



R. MCGUINNESS

MURRUMBIDGEE ABORIGINAL HEALTH CONSORTIUM

“Cutting a track”

REGIONAL PLAN 2020 – 2022

The Murrumbidgee Aboriginal Health Consortium would like to acknowledge the hard work from the committee members and the local Aboriginal communities for all their support and input into the development of the regional Murrumbidgee Aboriginal health plan.

The Murrumbidgee Aboriginal Health Consortium look forward to working with local service providers and Aboriginal communities to achieve good health outcomes for all Aboriginal families residing in the Murrumbidgee area.



Bec-lee Creating dreams Wiradjuri artist

About the artwork

Tree of life: This symbol signifies hope, strength goals, plans moving forward, triumphs and tribulations, challenges and opportunities.

This symbol relates to all areas of life, death and rebirth. It's the cycle of life.

In Aboriginal culture we use the term Dreamtime to explain our existence, our creation and our passing. The Tree is very sacred as it holds the stories of our Elders and is home to our ancestors. Once we pass over, we go back to our old people and are transformed into country, the trees, rocks, mountains and cullies are our resting place, our home, which is why we are so connected to country.

We belong to the land and we all stand on sacred ground. We also have many uses of the Tree. Birthing trees were used by our mothers to birth children, women's business. And sorry business which means loss of our culture surrounding the tree in grief and burial ceremonies. The Tree is a very strong and sacred symbol for our culture.

Impact Co. gratefully acknowledges the financial support from Murrumbidgee Primary Health Network, through the Australian Government's PHN Program, to develop the 2020-2022 Regional Plan of the Murrumbidgee Aboriginal Health Consortium.

Impact Co. would like to acknowledge the traditional Aboriginal custodians of country throughout New South Wales and pay our respect to them, their culture and their Elders past, present and future. We acknowledge and are thankful to the many Aboriginal people who participated in this project and for the welcome they gave us as we visited their land and communities. To the Traditional Owners, Elders and community members in each service/community we visited, we hope we respect your land and country and that we walked lightly on it on the occasions that we were there.

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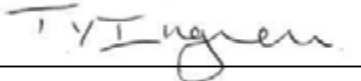
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Partnership Commitment

All signatories to the Murrumbidgee Aboriginal health plan 2020-2022 are committed to ensuring that this represents a new stage in the relationships between Government and non-government agencies. It recognises the importance of the strength of relationships to ensuring improved health outcomes for local Aboriginal and Torres Strait Islander communities residing within the Murrumbidgee region. As a living document it will be reviewed and, if necessary amended from time to time. It's not intended to be a legally binding document.

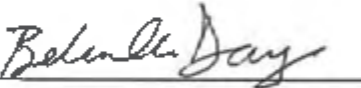




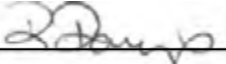
Riverina Aboriginal Medical and Dental Corporation



Griffith Aboriginal Medical Service



Viney Morgan Aboriginal Medical Services



Riverina Murray Regional Alliance



Leeton and District Local Aboriginal Land Council representative



Murrumbidgee Primary Health Network



Murrumbidgee Local Health District



Marathon Health

Introduction

The Murrumbidgee Aboriginal Health Consortium (The Consortium) was established in 2015 to improve the health and wellbeing of Aboriginal people living in the Murrumbidgee region as defined by the Murrumbidgee Primary Health Network (MPHN) boundaries by coordinating and implementing targeted strategies and initiatives through key regional stakeholders.

MEMBERSHIP OF THE CONSORTIUM INCLUDES:

Core membership:

- Aboriginal community participants
- Riverina Aboriginal Medical and Dental Corporation
- Griffith Aboriginal Medical Service
- Viney Morgan Aboriginal Medical Service
- Riverina Murray Regional Alliance
- Local Aboriginal Land Council representatives
- Murrumbidgee Local Health District (MLHD)
- MPHN
- Non-Government agencies delivering Aboriginal wellbeing initiatives aligned with the Aboriginal Health Consortium Plan

Associate membership:

- Department of Education
- Prime Minister and Cabinet
- Justice NSW representative
- Family and Community Services
- Department of Premier and Cabinet
- Aboriginal Affairs representative

This Regional Plan outlines the priorities of the Consortium that will be the areas of focus for the 2020-2022 period, including the underpinning strategies and initiatives. In addition, this document outlines how the Consortium will work together, an overview of the health and population needs and the state and national Government policies that currently influence the range of services that are available to support the delivery of its priorities.



THE ROLE AND PURPOSE OF THE CONSORTIUM

The role and purpose of the Consortium as it forms the basis of this Regional Plan and underpins the work of the Consortium.

OUR PURPOSE

To work together to improve the health and wellbeing of local Aboriginal and Torres Strait Islander Australians to increase life expectancy.

PRINCIPLES

The following principles underpin the way in which we work.

Trust - The Consortium will ensure that it retains the trust of community and its initiatives are always in their best interests. Consortium members will also actively build trust in one another, creating a solid foundation for an effective and committed partnership with one another.

Collaboration - Consortium members will work together with each other to improve the health and wellbeing of the local Aboriginal and Torres Strait Islander community. This will be done in a respectful and meaningful manner.

Accountability - Consortium members are collectively responsible for ensuring that the actions in the Regional Plan are implemented.

Adaptable - The actions and initiatives of the Consortium will be informed by the needs and context of the local community. Where there is a change in need and/or context, the actions and initiatives of the Consortium will need to be adapted accordingly.

WE AIM TO

- Support better outcomes for Aboriginal and Torres Strait Islander community in the Murrumbidgee region, focusing on prevention and early intervention; and
- Ensure services in the region are coordinated and easy-to-access/ navigate

by

- Promoting greater collaboration between services providers in the region;
- Leveraging and sharing existing resources; and
- Attracting additional resources to meet the needs of our community.



Approach to developing the 2020 – 2022 Regional Plan

Project establishment

JULY

Review of previous Regional Plan

Consultations with Community and Consortium members #1
Develop a structure / framework for the 2020 –2022 Regional Plan (22 July –26 July 2019).

AUGUST

Workshop 1: Confirmation of priority areas and desired outcomes (19 August 2019)

SEPTEMBER

OCTOBER

Consultations with Community and Consortium members #2: Obtain input for initiatives to operationalise the Regional Plan (21 October 2019 –25 October 2019)

NOVEMBER

Preparation of draft 2020 –2022 Regional Plan

DECEMBER

Workshop 2: Obtain feedback on draft 2020 – 2022 Regional Plan (2 December 2019)

JANUARY

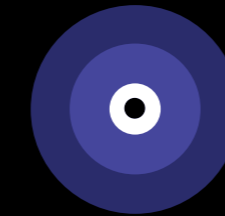
Finalise 2020 –2022 Regional Plan

FEBRUARY

To support the development of the Regional Plan, an external consultancy firm, Impact Co., was engaged. The approach to developing the Regional Plan comprised of 8 key components or ‘sprints’, which are outlined below.

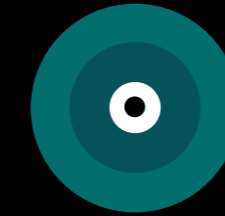


A summary of the research activities that were undertaken by Impact Co. to inform this Regional Plan are highlighted on this page.



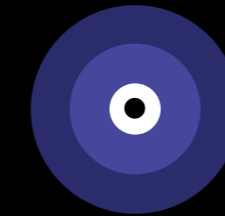
TWO WORKSHOPS WITH THE CONSORTIUM

Impact Co. facilitated two workshops with the Consortium (one in August and the other in December 2019).



A DESKTOP SCAN OF RELEVANT POLICIES AND PROGRAMS

This involved identifying relevant policies and programs at the State and Commonwealth level that the Consortium should be cognisant of when developing the 2020 – 2022 Regional Plan.



AN ANALYSIS OF DEMOGRAPHIC AND POPULATION HEALTH DATA

This involved analysing publicly available data sources according to Indigenous Areas (IARE) or Local Government Areas (LGAs) across the Murrumbidgee PHN catchment to understand the variation of health status of Aboriginal people and the spread of available health services.



TWO ROUNDS OF CONSULTATIONS WITH CONSORTIUM AND COMMUNITY MEMBERS

In total, Impact Co. conducted 21 consultations (combination of face-to-face and phone interviews or focus groups) with 16 service provider representatives and 46 community members across Wagga Wagga (including Tolland and Ashmont), Leeton, Griffith, Narrandera, Tumut and Albury-Wodonga.



FACILITATION OF AN ONLINE SURVEY FOR ADDITIONAL FEEDBACK

Following the second workshop with the Consortium, an online survey was created and shared with the Consortium to validate the findings.



Relevant Commonwealth / State plans and programs

In relation to improving the overall health and wellbeing outcomes for Aboriginal and Torres Strait Islander people, there are two relevant Commonwealth/State plans.

NSW's response to the national policy is reflected in The NSW Aboriginal Health Plan 2013-2023, which articulates NSW Health's responsibility, through its service providers (e.g. local health districts), to implement the plan and report on its progress. Rather than focusing on specific health conditions, this policy places a focus on:

- Decreasing the disparity in health outcomes through partnerships;
- Implementing evidence-based practice;
- Ensuring integrated planning and service delivery;
- Strengthening the Aboriginal workforce;
- Providing culturally safe environments; and
- Strengthening performance monitoring.

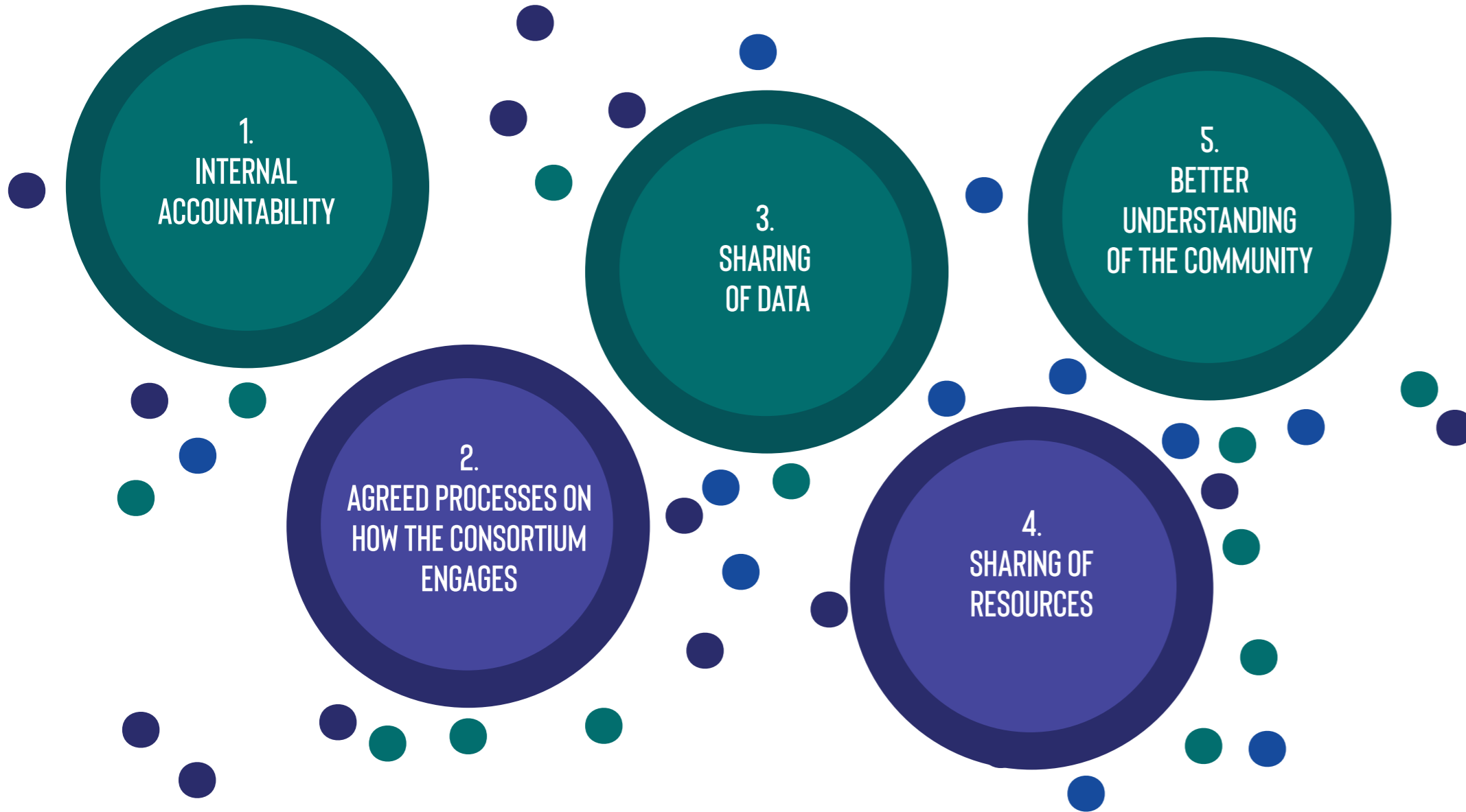
Relevant Commonwealth Policies and Programs	Relevant State Policies and Programs
<p>The National Aboriginal and Torres Strait Islander Health Plan 2013-2023</p> <p>Supports the national effort led by the Council of Australian Government to close the health and life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous people by 2031</p>	<p>The NSW Aboriginal Health Plan 2013-2023</p> <p>This policy represents the NSW Government's commitment towards closing the gap in health outcomes for Aboriginal people. The 10 year plan provides opportunities for NSW Health to re-examine the best ways of working together.</p>
<p>The Indigenous Australians' Health Program (IAHP)</p> <p>In July 2014, the Australian Government established IAHP, which consolidated four existing funding streams for primary health care, child and maternal health, Stronger Futures in the Northern Territory; and programs covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund</p>	

The Murrumbidgee Aboriginal Health Plan compliments both the State and National Plans described above with a focus on ensuring improvement of the health of Aboriginal and Torres Straits Islander people in the Murrumbidgee region.



