
Best practice care for people with acute low back pain.

Musculoskeletal Network

CONSUMER INFORMATION


INNOVATIONS IN ABORIGINAL CHRONIC CONDITIONS FORUM

TUESDAY 20th JUNE 2017

KIRRIBILLI CLUB
Please visit our exhibitors in the Harbourview Lounge:

- Aboriginal Health College/Aboriginal Health & Medical Research Council of NSW
- Agency for Clinical Innovation
- Heart Foundation
- NATISHWA – National Aboriginal & Torres Strait Islander Health Worker Association
- Primary Health Networks

About the artwork:
This artwork signifies the complex interrelations of health in our communities. Health is not something that can be addressed in isolation or simply as an individual, and so the other factors of health need to be considered. The artwork represents the connection between individual health and health of our communities, culture and spirit. From the top to bottom of the artwork we see the factors such as transience and tradition. Moving down the artwork shows solidarity, inclusion and community with the circles connecting people to place. The lower half of the artwork is a symbol of building trust, valuing community and our stories, working in collaboration and acknowledging our culture and social values. All of these elements underpin the work of addressing Aboriginal health disparities and the need to work together to improve health outcomes across the spectrum.

About the Artist:
Jasmine Sarin is a proud Kamilaroi and Jerrinja woman from NSW. She grew up on the South Coast in Nowra (Jerrinja and Yuin country) and Wollongong (Dharawal country) but has country influences from Coonabarabran in Central West NSW (Kamilaroi country).

Jasmine is a self-taught visual artist and graphic designer. Her artwork tells the story of her experiences growing up and her ongoing journey in this world. This allows Jasmine to share contemporary methods and concepts to make her contribution to the oldest living culture on this earth.

Jasmine pays her respects to her elders both past and present and acknowledge that the land on which we work and play on was, is and always will be Aboriginal land.

Agency for Clinical Innovation
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Chatswood NSW 2067
PO Box 699
Chatswood NSW 2057
T +61 2 9464 4666

Jessica Birk is a proud descendant of the Yaegl people of the Northern Rivers of NSW. She was and born and grown up in Northern Sydney and harbours a deep love and respect for this this land. Jessica was commissioned to create this artwork for ACI in 2016.

‘Woven Ways’ begins with a deep yellow background representative of a starting point and visual Acknowledgement of Country. Textures and stylised imagery reference the Rock platforms found all over North Sydney. Its warm golden hues pay homage to The Cammeraygal and The Garigal, the traditional owners of Northern Sydney and their descendants; while the black provides contrast and represents the catalyst for change.

When viewed as a whole ‘Woven Ways’ is an artwork that responds visually to themes of collaboration, cultural safety and the metaphorical challenges and solutions that must be negotiated to achieve positive health outcomes for all parties involved.
The Agency for Clinical Innovation (ACI) acknowledges that we operate and function on the lands of the Cammeraigal people.

We pay our respects to these lands that provide for us.

We acknowledge and pay respect to the ancestors that walked and managed these lands for many generations.

We acknowledge and recognise all Aboriginal people who have come from their Country and who have now come to call this Country home.

We acknowledge Elders who are the knowledge holders, teachers and pioneers.

We acknowledge the youth who are the hope for a brighter future and who will be future leaders.

We acknowledge and pay our respect to Aboriginal people who have gone before us and recognise their contribution to Aboriginal people and community.

Today’s forum is being held on Cammeraigal land of the Eora nation. We acknowledge the traditional owners as well as the custodians of the lands that delegates have travelled from to attend our forum today.
Welcome to the 2017 Innovations in Aboriginal Chronic Conditions Forum, hosted by the newly formed Aboriginal Chronic Conditions Network at the Agency for Clinical Innovation (ACI).

Today’s forum will showcase health services that strive to improve outcomes for Aboriginal patients and families with chronic conditions.

We were extremely pleased to receive 38 abstract submissions for the forum. Today, there will be 14 presentations that will look at:

1. Transfer of Care/ Discharge Planning
2. Social and emotional wellbeing
3. Health Literacy
4. Cultural Safety
5. Community Engagement

The forum will be live-streamed to a wide audience across Australia. We hope you find it a great opportunity to learn from colleagues even if you are unable to attend in person.

Please use this day as an opportunity to network with colleagues from all sectors of health and wellbeing. In addition to the presentations, we have several poster displays to showcase initiatives and research projects in Local Health Districts, and Aboriginal Medical Services. We are also pleased to have a range of exhibitors for delegates to speak to that highlights the wealth of services and programs in Aboriginal Health.

We have formed the Aboriginal Chronic Conditions Network and commissioned the artwork shown on the front cover. We are proud to be forming this Network with members from across NSW sharing a passion to improving outcomes for Aboriginal people with chronic conditions. If you would like to join the Network, please visit https://www.aci.health.nsw.gov.au/networks/join-a-network.

It’s an exciting time here at the ACI. Dr Jean-Frederic Levesque will be taking up the role of Chief Executive of ACI. He commenced on 5 June 2017.

I sincerely hope you enjoy today’s forum and we look forward to welcoming you back next year.

Prof Donald MacLellan
Acting Chief Executive
Agency for Clinical Innovation
About the Aboriginal Chronic Conditions Network (ACCN)

This newly formed Network will work to improve the experience and delivery of healthcare for Aboriginal people with chronic conditions in NSW. To achieve this, the ACCN will guide and support the process of evidence-based reform in health services by developing, promoting and implementing new initiatives, frameworks and Models of Care. We will do this by enhancing and supporting the integration of care for Aboriginal communities accessing chronic care services in NSW in accordance with ACI values.

Members of the ACCN will provide advice and strategic direction to the Chronic Care for Aboriginal People (CCAP) team and oversee development and implementation of local and state-wide initiatives as prioritised by the Network. All decision making around the priorities and project work of the Network will be determined by its members through the Network Executive.

