Deadly Yarn’n

St Vincent’s leading the way in Aboriginal Health

Issue 2 | 2017
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Last year we launched the St Vincent’s Aboriginal Health Plan – 2017- 2020 which includes six areas of strategic focus: building trust and local partnerships, building evidence, ensuring integrated service delivery, increasing our Aboriginal & Torres Strait Islander Workforce, building a culturally safe environment and performance monitoring.

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While we still have a long way to go, we are working hard to make a difference in Aboriginal health and employment and I hope you get this sense too as you read this edition of Deadly Yarn’n.

I would like to take this opportunity to thank and acknowledge Aunty Fay Carroll for her friendship, advice and commitment in working alongside our health service to Close the Gap.

MESSAGE FROM
A/PROF ANTHONY SCHEMBRI
CEO, St Vincent’s Health Network Sydney

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Acknowledgement

We would like to acknowledge the Traditional Owners of the land on which we live and work, the Gadigal People of the Eora Nation. We pay our respects to Elders past and present as we walk and work together in the journey of improving Aboriginal and Torres Strait Islander health outcomes. We would also like to acknowledge the Aboriginal and Torres Strait Islander and non-Aboriginal people who contributed their stories to this newsletter. Thank you for sharing your personal journey and how it brought you to St Vincent’s.

FRONT COVER ART
Lani Balzan of the Wiradjuri mob

The centre dot represents the hospital and the dots moving away are the healing and health. The individual dots around the outside represent different people and health professionals from all walks of life, working together to form a united front for Indigenous health. The dotted circles symbolise people gathering, whereas the dots around the painting represent networks of people. The five outer groups of dots represent the five Nuns that started the hospital in 1857 and from then the dots move towards the hospital symbolising its growth.
We had another big year here in St Vincent’s in the Aboriginal space. We developed and launched our first ever Aboriginal Health Plan in consultation with the Aboriginal community, staff & other local area Health districts.

A Quick Yarn
FROM PAULINE DEWEERD

As outlined in the Aboriginal & Torres Strait Islander Health Plan 2017 – 2020, we have committed to six strategic directions:

1. Building trust through local partnerships
2. Building the evidence and implementing what works
3. Ensuring integrated planning & service delivery
4. Ensuring culturally safe work environments and health services
5. Strengthening performance and monitoring management and accountability
6. Increasing our Aboriginal & Torres Strait Islander workforce

Through this newsletter, you will see some of our key achievements that directly address these strategies.

In 2017, we increased our workforce with Aboriginal employees across many positions including mainstream and targeted positions. The Aboriginal Health Unit (AHU) created its first Senior Aboriginal Health Worker position, with the appointment of Peter Honeyman who has fitted in well within the organisation and AHU team.

We have seen our staff undertake further studies following successes in Nursing Scholarships; we have travelled across NSW visiting Aboriginal communities sharing heart related stories and supporting health in regional NSW; and staff attended the national NAIDOC event at the Centre of Excellence for Aboriginal people in July, providing basic health checks to up to over 95 community members. Staff from across St Vincent’s Health Network also attended another successful Aboriginal & Torres Strait Islander staff forum held in Sydney, where we heard a positive message from our CEO on the success of “pushing the boundaries” when it comes to Aboriginal health and employment. Additionally, 87% of our staff have completed the online Respecting the Difference with almost 2000 staff completing the face to face component.

These are just a few of the stories that are featured in this edition of Deadly Yarn’n.

Aboriginal and Torres Strait Islander readers are advised that the following photographs contains images of people who have passed.
How was the partnership established between St Vincent’s Pain Clinic and Redfern Aboriginal Medical Centre and what was the reasoning?

Our multidisciplinary team here at St Vincent’s Pain Clinic are committed to closing the gap for Aboriginal people living with chronic pain. In offering care for Aboriginal people who are referred to our pain clinic, we learned that some people would prefer to be seen at AMS Redfern, so we connected with the practice manager, GPs and nurses to see how we could make this happen.

As a result since 2015, we have been offering clinic sessions and case conferencing for patients at Redfern as well as Darlinghurst. As Clinical Nurse Consultant, I triage and coordinate referrals to the clinics. The St Vincent’s pain specialist team includes doctors, myself, physiotherapist and psychologist. We provide patient assessment, education and management plans and the GPs can link people with local providers, such as exercise physiologist, psychiatrist, psychologist, and dieticians.

AMS Redfern provides transport for people to attend their pain clinic appointments whether at Redfern or Darlinghurst. This helps everyone and has also included people attending our Reboot pain management program.

What work has been done since the partnership has been established and what training has been provided?

We also need up-skilling. Recently, through the ACI Pain Network, I had the opportunity to experience education with Aboriginal teachers for NSW pain clinic clinicians. This included clinical yarning, starting with the person before the symptoms, part of the 8 Aboriginal ways of learning.

We’ve had the AMS Redfern exercise physiologist also observe in the SVHS Pain Clinic and the Reboot pain management program. Each clinic is a useful learning experience for all. Now culturally appropriate chronic pain education resources for patients and clinicians have been developed within a working group of Aboriginal health managers, community workers and pain clinic clinicians.

