As members of the Aboriginal community would be aware Winnunga AHCS is involved in a tender process with the ACT Government for the management, on behalf of the Aboriginal and Torres Strait Islander community, of Boomanulla Oval.

Winnunga AHCS has, through its tender, advised the Government that it proposes that a company be formed independently of Winnunga AHCS to develop and manage Boomanulla Oval. The company would have an independent skills based Board which would hold the Oval in trust for and on behalf of the Aboriginal community. As part of the tender process there has been significant community consultation undertaken by Judd Consulting on behalf of Winnunga AHCS about the community’s hopes, expectations and aspirations for the future of Boomanulla Oval. These have been fed into the tender process, and would inform the future management of the Oval.

The tender process has now been ongoing for almost two years and it is clear that the ACT Government will not be bringing it to a conclusion for some time yet.

While the reasons for the delay are not clear to me, I have agreed to a request by Minister Yvette Berry, that temporary arrangements for the management of Boomanulla be put in place pending the finalisation by the Government of the tender. In asking me for my views about an interim arrangement for the management of the Oval, the Minister explained that the Government was conscious of the time it was taking them to conclude negotiations with Winnunga AHCS about long term management, and that she was concerned about the length of time that the Aboriginal community and Aboriginal organisations have been locked out.

The Minister therefore suggested that the Oval receive an upgrade and be opened to the community under interim management arrangements while the tender with Winnunga AHCS for the long term management of Boomanulla is finalised. I have agreed, on that basis, to the development of a temporary management arrangement.
CEO Update (cont’d)

I am sure I speak for many in the community when I say the long delay in reopening Boomanulla has been extremely frustrating. I am, therefore, happy to support any arrangement that will see the Oval reopened.

In this regard one option is that the Government will undertake a range of renovations and refurbishments which will ensure that when reopened Boomanulla Oval and the existing facilities are safe and usable. The Government would also accept responsibility for the day to day management such as arranging bookings etc for the use of the Oval.

While it would, of course, have been preferable for the Oval to have been returned by this stage to Aboriginal community control, I have indicated to the Government that in the interest of allowing access to the Oval as soon as possible that I would agree in the interim to the Government managing the Oval while the formal tender process is finalised.

After Hours Service Comes to an End

The Winnunga AHCS after hours service came to an end on 28 February 2018. We thank the hundreds of clients who made good use of the service over the last 12 months, with the majority reporting they would alternatively have had to go to the hospital or not have seen a doctor at all, if it wasn’t for the extended hours Winnunga AHCS was able to offer during that period of time.

The feedback received, together with the significant volume of people attending the service, again confirmed there is an ongoing need for Winnunga AHCS to deliver out of hours services. We will continue to look into ways this may be possible in a stable, ongoing capacity in the future - rather than in an ad hoc time limited manner.

Winnunga AHCS Turns 30

Winnunga AHCS will reach 30 years of continuous service delivery on 9 May 2018. To celebrate this significant milestone, we will be holding a Community Day on Saturday 12 May 2018. Please save this date in your calendars and we will provide more detail closer to the date.
$17 Million Boost to Health and Security at Alexander Maconochie Centre

*Canberra Times, 7 February 2018, Katie Burgess and Daniella White*

An extra $17 million will be spent on additional health services and security inside Canberra's jail, more than a year after a damning review of the prison was handed down.

Ahead of its mid-year budget update, the ACT government announced it would spend $8.8 million over the next three-and-a-half-years to employ more senior staff at the Alexander Maconochie Centre and create a centralised intelligence agency within the jail.

Another $8 million will be spent over the next two-and-a-half years on establishing the Winnunga Nimmityjah model of care inside the prison.

Justice minister Shane Rattenbury said the greater focus on intelligence would help combat contraband and organised crime within the jail.

But Mr Rattenbury said the prison did not have a big gang problem.

