

Riverland Mallee Coorong Local Health Network

Aboriginal Health Strategy

2025–2030



Aboriginal readers are advised that this publication may contain images and names of deceased persons.

Acknowledgement of Country

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

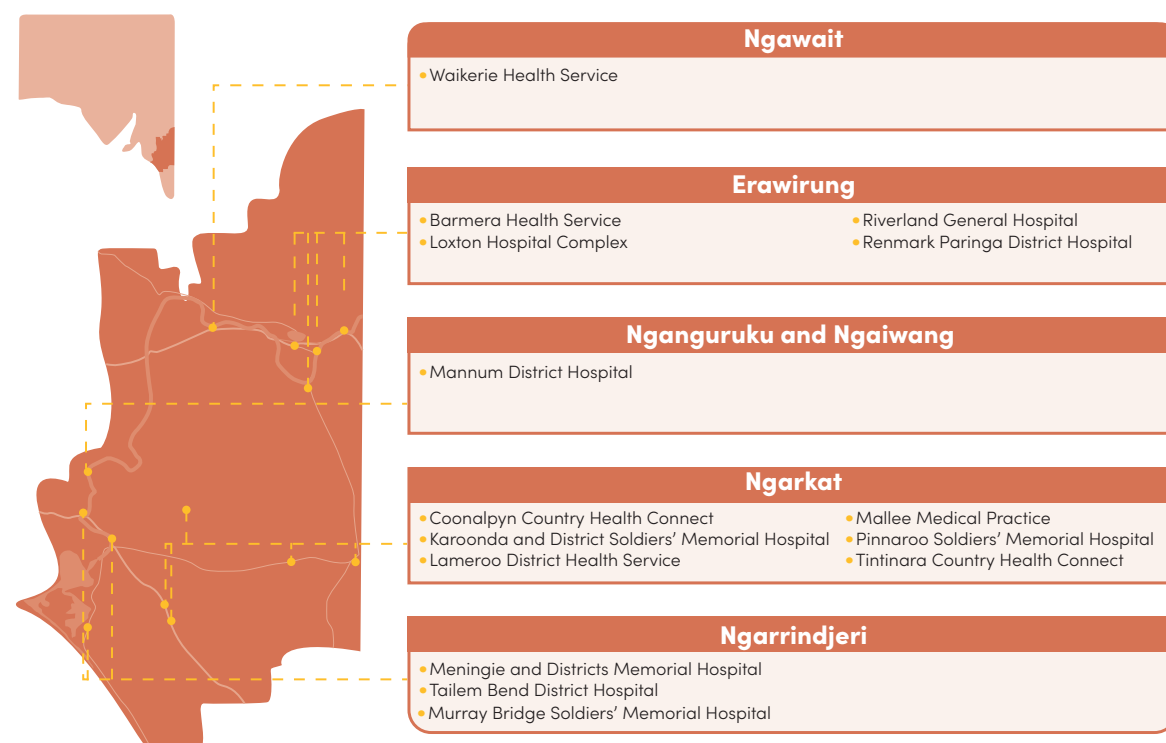
We acknowledge that 'Aboriginal business is everyone's business', and we will work in partnership with Aboriginal and Torres Strait Islander peoples to improve their health and wellbeing. We will work collectively with consumers and the community to ensure Aboriginal people get to enjoy the same, or better, health outcomes and opportunities as the rest of the population.

We pay respect to the cultural authority of local Aboriginal people who have advised us during the process to develop this Strategy and who have provided valued cultural knowledge and wisdom.

The Traditional Custodians of the lands which our hospital and health sites are located on are outlined below. Ngintait and Ngaralte are included as they are part of the surrounding areas of our catchments.

Please note throughout this document the term Aboriginal is used to include all people of Aboriginal and/or Torres Strait Islander descent in South Australia. It is also used interchangeably with the term Aboriginal and Torres Strait Islander peoples.

Erawirung Ngarkat Nganguruku Ngaiwang Ngarrindjeri Ngawait Ngaralte Ngintait



We acknowledge the pre-colonisation traditional names within the Ngarrindjeri Nation including Ngaralta for the Murray Bridge and Tailem Bend region and Tanganekald for the Coorong region. These names hold significance for our Aboriginal community and may continue to be used by our Aboriginal consumers when acknowledging Country.

Our Vision for Aboriginal Health

We will support Aboriginal people to have the best possible quality of life by providing high quality, culturally appropriate care that promotes dignity, respect, choice, independence and social connection.

Closing the Gap statement of commitment

The Riverland Mallee Coorong Local Health Network (RMCLHN) acknowledges the ongoing strength and resilience of Aboriginal and Torres Strait Islander peoples in sustaining the world's oldest living cultures.

RMCLHN is committed to working with Aboriginal communities and stakeholders to develop meaningful and innovative ways to Close the Gap in health outcomes and improve the health and wellbeing of our Aboriginal consumers. We acknowledge that Aboriginal and Torres Strait Islander peoples through their deep connection to family, community and culture must determine, drive and own the desired outcomes, alongside RMCLHN.

Our vision for reconciliation

Our vision is to provide culturally safe, respectful, and responsive services that support improved health and wellbeing for every Aboriginal and Torres Strait Islander person. We aim to ensure that they share the same or better, rights and access to health services, health outcomes and health related opportunities as all Australians.

We aim to be a culturally safe, respectful, and responsive employer of Aboriginal and Torres Strait Islander staff. We commit to providing an environment where Aboriginal and Torres Strait Islander staff can thrive and develop their careers in a safe and supportive environment amongst colleagues who share and respect their culture and views.

Our reconciliation journey began with the development of our inaugural Reflect Reconciliation Action Plan (RAP) 2022-2023. We have developed our Innovate RAP, to be launched in 2025, in which we commit to achieving meaningful and measurable actions.

Our four focus areas are:

Relationships – We believe that having strong relationships with Aboriginal and Torres Strait Islander peoples, based on trust and respect, leads to positive outcomes for all.

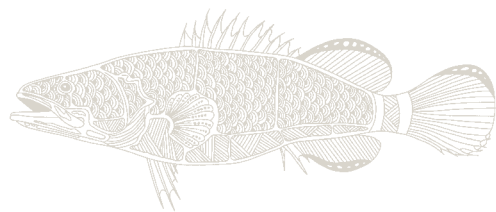
Respect – We commit to demonstrating a high standard of cultural safety and competency across all levels of our organisation.

Opportunities – We believe creating opportunities for Aboriginal and Torres Strait Islander peoples in the organisation is critical to providing equal participation, to ensure health services are more responsive and appropriate, and for effective coordination and inclusion.

Governance – We commit to monitoring our RAP actions and progress through the RMCLHN Aboriginal Health Committee, Executive Committee, Governing Board, and externally to Reconciliation Australia, the Attorney-General's Department, Aboriginal Affairs and Reconciliation and SA Health Chief Executive Office.

Foundational understandings of Aboriginal and Torres Strait Islander health and wellbeing

Awareness and knowledge of these foundational concepts is imperative to the success of RMCLHN's Aboriginal Health Strategy.



Aboriginal health

The National Aboriginal Community Controlled Health Organisation states: "Aboriginal health" means not just the physical wellbeing of an individual but refers to the social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life.¹

Social determinants of health

The World Health Organization (WHO) recognises that the health of individuals is determined by more than the health care system. "They are the conditions in which people are born, grow, work, live, and aged, and the wider set of forces and systems shaping the conditions of daily life".³

These circumstances are shaped by income, power, resources, employment, education, housing, and the process of colonisation".⁴

Cultural determinants of health

For Aboriginal and Torres Strait Islander peoples, factors such as cultural identity, family and kinship, Country and caring for Country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are also key determinants of health and wellbeing. These factors are interrelated and combine to affect the health of individuals and broader communities.⁴

Stolen Generations

It is estimated that as many as one in three Aboriginal children between 1910 and 1970 were forcibly removed from their families and communities by Government authorities through race-based policies set up by both State and Federal Governments. This resulted in a huge amount of grief and trauma; losing connections to family, identity, land, language and culture. Grief that continues today.⁵

Intergenerational trauma

Intergenerational trauma is a historical trauma which is passed down through generations if survivors of the initial trauma have not healed. A significant example of intergenerational trauma in Australia is the intergenerational trauma that affects children and grandchildren of the Stolen Generations. When Stolen Generations survivors don't have the opportunity to heal from trauma, they're likely to live in a state of distress, which can lead to a range of negative outcomes for themselves and their descendants.⁹

Kinship

Kinship is at the heart of Aboriginal and Torres Strait Islander society because it's the glue that binds culture, Country, family and community together. When Aboriginal and Torres Strait Islander peoples talk about kinship, they're referring to who they are by nation group, family and the community/ies they have a connection to. Aboriginal and Torres Strait Islander peoples have strong family values, and the family system has an extended family structure, as opposed to the nuclear or immediate family structure which is common in western society. This means the child rearing responsibilities extend beyond the immediate family group and may include aunts, uncles, cousins and grandparents.⁶

Cultural safety

Cultural safety has become increasingly recognised to be a pre-condition for Australian Aboriginal and Torres Strait Islander peoples to access, be involved, and thrive within workplaces and services. A culturally safe environment is one where Aboriginal and Torres Strait Islander peoples':

- presence is welcomed and respected
- experiences are believed and validated
- cultures are central and valued
- advice is listened to and acted upon
- knowledge and skills are recognised and supported
- do not experience racism in any form.⁷

Diversity of Aboriginal and Torres Strait Islander peoples

Within Aboriginal and Torres Strait Islander peoples there are a diverse range of cultural values and beliefs. This includes geographic location, gender, age, language, sexual orientation, family obligations/responsibilities and life experiences. In South Australia there are more than 50 language groups with unique cultures and traditional lands.⁸

Health literacy and health promotion

A number of health conditions that Aboriginal and Torres Strait Islander people experience are largely preventable. The provision of culturally appropriate, safe support and relevant information to increase knowledge and understanding of health conditions is likely to improve healthy lifestyles, promote healthy environments and reduce risk factors.¹⁰ These efforts must be supported by increased awareness of health services regarding the diverse strengths and needs of Aboriginal and Torres Strait Islander peoples.¹¹

