# 3. Executive summary

Little is known about the prevalence, nature and cause of injury experienced by Aboriginal people, nor the impact injury has on the individual, family and community. Until recently the most comprehensive analysis of injury in Aboriginal communities in Australia, was the "Study of Injury in Five Cape York Communities" which was completed in April 1997.

With resources provided by the Injury Prevention Policy Unit NSW Health, the study replicated relevant elements of the methodology used in the Cape York Study. The project has attempted to describe the injury patterns, subsequent 'risk factors' and identify responses to enable positive change among Aboriginal people residing within Mid North Coast region of NSW. The project is more than just a study of injury patterns. It is also designed to be the catalyst for action.

The project utilised emergency department data, hospital separation data, and qualitative methods. These included event-narratives, semi-structured interviews and focus groups. In addition, the study attempted to determine the accuracy of identification of Aboriginal status recorded in routine data collections.

The study recorded a combined total of 12,212 injuries on the Mid North Coast over a 12 month period from 1 July 1999 to 30 June 2000. Of these 797 were recorded as Aboriginal and requiring treatment as hospital patients at the following Accident and Emergency Departments (A&E Dept), Taree, Kempsey and Coffs Harbour.

The project found that Aboriginal injury based on the information recorded in routine data systems were double that of the non-Aboriginal population. However, when under-identification estimates were corrected the results showed a significant increase of six-fold in injury rates for Aboriginal people residing on the Mid North Coast.

A number of factors were identified which most certainly contributed to the underestimation of Aboriginal injury in the area. Notably these included a reluctance to seek treatment at an A&E for fear of rejection and/or judgement, an underestimation of injury severity, higher pain threshold, geographical isolation, and an obvious preference for community clinic's.

The project found that by combining the use of both quantitative and qualitative methods to identify and describe the injury experiences of the Aboriginal communities as a whole the project was able to uncover layers of contributing factors which perpetuate the frequency, severity and risks associated with Aboriginal injury. Poor environmental management, inadequate access to services and facilities, and a clear lack of societal opportunity in relation to employment and social activity were found to be the main underlying factors to injury.

Although the lifestyles and physical environments varied considerably from community to community the study was able to identify resounding commonalities in the type, activity and place in which a majority of injury occurred. Lacerations, sprains/strains and contusions sustained around the home or within the community setting while undertaking or enjoying leisure activities was overwhelming and requires immediate attention.

The study further found an overwhelming correlation between alcohol and the following; interpersonal violence, falls, lacerations and transport related trauma. Informal sporting activities were considered as leisure and were also particularly evident as a main cause of injury.

An immediate outcome resulting from the project has been that communities have acknowledged the significant role in which they could play to reduce the risks associated with injury. This included the identification of acceptable structures for the future coordination and cooperation of various health sectors and other relevant agencies programs to enable positive change in relation to Aboriginal injury.

It is anticipated that the information provided as a result of this project will be used to identify, prioritise and resource culturally meaningful programs to address the current situation resulting in injury. Furthermore, it is recommended that these results be utilised by forming the basis for the development of a sustainable workforce and responsible infrastructure to reduce injury within Aboriginal communities as a whole.

Aboriginal communities have only too often been involved in arduous processes, studies or trials trying to ascertain appropriate strategies to address competing health or environmental priorities, which have often resulted in poor outcomes. It is imperative to recognise that no matter how many times injury prevention is identified in local, state or national strategies or plans it is the Aboriginal communities of the Mid North Coast that will have ultimate control over the success, scope and future of any such initiative or partnership. Through discussions with community members it is apparent that the primary platform for which an effective inter-sectoral partnership can be built is one of openness, trust, commitment and sustainability. It is essential that Aboriginal communities, members and key agencies are involved equally throughout the entire process to develop and maintain injury prevention partnerships across all relevant communities and agencies. This includes thorough and open consultative and negotiation processes, conducted at times, venues and locations deemed appropriate to the needs of that community.

