a Happy New Year. This year the service will be closed from Monday 24th December 2018 to 2nd January 2019.

We are all looking forward to seeing what 2019 has install for the team. We also would like to acknowledge all our patients, their families, carers and escorts who have touched our lives in some way and wish them all the best on their healthcare journey.

New Referral Email

The team have been working hard on providing seamless access to our services. This is to inform that we only have one referral email, this email will create additional access for referral or for contacting our liaison staff to advise that a patient, family and/or escort from your hospital is coming down and you would like us to follow up on them.

A new referral form and updated contact list will be available shortly and will be forwarded to all Hospital and Health Services and Community Services as soon as possible.

Email: Indigenous Hospital Liaison Services MNHHS@health.qld.gov.au

Indigenous Hospital Services

with Natasha White, Manager, Indigenous Hospital Services

Patients travelling from Regional, Rural or Remote Communities

We understand that some of our patients, family members and escort are required to travel from communities outside of the Brisbane area. We would like to remind everyone that it is important to let our team know prior to travelling to Brisbane if transport is required to attend appointments.

Transport to and from the airport, bus or train can be coordinated with our staff, please make sure these are coordinated prior to travelling to Brisbane. This will allow the team time to organise the transport. The team can be notified via our email or via contacting the team within the hospitals.

Transport support is provided during the following days/ times:

- Tuesday Thursday
 8:30am 3:30pm
- Friday and Monday 8:30am – 7:00pm
- Saturday and Sunday 10:30am – 5:00pm

If transport is required outside of these time periods, please provide an email requesting support to our email address Indigenous Hospital Liaison Services MNHHS@health.qld.gov.au.

We would also like to encourage you to work with your local Aboriginal and Torres Strait Islander Medical Service, Hospital or Community Health Service who can also assist with organising your travel.

Also, please keep in mind that our staff are also supporting patients and their families who are already in hospital, so coordinating any transport before arrival will help us ensure no one misses out.

Partner in Research – Impact of the costs of cancer care on health service usage for Aboriginal and Torres Strait Islander Australians.

We are very pleased to be working with representatives from Menzies School of Health Research on a project which we believe is integral to the care of our mob. The study aims to explore and explain how patients costs (both anticipated and unanticipated) affect the health decisions and behaviours of Aboriginal and Torres Strait Islander people with cancer and their families

If you would like to participate, please let the research team know by contacting Brian Arley, the Project Officer on 3169 4235. If you have any questions about the research study, please contact the Principal Investigator, Professor Gail Garvey at: gail.garvey@jcu.edu.au or phone 3169 4220.

Royal Brisbane and Women's Hospital Phone: (07) 3646 4154

The Prince Charles Hospital Phone: (07) 3139 5165

Redcliffe Hospital Phone: (07) 3049 6791

Caboolture / Kilcoy Hospital Phone: (07) 5433 8249

Indigenous Hospital Services





Aboriginal and Torres Strait Islander people received support

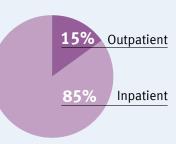
3.3%

from the team.

of Aboriginal and Torres Strait Islander who received a service identified as Family or escort of the inpatient.

Top 3 months

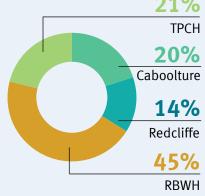
June, August and Septembers experienced high rates of patient interactions



Extended IHLO services

at TPCH, Redcliffe and Caboolture Hospitals





8,220 REGISTERED OCCASIONS OF ACTIVITY

with 2,200 directly to patients from Rural, Remote and Regional locations We provided transport 525 times



Aboriginal and Torres Strait Islander patients completed treatment after being identified as at risk of discharge against medical advice





Data source: Aboriginal and Torres Strait Islander Effort Tracker January-November 2018

Impact of the costs of cancer care on health service usage for Aboriginal and Torres Strait Islander Australians

Prof Sarah Larkins, Prof Gail Garvey, Dr Emily Callander, Dr Sabe Sabesan, Dr Stephanie Topp, Ms Liela Murison & Dr Robyn Preston

What is the issue?

Indigenous Australians are more severely affected in both cancer diagnoses and cancer deaths than non-Indigenous Australians. They are also more likely to have financial constraints in terms of accessing services. In addition to money worries, Indigenous people receiving cancer care have other costs and commitments that may prevent them from starting or continuing with treatment. Costs of cancer care are usually thought about in terms of cost to the health system. and not the people that it serves. We need to better understand the impact of all the costs of cancer for Indigenous people and how this may impact on their health care use. This study aims to benefit Indigenous people, living in cities to remote areas, by placing the needs of people with cancer first in discussions of health care costs.

What are the questions?

- · What are the costs, both financial and otherwise, of health care for Indigenous people with cancer and their carers?
- What impact do these costs of health care have on health-seeking decisions for Indigenous people with cancer in Queensland and their families?

How will we answer the questions?

- By forming a collaboration of researchers and clinicians with expertise in Indigenous health, health economics and cancer care.
- Through talking with Indigenous people having cancer treatment and their family or friends at the Townsville Hospital and Royal Brisbane and Women's Hospital.
- Through talking with service providers involved in cancer care at these hospitals.
- This will be linked with some data collated in another part of the project about actual

costs of accessing cancer care.





Who is running the project?

A team of Indigenous and non-Indigenous researchers from the Menzies School of Health Research and the College of Medicine and Dentistry, James Cook University are partnering to run this project.

How is it funded?

