CATSINaM

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

Issue 6 I December 2015

IN THIS ISSUE

CEO Welcome

As 2015 draws to a close, CATSINaM has much to reflect on and many things to look forward to. At the half-way point through our Strategic Plan we can proceed with the confidence of knowing that we are 'on track' with our intentions although there is still plenty of work to do, but we are not alone in our journey. So, what are we proud about from 2015?

- Our increased membership numbers in all membership categories, particularly for Student and Affiliate members.
- Our organisation gaining greater recognition and voice at a national level.
- Greater communication and collaboration with national nursing and midwifery peaks in addressing shared concerns and priorities.
- Opportunities for CATSINaM to be in leadership roles in the national sphere, particularly in supporting the growth of the Aboriginal and Torres Strait Islander health workforce, and raising the profile and importance of cultural safety.
- Extending the network of stakeholders who are interested in what we are doing and, hopefully, how they can work with us to create positive change for shared business in Aboriginal and Torres Strait Islander health and the health workforce.
- Holding another successful and equally large national conference with the support of sponsors and supporters – they enabled us to achieve the largest number of students who have ever attended a CATSINaM conference.
- Strengthening the foundations for establishing a Leaders in Nursing and Midwifery Education Network (LINMEN).

The articles in this newsletter bear witness to all of these things and more from our recent work. We are also proud of all of the things that you, our Members, achieve in your daily work, working and caring for Aboriginal and Torres Strait Islander communities across Australia, living and breathing the vision and principles of CATSINaM.

This is a foundation we plan to build upon in 2016, which the Board and Secretariat see as a year full

Join Us

of opportunity. I want to share some of the things we hope to achieve. We have set ourselves some big tasks – again – but with your support and our expanded staff team, we believe we can climb the mountain.

What's on the horizon for us? March 2016 marks ten years of the Close the Gap campaign. We want as many people as possible to sign up and, collectively, keep our eye on the prize knowing that partnership is crucial to our success. If you, your colleagues or friends have not already signed up to the 'Pledge to Close The Gap', then you can do this via this Oxfam link: <https://www.oxfam.org.au/what-we-do/indigenous-australia/close-the-gap/>.

Work is also firing up for the CATSINaM pre-conference to The International Indigenous Health and Wellbeing Conference, which is being presented by The Lowitja Institute. We intend to hold a one-day conference combined with a Student Day that leads into the international conference itself. We will have more information coming out this in the next few months, but in the meantime please **Save the Date** for 7-10 November, 2016.

We will continue with the very successful Stakeholder Forums in 2016 but adapt them to include greater Member involvement with the assistance of Board Members. We intend to have a meal together as Members and Stakeholders, invite exceptional speakers and discuss good news stories, including the outcomes of collaborations between CATSINaM and stakeholders. Expect to hear more announcements about this early next year.

Our approach to Member Forums in 2016 will change. The current intention is to hold a 1.5 day continuing professional development event where Member can either book into a 1.5 day mentoring workshop, or undertake other half-day professional development options on topics such as: writing job applications, career planning, academic writing skills, and mental health/social-emotional wellbeing. We plan to trial this new approach in one location next year, mostly likely Sydney.

While it is at an early stage, we are also investigating the need for and viability of establishing an Aboriginal and Torres Strait Islander nursing and midwifery journal. We will share more about what we have learned and how you can contribute your thoughts on this idea in coming months.

We are also planning a new event - hosting an 'Aboriginal and Torres Strait Islander Women in Health Leadership' morning tea in Melbourne during April. We want to honour and support Members who are leading the way in their field of health, setting an example and being and inspiration to our current and emerging generations of Aboriginal and Torres Strait Islander nurses and midwives. You will also hear more from us as this event takes shape.

We wish you a safe, peaceful and joyous Christmas and New Year period – whether you are working or taking a break – and look forward to connecting with you during 2016.

Janine

New Faces at CATSINaM

Our team has grown in the past four months. Here is a profile on three of our new staff members: Jasmin Hunter, Leonie Williamson, and Carly Spencer.
You may be interested in these examples of our work over the last three months.
Jasmin Hunter: Jasmin is now our Senior Project Officer, working part-time. Her mothers' family is from the Gumbaynggirr Nation of northern New South Wales (Armidale) and her father's family is from Scotland! Jasmin comes to CATSINaM with six years of experience working in policy areas

supporting the growing Aboriginal and Torres Strait Islander health workforce, most recently at AIDA. At present, Jasmin's work at CATSINaM focuses on mentoring and the LINMEN, as well as emerging projects. As well as working at CATSINaM, Jasmin is studying secondary teacher education and works at a local high school in Canberra supporting Aboriginal and Torres Strait Islander students. Contact Jasmin at projects@catsinam.org.au.

Leonie Williamson: Leonie's family are from north-west Queensland on her mother's side and south-east Queensland (Gubbi Gubbi/Butchulla) on her father's side. She moved often while young and lived in many places across both Qld and NSW. For the last 12 years Leonie has resided on beautiful Ngunnawal land, having moved to the ACT to pursue a career in Government that saw her working on Aboriginal and Torres Strait Islander affairs across a number of portfolios including: employment, family and community affairs and the environment.

After over a decade in government she decided it was time to make a sea change, and was lucky to spend a year with NACCHO learning about Aboriginal health from within such a passionate and hard-working sector before leaving to have her first child in early 2015. On returning to the workforce, Leonie joined the CATSINaM Team in October as a Senior Policy Officer. She works two days a week providing support in the writing of submissions, policy papers and commentary. Leonie looks forward to meeting CATSINaM members and learning from them about ways to work towards improving health outcomes for Aboriginal and Torres Strait Islander people. You can contact Leonie at seniorpolicy@catsinam.org.au.

Carly Spencer: Carly is our Administration Assistant and is a local Canberra girl. Carly completed Year 12 at Merici College in 2014 before continuing her studies at Canberra Institute of Technology in 2015 where she obtained her Certificate III in Business. She has previously worked in various part-time positions while at school, and has always enjoyed working with people and providing excellent customer service. Carly joined CATSINAM in July and is committed to providing support to staff in achieving CATSINaM's aim to promote, support and advocate for Aboriginal and Torres Strait Islander nurses and midwives. Her motto is: "Obstacles are what you see when you take your eye off the goal". You can contact Carly at admin@catsinam.org.au.

How is CATSINaM working for you at a national level?

