

Hawkesbury Aboriginal Sharing and Learning Circle Report



HAWKESBURY DISTRICT HEALTH SERVICE
HAWKESBURY PRIVATE HOSPITAL
catholic healthcare



Health
Nepean Blue Mountains
Local Health District



NEPEAN-BLUE MOUNTAINS

Connecting health to meet local needs

This consultation was commissioned by Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District in conjunction with the Hawkesbury District Health Service.

Prepared by

Clarke Scott, Aboriginal Health Cultural Consultant

Dr Sarah Redshaw, Principal, Driving Cultures

Published May 2015

Table of Contents

- Introduction.....5**
- Dedication5**
- Executive Summary6**
 - Access to transport6**
 - Knowledge of health services.....6**
 - Trust in health services6**
 - Access to health services6**
 - Aboriginal health services6**
 - Aboriginal health workers7**
 - Community engagement and governance7**
 - Health promotion7**
 - Summary7**
 - Recommendations8**
- Recommendations in detail..... 10**
 - Community Engagement..... 10**
 - Health Promotion 10**
 - Health Literacy..... 11**
 - Health Outcomes..... 11**
 - Emotional and Social Well Being 11**
 - Cultural Safety..... 12**
 - Governance..... 12**
 - Accountability..... 12**
- Acknowledgements 14**
- Aims and Process 15**
 - Background to the consultation and engagement 15**
 - Aims of the consultation and engagement 15**
 - Process 15**
- Hawkesbury Aboriginal and Torres Strait Islander People 16**
- Report Sponsors 18**
 - Nepean-Blue Mountains Medicare Local 18**
 - Nepean-Blue Mountains Medicare Local Strategic Plan 2014 –2017 18
 - Nepean Blue Mountains Local Health District 19**

Nepean Blue Mountains Local Health District Strategic Plan 2012-2017	19
Hawkesbury District Health Service	21
Cultural Safety	23
Hawkesbury Aboriginal Sharing and Learning Circle 2014	24
Outcomes - Short Term	26
Outcomes - Medium Term	27
Outcomes - Long Term	28
Agenda Hawkesbury Aboriginal Sharing and Learning Circle 2014.....	29
Evaluation Summary.....	30
Sharing and Learning Circle Hawkesbury 25 August 2014	30
Sharing and Learning Circle Hawkesbury 12 September 2014	32
Sharing and Learning Circle Hawkesbury 16 October 2014	33
Conclusion	34
Bibliography.....	35
Appendix One: Sharing & Learning Circle 2014 Flyer.....	36

Introduction

In 2014, the Hawkesbury Aboriginal Community Sharing and Learning Circle came together to consider the health and wellbeing of local Aboriginal communities; identify those areas of need that have not been addressed; discuss new challenges and develop potential strategies to meet those existing and emerging needs.

This circle is intended to create a vision for improving access, services and ultimately improved outcomes for members of local Aboriginal communities.

Note: Hawkesbury Aboriginal community has advised the use of 'Aboriginal' to indicate Aboriginal and Torres Strait Islander people in the Hawkesbury area.

Dedication

The 2014 Hawkesbury Aboriginal Sharing and Learning Circle and Report is dedicated to Darug Elders past and present who have passed on their leadership and entrusted those who have come to the circle to continue to work to improve and ensure a better future for the local Booris (Aboriginal word for children). Their gift continues through participation in the circle of the local Aboriginal community members who continue to engage for the community and work to improve Aboriginal health and well-being.

Executive Summary

There were some strong and significant messages that came through the discussions at the 2014 Hawkesbury Aboriginal Sharing and Learning Circle. The circle involved a series of meetings with an initial meeting on the 25 August 2014 that included 24 representatives from local services and four community members. Twenty seven community members subsequently met on the 12 September 2014 and nine on the 16 October 2014 to identify and establish issues and priorities. The issues raised were developed into short term, medium term and long term outcomes that were reviewed at a meeting of nine community members on the 30 October 2014. This meeting was followed by a meeting with services at which the agreed outcomes were presented. The meetings were supported team members from the Nepean Blue Mountains Medicare Local, Nepean Blue Mountains Local Health District and Hawkesbury District Health Service and there were eight service providers at the meeting. Further detail about the meetings can be found on page 23 of this report.

Access to transport

One of the most important barriers to access to health services by Aboriginal people in the Hawkesbury area is lack of transport options. Many do not have access to cars or public transport making it difficult to attend health services.

Knowledge of health services

Knowledge and understanding of health services available is also a barrier. Aboriginal people are not aware of the support and health services available to them and are subsequently unable to identify their health needs or how these needs could be addressed.

Trust in health services

Aboriginal people in the Hawkesbury area lack trust in health services and experience discrimination when attending doctors' surgeries and other services. As in other areas access to entitlements such as Closing the Gap is varied with some GPs aware of and prepared to offer Closing the Gap programs. Pharmacies can also vary in how prepared they are to provide prescriptions under Closing the Gap.

Access to health services

In some cases Aboriginal people find it necessary to or are more comfortable accessing health services in other areas such as Mt Druitt or Penrith. Dental services in particular require travelling to Mt Druitt and various difficulties are encountered in getting there and accessing dental services.

Aboriginal health services

Hawkesbury appears, like Lithgow, to be another 'grey area' where Aboriginal specific services are not available. While Aboriginal women in the Hawkesbury area might give birth at Nepean hospital, Aboriginal specific follow up services are not necessarily available in the Hawkesbury area when they return home.

It is therefore imperative that there is some emphasis on provision of services to Aboriginal communities in the Hawkesbury area at alternative sites where clinics could be offered.

Aboriginal health workers

There is an evident need for the employment of additional Aboriginal health workers, both male and female in local health and the provision of other services such as sexual health, drug and alcohol and mental health. In addition, Aboriginal workers require a supportive network and connection within the community so that they are not isolated in their work context.

Community engagement and governance

Engagement opportunities between Aboriginal people and health and other services need to be developed to help Aboriginal people become familiar with the services and to start to trust them. Engagement needs to be consultative using discussion rather than simply information giving. The lack of a structure for community involvement in addressing health needs has held back progress in the Hawkesbury area.

Services attending the forum presented a sincere desire to work with Aboriginal communities and to inform them of the services available to them but lack a clear structure for communication and engagement with local Aboriginal communities.

The *NSW State Plan 2012-2021* under Goal 11 'Keep people healthy and out of hospital' states:

In line with these identified priorities greater emphasis should be placed on the needs of Aboriginal people and the availability of services that they can relate to. Attention must be paid to the increased governance by Aboriginal communities of their health needs and service provision

Health promotion

Effective Aboriginal health promotion requires Aboriginal governance and leadership in the planning for, delivery of and evaluation of health promotion. This involves investment in supporting Aboriginal communities to govern and lead their communities' comprehensive planning for health and development, and to lead to the delivery of these programs. There is a need for greater and recurrent investment in comprehensive programs to address community-defined priority health problems.

Evidence suggests sustained action for 10 years (or more) is necessary for population-wide improvements in health outcomes to be measurable. (Wise, M., Angus, S., Harris, E. and Parker, S. 2012, Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People, The Lowitja Institute, Melbourne)

Summary

The lack of Aboriginal services in the Hawkesbury area requires commitment to offering services through existing providers in the region with consideration of a possible one-stop shop for Aboriginal people to inform them about health services, offer forums and facilitate access to clinics. Communication between services needs to be improved so that connected pathways are established between hospital and community services.

