

Lithgow Aboriginal Sharing and Learning Circle Report



Health
Nepean Blue Mountains
Local Health District

medicare
local

NEPEAN-BLUE MOUNTAINS

Connecting health to meet local needs



This consultation was commissioned by the two lead agencies Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District.

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Introduction

In June 2014, the Lithgow Aboriginal Community Sharing and Learning Circle again came together to track the achievements in working to improve the health and well-being of local Aboriginal communities; identify those areas of remaining need; discuss new challenges and develop potential strategies to meet those existing and emerging needs.

This circle continued in the spirit of the first sharing and learning circle held in 2010 by the Nepean Blue Mountains Local Health District – the creation of a vision for improving access, services and ultimately improved outcomes for members of local Aboriginal communities.

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

Dedication

The 2014 Lithgow Aboriginal Sharing and Learning Circle and Report is dedicated to Wiradjuri 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 Lithgow Sharing and Learning Circle. The circle was held on the 3rd June 2014 at the Lithgow Neighbourhood Centre. Forty-four people attended the circle from services and community (as shown on p.23). A follow up meeting was held on 22nd July at which priorities identified at the circle were presented and reviewed. Eleven people attended the meeting in addition to NBMML and NBMLHD staff. It is evident that Aboriginal people lack access to services in the area and there are a number of reasons for this. Meeting times were set for a representative group to be established to continue engagement between the health services and the Aboriginal community.

Knowledge of services

One of the most important barriers is lack of knowledge and understanding of services available. Aboriginal people are not aware of the support and services available to them and are subsequently unable to identify their health needs or how these needs could be addressed.

Trust in health services

Secondly, Aboriginal people lack trust in health services and are more likely to access them in crisis situations. In some cases health services are accessed in other areas such as Bathurst, Orange, Katoomba or Penrith. Lithgow appears to be in a 'grey area' where Aboriginal Medical Services (AMS) are difficult to access due to distance.

Access to services

Aboriginal people emphasised the problem of their people not coming to services and therefore services being withdrawn because of lack of attendance. Lack of trust and understanding of how health services function and what they can provide contribute to lack of use of health services. This appears to be a catch 22 situation that requires some creative strategies.

It is therefore imperative that there is some emphasis on services reaching out to Aboriginal communities. This could be done by providing meetings and forums in key areas such as Portland, Wallerawang and Lithgow. Ideally, clinics could be offered at these locations at set times. These meetings need to help Aboriginal people become familiar with the services and to start to trust them and so need to be consultative rather than simply 'informative' using discussion and not presentation.

The meeting made it clear that little progress had been made since the 2010 Sharing and Learning Circle and that a great deal of discrimination was still faced by Aboriginal people in accessing services, including GPs and pharmacies. Services need to be better informed regarding Closing the Gap entitlements and practices need to be more welcoming for Aboriginal people.

Ante and Post Natal Services

Issues with birthing services received a number of mentions and requires specific attention. The hospital is attempting to provide Aboriginal input into maternity support and there is scope for exploring different options for shared antenatal care for Aboriginal people. The area

needs education and information for Aboriginal communities and investigation into provision of Aboriginal midwifery services. Lack of understanding of Aboriginal women's maternal needs was described. Cultural awareness as well as engagement with Aboriginal communities is needed to enable better use of maternal care.

Communication pathways

The lack of a structure for community involvement in addressing health needs has clearly held back progress in the 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.

Aboriginal workers

Outreach to Aboriginal communities is imperative and could take a variety of forms some of which are suggested in this report. There is an evident need for the employment of Aboriginal health workers, both male and female in local health and other services to help bridge some of the gaps in engaging Aboriginal people. In addition, Aboriginal workers require a supportive network and connection within the community so that they are not isolated in their work context.

Summary

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

Closing the gap in Aboriginal health outcomes begins at birth. By striving to meet a national target to halve the gap in Aboriginal infant mortality, we can ensure all Aboriginal children have the best start to life. We will:

- *Deliver the Aboriginal Maternal and Infant Health Service, aimed at improving the health outcomes of Aboriginal mothers and their infants.*

The provision of culturally appropriate maternal health services as close to home as possible is supported through programs that provide home visits, birthing support and postnatal follow up, and a range of birthing options. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.30)

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, especially concerning maternal care. Lithgow area has a young Aboriginal population with 66% aged below 35 years (ABS census 2011). It is imperative that the health needs of these families be addressed.

Attention must be paid to the increased governance by Aboriginal communities of their health needs and service provision.

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. & Parker, S. 2012, Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People, The Lowitja Institute, Melbourne)

The Lithgow 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.

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

Recommendation 3: Investigate the possibility of Aboriginal health clinics and/or forums at Lithgow and Portland hospitals and Wallerawang Community Health Centre at regular days and times.

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

Recommendation 5: Consider provision of Aboriginal health workers to accompany community nurse visits and other specialist services where possible – male and female as needed.

Recommendation 6: Monitor demand for newly appointed Aboriginal liaison at Lithgow hospital.

Recommendation 7: Pursue an accessible space for Aboriginal community meetings in Lithgow area.

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: Investigate provision of antenatal services in Lithgow area for Aboriginal people through engagement with Aboriginal women and the Aboriginal Maternal and Infant Service.

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: . Ensure services are adopting holistic and whole family approaches 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 biomedically-derived concepts as a means of improving Indigenous health.*

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.

The following recommendations are addressed in the context of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. The principles underpinning 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 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 June. The governance structure needs to include proactive members of key bodies and the local Aboriginal community.