Engaging Politicians

Ministerial Responsibilities for Indigenous Health

As a result of the September 2015 leadership change in the Australian Government, CATSINaM has received advice that Senator The Hon Fiona Nash, who is the Minister for Rural Health, will have ongoing responsibility for rural and Indigenous health, drug and alcohol policy, and organ donation. As you may know, The Hon Susan Ley MP remains the Minister for Health.

The Hon Ken Wyatt MP has been appointed as the Assistant Minister for Health with responsibility for assisting the Minister for Aged Care. This is exciting news, as he is the first Aboriginal Member of Parliament to become a Minister, and we wish him the best in this role, drawing on his experience in senior roles in the health sector in Western Australia.

National reviews and submissions

The last three months have been a busy period for national health reviews. We have been active in attending forums and providing written submissions – here are six examples.

Primary Health Care

In collaboration with the Australian College of Nurses, Australian College of Mental Health Nurses, Australian Primary Health Care

Nurses Association, and the Maternal, Child and Family Health Nurses Australia, CATSINaM made a submission to the House of Representatives Standing Committee on Health Inquiry into ***Chronic Disease Prevention and Management in Primary Health Care*** in 31 July 2015. The Committee was interested in h to improve chronic disease management and how that should be funded. A follow up public hearing was held in Melbourne on 1 October 2015.

> We emphasised implementation of **comprehensive** primary health care, the preferred model of the ACCH sector.

Of the 17 recommendations in our joint submission, those related to CATSINaM priorities and Aboriginal and Torres Strait Islander health included that the Australian Government should:

- acknowledge the role nurses play in primary health care in providing and coordinating chronic disease prevention and management, and endeavour to enhance their role; *this would increase reach and access to more people, particularly in rural and remote areas*
- ensure it supports chronic disease prevention and management models that reflect the following essential elements: consumer-centred care, multidisciplinary care, care coordination by a dedicated care coordinator, a focus on prevention and health promotion, support by eHealth technology, linkage to a broader population health framework, and adequate and well-structured funding; *this would have a better fit with culturally informed approaches to care and practices within the Aboriginal Community Controlled Health sector*
- increase the number and value of MBS items for nurses; *this would increase access to chronic disease prevention and management in primary health care and increase income streams for providing this care in the Aboriginal Community Controlled Health sector*
- fund the Aboriginal Community Controlled Health sector at a level that enables growth and supports the provision of comprehensive primary health care; *this will enable the Sector to manage and prevent chronic disease in Aboriginal and Torres Strait Islander communities more effectively*
- work collaboratively with state, territory and local governments, and other relevant stakeholders, to support and promote evidence-informed care, especially in Aboriginal and Torres Strait Islander health; *this would ensure that research on good practice in Aboriginal and Torres Strait Islander health, including that led, undertaken and/or supported by Aboriginal and Torres Strait Islander nurses and midwives is translated into practice*
- support the National Health Leadership Forum (on which CATSINaM sits) to work with state and territory governments to increase the Aboriginal and Torres Strait Islander health workforce; *this would enhance the reach of the National Health Leadership Forum and formalise its connection with the Aboriginal and Torres Strait Islander Health Workforce Working Group, which CATSINaM co-chairs*.

As part of the same collaborative group, CATSINaM participated in public consultations including stakeholder forums and an online survey, and made a written submission to the Australian Government's ***Primary Health Care Advisory Group (PHCAG)*** that covered the same ground and recommendations as outlined above. The PHCAG is investigating options into the reform of primary health care to support patients with complex and chronic illness, and the treatment of mental health conditions.

In October 2015, the PHCAG released a communique providing a summary of the survey outcomes and a Member from the PHCAG presented at the 2nd November Primary Health Care Conference. Over 1000 survey responses were made, comprising 255 organisations and 750 individuals. Overall there is support for a change in primary health care using a blended funding model. The idea of having a voluntary home health model for patients was also supported. We were pleased to hear the

PHCAG acknowledge that the Aboriginal Community Controlled Health sector already operates along these lines and is doing it well.

The ACCH Sector was acknowledged for operating effective voluntary home health models already.

The public consultation process is now complete and the PHCAG is drafting its report with a focus on short, medium and long term strategies reform options for consideration by Government. The initial report is due to in early December 2015. We will update Members as more information comes to hand in 2016.

Medical Benefits Scheme (MBS) Review

Our recent submission to the Department of Health for the MBS Review proposed that any findings and recommendations be made ***in conjunction*** with the work undertaken by the above two primary health care reviews. Outcomes from these reviews have the potential to improve Aboriginal and Torres Strait Islander health outcomes, but must also be careful to ensure there are no detrimental consequences, so should include an impact assessment on Aboriginal and Torres Strait Islander health outcomes.

Any review should include an impact assessment on Aboriginal and Torres Strait Islander health outcomes.

Primary health care models that provide a holistic patient-centred approach are better equipped to address the social determinants of health and wellbeing that impact on Aboriginal and Torres Strait Islander people. A narrow focus on Medicare as an item-based remuneration system based on episodes of illness, such as eliminating waste through reduction in MBS items, misses the opportunity to create a payment system that enables services to link up and provide holistic health outcomes by creating a seamless consumer journey through both the health and social care systems.

Private Health Insurance Round Table

This Australian Government Department of Health roundtable started from the premise that there Aboriginal and Torres Strait Islander Australians should be encouraged to take up private health insurance, as only one in five currently have to date. We turned that upside down and had a discussion about where they put their investment, re-emphasising on investment in public health, particularly primary health care. Emphasising private health care misses all the issues surrounding disadvantage, inequity from a social determinants of health perspective.

It was refreshing to hear the Department of Health representatives be open to this reframe and recognise that the starting assumption was incorrect. We are currently following up the roundtable by providing a written submission that is consistent with this position, and shared with other national and jurisdictional Aboriginal and Torres Strait Islander health peak bodies that were present, including the ACCH sector.

Rural Health Roundtable

The Australian Government Department of Health ran this roundtable on behalf of the Minister for

Rural Health, Senator the Hon Fiona Nash who chaired the meeting. The main focus was on how more doctors can be placed or encouraged to work in rural areas. CATSINaM was represented by Lesley Salem as a nurse practitioner, who led an excellent general discussion on nurse practitioners and what they are doing in rural health, which was more fruitful than anticipated. She also emphasised the need for proper remuneration for nurses who are both undertaking and coordinating care.

As a result, the Department have proposed that establish an Advisory Group that meets three times a year, drawing from the roundtable participants. If this occurs, CATSINaM will continue to be represented by Lesley – also see our interview with Lesley in this edition.