The Hawkesbury Aboriginal Sharing and Learning Circle 2014 has been successful in drawing on community involvement and the establishment of an Action Group to continue to provide a voice for Aboriginal people to express their health needs and to work with services to address those needs. The group needs ongoing support in the form of meeting venues and opportunities to meet with a range of services impacting on Aboriginal people.

Recommendations

Recommendation 1: Facilitate the formation of a structure for ongoing community consultation and governance that supports the health of the local Aboriginal community.

Recommendation 2: Adopt creative means for providing community outreach to engage with Aboriginal communities.

Recommendation 3: Establish Aboriginal health clinics and/or Mootang Tarimi Aboriginal Screening and Assessment Service at Hawkesbury with regular days and times.

Recommendation 4: Explore the potential to engage specific Aboriginal services to provide services to Hawkesbury Aboriginal communities.

Recommendation 5: Consider the addition of a male Aboriginal health worker to join Hawkesbury District Health Services in addition to the female worker.

Recommendation 6: Support local Aboriginal organisations such as Merana to build up services including planning help and ongoing funding rather than short term.

Recommendation 7: Establish better partnerships between services for information sharing and referral pathways

Recommendation 8: Investigate criteria for transport availability for Aboriginal community member's access to health and other services through public/private partnerships and working with existing organisations.

Recommendation 9: Clarify disability criteria for access to services and transport.

Recommendation 10: Explore development of health programs for Aboriginal children and youth.

Recommendation 11: Continue compulsory one day training for all services to improve Closing the Gap awareness and availability and cultural safety for Aboriginal people working within and accessing services.

Recommendation 12: Develop forums that could be held monthly in various parts of the area to enable a more holistic and whole family approach to Aboriginal health.

Recommendation 13: Aboriginal workers be seen as integral members of the clinical team(s), with the importance of these positions to Aboriginal community members recognised by developing options for providing workforce continuity and planning.

Recommendation 14: Provide feedback and ongoing consultation with Aboriginal communities.

Recommendation 15: Improve the accountability and commitment of the LHD and Medicare Local to the local Aboriginal communities.

Recommendation 16: Work with communities to develop appropriate key indicators and data collection according to community identified priorities.

Recommendations in detail

In considering Indigenous health it is important to understand how Indigenous people themselves conceptualise health. There was no separate term in Indigenous languages for health as it is understood in western society. **The traditional Indigenous perspective of health is holistic.** It encompasses everything important in a person's life, including land, environment, physical body, community, relationships, and law. Health is the social, emotional, and cultural wellbeing of the whole community and the concept is therefore linked to the sense of being Indigenous. This conceptualisation of health has crucial implications for the simple application of bio medically-derived concepts as a means of improving Indigenous health. (MacRae et al. (2013). Overview of Australian Indigenous health status, 2012.)

The following recommendations are addressed on the basis of the framework provided in the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. The strategic framework principles in this plan are health equality and a human rights approach, Aboriginal and Torres Strait Islander community control and engagement, governance and accountability.

Community Engagement

1. Facilitate the formation of a structure for ongoing community consultation and governance using a model such as the Blue Mountains Aboriginal Health Coalition by providing guidance through an Aboriginal facilitator to future meetings as established at Sharing and Learning Circle in September. The governance structure needs to include proactive members of key bodies and the 2014 Aboriginal community.

Health Promotion

2. Adopt creative means for providing community outreach to engage with Aboriginal communities, for example through:

- Health promotion and community education meetings and/or forums in significant locations for Aboriginal communities in the Hawkesbury area
- Meetings at local facilities such as Merana, South Windsor and other sites where requested by Aboriginal communities in the Hawkesbury area
- Outreach services for sexual health, drug and alcohol and mental health
- Men's, women's and youth cultural opportunities such as Men's group, Women's group, men and boys cultural camps and youth camps.
- Support for provision of other services to attend NAIDOC celebrations in the Hawkesbury region such as drug and alcohol, sexual health and for staff to attend the event if it is held on a weekend. A Pit Stop Tent with resources for people to take away could be provided at NAIDOC and other community events. Presence of the Mootang Tarimi Aboriginal Screening and Assessment Service at NAIDOC leads to an increase in women getting screened. NAIDOC requires more funding and represents a good opportunity for access to and education about services for Aboriginal people.
- Working with Hawkesbury council to contribute to NAIDOC celebration events in the Hawkesbury region by providing services such as rubbish collection, electricity and so on.

Aboriginal and Torres Strait Islander people with poor social and emotional wellbeing are less likely to participate in employment, consume higher levels of alcohol and other substances and

*are also less likely to access health services.
(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.21)*

Health Literacy

3. Establish Aboriginal health clinics and/or Mootang Tarimi Aboriginal Screening and Assessment Service at Hawkesbury with regular days and times in order to help to bring Aboriginal people into the health services facilities to become more familiar with services and engage in discussion sessions about health related issues.

Increased opportunities for education to improve health literacy will further enable Aboriginal and Torres Strait Islander adults to make informed health choices for themselves and their families.

(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.36.)

Health Outcomes

4. Explore the potential to engage specific Aboriginal services to provide services to Hawkesbury Aboriginal communities in line with *NBMLHD Healthcare Services Plan 2012-2022* priority to 'identify and engage external agencies to foster productive partnerships including the Western Sydney Aboriginal Medical Service'. In particular provision of dental services in the area and the Building Strong Foundations program for children 6 weeks to 8 years can be instigated.

5. Consider the addition of a male Aboriginal health worker to join Hawkesbury District Health Services in addition to the female worker so that men's programs can be developed.

6. Support local Aboriginal organisations such as Merana to build up services including planning help and ongoing funding rather than short term.. Consider disability facilities in locations used.

Emotional and Social Well Being

7. Establish better partnerships between services for information sharing and referral pathways.

A focus on the patient journey which meets the clinical health care needs as well as cultural and social needs of Aboriginal and Torres Strait Islander people and their families will produce better health outcomes. This includes effective coordination and integration between health service providers.

(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.16)

8. Investigate criteria for transport availability for Aboriginal community member's access to health and other services through public/private partnerships and working with existing organisations such as Merana, Hawkesbury Community Transport, Peppercorn and other services.

9. Clarify disability criteria for access to services and transport. Mental health problems that are not one of five identified conditions represent psychosocial disability but it is not clear if they are recognised as a disability with access to programs such as Partners in Recovery and help with transport.

10. Explore development of health programs for Aboriginal children and youth to help them learn about health concepts and the health system and develop health literacy by working

with local schools. Local schools are also a good place to distribute information for parents about health initiatives.

Implement initiatives that promote the wellbeing of young Aboriginal and Torres Strait Islander people by strengthening pride in identity and culture.

(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.35)

Key strategy

Improve access to targeted programs for children including: New Directions: Mothers and Babies, Australian Nurse Family Partnership, Strong Fathers Strong Families and Healthy for Life.

(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.33)

Cultural Safety

11. Continue compulsory one day training for all services to improve Closing the Gap awareness and availability and cultural safety for Aboriginal people working within and accessing services.

12. The newly formed Hawkesbury Aboriginal Action Group would like assistance to negotiate with Medicare Local, Centrelink, Housing and other services to develop forums that could be held monthly, for example at South Windsor and other parts of the area to enable a more holistic and whole family approach to Aboriginal health (see quote above for definition).

