

Aboriginal Cultural Respect in Tasmania's Health Services



Community
Consultation Report

July 2018

Acknowledgements and thanks

We acknowledge the traditional owners of the land on which we work and live, and respect Aboriginal people's ongoing custodianship of the land. We pay respect to Tasmanian Aboriginal people, and Elders past and present.

Thank you to everyone who contributed to this report, especially Aboriginal people in lutruwita/ Tasmania who shared their experiences, including many deeply personal stories. We understand for some it was hard to relive experiences of illness, pain, discomfort and disrespect. We value your time, insights, ideas and wisdom.

Thank you to Rosie Smith for co-facilitating most of the focus groups.

Thank you to the Aboriginal organisations that guided us with the consultation and helped community members have a say:

- the Aboriginal Health Service, Hobart (Tasmanian Aboriginal Corporation)
- the Aboriginal Health Service, Launceston (Tasmanian Aboriginal Corporation)
- the Aboriginal Health Service, Burnie (Tasmanian Aboriginal Corporation)
- Aboriginal Elders Council of Tasmania
- Cape Barren Island Aboriginal Corporation
- Circular Head Aboriginal Corporation
- Flinders Island Aboriginal Corporation
- Karadi Aboriginal Corporation
- Leprena (Uniting Aboriginal and Islander Christian Congress)
- No. 34 Aboriginal Health Service
- South East Tasmania Aboriginal Corporation.

Yours sincerely,

Belinda, Carol, Liz, Narelle and Sharon (the Priority Populations Team, Department of Health).

For information about this project, please email healthy.communities@health.tas.gov.au

About the artist and artwork

I am Takira Simon-Brown, a proud lutruwita/Tasmanian Aboriginal woman.

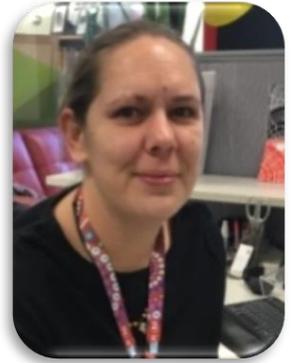
My grandmother is Joan Brown, and my mother June Brown, both recognised shell necklace stringers whose work has been displayed at the Tasmanian Museum and Art Gallery. My grandfather Devony Brown was a unique shell necklace stringer too.

I come from a diverse family, Aboriginal on one side, and Dutch, Irish, English and Scandinavian on the other. I am proud of my mixed heritages and the influences from all sides of the family that inspire my art.

The art featured in this paper is called 'Linking Petroglyphs'.*

Childhood memories of my mother's early artwork using petroglyph images prompted this design while I was working with young school students. It shows the links between me, memories of my family, my community and our people.

** There are over 60 recorded rock markings (or petroglyphs) in Tasmania, and these are some of the oldest rock markings in the world. Petroglyphs are rare and culturally significant. The exact meanings of the symbols on the petroglyphs in Tasmania have been lost to time.*



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About this document

This document describes Aboriginal people's experiences using government and other mainstream health services in Tasmania, as described to the Priority Populations staff of Population Health Services, Department of Health (DoH) from February to June 2018.

The purpose of the consultation was to inform the Tasmanian Implementation Plan for the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*.

This document includes quotes from participants in the consultation activities. All quotes are written in italics, except in Appendix 2, which includes a complete list of quotes recorded (within the agreed scope).

Terminology

- In this document, 'community' means members of the Aboriginal and Torres Strait Islander communities in Tasmania and people working in Aboriginal health services.
- We use the term 'Aboriginal' to describe all Indigenous people in Tasmania, in recognition that Aboriginal people are the original inhabitants of Iutruwita/Tasmania.
- This document includes references to Aboriginal Health Workers and Aboriginal health workers.
 - Aboriginal Health Workers are a defined occupational group that provide primary health care for Aboriginal people.
 - Aboriginal health workers are health workers who are Aboriginal.
- When DoH undertook this consultation, the Department was called the Department of Health and Human Services, or DHHS. This is reflected in many direct quotes from participants. The departmental name has not been updated in the quotes in order to preserve the integrity of the quotes.

Abbreviations used in this document

DoH	Department of Health (previously DHHS, Department of Health and Human Services)
DHHS	Department of Health and Human Services
ICU	Intensive Care Unit
LGH	Launceston General Hospital
NWRH	North West Regional Hospital
RHH	Royal Hobart Hospital.

Project background

National Context

All governments in Australia have agreed it is important for health services to be culturally respectful, so the health system is accessible, responsive and safe for Aboriginal people, and cultural values, strengths and differences are respected. Providing culturally respectful healthcare is a fundamental step towards improving health outcomes for Aboriginal people.

Accordingly, in 2016, the Australian Health Ministers' Advisory Council commissioned the National Aboriginal and Torres Strait Islander Standing Committee to renew the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009*.

The *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026* commits the Commonwealth and all states and territories to embedding cultural respect principles into their health systems: from developing policy and legislation, to how organisations are run, through to the planning and delivery of services. It will guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal people, contribute to achieving Closing the Gap targets agreed by the Council of Australian Governments, and support health services to achieve and maintain accreditation against the National Safety and Quality Health Service Standards (Version 2).

The Cultural Respect Framework was developed in consultation with Aboriginal organisations around the country, and outlines how to achieve a culturally respectful health system.

There are six domain (focus) areas:

1. Whole-of-organisation approach and commitment
2. Communication
3. Workforce development and training
4. Consumer participation and engagement
5. Stakeholder partnerships and collaboration
6. Data, planning, research and evaluation.

Within each focus area there are 4–7 activities.

Tasmanian Context

This is the first time there has been a coordinated, statewide and whole-of-sector focus on improving Aboriginal cultural respect across mainstream health services in Tasmania.

The project is being led by Population Health Services in DoH. Project partners are the Tasmanian Health Service, various units within DoH, Primary Health Tasmania, the Australian Government Department of Health, the Tasmanian Aboriginal Corporation and the Tasmanian Aboriginal Health Reference Group.

Project partners agreed the first step would be to develop a Tasmanian implementation plan for the Cultural Respect Framework. To produce an effective plan, we needed to ask Aboriginal community members in Tasmania about their experiences accessing mainstream health services and what they think the priorities are for improving cultural respect.

Methodology

The main community consultation methods used were:

- face-to-face discussion
- an online survey, with hard copies available at Aboriginal community organisations and in some mainstream services.

Face-to-face Consultation

DoH completed nine focus groups and consulted community members at the putalina Festival in Oyster Cove. A local consultant was engaged to consult community members on Flinders Island.

Around 120 people participated in the focus groups, with the number of participants at each session ranging from three to 30.

Focus groups were hosted by:

- South East Tasmania Aboriginal Corporation (Cygnet)
- the Tasmanian Aboriginal Corporation (piyura kitina/Risdon Cove, Hobart, Launceston and Burnie)
- Leprena (Moonah)
- the Aboriginal Elders Council of Tasmania (Launceston)
- No. 34 Aboriginal Health Service (Ulverstone)
- the Circular Head Aboriginal Corporation (Smithton).

Focus groups were co-facilitated by an Aboriginal community member and a DoH Priority Populations Officer.

Facilitators advised participants:

- information (within the agreed scope) would be recorded in writing, anonymously, and included in the consultation report (this report)
- the scope included health services in Tasmania that are not Aboriginal community-controlled; this includes hospitals, aged care, dentists and oral health services, mental health services, ambulance services, community health, child health and general practice and other primary care providers
- the scope of the focus groups did not include Aboriginal community-controlled health services (except for examples of activities that promote cultural respect) or issues that affect the general population (including cost of services, waiting lists).

To thank participants, they were invited to put their name on an attendance list to go into the draw to win one of two \$50 shopping vouchers.

Online Survey

The online survey commenced in January 2018 and closed on 5 June 2018. It was completed by 129 people. Only responses completed by people who identify as Aboriginal and have used mainstream health services over the past two–three years were accepted. This was 111 people.

The survey was available online and in hard copies at Aboriginal organisations around the state.

The survey was promoted through Facebook (Aboriginal organisations and DoH), the DoH Internet site, promotional posters (with an SQL code), email networks and word-of-mouth, including at focus groups.

Top Priorities

The top priority communicated through the consultation was workforce development, including cultural awareness and cultural competency training for all staff, especially doctors from interstate and overseas, reception staff and those working in emergency departments and aged care services.

Other priorities communicated, in no particular order, are:

- improved staff training and processes in recording Aboriginal identity
- improved physical settings and cultural visibility, including flying of the Aboriginal flag
- increased capacity of Aboriginal Liaison Officers
- increased proportion of Aboriginal health workers in mainstream services
- better complaints management
- improved partnerships between mainstream health services and Aboriginal organisations, including better understanding of the role of Aboriginal Support Workers and Aboriginal Health Workers.

Survey participants were also asked to provide suggestions on ways to improve cultural respect across four categories:

1. Policies and processes
2. Physical environment
3. Information
4. Staff development.

Participants were then asked to rate the importance of their suggestion, for example “*How important to you is your suggestion about staff?*”

As shown in Table 1, participants ranked their suggestions about staff development as the most important, with 90 per cent of respondents ranking their suggestions in this category as very important or important.

Table 1: Proportion of survey respondents that ranked their suggestions against each of the four categories as very important or important.

Category of suggestions	Percentage of respondents who ranked their suggestions in each category as very important or important
Staff development	90
Physical environment	82
Policies and processes	81
Information	79



Figure 3: Some of the words most frequently-used when people were asked about the priorities.