Royal Commission into Institutional Responses to Child Abuse

We also responded to a discussion paper sent out about advocacy, support and therapeutic treatment services. It was inclusive of all Australians, but also included a section on "diverse victims and survivors". We emphasised that whoever provides services must to do an impact statement on Aboriginal and Torres Strait Islander peoples in a holistic and culturally safe manner so they take into account cultural considerations that will shape whether and how Aboriginal and Torres Strait Islander peoples will engage with support.

Liaison with Australian and jurisdictional Health Departments

National Work

A highlight of the last three months included meeting with the new Chief Nurse, Debra Toms, who you may remember was most recently the CEO of the Australian College of Nursing. We discussed the implementation of the Aboriginal and Torres Strait Islander Health Plan, and the need to create a 'National Aboriginal and Torres Strait Islander Nursing Workforce Strategy' as recommended by Professor Roianne West's Thesis and supported in the 2014 CATSINaM economic analysis report called 'A cost-effective approach to closing the gap in health, education and employment: Investing in Aboriginal and Torres Strait Islander nursing education, training and employment'. If you haven't caught up with this report, it is available on our website in the 'Publications' part of the 'Communications' section: < http://catsinam.org.au/communications/publications>.

The other highlight was presenting on the 'Connect n Grow' model of engaging, supporting and recruiting Aboriginal and Torres Strait Islander students into the health workforce to ATSIHWWG – the Aboriginal and Torres Strait Islander Health Workforce Working Group. You may recall that this Queensland-based program was profiled at our 2014 Conference in Perth, but you can gain more information about it here: <http://www.connectngrow.com.au>. We presented it as a possible model for other states and territories to emulate.

Jurisdictional Work

We continue to engage and build opportunities to work with our colleagues in state/territory Departments of Health. Since Merrin Bamert accepted the 2015 Partnership Award at the CATSINaM conference on behalf of the Victorian Department of Health and Human Services, which we described in the September Newsletter, we have talked further with Merrin about continuing to develop our partnership through the work and support CATSINaM is offering how this can complement and extend the good work they are already undertaking in offering cadetship and graduate nurse support programs. We expect this will take greater shape over the next couple of months and look forward to preparing an article on what Victoria is doing for the next newsletter.

We have been delighted to accept an invitation from Lydia Dennett, the Chief Nurse and Midwifery Officer in the South Australian Department of Health and Ageing, to be on the panel for the South Australian Nursing and Midwifery Awards.

We would also like to acknowledge Susan Pearce, the Chief Nurse of NSW Health who has been an amazing friend to CATSINaM. Susan is finishing in this role and we wish her well as she moves on to bigger and better things in her new career.

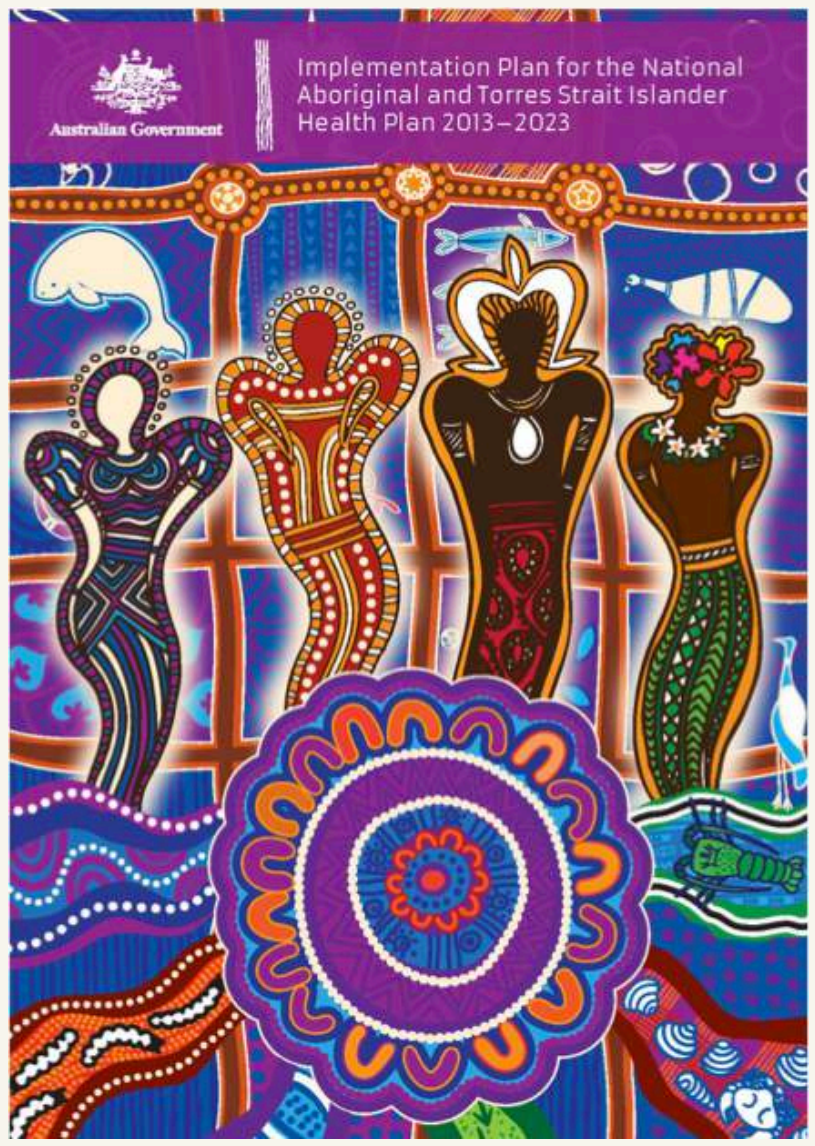
Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan

What is the Implementation Plan?

We profiled the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (NATSIHP) in the September Newsletter, and explained CATSINaM's involvement in developing the Implementation Plan as members of the National Health Leadership Forum. The Implementation Plan has now been released, along with a 'technical companion document'.

Due to the significance of this document for the health system over the next 18 years, we have summarised some key elements of it for you here, but encourage you to view the documents directly. You can download all documents from this Department of Health link: <http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-implementation-plan>.

The Implementation plan outlines the actions that will be taken by the Australian Government, the Aboriginal Community Controlled Health sector, and other key stakeholders in order to realise the vision, principles, priorities and strategies of the NATSIHP between now and 2023. It states that Implementation Plan progresses the overarching vision of the NATSIHP to "improve health outcomes for Aboriginal and Torres Strait Islander peoples, and prevent and address systemic racism and discrimination in the health system" (p. 1).