Have a look at ‘OUR MOB’ https://www.aci.health.nsw.gov.au/chronic-pain/our-mob. You can see beautiful artwork using symbols for short and long term pain and also for healthy living. There are also videos featuring Aboriginal people from around NSW sharing their inspiring stories. We have all learned together through this process, sponsored by the ACI pain network.

How would you take/deliver this service within other communities?

It will be useful to further community links developed with Aboriginal Elders and community health centres. Technology is assisting where there is network. To reach rural patients we have pioneered telehealth outreach pain clinic, including to South Eastern NSW Katungal AMS. This has required developing the ACI guide for Telehealth consultations with Aboriginal people.

Also, we’d like to continue to provide pain specialist input into education such as a new culturally appropriate pain management program, facilitated by community Aboriginal Health workers. This is being piloted in Northern NSW and is sponsored by the ACI Pain Management Network. In time this program will become more widely available. I feel proud to be part of these effective and innovative collaborations.
No Sugar Coating
Diabetes

Interview with Jo Taylor, Nurse Manager, Diabetes Services

What services are you providing to assist Aboriginal people?

An Endocrinologist and Diabetes Clinical Nurse Consultant attend the Matthew Talbot Clinic every 6 weeks where we provide clinical support, advice and education to the Clinic GP, nursing staff and homeless men with diabetes. We know Aboriginal people and Torres Strait Islanders are over-represented in homeless populations. In NSW alone, Aboriginal and Torres Strait Islander peoples make up 25% of the homeless population.

Rather than expecting these men to attend our specialist Clinics at the Hospital, we decided to take our specialist Clinics to Aboriginal men instead. The outreach clinics have resulted in improved cholesterol levels, blood pressure and diabetes control amongst those men seen.

Aboriginal people are three times more likely to develop type 2 diabetes than non-indigenous Australians and are six times more likely to die from diabetes complications.

Why is it important to be educated on Diabetes within Aboriginal communities?

Diabetes is the world’s fastest growing chronic disease affecting 420 million people worldwide and Indigenous peoples are at the highest risk of developing the condition. Aboriginal people are three times more likely to develop type 2 diabetes than non-indigenous Australians and are six times more likely to die from diabetes complications. If insulin stops working properly, blood glucose levels rise to unhealthy levels. High blood glucose levels ruin blood vessels leading to all sorts of problems such as heart attack, stroke, blindness and kidney failure.

Why is Diabetes so prevalent in Aboriginal communities?

The cause of high rates of diabetes amongst Aboriginal communities is likely due to many things. Modern lifestyles encroaching on traditional lifestyles, causing an explosion in the rates of chronic diseases diagnosed amongst communities. This included with reduced amounts of exercise and high calorie diets (causing people to get unfit and fatter) in a relatively short space of time.

So the good news is – diabetes can be delayed if not prevented, by staying lean and fit, eating a healthy diet rich in fruits, vegetables & legumes, bush tucker, lean meats and fish and unflavored natural yogurts and milk, whilst avoiding sugary drinks and high calorie packaged and takeaway foods. To reduce your risk of developing diabetes, don’t smoke, eat well, move, work and play with your Aboriginal ancestors in mind, aiming to stay lean, fit, connected and healthy.

How can we provide better education within Aboriginal communities to prevent Diabetes within Aboriginal people?

By resourcing and developing specific diabetes prevention education programs, through community collaboration that meets the needs of Aboriginal communities. By supporting and growing our Aboriginal and Torres Strait Islander health workforce, encouraging specialisation in the areas of Health Promotion and Diabetes Education. By strengthening community expertise by implementing successful peer support models, where peers deliver health education messages and provide change support within their own communities.
“Prioritising my health has kept me alive”

Jonathan Rekunow, a proud Aboriginal man from the Wiradjuri Nation was first diagnosed with Type 1 diabetes in 1965. Aged just four and a half, doctors predicted that he would not live to 21 years of age. However, in 2016 Jonathan was the recipient of a Diabetes Australia Silver Kellion Victory Medal – presented to those who have lived with Type 1 or 2 diabetes for 50 years or more.

It is due to Jonathan’s focus and hard work that he has been able to manage his diabetes and maintain his health, although he has faced many obstacles along the way. One of the issues faced by Jonathan is that he has lived much of his life in rural and regional Australia. “Things have certainly improved, but when I was young, managing how my diabetes was treated was a real effort, considering that I lived in Armidale and my specialists were in Sydney. Every six months, mum and I would jump on a train and travel 14 hours to Sydney where they’d do blood tests. Then, they would send my mum a telegram with the results and any recommended changes to my insulin doses.

“Managing my diabetes was hard work. Now, I carry a finger prick blood tester and quick acting insulin with me. However, when I was young, I had to do two urine tests each day which involved adding five drops of urine into a tube, followed by ten drops of water and an acid test tablet. It was a complicated process, and in the end, there were so many variables that the results weren’t always accurate,” recalls Jonathan. “I kept meticulous records, even in the early days, and I think that focus on keeping track of everything is partly why I’m doing so well – 53 years, and more than 60,000 insulin injections later!”

