ABORIGINAL HEALTH COMMUNITY ENGAGEMENT MEETING

NORTHERN SYDNEY LOCAL HEALTH DISTRICT
ABORIGINAL MEDICAL SERVICE, REDFERN

CONVENE BY – ABORIGINAL HEALTH SERVICE NSLHD,
PEAK COMMUNITY PARTICIPATION COUNCIL

SUMMARY REPORT OF THE COMMUNITY FORUM
HELD AT HORNSBY COUNCIL CHAMBERS
TUESDAY 16 APRIL, 2013
**Background**

The Aboriginal Health Service and the Peak Community Participation Council have been exploring ways to increase the level of community participation with Aboriginal residents in Northern Sydney for some time. The need to consult the community over the proposal to set up an Aboriginal Health Outpost provided a good opportunity to set up a community engagement meeting which would deal with general issues about health services at the same time as having a specific project focus.

In relation to the proposal to set up an Aboriginal Health Outpost in partnership with the Aboriginal Medical Service (AMS), Redfern it was very important for AMS, Redfern to have a strong indication from the community that there is support for the project.

The community engagement meeting was held at Hornsby Council Chambers on April 16, 2013. There were two overlapping topics of discussion –

1. The various experiences of racism that Aboriginal people have experienced with local health services, and

2. Exploring the option of setting up an Aboriginal Health Outpost in the Hornsby area.

**Experiences of racism and denial of service**

Most participants had stories to share about racism in health care, over their lifetime and across Australia. What was disturbing was the fact that many of the experiences were both recent and local. There were recent instances where GPs and community pharmacists told Aboriginal people that they were not entitled to support under the current *Closing the Gap* (CtG) program. The manner of communication added further injury to the insult. Some of these situations were examples of service providers not knowing what was available. In other situations the service providers appeared to know about the available services but chose not to provide them. There was an instance where a GP had been keen to do the right thing and join the CtG program, but she had encountered bureaucratic difficulties getting a response from the appropriate health department and so had not registered.

In summary, Aboriginal people are still being denied health services and in ways that undermine their wellbeing. Current efforts to address this (eg CtG) are not being as effective as designed and as originally promised.

Experiences like those shared are widespread and result in reduced levels of trust in health services and service providers amongst community members. Because of this erosion of trust and frequent racist encounters, members of the Aboriginal community prefer to travel to Aboriginal Medical Services (AMS) like those at Redfern – often travelling quite long distances.

**Essential features of a health service that appeals to the Aboriginal community**

The intent behind the proposal to establish an Aboriginal Health Outpost is to create a space that looks, feels and operates like an Aboriginal Medical Service.

1. Aboriginal control – there needs to be significant Aboriginal input into the design, running and oversight of such a service.
2. **Affirmative action** – the service needs to be informed by a commitment to address the denial of services that results from racist attitudes amongst service providers.

3. **First impressions** – the service needs to be welcoming. This covers reception staff, décor, artwork, opening hours, and being easy to find and reach.

4. **Community building & belonging** – participants reported how important were the ‘incidental’ aspects of going to the AMS, Redfern e.g. catching up with gossip, finding out what is going on (culture, sport and entertainment as well as health), maintaining sense of identity and pride, seeing the artwork of children. This is a particular issue in Northern Sydney where isolation becomes a major problem and could hinder health outcomes as there are no particular places which have an Aboriginal identity like La Perouse or Redfern.

5. **Information provision** – in addition to clinical services, the AMS provides a lot of targeted health and social care information. This enables better access to health services by community members, some of whom reported that navigating the health system and knowing what is available are key ongoing problems for people.

6. **No judgement** – the welcoming atmosphere and culture of the service needs to extend beyond first impressions to be a safe and accepting space.