Foundation enablers

To underpin the Regional Plan, there are 5 foundational enablers that are required for its effective implementation. These 5 enablers are:

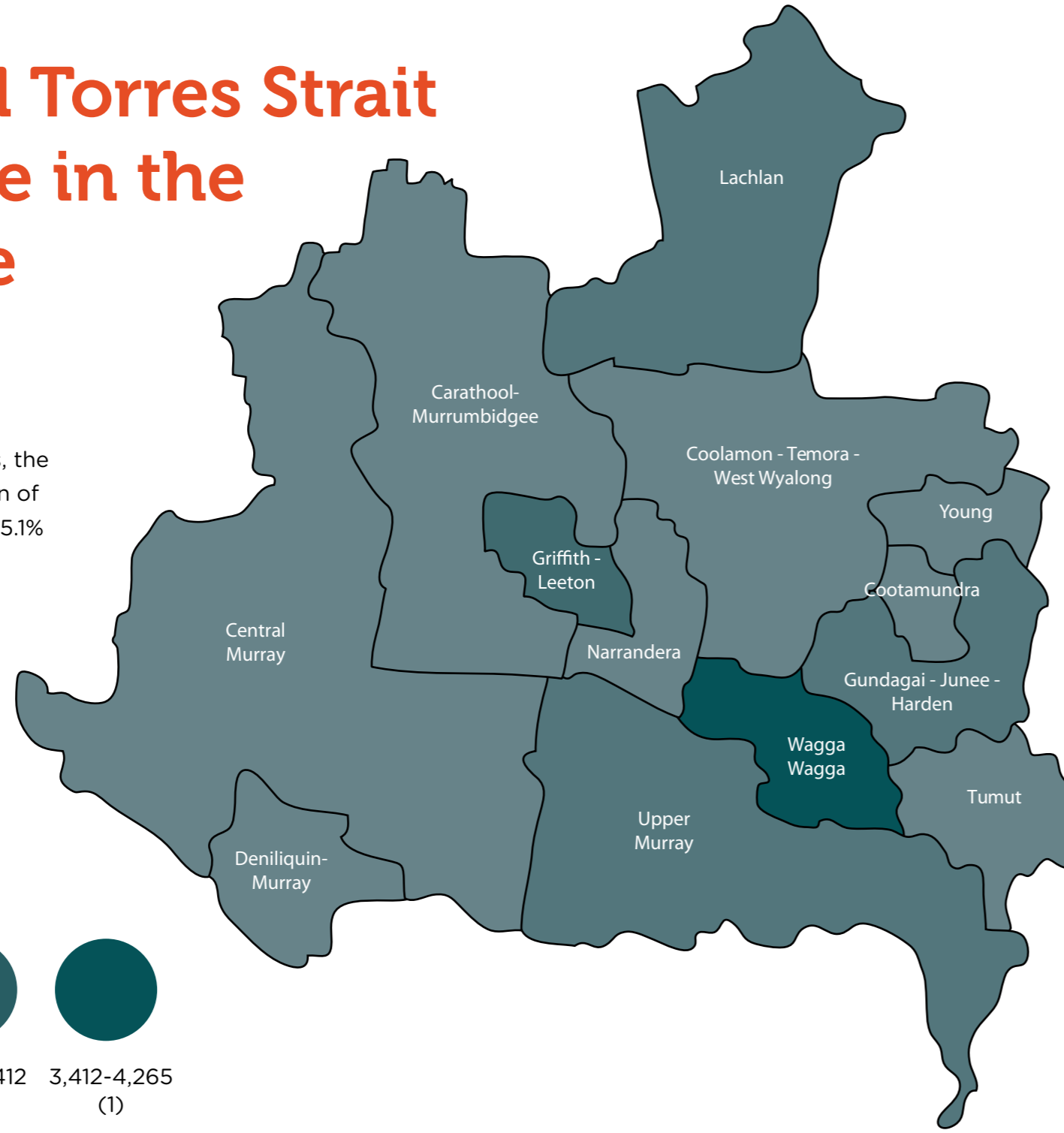


For each enabler, the Consortium has identified its objective, its measures of success and actions. This is outlined below.

FOUNDATIONAL ENABLER	OBJECTIVE	SUCCESS MEASURES	ACTIONS
Internal accountability	To increase the accountability of Consortium members towards the Regional Plan	There is shared understanding of the value and purpose of the Consortium among members Commitment of Consortium members is obtained via an agreement	The role and expected contribution from Consortium members is clarified through an agreement
Agreed processes on how the Consortium engages	To refine, and agree, on the internal processes of the Consortium	The structure and agenda of the Consortium is refined to allow for: <ul style="list-style-type: none"> • Contribution from Consortium members; • The sharing of information; • Identification of opportunities for collaboration; • Developing clear action items; and • Ensuring accountability of members on the action items 	Refine the structure and agenda of the Consortium meetings
Sharing of data	To share and link data to track and monitor the combined efforts of the Consortium	Availability of evidence-based data to demonstrate collective impact and continuous improvement of services There is transparency among Consortium members on the opportunities for services Development of clear processes to support the collection and coordination of data provided by Consortium members	Agreement on the types of data that will be collected from Consortium members Development of appropriate governance structures to ensure the secure and appropriate use of information and data provided by Consortium members
Sharing of resources	To leverage and share resources more effectively to meet the needs of the community, improving health outcomes	There is trust among Consortium members to collaborate with each other Shared information and resources are used for a purpose to inform future planning and delivery of services New initiatives and activities are developed in collaboration or partnership, rather than in silos	Develop an understanding of available resources that can be shared across the Consortium Proactively share information and resources across the Consortium Identify opportunities to co-design and collaborate with other Consortium members on existing programs or new opportunities e.g. government funding grants
Better understanding of the community	To develop a better understanding of the diverse needs of communities across the Murrumbidgee region	Actions and initiatives that are developed, designed and implemented consider the diverse needs of communities across the Murrumbidgee region	Rotate the location of Consortium meetings to increase the proximity of the Consortium to various communities located across the Murrumbidgee region Identify opportunities for the Consortium to engage/interact with community members to gain a deeper understanding of their needs, including exploring the possibility of organising community forums across the Murrumbidgee region

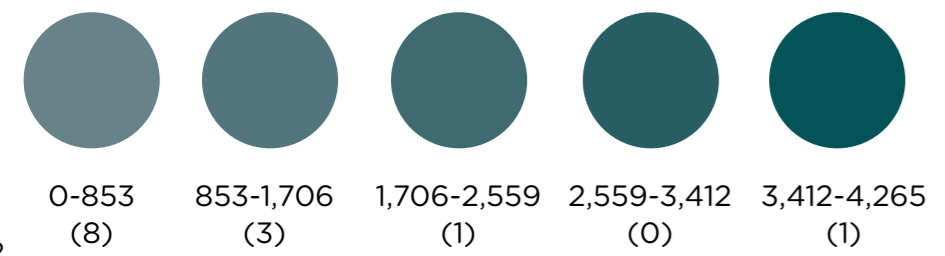
Aboriginal and Torres Strait Islander people in the Murrumbidgee region

Compared to Australia and New South Wales, the Murrumbidgee region has a higher population of Aboriginal and Torres Strait Islander people (5.1% compared to 2.8% Australia and 2.9% NSW).

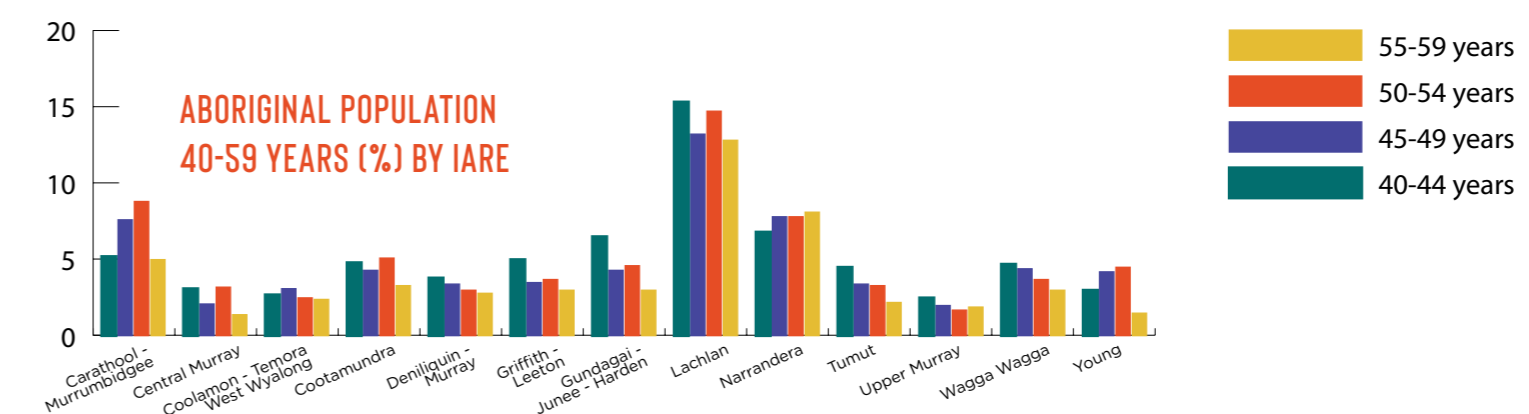
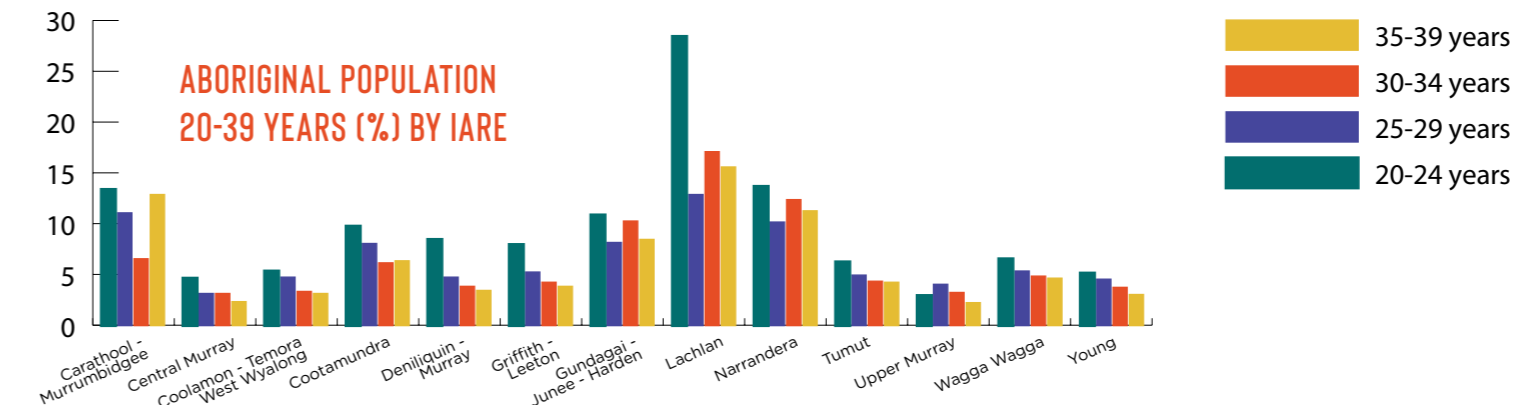
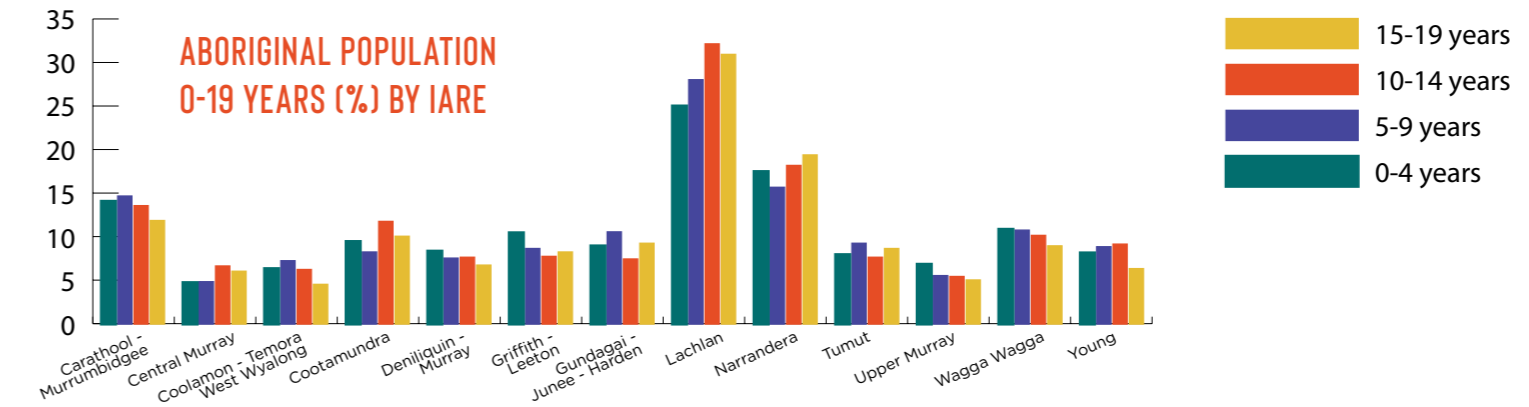