In her introduction to the Implementation Plan, Senator the Hon Fiona Nash, the Minister for Rural Health, said:

This Implementation Plan addresses the broad changes needed to make the health system more comprehensive, culturally safe and effective. It has a strong focus on prevention, as well as on improving the patient journey of Aboriginal and Torres Strait Islander peoples through the health system. It also focuses on supporting local and regional responses to identified needs. The Implementation Plan will drive the focus for further collaboration across government and the Australian health system to improve health outcomes of current and future generations of Aboriginal and Torres Strait Islander peoples. (p. v)

A commitment to the principles of partnership and accountability, initially stated in the NATSIHP, have been emphasised in the Implementation Plan. For example:

Partnership with Aboriginal and Torres Strait Islander peoples and their representatives (in the design, development, delivery, monitoring and revision of Implementation Plan actions and related national health policies) is a fundamental principle underlying the Implementation Plan. The National Health Leadership Forum (NHLF), in particular, will be a key partner in implementing this plan. (p. 5)

The Implementation Plan is structured around 20 goals, drawing on technical advice from the Australia Institute of Health and Welfare. They will be formally reviewed in 2018, at which point initial evaluation work should be completed, when more data will be available to improve the projections:

Greater emphasis has been placed on choosing indicators that focus on early intervention across the life cycle and have the highest impact on health outcomes, such as smoking and antenatal care. A number of stretch goals that focus on maternal and child health and chronic disease in the mid adult ages (where the highest disparities exist) are included. (p. 6).

The stretch goals mentioned above are of particular interest to CATSINaM, as is the Implementation Plan's acknowledgement that they have no measures currently available to determine progress in relation to improved cultural safety, mental health and workforce capacity, so doing this is built into the plan over the next three years. It is possible that CATSINaM's recent work in cultural safety and workforce can offer direction in determining suitable measures. In the March Newsletter we will profile detailed components of the Implementation Plan that are of highest interest to CATSINaM's priorities.

Launch of the 2013 – 2018 Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan

The plan was officially launched Minister Fiona Nash and Romlie Mokak, Chair of the National Health Leadership Forum, on October 22nd. It was both developed and launched in the spirit of multi-partisanship, so in addition to the Minister for Health, Senator the Hon Susan Ley, being present, several other politicians were in attendance. They included: the Minister for Indigenous Affairs, Senator the Hon Nigel Scullion; Senator Rachel Siewert (Greens); the Shadow Minister for Indigenous Affairs, Shayne Neumann MP (ALP); and the Shadow Parliamentary Secretary for Indigenous Affairs, Warren Snowden MP (ALP).

If you are interested in an independent opinion on the Implementation Plan, see Ian Ring's article on the NACCHO website. Ian Ring is a professorial fellow at the Australian Health Services Research Institute at the University of Wollongong:

<http://nacchocommunique.com/category/national-aboriginal-torres-strait-islander-health-plan-natsihp/>.

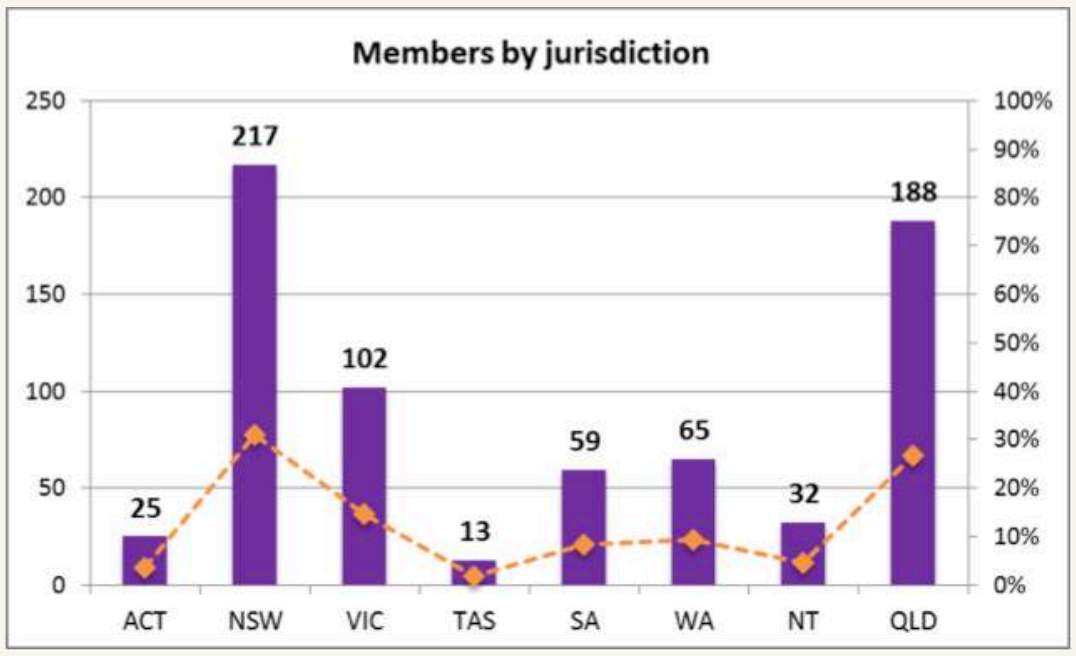
Membership Developments

It is always exciting to share information about our growing membership with you. We have swelled to **701** Members. Over the last 12 months, our membership has grown by a very substantial 60%. The introduction of the new Affiliate individual and Affiliate organisational categories in late 2014 have been very successful, as we now have 80 and 14 Members respectively in these categories. With another three years to go, we are well on our way to our desired target of 1200 members by 2018.

Where do they all come from? This graph shows how our Members are distributed cross the eight states and territories. The actual numbers from each jurisdiction are shown in the **purple bars** linked to the left vertical axis, with the percentage they represent of the entire membership indicated by the **orange diamonds and dotted line** that is linked to the right vertical axis.

As you can tell, our highest numbers are in New South Wales (31%) and Queensland (26.8%). This is a very similar representation for these two states to the distribution of all Aboriginal and Torres

Strait Islander Australians. Less than 5% of our Members are from the NT. This is due, in large part, to the very small number of Aboriginal and Torres Strait Islander nurses and midwives who are working there, even though Aboriginal and Torres Strait Islander people make up over 26% of all Northern Territorians.



Thinking about where our membership is situated, as well as their nursing and midwifery professional identity, helps us identify where we need to do more work to recruit members. We will share a graph on the professional identity of our Members in the next Newsletter.