Chronic Care for Aboriginal People team:

Kiel Hennessey, Manager, Email: kiel.hennessey@health.nsw.gov.au
David Follent, Project Officer, Email: david.follent@health.nsw.gov.au
Eunice Simons, Project Officer, Email: eunice.simons@health.nsw.gov.au
Rachael Havrlant, Project Officer, Email: rachael.havrlant@health.nsw.gov.au

The CCAP team would like to thank Kerri Lucas from AH&MRC, Jackie Caton from PHN Aboriginal Health Network and Madeline Johns, Health Management Intern for their help with reviewing abstract submissions and planning today’s forum.
**About the Agency for Clinical Innovation (ACI)**

The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW.

It does this through service redesign and evaluation, specialist advice on healthcare innovation, initiatives including guidelines and models of care, implementation support, and continuous capability building.

At ACI, our Clinical Networks, Taskforces and Institutes are open to clinicians, consumers and managers with experience, interest and passion in improving healthcare. Over 6000 people currently volunteer their time to work with us to improve healthcare delivery across NSW.

The newly formed Aboriginal Chronic Conditions Network welcomes members from across NSW with an interest or expertise in Aboriginal Health, particularly chronic conditions.

For more information on the ACI and our services, visit our website at [www.aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au).


**Join the Twitter conversation using #CCAP17**


**Videos of each presentation will be available shortly on our website**

# PROGRAM SUMMARY

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<td>Welcome to Country, Metropolitan Local Aboriginal Land Council</td>
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<td>9.10am</td>
<td>Welcome from our MC, Troy Combo</td>
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<td>9.20am</td>
<td>Patient story</td>
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<td>9.30am</td>
<td>The burden of chronic diseases: contribution to Closing the Gap</td>
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<td>Dr Fadwa Al-Yaman, Head, Indigenous &amp; Children’s Group, Australian Institute of Health and Welfare</td>
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<td>10.05am</td>
<td>Centre for Aboriginal Health, NSW Ministry of Health</td>
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<td>Adam Stuart, Principal Advisor, Centre for Aboriginal Health</td>
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<tr>
<td>10.25am</td>
<td>How partnerships are key in delivering programs in Aboriginal communities: Northern NSW Aboriginal Healthy Lifestyle Program: Bundjalung Burners</td>
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<td>Anthony Franks, Aboriginal Chronic Care Officer, Northern NSW Local Health District</td>
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<tr>
<td>10.40am</td>
<td>Morning Tea (available in the Harbourview Lounge and Ballroom)</td>
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<tr>
<td>11.00am</td>
<td>The impact of telephone follow up on adverse events for Aboriginal people with chronic disease in New South Wales, Australia: a retrospective cohort study</td>
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<td>Dr Aaron Cashmore, Principal Analyst, Aboriginal Health Evidence and Evaluation, NSW Ministry of Health</td>
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<td>Amanda A. Jayakody, PhD Candidate, University of Newcastle</td>
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<td>11.30am</td>
<td>Ballroom</td>
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<td>MC: Troy Combo</td>
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<td>Lavender Room (on ground floor)</td>
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<td>MC: Nathan Jones, Director Aboriginal Health, South Western Sydney LHD</td>
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<tr>
<td>11.30am</td>
<td>Pain Management, it’s everyone’s business</td>
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<td>Jenni Johnson, Pain Network Manager, ACI</td>
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<td>Lighthouse Hospitals Project</td>
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<td>Grace Daley and Penny Newland, Heart Foundation</td>
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<td>Stephanie Irwin, South Western Sydney LHD</td>
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<tr>
<td>11.45am</td>
<td><strong>A community health initiative to promote kidney health in a regional Aboriginal community</strong>&lt;br&gt;Matt Crawford, CNC Integrated CCAP, Hunter New England LHD&lt;br&gt;Kristi Latimore, University of New England</td>
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<tr>
<td>12.00pm</td>
<td><strong>An Aboriginal perspective of learning to manage diabetes</strong>&lt;br&gt;Craig Johnson, Western NSW LHD&lt;br&gt;Monica Johnson, Marathon Health&lt;br&gt;Emma Webster, School of Rural Health&lt;br&gt;Billie Townsend, School of Rural Health</td>
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<td>12.15pm</td>
<td><strong>Q &amp; A with presenters</strong></td>
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<td>12.30pm</td>
<td><strong>Lunch will be held in the Harbourview Lounge (ground floor) and Water Terrace (1st floor)</strong>&lt;br&gt;<strong>Poster Presentations in the Ballroom</strong></td>
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<td>1.30pm</td>
<td><strong>Performance by Descendance Aboriginal &amp; Torres Strait Islander Dance Theatre</strong></td>
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<td><strong>Update from Chronic Care for Aboriginal People</strong>&lt;br&gt;Kiel Hennessey, Manager, Chronic Care for Aboriginal People, ACI</td>
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<td>2.10pm</td>
<td><strong>Aboriginal Transfer of Care Project</strong>&lt;br&gt;Anau Speizer, South Western Sydney LHD</td>
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<td>2.25pm</td>
<td><strong>Integrated Aboriginal Chronic Care</strong></td>
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<td>Rebecca Davey, Northern NSW LHD</td>
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<td>Emma Walke, University Centre for Rural Health, North Coast</td>
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<td>2.40pm</td>
<td><strong>The Spider Story: Journey Webs</strong></td>
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<td>Mary Florance, Northern Sydney LHD</td>
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<td>Caroline Glass-Pattison, Community Care</td>
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<td>Northern Beaches</td>
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<td>Nolda Baker, Sydney North Primary Health Network</td>
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<td>2.55pm</td>
<td><strong>St Vincent’s Heart Health Website</strong></td>
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<td>Tamra Langley, St Vincent’s Hospital</td>
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<td>3.10pm</td>
<td><strong>Q &amp; A with presenters</strong></td>
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<td><strong>Afternoon Tea to be held in the Ballroom</strong></td>
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<td><strong>Wrap Up and Close</strong></td>
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About our MC, Troy Combo