This study, along with the information gathered from the previous studies forms the foundation for systematic action. Over the next three months the Injury Prevention and Control Unit have provided resources for the project officer to develop the networks and strategies to be put in place in the longer term.

In consultation with the communities, the following plan of action is recommended.

Immediate action

- the study results should be widely circulated to all relevant bodies
- preliminary networks and partnerships be brought together to discuss and develop strategies to deal with the educational, health and community service, environmental, and employment issues that lead to the unacceptable level of injury among Aboriginal people
- the Mid North Coast Health partnership provide the leadership to generate the structures and resources needed for continuing action on Aboriginal injury

Short to medium term action (1 to 2 years)

- establish a Mid North Coast Aboriginal Injury Prevention Working Party to prioritise and further develop, implement and evaluate the recommended actions of this report
- develop a best practice model in community environmental safety assessment and inter-governmental liaison. It is proposed that the model form the basis for the implementation of a sustainable structure for inter-governmental and community collaboration in the rectification of community hazards which are associated with Aboriginal injury

- develop and implement appropriate education and awareness programs, and courses to bring about positive change in behaviour, environment and service utilisation. To facilitate this process, identify and make available the personnel, physical and monetary resources from a cross section of services, agencies and departments

- train medical staff (incl. CME points) and nursing staff of A&E Dept's in the effects of alcohol and other drugs and cultural awareness

- develop accuracy and consistency of data collection processes by all clinical staff of A&E Dept's to improve ongoing injury surveillance

- develop alternative approaches for the provision of health and community services to improve access and availability to Aboriginal communities

- develop and implement a NSW Aboriginal Injury Prevention Strategy on a state wide basis

Longer term action (3 to 5 years)

- implement a comprehensive program of improved environmental management in order to adequately address community concerns in relation to injury risk. The proposed program would be consistent with the best practice model and would require the employment of four Aboriginal Safety Assessment and Liaison Officers (two in the southern region and two in the northern region of the Mid North Coast) one of which would be team leader

- ensure that the national NMDS-IS level 1 be amended to include more detailed descriptions of cause of injury

- conduct research to examine the impact that alcohol consumption and Aboriginality of patients has on A&E Dept medical and nursing staff, and how this influences clinical judgement and treatment times

- establish safe houses for victims of interpersonal violence and alcohol intoxication

- obtain a commitment by all government departments to increase Aboriginal employment by providing opportunities to gain qualifications in specialised health and environmental fields

## CONTENTS

1. ACKNOWLEDGMENTS ........ 1

2. A DEDICATION ........ 3

A STORY OF THREE LIVES CUT SHORT ........ 3

3. EXECUTIVE SUMMARY ........ 4

4. PROJECT INTRODUCTION ........ 10

PROJECT AIMS: ........ 10
PROJECT OBJECTIVES: ........ 10
STRUCTURE AND MANAGEMENT ........ 10
FUNDING AND AUSPICE ........ 11

5. THE MID NORTH COAST AREA & HEALTH SERVICES ........ 11

AREA BOUNDARIES ........ 11
AREA HEALTH SERVICE ........ 11
MID NORTH COAST ABORIGINAL HEALTH PARTNERSHIP ........ 11
*Underlying Principles* ........ 12
HISTORY OF ABORIGINAL HEALTH SERVICES ON THE MID NORTH COAST ........ 12

6. THE ABORIGINAL PEOPLE OF THE MID NORTH COAST ........ 17

HISTORY AND CULTURE ........ 17
POPULATION AND COMMUNITIES ........ 19
ABORIGINAL INJURY IN AUSTRALIA ........ 21
ABORIGINAL INJURY IN NSW ........ 23

7. METHODS USED TO ACQUIRE THE INFORMATION ........ 23

QUANTITATIVE ........ 23
QUALITATIVE ........ 24
*Focus Group Discussions* ........ 24
*Semi-structured Interviews* ........ 24
*Event-Narrative Interviews* ........ 25

