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Your voice in healthcare

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Connecting to Place

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The official magazine of the Australian Healthcare and Hospitals Association

ISSUE 58 / February 2020

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From the AHHA desk

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Cover: Sunset at Galiwin'ku, Elcho Island (see article page 27)

ALISON VERHOEVEN
Chief Executive
AHHA

Bushfires bring health lessons that need immediate action

Welcome to the February 2020 issue of *The Health Advocate*.

February has always been the month in which we publish our annual 'Close the Gap' edition, and as usual we received a great range of interesting contributions, which is very pleasing.

I will forego further commentary on the articles due to the issue that dominated the December-January holiday period in terms of destruction and loss of life, as well as associated discussions, debates and political twists and turns.

In short, Australians have been shocked by the severity of our latest bushfire season. Millions of hectares of bush have burned with thousands of homes and wildlife destroyed, and too many lives lost.

It should not have been a surprise that things could get this bad. Indigenous and emergency services leaders have been warning about a bushfire crisis for years. Similarly, for many years scientists and rural fire authorities have been sounding alarm bells about the effects of climate change upon the vast eucalyptus forests that spread across the eastern Australian seaboard and beyond.

Demand for healthcare services has surged, especially for burns and other trauma, the short and long-term effects of smoke inhalation, and mental ill-health. Managing this demand entails either increased resources in affected localities, triage, or evacuation.

Much greater preparedness for mass evacuation is needed so that it can be initiated earlier and with greater thoroughness. This will require educating communities about the necessity of evacuation, and the facilities available for it.

Increased Commonwealth investment in data development and linkage, as well as immediate funding for research, is required to inform an evidence base on respiratory illness and the long-term effects of prolonged exposure to bushfire smoke. The new norm of months of smoke exposure, as endured by over 400,000 Canberrans where air quality set new records for the world's worst, requires study.

It has been almost 10 years since Australia's National Health and Medical Research Council (NHMRC) first included climate change and health as a priority research area. And yet, in the decade since, extremely limited funding has been provided for research into climate change impacts on health.

Funding rules should be modified to allow research organisations, health services and government agencies, and those relevant organisations beyond the traditional domains of health, to collaborate for cost-effective, long-term, longitudinal studies

"It has been almost 10 years since Australia's National Health and Medical Research Council (NHMRC) first included climate change and health as priority research area. And yet, in the decade since, extremely limited funding has been provided for research into climate change impacts on health."

Pixabay

on the impacts of climate change on the physical, physiological and social domains that will affect Australian's public health.

Further, the forthcoming National Preventive Health Strategy should recognise the influence of the environment on health, engaging local and state governments, including urban and regional planning services, to ensure that the environments where we live, work, socialise and learn encourage and facilitate healthy lifestyles.

The Commonwealth Government, and state and territory governments need to work in a coordinated manner with local fire and emergency services to ensure the most effective ways of helping communities through these disasters. Offers of assistance from well-meaning individuals and organisations can be unhelpful in managing emergency responses with scarce resources. Experience from previous disaster situations is that trained volunteers are better equipped to respond than 'spontaneous' volunteers.

The new 'normal' of a five-months-long annual bushfire season requires system adaptation to meet the new challenges, as well as national and international leadership to act on climate change and the associated impacts on the health of our communities.

Our vision at the Australian Healthcare and Hospitals Association is for a healthy Australia supported by the best possible healthcare system. But this will not be achieved without big picture thinking and a strategic approach that addresses contemporary challenges such as climate-related health impacts.

The time for progressive and responsible coordinated change is now. ha

DR ODETTE PEARSON
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PROFESSOR ALEX BROWN
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The Partnership Agreement on Closing the Gap (2019–2029) and Indigenous data assets

A new Agreement

In December 2018 the long-overdue *Partnership Agreement on Closing the Gap 2019-2029* was signed by Aboriginal and Torres Strait Islander people, represented by their community-controlled peak organisations (Coalition of Peaks), and the Council of Australian Governments (COAG). This Agreement has the potential to respect the voice and knowledge of Aboriginal and Torres Strait Islander people in determining their own future.

The new *Agreement* demonstrates a genuine shift in public policy from the first Closing the Gap Framework 2008-2018 that had very limited inclusion of Aboriginal and Torres Strait Islander people in its development. The new *Agreement* outlines how the Coalition of Peaks and COAG will partner to implement the refreshed Closing the Gap Framework.

The *Agreement* is underpinned by the principles of evidence-based decision-making and transparent data-sharing. Most importantly, it acknowledges the importance of national and local community priority-setting and recognises the right to self-determination of Aboriginal and Torres Strait Islander people.

These principles speak to a global movement of Indigenous Data Sovereignty that is helping to drive important change within its own right, and is taking shape in Australia. It embodies the rights of Indigenous peoples to exercise ownership over their own data, and is enacted through Indigenous Data Governance.

This refers to the right of Indigenous peoples to autonomously decide what, how and why Indigenous data are collected, accessed and used. Aboriginal and Torres Strait Islander leadership in Indigenous data sovereignty is growing and some communities are exercising their rights. The principles of Indigenous data sovereignty and those highlighted in the *Agreement* are synergistic in driving true change and having a real impact on closing the gap in life expectancy.

Embracing and enabling Indigenous data governance

Indigenous data governance and sovereignty should be embraced and enabled by governments, and in doing so, the data challenges discussed below and others that are likely to present in implementing the Closing the Gap Framework refresh, can be tackled in true partnership over the next 10 years.

Data is recognised as a key asset for informing evidence-based initiatives and monitoring outcomes in the Agreement. Health and social data of Indigenous peoples are collected by several population censuses and as a by-product of routine administrative processes when services are accessed by individuals. Traditionally, reports and analyses based around these data are released by the Australian Institute of Health and Welfare and the Australian Bureau of Statistics at national and jurisdictional levels, with only some measures reported by urban, rural and remote areas.

While outputs with high-level data aggregation are useful for national and jurisdictional priority setting, decision-making and monitoring, they are of limited value for informing local community actions. This is because it removes the inherent diversity of health and social status within the Aboriginal and Torres Strait Islander population.

Recognising and understanding these variations across communities will be crucial to inform tailored local initiatives aimed at closing gaps in life expectancy and in elevating Aboriginal and Torres Strait Islander people to positions of equivalence in decision-making.

Local knowledge and data are required for setting evidence-based community priorities for action. However, reporting local community data brings inherent challenges.

Technical challenges include defining the boundaries around what constitutes a local community, and maintaining individual anonymity while generating accurate statistics for small numbers of people within communities.

Ethically, issues relate to determining data ownership, decisions regarding the identification, sharing, public availability and reporting of data of a sensitive nature, and intellectual and cultural property rights associated with the knowledge generation.

>

"For partnerships to be fair and equitable, Aboriginal and Torres Strait Islander people must be enabled to make effective decisions that affect their political, economic, social and cultural wellbeing, using all their resources, including their data—as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples."

Availability and ease of data access will need to improve dramatically to yield the most benefit from data. Investing in a national data platform that brings together census, population survey and administrative data collections will help address barriers to data-sharing and reduce duplication of data collection efforts.

The data capability and skills of Aboriginal and Torres Strait Islander organisations and individuals will be critical to the active engagement of local communities—significant investment in training will be required to ensure the *Partnership* is truly fair and equal.

Furthermore, Aboriginal and Torres Strait Islander people may have the greatest opportunity yet to inform the collection of data that reflects their definition of health and wellbeing. True partnerships with Aboriginal and Torres Strait Islander people should go a long way to helping resolve some of these current and future challenges.

Connecting and building trust

Connecting with Aboriginal and Torres Strait Islander communities will be vital to enable local interests to be heard and met. The community-controlled organisations who form the Coalition of Peaks have established relationships with the Aboriginal and Torres Strait Islander communities they serve and are held accountable by communities for the services they deliver.

A pressing and prominent concern is the mistrust Aboriginal and Torres Strait Islander communities have of government, health services and institutions that have track records that are far from exemplary in using Indigenous data.

Historically, Aboriginal and Torres Strait Islander people have received little benefit from the use of their data. In many cases Indigenous data through its analysis and interpretation has created and perpetuated negative and racist stereotypes. Governments must take leadership in building trust with the Aboriginal and Torres Strait Islander community, demonstrated through tangible and transparent actions that can be seen and participated in by all Australians.