Jonathan still travels to Sydney regularly where he is currently under the care of Endocrinologist Associate Professor Jerry Greenfield, and for decades prior, Professor Don Chisolm at the St Vincent’s Hospital Diabetes Clinic. Associate Professor Greenfield has a great interest in improving outcomes for diabetes patients, and is also the co-head of the Clinical Diabetes and Metabolism Laboratory at Sydney’s Garvan Institute of Medical Research.

Despite managing his diabetes, Jonathan faces many of the serious health issues related to diabetes, including depression, hypos (short for hypoglycaemia, meaning low glucose in the blood), stroke and mini-strokes or Transient
Ischaemic Attacks, damaged eyesight (diabetic retinopathy) and even heart blockages.

Jonathan explains, “I know I seem well – I fool everybody. Yet, last night I was up at midnight with a really bad hypo, and again at 4am with severe pain. That’s a typical night for me, but I just have to keep going and get on with life.”

Jonathan firmly believes that, if you live in regional Australia and are dealing with diabetes, it is worth going to a major city to see a specialist at least once a year. He explains, “My local doctor, Dr Ayden Areta in Tamworth, does a great job looking after all the other aspects of my health, but the specialists in Sydney run my diabetes management. The support and care from the diabetes team at St Vincent’s Hospital makes life easier, and in my experience, my local doctors aren’t offended. They are happy to know that a team of specialists are reviewing my situation regularly, and they just want to be kept in the loop.

“In fact, a good GP that you trust is key when you have diabetes and live in rural or regional Australia. Fairly recently, I had to travel 130 kilometres to see a GP, because at that time, none of my closer and trusted GPs were available. So, if the doctor you trust is 130 kilometres away, then that’s where you go.

When Jonathan was diagnosed 53 years ago, he was told a cure would be available within three years. Jonathan is still hopeful and believes medical research is key. He says, “Until a cure, or even better, a way to prevent diabetes is discovered, medical research that aims to make it more manageable is vital and worth every cent!”

Finally, Jonathan has this advice for others living with diabetes. “Treat diabetes with respect. Don’t let it run your life, but don’t ignore it. Live your life as best you can, but never forget the impact that diabetes has on you.

“Also, I can’t stress how important family support is. I rely on my family a lot, and I couldn’t do it without them.”
Aboriginal Mental Health Worker, Kaylene Simon was awarded a Certificate of Appreciation from the Connections Indigenous Women’s Art Therapy Group for her dedication and time in supporting and mentoring our people in the Brothers and Sisters Program (MOBS). This certificate was presented by The University of Sydney Student Support Services and the Mana Yura Team in late 2017.

Connections were founded in 2001 by the Redfern Aboriginal Medical Service. Connections was heavily researched from January 1998 – 2002 by health care workers who asked community members of the Redfern, Waterloo and Surry Hills areas what they wanted in terms of the creation of ongoing family support networks for people affected with mental health illness and/or drug and alcohol dependency.

In 2006 South Eastern Sydney Illawarra Area Mental Health Service and St Vincent’s Hospital took over the program and The City of Sydney provided a safe place for group members to express their feelings and Aboriginal identity through creative art. Its main focus is to connect female family members that are otherwise estranged or isolated due to their own, or a loved one’s illness.

The Community Centre in Chippendale is where the Connections group meet every Monday from 10.00am to 3.00pm to share their experiences. If you’d like more information, please contact the St Vincent’s O’Brien Centre reception 02 8382 1300 to speak with Kaylene.
After spending the majority of his life growing up in a small town and being exposed to various health concerns and challenges within his community, Peter found an interest to undertake a certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care to provide him with the knowledge to assist and provide education to Aboriginal people within his community.

Since the completion of his studies, Peter has worked in a variety of roles including Aboriginal Health Worker, Aboriginal Outreach Worker, Care Coordinator Supplementary Services Officer, an Indigenous Health Project Officer and to more recently, Senior Aboriginal Health Worker within the Aboriginal Health Unit here at St Vincent’s Hospital. Peter says what he enjoys most about his current role is being able to work collaboratively within a multidisciplinary healthcare team to achieve better health outcomes for Aboriginal people, being able to play a key role in facilitating relationships between Aboriginal patients and other health professionals and to represent Aboriginal Health on a variety of committees – providing input into projects across the campus.

Peter’s advice to people considering a career within Aboriginal Health is to believe in yourself, saying “anything is achievable if you put your mind to it”.

He believes his own lived experience and studies has provided him with the opportunity to work closely with individuals from diverse backgrounds – something he is passionate about.
St Vincent’s Health Australia (SVHA) held its second Aboriginal and Torres Strait Islander forum in October, 2017.

This two-day event in Sydney included 58 Aboriginal and Torres Strait Islander staff and 35 senior executives along with two of our NSW Elders attending the event. The first day was inspirational because it gave everyone the opportunity to meet and greet Aboriginal and Torres Strait Islander staff who work within SVHA over a dinner which included a Welcome to Country by Aunty Fay Carroll and a performance by Transcendence Dancers.