Troy commenced his career in Aboriginal Health in 1994 whilst undertaking his Diploma in Aboriginal Health at Redfern AMS. He has a strong grounding in the community controlled sector and has worked for the Aboriginal Community Controlled Health Sector at local and State levels. He has held positions at two of Australia’s most prestigious research centres in the field of Sexual Health and Blood Borne Viruses; the Kirby Institute and the Centre for Social Research in Health at UNSW. In 2006 Troy was first National Policy Officer for Hepatitis Australia where he undertook a mapping and scoping project of Hepatitis C prevention and education programs in the Aboriginal community. Whilst with Hepatitis Australia he also convened the first National Aboriginal & Torres Strait Islander Hepatitis C Conference in 2007. More recently he worked for the Queensland Aboriginal Islander Health Council in the field of Social & Emotional Well Being. Troy is currently employed as the Healthy for Life and Programs Manager at Bulgarr Ngaru Medical Aboriginal Corporation, Richmond Valley Clinic in Casino and in 2015/2016 he was a member of the North Coast Human Research Ethics Committee.

About our keynote speaker, Dr Fadwa Al-Yaman PSM

Dr Al-Yaman currently heads the Indigenous and Children’s Group at the AIHW. The area has responsibility for health and welfare information for Indigenous Australians and children youth and families area.

Dr Al-Yaman has a Master of Population Studies from the Research School of Social Studies at the ANU and a PhD in Immunology from the John Curtin School of Medical Research. She has previously worked as a Research Fellow at the Papua New Guinea Institute of Medical Research.

Dr Al-Yaman was awarded the Fulbright fellowship, University of Maryland USA in 1990, and the Australian public service medal in 2008 for outstanding public service in improving the accuracy and reliability of data on Indigenous Australians.
### About our presentations and presenters....

#### How partnerships are key in delivering programs in Aboriginal communities: Northern NSW Aboriginal Healthy Lifestyle Program: Bundjalung Burners

Anthony Franks, Aboriginal Chronic Care Officer, Northern NSW LHD.

Email: Anthony.Franks@ncahs.health.nsw.gov.au

Anthony Franks a Kamilaroi man residing on Widjabul land within the Bundjalung Country and has done so for the past 24 years. He is an active member of Rekindling The Spirit Ltd Board. Rekindling The Spirit is a community based organisation run by Aboriginal people, for Aboriginal people in the Lismore and surrounding areas.

From 2010 to Feb 2017 Anthony was a member of the Northern NSW Local Health District Clinical Council. Anthony is a current member of the NSW Knockout Health Challenge Advisory Committee. The NSW Knockout Health Challenge is weight loss challenge for Aboriginal communities across NSW. The challenge is run by NSW Health in partnership with NSW Rugby League.

Anthony has worked in health for the past 19 Years in various roles including; Aboriginal Health Education Officer, Aboriginal Health Promotion Officer, Aboriginal Manager, Aboriginal Project Officer. For the past 9 years Anthony has worked in the area of Chronic Care for Aboriginal People, delivering Aboriginal Healthy Lifestyle Projects (AHLP) in partnership with other service providers such as the Local Aboriginal Medical Services, Exercise Physiologists and North Coast PHN.

The aim for this project was to target not only a physiological change in the participant, but to produce an effective behavioural change that lasts. A working party was convened with representatives from the Northern NSWLHD, Bulgarr Ngaru Medical Aboriginal Corporation Richmond Valley Clinic, Solid Mob and Revolution Fitness. Developing meaningful partnerships between agencies was key to the success of the project and engagement of community. Although the outcome measures gathered were not done under research conditions, they do show that a one day a week integrated health program that involves a multi-disciplinary approach has a significant effect on the health of participants.

#### The impact of telephone follow up on adverse events for Aboriginal people with chronic disease in New South Wales, Australia: a retrospective cohort study

**Ms Amanda A. Jayakody**, PhD Candidate, University of Newcastle.

Email: Amanda.Jayakody@uon.edu.au

Ms Jayakody is conducting her PhD on high rates of unplanned hospital readmission amongst Aboriginal people with chronic disease. In particular she is exploring chronic disease management factors that may be associated with readmission such as health literacy, medication adherence, access to health services and carer support. She was part of the University of Newcastle team which evaluated the 48 Hour Follow Up Program.

**Dr Aaron Cashmore**, Principal Analyst, Aboriginal Health Evidence and Evaluation, NSW Ministry of Health. Email: acash@doh.health.nsw.gov.au

Dr Cashmore is the Principal Analyst, Aboriginal Health Evidence and Evaluation in the Centre for Epidemiology and Evidence, NSW Ministry of Health. Aaron was part of a small NSW Ministry of Health...
team that provided support to the design and implementation of the 48 Hour Follow Up Program evaluation.

The 48 Hour Follow Up program is a NSW Health initiative designed to reduce unplanned hospital readmissions and improve health outcomes for Aboriginal people with chronic disease. The program involves provision of a telephone follow up call to Aboriginal patients, usually within 48 hours of discharge from a NSW public hospital. This evaluation aimed to assess the impact of the 48 Hour Follow Up program on rates of unplanned hospital readmissions within 28 days of discharge among Aboriginal people with chronic disease in NSW. The impact of the program on unplanned ED presentations, death and at least one adverse event (death, unplanned readmission or unplanned emergency presentation) within 28 days of discharge were also examined.

A retrospective cohort was obtained through linkage of Local Health Districts’ routinely-collected 48 Hour Follow Up data with the NSW Admitted Patient Data Collection and other health datasets. The sample included all patients who met the eligibility criteria of the 48 Hour Follow Up Program in the period May 2009 to December 2014.

To the best of our knowledge, this is the first study to examine the effectiveness of a telephone follow up program for recently discharged Aboriginal people with chronic disease. While there was no evidence that 48 Hour Follow Up reduced unplanned readmissions or mortality within 28 days of discharge, those who received 48 Hour Follow Up had significantly fewer ED presentations and adverse events within 28 days of discharge.

Pain Management, it’s everyone’s business
Jenni Johnson, Pain Network Manager NSW Agency for Clinical Innovation.