For partnerships to be fair and equitable, Aboriginal and Torres Strait Islander people must be enabled to make effective decisions that affect their political, economic, social and cultural wellbeing, using all their resources, including their data—as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples.

In this context, data must be accessible, analysed, interpreted and reported on in ways that are meaningful to Aboriginal and Torres Strait Islander people. Data must be used to benefit the wellbeing of Indigenous peoples, ultimately defined by the people themselves. Closing the gap in life expectancy cannot be achieved without Aboriginal and Torres Strait Islander peoples self-determining their future, which includes the use of their own data to make evidence-based decisions and monitor outcomes. ha

A cultural trainer in Larrakia country

Norma Chidanpee Benger's story
Remote Area Health Corps

The Remote Area Health Corps (RAHC) has been helping to provide much-needed health care in isolated parts of the Northern Territory since 2008.

Hundreds of skilled professionals from throughout Australia have taken up short-term placements in remote Aboriginal communities.

For many the first visit is confronting. They see things they have never seen before and never thought possible in modern Australia.

RAHC provides cultural training which helps them understand what to expect and how to interact with local people.

Norma Chidanpee Benger is a cultural trainer based in Larrakia country at Darwin.

Norma's parents were both from the Stolen Generation. Her father Teddy Hayes was taken from the Telegraph Station at Alice Springs and put on Minjilang (Croker Island) and her mother Marguerita Parry was taken from her parents at Mango Farm on the Daly River and put on the Tiwi Islands. >

She identifies as Marathiel/Murinpatha/Keyteji.

'I work with people who are new to remote locations', Norma says.

'The course starts off with Welcome to Country, although because I'm not a Larrakia person I do an Acknowledgement of Country.

'I explain Native Title, and why other Aboriginal people in Darwin are not necessarily landowners.

'A lot of people in Darwin are from remote communities, in town for all sorts of reasons.'

Norma says she talks about 'the long grass'—where Aboriginal people camp on the edge of town—because it's a concept many non-Indigenous Australians don't understand.

'I prepare them about culture. A lot of them haven't even met an Aboriginal person before.

'Where they are going is confronting. I tell them my story, my family experience.

'My father lost contact with his family, his culture, his language, he lost all that.

'I'm in more contact with Dad's family than he ever was. He was damaged by it all and died at a very young age.'

Norma said having this understanding helps health professionals realise the importance of culture in remote communities.

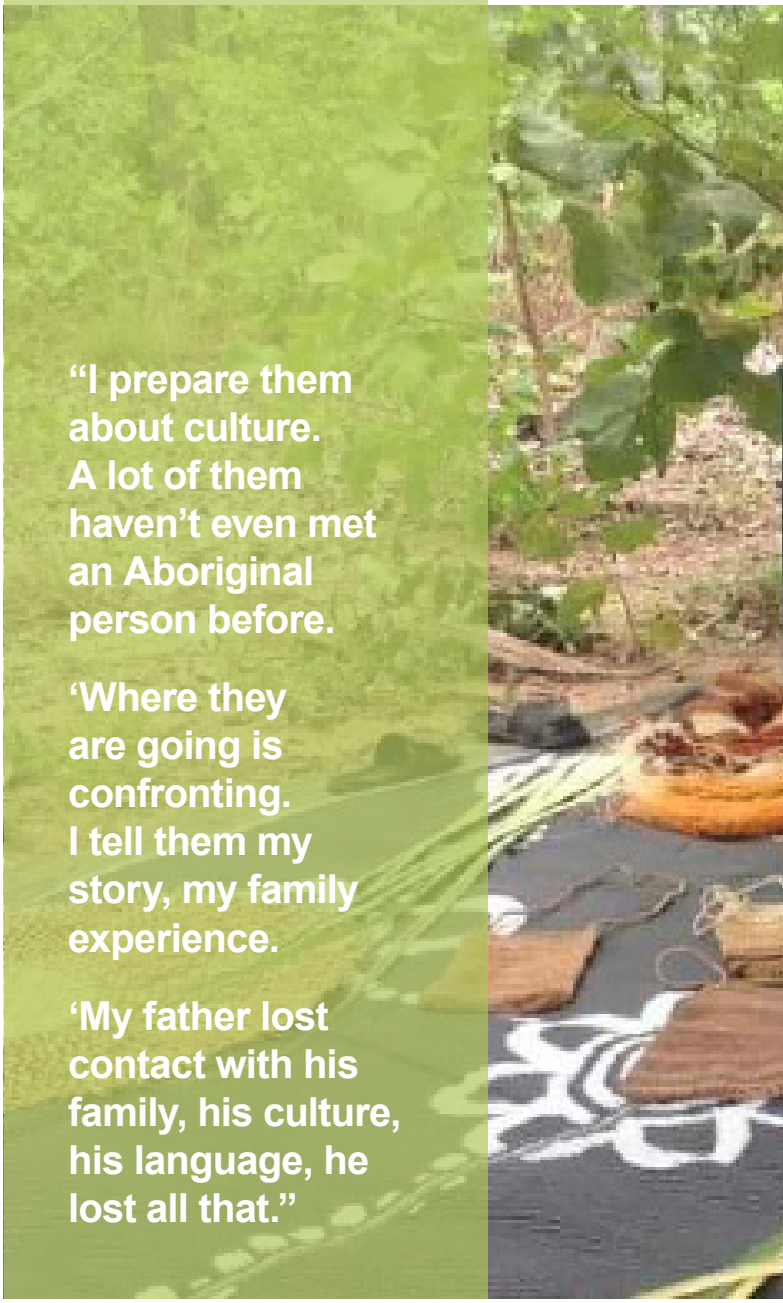
'The people really appreciate them going out there', she says. 'When a health professional arrives for the first time, they feel like the first one, but they're not. The people are used to them coming, they just go about their lives.'

'I ask which community they're going to and I tell them about the different clans and groups, like my grandmother's Wadeye country. They were warring factions forced together by assimilation and missionaries.'

Norma advises visiting health professionals to focus on their work.

'Communication is an important part of their job in a community where English might be the fourth language', she says.

'Many people still have traditional beliefs in spirits and magic.



'I explain the culture, how children might come to the clinic with their mother and it's not their biological mother, she's from a skin group.'

Norma says that as an Indigenous person she's frustrated at the slow progress towards closing the gap but praises RAHC for putting skilled people into remote areas.

She says the generational transition from bush tucker to packaged foods was a contributing factor to high rates of diabetes and poor dental health.

Norma thinks that modern medicine and traditional healing can co-exist.

A celebrated artist and graphic designer with a degree in fine arts, Norma has created an Indigenous-themed logo for the Centre of Research

Excellence in Ear and Hearing Health.

The story depicts a dragonfly which grandmothers use to test a baby's reaction to the wing vibrations. A baby who cannot hear is given special care by the family. A perforated ear is treated in the traditional way with a wash made from the green tree-ant. The healthy drum is surrounded by a ring of natural and vaccine-induced antibodies which keep the middle ear healthy.

'A lot of Aboriginal people don't know about white fella medicine', she says.

'Our traditional ways kept people healthy but today we're often living in overcrowded housing.'

Norma says RAHC's efforts to treat people in their own communities are 'fantastic' and cultural training helps first-time visiting health professionals to settle and understand their situation.

She enjoys the work and feels it's making a positive difference to people's lives.

'I love hearing the stories of the people when they come back.

'Australia benefits from more people understanding the stories of Aboriginal culture.

'The visiting health professionals are very lucky to have this opportunity through RAHC.' ha

For more information about short-term paid placements with the Remote Area Health Corps (RAHC) visit www.rahc.com.au or call 1300 697 242.

GED FARMER
Project Officer, Suicide Prevention, Brisbane North Primary Health Network

Culture proves crucial to suicide prevention trial

A desire to infuse culture at every level has informed Brisbane North PHN's approach to the National Suicide Prevention Trial

Brisbane North Primary Health Network (BNPHN) is one of the 12 National Suicide Prevention Trial sites. For our three priority population groups, we have identified Aboriginal and Torres Strait Islander communities, along with LGBTIQ+ communities and men aged 24–54 years.

Our trial is guided by the Black Dog Institute's LifeSpan Model, which combines strategies for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.