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

- Meetings at Portland and Wallerawang and other sites where requested by Aboriginal communities in the Lithgow area
- Information meetings and/or forums in significant locations for Aboriginal communities in the Lithgow area
- Outreach services where possible for antenatal care and information for pregnancy
- Men's, women's and youth cultural opportunities such as Men's group, Women's group, men and boys cultural camps and youth camps.

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)

Health Literacy

3. Investigate the possibility of Aboriginal health clinics and/or forums at Lithgow and Portland hospitals and Wallerawang Community Health Centre at regular days and times to help to bring Aboriginal people into the health services facilities so they can become more familiar with them 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 the Aboriginal Medical Service and the Aboriginal Maternal and Infant Health Service to provide services to Lithgow 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'.
5. Consider provision of Aboriginal health workers to accompany community nurse visits and other specialist services where possible – male and female as needed.
6. Monitor demand for newly appointed Aboriginal Liaison Officer position at Lithgow hospital.

Emotional and Social Well Being

7. Pursue an accessible space for Aboriginal community meetings in Lithgow area.

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)

8. Investigate possibilities for transport availability for Aboriginal community member's access to health and other services through public/private partnerships and working with Lithgow Community Transport.
9. Investigate provision of antenatal services in Lithgow area for Aboriginal people through engagement with Aboriginal women and the Aboriginal Maternal and Infant Service.
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.

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)

Cultural Safety

11. Continue compulsory one day training for all services to improve cultural safety for Aboriginal people working within and accessing services.
12. Ensure services are adopting holistic and whole family approaches 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)

Key strategy

Improve 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)

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 and Accountability

14. Ensure that governance structures are in place across the NBMLHD and NBM ML (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 (NBM ML) and the Nepean Blue Mountains Local Health District (NBMLHD) and other members of the community to work together to influence positive change in health outcomes for Aboriginal people locally.

The 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:

Primary Care and Community Health and
NBMLHD Aboriginal Health Unit
Lithgow Home and Community Care Service
Lithgow Community Mental Health
Lithgow Community Health
Lithgow Hospital

Other organisations represented:

Aftercare
Lithgow Information and Neighbourhood Centre (LINC)
Mingaan Wiradjuri Aboriginal Corporation
Elizabeth Evatt Legal Centre
Department of Community Services
National Disability Coordination
Uniting Care
La Salle Academy
The Benevolent Society
Legal Aid

Community members

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 to facilitate continual engagement with the Lithgow Aboriginal community for health service improvements. 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 Lithgow, 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 Lithgow 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.

Lithgow Aboriginal and Torres Strait Island People

The original inhabitants of the Lithgow area are the Wiradjuri Nation. Those who identify as Aboriginal and Torres Strait Island people represented 4.5% of the Lithgow area population at 904 in 2011, living in 383 dwellings (ABS Census of Population and Housing 2006 and 2011). By age group, 66% of the Aboriginal and Torres Strait Island population of Lithgow area are under 35 years of age so it is a relatively young population. There are over 200 or 25% in the age range of 18-35 years, an age at which many are having families. More than 35% of Aboriginal and Torres Strait Island households in the area are couples with children and 24% are one parent households with children.

There are 381 children under the age of 17 years representing 42% of the population. Of the total Aboriginal and Torres Strait Islander population there are 375 (41% aged between 18 to 59 years) who have an earning capacity for their household.

The ABS counts 569 Aboriginal and Torres Strait Islander residents of the Lithgow LGA aged over 15 years who are eligible to be part of the labour force and of those, 44.8% of are employed. A breakdown of this group shows that 80% are employed full time or part time and 20% are unemployed.

Aboriginal families are living in larger households than the Lithgow population as a whole with 28% of the Aboriginal population living in households of 2 or less people compared with 66% of the total Lithgow population. Most of the Aboriginal population, 72%, live in households of three or more people.

Rental accommodation accounts for 45.3% of the Aboriginal households and 16% of these are public housing. Household income for 43% of Aboriginal households is below \$1,000 per week.