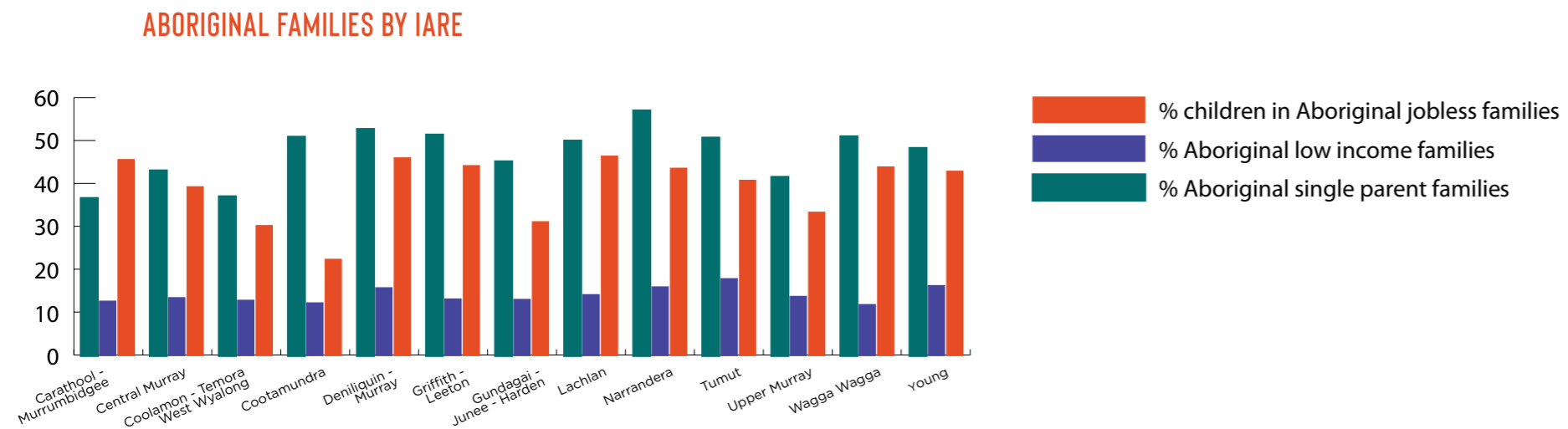
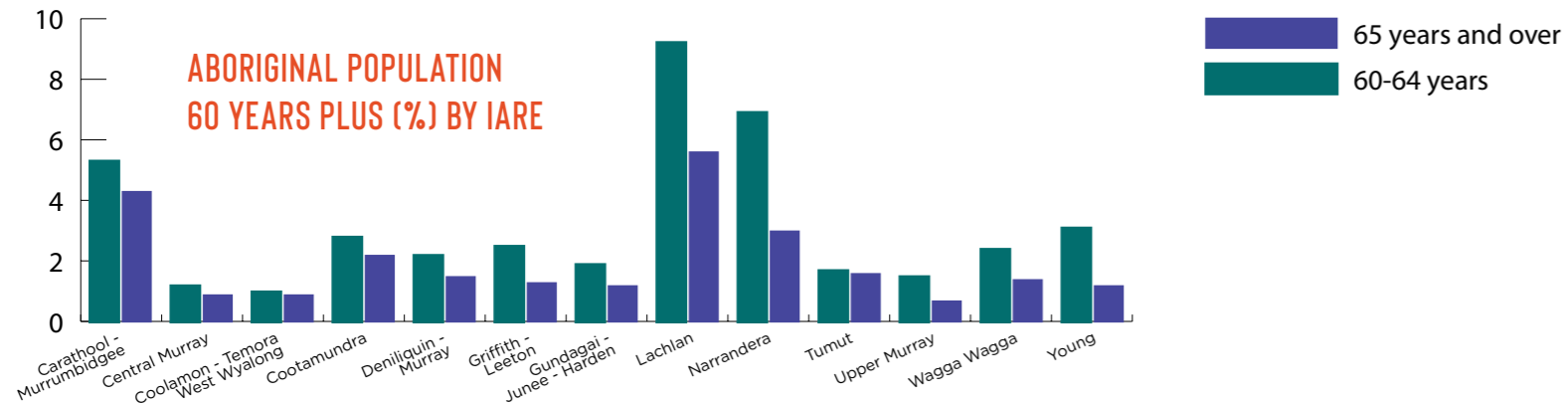
TOTAL NUMBER OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE (2016)

ABORIGINAL POPULATION BY IARE



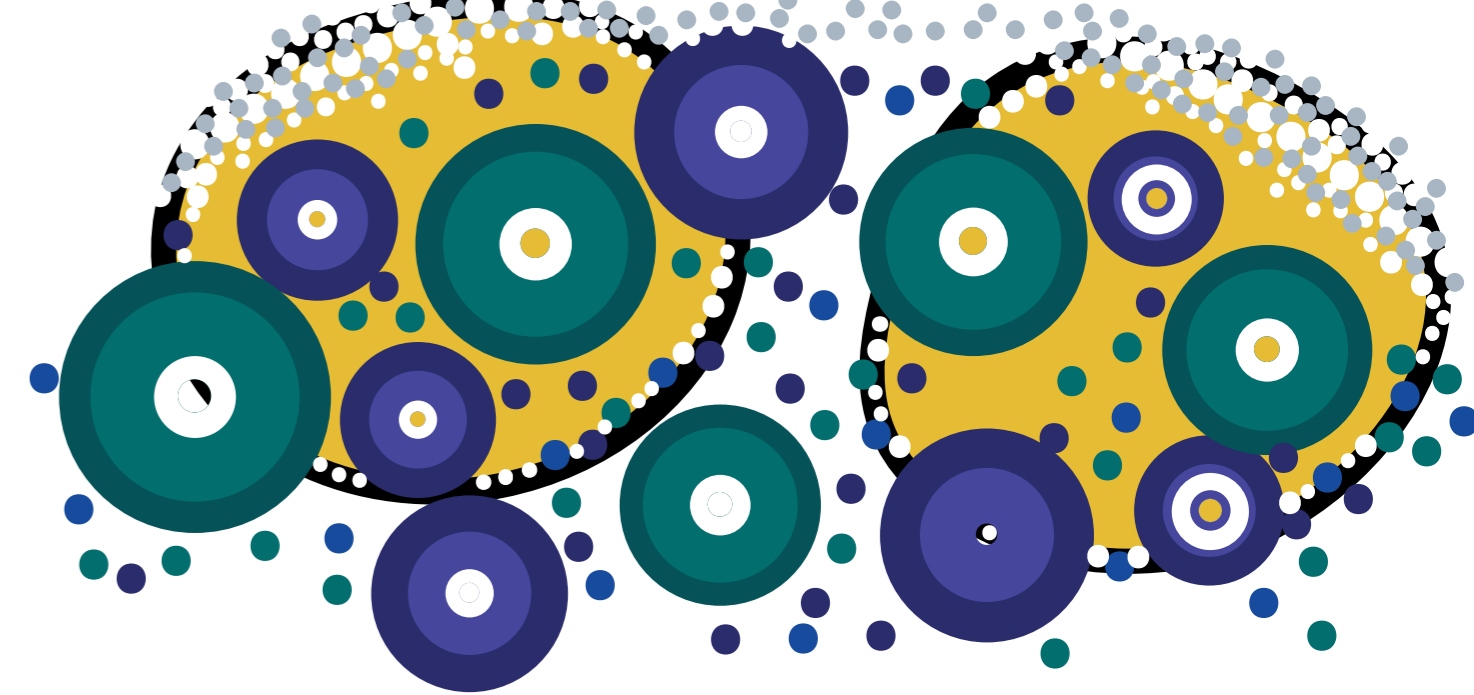
The spread of the population by age groups and the composition of families in each Indigenous Area are shown below.





Health issues

Aboriginal people are more likely to die from chronic diseases and from external causes compared to people from New South Wales.



Deaths by cause 2010 - 2014 ABS

	Deaths from cancer, Aboriginal persons aged 0 to 64 years		Deaths from circulatory system diseases, Aboriginal persons aged 0 to 64 years		Deaths from respiratory system diseases, Aboriginal persons aged 0 to 64 years		Deaths from external causes, Aboriginal persons aged 0 to 64 years	
	Number	ASR per 100,000	Number	ASR per 100,000	Number	ASR per 100,000	Number	ASR per 100,000
NSW	425	39.3	442	41.7	126	11.8	422	41.6
MPHN	NR	33.9	28	61.7	NR	NR	NR	116.3

NR = not recorded



The consultations and workshops that were conducted as part of the development of this Regional Plan identified a number of health issues for the Aboriginal and Torres Strait Islander population residing within the Murrumbidgee region.



The five health issues on the first row were those considered most important by community members during the consultations. For each of these priority health issues, the following aspects were explored:

1. The experiences of community and Consortium members;
2. The variation of health and wellbeing outcomes;
3. Relevant national and state government policies that influence the range of service or initiatives currently delivered through the Consortium; and
4. The current service availability, which has been informed through the consultations and a desktop scan of Consortium member agencies that provide Aboriginal wellbeing initiatives aligned with the Regional Plan. This information can be found in Appendix A.

In addition to identifying health issues, during consultations a number of key themes relating to why there were health issues were identified. The basis of these key themes helped Consortium members to prioritise strategies that could be applied to all of the health issues for the Regional Plan. Some examples of comments that emerged from the key themes included:



“The biggest issues around here are AOD and mental health. Accept that people need to take more responsibility about their choices – but there should be more awareness of the services or supports that are available.”