Increase family-centric and culturally safe services for families and communities.

(National Aboriginal And Torres Strait Islander Health Plan 2013–2023, Key strategy, p.22)

13. Aboriginal workers be seen as integral members of the clinical team(s), with the importance of these positions to Aboriginal community members recognised by developing options for providing workforce continuity and planning. These positions are critical to the delivery of care to Aboriginal people and need to be present for the provision of care.

Governance

Ensure that governance structures are in place across the NBMLHD and NBMML (Primary Health Network) to provide strategic direction and carriage of continued improvements in accessing and providing quality health services for the Aboriginal community across the Nepean Blue Mountains. This will also involve the development and implementation of a set of indicators to measure performance of services in providing quality health care for the Aboriginal community.

Accountability

Structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works.

(National Aboriginal and Torres Strait Islander Health Plan 2013–2023, p.11)

15. Improve the accountability and commitment of the LHD and Medicare Local to the local Aboriginal communities by working collaboratively with them to establish a culturally sensitive and safe implementation process in each LGA for the priority recommendations contained within the report, with clear timelines for actions and outcomes.

16. Work with communities to develop appropriate key indicators and data collection according to community identified priorities.

Aboriginal and Torres Strait Islander community controlled health organisations are an important element of the health system and provide a mechanism for Aboriginal and Torres Strait Islander people to actively lead, develop, deliver and be accountable for culturally appropriate health services.
(National Aboriginal and Torres Strait Islander Health Plan 2013–2023, p.23)

Acknowledgements

Without the engagement, participation and commitment of the Aboriginal community locally, the broader community and local service providers 2014 Sharing and Learning Circle would not have been possible. It is important to acknowledge the ongoing support and commitment of the Nepean Blue Mountains Medicare Local (NBMLL), the Nepean Blue Mountains Local Health District (NBMLHD), the Hawkesbury District Health Service and other members of the community to work together to influence positive change in health outcomes for Aboriginal people locally.

Nepean-Blue Mountains Medicare Local was represented by:

Chief Executive Officer
Health Promotion and Prevention
Closing the Gap Program Staff

Nepean Blue Mountains Local Health District was represented by:

Director Planning and Development
Primary Care and Community Health and
NBMLHD Aboriginal Health Unit
Mental Health

Hawkesbury District Health Services was represented by:

Director Strategy & Planning, Clinical Governance & Education
Aboriginal Community Liaison Officer
Community Board of Advice representative
Hawkesbury Community Health Service
Hawkesbury Hospital

Other organisations represented:

Hawkesbury Nepean Community Legal Service
Peppercorn Community Transport Services
Hawkesbury City Council
Wangarri Aboriginal Home Care Services
Hawkesbury Aboriginal Community
Merana Aboriginal Association for the Hawkesbury Inc.
Hawkesbury Community Outreach Services Inc.

Aims and Process

Background to the consultation and engagement

The Nepean-Blue Mountains Medicare Local and Local Health District share the same geographical boundaries. This includes the LGAs of Blue Mountains, Hawkesbury, Lithgow and Penrith. The two organisations have therefore undertaken joint planning. As part of the joint planning it was agreed for the NBMML to lead the work on consulting with the Aboriginal community on their health needs and required governance structures. The NBMML engaged Clarke Scott and Dr. Sarah Redshaw to conduct and document sharing and learning circles in Lithgow, Hawkesbury and Penrith. The first sharing and learning circle was successfully undertaken jointly in the Blue Mountains in 2008 and followed up in 2014.

In addition, the Sharing and Learning Circle provided the opportunity for reflection on progress in working to improve the health and wellbeing of the Aboriginal community since 2010 at which time the NBM Local Health District undertook consultation with the Lithgow Aboriginal community to identify issues.

Aims of the consultation and engagement

To meet with the Elders, Aboriginal organisations and the Aboriginal communities of the Hawkesbury, Hawkesbury, Penrith and Blue Mountains Local Government areas to:

- identify local Aboriginal health issues
- discuss current health service provision for the Aboriginal communities
- discuss current specific Aboriginal health programs
- discuss the current Aboriginal consultative structures that work with the Aboriginal communities of each of the LGAs
- discuss possible consultative and governance structures and how they may be organised to ensure Aboriginal community engagement with the Nepean-Blue Mountains Medicare Local and the Nepean-Blue Mountains Local Health District

Process

The Aboriginal Sharing and Learning Circle format allows each participant to speak, listen and exchange ideas.

In planning the provision of services to a community, or to improve and redesign services it is imperative that the community themselves are involved and have a voice. The Aboriginal Community have a distinct voice that needs to be recognised within the specific geography of Hawkesbury area. The sharing and learning circle, an Aboriginal oral tradition for sharing information and stories, was considered to be the culturally appropriate format for engaging the community.

The sharing circle is a traditional Aboriginal custom and is designed so that, where possible, no one has their back to another and everyone is equal, that all opinions are respected and all stories valued. It allows all participants to speak, listen and exchange ideas. It provides a culturally safe space to talk and gives diverse voices opportunity to speak. The learning circle is a mechanism for organising and honouring the collective wisdom of the group.

Hawkesbury Aboriginal and Torres Strait Islander People

The original inhabitants of the Hawkesbury area are the Darug Nation. Those who identify as Aboriginal and Torres Strait Islander people represented 2.6% of the Hawkesbury area population at 1,620 in 2011. (Hawkesbury City, ABS Census of Population and Housing 2011). The median age of Aboriginal people in the Hawkesbury is 21 years compared to 37 years for non-Indigenous people, 33.5% were children aged 0 to 14 years and 4% were people aged 65 years and over.

There are 715 indigenous households reported in the Hawkesbury area including 66 lone person households representing 9% of households compared to 20% of nonindigenous households. A higher proportion of Aboriginal households are single parent households (25%) compared to non-Aboriginal households (10%).

Of dwellings occupied by Aboriginal and Torres Strait Islander people in the Hawkesbury area, 18.4% were owned outright, 51.7% were owned with a mortgage (compared with 41% for the Hawkesbury population as a whole) and 27.4% were rented (compared to 24% for the whole Hawkesbury population). The average household size was 3.4 persons compared to 2.8 persons for non-Indigenous people.

Table 1 shows the population distribution of Aboriginal people across the Hawkesbury LGA. The areas with the highest populations of Aboriginal people are South Windsor (6% of population), Bligh Park (3.3% of population), Windsor (4.3% of population), Richmond and North Richmond (2.7% and 2.8% respectively). The proportion of Aboriginal people in the Hawkesbury area is 2.6% and this slightly exceeds the population average for New South Wales and Australia at 2.5%.