Consultation Findings

I. Racism and cultural disrespect

“There needs to be attitudinal change across the whole system. Someone needs to hold people accountable for their disrespect.”

“I’m an Aboriginal Health Worker and I’ve had Aboriginal people come to me and say “I don’t want to go back, I’d rather go home and die.”

Over one in four survey participants (28.6 per cent) stated they had experienced racism or racial discrimination when using or visiting a mainstream health service in Tasmania.

One in four survey participants also stated they did not feel welcome, comfortable or respected as an Aboriginal person last time they used a mainstream health service, and over one in 10 (15 per cent) felt uncomfortable about returning for their next appointment.

Many focus group participants talked about the general disrespect they experience when accessing mainstream health services, and how damaging that is to the patient/healthcare worker relationship.

“Aboriginal culture in its best essence is relational. Traditionally, we know it’s built on relationships. I need to trust that person won’t judge me. They need to understand why these things matter.”

2. Partnerships between health services and Aboriginal organisations

Concerns were raised by Aboriginal Health Workers and Aboriginal Support Workers about the perceived lack of partnerships between Aboriginal community-controlled health organisations and mainstream health services. Participants suggested:

- clearer processes for referral pathways and a guide for how to build relationships
- rotation of mainstream health service staff through Aboriginal community-controlled health services.

“Partnerships are very important between the Aboriginal Health Service and the Aboriginal Liaison Officers. I’d like to see regular meetings between the Aboriginal Health Service, the Aboriginal Liaison Officers and other parts of the Tasmanian Health Service.”

“There’s no defined process to ensure Aboriginal Community Controlled Health Organisations are partnered with or referrals made.”

“Drug and Alcohol Services do a bus tour to the Aboriginal Health Service for new and trainee staff. It really helps.”

“In our small community, the services work well together. We know the ones that are respectful and that work well with us at the Aboriginal Health Service. We ring ahead when referring a patient to another service.”

3. Cultural competency training

Cultural competency training across mainstream health services was clearly the number one priority communicated by participants through the community consultation. While participants advocated training for all staff working in health services at all levels and in all roles, many singled out one or more of the following groups as priorities to receive training:

1. Doctors trained overseas or interstate
2. Reception staff
3. Staff working in emergency departments
4. Staff working in aged care services.

“People trained interstate have very different ideas about Aboriginality. DHHS and the College of General Practice do orientation. They need to include information about us – that we exist.”

Participants also emphasised:

- cultural competency training needs to be provided face-to-face by Tasmanian Aboriginal community members who are trained and supported by community to provide that service
- the need for training to be recurrent, with refresher sessions every two to three years
- the importance of on-the-job training through work placements at an Aboriginal community-controlled health service.

“Cultural awareness training needs to be given by Aboriginal people. Otherwise you lose the passion and understanding, the depth and realness.”

Staff don't seem to know how to work with Aboriginal patients. They don't know the history. They don't know how to talk with us. It's easy! Just treat us kindly and respectfully. We don't expect you to know everything about our culture.

“It shouldn't be Aboriginal Liaison Officers providing cultural awareness training. People need to realise it's very stressful to go over our history time and time again.”

“Educate doctors, especially those from outside of Australia, that the colour of one's skin does not determine Aboriginal descent.”

4. Staff training and processes in recording Aboriginality

“Our trauma is compounded by having to convince people we still exist.”

Many participants stated they had never been asked if they are Aboriginal when accessing mainstream health services.

Just over half of the respondents (53 per cent) to the online survey were asked if they are Aboriginal last time they used a mainstream health service.

Only two in five respondents (40 per cent) were both:

- asked if they were Aboriginal AND
- felt they were asked in a respectful way.

Participants understood many staff members do not feel comfortable asking about someone’s Aboriginal identity because of the personal nature of the question and past experience being ridiculed by people they had asked (many had heard non-Aboriginal people responding: “well, do I look Aboriginal?” when asked if they were Aboriginal).

I know she felt uncomfortable about asking but there is no need to be. I'm from another race and proud of it, I'm happy to answer and support my non-Aboriginal service providers to get the information they need to make things better for my people, especially the young and my Elders.

Of those who had been asked, many had their Aboriginal identity subsequently questioned because they did not ‘look Aboriginal’. Participants emphasised how disrespectful this, and how damaging it is for their relationship with the healthcare worker:

“If I say I’m Aboriginal, and you question it, what does that mean for our relationship? You’re questioning my whole identity! Why would I trust you with other information about my health and what’s going on? I’ll just clam up and keep quiet, thanks.”

Many participants felt staff members’ attitudes changed when they identified as Aboriginal, and some had experienced snide remarks about benefits for Aboriginal people that are not available for others.

“Once an Aboriginal person identifies, the staff are judgemental. They assume we’re intoxicated, drunk, drug addicts, lazy. We don’t get treated fairly. We don’t get the care we need.”

“I don’t often get asked if I’m Aboriginal. But my experience has been that once I identify, I’m looked down on.”

Most participants did not know the rationale for Aboriginal identity being asked and recorded, and many believed many staff would not know the rationale either. Some believed it was so the service could access additional funds.

Suggestions included:

- greater use of existing posters asking people to let the service know if they identify as Aboriginal
- display of posters explaining how information about Aboriginal identity is used
- checklist for reception staff outlining when and how to ask about Aboriginal identity.

5. Increased number of Aboriginal staff

“In the hospitals and at the doctors, we have to speak with African, English, Indian and Asian doctors. It would be nice to speak with an Aboriginal doctor sometimes.”

Many participants raised the need for more Aboriginal people to be employed in the health sector, across roles. To achieve this, there were calls for:

- an Aboriginal employment strategy, with opportunities for cadets and apprentices, and to fill decision-making roles
- more scholarships
- more work experience opportunities and promotion of health careers to young Aboriginal people
- mentoring programs
- maintenance of the Riawunna Centre at the University of Tasmania.

“There needs to be more blackfellas in DHHS roles. You could possibly try for funding to create more scholarships/training for doctors, nurses, managers and police... blackfellas don't trust the gov for obvious reasons past and present but I guarantee you, we would feel a lot safer and confident if we're dealing with a blackfellas doctor.”

“Aboriginal healthcare workers understand our needs and are much easier to talk to. It feels safe.”

“Riawunna at the university is great. I wouldn't have got through my social work degree without it. But you need to get people to that level first, ready for uni.”

6. Increased capacity of Aboriginal Liaison Officers

The presence of Aboriginal Liaison Officers at the Launceston General Hospital and the Royal Hobart Hospital was applauded; however concerns were raised about their limited capacity and the absence of an Aboriginal Liaison Officer at the North West Regional Hospital, the Mersey Community Hospital and in Oral Health Services.

“Getting more help for the Aboriginal Liaison Officer in the hospital has to be the number one priority. The Aboriginal Health Liaison Officer helps contact family members, sort out services on discharge, follow-up on prescriptions, and makes sure we know about appointments and what tablets to take when.”

Participants emphasised the value of the Aboriginal Liaison Officer and the diversity of support they provided, and that the physical space provided to Aboriginal Liaison Officers is also important:

“At the RHH, the Aboriginal Liaison Officer has a tiny, windowless room shared with another staff member. That's disrespectful in itself. It's not a friendly room to visit and you can't have confidential conversations.”

“It's very important to have Aboriginal Liaison Officers and they need a decent space for us to feel safe. The hospitals have chapels. Why can't they have safe spaces for us too?”

“They have a Refugee Health Clinic but not an Aboriginal Health Clinic.”

7. The role of Aboriginal Support Workers and Aboriginal Health Workers

“I’m an Aboriginal Health Worker. We support people with complex conditions. We go with them to Outpatients appointments and interpret information between the patient and the doctor.”

There were significant concerns about a perceived lack of understanding of – and respect for – Aboriginal Support Workers and Aboriginal Health Workers.

“Aboriginal Health Workers are only allowed in to see their patients in visiting hours, even though they are visiting as health professionals! But I can’t talk to my patients in visiting hours because they have visitors! I can’t talk with them about their health when they have visitors.”

“I’ve found staff don’t understand the role of the Aboriginal Health Worker. I’ve had people assume I’m the partner of a patient, even though I introduce myself as the Aboriginal Health Worker.”

“I’m an Aboriginal Support Worker and my presence is often questioned. Once I was with a patient – one of our community members – in the hospital. The doctor asked him “what makes you so special that you’ve got a support worker?” She then turned to me and asked me ‘What’s that look on your face for?’ It was awful. Being in hospital is stressful enough!”

“I’m an Aboriginal Support Worker. I was at the hospital supporting a family and the staff were really judgemental. They don’t understand my role. They judge me and my role and give neither any respect.”

8. The Aboriginal Flag

“I feel proud seeing the flag at the NWRH. It’s cool; makes you feel valued. Like it’s OK to be there, they’ll understand if I get confused. It immediately makes the hospital more accessible to me. I feel like I have a right to be there; that they’ll understand.”

The importance of the Aboriginal flag was raised at every focus group. Participants spoke with pride about the Aboriginal flag and explained that seeing the flag made them feel welcome and, importantly, that the service was a friendly and safe place.

“When the flag is displayed, it makes you feel acknowledged, proud, recognised, represented.”

“Flying the flag is great. Little people especially notice it. My kids see it and get excited. They’re proud.”

“I’m amazed at how happy kids are when they see our flag. They shine.”

The Aboriginal flag should fly on all Tasmanian Government buildings, especially hospitals and oral health services.

9. Improved physical settings and cultural visibility

“Every picture is about white people, white culture. We're invisible.”