This study has confirmed funding from the 'STREP CaCIndA;' a Cancer Council NSW Strategic Research Partnership Grant in Cancer and Indigenous People.

Contacts:

Professor Sarah Larkins

Sarah.Larkins@jcu.edu.au or (07) 47813139

Professor Gail Garvey

Gail.Garvey@menzies.edu.au or (07) 3169 4220



Indigenous Acute & Primary Care

PINK RIBBON DAY

The Indigenous Acute & Primary Care Team have a primary goal of improving, maintaining and supporting clients in the community and post discharge from hospital services ensuring they can safely return home from hospital with services provided to support their health needs. The team follow up with regular home visits to support clients in the

community and coordinate care required to avoid hospital readmission.

The Indigenous Acute & Primary Care
Team held a Client Morning Tea with the
PINK RIBBON DAY theme on Friday 26th
October 2018. Client groups offer a caring,

supportive environment where clients can bring their stories or triumph and struggles and discuss with others. It is an environment where community members can be encouraged and accepted as they deal with life challenges. The morning teas have been well accepted by the local community and provide both education and a supportive environment for our mob as they realise they can nurture themselves as well as others.

PINK RIBBON DAY: Breast Cancer Awareness

Just being aware of breast cancer isn't enough, women and men need to have good breast health understanding. This means being aware of the importance of recognising changes in your breasts and having confidence in checking for these changes. Knowing the risk factors for breast cancer and equally knowing the myths around the causes of the disease may help lead to early diagnosis in you or someone you know. It is important to know how your breasts look and feel, and knowing what is 'normal' for you. While nearly three quarters of Australian women believe they are breast aware, only 16% have the appropriate knowledge and skills, according to the McGrath Foundation.

We need to ensure we are talking about breast health with family and friends. The Indigenous Acute & Primary Care team help community members to have these discussions so clients can lead these conversations with their own mob to help build a new generation of women and men who have greater awareness around health issues and prevention.





Morning tea for Pink Ribbon day

For further information, please call: Robyn Chilcott: Manager Indigenous Acute & Primary Care Team (07) 3492 1823.

2018 HIGHLIGHTS



JANUARY / FEBRUARY

Oral Health, Audiology and Physiotherapist departments sign up as Accurate Indigenous Identification ambassadors.

30 stakeholders collaborate to improve Aboriginal and Torres Strait Islander sexual health services across Metro North.

10 Indigenous births for 2017/18 across
Metro North

11,454

Total
Indigenous
Separations in
2017/18

89.4% are Aboriginal 5.6% are Torres Strait Islander 5% both Aboriginal and Torres Strait Islander MARCH / APRIL

70

Community members join Close the Gap Day event at Brighton Health campus.

Indigenous Hospital Services team at RBWH take part in a B.strong workshop hosted by Menzies School of Health Research.

MAY

Indigenous school-based trainees join Metro North

Oral Health launches proper strong teeth campaign at Tullawong State and Caboolture schools.

JUNE

Community, Indigenous and Subacute Services Innovate Reconciliation Action Plan May 2018 – May 2020' launched as part of National Reconciliation Week (27 May – 3 June) celebrations.

Reconciliation

JULY

2,000



Attend Metro North NAIDOC Family Fun Day in Caboolture

76 stallholders





60 Aboriginal and Torres Strait Islander consumers attended the 'Conversations with Metro North' engagement session **AUGUST**

Marrumba

Healing Garden and Mural launched at The Prince Charles Hospital

SEPTEMBER

RAP Working Group Highly Commended at MN Staff Excellence Awards

Aurukun community leaders Aunty Phyllis Yunkaporta and Aunty Sandra Bowenda share cultural enrichment at 27th RBWH symposium.



OCTOBER / NOVEMBER

Diversity & Staff Yarns launched

- Caboolture Hospital signs Statement of Intent to Reconciliation at 25th Anniversary celebrations
- Deadly Start program launched for school based trainees
- Indigenous courtesy phones open at RBWH to streamline access to mental health, maternity and Indigenous hospital services

OUT&ABOUT

Family Fiesta

Metro North Staff Ambassador Stella Laidlaw thoroughly enjoyed a culturally diverse time celebrating the Metro North Family Fiesta on Sunday 18th November. Stella said she enjoyed the food and especially dancing to the Jamaican music with Torres Strait Islander basket weaver, Aunty Edna Billy.





Diversity Roadshow

300 Tea Bags stapled to a leaflet asking staff to "Support our Diversity" were handed out by A&TSIHU staff members, Vaughan Travers, Chloe Marshall, Caley Malezer and Maxine Goulston on Friday 19 October, the date coinciding with Royal Friday and TPCH's Charlie's week.

The "Enjoy a cup of tea while you update your diversity" leaflet was well received as the IHU staff were on hand to answer questions regarding the need for all of us to go into Streamline and update our diversity. Our Staff Yarns Ambassadors will also be lending a hand to answer questions and get the word out across Metro North.

Responses to the questions will provide Queensland Health with a starting point to identify the strategies and programs needed to build more diverse and inclusive workplaces, the information gained from Streamline helps us understand the diversity of the workforce as well as track progress in meeting the workforce diversity targets.

If you haven't updated your diversity yet, make it a priority to get it done today.



Chloe Marshall and Caley Malezer were all smiles handing out tea bags to staff at RBWH recently.

Mental Health Week

The importance of mental health and wellbeing for both patients and staff has been showcased at RBWH for Mental Health Week (6-14 October).