Table 1: Population of Aboriginal or Torres Strait Islander origin residing in Hawkesbury in 2011 (www.censusdata.abs.gov.au/census_services/getproduct/census/2011/communityprofile/IARE107010)

Hawkesbury City - Enumerated			
Area	Number	Total population	Percent %
Bligh Park	212	6,396	3.3
Bowen Mountain	16	1,402	1.1
East Kurrajong	32	2,069	1.6
Ebenezer - Sackville	21	1,179	1.7
Freemans Reach	47	2,083	2.3
Glossodia	49	2,809	1.7
Grose Vale - Yarramundi - Grose Wold	48	2,590	1.9
Hobartville	82	2,830	2.9
Kurmond - Tennyson - The Slopes	32	1,522	2.1
Kurrajong	57	2,949	1.9
Kurrajong Heights - Bilpin and District	31	2,434	1.3

McGraths Hill	59	2,512	2.4
North Richmond	122	4,591	2.7
Oakville - Vineyard - Mulgrave	49	2,952	1.7
Pitt Town and District	43	3,167	1.4
Richmond and District	172	6,084	2.8
Rural North	48	2,363	2.0
South Windsor	353	5,916	6.0
Wilberforce	53	2,807	1.9
Windsor	86	1,999	4.3
Windsor Downs	17	1,258	1.4
Hawkesbury City	1,620	62,019	2.6
Greater Sydney	55,219	4,378,473	1.3
WSROC	24,636	1,504,718	1.6
Sydney Fringe Councils	5,874	279,402	2.1
New South Wales	172,321	6,896,776	2.5
Australia	548,128	21,504,278	2.5

Source: Australian Bureau of Statistics, Census of Population and Housing 2011. Compiled and presented in atlas.id by .id, the population experts. <http://www.id.com.au>

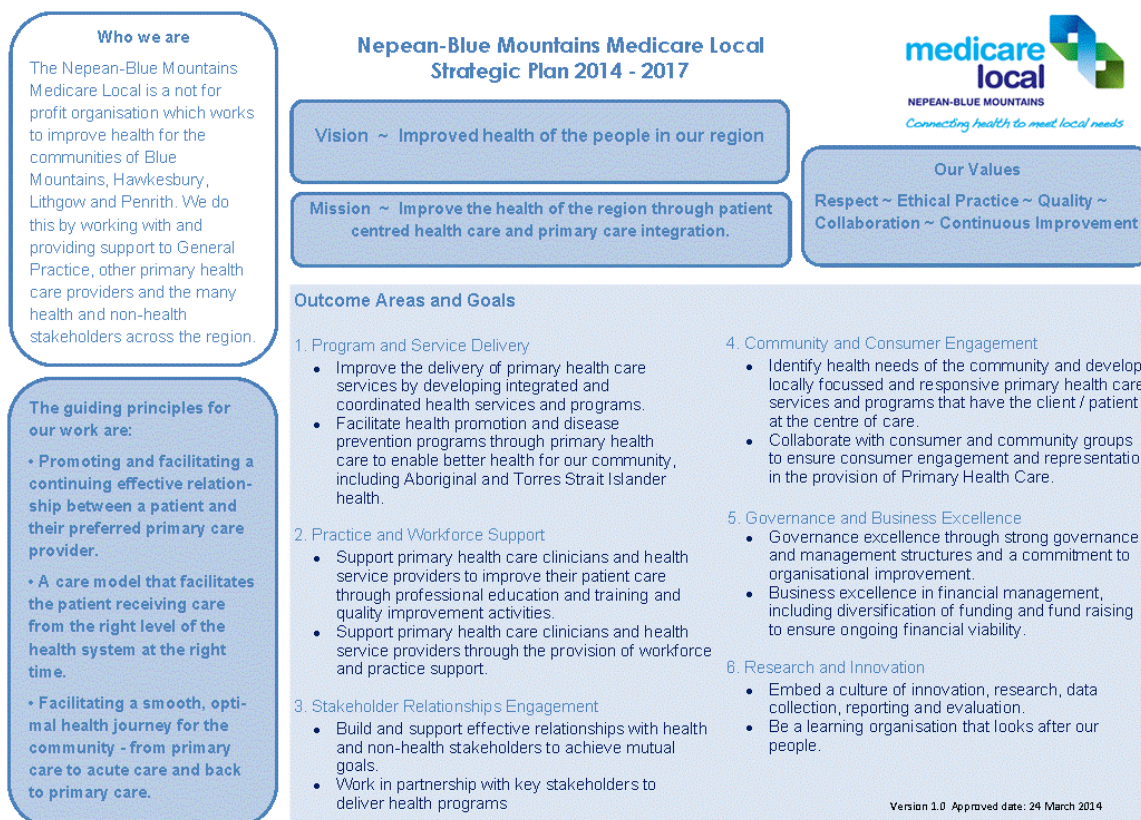


Report Sponsors

Nepean-Blue Mountains Medicare Local

Nepean-Blue Mountains Medicare Local Strategic Plan 2014 –2017

The figure below outlines the Vision and Strategic Plan for the Nepean-Blue Mountains Medicare Local (NBMML) 2014-2017.



NBMML implements three main Aboriginal Health programs. These are:

1. The Care Coordination Supplementary Services Program (CCSS Program)

The Care Coordination Supplementary Services Program supports Aboriginal and Torres Strait Islander clients with chronic disease through provision of Care Coordinators to assist clients to follow the care plan they have developed with their GP. This includes assistance with access to specialist, GP and Allied Health Services and financial support when this is a barrier to access the care or purchase the equipment or medications they need. The NBMML employs approximately 3.5 FTE Care Coordinators to deliver this program across the Blue Mountains, Hawkesbury, Lithgow and Penrith LGAs.

2. Closing the Gap Program (CTG) – Improving Indigenous Access to Mainstream Primary Care

This program has two streams:

- Improve access** by addressing barriers to the use of mainstream primary care by Aboriginal and Torres Strait Islander. This includes working with providers to delivery

more culturally appropriate services and educating providers on the relevant Closing the Gap measures

- b. **Provide practical assistance** to Aboriginal and Torres Strait Islander peoples to attend medical appointments, access cheaper medicines and understand CTG measures e.g. benefits of having a health check.

The NBMML employs two (1.6 FTE) Aboriginal Program Officers and 2.8FTE Aboriginal Outreach workers to deliver this program across the Blue Mountains, Hawkesbury, Lithgow and Penrith LGAs.

3. The Blue Mountains Healthy for Life Program (HFL)

The Blue Mountains Healthy for Life Program supports Aboriginal and Torres Strait Islander people by: Building a rapport and trust within the family; assessing health status and needs; providing a link to health professionals, doctors or specialists within mainstream services; and arranging regular health checks and transport to health appointments. There is a focus on mums, babies and kids' health and wellbeing; men's health; chronic and complex conditions and aged care.

The HFL team is made up of two registered nurses (1.6FTE), a male and female Aboriginal Outreach Worker (1.8FTE), an Aboriginal child and family worker, a part time Healthy for Life practice/project support officer and a program manager. This program operates in the Blue Mountains region only.

The Sharing and Learning Circle consultations undertaken by the NBMML in conjunction with the NBMLHD in 2014/15 form part of the organisation's commitment to ensure the Aboriginal and Torres Strait Islander community has a voice into the work of the NBMML.

Nepean Blue Mountains Local Health District

Nepean Blue Mountains Local Health District Strategic Plan 2012-2017

Nepean Blue Mountains Local Health District (NBMLHD) is one of nineteen Local Health Districts and Specialist Health Networks in NSW. NBMLHD is responsible for providing primary, secondary and tertiary level health care for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas (LGAs) and tertiary care to residents of the Greater Western Region. Public health services in Hawkesbury LGA are delivered under contract by Hawkesbury District Health Service (Hawkesbury Hospital and Hawkesbury Community Health Service). The NBMLHD covers an area of approximately 9,000 square kilometres from Portland in the west to St Marys in the east. The District is diverse with a mix of metropolitan, regional and rural areas.