8. HOW ACCURATE IS ABORIGINAL IDENTIFICATION AND WHAT EFFECT DOES THIS HAVE ON OUR UNDERSTANDING OF ROUTINE STATISTICS ........ 26

MID NORTH COAST VALIDATION OF ABORIGINAL STATUS IN EMERGENCY DEPARTMENT RECORDS ........ 26

9. PATTERNS OF INJURY ON THE MID NORTH COAST ........ 29

ABORIGINAL DEATHS RESULTING FROM INJURY ........ 29
ABORIGINAL AND NON-ABORIGINAL INJURY PATTERNS ........ 29
WHO IS INJURED? ........ 30
WHERE DO INJURIES OCCUR? ........ 31
*Place* ........ 31
*Activity* ........ 31
*Intent* ........ 32
WHAT SORTS OF INJURY OCCUR? ........ 33

*Causes* ........................................ 33
*Types of injury* ........................................ 36
*Severity: Triage categories* ........................................ 38
**WHEN DO INJURIES OCCUR?** ........................................ **39**
*Day of week* ........................................ 39
*Time of Day* ........................................ 40
10. THE COMMUNITY PERSPECTIVE ........................................ 41
**WHAT DO INJURIES MEAN FOR ABORIGINAL PEOPLE?** ........................................ **41**
*Stories relating to specific injury events* ........................................ 41
*What effect does injury have on Aboriginal people?* ........................................ 45
**CORE ISSUES** ........................................ **46**
*Environment* ........................................ 46
*Services* ........................................ 46
**PRIORITIES FOR ACTION AND OPPORTUNITIES FOR INJURY PREVENTION** ........................................ **47**
**WHO SHOULD BE INVOLVED IN MAKING A DIFFERENCE?** ........................................ **48**
11. MOVING FORWARD: FUTURE PLANS AND PARTNERSHIPS ........................................ 49
**SHORT TERM PRIORITIES** ........................................ **49**
**LONG TERM PRIORITIES** ........................................ **50**
**CREATING A LIVING PARTNERSHIP AND DEVELOPING THE STRUCTURE FOR MAKING DECISIONS** ........................................ **51**
12. CONCLUSIONS ........................................ 52

## Figures


FIGURE 1 MAP OF ABORIGINAL COMMUNITY HEALTH OUTPOSTS, ABORIGINAL MEDICAL SERVICES AND ACTIVE ABORIGINAL EX-RESERVES ..... 16
FIGURE 2 MAP OF ABORIGINAL TRIBAL GROUPS IN THE MID NORTH COAST ..... 19
FIGURE 3 ABORIGINAL POPULATION BY LOCAL GOVERNMENT AREA ..... 20
FIGURE 4 ABORIGINAL POPULATION OF THE MID NORTH COAST 1999 ..... 20
FIGURE 5 MID NORTH COAST POPULATION, 1997 ..... 21
FIGURE 6 UNCORRECTED RATES OF INJURY FOR ABORIGINAL AND NON ABORIGINAL PEOPLE BY REGION ..... 28
FIGURE 7 CORRECTED RATES OF INJURY FOR ABORIGINAL AND NON ABORIGINAL PEOPLE BY REGION ..... 28
FIGURE 8 NUMBERS OF ABORIGINAL AND NON ABORIGINAL INJURY PRESENTATIONS BY FACILITY ..... 30
FIGURE 9 ACTIVITY AT TIME OF INJURY ..... 32
FIGURE 10 A&E TRIAGE CATEGORIES FOR ABORIGINAL INJURY ..... 38
FIGURE 11 DAY OF PRESENTATION TO ED BY FACILITY ..... 39
FIGURE 12 TIME OF EMERGENCY DEPARTMENT PRESENTATION BY FACILITY ..... 40