From the outset, we knew our trial would require a rigorous co-design process. For the Aboriginal and Torres Strait Islander population we would need to engage elders, community members and groups, and local Indigenous service providers.

The process we adopted resulted in an approach that was seen as very different to previous 'ways of doing things' and this has influenced all the service providers we commissioned through the trial.

One of the fundamental differences under this new approach was the cultural guidance we sought from the very start, which has ensured that all activities are culturally safe and that cultural knowledge is respected and protected.

We have found that cultural infusion has allowed for greater engagement and access to Aboriginal and Torres Strait Islander people in the Brisbane North PHN region. It also aligns with best practice for suicide prevention.

Yarns Heal

Another difference was the commissioning of services from grassroots community groups, such as the IndigiLez Women's Leadership and Support Group and the gar'ban'djee'lum network.

These two groups have delivered the Yarns Heal campaign, the first of its kind in Australia

(L-R) Yarns Heal Ambassador Steven Oliver, IndigiLez co-founder Rebecca Johnson and gar'ban'djee'lum network Chairperson Dion Tatow

specifically designed by and for the Aboriginal and Torres Strait Islander LGBTIQ+ SisterGirl and BrotherBoy (SGBB) communities.

The Yarns Heal campaign has gone viral nationally and, by the time of the final report, it had achieved over 110,000 hits on social media.

Writer, actor and comedian Steven Oliver is the face of the Yarns Heal campaign and its ambassador.

The Queensland Council for LGBTI Health (formerly the Qld AIDS Council) and Open Doors have also been commissioned to deliver services as part of this trial.

In keeping with our approach, their services have also been designed to be culturally responsive to the needs of SGBB communities.

Project Yarn Circle

Indigenous-owned organisation Youth to Knowledge (y2K) is providing another component of the trial, delivering in-school workshops through Project Yarn Circle to address mental health and resilience, with a specific focus on connection to culture.

The Project Yarn Circle program gives young people a greater understanding of their culture, and shows them how to support their peers and how to access health pathways to care.

Many of the young people who have participated in the program have expressed how important it has been for them to reconnect with their culture. They have told us how proud they are of their culture and how important it is to their sense of identity.

Aftercare and follow-up care

Under our trial, we have commissioned Kurbingui Youth and Family Development to deliver aftercare and follow-up care following a suicide attempt.

Kurbingui will also provide support for those >

Yarns Heal Ambassador Steven Oliver speaks at the National Suicide Prevention Trial campaign launch

who are experiencing suicidal thoughts and support for people who have experienced a death by suicide of a family member.

This care involves special cultural approaches, and links elders and family members into the care pathway. Often an elder will be connected with a person to support their journey of recovery.

These care pathways have seen people reconnect with family and community, and in some cases have enabled young people to re-engage with school and support services.

Elders also play a significant role in group-work activities, delivered through Kurbingui's aftercare and follow-up care program.

A specialised program called Strong Deadly Spirits allows people to reconnect with community through a series of workshops that build on culture, resilience, and social and emotional wellbeing.

Elders attend these workshops and play a vital role in extending cultural healing into the workshop framework. The outcomes have been amazing for those participating and their support workers.

Kurbingui has also delivered tailored culturally appropriate suicide prevention training in the community. This has involved elders, Aboriginal and Torres Strait Islander community members, other service providers and other connection points, such as local gym trainers.

IndigiLez co-founder Rebecca Johnson with Brisbane North PHN Chief Executive Officer Abbe Anderson

We are determined to bring down the rate of suicide in our region and are committed to achieving this in an inclusive and culturally responsive way. ha

For more information about our trial, see www.yarnsheal.com.au/ or contact Brisbane North PHN tel. 07 3630 7300, email info@brisbanenorthphn.org.au.

ABBE ANDERSON
Chief Executive Officer, Brisbane North PHN; Chair, Queensland and Northern Territory PHN CEOs Group

QAIHC Chairperson Gail Wason and CEO Neil Willmett (seated) sign a Memorandum of Understanding with the CEOs of the seven Queensland PHNs.

Queensland PHNs sign agreement to improve Indigenous health

On Wednesday 11 September 2019, the Queensland PHNs joined with the Queensland Aboriginal and Islander Health Council (QAIHC) to sign an historic Memorandum of Understanding (MOU) in Canberra at the National PHN Conference.

This MOU signing saw leaders from all seven PHNs across Queensland and QAIHC join forces and commit to working together to improve Indigenous health in Queensland.

It is the first type of agreement in Australia between a peak Aboriginal and Torres Strait Islander health organisation and multiple PHNs and is based on shared principles, mutual recognition, and supports future collaboration between the two parties.

QAIHC CEO, Neil Willmett said that this is great news for the more than 186,000 Aboriginal and Torres Strait Islander people who live in Queensland.

'All of our organisations have been striving to improve health outcomes in Queensland. Working together will now help to accelerate improvements through a much-needed collaborative approach.

'Each of the seven PHNs in Queensland is proud to be part of this historic MOU', said Abbe Anderson, Brisbane North PHN CEO and Chair of the Queensland and Northern Territory PHN CEOs group.

'All PHNs are committed to improving health outcomes for First Nations peoples, and we recognise the importance of working with the community-controlled sector to achieve these outcomes.'

QAIHC Chairperson Gail Wason said improving Aboriginal and Torres Strait Islander health is far more complex than most people think.

'Poor health is a harsh reality for many Aboriginal and Torres Strait Islander people. However, we are working to change this. Agreements like this brings together expertise and leadership and will improve Aboriginal and Torres Strait Islander health in Queensland', Ms Wason said. ha

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DR TIMOTHY O'ROURKE
Senior Lecturer, School of Architecture, University of Queensland

DR DAPHNE NASH
Research Fellow, Aboriginal Environments Research Centre, University of Queensland

Designing hospitals for First Nations people

Evidence for improving patient experience

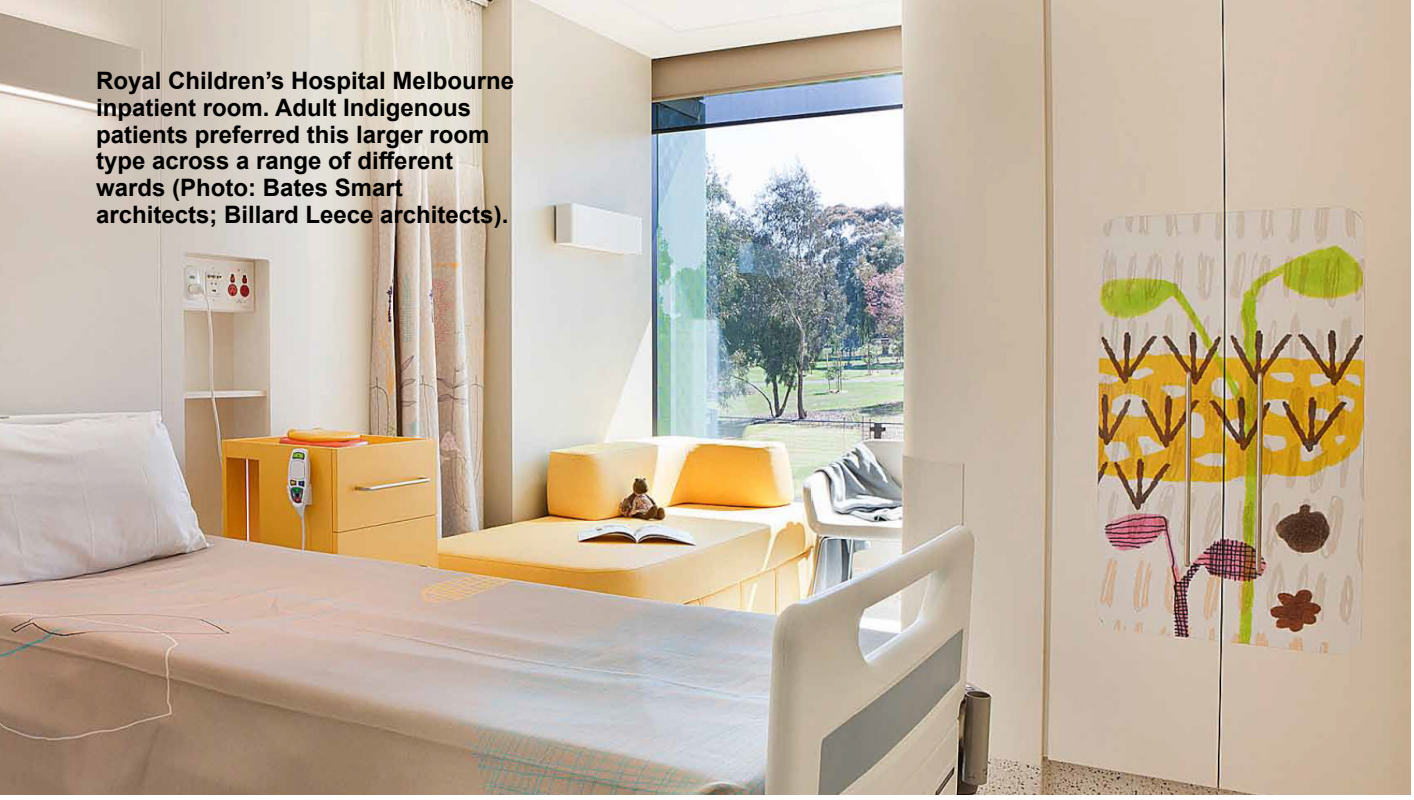
The delivery of culturally appropriate health services to Aboriginal and Torres Strait Islander patients is a central tenet of policies aimed at closing the Indigenous health gap. Cultural safety is one step toward ameliorating perceptions of racism and, for some Indigenous people, reducing a deep historical distrust of government and its institutions.