References

- ¹ NACCHO 1992-2022. <https://www.naccho.org.au/acchos/#:~:text=An%20ACCHO%20is%20a%20primary,locally%20elected%20Board%20of%20Management.>
- ² AIHW 2022. Determinants of health for Indigenous Australians. <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>
- ³ WHO 2024: Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_
- ⁴ Flinders University, Southgate Institute for Health, Society and Equity. Policy Brief Social Determinants of Indigenous Health and Closing the Gap. 2019. <https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/social-determinants-indigenous-health-policy-brief.pdf>
- ⁵ Healing Foundation. 2024. Stolen Generations. <https://healingfoundation.org.au/stolen-generations/>
- ⁶ Queensland Government. 2010-2024. The meaning of family in Aboriginal and Torres Strait Islander Cultures. <https://cspm.csyw.qld.gov.au/practice-kits/safe-care-and-connection/working-with-aboriginal-and-torres-strait-islander/seeing-and-understanding/the-meaning-of-family-in-aboriginal-and-torres-str>
- ⁷ Gollan, S& Stacey K. 2021. Australian Evaluation Society First Nations Cultural Safety Framework. Australian Evaluation Society. https://www.aes.asn.au/images/AES_FirstNations_Cultural_Framework_finalWEB_final.pdf
- ⁸ Adelaide. 2013. Aboriginal Languages of South Australia. <https://adelaide.history.sa.gov.au/subjects/aboriginal-languages-of-south-australia>
- ⁹ Healing Foundation. 2024. Intergenerational Trauma. <https://healingfoundation.org.au/intergenerational-trauma/>
- ¹⁰ Australian Commission on Safety and Quality in Health Care. 2014. Health Literacy: Taking action to improve quality and safety. <https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>
- ¹¹ Boot, GR & Lowell. 2019. Acknowledging and Promoting Indigenous Knowledges, Paradigms, and Practices Within Health Literacy-Related Policy and Practice Documents Across Australia, Canada, and New Zealand. International Indigenous Policy Journal. https://www.researchgate.net/publication/334524535_Acknowledging_and_Promoting_Indigenous_Knowledges_Paradigms_and_Practices_Within_Health_Literacy-Related_Policy_and_Practice_Documents_Across_Australia_Canada_and_New_Zealand

Artwork and story

This artwork was designed by local Ngarrindjeri woman, Rosslyn Richards. It portrays the essential role of community connection in health and wellbeing. Our communities are intricately linked, with all of us interwoven together.

Our communities travel across Country seeking support, advice and establishing connections within wider communities and networks. The footsteps we take create a continuous exchange of knowledge and foster an ongoing commitment to providing care and guidance to one another. The artwork depicts the essence of families in providing safety and nourishment, recognising the importance of looking after ourselves and each other, to have a better life. Food is an essential element of wellbeing and connection and sharing in good nourishment supports our younger generation to know the value and benefits of healthy eating. A strong Aboriginal workforce in our health services supports connection to care and helps reinforce the cultural value of coming together. By being strong role models for our future generations, we can create healthier pathways for our people to live longer. Altogether, this artwork illustrates the interconnections, wellbeing and responsibility communities and services have to ensure we stay connected, look after our mob and be the voice for future generations to feel healthy and strong.

Concentric circles

Communities within RMCLHN – hospitals and the variety of health services providing support to our mob.

Basket weaving

Each stitch in a basket weave represents a person in the community.

Yellow dots

Health services visiting communities across RMCLHN.



Pelican

Providing nourishment and food for our families.

Blue dots

Families within our region.

Black swan

Family commitment.

Large gather circles

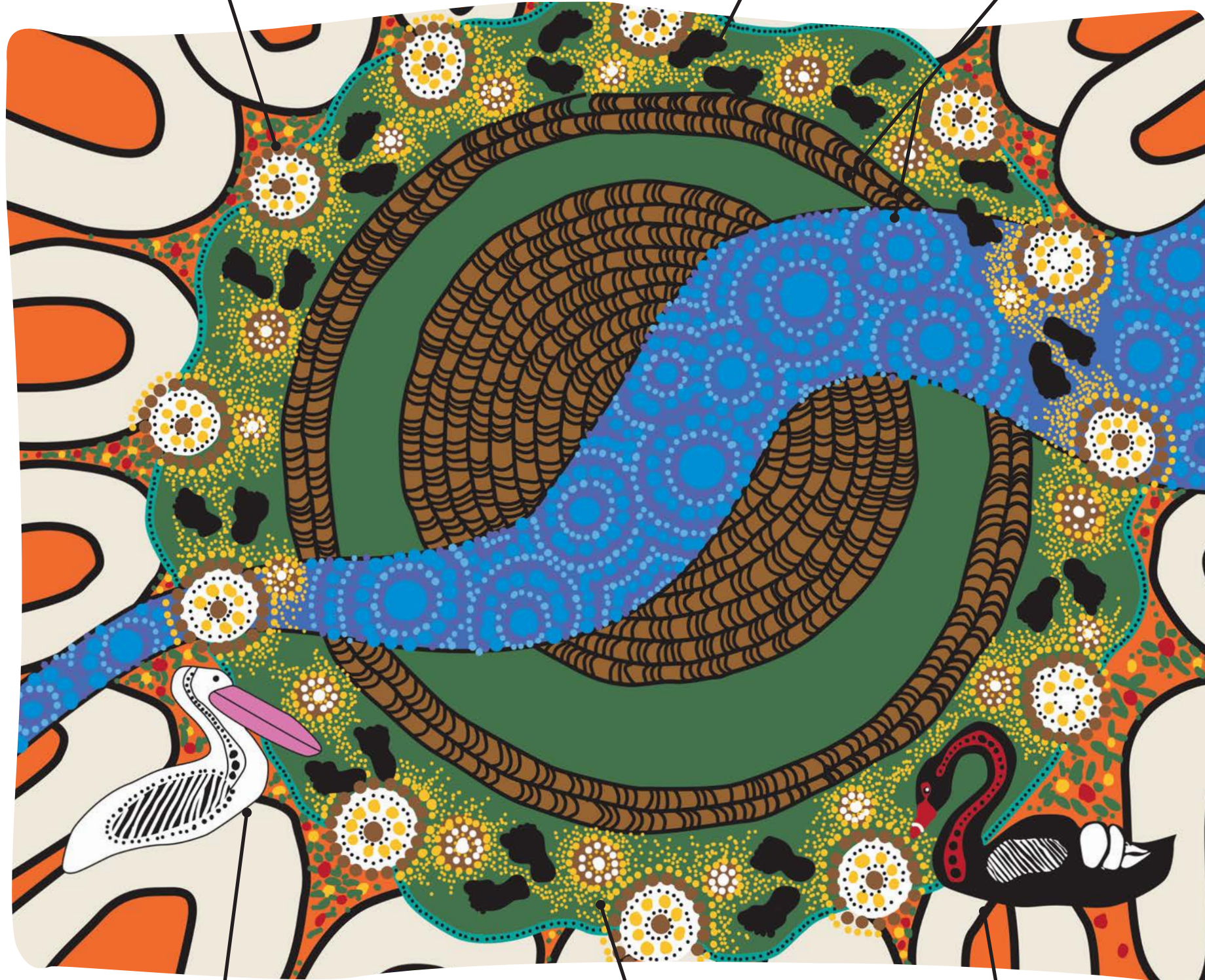
Health services.

Footsteps

Walking together across land and waters, services and community.

River and basket weaving

Interconnection.



Pelican

Food.

Small gather circles

Safe spaces to connect.

Black swan

Families.

Artwork and story

This artwork was also designed by local Ngarrindjeri woman, Rosslyn Richards. The artwork was inspired by feedback received from the RMCLHN Aboriginal Employee Network.

As the Murray River flows throughout our communities, we appreciate the interconnection this symbolises. Connections are created across land, waters, communities, families, and services. We all leave footprints as a result of these connections and there are many opportunities for connection in gathering places across our region. Gathering spaces hold cultural significance and provide a safe space for community members to engage with each other, provide care and share knowledge to improve the wellbeing of our mob. Altogether, this artwork illustrates the interconnectedness of our lives with land, water and each other. This artwork speaks to the responsibility we each have to honour this interconnectedness through our actions and to pass on knowledge to ensure our future generations thrive.

Foreword



From the Governing Board Chair – Elaine Ashworth

On behalf of the Riverland Mallee Coorong Local Health Network (RMCLHN) Governing Board, I am pleased to present the RMCLHN Aboriginal Health Strategy 2025-2030 (the Strategy).

The Strategy represents a significant commitment by RMCLHN. It sets a path for RMCLHN to create a respectful and culturally safe environment that supports equitable access to our health services, that strengthens our Aboriginal workforce and enables us to work more closely with our partners to support our communities in a holistic way.

The Strategy has been developed through a co-design approach involving RMCLHN communities, staff, clinicians and partners. We look forward to achieving the outcomes intended in this Strategy which further develops our vision to support Aboriginal people in our communities to have the best possible quality of life.



From the Chief Executive Officer – Wayne Champion

The RMCLHN Aboriginal Health Strategy 2025-2030 captures what we have heard as being important to Aboriginal communities in the region, now and into the future. It outlines our commitment to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in the Riverland Mallee Coorong region and describes the priorities for our organisation to improve organisational culture, build our Aboriginal workforce, develop stronger partnerships and communication methods with community, and support equitable early access to health care services that are culturally safe and respectful.

This Strategy, along with our RAP, puts us in a position to focus our energies and efforts on a clear path to support Aboriginal and Torres Strait Islander peoples to have the best possible quality of life by providing high quality, culturally appropriate care that promotes dignity, respect, choice, independence and social connection. It also serves to progress our commitment to close the health gap between Aboriginal and non-Aboriginal Australians in the RMCLHN region.

