Waminda addresses the social determinants of health, provides a centre of excellence for ATSI women’s health within the Shoalhaven community and is a leader in linking culture with education, health and well-being.
Our Country

All Nations

Yuin Nation
Waminda’s History

In 1984 an Aboriginal Women's Health Centre was established, this was in response to the community's need to have a service especially for Aboriginal women. In the late 1980's a change of incorporation occurred.

Jilimi no longer existed and the South Coast Women's Health and Welfare Aboriginal Corporation - Waminda was established in 1990. It has been important for Waminda to take an active role in influencing mainstream services to be more culturally sensitive and to improve access for Aboriginal people.
Our Framework

• Commitment to best practice
• Aboriginal Community controlled
• Bi-Cultural approach
• Life-course approach
• Strength-based approach
• Culture-centered

Working together – health system, community, service providers, and patients themselves

Health literacy – self-management, education, empowerment

Workforce Development – staff training and soft entrance into the workforce
"The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to wellbeing. This holistic concept does not merely refer to the whole body but in fact is steeped in the harmonised inter-relations which culturally constitute wellbeing. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical.

Crucially it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill-health will persist”

(This is an expanded definition of Aboriginal health by Swan and Raphael (1995) based on both the 1978 Declaration of Alma-Ata, then NAHS 1989)
The social and environmental circumstances in which many indigenous Australians live create risk conditions (eg. poverty, poor housing, inadequate food supply), which predispose this population to the development of chronic diseases and the uptake of risk behaviour’s which may lead to physiological risk factors for chronic disease. The appalling statistics for every chronic condition in Aboriginal populations has required a rethink in the way health care services are delivered and funded.

Chronic disease in Aboriginal people brings with it cultural and complex issues that challenge current mainstream health care models.
Dimensions to life and health

- five main dimensions – cultural, spiritual, social, emotional and physical:
- “within which are a number of layers that reflect historical, traditional and contemporary influences on health. This concept emphasises the intersection of both the layers and dimensions which creates the interconnectedness for a whole of life approach to Aboriginal Wellbeing.”
  —Helen Milroy

- When we enable a person to restore all of these dimension, then we have achieved a GREAT deal!
Biomedical Model V’s Social

WAMINDA STAFF
CONTINUOUS QUALITY IMPROVEMENT, ACCREDITATION & TRAINING
- Continuous Quality Improvement, AGPAL, QMS Accreditation, Evidence Based practice
- Culturally Safe & Secure Service Delivery

SOCIAL DETERMINANTS OF HEALTH

PRIMARY & CLINICAL CARE
- Minga Gudjaga, Women’s Health Clinic, Managing Children Program (Clinical Psychology)

SCREENING & PREVENTION, HEALTH PROMOTION & HEALTH EDUCATION
- Wellbeing Program, Adult & Child Health Checks, Community Screening, Individual, Group, Community Education

COMMUNITY ENGAGEMENT & PARTNERSHIPS
- Community Event Support, Community Consultation, External Partnerships, Service Level Agreements

RESEARCH & EVALUATION
- Shoalhaven Koori Women’s Study, Program & Service Delivery Framework Evaluation

OUTREACH PROGRAMS
- Jerrinj, Wreck Bay, Pamper Days, Breast Screen Promotion & Recruitment

Aboriginal Women & Children
In Two Worlds
In order to achieve the necessary improvement in Aboriginal health, Aboriginal women believe that they must be able to control their destiny and accept responsibility for their own decision making. It has long been recognised that Aboriginal community controlled health services are the most likely means of achieving improvements in Aboriginal health.

Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of self esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.
“Dead, OR Deadly” Program

Holistic Health and support within a safe, culturally appropriate environment

4 Main Components:

- Physical Activity
- Nutrition – theory and practice
- Chronic Disease Prevention and Management
- Smoking Cessation
Early Detection and Management

- Key Factors specific to initiatives for early detection and management of chronic diseases among Aboriginal people are:

  Accessible early detection and intervention programs;
  Local multidisciplinary teams or taskforces with clear roles and responsibilities;
  Locally agreed evidence based clinical protocols;
  Systems for follow up care including register and recall systems.

The Dead or Deadly Program ticks all of these boxes.
Referral pathways from the Dead or Deadly Program straight into the clinic.

Having an AHW on site for opportunistic and regular screenings
Mental Health

Within the program we work with mental health issue and can refer to more specific MH workers.

• Mental health problems manifest as a chronic disease.

• Mental and behavioural disorders are one of the main causes of death for Aboriginal people and also cause high rates of morbidity amongst Aboriginal communities.

• There is evidence that people with mental illness have co-morbidities related to their physical health that can be addressed through early intervention and prevention programs such as the Dead or Deadly Program to reduce hospitalisations and keep them in the community.
Elders, Past and Present

The Stories of our Ancestors, the collective grief, as well as healing begin from knowing where you have come from and where we are heading. Carrying the past with you into the future is as it should be. We are nothing if not for those who have been before us.
Habits / Mindfulness

Education Workshops around change are provided.

In every moment, a choice exists

we can CHOOSE to change the way we do something.
Belief that Change is Possible

• Change through a process of self-actualization

• Using **Motivational Interviewing**: Make clients see current behaviour different from their ideal or desired behaviour.

• A multiple Behaviour Change Theory
• Support self-efficacy and self-determination

• Client has to believe change is possible and to believe in themselves
• Small changes lead to enormous lifestyle change
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.

The Dead or Deadly Program has recently been mentioned in the 2017 Closing The Gap speech in Parliament by Minister Ken Wyatt as a program that is ACTUALLY Closing The Gap.

It is a Model of Care that can be replicated and is in its initial stages of going regional.
Conclusion

Dead or Deadly is far more than an exercise program or even a healthy lifestyle program. We address all the complex issues mentioned throughout the presentation.

Dead or Deadly is almost more a philosophy than a program
We offer opportunities, a different path, goals for the future, things to look forward to....
We give them strength, courage, a purpose, a sense of self.

Sometimes all you need is for someone to believe in you, to believe in yourself.
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Please join us on our
“Dead, or Deadly: Choose Your Life”
facebook and Instagram page!