Many participants emphasised the need for the physical setting to be welcoming and inclusive of Aboriginal people. Suggestions included:

- acknowledgement plaques
- Aboriginal themes on the cubicle curtains in hospitals
- artwork from local Aboriginal people
- cultural displays, as provided at the Launceston General Hospital
- health promotion posters and brochures featuring local Aboriginal people and imagery.
- Aboriginal books, dolls and pictures on the children’s ward, to help normalise Aboriginal culture and ongoing existence in Tasmania
- availability of the Koori mail
- inclusion of information about Aboriginal health and culture in the videos played on continuous loop in waiting areas.

“When you walk into a room, you scan. It’s automatic. You look for things that are familiar to you, things that make you feel safe and welcome. For Aboriginal people, that’s the flag, our colours and pictures. They tell us we are welcome.”

“It would be great if the curtains at the hospital had an Aboriginal theme. It would make you feel proud. It would show they’re starting to recognise us. That we’re still here.”

“It’s important to have acknowledgement plaques in prominent positions. It shows the hospital recognises that we exist.”

“If a brochure had Aboriginal artwork or the flag, I’d definitely be more likely to pick it up, read it and remember it.”

“You’re more likely to communicate openly with the nurse or doctor if you feel welcome and invited.”

“The ambience of the room at the Aboriginal Health Service makes you feel invited and welcome – the artwork and other paraphernalia on display.”

Participants also discussed the importance of having culturally safe places for patients and family members to meet within stressful hospital environments, preferably close to the Aboriginal Liaison Officer’s office.

“We need a space in the hospitals where we can gather to support each other and feel safe, and have family meetings. With tea and coffee, books for kids, artwork to help us feel welcome.”

“A break-out room for when an Aboriginal person is ready to pass over to their ancestors.”

10. Complaints management

“Most of our community wouldn’t arc up if something went wrong. Instead you sit at home getting angry thinking about it, and thinking that’s all I’m worth, and that compounds our mental health problems.”

Complaints management is a topic that triggered much expression of frustration at focus groups.

Two issues were raised frequently:

1. Reluctance to make a complaint

Participants outlined the following barriers to making complaints:

- concern that making a complaint would make the situation worse
- lack of knowledge about how to complain, and confidence in ability to make a complaint according to the defined processes
- lack of time and energy to make a complaint given the perceived lack of benefit.

Many participants stated they would not feel comfortable making a complaint or didn’t know how, especially if they had to make the complaint in writing. No participants at any of the focus groups had heard of the Health Complaints Commissioner when asked by a focus group facilitator and none mentioned seeing any written information about making a complaint or being given information.

“Information about most policies and procedures is very public in the hospital, but not information about making a complaint. That information is hidden away.”

2. Disappointing management of complaints

“I complained and got worse treatment! They didn’t care.”

“We need someone who is Aboriginal working in health complaints.”

For the few who had made a complaint in the past, the experience was not positive. Participants felt their complaints were not taken seriously and were not followed up: often they did not get any response from the service provider. Some were very concerned their complaint made their situation – and treatment – worse.

The exception was the Launceston General Hospital, which was singled out at two focus groups:

“Complaints management at the LGH is good. They should roll that out across all the hospitals. They ring to find out what happened and talk it through; then they follow it up in writing.”

Feedback through the online survey supports the finding from focus groups that complaints management is a priority for improvement. Over one in four (28.6 per cent) survey participants stated they had experienced racism or racial discrimination while using or visiting a mainstream health service over the past two–three years. Of those, 50 per cent complained. Of those, just over than one in five (21 per cent) felt their complaint had been managed appropriately. The most common reason for not making a complaint was concern it would make the situation worse.

11. Other findings

- There was some discussion about, and strong support for, services celebrating NAIDOC week.
- Some participants raised concerns about visitor numbers being limited in hospitals
- Other suggestions made include:
 - have an Aboriginal person on the Tasmanian Health Service Consumer Reference Group
 - provide copies of the Koori mail in each service
 - always do a Welcome to Country or Aboriginal Acknowledgement at meetings and announcements.

“It’s very important to celebrate NAIDOC Week, but don’t expect us to organise your events. NAIDOC Week is for us to celebrate who we are and what we’ve achieved. Provide a cultural display. Celebrate your Aboriginal staff. Help break down the stereotypes.”

“When they limit visitors to just one or two people, that’s an issue for many Aboriginal families. That policy isn’t explained. If it was explained, maybe we’d understand better.”

“One of our Elders was in ICU {intensive care unit}. Their policy is to allow only two people to visit at any one time. We said we’re all community and we come together and they said OK. They took our cultural needs into consideration. We were so pleased we wrote to say thanks.”

Appendix I: Online Survey Summary Report

Question 3 of the online survey was: 'If you could do two things to make government (and other mainstream) health services more inclusive and respectful of Aboriginal people in Tasmania, what would they be? Your suggestions can be little or big; there is no right or wrong answer.'

Table I provides a summary of the responses.

Table I: Summary of responses to Q3 of the Cultural Respect Framework Community Consultation Online Survey

Priority	Typical comment	No. of respondents' first priority	No. of respondents' second priority
Provide cultural respect training	<ul style="list-style-type: none"> • Educate doctors, especially those from outside of Australia, that the colour of one's skin does not determine Aboriginal descent • Have all staff complete cultural respect training • Realise that we have our own language and culture. 	21	8
Cultural displays, artwork, flags, physical space.	<ul style="list-style-type: none"> • Provide a visible Aboriginal presence at each facility – Acknowledgement-of-Country statement, posters using Aboriginal people/images. • Display our flag • Make us visible so people realise we exist, and don't question our Aboriginality • Advertise Aboriginal support services • As visual people, environments really need to be Aboriginalised for Aboriginal people feel included • Have more palawa kani around • Have a greater cultural presence – at least put up our flag! • A break-out room for when an Aboriginal person is ready to pass over to their ancestors. 	13	11
More support to navigate the health system	<ul style="list-style-type: none"> • More Aboriginal Liaison Officers • For there to be more help out there for us • Have more trained Aboriginal Health Workers to assist Aboriginal people with doctors' visits as I don't always understand my doctor's lingo. 	7	6

Priority	Typical comment	No. of respondents' first priority	No. of respondents' second priority
Ask everyone if they are Aboriginal	<ul style="list-style-type: none"> • Ask the question to everyone every time: Are you of Aboriginal origin? • Never challenge someone's Aboriginal identity • My local medical centre has never asked if I am Aboriginal. 	7	2
Better communication	<ul style="list-style-type: none"> • Make conversation with the person • Please listen • Make time to listen • Listen to community • Smile and welcome Aboriginal people (and not grimace when you see us coming) • Understand not everyone can read or write. It is hard to fill out forms so I just don't go to the doctor if I don't need to. 	6	5
Increase the size of the Aboriginal workforce	<ul style="list-style-type: none"> • Offer more pathways for Aboriginal people into medicine • More Aboriginal people in the healthcare sector • There needs to be more blackfellas in DHHS roles. You could possibly try for funding to create more scholarships/training for doctors, nurses, managers and police ... blackfellas don't trust the gov for obvious reasons past and present but I guarantee you, we would feel a lot safer and confident if we're dealing with a blackfellas doctor • Have more Aboriginal people working for government. 	5	5
Improve the Closing the Gap Pharmaceutical Benefits Scheme Co-Payment Program	<ul style="list-style-type: none"> • Teach doctors about Closing the Gap • Provide more intensive and complete health care for each Aboriginal person • Our personal Closing the Gap number should cover all doctor surgeries, specialists etc. (like Medicare does). And the free 715 health check should be offered, many practices do not promote nor offer this service. 	3	2
More community-based services	<ul style="list-style-type: none"> • Dental services provided by an Aboriginal community-controlled health organisation • More Aboriginal services available in my community. 	3	5

Appendix 2: Focus group feedback, sorted by issue

Appendix 2 provides a list of comments made during focus groups, sorted by issue. Any comments that were considered out of scope or that may identify an individual have not been included. Any comments that could have identified the location of the focus group or host have been modified to protect anonymity.

A small number of comments appear twice, under different headings.

Aboriginal Identification

- We still have issue where if people identify they feel they are labelled as activists, especially if they wear the flag on their t-shirt. This is one reason why the numbers of children that identify as Aboriginal in schools drop off as they get older.
- I don't get asked if I'm Aboriginal.
- When you're asked if you're Aboriginal, where does this information go?
- When someone says they are Aboriginal, how is that information used? It would be good for there to be information about how it's used to make sure health risks are followed up and to get data.
- My dad would never say he was Aboriginal, he would say he was a Jew.
- I've never been asked if I'm Aboriginal. I've used plenty of mainstream health services. I wouldn't mind being asked. I think people are too scared to ask or don't know how.
- When I said I'm Aboriginal, the receptionist made a sly comment about us getting everything free.
- Everyone things we get everything for free. If only!
- I've never been asked if I'm Aboriginal.
- Why do we even get asked that?
- Most people don't ask if you're Aboriginal. They only find out when we fill in a form.
- I always say yes, I'm Aboriginal. I'm not ashamed.
- The hospital is pretty good and they do ask if I'm Aboriginal.
- We were the first Australians and not ashamed to admit we are Aboriginal.
- We're the only group of people that have to prove our identity. I don't justify who I am. People either accept me or they don't.
- People need to be identified as Aboriginal on their health records. It supports data collection, which tells us where the main health issues are, and helps funds be directed in the best way. It also supports staff to provide the best care, bearing in mind family history and Aboriginal risk factors.
- Some receptionist won't ask if you're Aboriginal. I'm sure it's because they don't know how to ask and they think it's disrespectful to ask.
- I've never been asked if I'm Aboriginal, and the patient file isn't there when you first go to the hospital, so they really should.