What about the physical settings in hospitals and clinics—does the design of healthcare spaces matter to Indigenous patients and their families? Plenty of Indigenous and non-Indigenous health-workers would say that it does. But beyond anecdotes, where is the evidence that design might be a factor in improving Indigenous peoples' participation and experiences in healthcare services?

Evidence-based design for health care

Evidence-based design uses research about different healthcare settings to improve hospital architecture for patients, carers and staff. Studies have shown that the physical environments which decrease inpatient stress—rooms with a landscape view for example—can result in faster rates of recovery. This type of research has led to design changes in waiting areas, inpatient rooms, and more strategic use of landscaping in healthcare facilities.

Despite the health gap and the evidence that cross-cultural design works for other building types, the evidence-based design research has largely ignored cultural diversity, including Aboriginal and Torres Strait Islander people.



Royal Children's Hospital Melbourne inpatient room. Adult Indigenous patients preferred this larger room type across a range of different wards (Photo: Bates Smart architects; Billard Leece architects).

The research project

In response to the lack of studies in this area, our multidisciplinary research team attempted to answer how design can improve the participation and experiences of Aboriginal and Torres Strait Islander people using hospitals and health clinics.

We examined preferences for healthcare settings and experiences of hospitals using a screen-based survey of 600 Indigenous participants in Townsville and Mt Isa. A further 55 qualitative interviews explored the social and cultural reasons behind problematic experiences, as well as the attributes of preferred environments. We also interviewed Indigenous health-workers and other staff at Townsville Hospital.

How does architectural design matter to Indigenous patients?

The survey results and interviews reinforced anecdotal evidence that many Indigenous people find physical settings in hospitals uncomfortable, alienating and stressful. Many patients find hospitals stressful, but the rates of Aboriginal and Torres Strait Islander people avoiding hospital appointments or leaving against medical advice is significantly higher than for the non-Indigenous population.

High quality, culturally safe care should be paramount for all patients, but clear spatial preferences indicate that design matters to Indigenous people using hospitals. In contrast to hospital use more generally, these preferences relate to Indigenous people's cultural and social backgrounds, which, of course, can vary by location and with histories of colonisation.

Implications for hospital design

Indigenous social networks, which relate to both kinship and community, affect hospital use in consistent ways. Indigenous patients are regularly attended by higher numbers of carers and visitors, whether in maternity, intensive care, or palliative care. Larger visitor groups often stay longer with inpatients, which can also place burden on staff and resources. Based on design guidelines, hospital wards are rarely designed to accommodate more than a few visitors at one time. As in new paediatric wards, larger inpatient rooms with daybeds would be an improvement. Additionally, semi-private waiting rooms located in wards, and connection to the outdoors can offer relief to Indigenous visitors and families who often feel unwelcome in numbers. >

The clinic or hospital waiting room rarely affords adequate privacy for Indigenous patients. Interviewees spoke of feelings of shame in such hospital settings. Our research also indicated Indigenous patients and visitors feel more comfortable if they can see who is coming and going. Surveillance can help to maintain social relationships, through interaction and opportunities to yarn with kin, but also the avoidance of individuals, which might be a socio-cultural requirement in close-knit communities. With an adequate brief, design can offer spatial solutions to improve the waiting experience. Larger waiting rooms, flexible seating arrangements that offer semi-private space, and adjacency to outdoor areas would benefit Indigenous people using both hospitals and clinics.

The benefits of landscapes and gardens in and around hospitals is relatively consistent in the evidence-based design research. Showing strong preferences for outdoor spaces, Indigenous patients and visitors use external areas not just for the benefits of more natural settings, or to escape the air-conditioning, but also for social contact—to seek out familiar faces entering or leaving the hospital, or to gather in private. Outdoor areas at hospitals are often used for grieving and cultural rituals around death, although landscaped areas designed for this purpose are rare in Australian hospitals. With this diversity of use, outdoor areas deserve as much design attention as the interiors.

A total of 600 Aboriginal and Torres Strait Islander people were interviewed in two locations, Townsville and Mt Isa. The screen-based survey used pairs of images to measure design preferences in patient rooms, waiting rooms and the entries of hospitals (Photo: Timothy O'Rourke).

Change design

Recently-built clinics and hospitals have begun to acknowledge Indigenous patients, but how can cross-cultural design become more effective and widespread?

The first step is raising awareness and recognising that poorly designed hospitals and clinics might be impediments for Indigenous people seeking healthcare.

Second, consultation that explores local Indigenous needs and preferences is essential if healthcare architecture is to be culturally responsive.

Third, critical post-occupancy design evaluation of hospitals also contributes to evidence about design. Criticism of public hospitals is a political liability, and new healthcare facilities are rarely subject to this type of evaluation, which could extend to questions about cross-cultural design.

Further research is needed to provide robust evidence and to identify the types of questions that healthcare designers should ask. The design changes needed to improve the experience of Indigenous patients could benefit other cultural groups that value extended family support in hospital. It is also likely that the types of design modifications suggested by our study will benefit all people who use our public hospitals. ha

DR KATHERINE THURBER Research Fellow, Aboriginal and Torres Strait Islander Health Program, National Centre for Epidemiology and Population Health, Research School of Population Health, Australian National University