Our dinner speaker was Dr Mark Wenitong, Senior Medical Advisor, Apunipima Cape York Health Council, a community-controlled Aboriginal health organisation responsible for delivering high quality, culturally appropriate, comprehensive primary health care to eleven Cape York communities. We also had a segment called ‘On the Couch’ involving Toby Hall – Group CEO, SVHA, Sol Bellear – Chair, Redfern Aboriginal Medical Service and Bart Moye – General Manager, National Partnerships, HESTA (Health Employees Superannuation Trust Australia). This highlighted the diversity between
the organisations in how they approach reconciliation but also that how they address Aboriginal and Torres Strait Islander health can be similar.

The second day involved speakers sharing their stories, knowledge and insights about reconciliation activities across SVHA but also provided the opportunity for everyone to share their thoughts and reflect on what has happened over the last year.

A/Prof Anthony Schembri, CEO, St Vincent’s Health Network Sydney, spoke passionately about some of the achievements of the Aboriginal Health Unit and across the public hospital. Also, Karen Mundine, CEO, Reconciliation Australia, spoke highly of what SVHA is doing and how we are achieving many of our Reconciliation Action Plan (RAP) targets.

I think hosting the Aboriginal and Torres Strait Islander forum was a great success because it allowed us as a group to showcase our achievements, accomplishments, successes, triumphs, stories and most importantly our journeys in engagement and employment of Aboriginal and Torres Strait Islander people. As two participants stated:

“Overall the conference allows all Indigenous staff to connect, come together and celebrate what we do. It also allows us to comment and improve our (SVHA) vision.”

“Excellent forum – inspiring stories and recognition of the work being accomplished and the vision for the future.”

St Vincent’s Health Australia acknowledges the loss of one of our key stakeholders, Mr Sol Bellear from Redfern Aboriginal Medical Service.
2017 Events

National Sorry Day & Reconciliation Week

During last year’s Reconciliation Week, St Vincent’s paused to reflect on what Reconciliation means & what we can all do to help Australia become a reconciled nation.

The week’s events included a presentation by Dr Justin Hunter who spoke about what being and Aboriginal man means to him, particularly as a leader in the medical field. There was a Reconciliation themed Mass, and to conclude the week, we officially launched our Reconciliation Artwork and heard a powerful speech from Cameron French, Manager of Tierney House, on what Reconciliation means to him.

Close the Gap Day

During our Close the Gap Day celebrations, we were joined by Aunty Ali Golding and many other special guests to launch the St Vincent’s Health Network’s Aboriginal Health Plan 2017 – 2020.

Additionally, we were so lucky to have a patient, Mr Ray Woods, a Wiradjuri man who went through his cancer treatment here at St Vincent’s, speak openly to our staff and guests about his personal experiences. It was an opportunity for everyone to better understand what our Aboriginal & Torres Strait Islander patients face while they’re going through a major illness, and how we can better serve our community.

The 26th May is National Sorry Day
NAIDOC WEEK
‘OUR LANGUAGES MATTER’

NAIDOC Week was once again jam-packed with a variety of events, both inspirational and educational.

Kicking off the week was our annual Flag Raising event, where Kaylene Anne Simon, Aboriginal Mental Health Worker, led us through the raising of the Aboriginal Flag, and spoke of why connection to language, culture and spirit is so important for our Nation’s First People.

The following day, we hosted a special NAIDOC themed Medical Grand Rounds, presented by Clinical Nurse Consultant, Tamra Langley. Tamra gave a full demonstration of the resources she and her team have worked so hard to produce – an educational website specifically for Aboriginal & Torres Strait Island patients and family members and friends who have been touched by heart disease. Found at www.stvincentshearthealth/aboriginal, the site includes easy to understand information on treatment, medication and recovery, as well as how to get and stay healthy.

Wednesday saw a NAIDOC inspired Mass, where Fr Dominic gave his last ever sermon on the St Vincent’s Campus.

On the final day of celebrations, St Vincent’s was privileged to host some very special guests – Uncle Max who performed a traditional Smoking Ceremony, cleansing our Hospital making it a safe place for all of our community.

We were also proud to host special guests Aunty Fay Carol & Aunty Donna Ingram from Tribal Warrior Association who Welcomed us to Country and spoke on the 2017 theme, ‘Our Languages Matter’.
St Joseph’s Events

Reconciliation Week and National Sorry Day were commemorated at St Joseph’s Hospital again this year with a display in the main foyer with information and handouts on the 1967 Referendum and The Mabo Decision. The campus mass was a time for residents, patients and staff to acknowledge, reflect and offer prayers for ongoing reconciliation.

To celebrate NAIDOC Week, St Joseph’s Hospital was honoured with some very special guests. Uncle Wes started with a Welcome to Country and performed a smoking ceremony to cleanse our hospital and bring forth new beginnings. He then shared some dreamtime stories to a captivated audience including Sr Clare Nolan, Congregational Leader of the Sisters of Charity, before Social Worker, Jillian Freeman spoke about the 2017 theme, ‘Our Languages Matter’.

We were joined at morning tea by Aboriginal Health Worker, Victoria Kennedy and Pauline Deweerd who shared her experience as Director of Aboriginal Health across St Vincent’s Health Network, including details of the SVHNS Aboriginal Health Plan which aims to support both Aboriginal patients and Aboriginal staff.”