## Tables


TABLE 1 OVERVIEW OF EXTERNAL CAUSES RELATED HOSPITAL SEPARATIONS AMONG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND NON-ABORIGINAL POPULATIONS, NUMBER OF CASES AND RATES (PER 100,000 POPULATION), AUSTRALIA (EXCEPT NT), 1991/92. ..... 22
TABLE 2 RESULTS ..... 26
TABLE 3 FACTORS FOR ED INJURY DATA TO CORRECT UNDERESTIMATION ABORIGINAL CASES ..... 27
TABLE 4 A COMPARATIVE OVERVIEW OF ABORIGINAL AND NON ABORIGINAL INJURY DEATHS IN AUSTRALIA BY CAUSE ..... 29
TABLE 5 ABORIGINAL INJURY PRESENTATIONS BY SEX AND AGE (1 JULY 1999 TO 30 JUNE 2000) ..... 30
TABLE 6 PLACE OF INJURY PERCENTAGE WITHIN EACH AGE GROUP ..... 31
TABLE 7 INTENT OF INJURY PERCENTAGE BY GENDER ..... 32
TABLE 8 ABORIGINAL INJURY CAUSES BY PERCENTAGES FOR EACH AGE GROUP ..... 34
TABLE 9 TOTAL ABORIGINAL INJURY (CASES) BY TRAUMA (1 JULY 1999 TO 30 JUNE 2000) ..... 36
TABLE 10 ABORIGINAL INJURY (CASES) BY TRAUMA AND AGE (FILE AUDIT SAMPLE) ..... 37

# 4. Project introduction

In order for the project to succeed it was imperative that there was a high degree of commitment and support by the following key parties: the Mid North Coast Aboriginal Health Partnership Committee, the Area Health Service and the Injury Prevention and Policy Unit NSW Health.

A Memorandum of Understanding was then developed and formally endorsed by the Mid North Coast Aboriginal Health Partnership and the NSW Health Injury Prevention and Policy Unit.

The Project Co-ordinator was employed in July 2000 and the Management Committee was established immediately after to provided support and advice to the Project Co-ordinator.

## Project Aims:

The Mid North Coast Aboriginal Injury Surveillance Project has attempted to describe the incidence, nature and causes of injuries experienced by Aboriginal people treated at three selected hospital emergency departments on the Mid North Coast, over a 12 month period from 1 July 1999 to 30 June 2000. This includes data validation to assess the accuracy of the identification of Aboriginality.

In addition, with the support of the Mid North Coast Aboriginal Health Partnership, the project has used qualitative methods to describe the injury experience of the Aboriginal people and communities as a whole.

## Project Objectives:

- To identify the patterns of injury experienced by Aboriginal communities on the Mid North Coast, and where possible identify where particular lifestyle issues in the communities have a direct relationship to the injury patterns;
- Identify local Aboriginal decision making structures and determine the usefulness of the data to these groups;
- In consultation with community representatives, identify opportunities in which communities could use the data to plan injury prevention activities;
- Provide evidence to inform the development of a state-wide injury prevention strategy for Aboriginal people in NSW;
- Promote the need for identification of Aboriginality in data collections.

## Structure and management

The Management Committee were drawn from the following organisations: MNCAHS Aboriginal Health Co-ordinator; MNCAHS A/Director Population Health; Aboriginal Health Worker; CEO Durri Aboriginal Medical Service; CEO Biripi Aboriginal Medical Service; Kempsey District Hospital EDIS Clerk; Manning Base Hospital EDIS Clerk; Road Safety Officer Greater Taree City Council; MNCAHS Safe Communities Project Officer; Manager, Road User Safety Roads and Traffic Authority; Aboriginal Community Officer Kempsey Shire Council; and Forster Local Aboriginal Land Council.

The project was further supported by an experienced Injury Epidemiologist Consultant who was appointed by the NSW Health Department to provide advice and support to the Project Co-ordinator and the Project Management Committee.

Under the conditions specified by the Memorandum of Understanding all reports generated for the project will be the property of the Aboriginal communities involved, through the Mid North Coast Aboriginal Health Partnership.