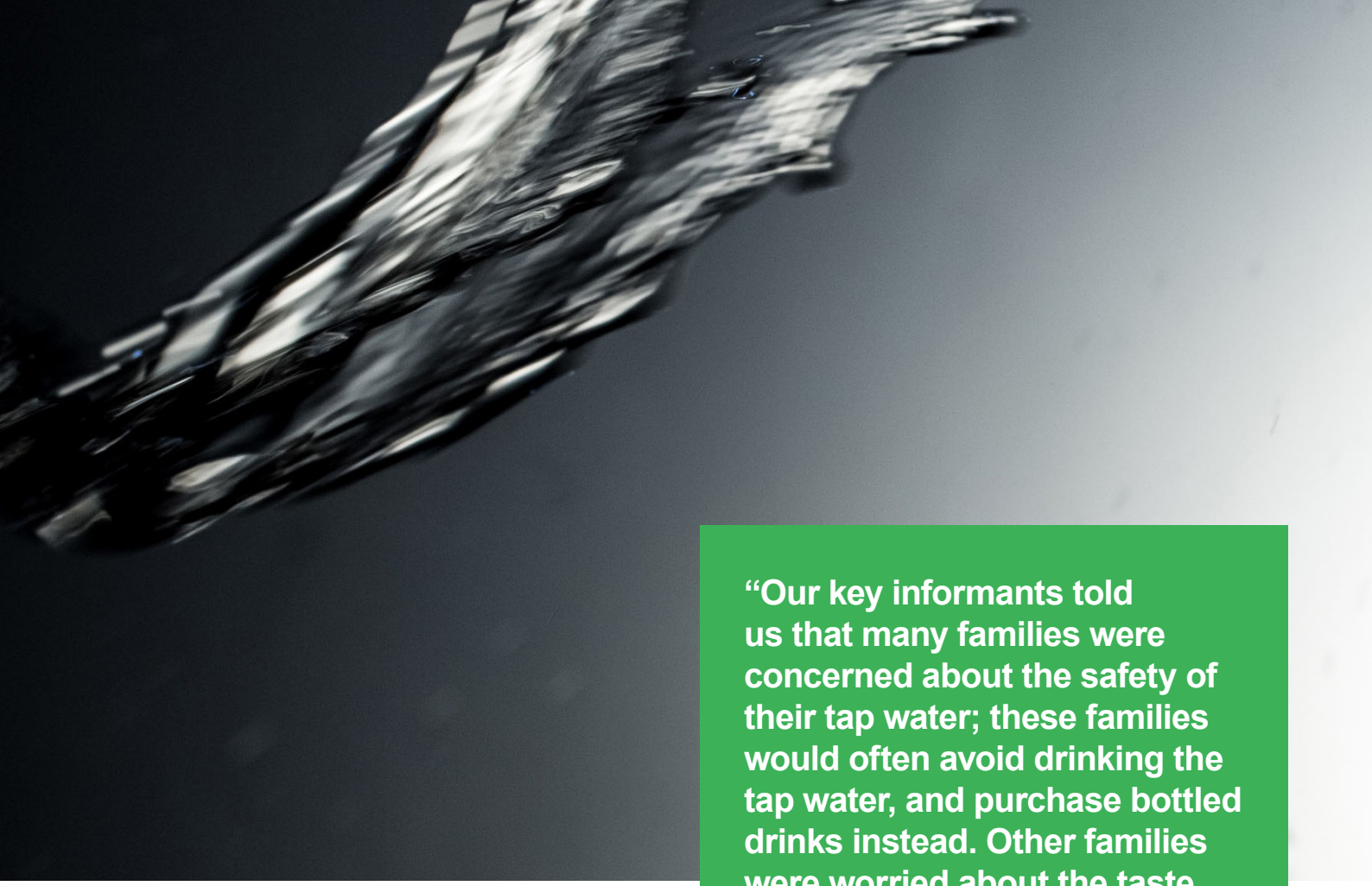
Sugary drinks and water in remote areas

Who is drinking sugary drinks?

There is great potential to improve health by reducing sugary drink intake by young Aboriginal and Torres Strait Islander children, and by all children in Australia. However, achieving this will require more than nutrition programs alone.

Recent (2018–2019) data from the Australian Bureau of Statistics tells us that more than half (59%) of Aboriginal and Torres Strait Islander children aged 2–17 years are drinking sugar-sweetened drinks every week, with one in five children having sugary drinks every day.

Consumption of sugary drinks starts early in life: 38% of two- to three-year-old children are having sugary drinks every week, with 14% having these drinks every day. >



"Our key informants told us that many families were concerned about the safety of their tap water; these families would often avoid drinking the tap water, and purchase bottled drinks instead. Other families were worried about the taste of the tap water; some families would mix cordial or other sugary drinks into the water to make it more palatable."

Why is this occurring?

To start to understand why this is occurring, we analysed data from the Longitudinal Study of Indigenous Children (LSIC), and we discussed findings with a group of Aboriginal and Torres Strait Islander key informants. What we learned is that there are complex factors at play.

The quantitative data showed that infants and young children in LSIC were significantly more likely to go without sugary drinks if their families experienced socioeconomic advantage, social support, limited stressors, good wellbeing, and support from health services.

Our key informants explained that financial pressures or negative experiences, such as racism or major life events, could make it difficult to afford and/or to prioritise a healthy diet for the child.

This shows us that advice from health providers needs to be relevant to the context of families' lives to enable families to make positive changes. More importantly, the findings demonstrate that we need to improve the social determinants of health if we want to improve nutrition.

There are examples of novel health programs that take a case management (wrap-around) approach, recognising that factors such as financial security and complex trauma underlie health risk behaviours. This type of holistic approach has the potential to be effective in improving early child nutrition—as well as other child wellbeing outcomes.

We found that, in the LSIC sample, it was less common for children in major cities and regional areas to have sugary drinks, compared to children living in remote areas. This may reflect reduced accessibility and affordability of recommended choices, and/or increased financial pressures in more remote settings.

In addition, our key informants showed us that water quality might play a role in the observed association. Our key informants told us that many families were concerned about the safety of their tap water; these families would often avoid drinking the tap water, and purchase bottled drinks instead. Other families were worried about the taste of the tap water; some families would mix cordial or other sugary drinks into the water to make it more palatable.

What do we need to do?

These findings show us that there are structural barriers to optimal nutrition for Aboriginal and Torres Strait Islander families across Australia. These will require systems-level solutions. For example, we need policies to support access to safe water and employment opportunities, and to reduce racism.

Babies and toddlers living in cities and regional centres were significantly less likely to consume sugary drinks than children in remote areas. This is linked to reduced access to safe drinking water and reduced accessibility and affordability of recommended beverages. Reducing sugary drink intake will require improving water quality across Australia.

Sugary drink consumption is by no means a problem exclusive to Aboriginal and Torres Strait Islander children. Sugary drink consumption is a concern for all Australian children, and many children internationally. However, stemming from the history of colonisation, Aboriginal and Torres Strait Islander peoples are more likely to live in circumstances that are linked to consuming sugary drinks. ha

Katie Thurber is a former Deeble Scholar at AHHA. Her issues brief produced as part of the scholarship, on overweight and obesity among Indigenous children, can be found at https://ahha.asn.au/publication/issue-briefs/overweight-and-obesity-among-indigenous-children-individual-and-social

KYLIE HARCH
Quality Manager,
Goondir Health Services

Goondir Health Services

Quality is everyone's responsibility

Goondir Health Services is an Aboriginal Community-Controlled Health Service (ACCHS) providing holistic primary healthcare and wellbeing services to local Aboriginal and Torres Strait Islander communities from Oakey on the Darling Downs in Queensland to St George in the South West of Queensland. The organisation services an area of 72,150 km^2 (approximately 4% of Queensland).

The organisation operates with a multidisciplinary workforce of over 60 staff, including local general practitioners, Aboriginal health practitioners, Aboriginal health workers, practice nurses and support staff. About 60% of our staff identify as Indigenous.

Most allied health practitioners (e.g. diabetes educators, exercise physiologists, speech pathologists) and specialist services (e.g. endocrinologist/general physician, paediatrician, respiratory physician) are provided through block funding arrangements and provide services within Goondir clinics.

To ensure up-to-date client medical records and for reporting purposes, all external service providers are required to use Goondir's Patient Information Recall System.

GP, allied health and specialist services are complemented by oral health services provided by the University of Queensland School of Dentistry, with five dental chairs at Goondir's Dalby clinic and four at the St George clinic.

Commitment to quality

Goondir Health Services operates under a continuous Quality Improvement Framework (QIF) to ensure that all areas of service activities are

"Quality Improvement can be a long and bumpy road, but a path that needs to be taken nonetheless to improve our organisation so we can continue the journey towards Closing the Gap."

undertaken according to best business practice, and meet compliance requirements.

Our operations are managed through four pillars of governance—Clinical Governance, Corporate Governance, Financial Governance and Resource Governance.

This commitment to quality ensures all business operations and healthcare services are of high quality, client-centred and safe, while taking into account the cultural sensitivities of our client base.

Within the QIF are many layers showing 'how we do it', 'why we do it' and 'what we do' to achieve quality improvement. Performance is measured through nine quality objectives with 37 sub quality objectives.

In 2000, Goondir became accredited with Australian General Practice Accreditation Limited (AGPAL). Two years later, we also achieved accreditation with the Quality Improvement Council.

Fast forward to 2019, and we now have three clinics and one Mobile Medical Clinic (MMC) that hold five accreditations—AGPAL, International Standards Organisation (ISO) 9001:2015, General Practice Training Queensland (GPTQ), Quality Assurance for Aboriginal & Torres Strait Islander Medical Services (QAAMS) and Queensland Government Transport Operator Accreditation.