- We should only need to answer the question (*Are you Aboriginal or Torres Strait Islander?*) once. The data systems should talk to one another. I won't go back there if I keep getting asked if I'm Aboriginal. I already told you. Doesn't Government believe me?
- It's good to be asked each time. To me it's just a form and I don't take offence, I don't see it as reconfirming who I am, it's just making sure it's recorded correctly.
- The receptionists need checklists that include the need to ask if someone is Aboriginal.
- They need to make it clearer on a person's file that they are Aboriginal. Maybe put a sticker with the flag on the front of the file.
- The posters at the front desk asking if you identify as Aboriginal, they're good.
- There needs to be posters saying "Are you Aboriginal".
- People make their own judgements before asking about our Identity.
- I don't often get asked if I'm Aboriginal.
- I get asked sometimes, but not routinely. Perhaps they already have it on file?
- They think they know if I'm Aboriginal by the look of me.
- Mostly my Aboriginality is ignored after the initial tick-the-box.
- If they have signs up it's only for attracting money or meeting guidelines for funding.
- We are still living with a recent history of our identity being actively denied and in my family, actively hidden by my parents.
- The University's Better Health Outcomes project is reviewing how Aboriginal identity is asked in hospitals.

Staff not accepting Aboriginal identification

- I had a nurse ask me how much Aboriginal blood I have in me. How do you answer that?
- Staff need to know it's not how you look, it's who you are that's important.
- There should be a poster explaining why we don't look Aboriginal. That might stop people saying "well you don't look Aboriginal". That would be good for kids to see and understand too.
- If I say I'm Aboriginal, and you question it, what does that mean for our relationship? You're questioning my whole identity! Why would I trust you with other information about my health and what's going on? I'll just clam up and keep quiet, thanks.
- We always experience snide comments and looks. Often people aren't rude enough to ask the question, but you can see it in their body language, they're thinking "what part Aboriginal are you?"
- The receptionist asked me "Are you still Aboriginal?" Seriously! Those in the front-line need training in cultural respect.
- The reaction I got from reception was awful. They ask the question because they're made to ask, but the response I got was "Err, there aren't any Aborigines in Tasmania."
- I was told I didn't look Aboriginal.

- I heard from a First Nations Man from Canada, about trauma and being healthy. We need trauma-informed people. Our trauma is confounded by having to convince people we still exist.
- A lot of people do not believe there is a Tasmanian Aboriginal community. They say “*Oh, you don’t look Aboriginal.*” What are we supposed to look like, giving we survived attempted genocide?
- Reception staff and interstate doctors are the worst. They are not culturally aware.
- If you don’t recognise Aboriginal people are in Tasmania, you can’t be culturally respectful.
- My child was, by chance, born in Ireland. Because of that, his Aboriginality was assumed to be false. The receptionist questioned it loudly in the waiting room. My son was really embarrassed.
- We have custody of my daughter. But I was turned away by the staff because she’s also a client of Children’s Services. They didn’t respect me as her guardian. They assumed her step mother was her mother even though she looks Indian. They didn’t believe I was her mother because I didn’t look Aboriginal. I even showed my Medicare Card.
- It’s how they say it that matters. When they look at me and decide I’m a non-Aboriginal person because of the colour of my skin, because my skin’s not dark. That matters. That’s disrespect.
- If you have a population that doesn’t recognise your existence, it’s really hard. Showing our existence through art helps knock down that wall.
- It’s OK to ask if you’re Aboriginal. But you need to ask everyone, every time. Don’t single people out.
- It’s not OK to question someone’s identity.
- They only ask if you’re Aboriginal if you look Aboriginal.
- I was disrespected when I identified as Aboriginal, mostly because of my blonde hair.
- I look European and with a name like mine, no-one would think I’m Aboriginal. I’m part of the Stolen Generation. I was adopted. Now I’m married. Of course I don’t have an Aboriginal name!
- With Closing the Gap, it was hard to get the doctors on board. My doctor refused to participate because he didn’t believe there are Aboriginal people in this area.
- My doctor queried my eligibility for Closing the Gap and asked me where my Aboriginality came from. I don’t question your heritage. I accept what you say.

Aboriginal Liaison Officers

- Even if they did ask if you’re Aboriginal and you say yes, they don’t contact the Aboriginal Liaison Officer for you. The Aboriginal Liaison Officer doesn’t come.
- Resentment is there from other patients as they feel like we are getting special treatment, but we don’t know what is going on in their head, we need to respect what they are thinking.
- I never knew there was an Aboriginal Liaison Officer at the hospital, I’ve been there several times and I’ve always said I was Aboriginal.
- How can one Aboriginal Liaison Officer get around everyone?
- An Aboriginal Liaison Officer at the Burnie / Mersey hospital would make a difference to the local community, and it should be an Aboriginal person. Too many people are slipping through the cracks in the system.

- It would be good if the Aboriginal Liaison Officer at the hospital had more capacity to support our people.
- We get someone called a liaison officer when we are in hospital, everyone else gets a social worker.
- The Aboriginal Liaison Officer helps contact family members, sort out services on discharge, follow-up on prescriptions and makes sure we know about appointments and what tablets to take when.
- Getting more help for the Aboriginal Liaison Officer in the hospital has to be the number one priority.
- There needs to be an Aboriginal Liaison Officer at every hospital.
- Having an Aboriginal Liaison Officer at the hospital has made a difference.
- It's important to have Aboriginal Liaison Officers; it nice to have someone from your own culture to support you.
- It's important that Aboriginal Liaison Officers check in on anyone who identifies as Aboriginal, not just those they know.
- They need an Aboriginal Liaison Officer at the NWRH. It needs to be an 'identified position'.
- The only good thing about the hospital was the Aboriginal Liaison Officer. We need ten of them in each place.
- I'm an Aboriginal Liaison Officer. I said to staff in the Emergency Department: "*Please don't discharge this patient until I'm in at 7.30 am. I'll organise transport for him.*" He was discharged at 02:00 am. He slept in the park.
- The private hospitals don't have any Aboriginal liaison staff.
- Its problematic that the liaison officers only work Monday to Friday. What about weekends?
- It needs to be better-known that there is an Aboriginal Liaison Officer and what their role is.
- There should be a sign saying "*We have an Aboriginal Liaison Officer. Let us know if you want to see her.*"
- Can I still use the Aboriginal Liaison Officer in other parts of the hospital? Like in the Wellington Clinic?
- They need an Aboriginal Liaison Officer seven days a week at Tassie's major hospital.
- The room used for the Aboriginal Liaison Officer is inappropriate. It needs a window!
- I wouldn't know how to find the Aboriginal Liaison Officer.
- If you tick 'I am Aboriginal', you should then get a form asking if you want to see the Aboriginal Liaison Officer.

Aboriginal Support Workers / Aboriginal Health Workers – their roles

- I'm an Aboriginal Support Worker and my presence is often questioned. Once I was with a patient – one of our community members – in the hospital. The doctor asked our community member *“what makes you so special that you've got a support worker?”* She then turned to me and asked me *“What's that look on your face for?”* It was awful. Being in hospital is stressful enough without that!
- I'm an Aboriginal Support Worker. I was at the hospital supporting a family and the staff were really judgemental. They don't understand my role. They judge me and my role and give neither any respect.
- I've found staff don't understand the role of the Aboriginal Health Worker. I've had people assume I'm the partner of a patient, even though I introduce myself as the Aboriginal Health Worker.
- I'm an Aboriginal Support Worker. I told the Emergency Department I was a patient's sister, so I could go with him into the cubicle. Otherwise they wouldn't let me. I've had that happen before.
- I was too scared to say I was a support worker because I wouldn't have been allowed in, even though that's what the family wanted.
- Where there is a relationship between the health service and an Aboriginal Health Worker the referral and support system works well. Aboriginal Health Workers recommend people identify on admission and get a discharge plan before leaving.
- No-one tells us there is support available to us through the Liaison Officer. Hospital staff should tell us about that support.
- Train and value Aboriginal staff.
- I'm an Aboriginal Health Worker and a Registered Nurse. Most of my experiences at the hospital are positive as there's usually someone there I know. People accept and understand my role.
- I'm an Aboriginal Health Worker. We support people with complex conditions. We go with them to Outpatients appointments and interpret information between the patient and the doctor.
- When I've introduced myself as an Aboriginal Support Worker, I've been asked *“What are you doing here.”* I've had people refuse to acknowledge me, let alone talk to me!
- Aboriginal Health Workers are only allowed in to see their patients in visiting hours, even though they are visiting as health professionals! But I can't talk to my patients in visiting hours because they visitors! I can't talk with them about their health when they have visitors.
- The Aboriginal Pregnancy Support Workers had to get special permission to go outside visiting hours.

Aboriginal Workforce

- Employ more Aboriginal people, especially young people.
- We need more Aboriginal nurses, and we desperately need Aboriginal doctors! We need to give our young ones a chance. Inspire them. They can do it.
- In the hospitals and at the doctors, we have to speak with African, English, Indian and Asian doctors. It would be nice to speak with an Aboriginal doctor sometimes.
- We need an Aboriginal employment strategy, with opportunities for cadets and apprentices and opportunities for Aboriginal people to fill decision-making role.