“We could take a focus on chronic disease – it’s an opportunity where we can pick a project, see who’s working in the space, use existing resources and pull together an initiative that we can badge as the Consortium.”



“The average person – if they wanted help – you wouldn’t be able to get it. Where do you look? Where do you go for help?”

“There is an importance in forming partnerships, particularly to provide outreach services. We need to get a better understanding of the organisation we are partnering with and vice-versa, including the programs provided so that we can encourage cross-referrals.”



Priority Areas

During the process of developing this Regional Plan, it was agreed by the Consortium that the priority areas of the 2020-2022 Regional Plan should be informed by the input provided by community members. These priority areas are identified below and have been structured around the key strategies required to enhance the health and wellbeing of Aboriginal and Torres Strait Islander people across the region. The specific health areas of focus for each priority area will vary between regions according to the needs and context of the local community.



1. Enhancing health literacy of the community

2. Increasing the awareness of health needs and services in the region

3. Strengthening service delivery and the responsiveness of services

4. Improving coordination and integration between service providers



PRIORITY AREA 1: ENHANCING HEALTH LITERACY OF THE COMMUNITY	
OBJECTIVES	ACTIONS
To develop resources with simple and relevant language	We will share health information in a language that is accessible and easy to understand by the community. This may include the use of Aboriginal languages or stories in resources, events, program names and social media.
To share resources more effectively	We will find and share resources developed by members of the Consortium so that they reach more communities across the region.
To directly engage the community in health promotion activities	We will hold local and targeted health promotion workshops or events to improve health literacy and increase awareness of available services. These workshops or events can focus on specific topics such as mental health, eating healthy etc.
To encourage and support Community Champions	We will empower Community Champions (e.g. Elders as influencers or inspirational speakers with lived experiences) to support health promotion activities/messages in key communities across the Murrumbidgee region. The role of Community Champions may include facilitating referrals to local services.
To enhance the profile of the Consortium	We will share the achievements of the Consortium with the broader community through positive stories.

PRIORITY AREA 2: INCREASING THE AWARENESS OF HEALTH NEEDS AND SERVICES IN THE REGION	
OBJECTIVES	ACTIONS
To build the community's awareness of services offered by all Consortium members	We will proactively share the information on the health services offered by all members of the Consortium (where relevant) with the local community. We will seek to develop a website or an app as a central 'go to' point for all health and support service needs in the Murrumbidgee region.
"Cutting a track" – To advocate on behalf of the Aboriginal and Torres Strait Islander population in the Murrumbidgee region	We will actively advocate to local, State and Federal Government, and other government agencies on the needs of the local community.

PRIORITY AREA 3: STRENGTHENING SERVICE DELIVERY AND THE RESPONSIVENESS OF SERVICES	
OBJECTIVES	ACTIONS
To focus on early intervention activities for the younger generation	We will prioritise early intervention activities (including communication activities) that focus on, and target, the younger generation.
To ensure services continue to meet the needs of the community	We will monitor and evaluate services provided by the Consortium to ensure that the needs of the community are met. This can be done through both qualitative and quantitative methods.
To build the cultural safety and competency of services across the region	We will design and deliver a range of capacity building activities to support other service providers across the Murrumbidgee region to enhance the cultural competency of service delivery staff and cultural safety of services.
To engage the community in a meaningful way to design and deliver services	We will actively engage the community to understand their needs and design programs/services to be delivered in the region. After doing so, the Consortium will be transparent in publishing feedback and in providing appropriate reimbursement for community involvement and participation.

PRIORITY AREA 4: IMPROVING COORDINATION AND INTEGRATION BETWEEN SERVICE PROVIDERS	
OBJECTIVES	ACTIONS
To promote knowledge sharing	We will share learnings and insights from service delivery among members of the Consortium to enable continuous improvement.
To seek new methods of service delivery	We will collaborate to identify new and innovative models of service delivery to meet the needs of the community. This includes the use of telehealth and other adaptive new technologies.
To enhance integration and collaboration across the Consortium	We will build on our awareness and understanding of the services provided across the Consortium, developing stronger referral pathways between Consortium members and service providers outside of the Consortium. We will identify opportunities for Consortium members to co-locate services to enhance service integration. This will allow resources to be pooled more effectively to deliver more holistic services to the community.

Measuring success – Evaluation and monitoring framework

Program logic to monitor and evaluate the Regional Plan



The table below highlights the data source that could be employed to monitor or answer the performance indicators.

PRIORITY AREA	PERFORMANCE INDICATOR	DATA SOURCE				
		Consortium meeting minutes	Consortium service provider or activity data	Website data (e.g. Google Analytics, event registration)	Consultations with community members (e.g. focus groups, surveys or interviews)	Consultations with key stakeholders (e.g. Consortium members, government)
1	No. of resources developed					
1	No. of health promotion events conducted and registered participants					
1	No. of Community Champions supported					
1	Increased health literacy of community members					
2	Completion of web-based service directory					
2	Number of users of web-based service directory					
2	The Consortium makes an active contribution to the development of government programs or policies					
2	Increased access of appropriate health services by the Aboriginal and Torres Strait Islander community					
2	Increased knowledge and understanding of health services by the Aboriginal and Torres Strait Islander community					
2	Increased funding to support the Aboriginal and Torres Strait Islander community in the region					

Short term Medium term Long term

PRIORITY AREA	PERFORMANCE INDICATOR	DATA SOURCE				
		Consortium meeting minutes	Consortium service provider or activity data	Website data (e.g. Google Analytics, event registration)	Consultations with community members (e.g. focus groups, surveys or interviews)	Consultations with key stakeholders (e.g. Consortium members, government)
3	No. of early intervention initiatives/programs undertaken across the Consortium					
3	Reach and uptake of participants in early intervention initiatives/programs implemented					
3	Community and other key stakeholders are aware of the role and purpose of the Consortium					
3	No. of evaluations completed					
3	No. of consultations with the community and community events conducted by the Consortium					
3	No. of capacity building activities conducted					
3	Health services are culturally safe and competent as perceived by the community					
3	Increased satisfaction of health services by the Aboriginal and Torres Strait Islander community					
4	No. of joint projects/partnerships that look at service design and innovation					
4	No. of referrals between Consortium members					
4	No. of co-located services across the Consortium					
4	Increased satisfaction of health services by the Aboriginal and Torres Strait Islander community					

Appendix A – Health and service data



Population spread

In 2016, there was an estimated 15,232 individuals residing in the Murrumbidgee region that identified as being of Aboriginal and Torres Strait Islander descent, which is 5.7% of the total NSW Aboriginal population (estimated 265,685). The population spread of Aboriginal and Torres Strait Islander people in 2016 according to IAREs ranked from highest to lowest according to the proportion of the Aboriginal population to the total population in Table 1. In the Murrumbidgee region, there are 13 IAREs. Although Wagga Wagga had the highest number of Aboriginal and Torres Strait Islander people residing in the area, Lachlan, at 21%, had the highest proportion of the total population.

Table 1: Spread of Aboriginal and Torres Strait Islander population in the Murrumbidgee region according to IARE (ABS, 2016)

No.	IARE	No. of Aboriginal and Torres Strait Islander people	Aboriginal population as a proportion of the total population (%)
1	Lachlan	1441	21.2
2	Narrandera	706	12.3
3	Carrathool - Murrumbidgee	640	11.8
4	Gundagai - Junee - Harden	973	7.1
5	Wagga Wagga	4265	6.6
6	Cootamundra	503	6.6
7	Griffith - Leeton	2295	6.1
8	Tumut	589	5.3
9	Young	653	5.2
10	Deniliquin - Murray	742	4.8
11	Coolamon - Temora - West Wyalong	791	3.9
12	Central Murray	661	3.6
13	Upper Murray	972	3.4
	NSW	265,685	3.4

Socio-economic status

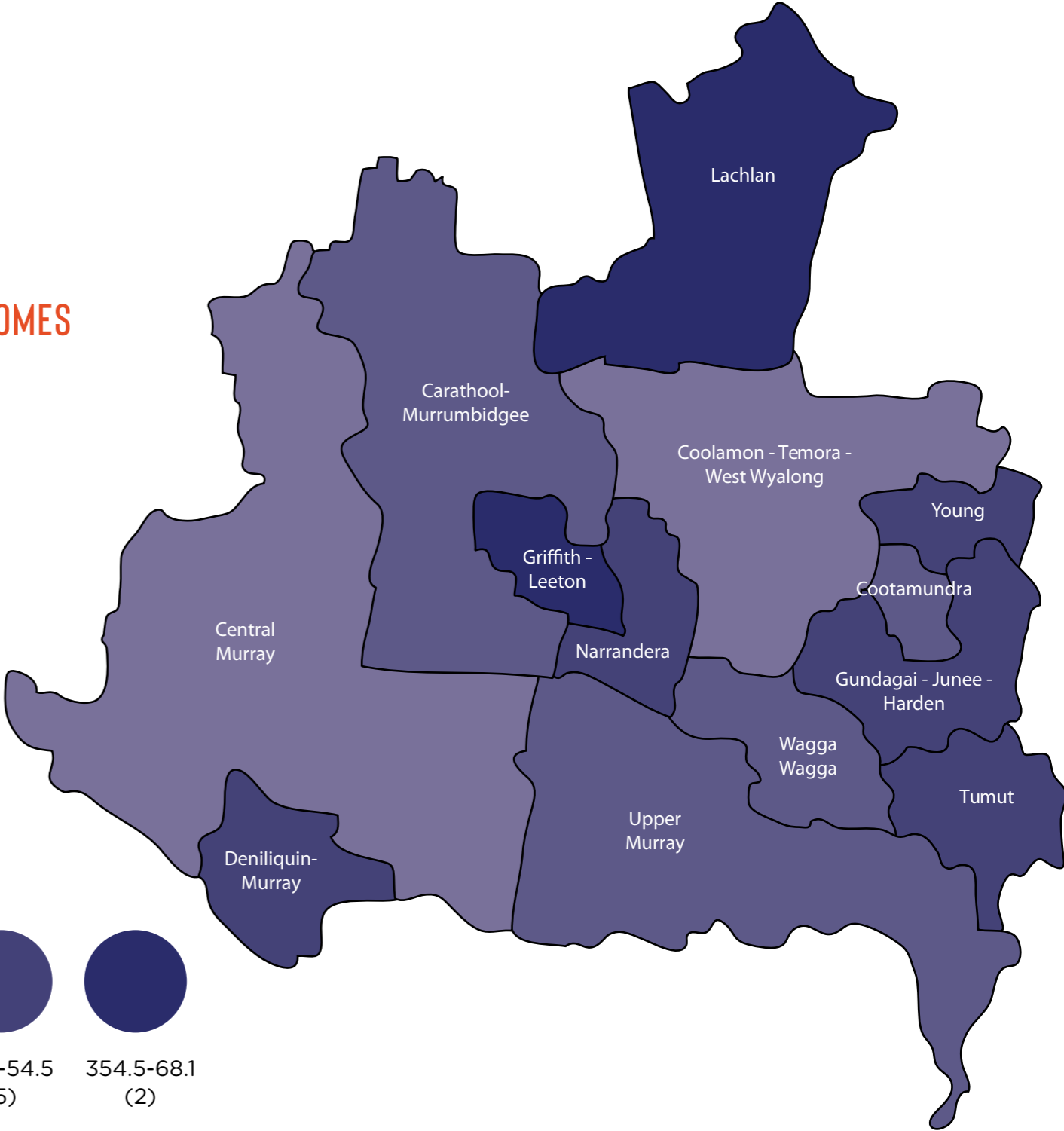
The Indigenous Relative Socioeconomic Outcome Index (IRSEO) is a measure to highlight the variation in socio-economic status across the region. IRSEO scores range from one (most advantaged area) to 100 (most disadvantaged area). As per Table 2, there were seven IAREs within the region that had an IRSEO score higher than the state average, the highest being Lachlan with a score of 68.