For consumer consultant Imani Gunesakara, Mental Health Week is critical for raising awareness of mental health

"Mental Health Week is important for combatting stigma. It showcases the fact that with the right supports, recovery is possible for all," she said.

A highlight of Mental Health Week at RBWH is the annual Windows to our World art exhibition that displays works by guest artists, consumers and staff of the RBWH Mental Health Service.

The exhibition will continue throughout October in the hospital's ArtSpace.



Ready to yarn about the great work of the Indigenous Mental Health team are Imani and Aleta.



Rounding out the week was RBWH Indigenous Mental Health Display in the Atrium that focused on sensory approaches for mental wellness and information on smoking cessation and substance use issues.

RBWH's Mental Health Service now has access to free wi-fi for patients, carers, visitors, health professionals and other staff.

RBWH Mental Health Director of Nursing Lisa Fawcett said the wi-fi gave patients and visitors access to information through the internet and helped reduce social isolation.

Pictured above, Stephan Lane, Advanced Indigenous Mental Health Worker stated, "It is important to promote Indigenous health and wellbeing, letting them know there is a service there to help." Stephan also mentioned determining what is and what isn't culture helped the Indigenous on their journey in the hospital environment.

OUT&ABOUT

Consumer partnerships celebrated

Metro North Engagement held a special consumer showcase event at Brighton Health Campus last month in recognition of consumers and the integral role they play across the health service.

Uncle Desmond Sandy from the Yugara language group welcomed guests, sharing a tale of the history of the Brisbane area and the significance of different areas for Aboriginal and Torres Strait Islander people.

Metro North Board Member Professor Mary-Louise Fleming thanked the Community Based Advisory Group for their contribution over the past 12 months and Executive Director of Operations Jackie Hanson highlighted the Values in Action program.

A consumer and staff panel discussion was held, with Terry Sullivan providing useful suggestions for clinicians engaging with patients at the bedside.

"If you regard the person as one of your family members, like I'm not dealing with a triple stent in bed 7, I'm dealing with Mrs Wilson and Mr Anderson, think of them as part of your family, your wife, your husband or your child," Terry said.

"One thing I think works if you come across a patient you ask them first is there anything you want to ask me or tell me or find out today, I think they will be listening to you a lot better once you have answered that burning question."

Caboolture Hospital Change Manager Suzanne Michaels, who recently won the Health Consumers Queensland Partnership Award with consumer Carolyn Wharton, said partnering with consumers was about building the bridge between the health service and community.

"When I came to Metro North four years ago we were really in the infancy of working with consumers and now it's exploded, it's been a really amazing thing to see. I feel like it has momentum and it's being reinforced now, our staff are now asking consumers to be involved in every area, from meetings to interview panels. I love working with consumers and watching them grow too," Suzanne said.

A series of presentations were also held, including representatives from Oral Health providing an overview of their proper strong teeth campaign, which launched in May 2018 to encourage Aboriginal and Torres Strait Islander students at Tullawong state school at Caboolture to attend regular dental checks.

Dental Therapist Janelle Steensen said since the proper strong teeth campaign launch, their failure to attend rates had decreased from 42 per cent down to 12 per cent.

The video can be viewed online at: https://metronorth.health.qld.gov.au/ news/brush-teeth-youre-looking-good

Uncle Desmond Sandy CONSUMER SHOWCASE



Uncle Desmond Sandy welcomed quests to the event



Andrew Drummond and Janelle Steensen from the Oral Health team at Tullawong State School.



Metro North Board Members Professor Mary-Louise Fleming (far left) and Bonny Barry (in red) pictured with consumers representatives from across Metro North

IN FOCUS



RBWH Indigenous Hospital Liaison Phones

Executive Director RBWH, Dr Amanda Dines, Deputy Executive Director RBWH, Kate Mason and Director of the Indigenous Health Unit, Paul Drahm along with Metro North Board Member Bonny Barry were among the guests who attended the ceremony to unveil the RBWH Indigenous Hospital Liaison phones on Monday 12th November 2018.

Two new phones have been installed at the RBWH, one in the Admissions area on the ground floor of Ned Hanlon Building, and the other situated in the Emergency Trauma Centre, ground floor of James Mayne Building enabling Indigenous patients presenting at RBWH to gain immediate access to the Indigenous Hospital Liaison Service, Indigenous Mental Health and Ngarrama Maternity Service.

The initiative of installing the easily identifiable phones was due to a cultural audit which emphasised the need for improved visuals for Indigenous patients seeking assistance when arriving at the RBWH.

Each month our Indigenous Hospital Liaison Officers service an average of 1500 clients accessing RBWH. During 2017 – 2018, 32578 Aboriginal and Torres Strait Islander patients attended outpatient appointments, 5627 separations as well as 3,166 patients accessed the Emergency Trauma Centre.

The phones are easily identifiable, the hubs are bright yellow and include Indigenous artwork by current Metro North Hospital and Health Service staff member Ronald John Abala Wurraghantha - "little spirit man".

Easy to follow instructions highlighting access to the three services are installed inside the hub at both sites.



Nicole Moller, Chris Henaway, Paul Drahm, Dr Amanda Dines, Bonny Barry, Gene Blow, Stephan Lane and artist Ronald John Abala Wurra-ghantha - "little spirit man"

Caboolture Hospital commits to reconciliation

Caboolture and Kilcoy Hospitals are developing a Reconciliation Action Plan (RAP) to help close the gap of disadvantage between Indigenous and non-Indigenous Australians.