- At Centrelink, they have a goal of having five per cent Aboriginal staff, nationally, Indigenous champions, and a forum for Aboriginal employees; the Tasmanian branch has about thirty members and they provide guest speakers, support for new employees, a reconciliation action plan, networking and consultation opportunities, staff updates including about Indigenous affairs, and an Indigenous Mentoring Program.
- They need to employ more Aboriginal people.
- I was called a lot of names in my workplace, as an Aboriginal person.
- We need more Aboriginal people employed in health services. And not just in the kitchen.
- I've had people ask why there are special scholarships for Aboriginal people going into health careers. It's because we need more Aboriginal health workers! There's also scholarships for other population groups and people who live in certain areas.
- We need more scholarships.
- Riawunna at the university is great. I wouldn't have got through my social work degree without it. But you need to get people to that level first, ready for uni.
- The Tasmanian Aboriginal Corporation provides work experience. And the Medical School does information sessions for students in college. We need more of that, targeting Aboriginal kids.
- Aboriginal health care workers are more understanding of our needs and much easier to talk to. It feels safe.

Aged Care

- There is nothing culturally appropriate for Aboriginal people in aged care.
- Our Elders are very private people. There were some new workers from overseas. When my mum was incontinent, they stood her up in the common room and pulled her pants.
- If you complain, your relative gets targeted.
- Aged care workers need cultural respect training.
- There is nothing culturally respectful about aged care.
- It would be great to have an Aboriginal aged care service.
- You need to make aged care services more accountable.
- We should have some Aboriginal nursing homes. One in each region. So when I go to a nursing home, I still feel like I'm part of my community.
- Aged care is not supportive of me as an Aboriginal employee. I'm not allowed to take leave to attend cultural events. There is no Aboriginal acknowledgement or even artwork. No bending of policies to accommodate Aboriginal people.
- Aged care homes rely on us to get our Elders to join in Elders' Day.
- Aged care have games days, they play cards and go on excursions. But they don't celebrate any important Aboriginal dates.
- There's no Aboriginal cultural activities or art. It's all white fella stuff.
- Aboriginal people die younger than non-Aboriginal people. But the age at which we can access aged care services is the same as the general population. That's institutional racism.

Complaints

- Maybe I should have made a complaint, but I didn't. Time is an issue and when you don't hear anything back you think why bother, and what's it going to achieve? Will it be looked at? Respected? Followed up on? What's the point?
- I complained and got worse treatment! They didn't care.
- We need someone who is Aboriginal working in health complaints.
- I made my complaint face-to-face. I'm ashamed to say I punched the glass. It's very raw for us. The way our people were treated.
- Most of our community wouldn't arc up if something went wrong. Instead you sit at home getting angry thinking about it, and thinking that's all I'm worth, and that compounds our mental health problems.
- I wanted to make a complaint, but I didn't as I didn't know what the procedure was.
- I don't feel that most people would feel confident to write a complaint (without a support person), literacy is an issue.
- I'm not sure how to make a complaint.
- I made a complaint through the feedback form and didn't receive any feedback.
- I complained once but got no feedback. Why bother? What's it going to achieve? Does anyone even look at your complaint?
- Information about most policies and procedures is very public in the hospital, but not information about making a complaint. That information is hidden away.
- Feedback forms aren't culturally appropriate – they're not in plain English, there's no Aboriginal artwork on them or the flag.
- Complaints management at the LGH is good. They should roll that out across all the hospitals. They ring to find out what happened and talk it through; then they follow it up in writing.
- My son said to me: "Don't say anything mum, you'll end up having the doctors all hating me."
- A lot of people will make verbal complaints – or tell us at the Aboriginal Health Service what happened. They're not comfortable putting their complaints in writing.
- No-one complains. We talk to each other about it, and may be tell our Aboriginal health service.
- It's not the time or place {to complain}. And once you're out of there, it isn't worth it, nothing would change.
- As an Aboriginal Health Worker, I had to intervene when a specialist and a doctor were being rude to a patient. I made a complaint and reported them... I don't know what happened with my complaint.

Communication

- What I find hard is how to understand them. You need to keep the language simple.
- It's hard to ask questions. I don't even try. I go and ask the Aboriginal Health Service instead.
- It takes guts to ask questions. And when you do ask, I still don't understand the answers!
- They never check you understand the information they give you.
- I never know who to ask. Should I ask the nurse? Or the doctor?
- Good communication makes people feel more comfortable, they need to allow people to have input
- You feel like you can't ask questions at the Dental Service. The way they speak to people isn't very good.
- The most important thing is respectful communication. Ask patients what they think.
- Ask! There is nothing offensive in asking a question.
- Doctors should ask "Did you understand me?"
- What I do find hard sometimes is understanding what the doctors are telling me – I just nod and say yes, even if I don't understand.
- I wish doctors would keep their language simple.
- Communication is so important – simplifying it would increase understanding.
- When my partner was in hospital – we would ask questions of the nurse who would say 'ask the doctor' ... so we stopped asking.

Consumer Reference Group

- There should be an Aboriginal person on the Consumer Reference Group at the Royal.
- Would be good to see an Aboriginal person on the Tasmanian Health Service Consumer Reference group.
- We need Aboriginal representatives on the Consumer Reference Group.

Culture

- Some Aboriginal people don't want some forms of treatment for cultural reasons. But we'd be afraid to say no.
- Aboriginal lore is ancient. We just want to be heard and respected.
- Ancient *lore* needs to be respected above *white law*. Law has been organised and created for the majority, but we aren't the majority.
- Aboriginal culture in its best essence is relational. Traditionally, we know it's built on relationships. I need to trust that person won't judge me. They need to understand why these things matter.
- We need strong cultural advocacy.
- When they limit visitors to just one or two people, that's an issue for many Aboriginal families. That policy isn't explained. If it was explained, maybe we'd understand better.

- I'd like to see Aboriginal books, dolls and pictures on the children's ward, to help normalise Aboriginal culture and our existence to young people.
- I was complimented on the result of a test and told it was because my diet included traditional foods and that made me feel good.
- Most people value being asked meaningful questions about their Aboriginality, but not a history test. Sometimes it feels like a challenge to their identity.
- It's important to do a Welcome to Country or an Aboriginal Acknowledgement at meetings. It's what we do.
- It would be good if there were protocols requiring Welcome to Country and Aboriginal Acknowledgements, especially at important announcements.
- It's important to do a Welcome to Country. It's so important for us.

Emergency Departments

- The biggest issues are in the Emergency Departments. There are so many pre-conceived ideas there. They are so judgemental.
- I was in hospital and needed a cannula inserted. The young intern had three goes but couldn't get the cannula working. The next doctor tried. He saw the holes in my arm from the intern and asked me "Did you do that? Do you take drugs?" I couldn't believe the assumptions.
- I was in Emergency and this bloke who'd been bashed was carrying on, so I told him to settle down. He was shouting. I found out he was an Aboriginal man from the mainland. He was calling out to his ancestors. He was treated as if he was insane. He wasn't. Once you took the time to listen and talk with him.
- I went to the Emergency Department because I'd been having seizures. That's when I found out I also had MS {multiple sclerosis}. I found that out from a nurse who gave me a pamphlet. I didn't start treatment for ages because they didn't tell me or my GP anything. There's no linking between the hospital and my GP.
- They need a psychiatrist and social worker in the Emergency Department all the time.
- The health system is stuffed. A lot of our fellas go there asking for help and they get drugged up and turned away.
- How you're treated at reception in the Emergency Department and in triage is vital. It's hard enough being there, let alone when you get treated badly. I get that they are busy, that it's a challenging environment. But perhaps treating people better would help.
- I did some cultural awareness training with nurses in the Emergency Department, they were dreadful. One of the nurses was furious I even suggested racism exists in health.
- When I was in the Emergency Department, they asked who my doctor was. I said it was the doctor at the Aboriginal Health Service. Their response was: "Oh, are you Aboriginal? You don't look it." I felt embarrassed. Who are you to question my Aboriginality?
- My aunt was in the Emergency Department and the staff kept assuming she was drunk. They kept asking "what's she had to drink?" I kept answering: "She's never drank alcohol in her life."

- I went into the Emergency Department and was sitting in ambulatory care all night. I was 19 and by myself. No-one offered any support.
- Emergency departments are the biggest issue. Once an Aboriginal person identifies, the staff are judgemental. They assume we're intoxicated, drunk, drug addicts, lazy. We don't get treated fairly. We don't get the care we need.
- My sister was in Emergency. She was asleep across two chairs. They assumed she was 'sleeping it off' but she was unconscious! She had fluid on her brain. Now she's in a wheel chair.
- Maybe I should take my Aboriginal identity off when I go to the Emergency Department. But I won't. I'm proud to be Aboriginal.

General Disrespect / Stereotypes / Racism

- I had a referral from the Aboriginal Health Service to a private hospital. As soon as the receptionist saw the word Aboriginal, she told me to go to the Royal. I had to argue with her, to convince her I had private health insurance and was in the right place. I get sick of the assumptions people make.
- My dad had Parkinsons Disease. He was from the Stolen Generations. He once went to a doctor's clinic and was refused treatment because they thought he was drunk. He was sober.
- Nothing changes. Not in the way we're treated. I was admitted to hospital, and as soon as I said I'm Aboriginal, I was treated like shit – I was called a pill popper, a doctor shopper. I wasn't offered pain killers, and the staff kept going to everyone else's room except mine.
- Institutional racism needs to be addressed.
- Some staff are great, some can't be bothered and think you're a waste of time.
- My doctor was patronising and very racist. Some are respectful, some aren't.
- I overheard two staff members say: "now we have to put up with bloody gays and lesbians as well as Abos". I haven't been back to that clinic.
- We've come a long way but there is an underlying tone/body language.
- Staff at the hospital need new attitudes – if you go in like me, an average person, you get treated like shit. If you go in all toffed up then you get treated well.
- My doctor told me all my children would be alcoholics.
- My sister was treated as nobody.
- We have no voice and no choice.
- They don't like an educated black. Can't win either way.
- People don't like us because they think we get everything for free! WE DON'T!
- We shouldn't be treated like a piece of shit when we walk into the hospital.
- There is still a lot of disrespect.
- There is a lack of compassion from doctors, some of them are heartless.
- I'm sick to death of the arrogance, disrespect and lack of compassion from doctors.
- As soon as I said I'm Aboriginal, they couldn't wait to get me out the door.