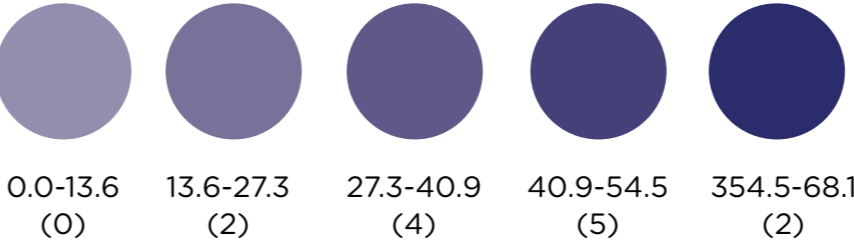
No.	IARE	IRSEO score
1	Lachlan	68.1
2	Griffith - Leeton	55.4
3	Narrandera	50.7
4	Tumut	49.3
5	Deniliquin - Murray	48.8
6	Young	48.5
7	Gundagai - Junee - Harden	46.1
	NSW	36.3
8	Wagga Wagga	35.5
9	Carrathool - Murrumbidgee	33.3
10	Cootamundra	31.6
11	Upper Murray	28.2
12	Coolamon - Temora - West Wyalong	26.2
13	Central Murray	21.1

Table 2: Socio-economic status of IAREs according to most to least disadvantaged (PHIDU, 2016)

INDIGENOUS RELATIVE SOCIOECONOMIC OUTCOMES (IRSEO) INDEX (2016)



IRSEO BY IARE



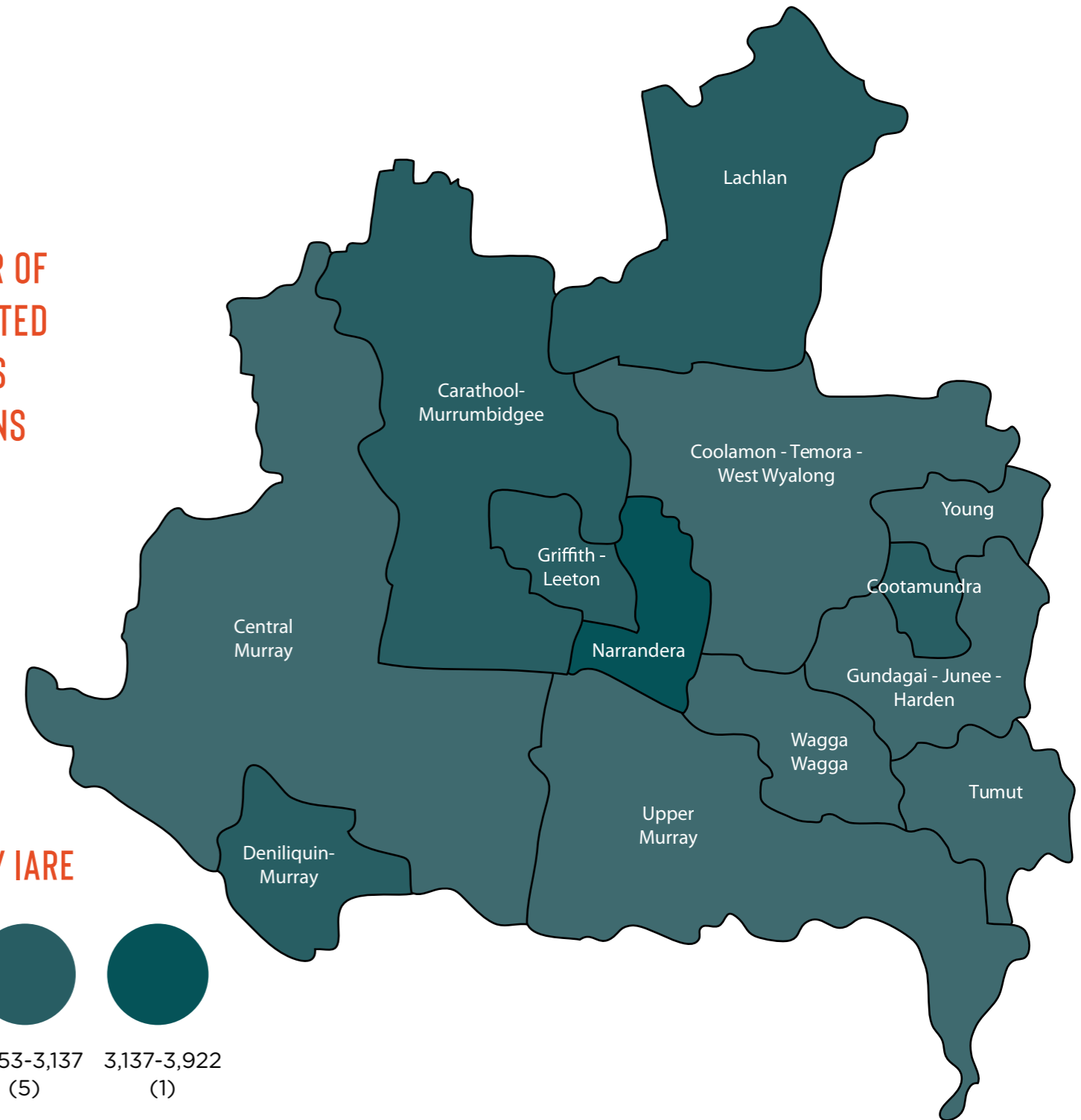
Mental health

Mental health and suicide prevention, and the stigma or embarrassment associated with accessing support, was by far the health issue most discussed by community members. The data in Table 3 suggests that six IAREs in the Murrumbidgee region experience rates of mental health-related hospital admissions higher than the state average, with Narrandera experiencing rates more than 1.5 times the average (3921.9 vs. 2377.1 per 100,000 admissions).

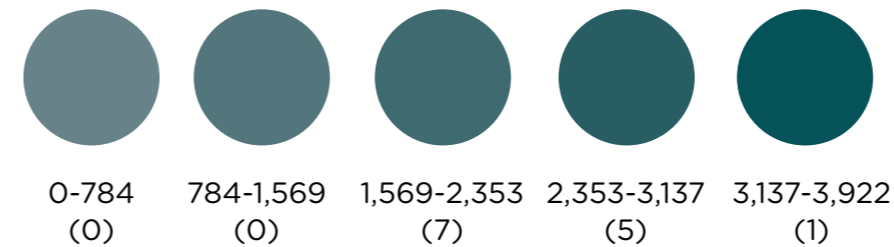
No.	IARE	ASR of mental health-related hospital admissions
1	Narrandera	3921.9
2	Carrathool - Murrumbidgee	3131.6
3	Griffith - Leeton	3101.7
4	Cootamundra	2743.1
5	Lachlan	2481.6
6	Deniliquin - Murray	2434.1
	NSW	2377.1
7	Wagga Wagga	2313.7
8	Gundagai - Junee - Harden	2296.1
9	Tumut	1737.9
10	Young	1678.7
11	Upper Murray	1621.6
12	Central Murray	1620.8
13	Coolamon - Temora - West Wyalong	1590.6

Table 3: Age standardised rate (ASR) of mental health-related hospital admissions of Aboriginal and Torres Strait Islander people (PHIDU, 2014/15-2016/17)

AVERAGE ANNUAL ASR OF MENTAL HEALTH RELATED HOSPITAL ADMISSIONS – ABORIGINAL PERSONS (2014/15-2016/17)



ABORIGINAL MH ADMISSIONS BY IARE



COMMUNITY VOICES



"[Mental ill-health is...] someone who feels imbalanced and needs support"

"The biggest issues around here are AOD and mental health. Accept that people need to take more responsibility about their choices – but there should be more awareness of the services or supports that are available."

"[Suicide prevention...] we need to be okay about talking about it...we need more information on what services are available to get help."

"There is a mental health nurse that provides outreach services [from a community centre] – it has taken her 7 months to build a rapport with the community and start providing care."

"The community is very tight knit. Everyone knows someone who works in one of the medical services, so there's some embarrassment or fear of judgment...there is difficulty sharing personal thoughts with family members."



RELEVANT COMMONWEALTH/STATE POLICIES AND PROGRAMS

Relevant Commonwealth Policies and Programs	Relevant State Policies and Programs
<p>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Provides a strategic vision for Aboriginal and Torres Strait Islander people, families and communities to achieve and sustain the highest attainable standard of social and emotional wellbeing and mental health.</p>	<p>Living Well: A Strategic Plan for Mental Health in NSW A Strategic Plan that aims for the people of NSW to have the best opportunity for good mental health and wellbeing, and to live well in their community and on their own terms. This involves developing strong partnerships with Aboriginal communities.</p>
<p>The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy The overarching objective of this strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities.</p>	
<p>Medical Outreach Indigenous Chronic Disease (MOICD) Program A medical outreach program funded by the Australian Government and auspiced by the NSW Rural Doctors Network to increase access to a range of health services to manage chronic diseases, including mental health.</p>	

Of the policies listed, there are two worth highlighting given their direct influence in the range of services that are currently provided to address mental health in the region. This includes:

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, which complements the Fifth National Mental Health and Suicide Prevention Plan – the national approach for collaborative government effort between 2017 and 2022.

This Framework is intended to support the work that is being undertaken by PHNs; and

The MOICD program, which is the main program providing outreach services delivered by psychiatrists and mental health-related allied health professionals across the region.

CURRENT SERVICE AVAILABILITY

PROGRAM	LOCATION(S)	DESCRIPTION
Outreach services funded through NSW Rural Doctors Network (RDN)	Deniliquin	Administered by MLHD: Psychiatry - General
	Griffith	Administered by MLHD: Psychiatry Administered by Firsthealth: Psychiatry
	Leeton	Administered by Firsthealth: Psychiatry
	Tumut	Administered by MLHD: Psychiatry - Geriatric
	Wagga Wagga	Administered by MLHD: Psychiatry – Geriatric (x2) and General (x2)
Psychological Services for People Accessing Aboriginal Medical Services	Griffith Wagga Wagga	Administered through Griffith AMS and Riverina Medical and Dental Aboriginal Corporation, this service provides face-to-face psychological interventions for Aboriginal and Torres Strait Islander people aged 16 years and over. Requires referral from AMS GPs only via a mental health treatment plan.
Social and Emotional Wellbeing	Griffith, Leeton, Darlington Point, Coleambally, Hay, Hillston, Leeton, Narrandera and Wagga Wagga	Administered through Griffith AMS and Riverina Medical and Dental Aboriginal Corporation, this program involves a dedicated Social and Emotional Wellbeing Worker that Aboriginal and Torres Strait Islander clients can talk to and obtain assistance to access other services or programs provided by AMS, or social support services provided by Housing NSW, Centrelink, DCJ or Job Network providers.
MLHD Specialist Community Mental Health Services	Deniliquin, Griffith, Temora, Wagga Wagga, Young and Tumut and outreaching to whole of MLHD	<p>Provided by MLHD, the Specialist Community Mental Health Services provide mental health care for adults and children which is close to home, accessible, personalised, evidence based and focused on recovery.</p> <p>The Specialist Community Mental Health Service provides the following specialties:</p> <ul style="list-style-type: none"> • Child and adolescent mental health and Got It (School based intervention for Kindergarten to Year Two) • Youth mental health • Adult mental health • Older persons mental health • Consumer peer worker • Aboriginal Mental Health traineeship program
MLHD Mental Health Inpatient Services	Wagga Wagga	30 bed Acute Adult Unit, 20 bed Recovery Unit, 8 bed Older Persons Acute Mental Health unit and 8 beds Transitional Behavioural Assessment and Intervention Service for people with severe behavioural disturbance associated with dementia.

Alcohol and other drugs

Currently, there is no local data that could be identified to demonstrate the impact of alcohol and other drug (AOD) use by Aboriginal and Torres Strait Islander population.

However, national data suggests that although there has been a significant decline in the proportion of Aboriginal and Torres Strait Islander people who smoke, Aboriginal and Torres Strait Islander people were more likely to have used an illicit drug in the last 12 months. This was at a rate 1.8 times higher than non-Indigenous Australians.

As such, similarly to mental health, the impact of AOD in the local community was also an issue frequently raised by community members, particularly the role the Consortium could play in increasing the awareness and availability of support services.

COMMUNITY VOICES



“Put it out on flyers, radio, newspapers. Keep advertising where to get help!”

“I found it pretty hard to get help with my AOD issues...when I needed help, I relied on my family...it took me 3 months to get help.”