The vision of the Nepean Blue Mountains Local Health District is:

Together, Achieving Better Health

Nepean Blue Mountains Local Health District will drive innovation and excellence in health service delivery that provides safe, equitable, high quality, accessible, timely and efficient services that are responsive to the needs of patients and the community.

Nepean Blue Mountains Local Health District works within the context of the organisational goals of:

- Improving population health (inequalities and localities)
- Enhancing the patient experience (clinical quality, access and safety)
- Living within our means (service and financial performance).

Aboriginal Health Unit

The primary function of the NBMLHD Aboriginal Health Unit (AHU) is to work across the NBMLHD and with other services operating in the NBMLHD to improve access for Aboriginal people to health services.

Governance structures are in place within NBMLHD to provide strategic direction and support for continuing to enhance access to health services for Aboriginal people across the LHD. Governance structures are also in place for staff and their managers who manage Aboriginal health programs across the LHD.

There is a commitment to the development of a set of performance indicators for Aboriginal Health for services to report across the NBMLHD.

The functions of the Aboriginal Health Unit include:

- Providing evidence-based policy advice and leadership to improve health and well-being outcomes for Aboriginal people.
- Providing program management (planning, implementation, reporting and evaluation).
- Developing and maintaining strategic regional and local partnerships with key government and non-government organisations including UWS, Nepean Blue Mountains Medicare Local, AMS Western Sydney Co-op Ltd, Koolyangarra Aboriginal Child and Family Centre and Muru Mittigar Aboriginal Cultural Education Centre.
- Delivering the Mootang Tarimi Outreach Screening and Assessment Service across NBM and WS LHDs.
- Supporting the service delivery of key State programs such as Aboriginal Maternal and Infant health Strategy (AMIHS), Building Strong Foundations (BSF) and the Aboriginal Chronic Disease Management Program.

Hawkesbury District Health Service

HDHS provides comprehensive healthcare services to our community with excellence and compassion.

Hawkesbury District Health Service (HDHS) is the health service of the Hawkesbury region, providing a comprehensive suite of health promotion, early intervention, treatment and palliation services for approximately 63,000 residents of the area, and the neighbouring north-west corridor of Sydney.

Operating under a unique public-private partnership arrangement with the NSW Government via the Nepean Blue Mountains Local Health District (NBMLHD), HDHS is a 125-bed facility employing more than 600 staff and 63 Visiting Medical Officers. HDHS provides a comprehensive range of services including 24-hour emergency services, diagnostic, medical, surgical, maternity, neonatal, paediatric, palliative, intensive and coronary care services; an afterhours GP clinic. HDHS is also a teaching hospital of the University of Notre Dame Australia (medical and imaging), and the University of Western Sydney (nursing).

As described by Aboriginal artist Vicki Thom - The heart and soul of HDHS is the centre point from which our hospital and community health services radiate.

Hawkesbury District Health Service is intrinsically linked to the web of groups and individuals who make up our community and are integral to our being and our service delivery in the Hawkesbury.

Aboriginal Community Liaison Officer

The HDHS Aboriginal Community Liaison Officer (ACLO) is available to liaise with and support Aboriginal & Torres Strait Islander communities living within the Hawkesbury LGA or a patient of Hawkesbury Hospital.

Support can include:

- providing support before hospital admission;
- visiting patients and their families while in hospital;
- follow up visits after patients leave hospital;
- assistance with referrals to indigenous and/or non-indigenous services;
- encouraging the indigenous community to understand and access health services;
- and
- education of staff and community about indigenous and health issues

Overview of Programs and Consultations with Aboriginal Community

- Aboriginal Stepping On Program – 2013 and 2014
- Aboriginal Triple P Program -2013/2014
- Aboriginal Drumbeat Program – Kurrajong Public School – 2012
- Windsor High School – 2013
- Windsor Pre School – Cultural awareness and education – 2013 2014
- Aboriginal Community Consultation on future of Darug people, History, Culture & Language - 2012
- Consulting and attending Elders meetings – direction of community, Cultural training for our young people (next Generation): 2012 - ongoing
- Consultation with Housing services on Sorry Business (death of person): 2012 – ongoing

- NAIDOC (National Aboriginal Islander Day Of Celebration) events – Service information and consultation – July Every year
- Family Fun Days – Service information and Consultation- 4 times per year
- Consultation with Local Elders on Aboriginal Health Banner, creation of symbols and wording - 2010
- Community Gathering in various locations : 2010 – ongoing
- Cultural Consultation with staff of Merana Aboriginal Association for the Hawkesbury Inc. - ongoing

Cultural Safety

The objective of the sharing and learning circles is to draw in community voices to improve Aboriginal health and to move towards cultural safety within health and other services.

The 'safety' in cultural safety refers to a standard that must be met in health care development and delivery. Anything less than this standard is considered culturally unsafe (Polaschek 1998). The concept introduces a different way of looking at the inequalities that lie embedded in the health care system. Importantly, it seeks to challenge health professionals and health systems to critically examine the way they view Indigenous health and how they engage with Indigenous peoples.

Put simply, where the old standards stated that people be nursed regardless of colour or creed, cultural safety advocates that people be nursed regardless of those things that make them culturally distinct or different (Papps and Ramsden 1996:493). Cultural safety, it is argued can increase the likelihood of positive outcomes in relation to patients' health because it identifies the information that is important and endeavours to deliver it in a way that it will be understood (Larson et al 1996). In addition, cultural safety has the potential to not only empower the client but also the health practitioner (Richardson and Williams 2007). Bin Sallik (2003) sees cultural safety as extending beyond cultural sensitivity and cultural awareness in that it empowers the clients to contribute to the achievement of positive outcomes. It is perhaps this emancipatory aspect of cultural safety that can contribute most to self-determination.

Communities must and will certainly have a role to play. Coffin (2007) believes that cultural awareness in the health system alone, will not achieve better delivery or outcomes and that health services need to include community opinions in choosing the directions they take. Coffin adds that communities in turn must be clear on what they want from the service providers and the health care system. While much has been written about cultural safety from the viewpoint of power relationships between health care professionals and patients, it is invariably the institutions (hospitals, government departments, schools etc.) which need to adhere to the cultural safety formula in order to 'effect cultural change in the design and delivery of policy' (Brascoupe and Waters 2009).

From *National Aboriginal and Torres Strait Islander Health Worker Association Cultural Safety Forum, Adelaide, 7-8 May 2013 Information booklet: Creating Cultural Safety in Health Workplace Environments for Aboriginal and Torres Strait Islander Health Workers, pp.13-14.*

Hawkesbury Aboriginal Sharing and Learning Circle 2014

The purpose of the circle was to establish a Sharing and Learning Circle and to voice the health needs and concerns of the local Aboriginal community. An invitation was extended to Aboriginal community members and organisations providing services to Aboriginal people in the Hawkesbury area to participate in the initial sharing and learning circle. A poster was distributed through local networks by the NBM Medicare Local and the NBM Local Health District.

There were 4 Sharing and Learning Circles undertaken in the Hawkesbury region between August and October 2014 to identify and prioritise issues. The Table below indicates the date and focus of each consultation session.