National Centre of Indigenous Excellence Family Sports Day

St Vincent’s participated for the first time in the National Centre of Indigenous Excellence NAIDOC Family Sports Day in 2017, and it was a blast! With representatives from both St Vincent’s public and private hospitals, our teams performed approximately 100 blood pressure & waist measurement checks and community members were given expert advice from our cardiac rehab team, dietetics, physio, alcohol and drug counsellors and breast cancer care specialist. There was also information about the St Vincent’s Private internship programs on offer. It was a lot of fun and wonderful to be a part of such a vibrant community spirit.

Women in NSW Health & Wellbeing

Director of Aboriginal Health, Pauline Deweerd was asked to participate in the recent launch of the Women in NSW Health and Well-being Report, a NSW Government initiative aiming to improve the lives of women in NSW through justice and equality for women. Speaking on an expert health panel discussing women’s health issues, Pauline spoke on the current challenges faced by Aboriginal and Torres Strait Islander women, stating “We know that the disparity between Aboriginal people and non-Aboriginal people is greater today than in the past”. Highlighting the need for Aboriginal patients to feel safe when seeking health care, Pauline described the historical trauma Aboriginal people faced when engaging with hospitals. “Hospitals were a place of dying for Aboriginal people in the past. They said goodbyes at the hospital doors”.

While at St Vincent’s, 87% of staff have undertaken Aboriginal cultural awareness training, Pauline said “there’s a long way to go in training Australia’s doctors to provide a culturally safe service to Aboriginal patients”. 
Darryl Mackie, Mission Integration Manager, SVPHS and Nikki Potent, Public Affairs & Communications, SVHS were the 2017 co-chairs of the Darlinghurst RAP Events Committee.

**What is the purpose/aim for the RAP committee?**

The function of the RAP Events Committee is to promote reconciliation and equity between Aboriginal and Torres Strait Islander peoples and the wider community, through dedicated Aboriginal and Torres Strait Islander events that are both educational and celebratory. We aim to ensure that each event both celebrates the cultures and beliefs of our Indigenous communities as well as promoting a culturally safe, supporting and welcoming environment for our Aboriginal staff, patients and guests. We believe it is hard to be racially discriminatory when you have an understanding of a person’s background and culture, and we want to create a mutually respectful environment across the Darlinghurst Campus.

**What were the highlights during the 2017 events?**

Nikki: We hosted many wonderful events during 2017, including Close the Gap, Reconciliation Week, Sorry Day and NAIDOC Week events. For me, the highlight was the Reconciliation Week Speech delivered by Cameron French, Manager of Tierney House. It was incredibly thought provoking and inspirational. I admit to shedding a quiet tear or two. You can read the speech in full on the SVH website.

Darryl: All of our RAP Events speak to a different audience, be it our Grand Rounds yarning with clinicians to NAIDOC Day with smoking ceremony, Welcome to Country and great speakers. As always, the Committee always attracts some great speakers from within and outside of the campus community which humbles me that we are making a difference in our own way and continuing the tradition that started with the early Sisters of Charity.

**What would you like improved for the 2018 cultural events?**

Nikki: I'd like to see a bit more fun injected into our events. A Jessica Mauboy concert in the Mezzanine perhaps?! You never know... I would also like to see more staff attending the events.

Darryl: As always would love to see even more people want to become involved in events and most importantly being there, being that person that makes a difference!!! Yeah and like Nikki... more fun is always a plus!

**Have you enjoyed chairing this committee?**

We’ve been privileged to lead a dedicated team of people from across both St Vincent’s public and private hospitals who share our hope for equality for our Nation’s First Peoples. We’ll readily admit that being on this committee is a lot of fun, and we genuinely enjoy bringing these events to our Campus. Please indulge us while we acknowledge our current team – Pauline Deweerdt, Victoria Kennedy, Nathan Taylor, Christopher Hastings, Cameron French, Margaret Bramwell, Julie Greathouse, Jeanette Cudmore, Flavia Ojeda, Jeremy Gowing, Thelma de Lisser-Howarth, Kaylene Anne Simon and Matthew Kearney. And, while it’s been a privilege and an honour, in 2018 Nikki will be handing over the reins to Margaret Bramwell who will fulfill the role of co-chair alongside Darryl.
‘Reaching Out’

Improving access to HIV & Hepatitis C testing
- Dried Blood Spot (DBS)

BY ASSOC PROF PHILIP CUNNINGHAM
NSW State Reference Laboratory for HIV at St Vincent’s Centre for Applied Medical Research in Sydney

For many years, our research laboratories at St Vincent’s Hospital have been developing tests that could be used to detect HIV and Hepatitis C antibodies in samples known as dried blood spots (DBS). DBS are alternative samples to regular blood samples. This means that DBS can be collected in rural and remote settings by using a ‘finger-prick’ blood collection. DBS testing for HIV is a self-collection method (rather than a self-test – so no results at home) that enables people to collect samples at a place of their choice, post back and receive results without having to attend a health service.