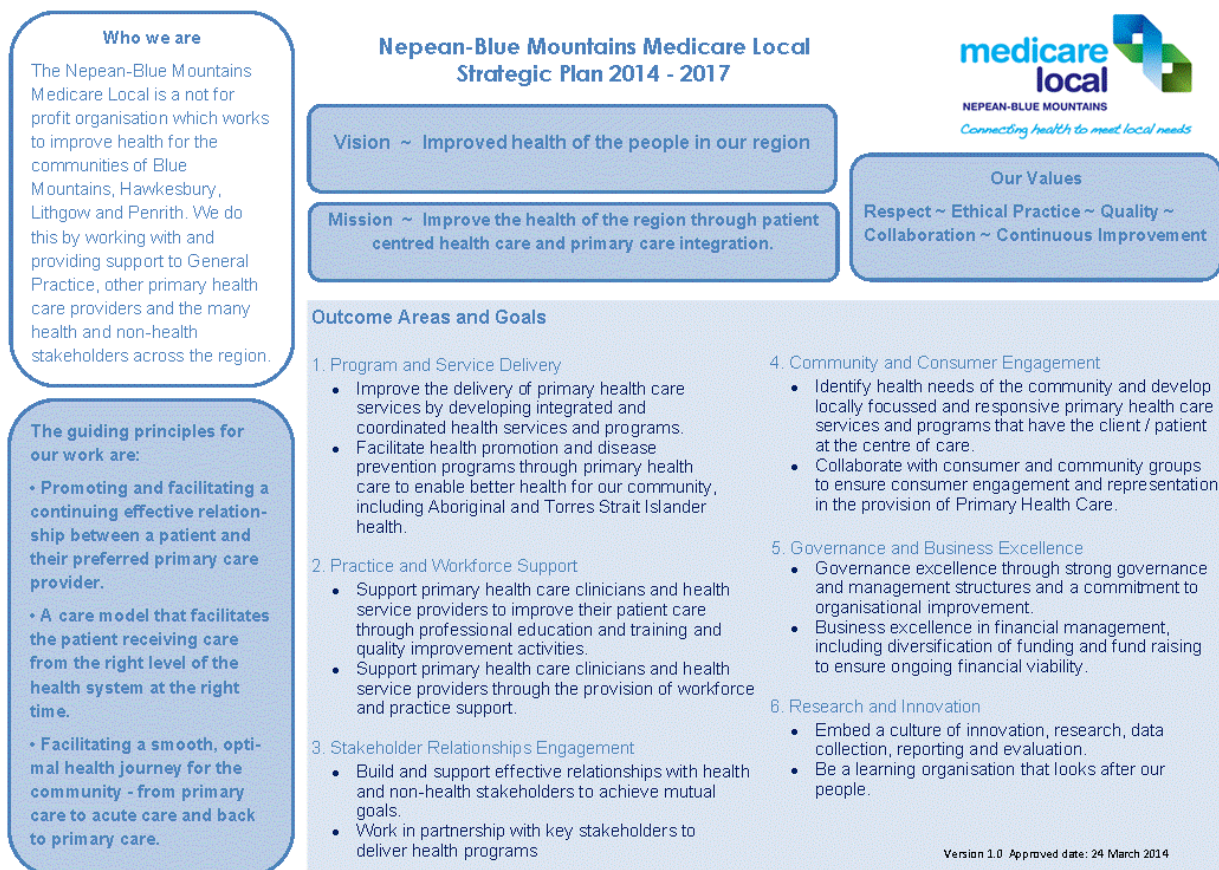
<http://profile.id.com.au/lithgow/reports> Indigenous profile

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 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:

- a. **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 2.8 FTE 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. 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).

Lithgow Health Services

Lithgow Integrated Health Service, west of the Blue Mountains, is a multi-facility campus comprising Lithgow Hospital, Lithgow Community Health Centre, Lithgow Health Service Medical Centre and a residential aged-care residential facility. Lithgow Hospital was commissioned in 1999.

Lithgow Hospital is a teaching hospital of the University of Notre Dame. The hospital provides inpatient and outpatient services for all ages, managing lower complexity patients who do not require sub-specialty care. Services include 24 hour Emergency service, Paediatrics, Maternity, low-risk Surgery and General Medicine, with on call medical services. Inpatient services are delivered under a Visiting Medical Officer / General Practitioner model of care with the capacity to manage lower complexity patients who do not require sub-specialty care. Allied Health services are also provided including a hydrotherapy pool. Other services provided include Pathology services, Women's Health, X-ray and CT scan. These services are supported by telehealth and outreach services provided from Nepean Hospital.

Lithgow Hospital functions as a district level hospital, providing services to the residents of the City of Greater Lithgow including the surrounding rural areas and supports the Portland Tabulam Health Centre. The distance from services and the geographical area combine to provide a challenging set of demands for delivering and planning services, including patient transport between facilities.

The town's population is 12,000 with an additional 8,000 people living in the surrounding area. Lithgow is a historical town with strong links to Australia's industrial development. Coal mining remains the major activity along with power generation. Major attractions include the Zig Zag Railway and Museum of Mining.

Lithgow Primary Care and Community Health Services

Lithgow Community Health Centre provides a range of services in the Lithgow area to children, young people, adults and older people. Services range from health promotion, prevention and early detection to assessment, treatment and continuing care. Community Health staff work in partnership with schools, GPs, hospitals, non-government agencies and other organisations to provide care at the Community Health Centre, in people's homes or in other venues, such as Early Childhood (Baby Health) Centres.

Services for Children, Young People, Families and Adults:

- Child and Family Health Nursing including home visiting for all new parents, Early Childhood Health clinics, support with infant feeding and parenting, developmental screening and parenting groups
- Playgym
- Counselling services for children, families and adults
- Hearing testing
- Building Strong Foundations
- Aboriginal Liaison Officer.

Services for people with chronic and complex health conditions:

- Community Nursing including wound care, palliative care, continence, support for people with chronic health conditions and liaison with General Practitioners.

Lithgow Community Health Centre provides outreach services to:

- Portland Community Health Centre
- Wallerawang Community Health Centre.

Other services located at Lithgow Community Health Centre:

- Drug and Alcohol
- Methadone
- Oral Health.

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.

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 & 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.

Lithgow Aboriginal Sharing and Learning Circle 2014

The purpose of the Sharing and Learning Circle was two fold. Firstly to follow up on the 2010 Sharing and Learning Circle conducted by the NBMLHD with the Blue Mountains Division of General Practice and to see what progress had been made. Secondly, to ensure the health needs and concerns of the local Aboriginal community were voiced and to identify possible governance structures to ensure ongoing Aboriginal community engagement with the NBML and NBMLHD.

An invitation to participate in the Lithgow Sharing and Learning Circle was extended to Aboriginal community members and organisations providing services to Aboriginal people in the Lithgow area. A poster was distributed through local networks by the NBM Medicare Local and the NBM Local Health District.

There were 44 people attending the sharing and learning circle. Table 1 shows the organisations represented at the circle and the number attending from each.