Email: jenni.johnson@health.nsw.gov.au

Jenni is a physiotherapist by background interested in driving system change. She has been in management, team leader roles, and in the current role for 6 years. She has been involved in implementation of the NSW pain plan.

Chronic pain affects all aspects of life, with physical social and emotional wellbeing impacted. In Aboriginal communities, chronic pain is estimated to affect one in three people across the ages. The aim of this project was to make pain everyone’s business in Aboriginal communities by developing a culturally appropriate suite of service delivery options, with tools and resources to better meet the needs of Aboriginal people in pain across NSW. This is a partnership model which will vary in implementation across Local Health Districts (LHDs) according to the capability of the pain clinics and identified needs of the local Aboriginal population.

Following broad community discussion across NSW, a multipronged approach has been taken to bring tools, resources and services in the complex area of pain management to Aboriginal people and communities. The long term aim is to support local empowerment and ownership of the information and delivery methods to improve the health, social and emotional well-being of the Aboriginal population. Pain is a big problem in Aboriginal communities. In making it ‘everyone’s business’, and providing tools and resources outside of a pain clinic, the likelihood of successfully managing pain, and the flow on effect on social and emotional wellbeing is enhanced.
A community health initiative to promote kidney health in a regional Aboriginal community

Matt Crawford, CNC Integrated CCAP Tamworth, Hunter New England LHD.
Email: Matthew.Crawford1@hnehealth.nsw.gov.au
Matt has worked in Aboriginal Health since 2005 and his current role includes screening, assessment, education and case management for Aboriginal people who have or are at risk of developing an array of chronic diseases. He has post graduate qualifications in diabetes management and is also a Credentialled Diabetes Educator with the ADEA.

Kristi Latimore, University of New England. Email: klatimo2@une.edu.au
Kristi is a Registered Nurse with 13 years clinical experience, and is currently a Clinical Facilitator at the Coledale Health and Education Clinic in West Tamworth NSW. Kristi is passionate about promoting the health and wellbeing of the local Aboriginal community.

The aim of this health initiative was to develop a student-led health promotion program focused on the provision of education and opportunistic kidney screening and referral within a regional primary healthcare practice located in West Tamworth, NSW.

The program was developed to promote local community access and engagement with the health service, to promote student-led free services in response to recognised community health needs and to facilitate referral to the clinic for individualised healthcare as recognised through opportunistic health assessment and kidney screening. The initial development of the program was a result of collaboration between The University of New England (UNE) nursing students, Wallow Aboriginal Corporation and Hunter New England LHD ICCAPP staff. This program has successfully run for 2 years. In addition to identifying healthcare issues through opportunistic screening, the clinic has become well known for the free student services and is now known as a friendly place for local members of the community to come to liaise with students, discuss any health care issues, receive free and/or bulk billed healthcare under the supervision of GP’s, nurse educators and other health staff.

An Aboriginal Perspective of learning to manage diabetes

Craig Johnson, Aboriginal Health Practitioner, Dubbo Diabetes Unit, Western NSW LHD
Email: Craig.Johnson1@health.nsw.gov.au, Monica Johnson, Aboriginal Case Worker, Marathon Health
Email: monica.johnson@marathonhealth.com.au, Emma Webster, Senior Lecturer, University of Sydney School of Rural Health, Email: emma.webster@sydney.edu.au, Billie Townsend, Research Assistant, University of Sydney, School of Rural Health

The Dubbo Aboriginal research team is a group of six researchers who have worked together to study Aboriginal people’s stories of diabetes care in Dubbo as part of a larger Integrated Care trial. The team bring experience and qualifications in Aboriginal health, nursing, social services, diabetes education, history, international studies and research. Between them they have over 60 years’ experience in health.

They represent Dubbo Regional Aboriginal Health Service, Marathon Health, University of Sydney and Western NSW Local Health District.

You will hear from the following members today. Craig Johnson and Monica Johnson are from the
Ngiyampaa tribe in western NSW. The Ngiyampaa were located at Carowa Tank in 1926 before being relocated to Menindee Court station in 1933, and relocated again to Murrin Bridge near Lake Cargelligo in 1949. Billie Townsend and Emma Webster are both non-Aboriginal women with long term family connections in Dubbo.

This study aimed to provide a patient perspective to inform the shift toward integrated care for Aboriginal people with type 2 diabetes in Dubbo. This study used participatory research and grounded theory methodologies to explain how Aboriginal people learn to understand and manage type 2 diabetes. This approach facilitated community engagement in the design and in the final stages of analysis and building recommendations.

We found participatory research methods and privileging Aboriginal cultural knowledge worked well to engage community in our research. Engaging community allowed us to better explore social determinants of health and as a result we found patient experience of a model of care alone is not what influenced understanding and management of diabetes in Aboriginal people.

Continued emphasis on health service improvements should focus on understanding past experiences of Aboriginal patients, improving interactions with health services and supporting holistic family centred models of care. Engaging with the community will facilitate these improvements. Focussing service redesign efforts on the diabetes model of care in absence of other improvements is unlikely to deliver health benefits to Aboriginal people.

**Lighthouse Hospitals Project**

**Grace Daley**, Project Coordinator – Lighthouse Hospital Project, Heart Foundation (Melbourne).  
Email: [Grace.Daley@heartfoundation.org.au](mailto:Grace.Daley@heartfoundation.org.au)

In her role as a Project Coordinator for the Lighthouse Hospital Project, Grace is supporting the implementation of the project at participating sites. Grace’s work in the public health and community development sectors focuses on community and stakeholder engagement, project management and health inequity. Grace has a special interest and experience in addressing the health disparities experienced by Aboriginal and Torres Strait Islander peoples.

**Penny Newland**, Project Coordinator – Lighthouse Hospital Project Heart Foundation (Melbourne)  
Email: [penny.newland@heartfoundation.org.au](mailto:penny.newland@heartfoundation.org.au)

Penny’s role as Project Coordinator for the Lighthouse Hospital Project will include the support of Liverpool Hospital in the implementation of Phase 3 of the project. Penny is a Registered Nurse who has previously worked as a Clinical Nurse Educator and Project Officer at a large metropolitan hospital in Melbourne. She has a strong interest in improving the health outcomes of Aboriginal and Torres Strait Islander peoples.