**Aboriginal Health Outpost in Hornsby**

The GP Health Outpost service being proposed is similar to the La Perouse Aboriginal Health Service, which is supported by the Prince of Wales Hospital. The plan at this stage is to locate the service in the Hornsby Hospital. The service would embody the principles of good practice that have been developed by AMSs over the years (see essential features . . above). Some years ago the Aboriginal Social Plan for Northern Sydney local government areas had scoped and proposed a similar service model.

The service would be bulk billed, provide good access to all patients and health professionals across the Northern Sydney catchment. It will operate in cooperation with the two Medicare Locals that serve the catchment. Both Medicare Locals are keen to work with the local Aboriginal communities, AMS, Redfern and NSLHD to meet the needs of the Aboriginal community.

Cultural awareness training for health professionals working at the Aboriginal Health Outpost could be provided by AMS, Redfern. Cultural Awareness training for the NSLHD would continue to be provided by Workforce within NSLHD. As a service attached to the GP Training Unit, the Aboriginal health Outpost would provide valuable experience and training for GPs so that they will provide a quality service to Aboriginal people in their future roles.

The role of AMS, Redfern would be as a working partner and they will continue to work with Dr Liz Marles, who currently provides sessions at AMS, Redfern. Dr Marles will provide education and specific cultural training to the doctors, so that they can become active advocates for better Aboriginal health services and become better informed about the services currently available. AMS, Redfern would be dependent on NSLHD and the two Medicare Locals for the various staff needed for the service. Particular services like Diabetes Education would provide specialist services through the Aboriginal Health Outpost.
Community response

Generally the response from the community members present was favourable. A number of issues were raised –

1. There is a need to make sure that the attitudes of workers at such an Aboriginal Health Outpost were not racist, thus cultural awareness training is central to the project’s success.

2. The community need to be reassured that the service is for them and that it is not going to be closed up due to political or bureaucratic reasons. Building trust will require explicit effort and resources on the part of the partnership. Some community members noted that we have had proposals and conversations like this before and so there is a credibility issue as they have not resulted in service improvements.

3. Hornsby is not La Perouse, so assumptions about whether a hospital location is perceived as a safe and healing place will need to be scrutinised and challenged.

Given how part of the reason for the success of AMS, Redfern is the way it operates as a community centre, will the Aboriginal Health Outpost be able to operate in a similar way? Are there any existing Aboriginal community centres in Northern Sydney that could host an Aboriginal Health Outpost?

Questions for clarification

While the meeting was generally in favour of the proposal and requested that further planning take place a number of issues emerged from the conversation that require clarification.

1. Who are going to be the active partners – NSLHD, AMS, Redfern, Northern Sydney Medicare Local, Sydney North Shore and Beaches Medicare Local, local government?

2. What will be their respective roles?

3. What resources can each of the partners contribute?
   a. What other resources could be mobilised by such a partnership?
   b. Confirm the number of rooms and their location?
   c. Confirm the specific staff and services who will be involved? Eg GP Training Unit, Diabetes Education, Child & Family?

4. Where to from here?

Recommendation

On the basis of the support shown for the concept at the Community Engagement Meeting held on the 16 April Northern Sydney Local Health district should convene a meeting to progress planning and resolve the matters requiring clarification.