Table 1: Organisations Represented at Lithgow Sharing and Learning Circle, 2014

| Organisations represented at Lithgow Sharing & Learning Circle 2014 | |
|---|---|
| Lithgow Information and Neighbourhood Centre | 1 |
| Lithgow Home and Community Care Service | 1 |
| Nepean Blue Mountains Medicare Local (NBML) | 8 |
| NBMLHD Aboriginal Health Unit | 1 |
| Lithgow Community Mental Health | 1 |
| Lithgow Community Health | 1 |
| Mingaan Wiradjuri Aboriginal Corporation | 1 |
| Lithgow Hospital | 1 |
| Elizabeth Evatt Legal Centre | 4 |
| Consultants | 2 |
| NBMLHD Community Health | 3 |
| Department of Community Services Carer | 1 |
| National Disability Coordination | 1 |
| Uniting Care | 2 |
| La Salle Academy | 2 |
| The Benevolent Society | 1 |
| Legal Aid | 2 |
| Aftercare | 2 |
| Psychiatry student Sydney Uni | 1 |
| Community Members | 9 |

The group considered progress since the 2010 Sharing and Learning Circle, identified issues and priorities, and developed recommendations and outcomes.

Agenda Lithgow 2014 Sharing and Learning Circle

Review of Outcomes of the 2010 Lithgow Sharing and Learning Circle

3 June 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 & acknowledgement of Country |
| 10.15 – 10.30 | Overview of the purpose of the day, privacy and confidentiality, photos and recording |
| 10.30 – 11.00 | Update of the impact and evidence of key initiatives – 5 mins each <ul style="list-style-type: none">• Medicare Local– initiatives in the area – GP training?• Primary Care and Community Health LHD - review of initiatives across the local health services (Community Health, Mental Health, Aboriginal Health Unit, Inpatient) – Dawn• Lithgow Hospital• Community Member |
| 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 |

Lithgow Sharing and Learning Circle 2010 reviewed

Issues identified

- Difficulties identified with a variety of service/agency boundaries – need for flexibility and communication
- Aboriginal community has difficulty accessing services
- Service settings are often culturally inappropriate
- Need for different cultural approach by agencies/services
- Need for preventative action rather than reactive
- Need for Aboriginal Liaison worker/health workers within the community especially located in Council and in health services
- Lack of Aboriginal identification within the community
 - Issue may be one of how are people asked
 - Access issues to service if you do identify
 - “Cultural awareness to reduce racism and inappropriate communication and ways of relating in hospitals
- Importance of community engagement acknowledged
- Aboriginal population ~ 571 in Lithgow area. Figures not accurate due to people not identifying as Aboriginal
- Transit population and potential expansion of families of people in the Correctional Services
 - Aboriginal community relocating through DOH from Dubbo
 - Need for proactive action to anticipate influx in the population and hence the demands on services
- “Seeing is believing” – seeing action as a result of outcomes, is very important to the Aboriginal community, rather than just words
- Need for a collaborative approach
 - Community focus and commitment – a united voice
 - Need to work past and beyond the ‘politics’
- Lack of transport
- Need for specific Aboriginal Maternal Infant Health Services in Lithgow
- The community needs a ‘place/contact’ where people can go as a conduit to services

Strategies identified

- Transport
 - Access to Community Transport – better relationship with the service as currently not being accessed
 - Health Screening Bus – Lithgow 12 month booked scheduled
 - \$10.00 Bus – Broken Hill model via Community Transport with Aboriginal service funding
 - Dental clinic bus access needed
- Cultural Sensitivity Awareness/Training
 - Annual training required by services
 - GPs and staff can access (National Accreditation for GPs)
 - Session with Aboriginal workers to share and improve training and resources.
- Existing Aboriginal specific positions /networks
 - Specific role definition required eg Community development, advocacy
 - Contact details of all workers needs to be available

- Awareness of positions within organisations
- Established networks/contact links
- Lobbying for positions that are vacant or identified as needed
- Identified Aboriginal positions within the community
- Value of Aboriginal liaison positions acknowledged
- 'Shop front'
 - Identified place to go – identified current lack of such a place.
 - Resources and contact 'face to face' with the community
 - Expand service engagement
- Outreach services in Lithgow required
 - Hearing and Dental
 - Immunisation
 - Health checks
- Access to AMS
 - Geographically not accessible
 - Consider a 'virtual' networking AMS
 - Transport to identified clinic days that are Aboriginal specific
 - Co-coordinating service days in areas to optimise transport
- Prenatal/Antenatal Care
 - Limitations and access difficulties
 - Borders and service boundary issues
- Fractured Community

Need to work with existing Aboriginal community groups – Orange and Cowra were seen as good examples. This could be achieved through;

- Schools/preschools
- Media
- BBQs community engagement
 - Commitment from community to address fragmentation
 - Service providers working together
 - Issues of mistrust from the community towards service providers/agencies is problematic
 - Community politics
- Aboriginal interagency gathering
 - Need for role models
 - Advertising of working committees
 - Tackling apathy and fragmentation

Progress since 2010 Sharing and Learning Circle

Services addressed the group about progress since the 2010 Sharing and Learning Circle.

Nepean-Blue Mountains Medicare Local

Sheila Holcombe CEO

The Nepean-Blue Mountains Medicare Local (NBMML) was established in 2012. The organisation shares the same boundaries as the Nepean Blue Mountains Local Health District (NBMLHD) and undertakes joint planning and work where relevant with the NBMLHD.

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 in

Lithgow, Hawkesbury and Penrith. The sharing and learning circle was successfully undertaken jointly in the Blue Mountains in 2008 and followed up in 2014.