“Long waiting list to access AOD rehabilitation – some community members have to go to Melbourne. Would be great to access rehab support that is just outside of Wagga so that you can get support discreetly.”

“I did the COPE program...it taught me a lot about myself and my addiction, understanding of reactions and feelings – I can’t praise them enough.”

“The average person – if they wanted help – you wouldn’t be able to get it. Where do you look? Where do you go for help?”

“Our AOD program has clients but we know that community members don’t come to us voluntarily. How do we get people to engage? Some members will hit rock bottom before they look for help.”

“Kids are bored... they need something or programs to fill in the time such as social events, training or upskilling.”



RELEVANT COMMONWEALTH/STATE POLICIES AND PROGRAMS

Relevant Commonwealth Policies and Programs	Relevant State Policies and Programs
<p>The National Aboriginal and Torres Strait Islander Drug Strategy 2014-2019</p> <p>Addresses the use of alcohol, tobacco and other drugs as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building. The policy places an emphasis on building the capacity and capability of the AOD system, particularly community-controlled AOD services, and the leadership position they should take in designing and delivering programs to address harm.</p>	
<p>The National Ice Action Strategy</p> <p>In 2015, the Council of Australian Governments (COAG) endorsed this strategy in response to the release of the Australian Government Response to the National Ice Task force’s Final Report. The Response involved establishing a role for PHNs in the planning and commissioning of AOD services, including Aboriginal and Torres Strait Islander-specific services. Funding of up to \$241.5 million was committed to assist PHNs to achieve this objective.</p>	
<p>Medical Outreach Indigenous Chronic Disease (MOICD) Program</p> <p>A medical outreach program funded by the Australian Government and auspiced by the NSW Rural Doctors Network to increase access to a range of health services to manage chronic diseases, including AOD support services.</p>	

The policies highlighted have led to a number of AOD services provided within the region as listed in the table to follow. For example, the MOICD program has funded the provision of an Addiction Medicine physician in Wagga Wagga, and the PHN has commissioned programs such as Work It Out, AOD Enhancement and the Women’s Wellness and Recovery Program as a result of the funding provided through the National Ice Action Strategy.

CURRENT SERVICE AVAILABILITY

PROGRAM	LOCATION(S)	DESCRIPTION
Outreach services funded through NSW Rural Doctors Network (RDN)	Wagga Wagga	Administered by MLHD: <ul style="list-style-type: none"> Physician - Addiction Medicine
Tackling Indigenous Smoking Program	Griffith, Lake Cargelligo/ Murrin Bridge/Hay, Hillston, Darlington Point, Leeton, Narrandera, Tumut/ Brungle, Wagga Wagga, Cootamundra, Young, Junee, Finley, Moama, Deniliquin and West Wyalong	Team consists of five TIS workers and a Coordinator that currently delivers community health promotion programs and activities to inform and support people in their decision to not smoke or quit smoking.
Alcohol and Drugs Network	Entire region	Delivered through the Regional Drug and Alcohol support network comprising of Griffith's AMS, Rivmed, Albury & Wodonga Aboriginal Health Service and Viney Morgan AMS. Services offered include: <ul style="list-style-type: none"> Drug & Alcohol Detoxification admission & discharge support. Drug & Alcohol Rehabilitation admission & discharge support. Drug & Alcohol Counselling. Drug & Alcohol Support Groups, both Women's Group & Griffith Aboriginal Men's Shed. Drug & Alcohol information and education to individuals, communities and high school students. Advocacy and referral to other services and agencies which may assist in the individual's recovery.
Work It Out	Wagga Wagga	Provides AOD intervention services for Aboriginal and Torres Strait Islander people who are at risk of losing employment, or have difficulty gaining employment, or at risk of dropping out of education due to substance abuse problems.
AOD Enhancement (Pre and Post Treatment Service)	Wagga Wagga	The program provides counselling and support services for people who are waiting to access AOD treatment, and also for people who have recently been discharged from AOD services.

Women's Wellness and Recovery Program	Deniliquin, Griffith, Wagga Wagga and Young	Delivered by Calvary Healthcare, Riverina. The service provides high intensity AOD services to pregnant women and women who have young children, who are struggling with substance abuse. The service is non-residential, allowing mothers to maintain their bond with their family and support networks.
MLHD Community AOD Services	Deniliquin, Griffith, Temora, Wagga Wagga, Young and Tumut and outreaching to whole of MLHD	Provided by MLHD, the Community Drug and Alcohol service provides assessment, support and counselling to people with harmful patterns of drug and alcohol use and substance dependence. The following services are provided: <ul style="list-style-type: none"> specialist counselling opioid treatment program drug and alcohol consultation liaison workers assessment and referral to involuntary drug and alcohol treatment. The Magistrates Early Referral into Treatment program is also delivered in Wagga Wagga.
St Vincent's Addiction Medicine Specialist Clinics - Telehealth	Griffith (through GAMS), Deniliquin, Temora, Young and Tumut through Community AOD.	Delivered by St Vincent's Addiction Medicine Specialist in conjunction with MLHD Community AOD services. The service uses videoconferencing technology to provide access to Addiction Medicine Specialists with the aim of: <ul style="list-style-type: none"> Improving access to various specialist addiction medicine services for individuals living in rural and remote areas of New South Wales; and Delivering education for health professionals in the MLHD, building their capacity to support individuals affected by substance use disorder.
Calvary Alcohol and Other Drugs Service	Wagga Wagga	Delivered by Calvary Healthcare Riverina, Residential detoxification and rehabilitation program and day program. Open to people across MLHD.

Chronic disease

Chronic diseases, such as heart/cardiovascular disease, diabetes, asthma and kidney disease, were also validated as a significant issue affecting communities across the Murrumbidgee region. Community members residing in Wagga Wagga had no issues with accessing support services for a chronic illness, including prompt access or referrals to other services. However, this was in contrast to towns outside of Wagga Wagga where community members were more likely to experience a lack of access to allied health and specialist services, particularly if there isn't a local Aboriginal health service.

Given the various existing resources to address chronic illness (e.g. existing state and

national government funding and policies as described below), it was identified that an 'easy win' for the Consortium could be to build the community's awareness of chronic disease and strengthen how members of the Consortium can collaborate together.

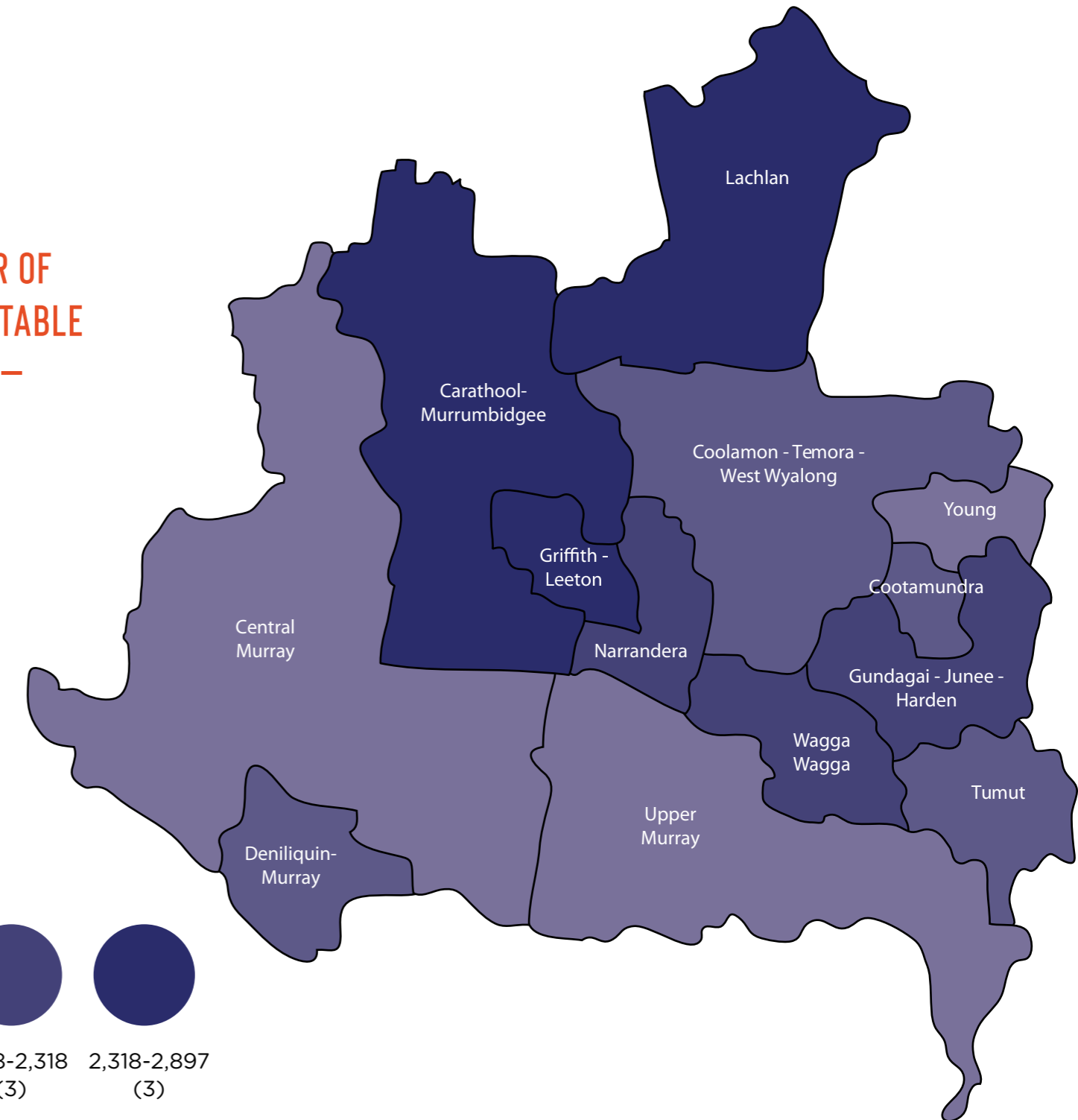
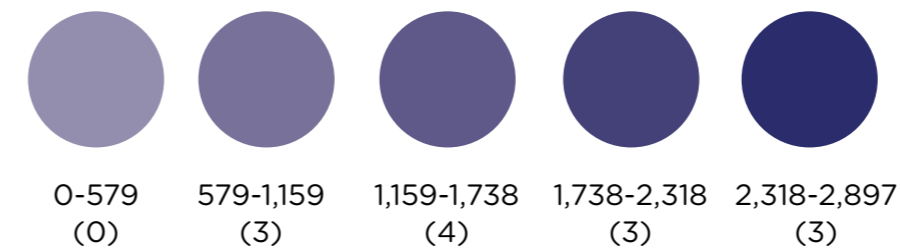
The data presented in Table 4 indicates that there are seven IAREs within the region that have rates of hospital admissions related to potentially preventable chronic conditions (i.e. those that could be prevented by timely and adequate health care in the community) higher than the NSW average (1023.3 per 100,000 admissions).

Table 4: ASR of potentially preventable chronic conditions per 100,000 hospital admissions by Aboriginal and Torres Strait Islander people (PHIDU, 2014/15-2016/17)

No.	IARE	ASR of potentially preventable admissions related to chronic conditions
1	Carrathool - Murrumbidgee	2891.2
2	Griffith - Leeton	2844.4
3	Lachlan	2374.1
4	Narrandera	2205.2
5	Gundagai - Junee - Harden	1991.8
6	Wagga Wagga	1799.4
7	Coolamon - Temora - West Wyalong	1515.6
	NSW	1466.9
8	Cootamundra	1336.1
9	Deniliquin - Murray	1258.2
10	Tumut	1247.7
11	Central Murray	1103.3
12	Upper Murray	1023.3
13	Young	840.9

AVERAGE ANNUAL ASR OF POTENTIALLY PREVENTABLE CHRONIC CONDITIONS – ABORIGINAL PERSONS (2014/15-2015-17)

POTENTIALLY PREVENTABLE CHRONIC CONDITIONS



COMMUNITY VOICES



“No issues accessing services, the challenges are more faced or experienced by individuals under the 40 year old group.”

“We could take a focus on chronic disease – it’s an opportunity where we can pick a project, see who’s working in the space, use existing resources and pull together an initiative that we can badge as the Consortium.”