Table 2: Sharing and Learning circle meeting dates, attendees and focus

Sharing and Learning Circle (S&LC)	Attendees	Focus of consultation
Initial S&LC: 25 August 2014	28 Organisations and Community members	Initial consultation
Second L&SC: 12 September 2014	27 Community members	Identification of needs and issues
Third L&SC: 16 October 2014	9 Community members	Identification of priorities
Fourth L&SC: 30 October 2014	9 Community members	Discussion and approval of final priorities

There were 28 people attending the initial sharing and learning circle on the 25 August 2014. Table 3 shows the organisations represented at the circle and the number attending from each.

Table 3: Organisations represented at initial Hawkesbury Sharing and Learning Circle 2014

Organisations Represented at the initial Hawkesbury Sharing and Learning Circle 2014	
Nepean Blue Mountains Medicare Local (NBMML)	8
NBMLHD Aboriginal Health Unit	1
Mental Health	1
Hawkesbury Community Health	1
Hawkesbury District Hospital	1
Hawkesbury Nepean Legal Centre	4
Consultants	2
NBMLHD Community Health	3
Hawkesbury Aboriginal Community members	6
Peppercorn Community Transport	2

Brief overviews from the services were given by Sheila Holcombe, CEO, Nepean-Blue Mountains Medicare Local, Christine Frew, Director, Strategy and Planning, Clinical Governance & Education, Hawkesbury District Health Service, Kym Scanlon, Director, Planning and Prevention Directorate, Nepean Blue Mountains Local Health District and Brenda Harrold, Hawkesbury District Health Service, Community Board of Advice.

In the general discussion that followed it was noted that there were not many community members present and that those present could not be representative of or speak for the local Aboriginal community. A number of concerns were raised but it was decided that another meeting should be held for community members to identify and discuss issues.

The second meeting occurred on the 12 September 2014 with Clarke Scott (consultant) facilitating and staff from the Medicare Local which included two Aboriginal Health Project Officers and two Aboriginal Outreach Workers and the Hawkesbury District Health Service Aboriginal Community Liaison Officer. Twenty seven community members attended the meeting.

Many points of concern were raised and there were discussions about the local association Aboriginal Merana and the involvement of the community in informing health services of their needs. Individuals needed to voice their issues and to get to know each other. Many purposes were served by this meeting which included bringing the community members together to think about how they can be more involved in getting their health needs met.

“I just want to see something positive come out of this. We haven't come together like this before. I'm blown away by this”. Participant attending second Sharing and Learning Circle

Another meeting time was set for the 16 October 2014 with the aim of identifying priorities to be presented to the services at a further meeting on the 30 October 2014 and for inclusion in the report. It was important for the community to take up and own the process so that the priorities identified are theirs.

There was much discussion of issues related to health needs of Aboriginal community members at the meeting on the 16 October 2014 with nine community members attending. Seven of the nine attendees completed feedback forms. The feedback was very positive with all respondents stating it was informative, they were able to express their concerns, they felt listened to and the day was run in a satisfactory way. There were six priorities identified as listed below:

- Funding (in general)
- Transport (in general)
- Lack of Aboriginal workers
- Stronger partnership with LHD and local services to expand programs in Hawkesbury LGA
- Gender and Age specific groups/ programs
- Hawkesbury Community action group and ongoing formal structures for Aboriginal governance

These identified priorities were developed into short, medium and long term issues and strategies that were brought back to the community to discuss and approve at a further meeting on the 30th October 2014. The issues and strategies were discussed and refined at the meeting with nine community members supported by HDHS Aboriginal Community Liaison Officer, NBMML staff (Manager, Aboriginal Health Project Officer and Aboriginal Outreach worker), and the consultants Clarke Scott and Sarah Redshaw.

The agreed outcomes from the Hawkesbury Aboriginal Sharing and Learning Circle were then presented to the service organisation representatives who joined a meeting following the community meeting. Organisations contributing on the day included Hawkesbury District Health Services, NBMLHD Aboriginal Health Unit, Merana, Peppercorn Services, Wendy's Homecare, NBMML Partners in Recovery and Wentworth Community Housing.

Recommendations were developed from the identified priorities and outcomes.

Outcomes - Short Term

Immediate ISSUE	STRATEGY	BARRIER
1. Lack of adequate transport – many families do not have cars and live in areas where public transport is limited	Look at options for providing more comprehensive and coordinated transport across the area	Services limited by resources and funding guidelines and criteria Community understanding of how services work Eligibility for services
2. Lack of community engagement with health services	Community engagement through health promotion activities Hold health promotion forums on specific issues such as smoking, alcohol, sexual health and mental health and disability	Availability of services and facilities Finding different places in the area to hold forums - use community centres
3. Local organisations lack staff and ability to offer services	Support for local organisations such as Merana to develop and offer more services Assist with gaining funding Community Action Group to approach Merana committee	Lack of staff to access funding Management structure Planning of services Input from community and LHD
4. Lack of awareness of health services available in the area and criteria for accessing health services	Service directory – TAFE students Newsletter Seek opportunities to hold forums within the community such as school Fun Days and other community events such as NAIDOC	Ability of services to attend meetings at different locations Criteria for services
5. No formal structure for continuing community involvement and consultation	Hawkesbury Aboriginal Action Group Determine governance structure group can work under such as Blue Mountains Aboriginal Health Coalition	Different groups needing representation Level of commitment required Access to meeting place

6. Lack of capacity for services to talk to each other - need to link up. Lack of integration between services	Establish better partnerships between services Information sharing – referral pathways Expand services from other areas to integrate into Hawkesbury Links and communication between Local Health District and Hawkesbury services	Lack of connection between services Funding and space, availability of services
---	---	--

Outcomes - Medium Term

Medium term ISSUE	STRATEGY	BARRIER
Need for Aboriginal health workers in services Aboriginal health workers to be well networked into community	Review Aboriginal workers roles and look at opportunities to employ additional workers Supervision for Aboriginal workers Attendance at community events Local clinical and community supervision Cultural mentoring camps	Funding Recognition of need Cultural awareness
No male Aboriginal programs	Explore potential to employ a male Aboriginal health worker at Hawkesbury Hospital in addition to female worker	Resources/funding
Lack of Aboriginal specific workers, particularly counselors	Explore potential to increase Aboriginal workers in health and wellbeing across services in Hawkesbury area	Cultural safety and support for Aboriginal workers Availability of workers
Lack of Aboriginal health programs in Hawkesbury area	Work with providers in the region to explore potential to provide Aboriginal specific services in the Hawkesbury area such as sexual health, drug and alcohol and mental health	Service resources and recognition of Hawkesbury Aboriginal community
Encourage Identification to justify numbers for funding of positions	Encourage identification at hospitals, GP practices etc	Discrimination
GP training through Medicare Local	Ongoing engagement of Aboriginal workers to provide education to both GPs and their staff	Time required

Mobile assessment bus Mootang Tarimi	Establish regular times and places for bus to be available Ensure accessible across Hawkesbury	Engagement and organisation with other services, GPs etc
---	---	--