- When you mention Closing the Gap to pharmacists! The attitudes that come with it!
- There needs to be attitudinal change across the whole system. Someone needs to hold people accountable for their disrespect.
- It's not just what people say. Sometimes you can just tell by the look on their faces and their mannerisms that they're wondering "What's she going to get for free?"
- I had a nurse say to me: "I'm not wasting time with that woman; she'll drink herself to death." That woman was my mother and she has been a teetotaler for years!
- In a lot of health services, it's hard to get past the older person at reception who often has quite dated, inappropriate views. We'll have to wait for the old guard to move on before we see change.
- The way they look down at you!
- People think we get free cars, free accommodation, extra money. We don't. We do get some extra benefits with some aspects of health care – but it's pretty obvious why! Have you looked at the data about our health? We're generally much sicker and die much younger!
- We used to refer patients to a private podiatry clinic. I'd call on behalf of patients to make appointments for them but as soon as I mentioned the Aboriginal Health Service, the receptionist would say "Oh." We stopped referring to that clinic.
- Specialists might have art work up, but there is nothing cultural respectful in their service. Happy to use our peoples' art to make their office beautiful though.
- If you don't look clean and tidy, you don't get any help.
- When they see the referral is from the Aboriginal Health Service, their mannerism changes! It's not nice.
- I'm an Aboriginal Health Worker. I've had specialists be rude to patients, not explain things.
- Recognition is the starting point – once we get recognition, we don't have a long list of asks, just to be respected and be treated like everyone else. We're expected to respect English culture. Is it unreasonable to expect people to respect our culture?
- I feel judged, but I'm not sure whether that's because I'm Aboriginal or because I am young.
- Most are ignorant of Aboriginal culture
- Aboriginal identity is not valued or respected, but seen in a deficit model.
- Once someone identifies as Aboriginal, people assume they won't comply.
- I'm an Aboriginal Health Worker and I've had Aboriginal people come to me and say "*I don't want to go back, I'd rather go home and die.*"
- After asking if I was Aboriginal, I was put in a different area.
- After identifying, the nurse put gloves on, as if I was dirty.
- After identifying, I felt they had decided I wouldn't or couldn't be compliant with the things I needed to do.
- My experience has been that once I identify, I'm looked down on.
- I always wonder whether I get offered less options because I'm Aboriginal – like referrals to specialists, especially if they think a cost might be involved.

General Practice

- I went to the Emergency Department because I'd been having seizures. That's when I found out I also had MS. I found that out from a nurse who gave me a pamphlet. I didn't start treatment for ages because they didn't tell me or my GP anything. There's no linking between the hospital and my GP.
- The Closing the Gap form is confusing – my GP was good and helped me fill it out, but not all are.
- Most GPs are aware of Closing the Gap and are very happy to sign up for it and do Aboriginal Health Checks. A few aren't.
- Sometimes people sign up for Closing the Gap at one practice and then they change to a different practice and don't realise they have to sign up for it again. You need to sign up for it at every practice.
- Some GPs and pharmacists say they don't do Closing the Gap here.
- There should be some education around Government processes like the 715 Closing the Gap form at the GP. And it's stupid to have to tick the box every time to identify. It feels like there's a lack of belief! Its caused some people to not bother with it and not take it up.
- Who does Aboriginal health plans for children? I hit a brick wall with some of our children in care. We need to go to a GP to get health plans done. But which GPs are culturally sensitive and skilled in doing Aboriginal health plans?
- There should be certificates that general practices can get if they are culturally sensitive practices. Like saying: *"This is an Aboriginal culturally sensitive practice. Talk with your doctor."*
- Having GPs do rotations through the Aboriginal Health Service is really important. It's really beneficial for doctors to spend time with the Aboriginal Health Service.
- Cultural awareness training for GPs is lacking, only one person delivering it statewide.
- A GP Cultural Awareness Training Camp would be good.
- There is cultural awareness training for local GPs, but staff need training too, especially receptionists.
- Cultural safety training should be required through accreditation for general practice and nursing homes.
- New doctors from interstate are particularly naïve. They don't understand our situation. They need better orientation.
- People trained interstate have very different ideas about Aboriginality. DHHS and the Australian College of General Practice do orientation. They need to include information about us – that we exist.
- Cultural awareness training should be mandatory for general practice, aged care and reception staff.
- Provide a certificate for general practices that are culturally sensitive practices, and keep a list of those practices.

NAIDOC Week and Other Events

- For NAIDOC Week, it's good if white people can go to the Elders rather than the Elders having to go into the broader community to celebrate.
- For NAIDOC Week, it would be great to have a display in the hospital for the week. You could include information about Riawunna, the Aboriginal Health Service and child care.
- It's very important to celebrate NAIDOC Week, but don't expect us to organise your events. NAIDOC Week is for us to celebrate who we are and what we've achieved. Have a BBQ. Provide a cultural display. Celebrate your Aboriginal staff. Help break down the stereotypes.
- NAIDOC Week is a celebration of Aboriginal achievements. In Tasmania it's also about showing you can't ignore us anymore. You can't pretend we're not here. We survived. Look at everything we do!
- Promotional events need to be authentic and involve Aboriginal staff from the beginning.

Oral Health and Dental

- Part of being culturally respectful is providing services in our community when that's the best option. That's the case with dental. The biggest health issue in our community is oral health; because of the cost people don't go to the dentist, they get hooked on painkillers instead.
- A lot of our people have a fear of dental. If it was here, at an Aboriginal health service, it would be better. There'd be faces you know. People you trust. And we'd be bulk-billed.
- I knew a community person who would never smile, kept her head low. When her teeth were fixed, there was a complete transformation of her persona.
- Oral Health Services needs an Aboriginal Liaison Officer. We feel very nervous about going to the dentist.
- Since the Aboriginal dental service closed, people don't know where to go for dental.
- The government needs to work with us to develop a dental service for Aboriginal people. It's a real gap for us.
- Some of our community people live on the streets. They don't use health services much. But they always used to come to the dental van.
- At Oral Health Services, it's a one-size-fits-all service. There is nothing culturally respectful about it. Aboriginal people don't feel comfortable with the environment there or what's happening. They need to make the environment more culturally inclusive.
- The dental service is being done up inside, but there is no visibility of Aboriginal culture.
- I was told by my midwife that I needed to have a general teeth check because of my pregnancy but when I rang the Oral Health Service, they said they don't provide that. They were not helpful, I felt embarrassed.
- You feel like you can't ask questions at the Dental Service. The way they speak to people isn't very good.

Partnerships

- I went to the Emergency Department because I'd been having seizures. That's when I found out I also had MS. I found that out from a nurse who gave me a pamphlet. I didn't start treatment for ages because they didn't tell me or my GP anything. There's no linking between the hospital and my GP.
- People in mainstream health services don't realise the Aboriginal Health Service employs fully-trained, registered health professionals.
- They need to communicate more with the Aboriginal support organisations.
- Do people at the RHH even know about the Aboriginal Health Service?
- How should Aboriginal organisations link with health services? We need a guide for how to do it, how to build relationships.
- Partnerships are very important between the Aboriginal Health Service and the Aboriginal Liaison Officer. I'd like to see regular meetings between the Aboriginal Health Service, the Aboriginal Liaison Officer and other parts of the Tasmanian Health Service.
- There needs to be better partnerships between the Aboriginal community-controlled health organisations, the Tasmanian Health Service and the Aboriginal Liaison Officers. There's no defined process to ensure Aboriginal Community Controlled Health Organisations are partnered with or referrals made.
- We (Aboriginal Health Service) have a lot of communication with Medical Records. And the doctors ring to talk with our doctors or nurses. And the social worker rings to talk with the social worker here. It all depends on the individuals.
- People don't realise the Aboriginal Health Service has such a broad range of services, and how high quality it is. The flip side is some doctors have too-high expectations about what we can do!
- DHHS – especially after-hours staff – needs to know more about what we (Aboriginal Health Service) can and can't do.
- Drug and Alcohol Services do a bus tour to the Aboriginal Health Service for new and trainee staff. It really helps.
- Colony 47 has a pilot project offering Alcohol and Drug Certificate 4 training; they're training Aboriginal people to support others with drug and alcohol issues, and non-Aboriginal people to be culturally respectful. The TAC and Drug Education Network have something similar running.
- Processes for going to hospital and going home could be managed better – especially for planned admissions. It's important to touch base with Aboriginal Health Workers before admission and discharge.
- Consult Aboriginal organisations to provide advice and advocacy, and pay them for it.