CATSINaM roundtable on the National Aboriginal and Torres Strait Islander Health Curriculum Framework

CATSINaM is hosting a roundtable discussion for educators regarding the National Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) on December 16th at the University of Technology, Sydney.

Following release of the Framework at the 2015 LIME Connection, we uploaded it to our website in the 'Resources' section of our Communications page: <http://catsinam.org.au/static/uploads/files/aboriginal-and-torres-strait-islander-health-curriculum-framework-wfgioxngfdbn.pdf>.
The overview of the 'Section 1: Background' of the Framework explains that it:

…supports higher education providers implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, The Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training. (p. 3)

The aim of the roundtable will be to identify potential resources that could be developed to support the framework and discuss and begin to explore the possibility of developing a more specific National Aboriginal and Torres Strait Islander Health Nursing and Midwifery Curriculum Framework. The invitation only roundtable will bring together people who are interested in forming a working party to provide advice on developing resources that align with the Framework for nursing and midwifery. A report on the outcomes will become available to the CATSINaM membership in 2016 and profiled in our next newsletter.

This work will help bring to life several strategies for 'Strategic Direction 2: Strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives' of our Strategic Plan. In particular, it connects with Strategies 2.6, 2.9 and 2.10. Remember you can download a copy of the 2013-2018 CATSINaM Strategic Plan at <http://catsinam.org.au/static/uploads/files/catsin0006-strategic-plan-web-wfyovzznvlno.pdf>.

CATSINaM's Cultural Safety Training: February 2016

As profiled in the September newsletter, CATSINaM continues to offer Cultural Safety Training to its key non-Indigenous stakeholders. ***Do you have colleagues or professional contacts who you think should attend?*** They could be university or VET lecturers, office holders in national or state nursing and midwifery professional groups, or senior staff in health Departments or services.

CATSINaM Stakeholder Cultural Safety Training:

Feb 9-10th, Canberra

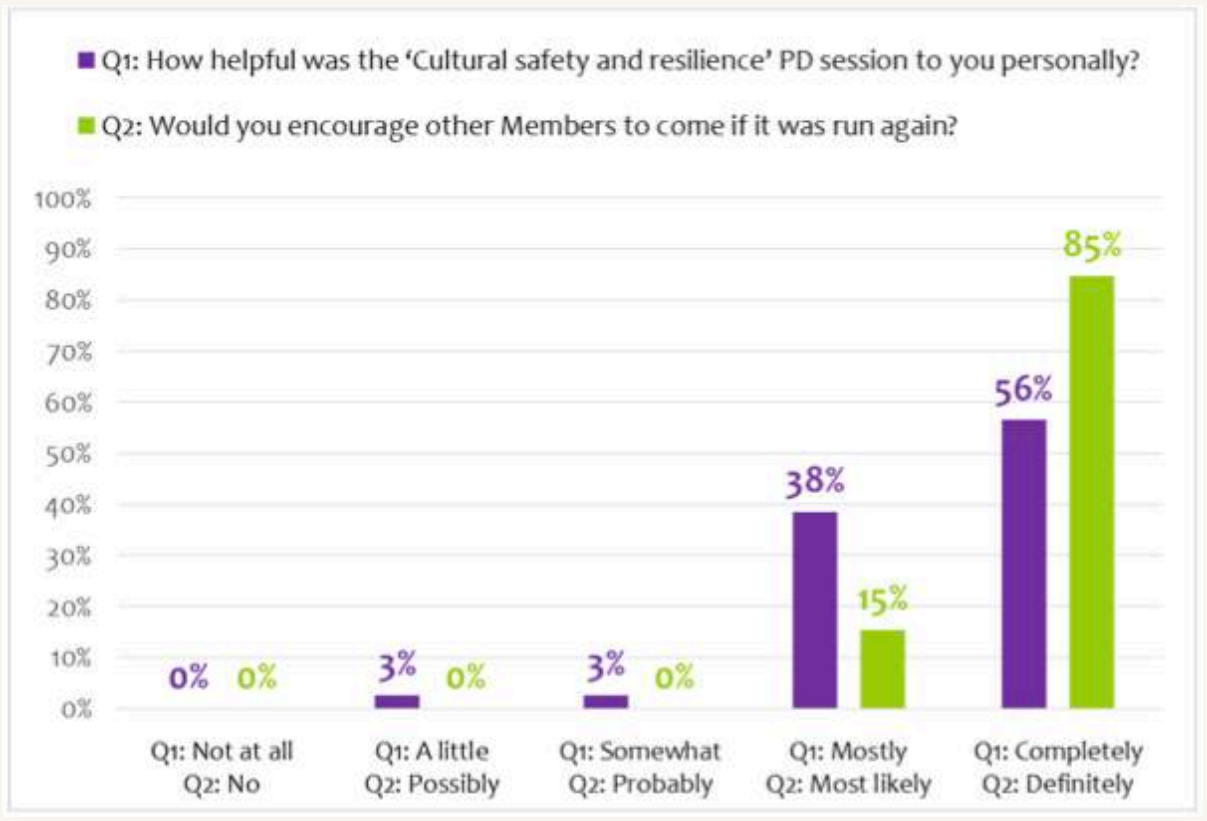
The CATSINaM Cultural Safety Training has encouraged participants to bring similar training into their own organisations having gained an experience of what it involves. It has also encouraged organisations who are unable to send staff to it to hold cultural safety training within their organisations instead.

The 2015 Jurisdictional Member CPD Forums outcomes

The final Member CPD Forum of the 2015 series was held in Brisbane in late July. Once again, we spoke about our recent and future work, and offered a 2.5 hour professional development workshop on 'Cultural safety and resilience'. There was a fantastic turn-out with 30 people in attendance – students, student support staff and qualified Members. We greatly appreciated support from Machellee Kosiak at Australian Catholic University, where the forum was hosted, who helped with local coordination and student recruitment.

The total participation for the 2015 series was 45 people, with ~60% of participants being students and the remainder being Members and/or student support staff. We generated new Members for participating students and enjoyed connecting with existing Members.