The Medicare Local program is currently funded to 30 June 2015. The Commonwealth Department of Health will be releasing a tender for the establishment of Primary Health Networks in November 2014. Primary Health Networks will replace Medicare Locals.

Nepean Blue Mountains Local Health District

Dawn Williamson Primary Care and Community Health Services

As a result of areas identified from the Lithgow Aboriginal Sharing and Learning circle two years ago, the Primary Care and Community Health service and the Aboriginal Health Unit of NBMLHD have worked to improve services for the Aboriginal community within a culturally appropriate framework. In 2012 The Mootang Tarimi Aboriginal Health and Assessment Screening Service came to Lithgow monthly for 16 months. There was good initial uptake but then numbers dropped off and the bus services had to be spread more widely across Western Sydney and the Nepean area, so was temporality withdrawn from Lithgow.

Other initiatives include:

Strong Fathers, Strong Families program, a program funded for three years from 2011 – 2014 to support Aboriginal fathers and other significant males in parenting, and being positive role models within their families. Activities have included Aboriginal Men's and Boy's camps, Aboriginal Youth Camps, Men's Parenting groups, Possum skin, Parenting program in partnership with the Blue Mountains Aboriginal Cultural Resource centre, Cultural mentoring workshops and the provision of New Aboriginal Dad's Resource bags to maternity wards of Blue Mountains District Anzac Memorial hospital (BMDAMH), Lithgow hospitals and Koori playgroups. Funding for this program ceased at end of June 2014.

The Building Strong Foundations (BSF) program, Lithgow, is funded to provide health services and support for Aboriginal families with children 0-5 years, the BSF team has a part time, social worker, a full time registered nurse, and an Aboriginal health worker is being recruited now.

Primary Care and Community Health are working to increase access to all community health services at Lithgow CHC and we are working with dental services to establish an Aboriginal specific clinic at Lithgow, similar to the one provided at BMDAMH.

The role of the Nepean Blue Mountains Local Health District, Aboriginal Health Unit is:

- Undertake continual engagement and partnering with local communities
- Establish and/or maintain external partnership with key agencies
- Assist service planning to address Aboriginal health needs
- Lead on and/or support the design, implementation and evaluation of tailored clinical and population health programs
- Undertake and foster research to expand the intervention evidence base to identify and promote best practice models
- Manage key Aboriginal programs including Mootang Tarimi chronic care program.

The Aboriginal Health Unit provides expert cultural and strategic advice on policy and service delivery to the Board, Chief executive, Executive Directors and other relevant stakeholders

Lithgow Hospital

Jill Marjoram General Manager

The hospital has a community consultation group – Uncle John provides liaison.

The hospital has become aware that some people have been choosing to go elsewhere for care, because the hospital is not seen as Aboriginal Community friendly.

Our aim is to provide a place where aboriginal people feel welcome, and as an example we are creating a young mother circle of ‘aunts’. There have been many young mothers avoiding antenatal care, and this is something the aboriginal community and the hospital need to work on together to ensure our new babies have the best start in life we can give them.

Jill said she would like to think it is more than just a token gesture and she hopes to work more with the community. ‘We need to be able to work better and come up to the mark. It’s important to listen and see how we can work together.’

Uncle John Patten

Lithgow Hospital Board Member, Aboriginal Community Member

John has been ‘involved with Aboriginal rights since the dream time’. He’s been working on rapport between services and local communities, ‘our people’. ‘In the old days we were very shy and very timid people and never pushed for things for ourselves. I’m a doer and not much of a one for talking.’

Clarke Scott

Aboriginal Health Cultural Consultant

For too many years we sat silent and the health services are coming to us now to ask us about what we need and how it can work for us.

Issues and priorities from large group discussion

A discussion was opened up to consider changes and improvements in health services for Aboriginal people in the Lithgow area. Discussion included a range of issues summarised in the following points:

- Services that Aboriginal community members do not know about and do not access such as Dementia and disability support
- Aboriginal people not informing mainstream services about disabilities and not aware of services
- Lack of awareness of local Aboriginal communities in the area
- Need for Aboriginal workers now - female and male Aboriginal health workers
- Need to win confidence and trust – lack of trust means people are going elsewhere for services – Penrith, Katoomba, Bathurst, Orange
- Social worker not Aboriginal person so not going to quite understand
- Lithgow is a grey area – Aboriginal Medical services stop at Penrith and Bathurst
- Absence of antenatal clinic in Lithgow – relationship with GP required and some do not have that
- Outreach services are most successful with Aboriginal community – need for visit in home before birth, lack of money to engage midwife or connection with GP – mums just turning up to have baby
- GPs not participating or offering Aboriginal health checks, judgements about need and Aboriginality
- Chemists refusing Closing the Gap access
- Portland hospital, doctor and chemist supporting access to Closing the Gap
- Aboriginal people lack an understanding of how services work
- Diabetes big health problem
- Alcohol and drug abuse – need for education for families
- Domestic violence - no local services for men to help them accept their part in domestic violence
- Gap in impact of drug and alcohol, mental health and domestic violence on children - Aboriginal workers needed to facilitate getting therapeutic support
- Need for regular forums
- Networking - not much has happened - how can we put more into that?
- Need for shop front or meeting hub for talking, arts and crafts and spiritual practice - opportunities to bring Aboriginal people together to draw on strengths and decide best actions
- Transport is always an issue for people in the area
- Support needed for Aboriginal workers

Discussion continued in the large group about maintaining the process and working out what should happen next to gather momentum from the drive to work together.

Actions that could be taken were discussed and a meeting of community members was proposed for June 2014.