As a not-for-profit, Goondir is not required to have Transport Operator Accreditation—but we chose to. By passing the standards, we know that we are providing transport services to our clients in line with best business practice.

Goondir has undergone an executive restructure in the last 12 months, with a focus on clinical governance and the development of a new >

"Goondir is using a new artificial intelligence data analysis tool that has given a whole new dimension to the way we interpret data and build strategies to address organisational needs."

model of care driven by the organisational structure and community needs.

These changes align with the four pillars of governance mentioned earlier. The four pillars are now also used in our Quality Management System, LogiQC.

As part of our commitment to quality, Goondir is also committed to training and education, with staff training held every week on Wednesday afternoons, with a rotating focus.

Data analysis and administrative systems

Goondir is using a new artificial intelligence data analysis tool that has given a whole new dimension to the way we interpret data and build strategies to address organisational needs.

The tool has an interactive dashboard that can be used to show, for example at a basic level, numbers of health assessments or follow-up items claimed, as well as month-to-month and year-to-year trends. The new dashboard can also display data that helps ensure client files are compliant with accreditation standards.

This helps keep us accountable and on track to meeting yearly targets set by Goondir, the Commonwealth Department of Health, Queensland Health, Primary Health Networks, and other Commonwealth and state departments through their funding agreements.

All systems, processes and tools link back to the four pillars of governance, complementing each other to enable continuous improvement overall, which in turn supports the organisation's growth.

All Goondir staff are engaged in the process of setting targets, implementing, manageing, monitoring and reviewing our service activities, and making informed decisions on strategies for change.

Quality is everyone's responsibility! ha

Working as an audiologist in Aboriginal communities

Just out of Kakadu, after crossing the East Alligator river, on the road to Gunbalanya

Bridget Gale's story
Remote Area Health Corps

The prevalence of otitis media among Indigenous children means that audiologists are in high demand in the Northern Territory.

The Remote Area Health Corps (RAHC) is actively recruiting audiologists to meet the need for placements in Aboriginal communities.

Victorian audiologist Bridget Gale heard the call six years ago and travels to the Northern Territory two or three times a year.

Bridget said it's been a life-changing experience and she encourages others to do the same.

Bridget has a background in community health and originally trained as a nurse. She's now a diagnostic audiologist, working mainly with children.

'I found out about RAHC because a colleague of mine did a placement six or seven years ago', she said. 'My current employer is very supportive of me continuing this work. It's the perfect balance for me. I can still keep my "normal" job, but I take time out and go to the Northern Territory where I experience some amazing work.'

Bridget's first placement was to Gapuwiyak in North East Arnhem Land about 500 km east of Darwin with a population of 900. The people are mostly Yolngu from 11 different tribal groups.

'I was lucky because I knew people who had done RAHC trips before', Bridget said. 'I had conversations with them and when I got to Darwin there was training in cultural orientation.

'That helped to prepare me, but I have to say that nothing completely prepares you. It was very different to anything I've done before.

'It was very confronting in some ways, incredibly remote. The scenery was possibly the most >

Outside the clinic at Wurrumiyanga on Bathurst Island

Just landed on Bathurst Island

Sunset at Galiwin'ku, Elcho Island

beautiful that I've ever seen, and the vastness of the wilderness is incredible.'

Bridget said family connections in the community were very strong and evident.

'With RAHC, as an audiologist, you always travel with a nurse and I doubled up for my first trip with another audiologist', she said.

'You live very closely with the people you travel with for the week. There's always a week in each community, then you come back to either Darwin or Alice Springs for the weekend, then you go out for another week.'

Bridget has now been to many places she didn't previously know about. It's broadened her world view and sharpened her diagnostic skills.

'There's a lot of chronic ear disease. I've seen surgeries that I've never heard of down south, and I work in disadvantaged areas', she said. 'I feel that I'm making quite a big difference.'

Bridget said teletology has successfully provided treatment to many Indigenous children.

'Rather than ENTs flying out there, an audiologist goes and does a hearing test with an ENT nurse who takes pictures of the ear drums, and all that information gets sent back', she said.

'On the basis of that, the ENT decides if there needs to be an operation, and the kids go to Darwin or Katherine and have the surgery there.'

“There’s a lot of chronic ear disease. I’ve seen surgeries that I’ve never heard of down south, and I work in disadvantaged areas’, she said. ‘I feel that I’m making quite a big difference.”

Sunrise on Bathurst Island

Bridget said remote work has also improved her communication skills.

‘Back in Melbourne where I work, people come into my clinic, whereas when I’m in the Northern Territory I’m in their space, so you develop different ways to communicate’, she said.

‘It improves your diagnostic skills, it breaks up your normal work and gives you a broader view.

‘Occasionally I’ve been back to a community to see a child I’ve tested with moderate hearing loss, who’s had surgery and now has almost normal hearing.

‘It’s really satisfying. Those kids do so much better at school and generally in life.’

Bridget said it’s a worthwhile experience for anyone who might be interested.

‘Definitely go for it’, she said. ‘It’s an incredible privilege to visit those communities. I can’t believe I somehow ended up in a career that enables me to do such interesting work and go to such amazing places.

‘RAHC is always available to assist if needed and it’s good to know that they’re there.’ ha

For more information about short-term paid placements for audiologists with the Remote Area Health Corps (RAHC), log on at www.rahc.com.au or call 1300 697 242.

Strengthening Our Spirits

An Aboriginal and Torres Strait Islander community-designed model for suicide prevention

Northern Territory Primary Health Network

The Strengthening Our Spirits model was designed by members of the Greater Darwin Region's Aboriginal and Torres Strait Islander community as part of the National Suicide Prevention Trial (NSPT). It is a systems-based approach to suicide prevention, meaning it takes into account the many people, systems and processes that need to work together to help prevent suicide.

Where it all began

The Northern Territory's suicide statistics are the highest in the country. Approximately 50% of suicide-related deaths in the Northern Territory occur within the Darwin region. Young people, males, and Aboriginal and Torres Strait Islander people are particularly over-represented in those figures.

The Australian Government's National Suicide Prevention Trial (NSPT) is providing $4 million to enable Northern Territory PHN (NT PHN) to commission evidence-based integrated approaches to suicide in the Greater Darwin Region. The trial, which is running across 12 regions in Australia, aims to gather evidence of how a systems-based approach to suicide prevention might be best undertaken at the local level, and to learn more about suicide prevention strategies for at-risk populations.

To achieve these aims, NT PHN engaged with Darwin's Aboriginal and Torres Strait Islander community through community questionnaires, interviews, and focus groups. NT PHN looked to gauge the community's knowledge of suicide prevention, the services currently available, and the areas of need within the community.

Following this engagement, NT PHN established an Aboriginal and Torres Strait Islander advisory group (The Telling Group), consisting of: local people with lived experience of suicide; elders; young people; and people employed within suicide prevention, mental health and youth services.

The Telling Group analysed, developed and visualised the key themes from the community questionnaire and focus groups into the Strengthening Our Spirits model, which was officially launched at a community event in December 2019.

Strengthening Our Spirits meaning

Strengthening Our Spirits represents an Aboriginal way of knowing—it is based on the elements of fire, land, air and water. The Telling Group describes the full meaning of the model as follows:

Together, the four elements—fire, land, air and water—create the perfect system. This system has provided Aboriginal and Torres Strait Islander people with everything we have needed to survive and thrive for more than 60,000 years.

Self-harm and suicide do not fit with our traditional story. Self-harm and suicide are not a part of our culture.

Our culture is founded on a balance between fire (our spirit), land (our mother), air (our healing) and water (our identity). Self-harm and suicide occur where there is an imbalance in the elements that results in a person's spirit dying out or becoming detached.

Traditionally, we have ways to ensure that this does not happen—we use healing and ceremony to ensure that we all remain safe and connected. We have ways to ensure that our fire (our spirit) continues to burn bright.

However, some of our people, especially our young people, have become isolated—their fire is cooling in the embers, or is rushing away, trying to find another place where there is sufficient fuel to keep burning. Today, the system that has supported us for so long is not in balance and we need our community and service providers to help us bring it back into alignment.

Strengthening Our Spirits draws on the concepts and symbols that are meaningful for us and links these to key elements that we believe are important when taking a systems-based approach to the prevention of self-harm and suicide.