Outcomes - Long Term

Long term ISSUE	STRATEGY	BARRIER
Formation of structure for continuing community involvement and consultation	Work with local Aboriginal organisations and elders to promote an ongoing group to progress the needs of Aboriginal communities in the Hawkesbury area. Support group to develop governance structure (eg Blue Mountains Coalition)	Different groups needing representation Level of commitment required Access to meeting places
Extension of services such as sexual health and drug and alcohol will require community locations for ongoing access	Identify suitable accessible location - transport and disability access and facilities (eg The Warehouse at Penrith)	Availability of building Disability access and facilities
Holistic approach to health <ul style="list-style-type: none"> • Transport • Housing • Medical • Cultural/spiritual • Education • Employment 	Enhance recognition of needs in Hawkesbury and communication between agencies Increase numbers through identification	Being seen as a large number requiring services and a priority Identification process requiring people to return to country of origin - may never have been there
Hawkesbury identified funding and services	Access to needs based services – visual, hearing, dental Lobby to have dental part time Chair in Hawkesbury	Service availability, waiting time and distance
Collective approach to lobbying for change	Form joint planning committee with Aboriginal community members, NBMML HDHS and NBMLHD to coordinate a united voice	Commitment Involvement of different areas and mobs
Transport	Clarify transport available to access health services Identify further need for transport Work with Hawkesbury community transport Develop public/private partnerships	Funding Provision by organisation – which to provide

Agenda Hawkesbury Aboriginal Sharing and Learning Circle 2014

25 August 2014

Facilitator: Clarke Scott

Room set up – chairs in large circle with three or four tables around the side of the room for materials and lunch.

Briefing for scribes for small groups – keep to the point, limit to one point each and clarification but no discussion of anyone's comments by scribe

10.00 – 10.15	Welcome to and acknowledgement of Country
10.15 – 10.30	Overview of the purpose of the day, privacy and confidentiality, photos and recording
10.30 – 11.00	Statements from the services – 5 mins each <ul style="list-style-type: none">▪ Medicare Local– initiatives in the area – GP training – CEO Sheila Holcombe▪ Primary Care and Community Health LHD - review of initiatives across the local health services (Community Health, Mental Health, Aboriginal Health Unit, Inpatient) – Kym Scanlon▪ Hawkesbury District Health Service – Christine Frew, Brenda Harrold
11.00 – 11.30	Large Group Discussion <ol style="list-style-type: none">1. Community view on achievements and continuing issues2. Identification of areas for improvement3. Top 5 priorities for future
11.30-11.45	Break
11.45 – 12.45	Small group discussion on top priorities. Purpose of the small group work: <ul style="list-style-type: none">- How can you see these issues being addressed?- What is your preferred outcome around the priority issue? (forms the basis of Planning across the next period)
12.45-1.00	Surveys
1.00 – 1.30	Lunch
1.30	Sum up and Evaluation/survey of community perceptions of the process
2.00	Close

Evaluation Summary

Sharing and Learning Circle Hawkesbury 25 August 2014

Sixteen evaluations were completed after the initial circle meeting on the 25 August 2014. Most were satisfied with the meeting though some were unsure about whether concerns were able to be expressed and listened to, or whether the day had been run satisfactorily. Some expressed the value of meeting other members of their community and

Table 4: Evaluation 25 August 2014

Evaluation question	Yes	No	Not sure
1. Was the Sharing and Learning Circle today informative	15	1	0
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?	10	0	6
3. Did you feel your concerns were sufficiently listened to and noted today?	11	1	4
4. Was the day run in a satisfactory way for you today?	13	1	2

1. Was the Sharing and Learning circle today informative for you?
 - Need of forum to get out and let us all know what is available
 - Increase Aboriginal awareness for health professionals
 - Consider community setting up a volunteer support service similar to police to provide support after hours and weekends/ public holidays to Aboriginal identified people when attending services Eg: ED, AHGP
 - It was good to hear the issues raised
 - Awareness of Aboriginal health issues in Hawkesbury and processes for engaging the local Aboriginal community
 - Needing better attendance
 - Need more support with things
 - As a visitor from NZ the concerns raised by more community members attending was invaluable
 - Met valuable members of the Aboriginal and Torres Strait Islander community, we need to do it better.
2. Did the Sharing and Learning circle today enable you to express your concerns about Aboriginal Health?
 - My role was to listen
 - Seems unfortunate that the service bodies out there are so disappointed, such that a key member provider didn't even attend

- I was listening
- Yes most did
- Need of more listening and employment of Aboriginal workers and get a volunteer ED nurse to come and explain what is going to happen to patient

3. Did you feel your concerns were sufficiently listened to and noted today?

- Need flyers letting people know about Aboriginal services such as emergency
- Hope so
- N/A as listening
- The community members voiced their concerns about not enough representation which has been addressed
- Yes, now proof will be if next meeting has more/ greater community attendance
- Yes, outcomes meeting excellent

4. Was the way the day run satisfactory for you today?

- Yes great example of these service bodies/ community trying hard to work together
- Additional forums to be arranged
- When the Aboriginal communities get more attending and get together with Medicare local services maybe get the Hon. NSW Minister for Aboriginal affairs to attend as well
- Thank you
- It was a first for the Hawkesbury Aboriginal community, can make improvements
- It would be good to invite the quieter members of the community to speak as they did have valuable insights
- Heaps of information
- Less services and more community
- Disappointing number of people in group

Sharing and Learning Circle Hawkesbury 12 September 2014

From the meeting on the 12 September 2014 with 28 participants a total of 21 evaluations were received. Most were satisfied with the circle and the way it was run as indicated in Table 2 though some felt they were not able to express their concerns about Aboriginal health and were not sufficiently listened to. There was some tension evident between different members of the community

Table 5: Evaluation 12 September 2014

Evaluation question	Yes	No	Not sure
1. Was the Sharing and Learning Circle today informative	17	3	1
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?	15	6	1
3. Did you feel your concerns were sufficiently listened to and noted today?	13	7	1
4. Was the day run in a satisfactory way for you today?	19	2	0

Comments related to each question were mixed with some concerned about how views were expressed though others were pleased with the connections made and the importance of bringing the community together:

1. Was the Sharing and Learning Circle today informative?
 - Too much personal finger pointing
 - Bit concerned with the personal attack on a community employee
 - Very informative (please communicate)
 - The connections made today are very important and will hopefully help to empower this community
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?
 - There were bigger issues that needed airing and addressing
 - Feel that we need state or federal member for health to attend
3. Did you feel your concerns were sufficiently listened to and noted today?
 - To much conflict
 - Not enough consultation
 - Today was an important step in bringing together the community
4. Was the day run in a satisfactory way for you today?
 - There needs to be a safe practice - abusive language made the meeting very tense
 - It was a difficult meeting to chair but was done well

Sharing and Learning Circle Hawkesbury 16 October 2014

The evaluation on the 16 October 2014 indicated a greater degree of satisfaction with the process. Seven of the nine community members attending completed the evaluation. All were happy with the meeting.

Table 6: Evaluation 16 October 2014

Evaluation question	Yes	No	Not sure
1. Was the Sharing and Learning Circle today informative	7	0	0
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?	7	0	0
3. Did you feel your concerns were sufficiently listened to and noted today?	7	0	0
4. Was the day run in a satisfactory way for you today?	7	0	0

The series of meetings has shown significant progress in bringing together community members to discuss and outline health needs and priorities.

Conclusion

This was the first Sharing and Learning Circle for the Hawkesbury area and required more than one meeting. Community members' participation grew in subsequent meetings and an action group has now been established to continue the consultation process. The group needs to be nurtured and supported by services to enable continued participation and engagement by community members.