Last year, the NSW Ministry of Health in partnership with St Vincent’s Hospital Sydney and the NSW Sexual Health InfoLink developed a program to offer DBS testing to improve the access and uptake of HIV and HCV testing in people who may not otherwise get tested. There is a dedicated website where people can register and receive a self-sampling kit. The kits can either be posted out to participants or made available through various settings such as healthcare workers, community clinics or outreach services, and it’s offered at no cost to the patient.

We think this DBS test will improve access to people who may not test for HIV as frequently as they should, or perhaps at all. In particular, the DBS test for HIV is beneficial for patients who may be feel embarrassed, or are worried about cost, transport or other logistical issues.

So far the project has attracted 730 participants with 5% of participants identified as Aboriginal and Torres Strait Islander people, 76% as men who have sex with men, 27% of people from Asia or Africa, 32% as partners of people from Asia or Africa and 5% of people who inject drugs.

For more information about this project or to order a test kit, or find out more information www.hivtest.health.nsw.gov.au or to the Sexual Health Infolink on 1800 451 624.

Quick Info

- A DBS test is a free, easy and private HIV test you can do at home.
- HIV is now a treatable health condition. The first step to living a healthy life with HIV is to get tested.
- The DBS HIV test is a painless finger prick you can do yourself. It only requires 5 drops of blood. It’s good if you don’t like needles, don’t have time to get to the doctor or you feel embarrassed about getting a test.
- You order the DBS HIV test online and it arrives by post so you can do it where and when you like.
- Once you post the test back to us, we will analyse it and give the results to you over the phone or via text message.
- If the DBS test result suggests you might have HIV, a nurse will contact you to organise the next steps to confirm this. You will be supported.
St Vincent’s Clinic Sydney maintain a working partnership with Aboriginal Medical Service Pius X in Moree to provide Ear, Nose and Throat (ENT) services to the Aboriginal community, with a primary focus on children.

How did you establish the relationship with Pius X Aboriginal Medical Service and how were you aware of the needs of the service within the Moree community?

We initially established the relationships with Pius X through the Sisters of Charity outreach. A/Prof Richard Gallagher initially made contact and the department became involved with Pius X around 2003.

How is the journey travelling so far?

It was set up with the Aboriginal Medical Service at Pius X which has significantly evolved over the last 15 years.

What is the importance of building relationships and partnerships within Aboriginal communities?

I feel the service works well as there is great enthusiasm from the staff at Pius X to have specialist services come to the area. It is a great area of need and saves locals travelling long distances for specialist appointments.

How was the service accepted within the Aboriginal community?

It takes time to build a good relationship with the Indigenous community and I feel we have developed a good trust with the local community. We are continually asked if we could do more clinics and provide more services at Moree and we certainly get the feedback that our services are greatly appreciated in the area. It is a service that we hope to continue providing and we certainly enjoy working with the Pius X AMS.

Cancer is a word that none of us like to hear. It means something different to each of us and we all fear it. Cancer will become the major killer of Aboriginal and Torres Strait Islander people over the next few years. That’s why St Vincent’s is committed to addressing this issue. It is so important to us that we have made it one of our main priorities in the hospital’s cancer plan.

St Vincent’s has a long tradition of providing Outreach services such as the ENT Clinic run at Moree out of the Pius X AMS. Cancer of the head and neck is now the most common cancer that occurs in Aboriginal people. The increased incidence may be related to lifestyle factors such as smoking and consuming alcohol which can be modified by education and support for Aboriginal people who need it. The higher mortality rate may be partly due to the fact that Aboriginal people generally have poorer access to health-care services and are more likely to have cancers that are diagnosed at a later stage than non-Aboriginal people.

We need Aboriginal people to come forward earlier when they develop symptoms so that we can help cure them. If you develop a lump in the neck, a hoarse voice or a sore throat on swallowing which does not go away you need to be seen by a doctor.

If you think there is something that we can do to help get the word out about adopting a healthy lifestyle to help prevent cancer in Aboriginal people or enable us to see people with cancer more quickly we would love to hear from you.
Dianne Butler shares her journey of getting new lungs and the recovery since transplant.

What is your background?
I was born in Cobar NSW on 18th December 1959. My father was Indigenous, and my mother Indian. I am the second eldest of 8 kids. We moved to Hay, NSW when I was in my early teens. I am married to Donald and we have a 26 year old son. I had my first cigarette at 12 and was hooked by the time I was 15. I was diagnosed with the lung disease emphysema at 42.

How long were you suffering with signs and symptoms before you got to the point of needing a lung transplant?
From being diagnosed there was a period of 6 years suffering with the debilitating symptoms, and following a consultation with a lung specialist it was recommended I have a lung transplant otherwise I would only have about 2 years to live.

How long were you on the waiting list before the transplant, and when did you have it?
I waited exactly 2 weeks, so not long compared to some. I was transplanted on the 11th April 2009, which happened to be Easter Saturday.

What has your experience been pre and post-surgery?
Pre surgery it was very busy with a whole series of tests, some were done close to home, others at St Vincent’s. It was a very tiring time. Post-surgery was a lot easier than I expected, pain was manageable and once I was up and moving around there was no stopping me!