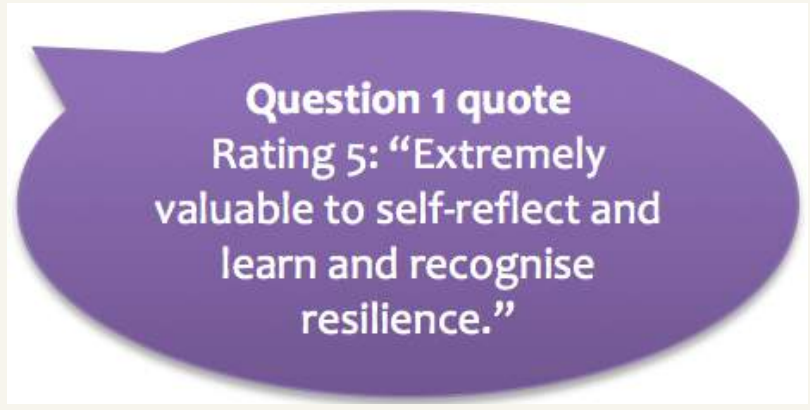
So, what did people think? Here is an update on participant responses to the two evaluation questions we asked.



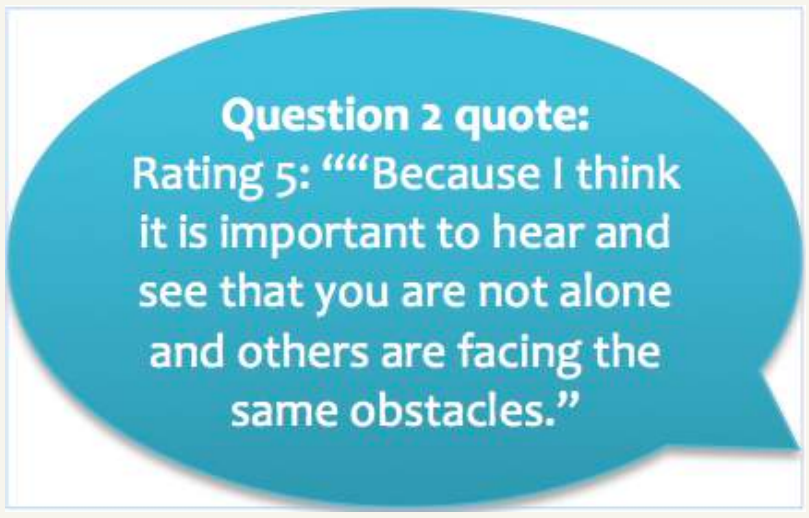
In total, the responses shown in the graph are slightly more positive than previously reported; the data represents 39 people (response rate of 87%).

The first question - How helpful was the 'Cultural safety and resilience' PD session to you ***personally***? - is rated as '1 = Not at all, 2 = A little, 3 = Somewhat, 4 = Mostly or 5 = Completely'. Responses are shown in the **purple** bars and equal an average score of **4.5** out of 5. The second question - Would you ***encourage other Members*** to come if it was run again? – is rated as '1 = No, 2 = Possibly, 3 = Probably, 4 = Most likely or 5 = Definitely'. Responses are shown in the **green** bars and equal an average score of **4.8** out of 5.

The reasons Members shared for their Question 1 ratings included that it was “very helpful”, “very insightful and empowering” and “educational – to use strategies”. The main themes for Question 2 ratings were that it “was very engaging” and a “safe place to share stories and strategies of resilience”.



We are reflecting on what was gained through the 2015 Jurisdictional Member CPD Forums and deciding what we can do in 2016 to extend CPD to Members outside of the Annual Conference/National Professional Development Forum.



The 2015 Jurisdictional Stakeholder Forums outcomes

What Happened?

In the June newsletter we shared how we had started this Forum series, visiting Melbourne, Sydney and Adelaide over the April to May period, after holding the first forum in Canberra in December 2014. In July we also went to Brisbane – many thanks to our Members Laurie West, Ali Drummond and Lenore Gaia who spoke at this Forum. Attendances have been excellent in all locations, as 79 people in total from our full range of stakeholders were involved. The representation of different stakeholder groups is shown in this pie chart graph

At the forums we asked participants to identify what priorities they share with CATSINaM, and where they are willing to explore opportunities for collaboration. With the 2015 forum series finished, we now know that the top five ranked ***shared priorities*** are:

1. Cultural safety and addressing racism in universities and workplaces, and building collaboration across Aboriginal and Torres Strait Islander and non-Indigenous nurses and midwives: 51%
2. Recruitment and retention of Aboriginal and Torres Strait Islander students: 47%
3. Recruitment and retention of staff once graduated and registered: 28%
4. Importance of mentoring, role models and/or support for students and graduates: 16%
5. Career pathways (school and/or VET to university, graduates into specialist roles, e.g. nurse practitioners, and experienced nurses and midwives into academia): 15%

The final list of top five ranked ***collaborative opportunities*** included these six areas:

1. Cultural safety PD for staff and/or nurses & midwives, including academics: 38%
2. 2Teaching and assessing health, culture & history (LINMEN): 32%
3. Mentoring program partnerships and support: 28%
4. Recruitment pathways into nursing via Enrolled Nurse & Assistant in Nursing programs, university bridging programs, and links to high schools: 22%
5. Sharing/expanding effective strategies for recruitment and retention of students (LINMEN): 20%
6. Improving and/or expanding clinical placements (LINMEN): 20%

The rankings varied depending on the stakeholder group. For example, universities had the highest level of interest in both ‘teaching and assessing Aboriginal history, health, culture and cultural safety’ and ‘recruitment and retention of students’. Mentoring program partnerships and employment strategies were of far greater interest to hospitals/health services and government.

What are we doing with this information?

We have done a detailed analysis of the information that participants shared with us, and identified how we can increase stakeholder involvement in our current as well as planned new initiatives over the next few months. We will also individually approach some stakeholders who want to collaborate with us in specific areas, such as mentoring, the LINMEN and curriculum development initiatives (see articles on the Aboriginal and Torres Strait Islander Health Curriculum Framework and establishing a LINMEN).

Update on establishing a LINMEN

We send a special thanks to colleagues who were sent the LINMEN Discussion Paper and provided feedback. The Discussion Paper asked people's opinions on the desired outcomes of LINMEN, priorities for the proposed domains of work and associated strategies, who the participants should be, how the governance should work, how LINMEN could relate to the LIME Network, and the network's name.

The feedback received was highly supportive of the establishment of a LINMEN with a specific focus on support for Aboriginal and Torres Strait Islander nursing and midwifery students, as well as the incorporation of Aboriginal and Torres Strait Islander health within the nursing and midwifery curriculum. Respondents also identifies strong support for sharing of resources, and promotion of best practice in nursing and midwifery education amongst academics.