**Stephanie Irwin**, Clinical Nurse Specialist, Liverpool Hospital, South Western Sydney LHD.  
Email: [Stephanie.Irwin@sswahs.nsw.gov.au](mailto:Stephanie.Irwin@sswahs.nsw.gov.au)

Stephanie is a Clinical Nurse Specialist at Liverpool Hospital co-ordinating a multidisciplinary cardiac outpatient program and involved in the Budyari cardiology outpatient clinic. She is also the SWSLHD
ARF/RHD Co-ordinator and Project officer at Liverpool Hospital for Phase 2 of the Lighthouse hospital project.

Lighthouse is jointly sponsored by the Heart Foundation (HF) and the Australia Healthcare and Hospitals Association (AHHA) and funded by the Australian Government. Lighthouse aims to achieve systemic change in the acute care sector through a quality improvement approach, improving outcomes for Aboriginal and Torres Strait Islander peoples experiencing acute coronary syndrome.

The involvement of Liverpool hospital in phase 2 of the Lighthouse Hospital Project demonstrates the critical role of hospitals in improving access to evidence-based care, improving cultural safety and addressing disparities for Aboriginal and Torres Strait Islander peoples.

The importance of cultural safety on the patient experience cannot be underestimated. Phase 2 of the project demonstrated that a quality improvement approach to addressing the factors influencing cultural safety is vital.

Using Participatory Action Research to develop culturally appropriate resources
Rachel Peake RN Stroke Care Coordinator Hunter New England Local Health District.
Email: Rachel.Peake@hnehealth.nsw.gov.au

Rachel has worked as the Stroke Care Coordinator in northern NSW since 2007. During this time she has developed relationships with the Gamilaraay/Gomeroi Aboriginal people. Through authentic engagement and collaboration, Rachel has assisted the local Aboriginal community to develop localised health education resources including booklets, artwork and digital stories to share with and educate their people.

The aim of the study was to evaluate the development of culturally appropriate health promotional resources that are acceptable and sustainable for Aboriginal and Torres Strait Islander communities of the Gamilaraay/Gomeroi people in the Peel and Mehi Sectors of Hunter New England Local Health District. PAR methodology was used as it reflects the way Aboriginal people embrace learning through action cycles, collective decision-making and empowerment via group activity over time. PAR as a research method for Indigenous communities, promotes mutual learning, self-determination, self-reliance and ownership of projects.

Aboriginal communities need to be involved in all aspects of their health care decisions to drive health promotion/health literacy based on local culture/belief systems.

PAR guided the development of culturally appropriate educational resources. It was considered a collaborative and safe way to uncover vital information and concepts to underpin the development of health resources. PAR reflects the way Aboriginal people embrace learning through action, collective decision-making and empowerment, which occurs via group activity over time thus embedding knowledge within the community.
Community led creation of Aboriginal Cancer Resources

Rose Wadwell, Aboriginal Chronic Disease Practice Development Officer Hunter New England LHD.
Email: rose.wadwell@hnehealth.nsw.gov.au

I am a first nation person, a Kamilaroi/Gomeroi descendant. I am a proud Aboriginal woman with many years’ experience in the cancer/health field. I sit on multiple committees as an advisor culturally and my knowledge expertise in cancer services within HNELHD. Ensuring our services are culturally appropriate through 28 years working in Health, I am very respected in community working 25 years at Tamworth Hospital and 3 years working as the Cancer project officer for HNELHD Aboriginal Health, My current role is Aboriginal Chronic Care Practice development Officer, have travelled all over the country reviewing and researching Cancer, I have developed Culturally safe resources and services for the whole of HNELHD.

Historically Indigenous Australians have poorer outcomes than non-Indigenous Australians. Many contributing factors have previously been identified including access to local culturally appropriate care, later diagnosis, unmet supportive care needs, mistrust of health services and fear. Aboriginal Community members who participated in an earlier study identified the need for localised high quality information to address the misconceptions, raise awareness of local services and help patients navigate the complexities of modern cancer care.

Three “A Cancer Journey” information booklets were produced, one for each cancer centre: All resources feature stories from local patients and health workers that include information about what to expect. They are supplemented by guidance and tools to help stay on track and keep life as normal as possible.

Meeting the information needs of Aboriginal people requires respectful, meaningful and ongoing engagement. A “one size fits all” approach will not effectively address the gaps in Aboriginal health outcomes. Every Aboriginal community has different language, spiritual beliefs, artwork and dream time stories. These differences need to be respected.

Aboriginal Transfer of Care Project

Anau Ki-Heea Speizer, CNC Connecting Care for Aboriginal Health, South Western Sydney LHD.
Email: anau.speizer@sswahs.nsw.gov.au

Effective and timely transfer of care planning could help to maintain continuity of care for Aboriginal patients and improve health outcomes, thereby contributing to reducing the gap between the Aboriginal and non-Aboriginal Australians. The aim of the project is to reduce high readmission rates. Aboriginal Transfer of Care team (ATOC) meet daily to review all adult Aboriginal patients admitted to Campbelltown Hospital. The ATOC planning processes are patient centred care, where eligible patients’ will be provided with an individualised plan during their admission. We compared the number of admissions and the number of Emergency Department presentations pre and post ATOC intervention for each patient who had presented at least twice and found a 36% decrease in admissions and 47% decrease in ED presentations. ATOC is time efficient and practical, delivering patient centred care to
those who are most at risk of being readmitted to hospital. Improved communication and information exchange had led to this improvement in healthcare.