“There is an importance in forming partnerships, particularly to provide outreach services. We need to get a better understanding of the organisation we are partnering with and vice-versa, including the programs provided so that we can encourage cross-referrals.”

“Need to have a role model – demonstrate that there is a reason or rationale to adopt [a particular behaviour].”

“Culture appropriateness is an issue in our town.... a number of Elders are reluctant to go to the hospital.”



RELEVANT COMMONWEALTH/STATE POLICIES AND PROGRAMS

Relevant Commonwealth Policies and Programs	Relevant State Policies and Programs
<p>National Aboriginal and Torres Strait Islander Cancer Framework (2015) Provides high-level guidance and direction to combine efforts to address disparities and improve cancer outcomes for Aboriginal and Torres Strait Islander people.</p>	<p>Integrated care for patients with chronic conditions. Aligned with the NSW Integrated Care Strategy, this program is designed to assist people with chronic disease manage their care. Integrated care interventions occur via three methods: health coaching, care navigation and care coordination.</p>
<p>Medical Outreach Indigenous Chronic Disease Program A medical outreach program funded by the Australian Government and auspiced by the NSW Rural Doctors Network to increase access to a range of health services to manage chronic disease.</p>	
<p>Integrated Team Care (ITC) Program A program to support Aboriginal and Torres Strait Islander people with access to high quality and culturally appropriate health care to manage complex chronic diseases. The program is funded by the Australian Government and administered by the Primary Health Networks.</p>	

As a result of the policies outlined above, there are a number of chronic disease-specific programs currently being delivered across the catchment. As listed in the table to follow, this includes outreach services delivered in 12 locations as a result of the MOICD program,

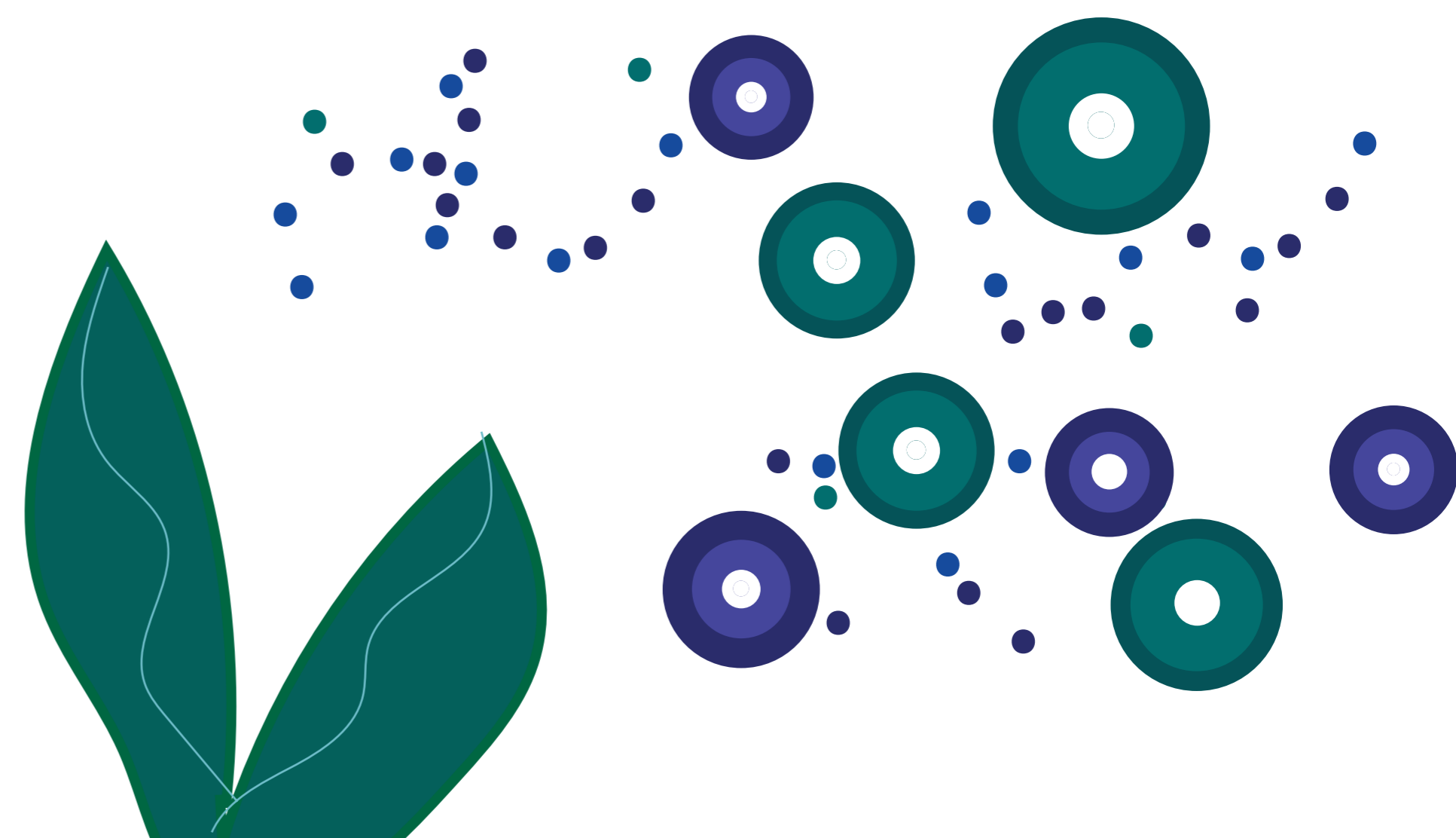
the ITC program (combined with the Integrated Care Coordination Program) delivered across the catchment through five commissioned providers and the Aunty Jeans program, which is delivered in nine locations.

CURRENT SERVICE AVAILABILITY

PROGRAM	LOCATION(S)	DESCRIPTION
Outreach services funded through NSW Rural Doctors Network	Boorowa	Administered by NSW RDN: • Optometry
	Deniliquin	Administered by NSW RDN: • Physician – Oncology Administered by Brian Holden Institute: • Optometry
	Hay	Administered by Brian Holden Institute: • Optometry Administered by NSW RDN: • Optometry • Podiatrist • Ophthalmology – General
	Hillston	Administered by Brian Holden Institute: • Optometry
	Harden	Administered by NSW RDN: • Optometry
	Griffith	Administered by MLHD: • Physician – Neurology, Geriatrics, Cardiology • Nurse – Anaesthetist, Theatre, Recovery
	Lake Cargelligo	Administered by LiveBetter Services: • Registered nurse • Dietitian/nutritionist • Asthma educator • Diabetes educator

	Leeton	Administered by NSW RDN: <ul style="list-style-type: none"> • Surgery – Orthopaedic • Podiatrist
	Narrandera	Administered by Rivmed: <ul style="list-style-type: none"> • Physician – Endocrinology • Diabetes educator • Podiatrist • Nurse – Registered nurse • Dietician/nutritionist
	Tumbarumba	Administered by NSW RDN: <ul style="list-style-type: none"> • Optometry
	Wagga Wagga	Administered by MLHD: <ul style="list-style-type: none"> • Physician – Genetics (x2) administered by Rivmed: • Podiatrist • Diabetes educator • Dietician/nutritionist • Exercise psychologist • Occupational Therapist Administered by Firsthealth: <ul style="list-style-type: none"> • Physician – Rheumatology (x4), pain Management (x2) administered by NSW RDN: • Physician – Neurology, Nephrology
	Young	Administered by MLHD: <ul style="list-style-type: none"> • Surgery – General • Physician – Oncology
Integrated Team Care Program	Entire catchment	To deliver this program through the catchment, MPH N has commissioned an Aboriginal Consortium of RivMed and GAMS and Marathon Health to provide mainstream access
Integrated Care Coordination Program	Entire catchment	Delivered through the MLHD and Marathon Health

Aunty Jeans Program	Cootamundra, Deniliquin, Griffith, Lake Cargelligo, Leeton, Narrandera, Tumut, Darlington Point, Wagga Wagga and Young	A community orientated program to support Aboriginal people with/or at risk of chronic illness. The program combines: <ul style="list-style-type: none"> • Health promotion and health assessments • Information and education • Exercise sessions • Healthy eating • Fun activities
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Maternal and early childhood

The need for maternal and early childhood intervention services was raised by stakeholders and community members outside of Wagga Wagga and Griffith, who commented on the lack of access to local obstetricians, gynaecologists and paediatricians and the difficulties in obtaining transport to these major towns.

In relation to early childhood development, assessments identify opportunities to nurture young children so that they do better in school and develop the skills they need to be responsible, productive adults. The Australian Early Development Census (AEDC) is a population-based measure that is used to measure the development of children

in Australia by the time they commence school. The AEDC examines five domains of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

AEDC results in 2015 were only available for 5 out of the catchment's 13 IAREs. As Table 5 demonstrates, there were three IAREs that had proportions of children that were developmentally vulnerable in one or more domains higher than the NSW average. Of the three, Carrathool-Murrumbidgee had the highest proportion at 62.5% of children assessed, which is more than 1.5 times the state average of 36.7%.

The most extensive local data related to childhood

development is in relation to smoking during pregnancy. Literature suggests there is a link between maternal smoking during pregnancy and the risk of otitis media (i.e. an ear infection) in children. There is also clear evidence that some patterns of otitis media do predict long-term outcomes for speech and language and can contribute to behavioural problems affecting emotional, social and educational development. This warrants consideration given that the rate of long-term ear or hearing problems in Aboriginal and Torres Strait Islander children aged 0-14 years is almost three times the rate of non-Indigenous children (8.4% vs. 2.9%) and yet 60% of childhood hearing loss is preventable.

The data in Table 6 indicates that there are 10 IAREs in the catchment that had rates of smoking during pregnancy by Aboriginal and Torres Strait Islander women above the state average. Of the 10 IAREs, the highest rate was found in Narrandera at 64.9% of all pregnancies between 2012 and 2014.

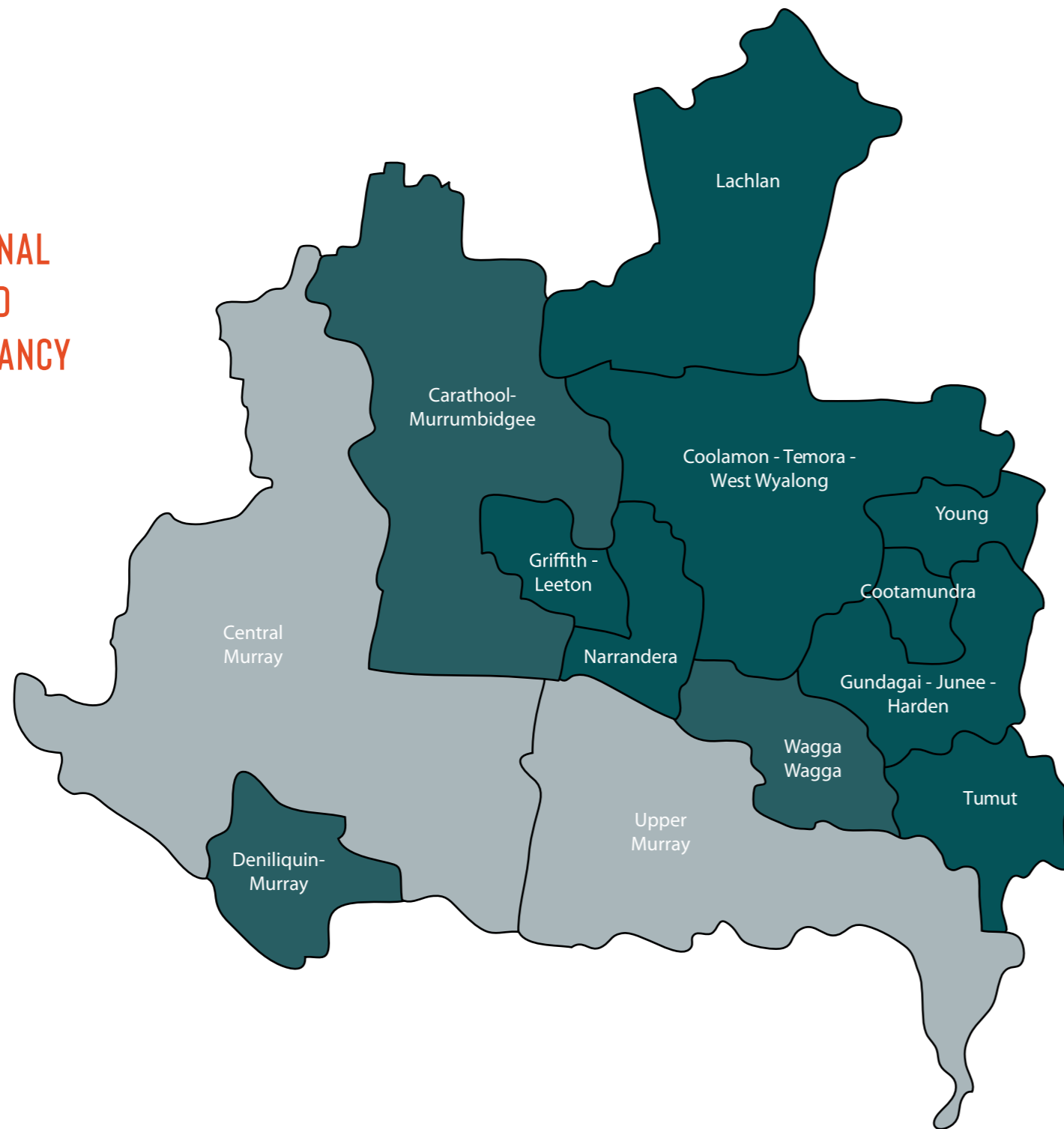
Table 5: Proportion of children developmentally vulnerable in one or more domains according to the AEDC (PHIDU, 2015)