The Caboolture and Kilcoy Hospitals RAP represents a public commitment to undertake practical actions with the intent of building strong relationships and enhancing the level of respect between ourselves and Aboriginal and Torres Strait Islander peoples, and also providing opportunities for Indigenous Australians through employment and business development.

A RAP Working Group meets regularly to oversee development, endorsement, launch and ongoing implementation of the plan.



Caboolture Hospital Executive Director Dr Lance Le Ray signs the Letter of Intent to start work on a Reconciliation Action Plan (RAP) for Caboolture and Kilcoy Hospitals, surrounded by indigenous staff, Metro North Deputy Executive Director Operations Dr David Rosengren, Metro North Aboriginal and Torres Strait Islander Health Unit Director Paul Drahm and Kabi Kabi Traditional Owner Brian Warner.

IN FOCUS

Meet our Metro North Staff Yarns Ambassador

us all flowing nicely.

Gronne Williams

Staff Yarns Ambassador Indigenous Health Worker, Ngarrama Maternity, Caboolture Hospital

Tell us about your role at Metro North I work for Ngarrama Midwifery, I am the health worker there so I help the journey with the girls and the midwives, and keep them all going and give them a consistent journey and get some cultural practices in there and keep

Why are you proud to identify as Aboriginal and or Torres Strait Islander?

I'm proud because I have been guided by some excellent elders, I basically fit into the stolen gen thing where I don't know my mob and everything else, but I have been guided really well by all elders around me and kept going on my journey and I want to help all our kids get there and know our culture. Because we have got a lot to learn, we have had a lot taken away.

Why did you join as an Ambassador of Metro North Staff Yarns and what do you hope to achieve at your hospital/facility?

It's being open to letting everybody come and join into our culture and have those conversations, start yarning, start learning about our history, where we are going, where we have been and how we are going to go about it forward ways and sharing our culture and keeping it going.

I want everybody to come and join into our culture, have those conversations, start yarning, start learning about our history, where we are going, where we have been and how we are going to go about it forward ways and sharing our culture and keeping it going.

I like to encourage everybody to join our little yarning circles and get involved and start sharing our culture, sharing with everybody in Australia so that we all are being culturally aware and happy.





Join up today

An online community for Aboriginal and Torres Strait Islander staff at Metro North Hospital and Health Service.

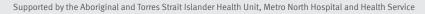
Join the online discussion and the cultural connection within the workplace. Search 'Metro North Staff Yarns' on QHEPS to join.

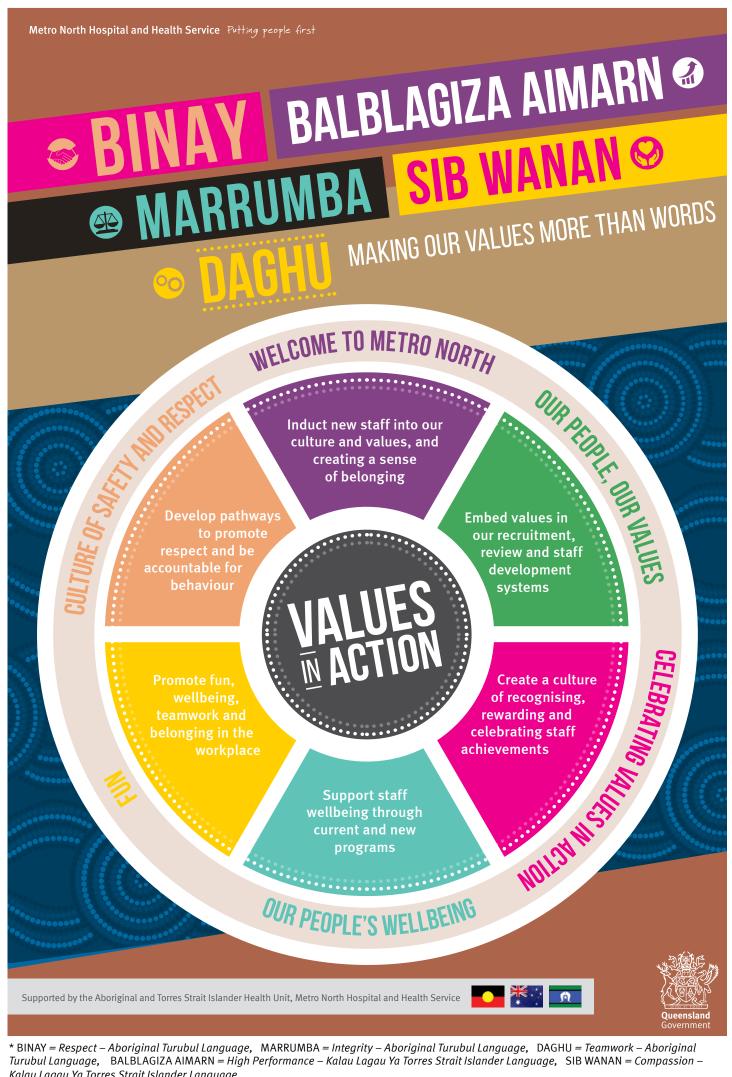
For further information phone 07 3139 4912 or email MNstaffyarns@health.qld.gov.au











Kalau Lagau Ya Torres Strait Islander Language.



Natasha White (Manager – Indigenous Hospital Services)

Natasha leads a team of Indigenous Hospital Liaison Officers across Metro North who are available to assist with any Indigenous patients seeking health care at any of the facilities. Natasha brings expertise to her role and is always willing to listen and advise.