Priorities were identified and divided into immediate, medium and long term outcomes as shown in Table 2. Strategies to address these priorities were drawn up and these are shown on the following pages.

Table 2: Strategies for addressing priorities as drawn up at the circle

| Short Term Now | Medium Term 3-12 months | Long Term 12 months |
|--|---|------------------------|
| Appointment with Lithgow Council General Manager – Sheila Holcombe (NBM Medicare Local) and Aunty Helen (MW Aboriginal Corp) | Aboriginal shop front | Bus |
| Monthly meetings at LINC | Funding applications – Elizabeth Evatt Legal Centre to assist | Transport |
| Establish a leadership group | Aboriginal Education Consultation Group (AECG) | Shop front |
| Facilitate interagency meeting coordinated by Health– Jill Marjoram | Connecting services to the Aboriginal services/meeting (talk to Jill) | |
| Meet with mob at Portland and Wallerawang | | |
| Family fun day – services come together | | |
| GP Cultural awareness – Medicare Local | | |

Lithgow follow up meeting 22 July 2014

Attendee organisations:

LINC
Minghaan Aboriginal Corporation
AECG - Aboriginal Education Consultative Group
NBMLHD staff
NBMML staff
Building Strong Foundations Community Health
Aboriginal Health Unit
Uncle John Paton - community member
Mental Health Support worker
Community Transport
Community members

Welcome – Clarke Scott

Dedication for report discussed. Thanking local Aboriginal community for input into report

Use of the term 'Aboriginal' agreed for report with a note that it includes Torres Strait Islanders

Outcomes since sharing and learning circle in June

NBMML CEO and staff

- GPs - met with one practice this morning and will continue to meet with others to lift awareness and make things more welcoming. Team will go in and work closely with practices.
- GP appreciative that he was contacted and willing to be part of improving access
- GPs in the area are open to learning more about cultural practice
- Cultural awareness training early in 2012 so most doctors aware of that
- All staff need to be involved in training

The group then discussed the priorities and strategies in detail. Discussion included the following points:

- Need for an Aboriginal workers network in Lithgow
- Cultural workshops with Minghaan
- Cultural mentoring camps
- Strategy to get Aboriginal involvement
- Someone from this group to go to Child and Family Services meeting and interagency
- Bus and registered nurse be brought back to Lithgow - link in with outreach
- Aboriginal Health Unit - more than happy to bring bus to events - contact AHU to book
- Lithgow community transport - link in with them to provide transport to bus location - need power and toilet access
- Development of health services across short, med and long term

- Work with Lithgow community transport - not funded by health. Strategy – have a day for bringing people into hospital rather than ad hoc as it is at the moment - problem of getting people to services
- Little or no public transport - length of time at appointments unpredictable - services not known about and have to be careful how much transport is being used for health
- NBMML on NSW Transport committee working out how to deal with transport issues for over a year - creative ways for community transport to provide more services
- Over 65s bulk of funding - HACC and CCTP money for out of town where they can
- Public private funding partnerships
- Identify greatest area of need for transport - biggest gaps - eg Bathurst for cancer care or Nepean for dialysis
- Need for Men's services - domestic violence etc
- Men's Aboriginal health in BMs
- Place Aboriginal workers across services so that men and women Aboriginal workers available
- Getting glasses - Vision Australia changed rules - clinics not likely - ML to talk to VA - doctor referrals and \$\$\$
- Free hearing checks - LINC to broadcast
- Twice yearly forum to explain changes and continue engagement
- People not knowing about Closing the Gap - doctors didn't put info up
- Dental clinic
- Free service gov funded for children 0-8 for children with disabilities to access mainstream services - therapies
- Free assessments for children
- SDN Leap
- Website for group - all services could put their info
- ML - page for Lithgow

Circle Outcomes - Short Term

The 2014 Lithgow Aboriginal Sharing and Learning Circle identified priorities as shown in Table 2. These have been structured into short, medium and long term with strategies and barriers identified based on discussions in the circle.

| Immediate ISSUE | STRATEGY | BARRIER |
|---|--|--|
| 1. Formation of structure for continuing consultation | Facilitate meetings established at Lithgow to end of year to form group of 4-5 who can represent and speak for the health needs of Lithgow Aboriginal communities Determine structure group can work under such as Blue Mountains Coalition | Different groups needing representation Level of commitment required Access to meeting place |
| 2. Culturally appropriate training for GPs to make health services | Market the need Link into existing education Ensure GPs see the training as a priority | Staffing relief Cost if training is after hours |

| | | |
|--|--|--|
| <p>welcoming to Aboriginal people</p> | <p>Educate all services and workers not just GPs</p> <p>Include pharmacists</p> <p>Educate re Closing the Gap entitlements</p> | <p>Transport</p> <p>Stats and identification data</p> |
| <p>3. Explore potential to increase awareness of services available through outreach</p> | <p>Hold meeting and forum in areas in and around Lithgow where community members can access health workers and find out about services.</p> <p>Seek opportunities to hold forums within the community such as school Fun Days and other community events</p> | <p>Ability of services to attend meetings at different locations</p> |
| <p>4. Explore potential to increase Aboriginal workers in health and well being across services in Lithgow area</p> | <p>Consider funding and where positions can best be placed and supported</p> <p>Develop Aboriginal workers interagency network</p> | <p>Cultural safety and support for Aboriginal workers</p> <p>Availability of workers</p> |
| <p>5. Discussions with council re shopfront and Aboriginal targeted funding and worker</p> | <p>NBMML CEO and Aunty Helen from Tribal Council to meet with council to discuss potential locations for Aboriginal community meeting place and how Aboriginal funds are targeted</p> | |