I would very much like to thank the Aboriginal Health Strategic Team for their effort in leading the development of this Strategy. I would like to acknowledge the many consumers, community members, staff, clinicians, and partners for their valued input.



Director of Aboriginal Health – Sharon Wingard

The RMCLHN Aboriginal Health Strategy outlines our commitment to providing equitable health services for our culturally diverse Aboriginal and Torres Strait Islander communities. Aboriginal health is everyone’s business, and this Strategy aims to create a culture where this intent is lived. First and foremost, we must recognise that Aboriginal health does not just include individual physical health needs, but is an interwoven experience of cultural, spiritual, and social needs.

Creating a culturally safe environment and having a ‘zero tolerance’ for racism is essential for RMCLHN if we are to improve health outcomes.

RMCLHN stands committed to walk alongside our community, our consumers, our staff and our partners as we build a path to a brighter future. Our commitment is to listen deeply and continually co-design service changes and improvements to build a more culturally responsive approach in the delivery of health care services.



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Executive Summary

This Aboriginal Health Strategy 2025–2030 (the Strategy) highlights RMCLHN’s intent to cultivate and lead cultural change in our organisation. Change of this kind takes time – it is not an event but a process. The Strategy sets out our pathway to create and nurture changes aimed at improving the cultural responsiveness of our health services, and at improving health outcomes for Aboriginal communities.

What we’ve heard is that change is needed, and our system needs to do better. In this Strategy we commit to achieving this.

The RMCLHN catchment covers more than 42,000 square kilometres including the towns and surrounds of Renmark, Paringa, Berri, Barmera, Waikerie, Loxton, Pinnaroo, Lameroo, Karoonda, Mannum, Murray Bridge, Tailem Bend, Meningie, Tintinara and Coonalpyn which are the traditional lands of the Erawirung, Ngarkat, Nganguruku, Ngaiwang, Ngarrindjeri, Ngawait, Ngaralte and Ngintait peoples. We deliver a range of supports and services to more than 70,000 people living in the region, including almost 3000 people who identify as Aboriginal and Torres Strait Islander – 4.4% of our total population (2021 Australian Bureau of Statistics, Estimated Resident Population census data).

RMCLHN has been striving for more inclusivity since it was created in 2019. Our strategic vision is to have health services and workplaces that value and affirm the cultures, beliefs, languages and histories of Aboriginal and Torres Strait Islander peoples and communities. Many initiatives have been commenced since our inception including the Aboriginal Employee Network, Aboriginal artwork on and in our buildings, our inaugural RAP in June 2022, co-designed research projects, an Aboriginal Health sub-brand and Traditional Custodians project, cultural immersion activities with Governing Board members and all staff, employment of Aboriginal Hospital Liaison Officers (AHLOs) and creation of cultural educator roles across the LHN. Some of these strategies have commenced during the Strategy’s development.

Our RMCLHN Vision for Aboriginal Health is to support Aboriginal people to have the best possible quality of life by providing high quality, culturally appropriate care that promotes dignity, respect, choice, independence and social connection. If we want to achieve this Vision, we need to do things differently. We can no longer keep trying to find ways for Aboriginal consumers and community to fit into a system that is not designed in a way that respects and values Aboriginal and Torres Strait Islander culture.

This Strategy sets the direction for RMCLHN to walk alongside Aboriginal communities to enhance our footprint. It sets out our direction across four pathways:

- Respect consumers and connect culture in care
- Grow relationships
- Acknowledge and respond to racism in RMCLHN
- Attract, grow and retain our Aboriginal workforce.

The RMCLHN Executive Committee will have oversight of this Strategy and will provide advice to community and the RMCLHN Governing Board on the Strategy’s implementation in alignment with operational and strategic plan reporting processes.



Shane Karpany, RMCLHN CEO Wayne Champion and Daniel Giles at the unveiling of the Riverland General Hospital artwork; Ngalta Ruwe Tumbetun (Riverland Healing).



Aboriginal Health Strategy in summary

We all leave footprints.

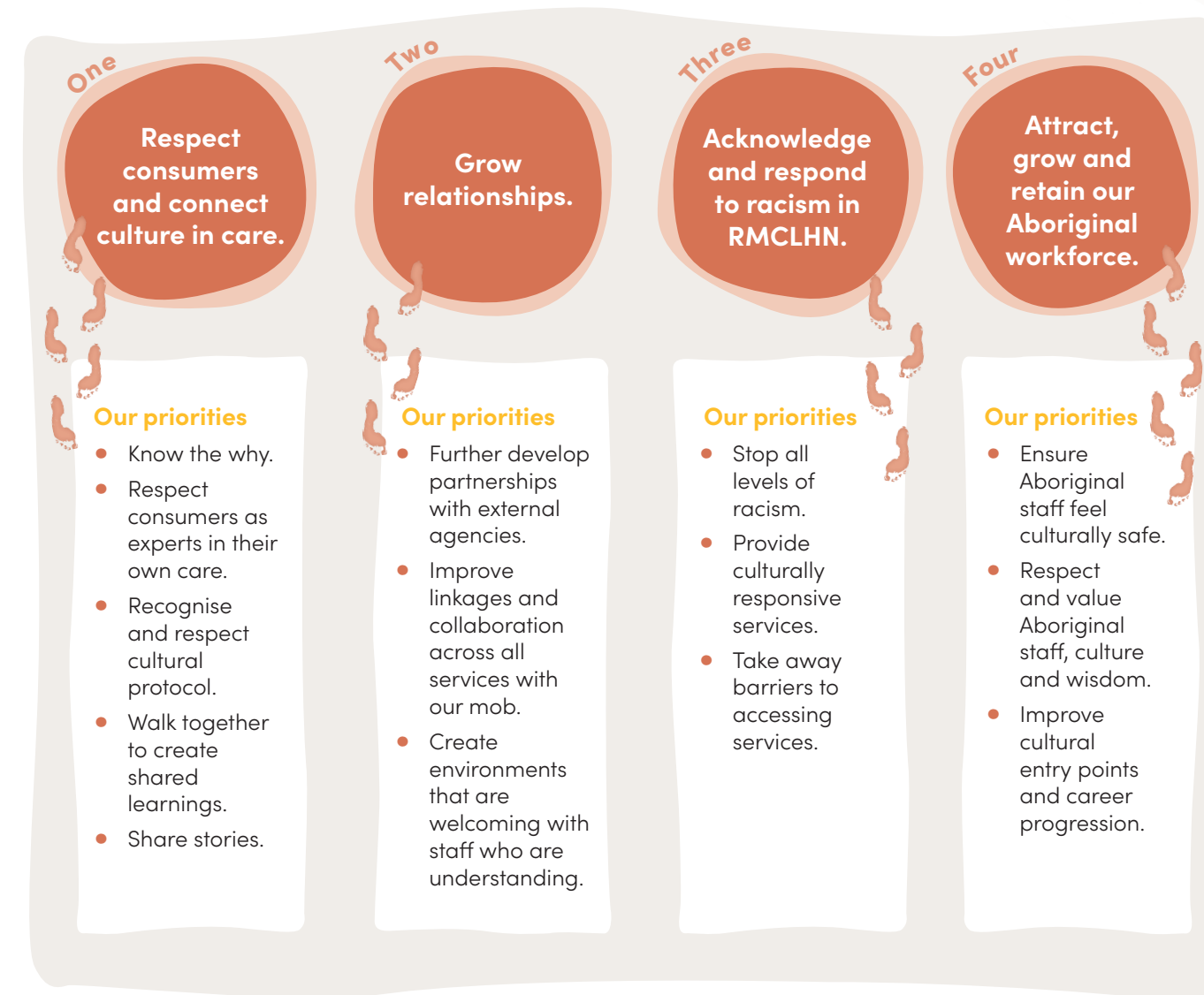
Our ancestors that walked before us left footprints.

Our footprints are a mark of our presence.

Just like our footprints, our actions, and the decisions we make leave an imprint on the people we meet and the systems we work in. We commit to enhancing our footprints and leaving places better than how we found them.

Adapted from an Aboriginal proverb.

Four pathways to change



Introduction

The Aboriginal Health Strategic Team led a co-designed service planning process to develop this Strategy. At its heart, the process has been walking alongside community, listening to their stories, experiences and ideas for how together, we can build a brighter future.

Service planning is the process of developing a strategic approach to improve local health service delivery within the context of the broader health system. The intent is to meet the current and emerging health needs of our populations, catchments and specific service areas.

RMCLHN developed its inaugural Strategic Plan 2021-2026 after becoming a LHN in 2019. As part of this process, it was clear that improved access to culturally responsive health services for Aboriginal communities was a priority. RMCLHN identified Aboriginal health as a strategic priority, and we have now invested in the development of this Strategy that will serve as our path for change over the next five years.

The process undertaken and the timeframes involved in developing the Strategy is outlined on page 18 to 23.

The Strategy identifies a range of service initiatives which will support the provision of culturally safe, quality services closer to home in RMCLHN and is underpinned by a number of key strategic drivers, including the: SA Health and Wellbeing Strategy 2020-2025, SA Health Aboriginal Workforce Framework 2023-31, South Australia's Rural Aboriginal Health Workforce Plan 2021-26, National Aboriginal Cultural Respect Framework 2016-2026, RMCLHN Strategic Plan 2021-2026, RMCLHN Consumer and Community Engagement Strategy 2021-2024, RMCLHN Clinician and Workforce Engagement Strategy 2022-2024, RMCLHN Reflect Reconciliation Action Plan 2022-2023, and other relevant RMCLHN plans available from sahealth.sa.gov.au/RMCYourVoiceMatters

Our Purpose

We will work together to care for local communities and develop our region as a centre of excellence in rural health care, research and teaching. We will support people in RMCLHN to have the best possible quality of life, by providing timely, high quality care as close to home as possible, that promotes dignity, respect, choice, independence and social connection.

Our Values

Aboriginal health is everyone's business, and the Strategy aims to create a culture where this intent is lived. RMCLHN created its values in 2019 when it was established.