Appendices

1. Minutes Community Engagement Meeting 16/4/13
Appendix 1

Aboriginal Health Community Engagement Meeting

Hornsby Council Chambers

April 16, 2013

Draft Forum Report

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<thead>
<tr>
<th>FACILITATOR</th>
<th>LaVerne Bellear (LB) Chief of Staff – AMS Redfern</th>
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<tr>
<td>MINUTES</td>
<td>Jennifer Luksza (JL) – Aboriginal Health Project Officer - NSLHD</td>
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<tr>
<td>ATTENDEES</td>
<td>Betty Johnson (BJ), Sue Pinckham (SP), Julie Hendicott (JH), Veronica Saunders (VS), Samantha O’Brien (SO), Kerrie Smith (KS), Robyn Wizgier (RW), Gwen Fazio (GF), Natalie Taylor (NT), Eunice Simons (ES), Tracey Watkins (TW), Angela Nicohlos (AN), Gail Freeman (GF), Gladys Wilson (GW), Dr Elizabeth Marles (EM), Kim Field (KF), Dr Andrew Montague (AM), Peter Whitecross (PW), Paul Russell (PR), Kris Hume (KH), Debbie Jamieson (DJ), Jayde Kelly (JK), Dr Stephen Ginsborg (SG), Nic Whitton (NW), Jeanne Townsend (JT), Cindy Johnson (CJ), Enid Williams (EW), Gayle Mortimer (GM),</td>
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<td>APOLOGIES:</td>
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Agenda topics

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<tr>
<td>1.40PM</td>
<td>ACKNOWLEDGEMENT OF COUNTRY</td>
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<td>1.45 PM TO 2PM</td>
<td>INTRODUCTIONS OF ATTENDEES</td>
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<td>1.45 PM TO 3.45PM</td>
<td>- ABORIGINAL HEALTH OUTPOST HORNBY KU-RING-GAI HOSPITAL</td>
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<td>- COMMUNITY EXPERIENCES WITH NSLHD SERVICES</td>
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<td>LAVERNE AND KIM</td>
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DISCUSSION

In her previous role as Aboriginal Health Director NSHLD, LB had proposed a GP health outpost service similar to the La Perouse Aboriginal Health Service, which is supported by the Prince of Wales Hospital. The Peak Community Participation Council have been keen to support an Aboriginal health forum as part of their program of forums for disadvantaged communities.

KF- Area Director Primary and Community Health, NSLHD described the GP model and history. The service would be bulk billed, provide good access to all patients and health professionals. The plan at this stage is to locate the service in the Hornsby Hospital. It will operate in cooperation with the two Medicare Locals. Both Medicare Locals have appointed, or will be appointing Aboriginal health workers and are keen to work with the Aboriginal community, Aboriginal Medical Service (AMS) Redfern and the NSLHD to meet the needs of the Aboriginal community.

LB and KF put forward to the community whether this would be an attractive service for the community and what it would need for this service to be up and running. AMS, Redfern have requested that it is essential that the community be consulted and involved before the project moves to the next stage.

LB suggested an Advisory Board needed to develop the model for the NSLHD and AMS service. VS suggested that there be an Aboriginal person on the Board in order that Aboriginal health needs be heard at all levels. Such an arrangement would also act as a demonstration of respect and build cultural awareness amongst other Board members to prevent racism.

VS shared her personal experience of dealing with the health system. She pointed out that, in order for the model to work, health professionals’ attitudes towards Aboriginal people need to change and advocacy and more widespread communication about services for Aboriginal people needs to be conducted.

KS suggested that the NSLHD & AMS service could be like AMS, Redfern such as a Hornsby AMS. She felt she trusted AMS, Redfern as it feels like ‘home’ and the staff accept her without judging. KS also raised the issue of GP’s not giving Aboriginal people the information on Closing the Gap (CTG). She also mentioned that at least one chemist in Hornsby does not provide medications under CTG.

JH suggested to provide more than cultural awareness training for health professionals, that health professionals should be encouraged to engage with the Aboriginal community in a direct and practical way.

SP in her previous role as Aboriginal Social Planner had been involved in the creation of an Aboriginal Social Plan which had scoped and proposed a similar service model. She suggests education programs with health professionals and Aboriginal people would be needed. The model is a great idea however, it would be hard to replicate the trust that currently exists at Redfern and to respond to the cultural needs of the Aboriginal people.

Community members indicated that GPs in the Northern Sydney region are racist and attitudes have not changed. That’s why Aboriginal people prefer to return to AMS, Redfern.