The staff at St Vincent’s are AMAZING I could not fault a single person. The care I received (and continue to receive) is second to none.

How has this changed your life?
The transplant has given me my life back, I have more energy now than I did in my 20’s! I have seen my son graduate year 12 and move into the workforce and become an independent young man. I have returned to work as a teacher’s aide at our local high school. I went on my very first overseas trip and a second! There are so many things I can do now that were not possible when I was sick. The simple things like housework, cooking, washing the car. Before transplant I struggled to walk to my letter box, I now walk 5 km EVERY day.

What advice would you give to other Aboriginal and/or Torres Strait Islander patients coming from rural communities to St Vincent’s Hospital for a major illness?
Have a good support network, surround yourself with positive people, believe in yourself and put faith in your medical team. Ask questions, research the operation, make notes... Knowledge is empowering. Be prepared for the long haul and you will get the rewards in the end. Being away from home, family, friends and pets is hard but if you have good support and a plan in place it makes things easier.

Follow-up appointments are regular and go on for the rest of your life. Check with your health worker/ community health team and find out about services available to help you get to and from Sydney. I use Angel Flight which is a free service for all remote patients. There is also help with accommodation, so check it all out as it makes life so much easier. Be organised, keep a notebook and jot down appointments and reminders to book things in advance. Life after transplant is very busy and to get a good outcome you need to do exactly as your Doctors tell you as they are the experts.
Overview of 2017

We caught up with Aunty Fay, Co-Chair of the Dalarinji Committee for an overview of 2017.

What have you seen change at St Vincent’s during 2017?

Since I became involved with St Vincent’s Hospital, I’ve seen a great amount of people wanting to improve their cultural competence, seeing staff taking time to talk with Aboriginal people, staff going out into regional areas to offer and provide services and to talk with our people in the AMS. I have also noticed a lot more bringing awareness of Aboriginal Culture into the hospital for all staff including doctors.

What would you like to see changed?

For me, I would like to see St Vincent’s employ more volunteers because at the moment, a lot of our people are signing themselves out of hospital because they want to go home. I feel if we had more Aboriginal and Torres Strait Islander volunteers to walk around and talk to our people to ensure they stay in hospital longer to receive full medical treatment there wouldn’t be as many self-discharges.

What really stood out for you in 2017 at St Vincent’s?

Well I’ve noticed there’s been a lot more involvement with our culture in the hospital. We have had a young man provide cultural awareness training to staff and doctors to provide a greater understanding of what we are about as Aboriginal people which I think is fantastic for the hospital.

What would you like St Vincent’s to focus on during 2018?

I would like to see St Vincent’s to be able to get younger Aboriginal people employed in variety of positions across campus. I think it would be great to have more Aboriginal and Torres Strait Islander medical staff employed, I think that would be great for St Vincent’s Hospital.

Is there anything else you’d like to add?

I am very happy to be a part of the Dalarinji committee. I think what St Vincent’s is doing at the hospital is great, especially for our people and our younger generation. I hope they continue the great work and continue improving the service delivered to our people in a culturally sensitive way.
“Hi my name is Tanika Parker, originally from a small Indigenous community in Far North Queensland by the name of Hopevale (330km North of Cairns).

I completed my Bachelor of Nursing Science, majoring in Mental Health in 2013 at James Cook University and completed my first three and a half years of Nursing at the Townsville General Hospital.

Now, I’m currently working on 7 North at St Vincent Hospital in Sydney while finishing off my Master’s in Public Health. I also have a passion for Indigenous Health. Moving here at the end of 2016 was a bigger change than I would’ve thought, there is a lot of things I’ve had to adapt to, except of course the State of Origin Winners! However, the transition has been an eye opener. The staff on 7 North and in other departments were so welcoming and accommodating, which has made the move a lot easier in settling in.

I have had A LOT of exciting moments so far, and I am sure there’s more to come. I’m looking forward to what 2018 brings and all the exciting new experiences.”

Duran’s family are the Ngiyampaa Tribe, one of three traditional owners of Lake Mungo.

Duran began his role as the Aboriginal Counsellor for St Vincent’s Stimulant Treatment Program and the Gorman Unit Detox Program in November, 2017.

As part of Duran’s role he provides social, cultural and emotional support to our Aboriginal and Torres Strait Islander patients of Gorman Unit to ensure they feel welcome and safe. Duran also provides counselling services to patients within our Stimulant Treatment Program assisting them on their recovery journeys.

Duran’s dream is to continue to help Aboriginal people to break the cycle of addiction and provide support to help his people to overcome or better manage ongoing Mental Health issues.

“The thing I enjoy most about the role is the ability to help my people. Helping people is my passion in life and to be able to do it every day is a dream come true”, he said.
What is your current role?
I am currently working within the Anatomical Medicine as an administration officer.

How long have you been employed in St Vincent’s hospital?
I have been working here at the hospital for over 2 years.

What do you enjoy most about working at St Vincent’s?
Meeting with new patients each day and working and meeting new staff members.