Our Values are explained below in the context of Aboriginal health being everyone's business:

- **Respectful** – cultural diversity is respected and valued.
- **Motivated** – our staff are motivated and supported to increase their cultural knowledge and awareness of Aboriginal culture and history.
- **Compassionate** – our staff are empathetic and act to provide care that considers the diverse cultural needs of each consumer.
- **Consumer Focused** – our staff put individual consumer's needs first and adapt to their cultural beliefs.
- **Accountable** – our organisation monitors the provision of culturally safe care and acts to improve services.
- **Resourceful** – our staff have opportunities to connect with community and seek to learn about local cultural protocols.
- **Excellence** – our staff strive to provide culturally safe care across all our services.
- **Service** – our services are continually reviewing the quality of care they provide to ensure we meet our consumers' needs.



RMC CARES is a statement in itself and represents our values as an organisation.

Our community

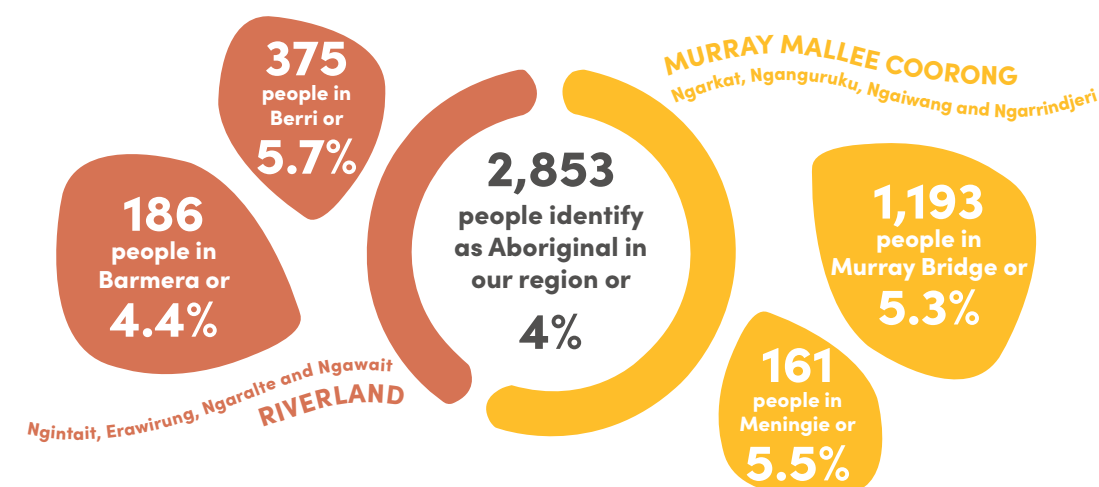
The RMCLHN catchment covers 42,000 square kilometres, including the lands of the Erawirung, Ngarkat, Nganguruku, Ngaiwang, Ngarrindjeri, Ngawait, Ngaralte and Ngintait peoples.

The LHN delivers services to a population of more than 70,000 people, of which 2,853 identify as Aboriginal and/or Torres Strait Islander. This makes up 4% of our total population.

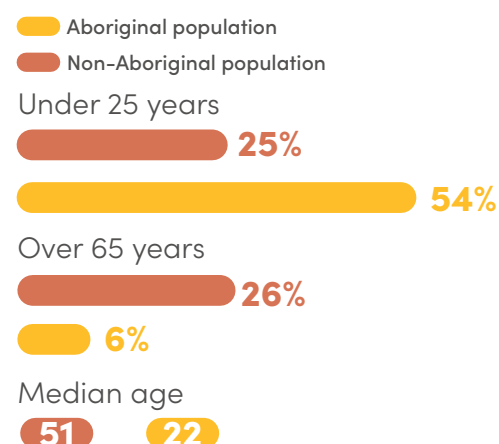
The following graphics outline our Aboriginal communities and the range of services they accessed in 2021-22.

This data was used to discuss current demands and future needs with our community, staff and partners.

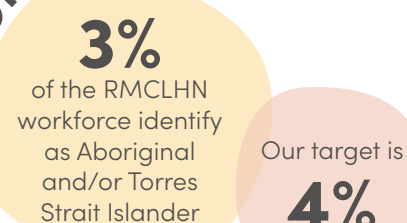
POPULATION



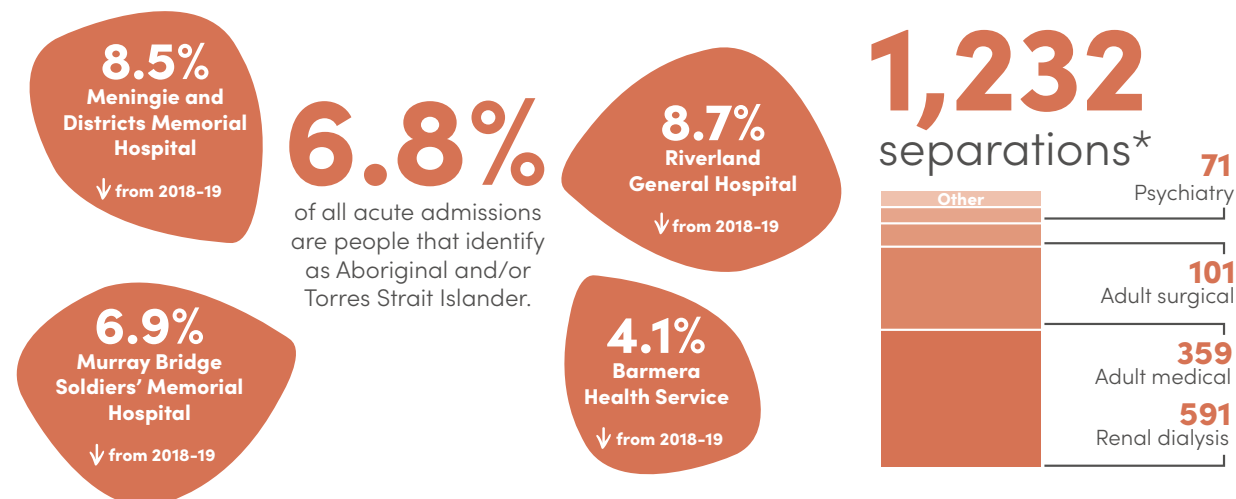
AGE



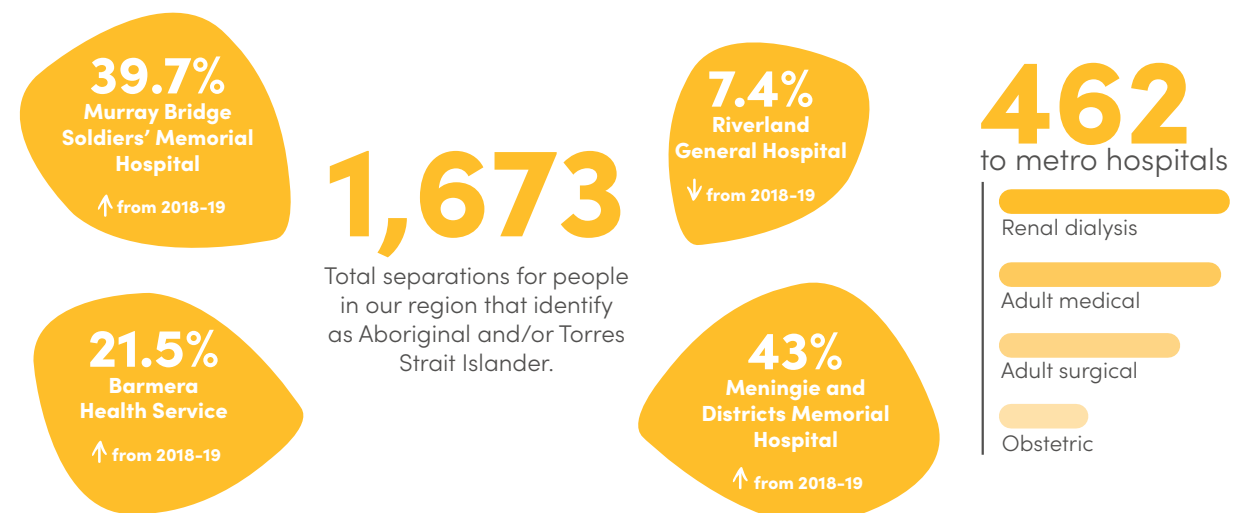
WORKFORCE



HOSPITAL INPATIENT ACTIVITY 2021-22



COMMUNITY INPATIENT ACTIVITY 2021-22



COMMUNITY AND ALLIED HEALTH ACTIVITY 2021-22



ACCIDENT AND EMERGENCY ACTIVITY 2021-22

2,373

presentations in our region for people that identify as Aboriginal and/or Torres Strait Islander which is

7.5%

of total presentations.



1,083 presentations
Murray Bridge Soldiers' Memorial Hospital

962 presentations
Riverland General Hospital

105 presentations
Meningie and Districts Memorial Hospital

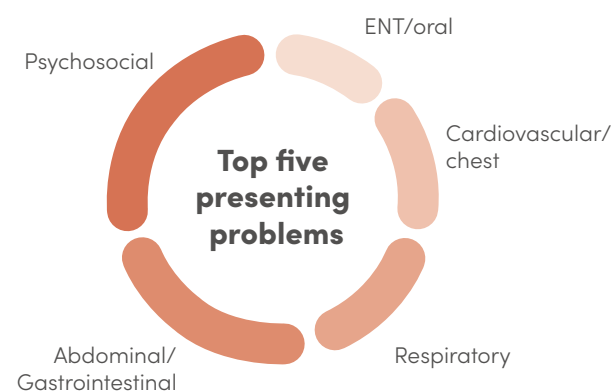
100 presentations
Mannum District Hospital

1,219
unique consumers

607
presented via ambulance

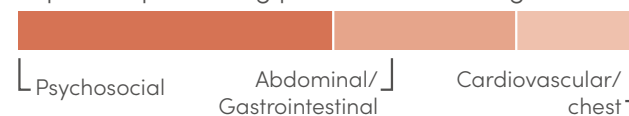
48%
triage category four

72%
presented out of hours or on weekends



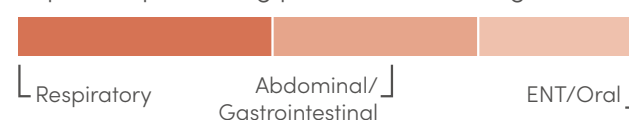
34.5% were aged 25-44

Top three presenting problems for this age bracket



20.9% were aged 0-14

Top three presenting problems for this age bracket



4.5%

of all presentations for people who identify as Aboriginal and/or Torres Strait Islander either left at their own risk or did not wait to be seen.