### Funding and auspice

An agreement was reached between the Injury Prevention Policy Unit, NSW Health and the Mid North Coast Area Health Service for funding to administer the Aboriginal Injury Surveillance Project. This agreement was further supported by the Mid North Coast Aboriginal Health Partnership and the Commonwealth Department of Health and Aged Care in the form of community access and the provision of resources.

## 5. The Mid North Coast Area & Health Services

### Area Boundaries

The geographical area of the Mid North Coast Area Health Service extends along the NSW coastline from south of Bulahdelah, west to Stroud and north to Woolgoolga.

The area covers around 25,000 square kilometres and includes eight Local Government Areas. Currently the Mid North Coast is the second fastest growing rural Area Health Service in NSW.

### Area Health Service

The Mid North Coast Area Health Service provides an extensive range of primary health care, acute care and extended care services. A network of 11 hospitals provides acute care services across the area. Specialty acute care services are provided at three main base hospitals; Coffs Harbour, Manning Base and Port Macquarie Base Hospital (PMBH). PMBH is operated by Health Care of Australia under a 20 year Service Agreement with the NSW Department of Health for the provision of services to public patients.

A network of twenty-five community health centres across the area provides primary health and extended care services to individuals, groups, families, and covers all age groups from infants through to schools, youth and the elderly.

The Population Health Division provides the following services: Environmental Health, Communicable Disease Services, as well as coordination of Health Promotion, Aboriginal Health, Health Information and Health Service Development.

### Mid North Coast Aboriginal Health Partnership

In October 1998 a Partnership Agreement was signed between Biripi Aboriginal Corporation Medical Centre, Durri Aboriginal Corporation Medical Service and the Mid North Coast Area Health Service. The Agreement was reviewed in October 1999 and re-negotiated for a further five years.

The collaboration between the partners enhances opportunities for communities to actively address their health needs and to be involved in improving health and restoring physical social, emotional and cultural well being in their communities. It is also consistent with the definition of the Aboriginal Health as set out in National Aboriginal Health Strategy and adopted by the NSW health system. This definition states that Aboriginal health is,

*" **Not just the physical well-being of the individual but the social and emotional, and cultural well-being of the whole community**".*

The purpose of the Agreement is to ensure that the expertise of Aboriginal communities is brought to the health care processes, resulting in improvements to the health of Aboriginal people in the Mid North Coast through the continuing provision of high quality and culturally appropriate health care, at a level comparable to that enjoyed by the total community.

The parties to the Agreement - include the Chairperson and CEO of MNCAHS, the Chairperson and CEO's of Biripi and Durri AMS. The parties also form the Executive Committee of the Aboriginal Health Partnership.

### *Underlying Principles:*

The Agreement recognises the need to adopt a holistic approach to health service delivery for Aboriginal people. The following principles are recognised as being fundamental to the partnership:

- Aboriginal self-determination
- Facilitate strong collaboration between the parties
- The parties will consult and seek to reach agreed positions in relation to Aboriginal health policy, planning and resource allocation
- The parties will demonstrate their commitment to advancing the process of reconciliation
- The parties to the Agreement should not interfere with Aboriginal community control, but rather support and enhance it
- The parties to the Agreement will seek to gain maximum value from existing resources, skills and networks
- The parties to the Agreement will ensure that health services are provided in a culturally appropriate way

***Source:*** *Mid North Coast Aboriginal Health Agreement 1999-2005,1999*

## History of Aboriginal Health Services on the Mid North Coast

*Durri Aboriginal Corporation Medical Service*

Durri Aboriginal Corporation Medical Service (Durri AMS) was established in 1977 and operated from a small clinic in Greenhill's Aboriginal settlement.

In 1981 a new clinic was built at Greenhill's, enhancing the services to the local Aboriginal communities. The clinic maintained primary health and dental care until ceasing operations in 1985. Operations recommenced in 1987 at John St in the Kempsey central business district. The service expanded and moved to larger premises, where it is currently located in Smith St in 1991.

Durri AMS provides high quality primary health care including medical, clinical and dental services. Additional programs include eye health, telemedicine, integrated diabetes, maternal and neonatal health. These services are supplemented by a comprehensive range of early intervention programs and outreach services to isolated communities.