**Integrated Aboriginal Chronic Care**

**Rebecca Davey**, CNC Chronic Care, Aboriginal Health, Northern NSW LHD.  
Email: [Rebecca.Davey@ncahs.health.nsw.gov.au](mailto:Rebecca.Davey@ncahs.health.nsw.gov.au)

Rebecca is the CNC Chronic Care, Aboriginal Health which spans the whole Northern NSW LHD. She has been in this role since 2009 and is responsible for managing the CCAP team across the LHD. Rebecca has been working in health for over 30 years, specialising in renal nursing including dialysis, transplantation and early detection and treatment programs. Rebecca has worked with or within Aboriginal Health for over 20 years, spanning acute/ chronic and community settings. She spent many years living and working in the Northern Territory, both in town and out bush, and a couple of years in WA helping to set up the Dialysis unit at the AMS in Broome. Rebecca has recently completed her Masters in Health Management.

**Emma Walke**, Academic Lead, Aboriginal Health Education, University Centre for Rural Health, North Coast. Email: [emma.walke@ucrh.edu.au](mailto:emma.walke@ucrh.edu.au)

Emma is a Bundjalung woman from Northern NSW, Cabbage Tree Island/Ballina area. Emma is the Academic Lead for Aboriginal Health Education at the University Centre for Rural Health. This role involves working with medical and allied health students visiting the Northern Rivers area from around Australia, to understand the Aboriginal health environment, effects of past government policy and the current health status of Aboriginal people. Previously, Emma was the Manager of Aboriginal Health at the North Coast Primary Health Network. There she provided management, advice and strategic support, development of programs, sought advice and consulted with Aboriginal communities throughout the Northern NSW and Mid North Coast of NSW. Emma has significant experience in health and practice management and assisted setting up an ACCHS in the Northern Rivers. Emma is undertaking her Masters in Philosophy, studying the efficacy of the provision of dose administration aids for Aboriginal and Torres Strait Islander people on the North Coast of NSW.

Several Aboriginal specific chronic care services existed across different organisations, within the geographical area from Tweed Heads to Grafton. All services expressed poor communication between services and limited awareness of each other’s services. This created potential inequity of access for the client and risk of duplicating care.

Staff surveys were undertaken to identify issues/ strengths/ weaknesses/ similarities and differences of services. The patient journey between services was process mapped. Client surveys identified their chronic care needs. A model of care was developed suitable for all organisations, which involves a coordinator to assess clients chronic care needs.

The new model is expected to ‘go live’ in May 2017. Key Performance Indicators and means to capture data have been developed for the pilot program. Evaluation will include patient reported measures. Keeping the patient in focus creates a common goal which transcends services and reduces turf guarding. There has been ongoing monitoring thus far to ensure everyone remains on board, and whilst
people waver from time to time on the ‘how to’, there has never been any push back on the need to make the change and work together better for the patient.

**The Spider Story: Journey Webs**  
**Mary Florance**, Aboriginal Chronic Care Nurse Coordinator, Northern Sydney LHD.  
Email: [Mary.Florance@health.nsw.gov.au](mailto:Mary.Florance@health.nsw.gov.au)  
**Caroline Glass-Pattison**, Care Coordinator for Community Care Northern Beaches (CCNB) and NSLHD AHS. Email: [Caroline.GP@ccnb.com.au](mailto:Caroline.GP@ccnb.com.au)

Caroline is a proud Wiradjuri, Dungutti woman from Central West NSW. An advocate of rights & social justice for Australian’s First People, Caroline has followed in her Grandmother Polly Moylan-Smith’s footsteps. With an extensive professional career, Caroline has experience working within Indigenous Affairs both government and non-government systems. With 20 years’ experience working in the Community Services sector, with both Local Government and Not For Profit areas in community development. Caroline has now shifted her professional focus to Aboriginal Wellness wholistic healing practices. Her greatest hope is for the future as a collective of First Nations Peoples, living on the same continent, to recognize the unique environments and differences of all peoples and cultures as a great source of pride for all of us. Her vision: *To hear language of ‘disadvantage’ and ‘gaps’ disappear to be replaced with resilience, survival, excellence and innovation. “We should acknowledge our past in full, and embrace our future”.*

**Nolda Baker**, Care Coordinator, Sydney North Primary Health Network. Email: [nbaker@snhn.org.au](mailto:nbaker@snhn.org.au)

Three Agencies (one Local Health District service and two local NGOs) work together to ensure individual client healthcare spectrums are acknowledged and addressed while also focusing on Social and Emotional Wellbeing (SEWB): a healthcare concern of great influence that is often neglected or seen separate from physical health in Western models.

Our collaborative approach seeks to build connection alongside improved service engagement, SEWB and physical health to inclusively shape and strengthen individual journeys. We do this by constructing a ‘Journey Web’, a method that recognises the fluctuating influences of health, SEWB and social determinants upon quality of life and health outcomes.

A ‘Journey Web’ retains the individual at the centre of care plans while allowing the team and the client to construct and maintain holistic care blueprint together.

**St Vincent’s Heart Health Website**  
**Tamra Langley**, Clinical Nurse Consultant, St Vincent’s Hospital Heart Health.  
Email: [Tamra.Langley@svha.org.au](mailto:Tamra.Langley@svha.org.au)

Tamra has over 20 years’ experience in cardiac nursing and is a Clinical Nurse Consultant and Coordinator of the St Vincent’s Cardiac Rehabilitation Program, Sydney. Tamra is currently seconded as the Project Lead for the award winning St Vincent’s Hospital Heart Health website, launched in 2016. Her particular field of interest lies in providing accessible, accurate, up to date and easy to understand
cardiac education for patients, carers and colleagues.

Currently, the majority of education material provided to Aboriginal patients consists of written information which may be of poor quality, costly, outdated and reliant on competent patient literacy. Patients may also not retain verbal information, especially under stress. Research shows that cardiac rehabilitation is cost effective, saves lives and reduces hospital readmissions. Despite the well-known benefits, participation rates in Australia are as low as 10-30%.