No.	IARE	% of children developmentally vulnerable in one or more domains
1	Carrathool - Murrumbidgee	62.5%
2	Upper Murray	43.8%
3	Wagga Wagga	40.0%
	NSW	36.7%
4	Griffith - Leeton	30.4%
5	Lachlan	27.8%
6	Narrandera	
	Tumut	
	Gundagai - Junee - Harden	
	Deniliquin - Murray	
	Cootamundra	
	Coolamon - Temora - West Wyalong	
	Central Murray	
	Young	

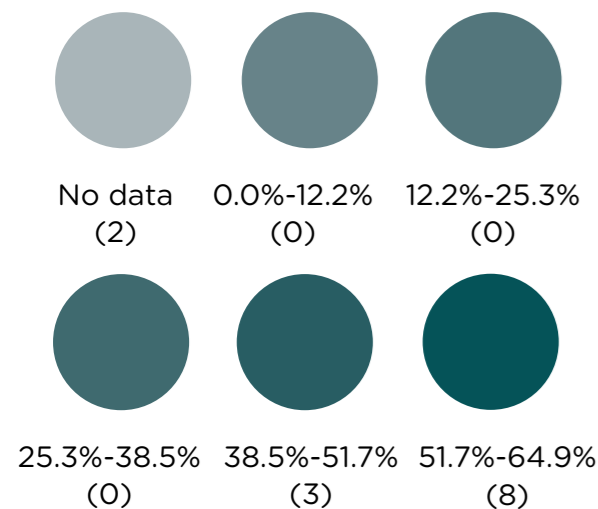
Table 6: Proportion of Aboriginal and Torres Strait Islander women that smoked during pregnancy (PHIDU, 2012-2014)

No.	IARE	% of women smoking during pregnancy
1	Narrandera	64.9
2	Tumut	64.7
3	Lachlan	64.4
4	Cootamundra	62.5
5	Coolamon - Temora - West Wyalong	59.2
6	Gundagai - Junee- Harden	57.8
7	Young	54.2
8	Griffith - Leeton	52.6
9	Deniliquin - Murray	50.0
10	Wagga Wagga	48.0
	NSW	47.2
11	Carrathool - Murrumbidgee	43.5
12	Central Murray	N/A
13	Upper Murray	N/A

PROPORTION OF ABORIGINAL MOTHERS WHO REPORTED SMOKING DURING PREGNANCY (2016)



SMOKING DURING PREGNANCY BY IARE



COMMUNITY VOICES



"A visiting paediatrician would be very helpful."

"There is a lack of public transport to get to Wagga or Griffith. This cost is transferred to the community. It is also difficult to transport kids."



RELEVANT COMMONWEALTH/STATE POLICIES AND PROGRAMS

Relevant Commonwealth Policies and Programs	Relevant State Policies and Programs
<p>Healthy Ears - Better Hearing, Better Listening A medical outreach program funded by the Australian Government and auspiced by the NSW Rural Doctors Network to provide multidisciplinary teams and/or health practitioners to support the prevention, early detection, diagnosis, treatment and management of ear health and hearing conditions in Aboriginal and Torres Strait Islander children and youth (up to 21 years).</p>	<p>Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24 Provides a comprehensive planning, service and policy road map for NSW Health from preconception to 24 years of age, addressing the health of women and their partners during pregnancy, babies, children and young people in the context of the families and communities.</p>
<p>Medical Outreach Indigenous Chronic Disease Program A medical outreach program funded by the Australian Government and auspiced by the NSW Rural Doctors Network to increase access to a range of health services to manage chronic disease, which extend to maternal and early childhood services.</p>	

As a result of the two national programs listed above, outreach services for maternal and child health are currently delivered in seven locations across the catchment by paediatricians, speech pathologists, midwives, Ear Nose and Throat (ENT) physicians and a General

Practitioner (GP). A number of services are also delivered by MLHD, the impact of which are monitored under the Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24. The list of current services are outlined in the table to follow.

CURRENT SERVICE AVAILABILITY

PROGRAM	LOCATION(S)	DESCRIPTION
Outreach services funded through NSW Rural Doctors Network	Deniliquin	Administered by NSW RDN: <ul style="list-style-type: none"> Paediatrics - General
	Corowa	Administered by NSW RDN: <ul style="list-style-type: none"> Paediatrics - General
	Hay	Administered by Griffith's AMS as part of Child & Maternal Health Outreach Team: <ul style="list-style-type: none"> Speech pathologist
	Hillston	Administered by MLHD: <ul style="list-style-type: none"> Midwife Administered by Griffith's AMS as part of Child & Maternal Health Outreach Team: <ul style="list-style-type: none"> Speech pathologist Administered by RFDS - Broken Hill: <ul style="list-style-type: none"> GP (female)
	Griffith	Administered by MLHD: <ul style="list-style-type: none"> Surgery - Paediatric Administered by Griffith AMS: <ul style="list-style-type: none"> ENT ENT surgery
	Leeton	Administered by Griffith's AMS as part of Child & Maternal Health Outreach Team: <ul style="list-style-type: none"> Speech pathologist
	Wagga Wagga	Administered by MLHD: <ul style="list-style-type: none"> Paediatrics - Rehabilitation, administered by NSW RDN: Paediatrics - Haemtology, Neurology, Nephrology (x2)

Tackling Indigenous Smoking Program	Griffith, Lake Cargelligo/ Murrin Bridge /Hay, Hillston, Darlington Point, Leeton, Narrandera, Tumut/Brungle, Cootamundra, Young, Junee, Finley, Moama, Deniliquin and West Wyalong	Team consists of five TIS workers and a Coordinator that currently delivers community health promotion programs and activities to inform and support people in their decision to not smoke or quit smoking.
Child & Maternal Outreach Team	Griffith, Darlington Point, Leeton, Narrandera, Hay, Hillston, Lake Cargelligo, Murrin Bridge	Griffith AMS' Child and Maternal team provides services to pregnant women and women with Aboriginal partners. The team consists of 2 Aboriginal Health Workers and a nurse/midwife/early childhood worker. The team also conducts a mothers group called Marrabina Mum's and Bub's targeted at Aboriginal families with children aged 0-4 years.
Aboriginal Maternal Infant Health Service	Griffith, Lake Cargelligo, Leeton and Narrandera. **Wagga Wagga and Tumut have outreach once a week.	Administered through the MLHD, this service is delivered by an Aboriginal and Health Worker and midwife working together to deliver care for Aboriginal women and women with Aboriginal children. The program aims to empower women through education, building skills and sharing knowledge to support women to have a healthy pregnancy and strong baby.
Building Strong Foundations for Aboriginal Children, Families and Communities (BSF)	Griffith, Lake Cargelligo, Narrandera	Administered by the MLHD, this program provides free, culturally safe, early childhood health services for Aboriginal children from birth through to school age and their families. The service is provided by a Child and Family Health Nurse and an Aboriginal Health Worker, working together to support the health, growth and development of Aboriginal children.
Aboriginal Sustained Home Visiting Program	Wagga Wagga	Administered through the MLHD, this program provides intensive support to Aboriginal families who meet the criteria for families requiring support.
Otitis Media (OM) screening	Entire catchment	Administered through the MLHD, Aboriginal Health Staff will attend schools and preschools to perform OM screening and/or education.

Family violence

The fifth most significant issue highlighted by the Consortium and community members was family violence. However, rather than being considered as a stand-alone issue, Consortium members indicated that addressing family violence should occur in conjunction with targeted initiatives that address other identified health domains, such as AOD or mental health.

Rates of domestic or family violence at a local IARE level could not be identified. As such, the data on Table 7 indicates the top 10 local government areas (LGAs) with the highest rate of domestic violence incidents (includes non-Indigenous population). The top 10 LGAs had rates significantly higher than the state average, with Lachlan having more than double the NSW average rate (883 vs. 387 per 100,000 population).



Table 7: No. of recorded domestic violence incidents per 100,000 population (NSW Bureau of Crime Statistics and Research, 2018-2019)

No.	IARE	No. of domestic violence incidents per 100,000 population
1	Lachlan	883.5
2	Leeton	727.0
3	Wagga Wagga	711.1
4	Gundagai	640.3
5	Griffith	640.3
6	Edward River	614.6
7	Murrumbidgee	556.7
8	Junee	506.8
9	Narrandera	505.8
10	Hilltops	490.6
	NSW	387.1

COMMUNITY VOICES



“We are aware of our duty of care towards family violence – but we don’t have a specific family violence worker.”



RELEVANT COMMONWEALTH/STATE POLICIES AND PROGRAMS

Programs or policies in relation to family or domestic violence in NSW are generally released from the Department of Communities and Justice (previously known as the Department of Family and Community Services). This includes the Integrated Domestic and Family Violence

Services Program. However, none of the currently-funded 11 sites of this program service the Murrumbidgee catchment. In addition, the consultations undertaken suggest that no specific funding is currently available to Aboriginal Medical Services to deliver family violence services.



CURRENT SERVICE AVAILABILITY

PROGRAM	LOCATION(S)	DESCRIPTION
Joint Investigation Response Team (JIRT)	Wagga Wagga	Delivered through the MLHD alongside agency partners NSW Police and the Department of Family and Community Services. Services provided include: <ul style="list-style-type: none"> • Crisis support following disclosure • Medical, psychological and emotional support to meet the needs of the children and non-offending members • Provision of long-term therapeutic services
Sexual Assault Service	Deniliquin, Griffith, Wagga Wagga and Young	Delivered through MLHD, provides 24 hour free and confidential counselling and ongoing support for sexual assault victims and their non-offending family and friends.
Counselling for Domestic Violence	Corowa, Deniliquin, Finley, Griffith, Leeton, Narrandera, Temora, Wagga Wagga and Young	Delivered through MLHD, service includes the provision of counselling for those dealing with experiences of domestic violence, past and present. The service is staffed by experienced psychologists, social workers and counsellors.
Women's Health Nurse Team	Adelong, Batlow, Boorowa, Cootamundra, Coolamon, Deniliquin, Griffith, Gundagai, Hay, Harden, Hillston, Junee, Lockhart, Lake Cargelligo, Leeton, Moulamein, Narrandera, Temora, Tumut, Tumbarumba, Wagga Wagga, West Wyalong and Young	Delivered through MLHD, the service is staffed by women who provide services for women, focusing on Aboriginal women, women from a non-English speaking background and women with a disability.
Wagga Women's Health Centre	Wagga Wagga	Have developed a long-term project, the DVproject:2650, believe a whole of community approach is the only way to realise a community with a zero tolerance for domestic violence. The project has completed phase one of the project (Research), and will be commencing the second phase (Strategic Planning) shortly.