Durri AMS also have a Memorandum of Understanding with the Mid North Coast Division of General Practice, OATSIH and the Mid North Coast Area Health Service to auspice the Galambila Clinic at Coffs Harbour. Durri AMS maintains an advocacy role on behalf of the

Aboriginal community in relation to social, environmental and cultural development and support.

*Biripi Aboriginal Corporation Medical Centre*

Biripi Aboriginal Corporation Medical Centre can trace its history back to 1973 when a part-time baby health clinic was opened at Purfleet in the old manager's office. This followed a visit the previous year by two specialists from the Redfern Aboriginal Medical Service, who called on the non-Aboriginal community of Taree to show some concern for the Aboriginal residents.

In 1980 a general meeting was held with the aim of giving the Aboriginal people control over their health services. From this the Gillawarra Aboriginal Medical Service was formed with a board of directors and a charter designed to improve the health status of the residents.

In 1986 the name was changed to the Biripi Aboriginal Corporation Medical Centre.

A doctor was employed as first priority of the new service and it has grown to the extent that between 26 full-time staff and up to 10 part-time staff are presently employed. The organisation is a model of a modern, well equipped, medical service. Funding is provided from a variety of government departments, both State and Federal.

*Booroongen Djugun Aboriginal Corporation (BDAC)*

BDAC aged care facility was officially opened in early 1997 and currently offers 20 low-level care beds and 40 high-level care beds. The facility was established to provide care to Aboriginal frail aged, and people with a disability, which could not be cared for in the community. Each person at the aged care facility is individually assessed and care provided on individual requirements. The facility is unique and offers a high standard of care to all residents. The facility includes traditional areas of cultural significance, such as Goanna ponds, areas of still water, destination walks, Serpent Park of bush medicines and bush tucker, doorways to the Dreamtime, a special room for palliative care use.

BDAC aged care facility employs over seventy staff who deliver a high standard of service to the residents in the facility. A Registered Nurse is available 24 hours per day as well as a team of Enrolled Nurses, Assistants in Nursing, Activity Officers and Ancillary Workers. The staff are committed to caring for residents in a professional manner.

*BDAC College* commenced its community-based programs in 1994 in support of Aboriginal people gaining access to the necessary skills that allow them to become more competitive in the job market. The training was extended in 1997 to include open access to non-Aboriginal students, and distance education in 1999.

The college is a registered training organisation with its own accredited courses and traineeships. The college is staffed by experienced educators and trainers, and offers training services to Aboriginal and Torres Strait Islander people and non-Aboriginal people. The Corporation received an award for “Employer of the Year at the 1995 Australian National Training Awards by the Community Services and Health.

The courses are industry approved, government accredited, and nationally recognised. Courses are specifically developed for Aboriginal and Torres Strait Islander students and are ABSTUDY approved (dependent on eligibility).

*Benelong's Haven*

Benelong's Haven is a Aboriginal family Alcohol and Drug Rehabilitation Centre located at Kinchela Creek north of Kempsey and has been directly treating Aboriginal people for twenty-five years. Val Carroll (OAM) founded Benelong's Haven in 1974 in Sydney. In 1976 Benelong's Haven established the Kinchela Rehabilitation Centre, providing a residential family rehabilitation service for the Mid North Coast region. Benelong's Haven houses clients in men's dormitories and family units and utilises a meeting hall. The average occupancy is up to forty adults and eight children. Staff numbers include eleven permanent and seven casuals.

*Galambila Aboriginal Health Clinic (Coffs Harbour)*

The Coffs Harbour Clinic was opened in October 1998, as a joint initiative between MNCAHS, Mid North Coast Division of General Practice, Durri Aboriginal Corporation Medical Service and the Office of Aboriginal and Torres Strait Islander Health. The initiative enhances opportunities for the partners listed to actively address Aboriginal health needs, and to be involved with local Aboriginal comminutes in improving health and restoring physical, social, and cultural well-being. The clinic operates weekly and General Practitioners provide service through bulk billing through Medicare. The General Practitioner plays a supportive role in community development, health promotion, and supporting Aboriginal health staff.