8.2%

of presentations for people aged 25-44 for a psychosocial presenting problem either left at their own risk or did not wait to be seen.

MENTAL HEALTH SERVICES 2021-22

332

emergency presentations for mental health challenges were people who identify as Aboriginal and/or Torres Strait Islander. Which is

14%

of all presentations.



160 presentations
Murray Bridge Soldiers' Memorial Hospital

134 presentations
Riverland General Hospital

34%
Admitted to hospital.

43%
Arrived by ambulance.

20%
Arrived via SA Police.

45%
Triage category four.

69

admissions to hospital for mental health challenges were people who identify as Aboriginal and/or Torres Strait Islander.

6%

of all admissions.



23 admissions
Murray Bridge Soldiers' Memorial Hospital

39 admissions
Riverland General Hospital

An additional 17 admissions to metro hospitals which is down from 40 admissions in 2020-21

85

community mental health services were accessed by people who identify as Aboriginal and/or Torres Strait Islander.

3,568

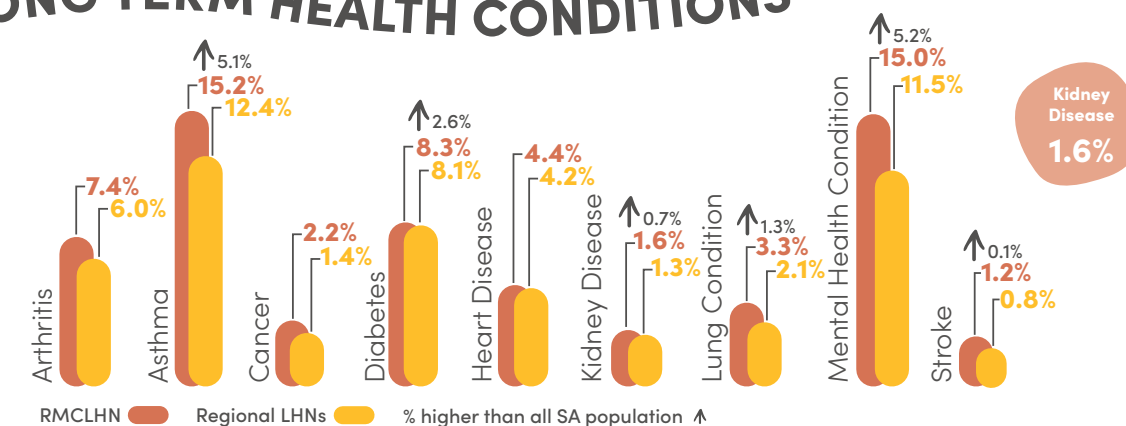
contacts.



40 consumers
Murray Mallee

47 consumers
Riverland

LONG TERM HEALTH CONDITIONS



Data Sources:

2021 Census - Australian Bureau of Statistics (ABS). SA Health, Health Information Portal (HIP), Admitted Activity Universe 2 and Emergency Department Universe, standard Public Hospital Sub-setting rules applied. CCCME Country Health Data Warehouse



Our commitment to research

Aligned with RMCLHN's strategic goal to enhance health outcomes for Aboriginal and Torres Strait Islander peoples, we are dedicated to conducting culturally appropriate research and clinical trials that address their unique health needs.

We actively engage with these communities to identify health priorities and ensure that our clinical trials are designed and conducted in a respectful and inclusive manner.

Our commitment includes delivering clinical trial services that are accessible, relevant, and beneficial, ultimately aiming to reduce health disparities and improve overall wellbeing.

Our process to develop the Strategy

RMCLHN embarked on a co-design approach to develop the Aboriginal Health Strategy for the next five years. Co-design brings consumers, community, stakeholders, and health services together to plan and design new services. The process is underpinned by methods to engage and learn from our community, our consumers, our staff and our partners. This learning enables the Strategy to be informed by real-world experiences from a range of perspectives built from the ground up.

Follow the RMCLHN Aboriginal Health Design Team's co-design journey.

Engagement with
Aboriginal Health
Committee.

Eight community
Yarning Circles.

Data on
population and
service needs.

Consumer
Yarning Circles.

Cultural audits
at all RMCLHN
health units.

RMCLHN Aboriginal Health Design Team

Ongoing

September to December 2022

November to December 2022

February to March 2023

March to April 2023

May 2025

March 2025

July 2023

May to June 2023

Ongoing

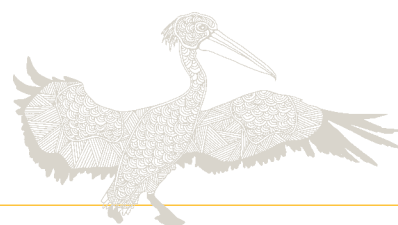
Final Strategy
endorsed to be
released.

Consultation on
draft Strategy.

Draft Strategy
developed from
all learnings.

Workshop with
RMCLHN staff
and community
partners.

Engagement with
Elders and
Moorundi
ACCHS.



RMCLHN Aboriginal Health Design Team

Our process to develop the Strategy *continued...*

The process to develop the Strategy started by seeking advice and support from the community, through Yarning Circles. Initially, more than 60 community members were involved in Yarning Circles across communities in our region. At the same time, we were learning from our population and service utilisation data to see what it could tell us about the community's needs and how they are accessing services.

The learnings from both the Yarning Circles and the data were collated to draw out valuable insights in the form of consumer experience maps.

These maps and data stories provided the foundational knowledge for sharing and building upon, through to the next level of engagement which included two community Yarning Circles in:

- Berri on 17 May 2023
- Murray Bridge on 21 June 2023.

These yarns enabled more than 30 community members to come together over lunch to share stories, experiences, and ideas for how we can improve our health services to meet the needs of community.

We also held two staff and partner engagement workshops in:

- Berri on 17 May 2023
- Murray Bridge on 21 June 2023.

These workshops provided an opportunity for more than 60 staff and key partners to share and discuss the Yarning Circle learnings and insights from our data stories. This information grounded participants in knowledge of what the community is telling us, our current population demographics and reported health needs, and our health service usage. The workshop then enabled participants to join two small focus group yarns to share stories, experiences and spark innovative ideas regarding future opportunities that exist to improve our services to help build a brighter future for Aboriginal communities in our region.

The feedback received from our workshops was very positive:

"Thank you for including us. I look forward to the feedback and next steps."

Workshop participant

"We can't grow it, if we don't plant it."

Workshop participant

"Delivered with passion, diverse and interesting. Great opportunities for discussion and feedback, excellent initiative."

Workshop participant

Following these workshops, all the learnings from the community Yarning Circles, and the data analysis was synthesised and shared at a workshop with our RMCLHN Aboriginal Employee Network members in Karoonda on 1 August 2023.

This workshop provided the opportunity to share a summary of the data stories and the themed feedback from our community, staff, clinicians and partners. Participants were then able to reflect on this information in order to spark innovative ideas regarding future opportunities and approaches that they considered important to include in the Aboriginal Health Strategy.

Engagement learnings

The lived experiences, stories, feedback and conversations we held throughout the planning process informed our five overarching themes with the following thoughts raised for each theme:

Addressing health inequities

- Eliminating racism
- Emergency Department (ED), General Practitioner (GP) and South Australian Ambulance Service (SAAS) access costs – and connection to hospital admission
- Housing, transport, education, isolation, Social Determinants of Health (SDoH) and Social Determinants of Indigenous Health and Wellbeing (SDIHW)
- Prioritisation processes

- Awareness of services and eligibility – interagency forum success
- Improved referral and follow up processes
- More support and services for young people and Elders
- Wait time for services and 9am–5pm services are barriers
- Addressing/rebuilding trust that has been broken – one bad experience impacts on future access.

Creating culturally safe services

- Grow and nurture our Aboriginal workforce
- Training and education for our non-Aboriginal staff members
- Awareness of cultural meanings around family and kinship – increased involvement of family
- Acknowledgment of intergenerational trauma and grief and loss
- Story – keep sharing stories to create connection and build respect and relationship
- Hospital food
- Intake forms and processes
- Create environments that are welcoming with staff who are understanding
- Relationship based care (we want to get to know each other and not tell our story over and over again)
- Respect and value Aboriginal and Torres Strait Islander cultures and wisdom
- Palliative care and passings – cultural practices and advanced care directives
- Sustainable services.

More inclusive and integrated care

- Support for transitioning across services – greater partnerships needed
- Improved mental health care – trauma-informed approaches
- Outreach programs in smaller communities
- More flexible program guidelines
- Health prevention and promotion – linkages with PHN (Primary Health Network)
- Improved linkages and collaboration with Moorundi Aboriginal Community Controlled Health Organisation
- Drug and Alcohol Services South Australia (DASSA) and detox services
- Improved mental health support in ED and community
- Explore how we can do more in communities and in schools with our children
- Dental/oral healthcare.

Learning together to create change

- Regular process to bring community together in Yarning Circles
- Share and feed back changes happening, progress made, and listen to advice from community
- Share the good stories – when we get it right
- Holistic care – Aboriginal culture does not work in silos
- Change the “not my guidelines – not my job” mindset
- Elders and young people working together
- Understanding the triage system – conversations need to happen to understand wait times
- Patient journey – improving the experience of transfers to Adelaide
- Explore how we can influence change in the system.