Circle Outcomes - Medium Term

| Medium term ISSUE | STRATEGY | BARRIER |
|--|---|--|
| Importance of Aboriginal health workers in services - Aboriginal health workers to be well networked into community | <p>Review workers roles and look at opportunities to employ more Aboriginal workers</p> <p>Supervision and attendance at community events</p> <p>Local clinical and community supervision</p> <p>Cultural workshops with Minghaan</p> <p>Cultural mentoring camps</p> | <p>Funding</p> <p>Recognition of need</p> |
| Encourage Identification to justify numbers for funding of positions | <p>Encourage identification at hospitals, GP practices etc</p> | <p>Discrimination</p> |
| Health programs in Lithgow Funding Flexible appointments system | <p>Explore potential to extend services to Lithgow e.g. AMS, AMIHS</p> | <p>Service resources and recognition of Lithgow community</p> |
| GP training through NBMML | <p>Ongoing engagement of Aboriginal workers to provide education to both GPs and their staff</p> | <p>Time required</p> |
| Transport | <p>Clarify transport available to access health services</p> <p>Identify further need for transport</p> <p>Work with Lithgow community transport</p> <p>Develop public/private partnerships</p> | <p>Funding</p> <p>Provision by organization – which to provide</p> |
| Mootang Tarimi Aboriginal Health Screening and Assessment Service | <p>Establish regular times and places for bus to be available</p> <p>Ensure accessible across Lithgow and not just in one location</p> | <p>Funding</p> <p>Engagement and organisation with other services, GPs</p> |

Circle Outcomes - Long Term

| Long term ISSUE | STRATEGY | BARRIER |
|--|--|--|
| Location for Aboriginal cultural centre | Lobby council for location in an accessible location | Availability of building |
| Culturally safe space or one-stop shop for Aboriginal Health | Investigate need for Hospital clinics with GPs attending | Funding and space, availability of services |
| Aboriginal health worker at Lithgow Hospital | Monitor hours and demand to see if another worker needed | |
| Holistic approach to health Transport Housing Medical Cultural/spiritual Education Employment | Enhance recognition of needs in Lithgow and increase numbers through identification across all services Hold twice yearly forums to explain changes and continue engagement | Being seen as a large number requiring services and a priority |
| Lithgow identified funding and services | Access to needs based services – visual, hearing, dental | Service availability and distance |
| Collective approach to lobbying for change | Form joint planning committee with Aboriginal community members, NBMML and NBMLHD to coordinate a united voice | |

Evaluation Summary

Lithgow Aboriginal Sharing and Learning Circle Lithgow 3rd June 2014

A total of 32 evaluations were received from 45 participants. Most were satisfied with the circle and the way it was run as indicated in Table 2.

Table 3: Lithgow Sharing and Learning Circle 2014 evaluation questions and responses

| Evaluation question | Yes | No | NA |
|---|-----|----|----|
| 1. Was the Sharing and Learning Circle today informative | 32 | | |
| 2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health? | 28 | 2 | 2 |
| 3. Did you feel your concerns were sufficiently listened to and noted today? | 31 | 1 | |
| 4. Was the day run in a satisfactory way for you today? | 32 | | |

Comments related to each question were as follows:

1. Was the Sharing and Learning Circle today informative?

- Know what services are available what they do and sharing what can be done for the Aboriginal community
- It provided good insights into the needs of the community and to meet other services
- More information on young people and what can be done for them
- I found the sharing and learning circle very informative meeting other service providers and learning about their work
- I felt it was really beneficial
- Everyone listened to everyone's ideas
- Awareness of issues faced by local Aboriginal community
- I heard many stories
- It was very helpful to me and other Aboriginal people
- Excellent
- Great event – fantastic sharing
- Great to get together with a common purpose. Also good networking opportunity
- Wonderful to have diverse representation
- Yes we need things to change
- It was very good to see something done
- A very informative talk

2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?

- As a service provider it enabled me to listen to the needs of the Aboriginal community
- Just listened - no need to share
- I was also able to express the need for service that is flexible in particular at reaching to community
- No- but I just wanted to hear community views really
- Yes very open and inclusive. Clarke was an excellent facilitator

- More disability specific information would be valuable
- Supportive and respectful circle
- Opened my eyes
- Not yet but hopefully once the network meets regular, then I'll be able to

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

- Great to hear concerns of others too
- Another group like this to continue to bring services and work for the Aboriginal community and listen to the Aboriginal community
- It was very informal, relaxed and allowed time to speak. It also provided a safe venue to speak
- The circle was very supportive to all concerns. A safe way to discuss and share information
- Very good comments
- Wonderful respectful forum
- Safe venue for participants to have their say

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

- However started and ran late
- It ran a little flat at times however I think that all that attended were satisfied with the direction of the group
- An excellent day and the formation of a network as a result of today is a great outcome
- Great day very informative - facilitators were excellent
- Informative and engaging session
- It was good it adapted to focusing on key issue of ongoing networking and key action
- Beaut lunch
- Very positive – look forward to action
- Good outcomes
- The delivery was quite clear

Conclusion

The community members participating in the Lithgow Sharing and Learning consultation in 2014 clearly indicated there had been little improvement in the circumstances that supported Aboriginal community members accessing local health services in the past four years since the last Sharing and Learning Circle (e.g. creation of culturally safe and supportive environments). Participants did, however, indicate that there is some trust evident in the hospitals at Lithgow and Portland, though more work is needed to engage the communities. Participants again cited their difficulty relating to and trusting health services and the importance of some effort being made to reach out to them and engage with them.