The next step for the Steering Group is to identify the best option for funding LINMEN and develop the funding proposal. It was clear from the outcomes of the 2015 Stakeholder Forum series that there is substantial interest in LINMEN, particularly for educational institutions. Therefore, we plan to engage these interested parties in providing letters of support to accompany the LINMEN establishment funding proposal when it is ready to submit.

New resource to raise lung cancer awareness

Cancer Australia is launching the ***Our Lungs, Our Mob*** interactive learning module to raise lung cancer awareness among Aboriginal and Torres Strait Islander communities as part of Lung Cancer Awareness Month.

The resource includes targeted information about what people can do to reduce their chances of getting lung cancer, things to look out for, and the importance of visiting a doctor or Aboriginal or Torres Strait Islander Health Worker early if someone notices symptoms that could be lung cancer. It also includes real life stories from people who have experienced lung cancer, including Aboriginal singer songwriter Archie Roach.

It will be available in Aboriginal and Torres Strait Islander communities through a national network of interactive kiosks, which are located in Aboriginal health services and youth centres across Australia (see this link for involved centres <http://www.hitnet.com.au/wp-content/uploads/2013/06/web-pix-3.jpg>). The resource is also available online through Cancer Australia's website and at this link <http://www.hitnet.com.au/kiosk/>.

Through providing key lung cancer messages directly to communities, it is Cancer Australia's hope that this innovative and informative resource will help to reduce the inequalities in lung cancer outcomes experienced by Aboriginal and Torres Strait Islander people, who are 70% more likely to be diagnosed and die from lung cancer than non-Indigenous Australians.

The Purple House

It's the only dialysis unit in the world where the walls are painted purple, patients sing along to tunes from a karaoke machine, chickens scamper around the gardens and kangaroo tails smoulder on a

fire pit.

The Purple House in Alice Springs is an innovative Aboriginal-led model of care which is transforming the way Indigenous communities in central Australia live through end stage renal failure.

The dialysis unit, which first opened its doors in 2007, was born when the Pintupi Luritja people at Kintore were concerned about family members having to leave their country and travel 550 kilometres to Alice Springs to receive dialysis treatment three days a week. Purple House CEO Sarah Brown said end stage renal failure was once considered a one-way ticket away from your own country to Alice Springs, only to return home for your own funeral. “People talked about life all being about waiting for their next dialysis day, missing their country, missing their family, just waiting to die really,” she said. With the dream of establishing their own dialysis service on country, community elders created four collaborative paintings which sold at auction for $1.1 million in 2000.

The community then formed a ‘kidney committee’ and began researching dialysis services, eventually using the funds to establish a dialysis machine at Kintore in 2004, and another at the Purple House headquarters in Alice Springs. Their plight to help their own community has been such a success it’s expanded to other remote Aboriginal communities in need. The Aboriginal community-controlled initiative now has 22 dialysis machines spanning 10 remote places, from Yirrkala in Arnhem Land to Warburton, located half way to Kalgoorlie. It also has the Purple Truck - a mobile dialysis service with two dialysis machines that visits other remote communities and also returns patients to their country for visits, funerals and other community events. With rates of kidney disease in remote desert communities 15 to 30 times higher than the national average, Ms Brown said Purple House is prolonging patients’ lives in a culturally-rich, non-clinical environment. “From that little idea of having a dialysis machine in Kintore, our Western Desert model has really changed how people think about service provision for dialysis out bush,” she said. “It’s a community-controlled model and holistic model, which includes wellbeing and bush medicine and valuing family and country. “It’s so much more than just sticking people on machines to clean their blood.” Purple House has received Federal Government funding to expand, and is preparing to open more dialysis units at Ernabella in South Australia and at Ampilatwatja, in the Utopia region of the Northern Territory.

Amid a national and international shortage of dialysis nurses, Remote Area Health Corps (RAHC) is partnering with Purple House to place dialysis nurses at its services in remote communities. RAHC General Manager Philip Roberts said RAHC is thrilled to support Purple House move into the next stage of its development. “Purple House has achieved tremendous success,” he said. “Our partnership will expand the range of health professionals we place and contribute to the work with our stakeholders in the Northern Territory to close the gap in Indigenous health outcomes.” Ms Brown said Purple House offers dialysis nurses a rare opportunity to work outside hospitals. “We can offer nurses an experience that very few people get to see, where going out digging for witchetty grubs is a legitimate part of your job,” she said. “You can really get to know and appreciate traditional Aboriginal culture.”

Thank you to Remote Area Health Corps for brining our attention to this article and permission to use

these images.

Being a Nurse Practitioner: An interview with Lesley Salem

In 2015, Lesley Salem was awarded ‘Nurse Practitioner of the Year’ by the Australian College of Nurse Practitioners. She shared some of her experiences during the 2015 CATSINaM Annual Conference by running two professional development workshops, one on ‘Diabetes and Kidney Disease’ and another on ‘Aboriginal Art and Expression’. Lesley kindly agreed to be interviewed for the Newsletter and share her experience and passion as a Nurse Practitioner for the wider CATSINaM audience.

This impressive picture is Lesley trekking in New Zealand’s South Island at The Keppler: “I love walking in this area out of season, when there is less snow. There are Maori links in our family on Mum’s side.”

What is your role as a Nurse Practitioner?

I am very focused on chronic disease prevention and better management of chronic disease. When I started becoming a Nurse Practitioner I was most interested in pure kidney disease. The majority of people I was managing had diabetes, but they often die of heart disease and almost all had respiratory disease as well. I thought it would be easy if you could screen people early, identify early signs of disease and fix that. However, it wasn’t as easy as I thought.

Chronic disease prevention starts very young. My role has expanded to preventing infections in kids to prevent disease down the track. For example, I check kids over with ear infections and address this. When working with people who have chronic disease, as I still do a lot of that, I make sure people take their medications to prevent heart failure or other complications.

I work in several different locations, often for Aboriginal Community Controlled Health services and also do home visits. I can drive up to 1300 kms a week to go out to people and make sure they are safe. While I am there I screen people that may walk into the house or just check them over. I try to talk in plain English. Some of my patients may not be understand the health messages that are promoted or assume it is inevitable that they may get these diseases so “Why worry?” I can show them how they can change their course. In my own cohort of over 1200 patients, it has been really good to see how this has happened.

Why did you decide to become a Nurse Practitioner?

You have to be operating at an ‘advanced practice’ level to become a Nurse Practitioner. I became one because I felt hindered in ensuring we were doing the best thing by patients. Not all GPs followed best or evidence-based practice. We had so many people in dialysis bouncing back into hospital with heart attacks and septic. I believed that if I had free reign, I could address this problem, reduce the rebounding and improve people’s quality of life. I thought I was already working at an advanced practice level and wanted the added skills of being able to prescribe, stop people being anaemic, adjust diabetic and heart medications, and decrease morbidity.