RW also raised the issue of Aboriginal people who have white skin have felt racism towards them when they have gone to AMS, Redfern.
IDEAL ABORIGINAL HEALTH NORTHERN SYDNEY GP OUTPOST SERVICE

NSHLD

AMS REDFERN

FUNDING & RESOURCING - PARTNERSHIP

NSLHD – AMS TEAM
- PREDOMINATELY ABORIGINAL & TORRES STRAIT ISLANDER BACKGROUND
- ALL STAFF CULTURALLY TRAINED
- MOBILE SERVICE??

REFERRAL SYSTEM
- WITH ABORIGINAL HEALTH NSLHD
- COMMUNITY
- GPS OUTSIDE THE DISTRICT
LB clarified that the role of AMS, Redfern would be a working partnership and will be working with LM, who already provides sessions at AMS, Redfern. LM would provide education and specific cultural training to the doctors, so that they would become active advocates for better Aboriginal health services and well informed about the services currently available. AMS, Redfern would be dependent on the specialists from NSLHD and the two Medicare Locals.

Wangary Aboriginal Home Care – Provides transport to Aboriginal patients from Penrith. AN indicated that Penrith have a similar service up and running. It took 18 months of discussion and they have been working with this model for the past 2.5yrs. They always have culturally trained staff. It would be great to ask the Penrith service how they got up and running?

SP highlighted the fact that such a health outpost would have to consider the issue of transport. There are patients who are too scared or too ashamed to ask for transport to a health service. This in turn puts their health at risk. EM and SP indicated that transport will need to be included in the Model of Care. Other aspects of social care would also need to be part of the care provided e.g. housing, employment, income support, culture, sport, and education.

JH indicated that outpost service should cater for patients needs that travel outside of their area. For example: patients admitted to Royal North Shore Hospital, we need to consider the family needs of those who attend with them, such as accommodation and transport.

LB indicated AMS would be happy to provide training to the health professionals for cultural awareness training.

AM asked - What is it about the AMS, Redfern that in NSLHD we would need to do to be able to get the trust and subsequently have Aboriginal people see us as their medical service that they want to attend to get their healthcare?’

KF suggested a Family Health Clinic day on a weekend which is a model that has been put into place in other areas. In relation to this, community members emphasized the issue is transport. It is also important to be clear with the community that the service is really for them, and is not just a passing fad.

SP questioned whether the location of the Hornsby Hospital will have the capacity to have ‘safe’ environment for the Aboriginal community. There are a number of pros & cons to locating the service at a hospital. It would need significant Aboriginal branding by artwork, rooms to have specific Aboriginal information, Aboriginal staff greeting patients and an environment where Aboriginal people socialise with their friends. All these are aspects of AMS around the country.

SG indicated one way to establish trust with Aboriginal people is to conduct home visits with an Aboriginal Health worker as a sense of safety. However, LM indicated GP’s are currently limited with time to conduct home visits. LM raised the ATAPS scheme particularly for suicide prevention.

GW agreed with appropriate education and cultural training for all clinicians as well as GP’s because patient’s have identified themselves on hospital record as being Aboriginal but GP practices have not.

SP also indicated that Rotary Health has the capacity to donate medical equipment.
Medicare Locals indicated that there is no distinct, identifiable Aboriginal community in the Northern Sydney district like AMS, Redfern and AMS, Mt Druitt that would support the NSLHD & AMS health service model. The Aboriginal community is much more widely dispersed and does not have the same sense of identity that other Aboriginal communities have elsewhere in NSW. In order, for this model to be feasible and acceptable there needs to be community willing to support it. This last point is a requirement of AMS, Redfern.

CONCLUSIONS

LaVerne noted that there is a lot of work to be done in order for this model to get up & running. In order to work out the details of the ‘model of care there are a lot of issues to deal with such as transport, cultural awareness amongst health professionals resources, space and dealing with two Medicare Local teams.

LaVerne suggested a smaller working group meeting to develop a proposed model for the area.

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<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
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<td>A working group to progress the proposal for the Northern Sydney GP Aboriginal Health Outpost Service</td>
<td>Kim and Veronica</td>
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