*Cabarita Clinic (Forster)*

Cabarita Clinic is an outreach service of Biripi Aboriginal Corporation Medical Centre, and services the Aboriginal people of the Forster Local Aboriginal Land Council (FLALC) area, and works collaboratively with FLALC to address health issues.  The clinic has been operating since 1994 and aims to provide high quality care by addressing specific clinical needs, ensuring equality of access for Koori people to community health service, engaging in preventive screening programs, addressing broad based health needs, recognising that health involves economic, supporting social and cultural factors as well as medical. Staffing includes a General Practitioner, Enrolled Nurse, Community Audiometrist and Aboriginal Health Workers, and Reception staff.

*Community Health Posts*

In order to improve access to primary health care services by Aboriginal people the NSW Health Department constructed nine Community Health Posts (CHP's) in NSW. CHP's are small facilities located in or near Aboriginal communities through which services are provided by the Area Health Service, Aboriginal Medical Services and/or General Practitioners. The CHP's can also be used by the for community, social, legal and education meetings.

*Bullegan (Bellbrook)*

Bellbrook Aboriginal community is one of the most isolated communities in the Macleay Valley and is situated approximately sixty kilometres west of Kempsey. The Aboriginal community is part of the Dunghutti tribe and is situated on Nulla Nulla Creek approximately 5 kilometres from Bellbrook. The population of the Bellbrook Aboriginal community fluctuates between 150 and 200 people.

The Bullegan CHP was constructed in 1997 and is a partnership initiative of the Bellbrook and Miriwinni Gardens communities, Durri Aboriginal Corporation Medical Service (Durri AMS) and the MNCAHS. Durri AMS visits the community weekly. A General Practitioner and

Health Worker conduct these visits. The visits include medical consultations for community members. The maternal-neonatal program provides monthly clinics and other programs such as diabetes education, child dental health and otitis media will be implemented.

An Aboriginal Coordinator has been employed by the MNCAHS whose role is to develop and implement primary health services for each facility (Bellbrook & Miriwinni Gardens), coordinate client appointments and establish regular bookings for Health Workers.

*Miriwinni Gardens*

Miriwinni Gardens is situated in the Macleay Valley, twenty kilometres east of Bellbrook and eighty kilometres west of Kempsey. Miriwinni is an Aboriginal community with a population ranging from 80-110 throughout the year. The CHP provides a weekly clinic staffed by a local Doctor.

The Coordinator for Bellbrook/Miriwinni Health CHP's will be responsible for coordinating health programs with Kempsey Community Health Centre, Durri AMS and other relevant service providers.

*Bowraville Aboriginal Health Post*

Bowraville is situated in the Nambucca Valley fourteen kilometres north west of Macksville and sixty-two kilometres south east of Coffs Harbour. Bowraville has a population of 1051 of whom 300 are Aboriginal. The Bowraville Aboriginal Health Needs Project estimated the Aboriginal population at between 250 to 450 people. The health service was established in October 1997 as a response to the Bowraville Health Needs Project conducted in December 1996. Since then there has been considerable growth in the range of services offered to Aboriginal communities throughout the Nambucca Valley area. The board of directors consists of twelve members representing Bowraville, Nambucca, and Valla Beach. The aim of the organisation is to oversee the well being of Aboriginal communities living in the Bowraville and surrounding districts. The major emphasis is on health and to act as an advocate for Aboriginal people , and to liaise with mainstream service providers in obtaining the best community services available, based on the principles of self determination and empowerment for Aboriginal people. The staff includes a Senior Aboriginal Health Worker/Service Coordinator, Registered Nurse, volunteer Registered Nurse, Reception staff and Cleaner.

***Source:*** *Mid North Coast Aboriginal Health Plan 1999-2005*,1999