To overcome this, a web based resource is being developed to improve outcomes for Aboriginal people. Feedback from the stakeholders indicated a strong preference for culturally appropriate education to be delivered using visual tools such as simplified images, animations and videos to illustrate cardiac risks, conditions, treatments and cardiac rehabilitation guidelines. Written content needed to be at the recommended literacy level, and when possible in story telling format using more familiar language. Though live now, the microsite https://svhhearthealth.com.au/aboriginal will be completed mid-2017. It will then be available on a USB stick for Aboriginal health workers across Australia to assist with patient education in areas with no internet access. The microsite has met the initial objectives and is viewed by Aboriginal stakeholders, from a variety of communities, as a valuable resource for improving the heart health amongst Aboriginal people.

Dead or Deadly: Choose your life

Hayley Longbottom, Waminda South Coast Aboriginal Health and Welfare Corporation.
Email: HayleyLongbottom@waminda.org.au

Hayley Longbottom grew up on the Jerrinja Aboriginal Community at Orient Point. Hayley is committed to working for her people and with her people to improve the outcomes on all aspects. Hayley is Qualified Primary Health Care Worker and has recently completed an advanced Diploma in Leadership and Management. She is currently completing Cert III in Pathology Collection. Hayley loves working with the women and watching them push pass their comfort zone and achieve their goals.

Waminda has a unique model of care that suits the complexity of needs of the Aboriginal women that we work with. The Dead or Deadly Program accommodates a holistic approach to Indigenous health and understands the relationship between health and its social determinants. Women enter the program for various reasons; social inclusion, weight loss, parole/bail conditions, chronic disease management/support, exercise, nutritional information etc. We have created a safe, fun and culturally appropriate space for these women to heal, improve their health and wellbeing and to create opportunities to grow to their potential.

Through continuous engagement of the program, we have created soft, gentle pathways for supported employment. For most of these women, having never had a job, it’s incredibly empowering. The Dead Or Deadly Program has also been mentioned by Minister Ken Wyatt in the 2017 Closing The Gap speech as a leading Program that is actually ‘Closing the Gap’. The Model of Care used can be replicated and we are in our initial stages of doing just that.
Koori Yarning Group – Caring for Aboriginal Carers
Lyndall Jones, Carer Program Coordinator, Western NSW LHD based in Dubbo.
Email: Lyndall.Jones@health.nsw.gov.au
Lyndall has been working as a Carer Program Coordinator for the past 7 years. Lyndall is passionate about helping hidden carers and assisting them with increased social wellbeing and engagement through the Koori Yarning Group.

Max Hill, Aboriginal Older Parent Carer Program, Carers NSW Australia based in Dubbo
Max has been working for the Older Parent Carer Program for the past 5 years. Max is strongly connected to his culture and helping his community, in particular Aboriginal Carers in Dubbo and surrounding areas.

A working party was formed to identify how Western NSW LHD staff can improve the responsiveness to the needs of Aboriginal Carers, their recognition and support. Through a process of Carer interviews, staff survey and a focus group with Aboriginal Health Workers, it was established that Aboriginal Carers were not currently being formally recognised or supported in their caring role. Initiatives were developed to ensure that support and recognition of Aboriginal Carers was improved in an effective and culturally appropriate way. This included the establishment of an Aboriginal Specific Carer Support Group, the Koori Yarning Group (KYG) and the development of a resource kit. The KYG has provided Aboriginal carers with a platform to form strong friendships and bonds throughout the five years since its establishment. It has increased the participant’s social engagement and connection to culture. Carers play a vital role in the health care of their care recipients. They provide health services with valuable knowledge and ideally are considered partners in healthcare. It is critical that carers are supported in their caring role, so they can continue.

Improved self-management at Budyari Community Centre Miller
Susan Mwangi, CNC Aboriginal Chronic Care Program, South Western Sydney LHD
Email: Susan.Mwangi@sswhs.nsw.gov.au
Susan Mwangi holds a Masters in Public Health (MPH) from University of Sydney Australia, with a Nursing background (Registered Nurse and Midwife). She has over 14 years’ experience working as a Renal Nurse, and currently works as a Clinical Nurse Consultant in Renal, with the Budyari Aboriginal Chronic Care Program

Natalie Richards, Dietitian, Aboriginal Chronic Care Program, South Western Sydney LHD
Email: Natalie.richards@sswhs.nsw.gov.au
Natalie Richards is an Accredited Practicing Dietitian who has worked in Aboriginal health and chronic disease management for over 12 years. Her work with Aboriginal communities and public health has seen her gain additional qualifications in leadership and management, and clinical redesign. Natalie is an active member of a variety of state and national working groups and committees such as the NSW Diabetes Clinical Council, and DAA Cultural Reference Group.
This two year prospective cohort study aimed at enhancing knowledge and self-management skills for Aboriginal people living with chronic disease(s), through the use of simplified colour coded health record charts and lay lead peer health education sessions.

Research participants were provided with a personal health record book with recommended clinical targets such as blood pressure and glomerular filtration rate. The health record books were colour coded with red for high, orange for alert and green for good clinical results.

Training of trainers for peer educators was conducted for two selected research participants. The training was interactive and used appropriate pictorial health education materials and simplified health messages. Topics included knowledge on diabetes, blood pressure, kidney disease and lipids; and techniques on how to provide health education. Peer educators in turn provided health education for the research participants. Education sessions were conducted either through established groups, or inviting participants to a central location.

Because peer educators were productive local community members, they are available and easily accepted in various established group forums. Through a coordinated approach, peer education can be embedded and sustained within the Aboriginal Chronic Care Programs. Health record books can be reproduced at a clinic level, with potential to replicate them to other health programs and training institutions.

1 Deadly Step Evaluation

Lachlan Wright, Project Manager, Health Services Research Division, The George Institute for Global Health. Email: lwright@georgeinstitute.org.au

David Follent, Project Officer, Chronic Care for Aboriginal People, ACI
Email: David.Follent@health.nsw.gov.au

1 Deadly Step was developed to address the high prevalence of chronic diseases in NSW Aboriginal communities. The program aims to use a culturally safe, innovative, community-based model to increase awareness of chronic diseases and to promote prevention, early detection and evidence-based management through timely referral and follow-up. The George Institute was commissioned to build an electronic platform to improve the implementation of the program and to evaluate the implementation of the enhanced program.