Growing and nurturing our Aboriginal workforce

- Eliminate racism
- Respect and value Aboriginal and Torres Strait Islander peoples' expertise
- Learn and respect Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing
- Succession planning and supporting staff retention
- Career pathways
- Sustainable roles – short-term contract fatigue
- Equitable entry points to employment
- Internal cultural supports.



PATHWAY 1: Respect consumers and connect culture in care – We want to build cultural learning through stories, we want our staff to demonstrate cultural humility and follow local cultural protocols. We want consumers to be equal partners in their care alongside our staff.

Priorities	Intentions	Actions for change	Responsibility	Timeframe
1.1 Know the why.	1.1.1 Strengthen organisational cultural accountability	- Co-design principles, measures and reporting processes for cultural accountability within RMCLHN, aligned to RMCLHN and SA Health plans, policies, and procedures. - Ensure cultural accountability measures are widely understood and implemented.	Aboriginal Health Committee	Annually
	1.1.2 Understanding the cultural determinants of social and emotional wellbeing.	- Status and determinants of Aboriginal and Torres Strait Islander health (Department of Health and Aged Care) are widely understood and integrated into health care for Aboriginal and Torres Strait Islander peoples. These include current status, holistic health and wellbeing, and social and cultural determinants of health. - Foster staff knowledge and understanding of local Aboriginal population health status and needs and improve data collection to track progress. - Staff participation in Cultural Awareness training provided by RMCLHN Cultural Educators to strengthen our ability to provide holistic care. - Staff participation in cultural safety training. - Develop stronger recognition of kinship, intergenerational trauma and grief and loss in service delivery and health care.	Aboriginal Health Strategic Team and all staff	Annually
	1.1.3 Clearly defined Aboriginal consumer prioritisation processes across RMCLHN.	- Develop a culturally appropriate triage prioritisation process across all our services that considers: - reduction in wait times and improved access - educating all staff on the need for a prioritisation framework and how to implement. - Advocate for increased flexibility in program guidelines to address health inequities and disparities.	Executive Director of Nursing and Midwifery (EDONM) and Executive Director of Medical Services (EDMS)	Annually
1.2 Respecting consumers as experts in their own care.	1.2.1 Consumers are equal partners in their care.	- Co-design care options and treatment individually with each consumer by listening respectfully and incorporating their experiences, needs and preferences into their care plan, and respect Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing. - Support consumers to have an advocate of their choice present with them when receiving care.	EDONM, EDMS and Executive Director Community and Allied Health (EDCAH)	Annually
	1.3.1 Recognising and respecting cultural protocol.	- Bring community together in Yarning Circles for all service areas (staff and clinicians) to: - listen, learn and build relationships with Aboriginal communities in the region - seek advice from community and share relevant service information and new initiatives. - Ensure feedback to community is provided in a reciprocal way where mutual recognition of contribution is valued and acknowledged.	RMCLHN Executive Committee	Ongoing
1.3 Recognising and respecting cultural protocol.	1.3.2 Sharing the good stories with community.	- Develop mechanisms to share positive consumer experiences and service changes through: - face-to-face Yarning Circles - social media posts - poster displays at health units and in the community - cultural celebration events. - Yarning Circles mailouts.	Aboriginal Health Strategic Team and Communications	Ongoing
	1.3.3 Seek regular advice from Aboriginal community members.	- Connect with local Elders: - Consider a program to foster Elders and young people working together. - Develop a process for health units to undertake monthly cultural audits. - Review processes to ensure effective remuneration for Aboriginal community members for their contributions of cultural guidance, knowledge and wisdom. - Develop a Cultural Protocols Document.	Aboriginal Health Strategic Team and Executive	Ongoing

1.4 Walking together to create shared learnings.

1.4.1 Translating our Emergency Department services for community.	- Improve mechanisms to explain the triage system to Aboriginal consumers that considers: - ED staff training with nursing staff and AHLOs - developing culturally appropriate posters and TV screens. - Consistently identify consumers who leave ED prior to being seen and provide follow-up contact.	Directors of Nursing (DONs) and EDMS AHLOs	Ongoing
1.4.2 Improving the consumer experience when transfer to Adelaide is required.	- Connect with service providers that have undertaken work to improve the consumer journey with a view to adapting their work to our region. - Strengthen linkages with Adelaide based AHLOs that considers: - training and education for our RMCLHN staff in appropriate use of referrals to AHLOs. - Support from RMCLHN AHLOs for consumer transfer requirements.	DONs and AHLOs	Annually
1.4.3 Creating opportunities for all staff to influence change.	- Review and strengthen the newly established Aboriginal Advisory Group to the CEO and consider how we might replicate it at other levels of our organisation. - Build our emerging junior Aboriginal workforce by providing targeted training and promotional opportunities and access to leadership training. - Review and reform the RMCLHN recruitment processes by embedding the need for Aboriginal staff members to be on interview panels and build toward community panel members. - Enhanced cultural training for all staff through the implementation of the Aboriginal Cultural Educator roles. - Increase staff attendance at all RAP activities.	Aboriginal Health Strategic Team and Director People and Culture	Annually
1.4.4 Co-design care to be more culturally responsive and holistic.	- Co-design care to be more culturally responsive and holistic considering the following: - Expansion of support and services for young people and Elders - Address waiting times and 9am–5pm service barriers	Aboriginal Health Committee	Annually
	- Offer outreach programs in smaller communities - Review intake/admission forms and processes - Explore options to enhance culturally appropriate hospital food - Increase culturally appropriate methods for Aboriginal consumers to provide feedback - Consider Aboriginal nurse-led clinics - Increase access to transport for appointments - Continue to address gaps in population health needs. - Strengthen cultural practices for palliative care services and passings in our health services considering: - Support for extended family in hospital (adequate space for family, culturally appropriate food provision) - Share end of life information including Advanced Care Directives - Enable AHLO support where appropriate. - Ensure individualised end of life care.	Aboriginal Health Committee	Annually
1.4.5 Improve Mental Health care in the ED and the community.	- Employing male/female Aboriginal social and emotional wellbeing positions in the Community Mental Health Team. - Expanding the role of our AHLOs to support consumers in the EDs. - Reduce wait times for mental health services. - Support the implementation of relevant RMCLHN Mental Health Service Plan (MHSP) strategies including: - Expanding our lived experience Aboriginal workforce - Providing culturally safe, trauma-informed care - Increased involvement of family in care - Integrate and adequately resource Aboriginal art therapy programs - Strengthening case management supports and continuity of care/worker - Developing culturally appropriate resources to support trauma, grief and loss. - Increasing understanding of consumer experiences to improve quality of care.	Director Mental Health and Director Aboriginal Health	Annually

1.5 Sharing stories.	1.5.1 Create connection and build respectful relationships by listening and learning through story.	• Monitor the new meeting format of the Aboriginal Health Committee to share consumers’ stories considering the: – actions identified and impact of change initiated – outcomes achieved – ability to further develop relevant stories to share more widely. • Expand the RMCLHN program of cultural activities for all staff to learn and celebrate culture: – Review current cultural events and activities and capture data on attendance – Consider community knowledge sharing forums – Aboriginal and non-Aboriginal participants – Include sharing food at events. • Consider the ability to hold open days at all hospital and health units.	Aboriginal Health Committee	Annually

PATHWAY 2: Grow relationships – We want strong, formalised partnerships to exist. We want consumers to be able to move across services easily and for them to feel welcome and understood.

Priorities	Intentions	Actions for change	Responsibility	Timeframe
2.1 Further develop partnerships with external agencies.	2.1.1 Enhancing health prevention and promotion	• Collaborate with the PHN to identify preventative programs that focus on building children’s health and wellbeing. • Explore the greater health needs of Aboriginal people under 25 years of age. • Improve linkages and collaboration with Moorundi ACCHO, including through the Memorandum of Understanding (MoU). • Continue to co-design and embed learnings from the Nra:gi Ya:yun (really good food/eating) program.	Director of Aboriginal Health	Annually
	2.1.2 Addressing service gaps.	• In collaboration with the PHN, investigate the opportunity to undertake a gap analysis across all services with a focus on DASSA, detox services, dental, child and maternal care, youth and Elders.	Director of Aboriginal Health	Annually
2.2 Improve linkages and collaboration across all services with our mob.	2.2.1 Increasing awareness of services and eligibility.	• In collaboration with the PHN, explore the ability to maintain a centralised database of services available. • Maintain and continue to strengthen the Aboriginal Interagency Forum attendance. • Promote services through social media, mailouts, posters and face-to-face gatherings.	Aboriginal Partnership Project Officer Aboriginal Health Strategic Team and Communications	Ongoing Ongoing
	2.2.2 Providing relationship-based care.	• Consider development of Aboriginal Community Liaison Officer (ACLO) roles to provide continuity of care management for consumers. • Extend our existing AHLO roles considering: – access to AHLOs in the EDs – high-needs communities based on our population profile. • Afterhours access at Riverland General Hospital and Murray Bridge Soldiers’ Memorial Hospital.	EDONM and DONs	Annually

2.3 Create environments that are welcoming with staff who are understanding.	2.2.3 Supporting access and transition across services.	- Identify gaps in the consumer journey and work with our partners to support continuity of care. - Ensure our staff support consumers to gain easy access to the services they need.	EDONM	Ongoing
	2.3.1 Rebuilding trust that has been broken.	- Reconcile incidents of racism at RMCLHN by: - reviewing the effectiveness of the Safety and Learning System (SLS) to address racist incidents - educating all staff to ensure they understand their role in reporting racist incidents - educating all managers to understand their responsibilities when a racist incident is reported in SLS - education for all staff in effective conflict resolution. - Ensure the opportunity for face-to-face conversations occur to rebuild trust.	CEO and RAP Committee	Ongoing
	2.3.2 Strengthening relationships between staff and consumers.	- Establish workshop opportunities for all staff to meet with Aboriginal community members and Elders face-to-face to listen, learn and celebrate Aboriginal culture. Include creative art activities e.g. weaving or painting. - Strengthen connection and relationship of all our staff with local Aboriginal community members.	RAP Committee	Ongoing

PATHWAY 3: Acknowledging and responding to racism in RMCLHN – We want to see zero racism across our organisation. We want culture to be respected in the care we provide and consumers to be able to access care easily.