Yvonne Williams(Indigenous Health Worker – Ngarrama Maternity Services

Ngarrama Maternity Services Caboolture Hospital)

Yvonne works with Indigenous patients in Ngarrama Maternity and is a breath of fresh air when it comes to values in action, Yvonne will always go out of her way to ensure Indigenous patients are made to feel welcome and their visit is culturally acceptable.

Ronald Abala

(Team Leader – Indigenous Sexual Health Team)

Ronald is a passionate advocate for the Aboriginal and Torres Strait Islander community. He displays respect, integrity and compassion daily when caring for our homeless and marginalised at risk community.

Kelly Smith

(Service Development Officer – Aboriginal and Torres Strait Islander Health Unit)

Kelly Smith is a passionate Nurse and Midwife who is committed to closing the gap for Aboriginal and Torres Strait Islander families. She is enthusiastic, a team player and will always put her hand up for a challenge.

At the Metro North Corporate
Symposium held at the Education
Centre, RBWH, on Wednesday 7
November, Values in Actions champions
were announced for Metro North. We
are pleased to report the following
Aboriginal &Torres Strait Islander Health
Unit staff were announced as our Values
in Action Champions.

Aleacha Hopkins (A/Team Leader – Indigenous Hospital Services)

Aleacha works at The Prince Charles Hospital (TPCH) as the Team Leader for Indigenous Hospital Services and is very proud of the work she undertakes daily to assist Indigenous patients presenting at the TPCH, particularly those travelling from rural and remote communities.

Renee Simon

(Principal Communications Advisor – Aboriginal and Torres Strait Islander Health Unit

Renee Simon is a dedicated advocate for the Aboriginal and Torres Strait Islander community and ensures 'Indigenous health is everyone's business' across Metro North.



Renee and Yvonne receiving their VIA Champions kit at the Metro North Corporate Symposium 7 November 2018.

Queensland Health Sending results to your My Health Record



You can view your finalised medical reports and results from Queensland Health's Hospital and Health Services—such as blood tests, x-rays and ultrasounds—online via your secure *My Health Record*, which you control.

Visit myhealthrecord.gov.au or call 1800 723 471

In partnership with







My Health Record (MHR)

The Australian Government is expanding its national My Health Record (MHR) system. Queensland Health has been working to support this expansion and enable its facilities to upload more patient information into the MHR system.

What does this mean for me?

From 15 November 2018, every Australian will have a My Health Record created unless they chose not to. If you have a My Health Record and visit a Queensland Health facility, information about your visit may be uploaded to the MHR system.

Queensland Health began uploading discharge summaries to the MHR system in 2013. From 2018, an increased range of documents will be uploaded, including finalised medical reports and results—such as blood tests, x-rays and ultrasounds. You can view these records yourself and control who is able to access your information online through the MHR system.

What can I do if I don't want records uploaded?

You are in control of who has access to your My Health Record. You can restrict access and stop Queensland Health and other health care providers from viewing your documents. If you have a My Health Record but don't want information uploaded by Queensland Health, you can tell us when you visit a facility, and no documents will be uploaded from that facility.

The Australian Government has been working with local community organisations and health networks to ensure consumers are aware of the MHR system and the opt-out period which ended on 15 November 2018.

If you did not opt-out by 15 November 2018, but do not want a My Health Record you can have it permanently deleted by calling the My Health Record help line on 1800 723 471. If you do not have a My Health Record, Queensland Health will not upload any information.

Where can I find out more?

For more information on the Australian Government's MHR system, visit the Australian Government website at www.myhealthrecord.gov.au. If you want to know more about what Queensland Health is doing with the MHR system, you can read about it on the Queensland.gov.au team at: myhealthrecord@ health.qld.gov.au.

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.

Some of our Metro North Staff Yarns Ambassadors tell us why they are proud to identify.



Peter Fallon, Clinical Nurse

"It's something that I feel within my heart. That I belong to the land, it's part of who I am and where I come from."



Stella Wake, Enrolled Nurse

"I'm a very proud murri woman. I'm a North Queenslander, I come from two mobs the Jangga from mother's side and Juru from my father's side."



Josh Rigg, Physiotherapist

"I'm proud to identify. It's who I am and I'm proud of that. It's who we are as people. It's important for everyone to identify who they are as a person and to be proud of that."



Stella Laidlaw, Indigenous Hospital Liaison Officer

"I'm proud to identify as a Torres Strait Islander woman. Culture is part of our lives, it's who we are, to share that knowledge with non-Indigenous work colleagues for better holistic care for our people."

IN THE NEWS

Million Minds to focus on eating disorders, Indigenous and youth mental health

The Morrison Government's \$125 million mental health research mission has made child and youth mental health, Aboriginal and Torres Strait Islander mental health, and eating disorders the priorities for its first round of funding.

The Million Minds Research Mission, which was announced in this year's Budget, will help an additional one million people be part of new approaches to prevent, detect, diagnose, and treat mental illness.

https://www.miragenews.com/million-minds-to-focus-on-eating-disorders-indigenous-and-youth-mental-health/

NACCHO News 16/10/18 Press Release, Minister Ken Wyatt

Twenty-Five Aboriginal and Torres Strait Islander health services across the nation are undertaking facility upgrades and repairs, thanks to more than \$2.7 million in funding from the Service Maintenance Program.

The funds have been allocated to improve the safety and accessibility of services in the Northern Territory, Western Australia, New South Wales, Queensland, Victoria and Tasmania.

This includes vital support for clinics, accommodation and associated facilities, so staff can continue delivering comprehensive primary health care to First Nations people that is culturally appropriate and best practice.