One of the most important issues in the area is transport, with many community members not having access to cars or public transport. The Hawkesbury is a large geographical area with a dispersed population. Mobility is mostly reliant on private vehicle use. Accessible transport is clearly a high need for addressing health issues to enable access to doctors, specialists and clinics. Criteria for accessing different transport options can be confusing and need to be reviewed.

A major issue being faced by the Hawkesbury Aboriginal community was discrimination being experienced in some General Practices and at a number of pharmacies in the area. The experiences highlighted in the Sharing and Learning circle centred on community members being denied access to Closing the Gap strategies based on an assessment by staff (both lay and professional), that was not welcoming. Clearly more needs to be done to address this and to reinforce the right of community members' access to Closing the Gap entitlements. Strategies to address these examples of discrimination through the relevant professional and peak bodies require investigation and action by the Medicare Local, Hawkesbury District Health Service and the Local Health District to ensure that this situation does not continue. The problem of discrimination by pharmacists extends beyond the Hawkesbury area and needs to be addressed on a broader level.

Hawkesbury is clearly in need of Aboriginal specific services, particularly dental, sexual health, drug and alcohol and mental health services, to service the needs of Aboriginal people who do not have access to these services elsewhere. It is also important that there are Aboriginal health workers as part of clinical teams to facilitate this process. It is hoped that this report and the efforts of those who spoke at the Sharing and Learning Circle will bring about some actions for Aboriginal communities in the Hawkesbury area and that community governance will be supported to ensure the health needs of Aboriginal people are being addressed more appropriately and effectively in the future.

Bibliography

Australian Bureau of Statistics Census 2011

<http://atlas.id.com.au/hawkesbury#MapNo=10020&SexKey=3&datatype=1&thetype=1&topicAlias=aboriginal-torres-strait-islander&year=2011>

http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/communityprofile/IARE107010

MacRae A, Thomson N, Anomie, Burns J, Catto M, Gray C, Levitan L, McLoughlin N, Potter C, Ride K, Stumpers S, Trzesinski A, Urquhart B (2013). Overview of Australian Indigenous health status, 2012.

National Aboriginal and Torres Strait Islander Health Worker Association Cultural Safety Forum, Adelaide, 7-8 May 2013 Information booklet: Creating Cultural Safety in Health Workplace Environments for Aboriginal and Torres Strait Islander Health Workers.

National Aboriginal and Torres Strait Islander Health Plan 2013–2023

Nepean Blue Mountains Local Health District HealthCare Services Plan 2012-2022

Nepean Blue Mountains Medicare Local Comprehensive Needs Assessment Report 2014-15.

Nepean Blue Mountains Medicare Local Strategic Business Plan, 2014 –2017

Wise, M., Angus, S., Harris, E. and Parker, S. 2012, Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People, The Lowitja Institute, Melbourne.

Appendix One: Sharing & Learning Circle 2014 Flyer



INVITATION

All members of the Hawkesbury Aboriginal community are invited to

Aboriginal Community Gathering & Health Yarn Up & Hawkesbury Aboriginal Sharing & Learning Circle

Thursday 30 October 2014
10.00am – 2.30pm

Hawkesbury Community Health Services
Meeting Room 2, Day Street, Windsor

PROGRAM

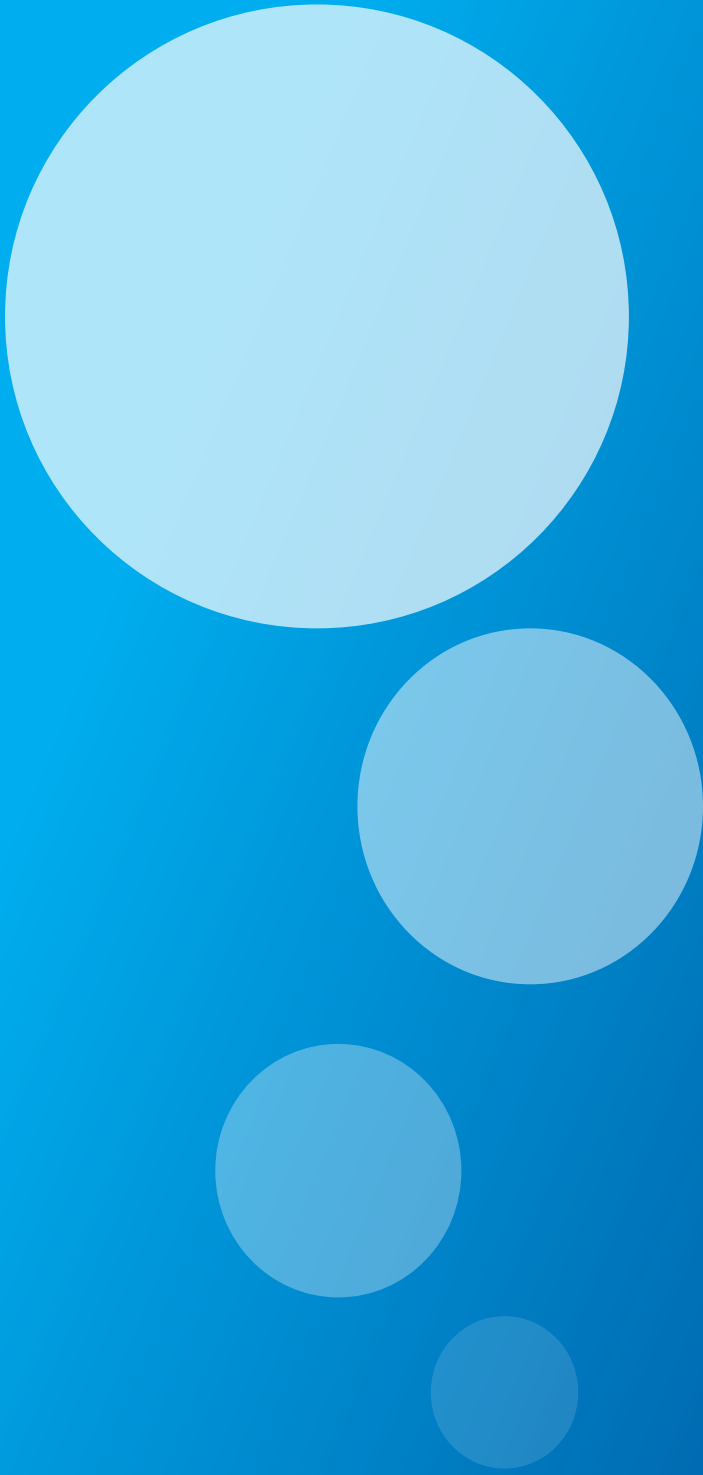
10.00 - 10.30am	Registration
10.30 - 12.00pm	Aboriginal Community Yarn Up
12.00 - 1.00pm	Lunch
1.00 - 2.30pm	Aboriginal Community with Service Providers

To register for the event please call:

Vicki Thom (HDHS Aboriginal Community Liaison Officer)
on Phone: **45 605 776** or Email: vthom@chcs.com.au

For more information please contact:

Clarke Scott – Facilitator on **0432 031 921**



NBMML105C_GEN_0515

A joint initiative from Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District in conjunction with Hawkesbury District Health Service.

www.nbmmml.com.au | www.nbmlhd.health.nsw.gov.au | www.hdhs.com.au