FIRE—SPIRIT—PURPOSE

Fire represents our spirit. When the flames are burning high, our spirit is strong and has a clear sense of purpose. Our spirit is not the spirit of a single individual. It is the spirit of us—the fundamental and collective essence of us as individuals, families and communities—these are inseparable and without all, the fire (the spirit) will burn out. Our spirit gives us our purpose.

LAND—MOTHER—BELONGING

Land represents our mother—our nurturer and provider. The land harvests the trees, bushes, wood, bark, leaves and grass that fuel the fire (our spirit) and keep it burning. We belong to the land—our spirit belongs to the land. Our spirit and the land are inseparable.

WATER—IDENTITY—HOPE

Water represents our identity. Larrakia are saltwater people. We share this identity with the many members of the Stolen Generations and Torres Strait Islander families who have come to live on our country. Saltwater not only provides us with our livelihood—it is our connection to the spirits of our ancestors. It is our cultural memory that connects us through past, present and future.

AIR—HEALING—MEANING

Air represents healing—cleansing, changing and adapting. As the fire burns and comes into contact with the air, smoke is created. For our people, smoke heals, cleanses and purifies our spirit, and wills it to keep burning strong. Sometimes our spirit can stray and can't find its way back home to us. When this happens, smoke guides and reorientates our spirit back into ourselves and our land. The air gives us our meaning in life.

'Strengthening Our Spirits' artwork by Tony Duwun Lee

National Suicide Prevention Trial activities

Northern Territory PHN is funding a range of trial activities that complement the seven key components of the Strengthening Our Spirits model, as shown in the table below.

COMPONENT OF THE STRENGTHENING OUR SPIRITS MODEL	PROGRAMS BEING FUNDED
1. Creating community wellbeing programs	• Community wellbeing and healing programs
2. Facilitating connection to culture, language, land and lore	• Creative Aboriginal arts youth program • Youth camps • Young fathers program • Cultural heritage and language in schools programs
3. Engaging cultural knowledge and lived experience	• Cultural supervision framework • Social emotional wellbeing youth support project
4. Delivering community-led initiatives	• Community information and service finder resource • Positive messaging social media campaign
5. Embedding trauma-informed care	• Trauma-informed training
6. Training in early intervention and awareness	• Aboriginal and Torres Strait Islander suicide intervention training pilot • Suicide prevention awareness raising resource for families • LGBQTI+ awareness training for youth • Early intervention and awareness Darwin suicide prevention grants
7. Facilitating innovation, collaboration and service integration	• Regional mental health and suicide prevention planning

Where to from here?

The Strengthening Our Spirits model is the first of its kind in Australia, driven and led by Aboriginal and Torres Strait Islander community members. The outcomes of the National Suicide Prevention Trial are unlikely to be fully known by the end of the trial period in October 2020, but it is expected that activities within this trial will improve the wellbeing of Aboriginal and Torres Strait Islander people, and could ultimately save lives. ha

Learn more about Strengthening Our Spirits at ntphn.org.au/strengthening-our-spirits

FRAN KEEBLE-BUCKLE
Clinical Lead—Outreach, CheckUP

Far North Queensland Ear and Hearing Health Project

A targeted primary healthcare approach to improving ear and hearing health in Aboriginal and Torres Strait Islander children aged 0–4 years

CheckUP is a not-for-profit organisation dedicated to better health for people and communities in rural and remote locations, providing access and assistance to communities where it is most needed.

In 2018 CheckUP was engaged by the North Queensland Primary Health Network (NQPHN) to conduct a project to improve ear and hearing health in 0-4-year-old Aboriginal and Torres Strait Islander children in Far North Queensland throughout 2018-19.

Ear and hearing health are key health concerns in Australia because Aboriginal and Torres Strait Islander children currently have one of the highest rates of otitis media—or middle ear disease—in the world. Children in many Indigenous communities suffer from chronic ear disease with rates up to 10 times those of non-Indigenous Australians.

Healthcare delivery in rural and remote communities in Australia has established difficulties, and in Queensland over one-third of the state's population (approximately 1.8 million people) live in regional, rural or remote locations with limited access to specialist health services.

In these locations there are many challenges to health service sustainability, including poor patient attendance and difficulty recruiting and retaining a high quality and capable health workforce.

Trying to encourage staff and community members to detect and manage ear health

problems earlier by screening younger children requires recognition that change management practices need to be established which are sustainable and supported.

CheckUP's approach to this problem was to undertake a desktop literature review and propose a set of priorities for action and investment. The project included two main strategies:

- **Strategy 1** aimed to improve screening and early detection of ear and hearing health problems in children 0–4 years through improved coordination and workforce capability. To achieve this, dedicated Hearing Health Clinical Specialist roles were created for identified regions to: liaise with local providers to ensure skill gaps were addressed; conduct readiness assessments for the translation of training into practice; support and mentor clinicians in the field; provide health promotion messages to clinicians in the field; and liaise with local service providers to coordinate and prioritise ear healthcare.
- **Strategy 2** aimed to map ear and hearing health services to improve the coordination of services in the region. Seed funding was provided to help establish and support the implementation of an online health services mapping project. The platform for capturing this data was provisionally called AccessMyHealthCare and was an extension of an existing platform called Outreach Diary.

Evaluation of the project demonstrated that improvements in staff training, peer support, mentorship and on-the-job practice and supervision had been vital in supporting staff to translate skills from training into practice. They improved staff confidence and capability to conduct ear and hearing health screening across both the Torres Strait and Cape York areas.

(L–R) Phyllis Pearson, Health Worker, Warraber Island (Sue Island) with Denise Newman, Ear Health Clinical Specialist, CheckUP

Barriers to improving ear and hearing health continue to be access to adequate equipment, data management, ongoing resources (including staff), training, mentoring and coordination; and sub-optimal routine access to 0–4-year-old children.

Lack of information-sharing among stakeholder organisations was identified as a barrier to better and more efficient planning and delivery of services in regions—yet the rollout of the web-based AccessMyHealthCare data capture platform was delayed owing to slower than predicted uptake by relevant stakeholders. This meant that some aspects of the project could not be effectively evaluated.

Overall, however, the establishment of Hearing Health Clinical Specialist roles in Cape York and the Torres Strait Islands has led to an increase in rates of local ear health screenings, especially when conducted as part of an MBS item 715 Aboriginal and Torres Strait Islander child health check. ha

Investing in the future of healthcare

The latest HESTA investment initiative means your super will support two of the fastest-growing industries in Australia – and help build a brighter financial and professional future for you.

HESTA has committed $200 million to a property mandate that will focus on investment opportunities in Australia's fast-growing healthcare sector.

Managed by the industry super fund-owned ISPT, the new HESTA Healthcare Property Trust will invest in opportunities such as private hospitals, general medical and residential aged care.

HESTA CEO Debby Blakey says this is another example of how HESTA is building on our deep relationships with the sector to generate strong, long-term returns for members and support jobs and growth.

"We are actively looking for investment opportunities as Australia's aging population will see the need for a significant expansion in services and facilities in the coming years," Debby says.

"HESTA has been a trusted industry partner for more than 32 years and our patient, long-term investment approach means we are ideally placed to support our sector as it seeks to meet future demand.

"We're very excited by the potential opportunity and, given performance meets our expectations and appropriate investments can be identified, we're open to increasing our exposure."

HESTA CIO Sonya Sawtell-Rickson says the focus on healthcare and aged care property would provide diversification for the broader HESTA property portfolio.

"Healthcare and aged care property assets are not as exposed to the economic cycle as other types of large-scale commercial or retail property investments we have in the portfolio," Sonya says.

"We believe the strategy and approach we will take through this mandate and our strong

connections and knowledge of the sector will unlock opportunities that can provide strong long-term risk-adjusted returns and alignment with our members."

Our investment team, in partnership with ISPT, is focusing on metropolitan and regional city locations and a broad range of opportunities.

"We're a long-horizon, patient investor so we're very aligned with health and community services organisations that are similarly wanting to make very long-term decisions about their real estate needs and want a stable, trusted investor to partner with.

"We believe the opportunities we're targeting can also free up capital for these healthcare and aged care providers so they can invest in other opportunities like new technologies, upskilling their workforces and expanding into new areas of operation."