The women leading the way towards birthing on country

Hundreds of Aboriginal women across the east coast have had access to culturally safe maternity care thanks to some dedicated midwives. When Wathaurong woman Sophie Habel became pregnant with her first child, she knew that she wanted the most culturally safe care available to her.

After visiting a regular GP, she and her partner Scott Mitchell decided to tell their families when she was about 10 weeks pregnant.

Her mum told her to go to the Victorian Aboriginal Health Service (VAHS).

https://www.sbs.com.au/nitv/nitv-news/article/2018/10/04/women-leading-way-towards-birthing-country

'A powerful way of healing': Can this art project save lives?

When Ailsa Walsh thinks about suicide, there's one thing that always holds her back.

"I visualise personally my funeral," she told The Point. "I can't imagine my nieces and my nephews and my grandbabies there, and my mum and dad there looking at my dead body – that just stops me, because I just can't do that to them."

The 32-year-old visual artist has battled anxiety and depression since she was bullied as a child growing up in south-east Queensland.

https://www.sbs.com.au/nitv/nitv-news/ article/2018/10/11/powerful-way-healing-can-artproject-save-lives

Suicide intervention program trains Aboriginal communities to 'ask the question'

In quiet country towns, families, police and community leaders are being trained to hold suicide interventions in a bid to reduce the tragically high rate of Indigenous people who take their own lives.

http://www.abc.net.au/news/2018-10-08/suicideintervention-program-trains-people-to-ask-thequestion/10338064

Coffee van serves up second shot at life for homeless woman

Naz Wapau was 18 when she ran away from her home in Weipa in Queensland's Gulf of Carpentaria.

Her parents did not approve of her boyfriend, so the young couple packed up a battered old car and hit the road. "I didn't have a plan at all - I just left," Ms. Wapau said. The couple made it to Rockhampton before the car broke down, then bought bus tickets to Brisbane with their "last bit of money".

http://www.abc.net.au/news/2018-10-05/coffeevan-serves-up-a-second-shot-at-life-for-homelesswoman/10332712

Looking for apology after 'whitesplaining' response to Indigenous eve doctor

Leaders in Indigenous health are calling on Australia's peak ophthalmology training body to apologise to an Aboriginal doctor.

A medical college CEO has been accused of dismissing an article written by Australia's first Indigenous ophthalmologist who described his personal experiences of institutional racism.

https://www.sbs.com.au/nitv/article/2018/11/09/looking-apology-after-whitesplaining-response-indigenous-eye-doctor

Word of the Month: "Binay"

from Turubul Language

"binay" is used for 'to know'; 'to understand' and is often used to denote respect.

Trachoma on track to be eliminated in Australia within two years, health officials say

Health officials say they are confident trachoma is on track to be eliminated in Australia — the only developed nation where it still exists as a public health problem — within the next two years.

https://www.abc.net.au/news/2018-11-06/ trachoma-on-track-to-be-eliminated-inaustralia-by-2020/10447376

RACGP backs constitutional recognition

Following its endorsement of the Uluru statement, the RACGP has again lent its voice to the subject of constitutional recognition of Aboriginal and Torres Strait Islander peoples in Australia.

https://www1.racgp.org.au/newsGP/Racgp/First-Nations-Voice-RACGP-backs-constitutional-ref

Indigenous Australians dying from heart disease at far greater rate than non-Indigenous, report shows

Aboriginal and Torres Strait Islanders are dying from heart disease at twice, and in some regions, triple the rate of non-Indigenous people in the same communities, according to new data from the Heart Foundation.

https://www.abc.net.au/news/2018-11-01/ aboriginal-health-gap-heart-disease/10454656

Baby born with syphilis in South Australia for first time in 18 years

A baby was born with congenital syphilis in Port Augusta last year, the first child to be born with the serious and potentially fatal disease in South Australia in 18 years.

https://www.abc.net.au/news/2018-10-29/first-baby-born-with-syphilis-in-south-australia-in-18-years/10405846



Mental Health

1. As Indigenous Professional Lead at the Mental Health Centre at RBWH, can you give an overview of what your role involves?

My role centres around the professional lead for Indigenous Mental Health across Metro North. We have seven Indigenous Mental Health workers, within this particular role, I provide cultural and clinical supervision for Indigenous Mental Health Workers, the Indigenous Mental Health workers all sit within their operational teams and I assist them with any complex cases in regard to Aboriginal and Torres Strait Islander consumers of Mental Health.

Also within my role I attend a number of high level meetings within the southern clinical cluster as a representative of Way Forward and I report back to a Statewide leadership group for Mental Health AOD for Indigenous Mental Health workers.

We also co-chair with that Statewide leadership group and present to the Directors of Metro North as well as the Statewide Directors of Mental Health and report to the Aboriginal and Torres Strait Islander branch.

2. You participated in the Mental Health Week activities across Metro North. Do you feel the message of what we all need to do to take care of ourselves from a mental health perspective gained any momentum during that week?

Certainly, people look at mental health as the ones that stand out all the time such as schizophrenia attracts all the media attention. There is a growing population of people with anxiety and depression that tend to go under the radar. People need to know that in their day to day life things can change rapidly for them, it could be day to day stress, home life, accidents and injuries, life can change at any point in time and if you are not ready for that change it will impact us quite dramatically. I think getting that message out to look after ourselves, be active and do take time for the small things and be grateful for the things we do have so that when times change and things are a bit tougher, we have some resilience to cope and what our coping strategies are going to be to manage the change.