Priorities	Intentions	Actions for change	Responsibility	Timeframe
3.1 Stopping all levels of racism.	3.1.1 Increasing cultural safety.	- Recruitment of cultural educators to develop a training program across RMCLHN that considers the three-tiered approach outlined in the SA Health Aboriginal Cultural Learning Framework: - Work with local Aboriginal communities and workforce to co-design culturally safe training that incorporates local cultural and community issues considering: - increasing awareness of cultural meanings around family and kinship - intergenerational trauma, grief and loss - Provide cultural coaching and mentoring for the non-Aboriginal workforce to promote self-reflection, learning and respect of Aboriginal culture - Maintain current orientation program - Co-design suitable Aboriginal cultural safety performance indicators and targets that are meaningful. - Coordinate bi-annual Cultural Immersion experiences for Governing Board members, Executive and Senior Leadership staff.	CEO	Annually
	3.1.2 Identifying and reducing all levels of racism.	- Develop and implement an Aboriginal performance monitoring platform in alignment with operational reporting processes that considers individual, system and organisational measures across all RMCLHN sites, and also considers: - creating welcoming environments for Aboriginal consumers and staff - improving staff engagement with Aboriginal consumers and communities - removing barriers that impact access to health services. - Conduct an annual RMCLHN Institutional Racism review. - Continue to implement the RMCLHN zero tolerance to racism program in conjunction with People and Culture. - Cultural Audit Tool.	Aboriginal Health Committee/ Director People and Culture	Annually
	3.1.3 Commitment to reconciliation.	Continue RMCLHN's formal commitment to reconciliation by launching the new two-year Innovate RAP and continuing to develop our commitment through the RAP framework to include the Stretch and Elevate levels.	RAP Committee	Annually

3.2 Providing culturally safe services.	3.1.3 Interrupting racism.	- Develop a process to support staff to interrupt racism by engaging ACT NOW to provide training sessions to: - build the confidence of our staff to call out incidences of racism - co-design tools and processes for staff to follow. - Provide supports for staff and consumers who have experienced racism (e.g. peer support). - Review the SLS process for reporting incidences of racism considering: - Flow and reporting line for action and resolution. - A mechanism for monitoring and reporting on racist incidences. - Cultural educator roles to help staff navigate our systems, hold discussions and advocate for change.	Director People and Culture	Annually
	3.2.1 Acknowledgement of intergenerational trauma, grief and loss.	- Consistently deliver Aboriginal mental health first aid training. - Increased training for clinicians in trauma-informed care. - Lived experience knowledge to inform clinical care. - Utilising a Cultural Safety Audit Tool within RMCLHN.	Director Mental Health	Annually
	3.2.2 Incorporate best practice learnt from other areas of Australia and internationally.	- Create opportunities to visit and learn from other Aboriginal and Torres Strait Islander services: - Visit other SA regional LHNs - Identify and connect with best practice health services within Australia - Explore potential overseas visits (e.g. New Zealand). - Explore scholarship/conference opportunities for international learning.	Director Aboriginal Health and Director People and Culture	Annually
	3.3.1 Provide cultural supports for consumers.	- Increase referrals and access to AHLOs by: - improving awareness of the referral process and forms for AHLO support - developing promotional materials about the AHLOs and how to access them - educating staff to ask in culturally safe ways if consumers identify as Aboriginal or Torres Strait Islander and offer AHLO support. - Increase Aboriginal Health roles to offer cultural support for consumers (Aboriginal Health Workers, Aboriginal Health Practitioners, Aboriginal Community Liaison Officers, Aboriginal Cultural Liaison Officers).	Aboriginal Health Committee	Annually
3.3 Taking away barriers to accessing services.		- Increase confidence of non-Aboriginal staff members to provide culturally safe services. - Increase shared learning opportunities between clinical staff and Aboriginal staff. - Develop a process for tracking referrals and outcomes for all services for Aboriginal consumers.		
	3.3.2 Reducing financial costs for consumers.	- Develop a process to negotiate service fee waivers across RMCLHN services. - Promote other service fee waiver processes e.g. SA Ambulance Service (SAAS) - Advocate for bulk-billing across all GP clinics in the region.	Chief Financial Officer and EDCAH	Ongoing

PATHWAY 4: Attract, grow and retain our Aboriginal workforce – We want RMCLHN's Aboriginal staff to feel safe and have a voice at all levels of the organisation. We want cultural employment programs and career pathways to exist.

Priorities	Intentions	Actions for change	Responsibility	Timeframe
4.1 Ensuring Aboriginal staff feel culturally safe.	4.1.1 Supporting Aboriginal staff.	- LHN commitment to ensuring ongoing funding for permanent Aboriginal staff positions. - Increase Aboriginal employment opportunities within RMCLHN. - Review the Aboriginal Employee Network meeting attendance and structure to create an effective way for staff to connect and share experiences across the LHN.	CEO and Director People and Culture	Annually
		- LHN commitment to ensure ongoing funding for permanent Aboriginal staff positions. - Regular review of our Aboriginal employees' sense of job satisfaction and cultural connection. - Encourage Aboriginal staff to attend SA Health Aboriginal Workforce Network (SHAWN) conferences and events. - Increase awareness and support for cultural leave. - Ensure new staff are informed of free vaccination processes (hospital vaccination). - Engage external consultant Dana Shen to support Aboriginal staff with grief and loss.	CEO	

	4.1.2 Ensuring RMCLHN provides a culturally safe environment.	• Ensure Level 2 cultural safety training has been undertaken by all Governing Board members and management staff. • Develop internal cultural supports: – Cultural peer supports for Aboriginal staff – Support system for cultural load/fatigue – Regular social and emotional gatherings for Aboriginal staff – Promote opportunities for professional development and career growth – Increase collaboration with the Rural Support Service (RSS) to support student nurse transition into the workforce – Ensure culturally appropriate Employee Assistance Program (EAP) services are accessible. • Ensure significant displays of cultural signage, resources, artwork and services available. • Increase awareness of cultural policies and procedures including the Cultural Leave Policy • Raise awareness, and ensure implementation, of the Aboriginal Flag Protocol.	Director of Aboriginal Health	Annually
	4.2.1 Aboriginal staff participation in organisation wide planning and system change.	• Strengthen Aboriginal staff member input into RMCLHN committees and working groups including the: – RAP Working Group – Aboriginal Employee Network – Aboriginal Health Committee – Partnering with Consumers Committee – Clinical Governance Committee – Riverland Aboriginal Health Leadership Meeting – Aboriginal Advisory Group to the CEO. • Implement systems to ensure Aboriginal staff participation in RMCLHN decision making including: – Aboriginal staff on interview panels – Aboriginal Health Impact Statements – representation in planning processes. • Continue to build health research partnerships: – Maintain current research projects with Flinders University (Cultural Education, Nra:gi Ya:yun and Allied Health – Podiatry). • Explore research opportunities with Lowitja Institute and Wardliparingga, and the South Australian Health and Medical Research Institute (SAHMRI).	Director People and Culture and the Riverland Academy of Clinical Excellence (RACE)	Annually
	4.2.2 Training for all managers and staff.	• Implementation of Cultural Educator roles in RMCLHN to support the following: – Increasing senior staff/managers awareness of RMCLHN strategic directions and why – Awareness and understanding of (HR) processes to support Aboriginal employment – SLS training regarding racism – Creating a safe space for Aboriginal staff to voice their career goals e.g. Performance Review and Development (PR&D) process. • Increase understanding and navigation of the Aboriginal Employee Register (AER) by: – promoting and explaining the AER to community and the range of roles available in SA Health – designating a HR person to support managers to navigate the AER process – increasing local job networks' awareness of RMCLHN positions available, and how to apply.	Director Aboriginal Health and Human Resources	Annually
	4.3.1 Establishing career pathways.	• Investigate the RSS Aboriginal Health Practitioner Program. • Targeted employment opportunities across all professions. • Career expos and career days in high schools and promote work experience placements. • Promote opportunities to access scholarships (e.g. Australian College of Nursing). • Create more opportunities for traineeships. • Submit quarterly articles in community newsletters and post Aboriginal Health stories on social media.	Aboriginal Health Strategic Team and Communications	Annually
4.3 Improve cultural entry points and career progression.	4.3.2 Succession planning.	• Provide opportunities for Aboriginal staff to act up in roles. • Access to professional development and leadership training.	RMCLHN managers	Ongoing



Acknowledgements

We would like to acknowledge Elders past, present and future who have had input into this document through storytelling and yarns. These stories have been handed down to us and ensure we don't lose the importance of culture in service delivery.

We especially thank community who have shared with us honestly and put trust in us to take their words and use them to direct services. This sharing makes it possible for our culture to keep us strong in the most appropriate way.

We thank our Aboriginal staff who have provided direction to this document with passion and drive, and our non-Aboriginal staff who work tirelessly with us to bring about change.

Endorsement

Committee/ Responsible Person	Signature
Elaine Ashworth Governing Board Chair Riverland Mallee Coorong Local Health Network	
Wayne Champion Chief Executive Officer Riverland Mallee Coorong Local Health Network	
Sharon Wingard Director of Aboriginal Health Riverland Mallee Coorong Local Health Network	

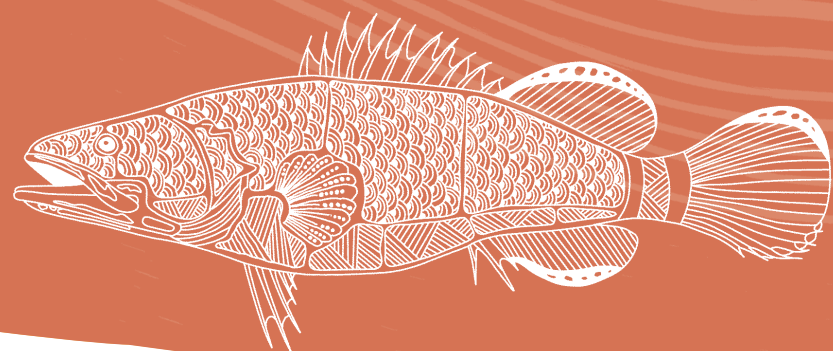
Appendix 1

Traditional Custodians of RMCLHN Sites

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

The information below provides the name of the traditional custodians on which the health sites within our LHN sit. This information has been sourced through extensive consultation with Aboriginal community and the Riverland areas were endorsed by RMMAC on 10 January 2023.