Pharmacy – Closing the Gap Pharmaceutical Benefits Scheme Co-Payment Program

- The Closing the Gap form is confusing – my GP was good and helped me fill it out, but not all are.
- If you don't know something is available, how do you know to ask?
- There is not enough focus on the middle layer of staff, between the Closing the Gap policy and front-line staff.
- Some services are not aware of programs available to Aboriginal people, like Closing the Gap.
- We don't know about Closing the Gap. We need more community awareness, so we know what to ask for.
- There needs to be more community and practice awareness of Closing the Gap and what we're eligible for. We need Closing the Gap posters.
- Take care promoting special programs for us. Everyone should be eligible for the same things.
- With Closing the Gap, the pharmacists and doctors get money but are not held accountable for outcomes. They don't take their responsibilities seriously to provide holistic care and refer people to specialists.
- With Closing the Gap, it was hard to get the doctors on board. My doctor refused to participate because he didn't believe there are Aboriginal people in this area.
- My doctor queried my eligibility for Closing the Gap and asked me where my Aboriginality came from. I don't question your heritage. I accept what you say.
- The hospital at Burnie uses Closing the Gap but I couldn't use it at Latrobe. I had to pay for my meds in Latrobe, but not in Burnie. It doesn't make sense.
- They don't do Closing the Gap at the hospital because of the doctors from overseas who aren't registered for it with the pharmacists. That affects us.
- Most GPs are aware of Closing the Gap and are very happy to sign up for it and do Aboriginal Health Checks. A few aren't.
- Sometimes people sign up for Closing the Gap at one practice and then they change to a different practice and don't realise they have to sign up again. You need to sign up for it at every practice.
- You have to sign up for Closing the Gap every year. It's only good for the calendar year you sign up for it.
- Some GPs and pharmacists say they don't do Closing the Gap here.
- In the hospital, the medical staff don't know about Closing the Gap, I had to tell the pharmacists and doctors.
- Discharge planning needs a reference to Closing the Gap.
- The Closing the Gap form is very confusing.
- There should be some education around Government processes like the 715 Closing the Gap form at the GP. And it's stupid to have to tick the box every time to identify. It feels like there's a lack of belief! It's caused some people to not bother with it and not take it up.
- When you mention Closing the Gap to pharmacists! The attitudes that come with it!
- Many doctors at the RHH don't know about Closing the Gap, and don't put it on scripts.

Physical setting

- When you walk into a room, you scan. It's automatic. You look for things that are familiar to you, things that make you feel safe and welcome. For Aboriginal people, that's the flag, our colours and pictures. They tell us we are welcome.
- You're more likely to communicate openly with nurses or doctors if you feel welcome and invited.
- The physical setting of the hospital feels so institutional – I always get people who want to leave.
- You need to dress up the foyers/waiting rooms with cultural stuff.

The Aboriginal flag

- Seeing the flag helps, definitely. When the flag is displayed, it makes you feel acknowledged, proud, recognised, represented.
- The Aboriginal flag should fly on all Tasmanian Government buildings, especially hospitals and oral health services.
- When you display the Aboriginal flag, it starts conversations.
- Flying the flag is great. Little people especially notice it. My kids see it and get excited. They feel proud.
- I find the sight of Aboriginal flags welcoming.
- The NWRH flies the flag and has some local artwork. It's great.
- I'm amazed at how happy kids are when they see our flag. They shine.
- I feel proud seeing the flag at the NWRH. It's cool. Makes you feel valued. Like it's OK to be there, they'll understand if I get confused. It immediately makes the hospital more accessible to me. I feel like I have a right to be there; they'll understand.
- It takes more than a couple of flags in a jam jar.

Acknowledgement plaques

- It's important to have acknowledgement plaques in prominent positions. It shows the hospital recognises that we exist.
- There should be more acknowledgement of country. Each building should have a history of the land it sits on – not just the history of the building being opened by 'Mr such and such'.
- Services should have acknowledgement notices about the land they're on and Aboriginal history. We need to see our Flag, colours, NAIDOC posters, pictures of community – people of all shades – and current culture.
- Acknowledgement plaques are important. They give us a sense of connection with the place. They tell us 'this is Aboriginal land', not just a white fella's institution. They are respectful of our people.
- All hospitals should have Aboriginal acknowledgement at the front entrance – something like the plaque at TAFE campus. It sparks acknowledgement and pride, makes you feel welcome.

Aboriginal art and cultural displays

- Cultural displays are important because we still exist.
- The ambience of the room at the Aboriginal Health Service makes you feel invited and welcome – the artwork and other paraphernalia on display. The same with No 34 in Ulverstone, you get a good feeling as you walk in the door, it's colourful and inviting.
- It would be great if the curtains at the hospital had an Aboriginal theme. It would make you feel proud. It would show they're starting to recognise us. That we're still here.
- Having Aboriginal artwork makes it feel less of a foreign place.
- We need more Aboriginal artwork in the hospital, especially in the foyer. Artworks gives a sense of ownership, makes us feel we belong.
- At the Kings Meadows CHC, the poem by Aunty Phyllis is great. It makes me feel proud. And the flag and mural by Aunty Judith-Rose – it says we're here, we belong. It gives people an understanding of and respect for our culture.
- Displaying Aboriginal artwork makes the service feel more inclusive.
- The ambience of the room is important. It needs to be inviting and friendly. The Aboriginal display at LGH main entrance is great. It would be good if there was something in the outpatients' area, which is very clinical and uncomfortable. Let's get some Aboriginal artwork there.
- It's very important to have Aboriginal culture on display in every hospital. I don't notice if there isn't anything on display, but I sure do notice if there is – it feels good.
- I suggest our community comes into the service to create art to be used/displayed in that service.
- Why can't they hang a big Aboriginal quilt?
- In my doctor's room, there's a big canvas of art done by local Aboriginal community. It's awesome. It's great for our kids to be acknowledged and respected.
- The Aboriginal child care centre could get the children to do pictures to display in the hospitals. That would help us feel connected. And the kids would grow up with a connection to the place.

Posters

- I'd like to see a poster stating: *We welcome Aboriginal people.*
- We don't want images of mainland Aboriginal people or cultures. This is about us!
- People value posters or brochures with local faces and places, not top-end posters {from the Northern Territory} portraying Aboriginal people as very dark skinned or photo-shopped people of colour.
- Have posters with local faces and places.
- Have information in brochures in waiting rooms about positive aspects of Aboriginal history and strengths, for us and others to read.
- Put up posters with Aboriginal people.
- I like the poster in the antenatal clinic at the LGH, of three Aboriginal women breastfeeding.
- It's good when there are local people in posters. Then we can relate to the information.
- White privilege is white people being on all the posters.

- I wouldn't mind if there were pictures of my family on posters. And if they died, I still wouldn't mind. We're different to some other cultures where they don't like seeing pictures of people who've passed away.
- Use local community members in posters, and include some palawa kani.
- Have posters that highlight Aboriginal health issues, for Aboriginal people.
- The Aboriginal breastfeeding posters are excellent.
- It would be really nice to have some posters with palawa kani language on them, in the hospitals.

Layout and space

- The location of rooms is important. I had to support an Aboriginal person seeing a specialist in a room that was a long way down a dingy narrow hall. The Aboriginal person couldn't stay there as the room was too small, and they were too stressed. The Wellington Clinic is much better.
- The space provided to Aboriginal Liaison Officers is important to think about. At the RHH, it's a tiny, windowless room shared with another staff member. That's disrespectful in itself. It's not a friendly room to visit and you can't have confidential conversations.
- It's very important to have Aboriginal Liaison Officers and they need a decent space for us to feel safe. The hospitals have chapels. Why can't they have safe spaces for us too?
- The Aboriginal Liaison Officers shouldn't be tucked away in a hard-to-find shoe cupboard in the middle of the hospital. It makes the effort seem tokenistic. It's disrespectful!
- We need a space in the hospitals where we can gather to support each other and feel safe, and have family meetings. With tea and coffee, books for kids, artwork to help us feel welcome.
- They have a Refugee Health Clinic but not an Aboriginal Health Clinic.

Positive feedback

- The last procedure I had – the staff were absolutely amazing!
- Burnie hospital was great.
- I've been treated respectfully at the NWRH.
- My doctor's surgery is pretty good, they're respectful and have a poster of the Aboriginal flag.
- In our small community, the services work well together. We know the ones that are respectful and that work well with us at the Aboriginal Health Service. We ring ahead when referring a patient to another service.
- We have a good relationship with a few parts of the hospital – especially the Holman Clinic, antenatal and respiratory.
- My daughter had to go to the Royal Children's Hospital. It was brilliant. Staff from the Aboriginal Unit were so helpful and said if they'd known we were coming they would have helped us work out the transport. They even gave my daughter a book. I'd never been to Melbourne before. It was so nerve-wracking. But as soon as I walked in the door to the Aboriginal Health Unit, I felt safe.
- I've never had any problem with the specialists.
- I'm an Aboriginal Health Worker and a Registered Nurse. Most of my experiences at the hospital are positive as there's usually someone there I know. People accept and understand my role.

- My sister had a stroke seven years ago. Never had any problems.
- Never had any problems at the RHH, have been there a lot.
- NICU {Neonatal and Paediatric Intensive Care Unit} staff at the RHH were excellent. They were really interested in my work with the Tasmanian Aboriginal Corporation. They were respectful and did not question my Aboriginal identity.
- I've had fantastic experiences at the Burnie Hospital, the Royal and with the Ambulances.
- The East Devonport Medical Centre has good referral processes.
- Drug and Alcohol Services do a bus tour to the Aboriginal Health Service for new and trainee staff. It really helps.
- The Aboriginal breastfeeding posters are excellent.
- In Tasmania we should really be very grateful for the services we have, based on our population.
- We ran a panel discussion at the Ravenswood Community Health Centre, along the lines of the show 'You Can't Ask That'. People had to send their questions in first, then a panel of Aboriginal Health Workers discussed the questions and answers. It was a great opportunity to educate about who we are. It was a forum for students and staff at the centre.
- One of our Elders was in ICU. Their policy is to allow only two people to visit at any one time. We said we're all community and we come together, and they said OK. They took our cultural needs into consideration. We were so pleased we wrote to say thanks.
- At the Kings Meadows health centre, the poem by Aunty Phyllis is great. It makes me feel proud. And the flag and mural – it says we're here, we belong. It gives people an understanding of and respect for our culture.
- Running a 'You Can't Ask That' panel, giving non-Aboriginal people an opportunity to ask questions they don't think they should ask. That can work really well.