3. Waiting times in emergency across MNHHS can be daunting for a patient presenting with a mental health issue. What do you feel could be beneficial to alleviate the anxiety this causes?

It's a complex one, but I think that as far as Indigenous Health Workers are concerned, I think we need to be visual in these spaces to help not only our mental health patients but also other patients who are presenting for other reasons to emergency. It could help them understand what is going on, why their wait time could be long and to help alleviate any fear and concern. There are a lot of things we already have in place, like posters around in the foyers that try to explain what is going on and having places for consumers to go for a cup of tea to break up the monotony. In the future we will be looking at after hours and weekend support, mental health patients tend to happen overnight and are gone by next morning.

4. Do you think the installation of the new Indigenous phones in the Emergency Trauma Centre at RBWH that advertises a direct link for assistance will make a difference to Aboriginal and Torres Islander people presenting with a mental health issue?

It will help family members, reduce wait times and also give them the opportunity to speak directly to an Indigenous Mental Health Worker. Our mental health coordinator can also meet acutely ill patients and get them to where they need to meet their case manager.

5. What was the reason you wanted to be involved in Mental Health, and have you found it to be a rewarding career?

Originally, I got into mental health when I was at University, I was a support worker for a company in Townsville and basically it paid my way through university. I went to work for them full time when I had my first child but after I left and graduated I went back and sat on their Board for 12 years. My first job was with Aged Care Assessment Team, then ATODS and QAIHC where I was involved in chronic disease

management and then eventually found my way back to Queensland Health. I wasn't practising then, for three or four years so I went back and was offered a position with the Continuous Care team at RBWH. The good thing about working in mental health is the autonomy of the role, it evolves every day, it is not stagnant by any means, one moment you think you have a free day to do paperwork but you could end up going home at seven o'clock at night after sitting in emergency. It's one of those jobs that requires a bit of flexibility, the nature of the illnesses that people have, but it's rewarding when you get to see people in recovery who have gone from being acutely unwell but have had the opportunity to have their medication reviewed, you get to see the change on how people manage and how they do their jobs.

6. The road to recovery from mental health issues can present many difficulties for people, the new facility, Nundah House, opened earlier in 2018, do you feel this facility will go a long way to assisting patients who have left hospital but not able to return home? Should there be more of these facilities built across MNHHS?

Certainly, and the ones that want to keep out of hospital too. The facility is a step up/step down facility, we have seen the benefits of that, when people feel that they are not coping, and certainly feel that they are starting to decompensate a little bit, it gives them the opportunity to go to Nundah House to get themselves right with a bit care and monitored and if it keeps them out of hospital and frees up beds then that's a good thing. It gives people the opportunity for people to step out of hospital and back into the community and just make their transition into living independently, it gives clinicians time to set things up for them to make sure that they have things in place like finances, accommodation and support, from what I have seen of it, it is working quite well. I think there should be more of them not only here, but across the state. There is a growing need due to the increase of people presenting with mental health issues. Gives them a place of safety to go to instead of going to hospital, we know have that avenue of care, it's a great thing.



explain Aboriginal people with mental health issues, calling them 'womba' or 'wongie' or use words like that, we need to name the disease and the disease process.

We need to get away from those kinds of terms that just label our people, they are detrimental on many levels and doesn't had stable positions time, but within my

name the disease and the disease process. We need to get away from those kinds of terms that just label our people, they are detrimental on many levels and doesn't allow our Indigenous consumers to fully express themselves in terms of what the limitations are and their diagnosis but also doesn't give them the opportunity to look at the strengths that come with their resilience to manage those particular illness as well. Terminology has a big impact on our community, we used to go around saying shame all the time to everything that we did, thankfully we don't say that so much anymore to people or our children, because basically we were building generations of people who were shameful to do anything like get up in public and speak. It just becomes a limiting factor in what our mob can do, we need to change that narrative and paradigm of

what our people are capable of I think.

8. Where to from here career wise? And where do you see yourself in five years?

Well hopefully I will still be here. Generally, I don't change jobs too often, I have always had stable positions over long periods of time, but within my role there is potential to grow the position and hopefully see the workforce for Indigenous increase. I'd like to see a designated Indigenous mental health team that works with not only health workers but a team of nurses, psychologists and Occupational Therapists. If we have teams who provide good clinical based practice and I think we can do that, we can certainly look at ways of research. A lot of the models of care are based on westernised models, they don't necessarily deal with the nuances of Indigenous people and what that looks like for communities and how they view their health both personally and their families.

9. Where did you grow up?

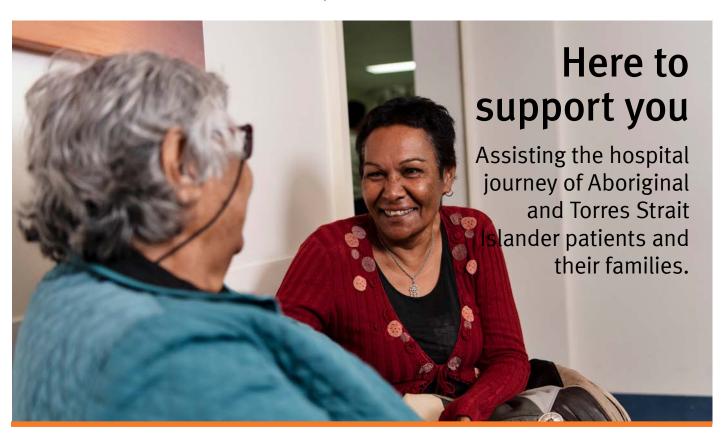
I grew up in Innisfail but moved to Brisbane when I was thirteen. My family and I lived in an Aboriginal Hostel which coincidentally is WACOL prison now, living there was great as a kid, but it also gave you an insight into people's lives and the implications that went with it. After that our family moved to Inala.