I was working at the John Hunter Hospital in Newcastle at the time, and put a business case forward on how I could decrease the number of admissions. They supported it and I set up a different service delivery model and monitored outcomes over 32 months. My data demonstrated to my colleagues and the bean counters that it was very effective. Over this period admissions reduced for particular issues, such as pulmonary oedema. There were a few spikes in the data when admissions were higher. I couldn't work out why at first but then realised they occurred when I was on annual leave!

Just recently the John Hunter Hospital asked me to come back and work for them, but t I won't do that as I have gone down the path of disease prevention (however, someone else may want to fulfil this role). I want to be 'up river' not 'down river' from the problems and decrease the flow of problems down the river.

I really appreciated that experience at the hospital and it helped gained me kudos as I wrote and published some books with friends/colleagues. As my Dad's motto was "anything in your head is useless unless you share it", he convinced me that I couldn't charge for the books. I think I have distributed about 10,000 of the 'Bush tucker in Kidney Failure and Diabetes' book; <http://www.renalresource.com/booklets/BUSH_TUCKER_ART.php>. However, I honoured my father's wishes. My father is Uncle Les Elvin who was awarded the National NAIDOC Artist of the Year in 2008. He was an inspiration to me and many others. I also love painting – it is important as it grounds me in who and what I am. My Dad was looking forward to joining us in Darwin at the conference (for the Aboriginal Art and Expression workshop). Very sadly he passed the month before – I miss him terribly every day.

I found being a Nurse Practitioner and being OK at my job gave me a stronger and louder voice that people were more likely to hear. I mentor student nurses every day, I work in student-led clinics, so have them with me every day - both student Nurse Practitioners, and Nurse Practitioners who want to branch out into generalist and prevention work. I love it. As I am 55 now I think about how long I keep working, so I want to pass on all my knowledge to other people – much like my Dad.

Why might other people decide to become a Nurse Practitioner?

Other nurses may do this because they see gaps between the patient and the medical care that they are accessing or getting, or they may work in a location where there is only one visiting specialist or an inexperienced junior doctor, while they have considerable experience with and/or the capacity for advanced practice. Nurses see gaps everywhere, and then are inspired to fill that gap so patients aren't falling through them.

It is important to believe in yourself that you can do this and provide better access and care. If new graduates want to be a Nurse Practitioner, you have to start getting focused at that point as it is a seven to ten year journey to getting through. Start your nursing career with the end in mind of becoming a Nurse Practitioner. Sometimes it takes years for you to find the gaps you want to fill in an area of health care that you are good at. You need to keep your eyes open and look for opportunities, models of care that are successful and be willing to go to different places. There are lots of options in rural and remote areas for nurses with the skills to prescribe, suture and ultra-sound.

It is important to remember that as a Nurse Practitioner you cannot do it all. For example, you don't deal with hormonal, sexual health or complex auto-immune issues. But you can do a lot of generalised stuff that keeps people well and fill gaps in ongoing disease management. For example, I manage diabetes and chronic disease, deal with coughs, colds and flus. If it gets too complex, I know I must step back because it is out of my scope of practice.

What is the career pathway to becoming a Nurse Practitioner?

I was the 13th nurse in Australia to become a Nurse Practitioner. The process has changed a little over time, but it involves having a Master's Degree and Graduate Certificates and Diplomas in specific areas of practice, combined with 5,000 hours of advanced practice. You must be working in an ***identified*** advanced practice role, supported with evidence that you are doing this and have or are undertaking the right training.

The ‘Endorsement as a nurse practitioner registration standard’ document on the NMBA site explains the current registration requirements to be a Nurse Practitioner. Go to <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>; this document is the first listed in the ‘Endorsement’ section. As a Nurse Practitioner, you can join the Australian College of Nurse Practitioners who can then help with meeting your ongoing professional development requirements.

Recently you represented CATSINaM at the Rural Health Roundtable where you had the opportunity to profile the work of Nurse Practitioners – what was that experience like?
Overall it was a good experience with Senator the Hon Fiona Nash herself chairing. She didn’t rush people, listened to any statement and we felt able to speak freely and openly. The importance of taking a multi-disciplinary approach was supported by the GPs there. We didn’t cover everything on the agenda on the day, but it was a good process. Senator Nash asked us to meet again through the year to get through all of the Medical Benefits Scheme items, so we can finish the process. She wants us to network while also work on separate projects.

Prior to this I had put a submission into the Medical Benefits Scheme (MBS) Review (see the article on this under ‘How is CATSINaM working for you at a national level?’). My work is in Aboriginal Community Controlled Health services, including in areas that are very important to my family. I was born in Cessnock, but spent a lot of time with my Dad, Nan and great-grandparents, aunties and uncles up further fishing on country. One of the reasons for working in these areas and becoming a Nurse Practitioner is to honour my Dad. My Dad asked me when I could do something about all the health issues affecting our mob, and very early in life. We have too many situations of people in their 20s and 30s with end-stage renal disease and on dialysis.

I have watched five doctors come and go in the time I have been working in one particular rural area, take the money and go, but I see the Nurse Practitioner stay. The system needs to change to acknowledge our work better, as we get no practice incentive payments and less money for our Medicare Item numbers, plus we only have four numbers. How can they possibly say that this is based on evidence? They wouldn’t know if I am suturing an ice addict’s stab wounds or treating a two year old for otitis media, so there is no evidence base around this. If rural placements are based around billing against Medicare items, we will never stand a chance. The Government wouldn’t know what we are doing. These are some of the things I talked about at the roundtable.

Over the years, CATSINaM has got me into Parliament so many times. I was on the original committee that gave Nurse Practitioners Medicare items. When I did that in 2009 there weren’t a lot of Nurse Practitioners. CATSINaM has always let me have a voice.

Wishing everyone a Merry Christmas

As we approach another Christmas Season, with all the joy, excitement and merriment that is part of the tradition, CATSINaM's Board and Staff are delighted to extend Season's Greetings to all our members, stakeholders, friends and associates of CATSINaM. Your support during 2015 continues to help us on our journey to fulfil our vision that Aboriginal and Torres Strait Islander nurses and midwives play a pivotal and respected role in achieving health equality across Australia's health system.

We wish you a vey happy and safe holiday season and an incoming year filled with peace, joy and prosperity.

Unity and Strength through Caring

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