ELDAC

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Supporting quality care at the end of life

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Together we can improve care at the end of life for older Australians.

ELDAC Helpline: 1800 870 155 **www.eldac.com.au**

ELDAC is funded by the Australian Government Department of Health

CLINTON SCHULTZ
Director, Marumali Consultations; and founder of Sobah non-alcoholic beer company

Social and emotional wellbeing, and connecting to place

Many Aboriginal and Torres Strait Islander people prefer the term 'social and emotional wellbeing' (SEWB) over 'health' or 'mental health'. This holistic concept challenges the constraints of bio-medical models of health and extends beyond the commonly-followed biopsychosocial approach used in mental health fields.

How does it do this? By reflecting all elements that influence the wellbeing of an individual. These elements often exist externally to the self, such as the importance of family and community, or spirituality and place. SEWB recognises the undeniable importance connections have to personal wellbeing and the flow-on effects of personal wellbeing to family, community and environmental wellbeing.

A common domain that Aboriginal and Torres Strait Islander people speak of as important to wellbeing is Country, Nature or Place. This is the focal point for this article because it is something that lies at the heart of Australia's health problems.

Connection to Place can be used as a healing tool by many Australians. From experience, I feel that at the core of any successful reconciliation process is understanding and accepting Aboriginal knowledge as beneficial for *all* Australians moving forward.

Connection to Country is a term Aboriginal and Torres Strait Islander people speak about, but often there's little understanding of what this is, or why it's considered important.

I usually ask people 'Have you ever been homesick'? The most frequent response is: 'Yes, hasn't everybody?' That feeling of homesickness comes when people are feeling disconnected from a place that has special meaning to them, be it for the memories created there, the people that live there and often also for those people who may have passed.

Sometimes, people can't explain why they feel so strongly connected to a place or why they miss certain environments. They just know it's special to them. Returning to such places, people often >

report feeling ‘at home’ or having feelings of ‘being alive’. The mind, body, spirit and soul all recognise the place as special.

The mind processes sensory information—smells, sounds, tastes—and recognises all the stimuli as pleasant, welcoming and safe. The physical self recognises the air, the waters, the contours of the land, and how this feels to touch and walk on. The response is positive. All the information of the past through to the present is held in every cell of the being, the soul.

These feelings of nostalgia signal the mind and body to relax and to feel free from threat. The spirit (the energy force that resides in all of us and connects us to all else) requests the mind, body and soul to vibrate in tune with Country or Place, in turn creating a sense of harmony and wellness.

Many people experience these sensations after having lived in a place for quite brief periods—maybe 10–20 years. This is a mere ‘peek-in-the-window’ at what it is like for Aboriginal people to experience Connection to Country.

The cellular memory of place held by those of Aboriginal descent stretches back at least 65,000 years and for Torres Strait Islander people about 19,000 years—significant lengths of time to store information and to build important connections.

The anguish caused by disconnection is therefore just as strong as connection. Australia’s colonised history and ongoing socio-political concerns have led many Aboriginal and Torres Strait Islander people to experience Disconnection to Country, which is one of Australia’s biggest health determinants for most Indigenous people.

The disconnect caused by Australia’s colonised history is well understood by Aboriginal peoples. Ironically the majority of Australians who have come to these shores are also disconnected—they have come due to traumatic circumstances in their own lands among their own peoples.

It is doubtful that this disconnection is recognised, never mind understood, by non-Indigenous Australians. We are an entire nation of disconnected peoples—the only difference really for many

"The mind processes sensory information—smells, sounds, tastes—and recognises all the stimuli as pleasant, welcoming and safe. The physical self recognises the air, the waters, the contours of the land, and how this feels to touch and walk on. The response is positive. All the information of the past through to the present is held in every cell of the being, the soul."

Aboriginal peoples is they have no choice but to recognise that disconnection every day. Most others live in a constant state of denial and rejection.

Understanding one's experiences of disconnect opens an entire new bag of possibilities for healing. By understanding histories and environments, people can begin to reflect on what might be missing and how they might be able to look at resurrecting connections, within their everyday opportunity and resource, or privilege and power.

For example, a client recently expressed a feeling of being 'very lost' and isolated while living in outback Queensland—despite having many friends and being happily married with three kids. The client reported that he wanted to pick up everything and move close to the coast, yet had no reason for wanting to do so.

After yarning to the man for a while, he revealed he had recently discovered that he had Maori heritage but had only ever known himself as a 'white Australian with a good tan'. The answer was that he wanted to move to the coast because he held memories of the sea, the sand and the salty air. It was calling him.

A week after later he rang to tell me he had booked leave and was taking his family to the coast for a holiday. A month later he rang again to let me know he had never felt so relaxed in his life as he did simply sitting on the beach during that trip. He reported still longing for the coast after returning to the country, but instead of letting this 'get him down', he was using it as motivation. He and his wife were already planning a trip to the coastal town in Aotearoa to where he had traced his Maori heritage. This helped him feel better at work as well as at home, which had a positive effect on his family and relationships.

Recognition of ourselves as complete beings intrinsically linked to other people, places, activities and forces is imperative for keeping us in tune with our decisions and responsibilities. This recognition is beneficial for the self—but the roll-on effect for what we are connected to is even greater. ha

Become an AHHA member

Help make a difference on health policy, share innovative ideas and get support on issues that matter to you – **join the AHHA**.

The Australian Healthcare and Hospitals Association (AHHA) is the 'voice of public healthcare'. We have been Australia's independent peak body for public and not-for-profit hospitals and healthcare for over 70 years.

Our vision is a healthy Australia, supported by the best possible healthcare system. AHHA works by bringing perspectives from across the healthcare system together to advocate for effective, accessible, equitable and sustainable healthcare focused on quality outcomes to benefit the whole community.

We build networks, we share ideas, we advocate and we consult. Our advocacy and thought leadership is backed by high quality research, events and courses, consultancy services and our publications.

AHHA is committed to working with all stakeholders from across the health sector and membership is open to any individual or organisation whose aims or activities are connected with one or more of the following:

- the provision of publicly-funded hospital or healthcare services
- the improvement of healthcare
- healthcare education or research
- the supply of goods and services to publicly-funded hospitals or healthcare services.

Membership benefits include:

- capacity to influence health policy
- a voice on national advisory and reference groups
- an avenue to key stakeholders including governments, bureaucracies, media, like-minded organisations and other thought leaders in the health sector
- access to and participation in research through the Deeble Institute for Health Policy Research
- access to networking opportunities, including quality events
- access to education and training services
- access to affordable and credible consultancy services through JustHealth Consultants
- access to publications and sector updates, including:
  -Australian Health Review
  -The Health Advocate
  -Healthcare in Brief
  -Evidence Briefs and Issues Briefs.

To learn about how we can support your organisation to be a more effective, innovative and sustainable part of the Australian health system, talk to us or visit ahha.asn.au/membership.

More about the AHHA

AHHA Board

The AHHA Board has overall responsibility for governance including the strategic direction and operational efficiency of the organisation.

Dr Deborah Cole (*Chair*)
Dental Health Services Victoria

Dr Michael Brydon
University of Notre Dame

Dr Hwee Sin Chong
Darling Downs Health and Hospital Service

Mr Nigel Fidgeon
Australian and New Zealand College of Anaesthetists

Ms Lynelle Hales
Sydney North Primary Health Network

Ms Chris Kane
Western Australia Primary Health Alliance

Dr Keith McDonald
South West Sydney Primary Health Network

Ms Susan McKee
Dental Health Services Victoria

Ms Joy Savage
Cairns Health and Hospital Service

AHHA National Council

The AHHA National Council oversees our policy development program. The full list of Council members can be found at: ahha.asn.au/governance

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CLOSETHEGAP DAY - 19 MARCH 2020

National Close the Gap Day is a time for all Australians to come together and commit to achieving health equality for Aboriginal and Torres Strait Islander people.

This year the focus is on the role of culture in improving health outcomes: **we nurture our culture for our future, and our culture nurtures us.**

We are returning to Tharawal Aboriginal Corporation for another exciting community event and the launch of our 2020 Close the Gap Report.

To register your support, get information and ideas for hosting your own Close the Gap Day event visit the ANTaR website: **www.antar.org.au/closethegap**

CLOSETHEGAP