10. Are you proud to stand up and identify as an Aboriginal and or Torres Strait Islander?

I am proud to identify. Being in Indigenous Health, I am proud to come back and use the skills to assist Indigenous consumers. I can also push other workers to follow this path. I am also enthused for the new Deadly Start program, which will assist in arresting and closing the gap on Indigenous health, it is making a change, doing something about it, and shining Indigenous health in a different light.



Indigenous hospital liaison services



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









The Community and Oral Health DART team were recently presented with a Deadly Award from the Aboriginal and Torres Strait Islander Health Unit for their role in developing the Indigenous Data Atlas.

The data in the atlas spans 10 years and covers the areas of admissions, community, mental health, maternity, perinatal, alcohol tobacco and other drugs, emergency, outpatients and oral health for Indigenous presentations to Metro North. The aim of the dashboard is to provide up to date and granular information for services to use for monitoring, reporting and improvement purposes.

Aboriginal and Torres Strait Islander Health Unit Service Development Officer, Nurse and Midwife Kelly Smith, said the team played an integral role to informing the needs analysis for the Metro North Close the Gap plan 2018 – 2021, covering four key areas of strong start to life, crisis and complex care, reducing burden of disease and living well and living longer.

"By using the data and findings from the needs analysis, we are able to shape our planning and actions for the Close the Gap plan. The information will guide the development of new services and the evolution of existing services to help close the Indigenous health gap," Kelly said.

Director of the Aboriginal and Torres Strait Islander Health Unit, Paul Drahm, congratulated the DART team for their 'deadly' effort in producing the needs analysis and data atlas.

"The team should be recognised and commended for their efforts. For our Aboriginal and Torres Strait Islander patients and consumers, it now means we have access to current data, removing the need to wait for information to inform planning decisions. This will help our healthcare providers plan services to meet the changing needs of the population."



METRO NORTH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES SNAPSHOT 2017/18

MN NAIDOC community consultation feedback 2018

Noone to toux to white whereaste in horring room.



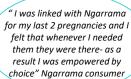




Listening to our community









Within our MNHHS Indigenous staff 46% work at the RBWH 21% work at the TPCH

ata supplied by Metro North HR in February 201

By 2031 the Indigenous population is projected at 133 189 almost double all other states in Australia



"I arrived at TPCH feeling scaned und benditered about what was happening to one, it made me feel whether the meeter of ment, working hard and sening for us k something hard and sening for us k something I don't stake lightly, that I feel stronger knowling our mah is in positions like life to connect, contact obeyond only any place we are still able to have a lough."



Top 2 Suburbs for Indigenous patients place of residence Caboolture and Deception Bay





Total Indigenous Separations in MNHHS 2017/18 –

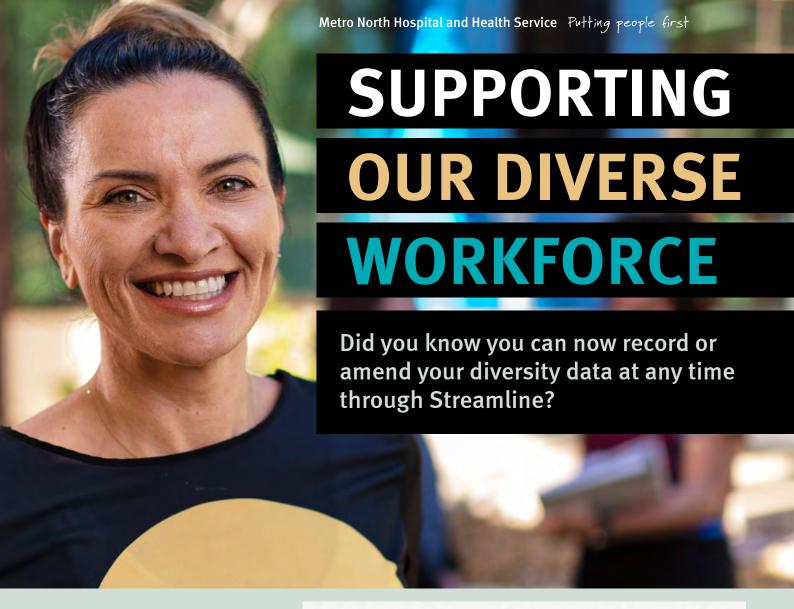
11,454

89.4% are Aboriginal

5.6% are Torres Strait Islander

5% are both Aboriginal and Torres Strait Islander

85% of our Indigenous employees want more training opportunities Source: MN staff survey



Simply log on to Streamline to update and record your EEO status.









overpayments





at to identify the

Response to these questions will provide Queensland Health with a starting point to identify the strategies and programs needed to build more diverse and inclusive workplaces, including:

- ✓ to help understand the diversity of the workforce;
- ✓ to track progress in meeting the workforce diversity targets;
- √ to target diversity groups that are under-represented in the workforce;
- ✓ a starting point to identify new programs or approaches to increasing our workforce diversity.

Supported by the Aboriginal and Torres Strait Islander Health Unit, Metro North Hospital and Health Service







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

Please contact Aboriginal and Torres Strait Islander Health Unit Communications Manager Renee Simon at Renee. Simon@health.qld.gov.au or phone (07) 3139 3235.