1 Deadly Step was implemented in nine communities in 2015-2016 and successfully assessed the chronic disease risks for a substantial number of Aboriginal people. The clinical data strongly supports the justification for such a program given the high levels of risk factors encountered, often including people who would otherwise have had no knowledge of these issues prior to the events. Overall the event implementation was highly successful and demonstrated high satisfaction by participants and staff alike.
**Poster displays in the Ballroom:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Author/Contact</th>
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<tbody>
<tr>
<td>Aboriginal Wellbeing Hospital Discharge Journey Booklet</td>
<td>Marilyn Body, CNC Aboriginal Chronic Care, Mid North Coast LHD. Email: <a href="mailto:Marilyn.body@ncachs.health.nsw.gov.au">Marilyn.body@ncachs.health.nsw.gov.au</a></td>
</tr>
<tr>
<td>Community based podiatry student clinics: Leading the way for engaged community health care and training, enhancing accessible and cultural responsive care</td>
<td>Dr Stef Penkala, Western Sydney University. Email: <a href="mailto:S.Penkala@westernsydney.edu.au">S.Penkala@westernsydney.edu.au</a></td>
</tr>
<tr>
<td>Understanding priorities and preferences for assistance with multiple health behaviour change in a highly disadvantaged group. A cross-sectional survey of people attending an Aboriginal Community Controlled Health Service.</td>
<td>Natasha Noble, University of Newcastle. Email: <a href="mailto:natasha.noble@newcastle.edu.au">natasha.noble@newcastle.edu.au</a></td>
</tr>
<tr>
<td>The Antecedents of Renal Disease in Aboriginal Children (ARDAC) and young people Study</td>
<td>Marianne Kerr, ARDAC Research Officer. Email: <a href="mailto:marianne.kerr@health.nsw.gov.au">marianne.kerr@health.nsw.gov.au</a></td>
</tr>
<tr>
<td>Aboriginal Healthy Lifestyle Program – “Bundjalung Burners”</td>
<td>Anthony Franks, Aboriginal Chronic Care Officer, Northern NSW LHD. Email: <a href="mailto:Anthony.Franks@ncachs.health.nsw.gov.au">Anthony.Franks@ncachs.health.nsw.gov.au</a></td>
</tr>
<tr>
<td>The Koori Cook Off. An innovative way to engage the community on healthy cooking and eating</td>
<td>Andy Mark, Heart Foundation Illawarra/Shoalhaven Region. Email: <a href="mailto:Andy.Mark@heartfoundation.org.au">Andy.Mark@heartfoundation.org.au</a></td>
</tr>
<tr>
<td>Aboriginal Chronic Care Registered Nurse improving outcomes for Aboriginal people with Chronic Conditions</td>
<td>Mandy Debenham - Aboriginal Chronic Care RN, Orange Community Health Orange. Email: <a href="mailto:Amanda.Debenham@health.gov.nsw.au">Amanda.Debenham@health.gov.nsw.au</a></td>
</tr>
<tr>
<td>A Place of Healing: North West Cancer Centre Cultural Closing the Gap Videos</td>
<td>Rose Wadwell, Hunter New England LHD. Email: <a href="mailto:Rose.Wadwell@hnehealth.nsw.gov.au">Rose.Wadwell@hnehealth.nsw.gov.au</a></td>
</tr>
<tr>
<td>From Community to Discovery: Investigating chronic ear disease in Aboriginal communities</td>
<td>Sharron Hall, University of Newcastle. Email: <a href="mailto:Sharron.Hall@hnehealth.nsw.gov.au">Sharron.Hall@hnehealth.nsw.gov.au</a></td>
</tr>
</tbody>
</table>
About the artwork:
This artwork signifies the complex interrelations of health in our communities. Health is not something that can be addressed in isolation or simply as an individual, and so the other factors of health need to be considered. The artwork represents the connection between individual health and health of our communities, culture and spirit. From the top to bottom of the artwork we see the factors such as transience and tradition. Moving down the artwork shows solidarity, inclusion and community with the circles connecting people to place. The lower half of the artwork is a symbol of building trust, valuing community and our stories, working in collaboration and acknowledging our culture and social values. All of these elements underpin the work of addressing Aboriginal health disparities and the need to work together to improve health outcomes across the spectrum.

About the Artist:
Jasmine Sarin is a proud Kamilaroi and Jerrinja woman from NSW. She grew up on the South Coast in Nowra (Jerrinja and Yuin country) and Wollongong (Dharawal country) but has country influences from Coonabarabran in Central West NSW (Kamilaroi country).

Jasmine is a self-taught visual artist and graphic designer. Her artwork tells the story of her experiences growing up and her ongoing journey in this world. This allows Jasmine to share contemporary methods and concepts to make her contribution to the oldest living culture on this earth.

Jasmine pays her respects to her elders both past and present and acknowledge that the land on which we work and play on was, is and always will be Aboriginal land.

Please visit our exhibitors in the Harbourview Lounge:
- Aboriginal Health College/Aboriginal Health & Medical Research Council of NSW
- Agency for Clinical Innovation
- Heart Foundation
- NATISHWA – National Aboriginal & Torres Strait Islander Health Worker Association
- Primary Health Networks

Jessica Birk is a proud descendant of the Yaegl people of the Northern Rivers of NSW. She was was born and grown up in Northern Sydney and harbours a deep love and respect for this this land. Jessica was commissioned to create this artwork for ACI in 2016.

'Woven Ways' begins with a deep yellow background representative of a starting point and visual Acknowledgement of Country. Textures and stylised imagery reference the Rock platforms found all over North Sydney. Its warm golden hues pay homage to The Cammeraygal and The Garigal, the traditional owners of Northern Sydney and their descendants; while the black provides contrast and represents the catalyst for change.

When viewed as a whole 'Woven Ways' is an artwork that responds visually to themes of collaboration, cultural safety and the metaphorical challenges and solutions that must be negotiated to achieve positive health outcomes for all parties involved.