Relationships

- Aboriginal culture in its best essence is relational. Traditionally, we know it's built on relationships. I need to trust that person won't judge me. They need to understand why these things matter.
- The government Dental Service is ok I guess, but it's not a friendly place. You don't have personal relationships – which are really important – and there is no follow-up.
- If I say I'm Aboriginal, and you question it, what does that mean for our relationship? You're questioning my whole identity! Why would I trust you with other information about my health and what's going on? I'll just clam up and keep quiet, thanks. (Comment also listed under Identity.)
- I don't know anyone there. I don't want to go there; it's completely out of scope of my thinking.
- I've avoided going back to the specialist. It was hard to find, and that didn't help. They were friendly – the receptionist and the specialist. But something about it made me cringe. I was completely out of my comfort zone. It was all unknown. None of it was familiar. I missed my appointment twice. Perhaps if they had phone me to check I was OK, I might have gone back.
- It would be good for senior medical staff and senior DHHS staff to do a tour of the Aboriginal Health Service.

Visitor Numbers

- One of our Elders was in ICU. Their policy is to allow only two people to visit at any one time. We said we're all community and we come together, and they said OK. They took our cultural needs into consideration. We were so pleased we wrote to say thanks.
- When there's bad news in hospital, like if someone dies, some staff don't consider our culture of big, extended families. We were asked to get out. This is disrespectful.
- Family restrictions, where only one or two people are allowed to visit, has been an issue with some Aboriginal families. Main issue is it's not explained why this is policy, just that it isn't allowed – a better explanation may help.

Whole system

- It's through the whole system. The Ambulance officers, district nurses, doctors. The whole system is disrespectful.
- You need policies, training, accountability and Aboriginal staff.
- Cultural policies and protocols need to be inherent in other policies.
- We need better processes and policies. Strategic policy shows commitment.
- Codes of conduct should mention cultural accountability and respect for traditional owners.
- Some health professionals are genuinely interested in working respectfully, improving their knowledge and learning about our people. But there's no whole-of-government push for respect.
- There are no Aboriginal people in policy positions. That's a problem.

Written and visual information, including forms

- The forms are daunting to our community – can receptionists help people fill out forms? Or can we get more creative about how we collect this information?
- It would be good to have brochures with local Aboriginal community members on them.
- Feedback forms aren't culturally appropriate – they're not in plain English, there's no Aboriginal artwork or flag. Nothing to say this is for us.
- If a brochure had Aboriginal artwork or the flag, I'd definitely be more likely to pick it up, read it and remember it.
- If pamphlets had Aboriginal imagery on them, we'd be more likely to read them. Have local Aboriginal people in brochures, so our people can relate to them.
- Having photos of local Aboriginal people in pamphlets and posters is cool! It recognises our existence.
- Remember the pamphlets and video about pregnancy support and antenatal care, with the photo of {name deleted}? The flag and the picture made me want to read the pamphlet and I remember what it was about.
- I like the FIAA {Flinders Island Aboriginal Association} *Smokes Won't Crush Us* campaign. It makes me feel the message is for me. It's nice to see a familiar face in the campaign.

- Many in our community can't read well. Assuming we can read is disrespectful. When you make that assumption, it makes us feel very small. Don't expect us to read everything! Talk to us!
- People value posters or brochures with local faces and places, not posters from the top-end portraying Aboriginal people as very dark-skinned, or photo-shopped people of colour.
- Have information in brochures in waiting rooms about positive aspects of Aboriginal history and strengths, for us and others to read.
- The TV screens with information that loops – can we include Aboriginal information there?

Workforce development

Placements at Aboriginal community-controlled health services

- It would be good to do doctor / health professional swaps between the TAC and hospitals, to give people experience working with Aboriginal people, and knowledge about the Aboriginal Health Service.
- Our GP at the Aboriginal Health Service also works in antenatal care at the hospital. It's great. And the staff there respect us. I reckon it's because of his influence.
- Having GPs do rotations through the Aboriginal Health Service is really important. It's really beneficial for doctors to spend time with the Aboriginal Health Service.
- It's vital for health care workers to do placements at the Aboriginal Health Service.
- Staff don't seem to know how to work with Aboriginal patients. They don't know the history. They don't know how to talk with us. It's easy! Just treat us kindly and respectfully. We don't expect you to know everything about our culture.

Cultural training

- Reception staff need to be culturally sensitive and do Aboriginal mental health first aid training.
- Cultural awareness training for GPs is lacking, only one person delivering it statewide.
- Specialists are not trained.
- A GP Cultural Awareness Training Camp would be good.
- There's always a high turnover of staff. Cultural training needs to keep happening.
- You can be culturally aware, but you need to be culturally *safe* as well.
- You need to provide good cultural awareness training, not just tick-a-box.
- Strengths-based cultural awareness training specific for purpose needs to be developed and supported.
- Can cultural respect training be part of the QA process for an organisation?
- There is cultural awareness training for local GPs, but staff need training too, especially receptionists.
- Posters, information and staff training – it's all needed.
- There should be compulsory cultural awareness training for staff – then the acknowledgement plaque will come – they'd be the ones suggesting it.

- Cultural awareness training should be relevant to their job and they need to understand the health implications of colonisation and how our health is affected by the social and cultural determinants.
- Face-to-face training is key. It's the way ignorance can be converted – attendees can ask questions. You need to tell the truth with face-to-face training, you can't hide behind a keyboard like you can with online training.
- You can't move on without making people feel uncomfortable, because the truth is uncomfortable
- Cultural safety training should be required through accreditation for general practice and nursing homes.
- New doctors from interstate are particularly naïve. They don't understand our situation. They need better orientation.
- People trained interstate have very different ideas about Aboriginality. DHHS and the College of General Practice do orientation. They need to include information about us – that we exist.
- Cultural training is vital for medical and reception staff.
- All staff should be culturally informed and respectful. But we also need some cultural leaders.
- Cultural awareness training should be mandatory for general practice, aged care and reception staff.
- Reception staff need to be culturally sensitive and do Aboriginal mental health first aid training.
- Aged care workers need cultural respect training.
- Do doctors even do cultural awareness training?
- We have specialists that come here – do they do cultural training?
- There needs to be respect across all cultures.
- First stop needs to be reception staff.
- Doctors should do cultural training as part of their medical training. This is part of the contract for doctors coming to work with us, they have to do cultural training first.
- The priorities for cultural awareness training are doctors, visiting doctors, reception staff, medical students and lecturers! Don't forget lecturers!
- Cultural awareness training is important for everybody.
- I'm an RN. It would have been great to do Come Walk with Me as part of my training. It should be available for all health care workers, and reception, catering and cleaning staff.
- Staff don't just need training at Uni; it needs to be every year or every couple of years.
- When I'm providing cultural training, I often have people tell me I'm the first Aboriginal person they've met. It's probably not true though. There are many Aboriginal people in Tasmania. You can't tell by looking at us.
- Tasmanian Government should prioritise funds for cultural awareness training for public servants.
- Every third-year social work student has to complete 'Come Walk with Me'
- They need an understanding of who we are.

- The ones who've done 'Come Walk with Us' are better. It gives them an understanding of us.
- We ran a panel discussion at the Ravenswood Community Health Centre, along the lines of the show 'You Can't Ask That'. People had to send their questions in first, then a panel of Aboriginal Health Workers discussed the questions and answers. It was a great opportunity to educate about who we are. It was a forum for students and staff at the centre.
- Cultural awareness training needs to be given by Aboriginal people. Otherwise you lose the passion and understanding, the depth and realness.
- It shouldn't be Aboriginal Liaison Officers providing cultural awareness training. People need to realise it's very stressful to go over our history time and time again, with colleagues. It triggers strong emotions. Cultural training is a Tasmanian Aboriginal Corporation service.
- Cultural awareness training should be mandatory. These people are resentful of us. No idea why given the journey we've had.
- The first priority should be the first port of call – at reception. It's often there that we get put off.
- It's important to ask people about their culture. Show interest.
- We don't expect everyone to be know everything about every Aboriginal culture. We do expect respect and attempts to understand, especially where our culture affects our health and health care.
- Cultural awareness training is important, it can help change people's perspectives and open people's eyes, but it needs to be backed up. It's not enough by itself.
- Cultural training is most important for receptionists and doctors.
- Med students do cultural awareness training. Once they become doctors, they need to do it again.
- Doing rotations through the Aboriginal Health Service is really important.
- Uni lecturers should spend time at the Aboriginal Health Service too.

Other

- Discharge planning needs a reference to Closing the Gap.
- Would be good if there was a Koori mail in each service, maybe in the cafeteria.
- Staff don't have knowledge about the complex needs of our community.
- Be careful doing anything special for Aboriginal people. Even though it's important to level the playing field, it creates a backlash. People say, "what next?!"
- Its best if the service chooses to make changes, instead of being forced to.
- My mother grew up in a tent made up of hessian sacks down by the water; that stays with you and is not ancient history.
- The first priority for Closing the Gap should be smoking cessation. The second priority should be smoking cessation. And the third priority should be smoking cessation. We need to partner with folks from the community who have quit. It's the biggest reversible risk factor for chronic disease.
- How we feel is the same as how mainstream health workers feel when they need to contact or visit service.



Department of Health

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