What have some of the high lights been working at St Vincent’s?
• Attending the Aboriginal Staff Forum’s as you get to meet other staff members that you wouldn’t otherwise get to meet.
• Cultural awareness training respecting the difference.
• Christmas lunches with CEO Anthony Schembri.

What is your biggest achievement to date, personal or professional?
Learning more about Medical terminology and to getting the opportunity to work in different departments which help me build on my skills.

What do you wish to achieve in your role within the next 12 months?
To keep building on my existing skills and taking what I learn from working in different departments within the hospital so I can take them back to my job when my previous ward re-opens.

What is your current role?
I am a Ward Service Assistant on level 7 North.

How long have you been employed with St Vincent’s?
I have been working at St Vincent’s for over 2 years now.

What do you enjoy most about working for St Vincent’s?
I get to work in a role that allows for, and with people that demonstrate, leadership, problem solving, and role modelling. It also feels like there are many colleagues that are altruistic in their values, and that means a lot to me.

What have been some of your highlights been working at St Vincent’s?
For the past two years there has been a St Vincent’s Aboriginal and Torres Strait Islander Workforce Forum. This has enabled me to meet other Aboriginal staff from the various public and private hospitals in St Vincent’s Group across Australia. Additionally, I really enjoy working within my team on the ward and I feel as though my role within the care of the patient is valued. I enjoy it particularly when I get to liaise with all members of the multi-disciplinary team in support of the patients’ health journey.

What is your biggest achievement to date, personal or professional?
Initially when I was looking for work, I wasn’t aware of the opportunities that were available to me. Having now worked in health, I have become more aware of the growing number of opportunities out there, particularly in support of me pursuing studies in health. In my personal life, I have taken a more proactive role in my own health and knowing each day I can set an example for others in my conduct and how I perform at work.

What do you wish to achieve in your role within the next 12 months?
Working in health – liaising with my colleagues day-in and day-out, has inspired me to pursue further study in health. I have yet to decide what aspect of health I wish to pursue, and I will continue to develop this goal through my work experiences, however this is definitely the right space for me to be in.

What advice would you give to Aboriginal and Torres Strait Islander people considering a career in health?
When I was looking for work initially, I sought assistance from Yarn’n Aboriginal Employment Services. This was really helpful for me, as I wasn’t sure where to look at first, or how to get a job in health. Now that I am in this space, I really value everything that I have been learning on the job. With the experience and working with different disciplines and the support from my ward team I am inspired to pursue a career in health.
Dr Justin Hunter, graduated in December 2017 as a Doctor from University of Notre Dame Sydney Campus, he is the first Aboriginal doctor in the Royal Australian Navy to graduate as a Doctor.

“I am a Wiradjuri man. I grew up on Gumbaynggirr country in Coffs Harbour. In 1997 I underwent the Patrol Medic course through the Australian Army – this set the path towards where I am today. At the time I could not jump straight into medicine, so the road has been quite long for me from medic to registered nurse, to physician assistant and now doctor. That is 20 years! At this point I am still very new to the ward routine and have seen that it is quite stressful as any job can be when you first start. I love getting home and spending some quality time with my family. My five year old son and I love going to the beach or pool when we can.”

Who or what was your biggest inspiration in becoming a doctor?
I always wanted to help people from a young age. People can’t often imagine this as I have had such a long career in the military. Some people fail to see the connection between soldier and healer. How can one person be both? I too struggled with this until I underwent the Patrol Medic course through the Australian Army in 1997 – the path was then clear. Through my training I have had some great mentors and looked up to many doctors and always thought I could become one.

What inspires you within the medical profession?
The GPs and Aboriginal health workers who work in Aboriginal and Torres Strait Islander Health. I did my placement at St Vincent’s in 2017, working in Palliative Care; Intensive Care; ENT Surgery; Infectious Diseases and the Stroke Unit. I had a lot of support and mentoring through both Pauline Deweerd (Director of Aboriginal Health at St Vincent’s) and Miriam Cavanagh Senior Lecturer at the University of Notre Dame in Sydney, who both pushed me for the better. I would particularly like to thank associate lecturer Miriam Cavanagh (pictured with me in this story). She is such an amazing asset to the University. She offers support that I must say, I have never had before at the other universities I have attended. She ensures that all Indigenous students feel fully supported.

I am the first Aboriginal Doctor in the Australian Navy. This is one of my proudest achievements and hope this inspires other Aboriginal and Torres Strait Islander people to follow their dreams no matter how hard the challenges may be.

I want to start my GP Fellowship next year, then I hope to move home to Coffs Harbour after my time in the Australian Navy and work for the local Aboriginal Medical Service (Galambila).
Thank you

And that’s a wrap for 2017!

We hope you have enjoyed the 2nd edition of Deadly Yarn’n. Thank you to all those who contributed stories to the newsletter. May your journey through life continue to inspire others.
If you would like to find out more on our key achievements, please visit:


If you have any questions please feel free to contact the Director of Aboriginal Health on 02 8382 111.

2017

St Vincent’s is committed to providing a culturally safe & respectful environment for all of our Aboriginal & Torres Strait Islander patients, families and visitors.

We continue to engage Mirri Mirri to deliver face-to-face cultural awareness training and to date, 87% of our staff have completed training.