Hospital	Traditional Custodians
Barmera Health Service	Erawirung
Coonalpyn CHC	Ngarkat
Karoonda & Districts Soldiers' Memorial Hospital	Ngarkat
Lameroo District Health Service	Ngarkat
Loxton Hospital Complex	Erawirung
Mallee Medical Practice	Ngarkat
Mannum District Hospital	Nganguruku and Ngaiwang
Meningie & Districts Memorial Hospital & Health Service	Ngarrindjeri
Murray Bridge Soldiers' Memorial Hospital	Ngarrindjeri
Pinnaroo Soldiers' Memorial Hospital	Ngarkat
Renmark Paringa District Hospital	Erawirung
Riverland General Hospital (Berri)	Erawirung
Tailem Bend District Hospital	Ngarrindjeri
Tintinara CHC	Ngarkat
Waikerie Health Services	Ngawait



Appendix 2

Staff and Partner Engagement Workshops attendees

Berri workshop attendance (roles and titles accurate at the time of the workshop)

Name	Title
Wendy Dalglish	Nursing education RMCLHN
Murray Dalglish	Director of Nursing (DON) (Waikerie) RMCLHN
Darryle Barnes	Nurse Unit Manager (NUM), RMCLHN
Macy McKelvie	Country Health Connect RMCLHN
Carol-Ann Stanborough	Mental Health Nurse Consultant RMCLHN
Elaine Ashworth	Governing Board Member RMCLHN
Dominic Smith	Aboriginal Hospital Liaison Officer RMCLHN
Tristen Reid	Assistant Cultural Researcher RMCLHN
Cheryl Willcourt	Aboriginal Family Support Services
Daniel Mitchell-Matthews	Child Practitioner - DHS
Joanna Stolz	Community Development Coordinator - DHS
Di Wilson	Aboriginal Drug & Alcohol Council
Sheryl Giles	Department Correctional Services
Jackie Vincent	Aboriginal Sobriety Group
Sam Mitchell	Mind Australia
Michelle Hogan	Drug and Alcohol Services
The late Gary Pentland	Operations Manager Murray Mallee SAAS
Sharon Wingard	Director of Aboriginal Health RMCLHN
Tahlia Lloyd	Aboriginal Workforce Project Officer/Cultural Coordinator RMCLHN
Carmen Campbell	Aboriginal Partnerships Project Officer RMCLHN
Tayla Groves	Executive Assistant to Director of Aboriginal Health RMCLHN
Kerry Dix	Leading Service Design Manager RMCLHN
Tanya Baker	Ward & Accreditation Clerk RMCLHN
Jarika Kropinyeri-Branson	Aboriginal Sobriety Group
Meagan Kite	Aboriginal Hospital Liaison Officer RMCLHN
Pauline Griffin	Department of Education – Aboriginal Education Directorate
Lucile Sumner	RMMAC Ranger
Sascha Boon	United Communities
Jess Matthews	United Communities



Murray Bridge workshop attendance

Name	Title
Day Parkhurst	DON – Mannum
Sharon Harrison	Director of Nursing and Midwifery (DONM)
Amy Bowden	Nurse
Tricia Teunissen	Education Team Murray Bridge
Rebecca McEvoy	DONM – Murray Bridge
Jess O’Dea	NUM ED – Murray Bridge
Courtney Raven	Year 5 Registered Nurse (RN) ED – Murray Bridge
Killiana Mafara	RN3 Dialysis – Murray Bridge
Theresa Case	Team Leader – CHC
Geraldine Anton	CHC
Naomi Wall	GP – Lameroo
Ros Richards	AHLO – Murray Bridge
Vincent Buckskin	Aboriginal TCP Advisor
Cathy Smith	Skylight
Dale Matthews	Neami National
Kathy Rigney	Coordinator – ac.care
Rob Wright	HR Coordinator – ac.care
Mandy Tennant	Project Manager – RDAMR
Keiden Smith	Community Constable – SA Police (SAPOL)
Jamie Smith	SAPOL
Kalarie Jenner	SAPOL
William Schonfeldt	SAAS
Mark Elliott	Aboriginal Community Services
Tahlia Lloyd	Aboriginal Workforce Project Officer/Cultural Coordinator
Carmen Campbell	Aboriginal Partnerships Project Officer
Renee Kropinyeri	Aboriginal Diabetes Project Manager
Talia Scriven	Aboriginal Community Liaison Officer
Tayla Groves	Executive Assistant to the Director of Aboriginal Health
Kerry Dix	RMCLHN Leading Service Design Manager

Glossary

ACCHO – Aboriginal Community Controlled Health Organisation

ACLO – Aboriginal Community Liaison Officer

AER – Aboriginal Employee Register

AHLOs – Aboriginal Health Liaison Officers

CEO – Chief Executive Officer

DASSA – Drug and Alcohol Services South Australia

ED – Emergency Department

GP – General Practitioner

LHN – Local Health Network Service

MHSP – Mental Health Service Plan

PHN – Primary Health Network

PR&D – Performance Review and Development

RAP – Reconciliation Action Plan

RMCLHN – Riverland Mallee Coorong Local Health Network

RSS – Rural Support Service

SAAS – South Australian Ambulance Service

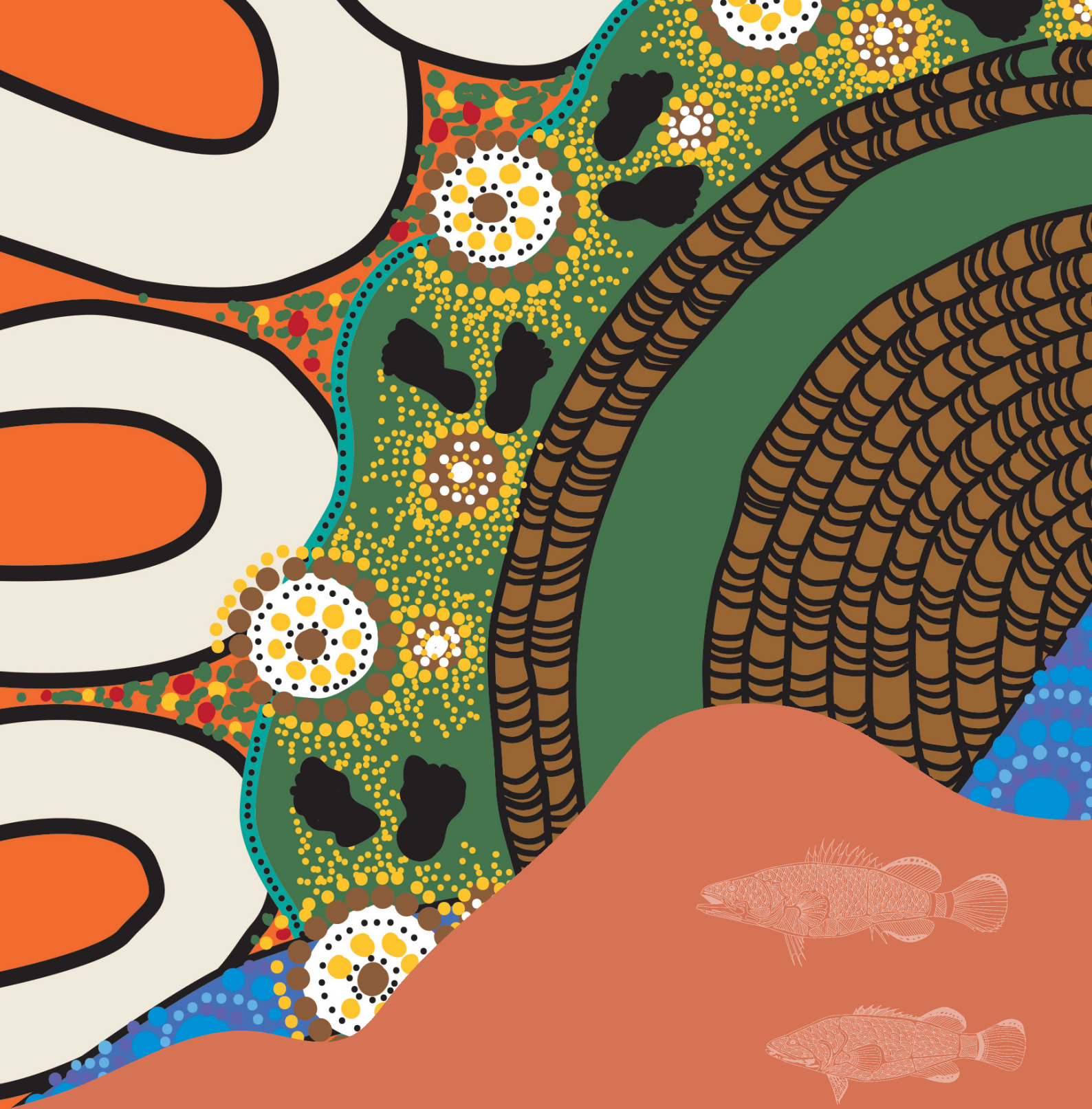
SAHMRI – South Australian Health and Medical Research Institute

SDOH – Social Determinants of Health

SHAWN – SA Health Aboriginal Workforce Network

SLS – Safety Learning System

WHO – World Health Organization



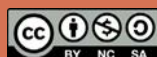
For more information

Riverland Mallee Coorong Local Health Network
Aboriginal Health
sahealth.sa.gov.au/RMCAboriginalHealth
sahealth.sa.gov.au/RiverlandMalleeCoorongLHN

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