A major ongoing issue being faced by the local Aboriginal community was cited as discrimination being experienced in some General Practices and at a number of pharmacies in the area. The experiences highlighted in the 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 and the Local Health District to ensure that this situation does not continue. The problem of discrimination by pharmacists extends beyond the Lithgow area and needs to be addressed on a broader level.

Lithgow is clearly in need of Aboriginal specific services, particularly maternal services, to build up trust and knowledge of health services in Aboriginal communities. It is also clearly 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 Lithgow 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 near future.

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Appendix One: Sharing & Learning Circle advert

Lithgow Aboriginal Community Sharing & Learning Circle

Local Aboriginal residents and organisations that provide services to the Aboriginal community are invited to have a say about the health issues and challenges confronting the Aboriginal community.

Tuesday 3 June 2014
LINC Hall, 1 Padley St, Lithgow
10am-2pm (registration at 9.30) & lunch provided

RSVP: 4708 8139 by 28 May 2014



MEMM1653C_0214_0514



Health
Nepean Blue Mountains
Local Health District

Join us &
Have Your Say!



Appendix Two: Sharing & Learning Circle flyer



Lithgow Aboriginal Community Sharing and Learning Circle

**Sponsored and organised by
Nepean Blue Mountains Local Health District and
Nepean-Blue Mountains Medicare Local**

Have your say!

**We would like to invite local Aboriginal residents
and organisations that provide services to the
Aboriginal Community to attend and participate
in this important event, which will consider many
of the health issues and challenges confronting
the Aboriginal Community.**

When: Tuesday 3 June 2014

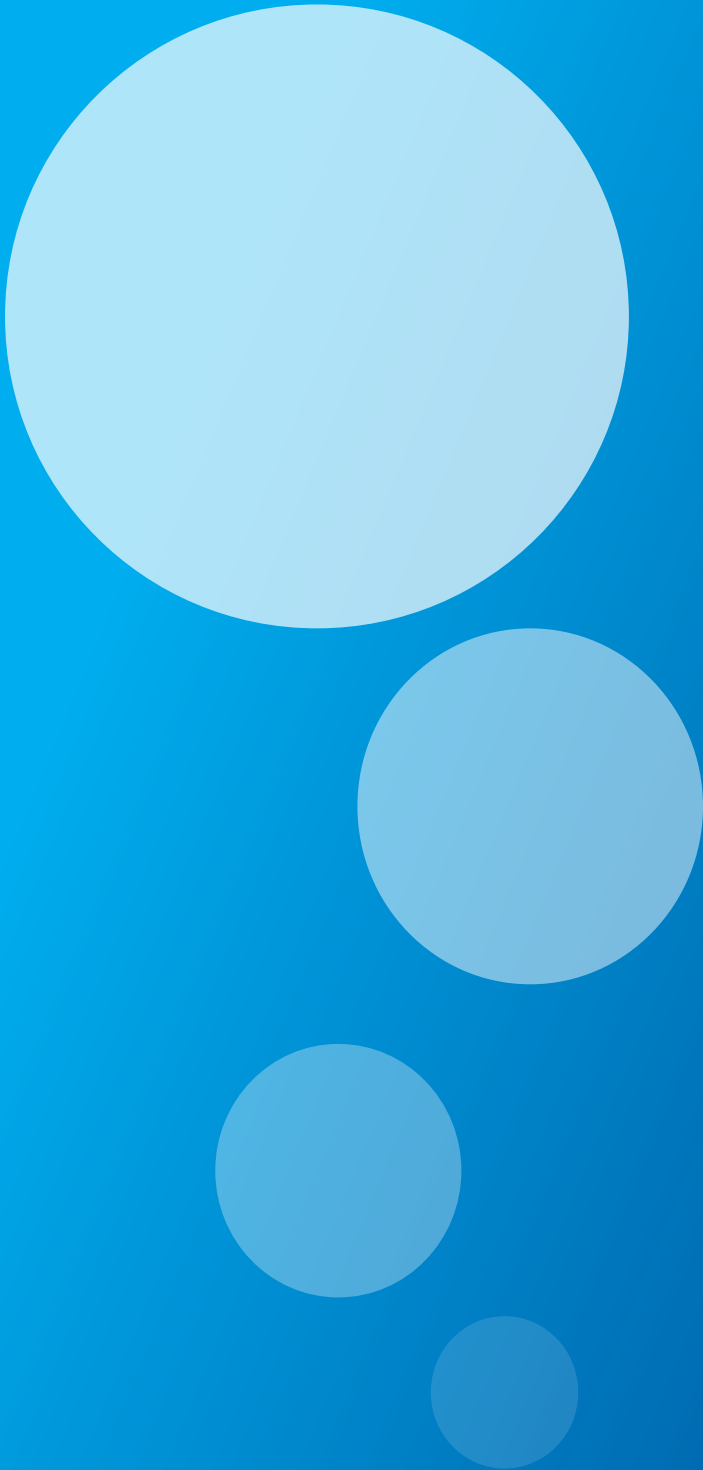
Where: LINC Hall, 1 Padley St, Lithgow

Time: 10am-2pm, (registration at 9.30)

Lunch will be provided

**Please ring Julie Rigelsford - Nepean-Blue
Mountains Medicare Local on 4708 8139 to
register for catering purposes and if you have
any transport issues by 28 May 2014**

**For general enquiries contact:
Clarke Scott – Facilitator on 0432 031 921**



NBMML106C_GEN_0515

A joint initiative from Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District.

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