"We don’t have an issue with gangs at this stage but what we are seeing is with the effective police action intervening on our outlaw bikie gangs in the ACT we are receiving more and more outlaw motorcycle gang people into the jail so we need to make sure we stay on top of that as well,” Mr Rattenbury said.

Violent extremism was not yet an issue in the ACT, Mr Rattenbury said, but the prison needed to be prepared.

Fact: In 2016-2017 Winnunga AHCS’ Social Health Team provided 141 clients with 731 occasions of service at the AMC and Bimberi Youth Detention Centre.
"Those terrorism type offences have really taken place in Sydney and Melbourne so we don't have detainees like that at the moment," Mr Rattenbury said.

"We want to build our capability because we also do house Commonwealth offenders at times, we need to make sure we have the capability, also part of it is preparation for that eventuation."

The Canberra Liberals’ spokeswoman on corrections, Giulia Jones, said the jail was "trying to probably do too much" with too little. She suggested the jail had been "set up a little bit wrong in the first place".

"The AMC houses every kind of prisoner the ACT produces and there probably isn't a like facility in the country that tries to do everything in the one place," Mrs Jones said.

"The facility has more beds than it needs right now so I don't think overcrowding as such is the problem ... what we are dealing with is a facility that has lots of people who can't associate with each other, because [what] we're doing is placing every category of criminal in the one facility."

The union for prison guards has sought a meeting with the government for more detail on how the money will be spent.

"On the information provided so far it appears this funding will provide additional leadership positions at AMC but no extra correctional officers. It's critical to maintaining security at AMC that correctional officers numbers
Winnunga chief executive officer Julie Tongs said the health service had been "a long time coming" and was a legacy to Steven Freeman - an indigenous man who died in custody in 2016.

The service was one of the recommendations from a damning independent inquiry by Philip Moss into the treatment of Mr Freeman at the AMC.

Ms Tongs said Winnunga's health services would be available to all inmates, whether they identified as Indigenous or not.

"We don't want to be divisive in the prison, we don't want other prisoners to think our clients are getting more than what they're getting," Ms Tongs said.

"Unless the government was able to provide the same level of service to mainstream inmates then the most appropriate way to do it is to open access to all detainees."

The health model will be an Australian first and Ms Tongs said other jurisdictions were watching its progress.

She expected tangible outcomes to come from the service - which will be gradually rolled out beginning with female inmates - within three to five years.

"The priority for us is to ensure in time all Aboriginal people are provided with an Aboriginal health check and care plan ... the goal is for Winnunga to provide all services we do outside in the community, to prisoners also on the inside and this is a very good starting point," Ms Tongs said.

"The first point of call for many of those that have been incarcerated is Winnunga, to listen to their stories it's heartbreaking to think they're not getting better services.

"If we're going to make a difference and change things we've got to do it in the prison."

Fact: In 2016 - 2017 80% of Winnunga AHCS clients were Aboriginal and/or Torres Strait Islanders, 20% were non-Indigenous. Females comprised of 52% of clients and 48% were male.
Kicking the Habit!

Massive congratulations to No More Boondah quit smoking program participants Beth and Mick on their achievements so far to quit the Boondah!

Their determination has paid off with some impressive results. Such a deadly effort – well done Mick and Beth, you really are an inspiration!

If you or your family member, would like to give up the Boondah, here’s some information about our No More Boondah quit smoking program.

No More Boondah is a program that assists people to identify why they smoke, what triggers their smoking and what strategies can help to avoid or delay their smoking.

No More Boondah runs a weekly one-hour support group but can also provide phone support, outreach and follow up for people who find it difficult to attend the weekly session.

Through the program we offer access to quit smoking products such as Nicotine Replacement Therapy (NRT) - patches, inhalers and gum as well as oral treatments.

When: Every Thursday, 11am – 12pm

Want to know more? - call 6284 6222.
Diabetes Clinic

**WHERE:** Winnunga AHCS

**WHEN:** 9.00am to 12.30pm

**Upcoming dates (all on a Friday):**
- 2 March
- 27 April
- 25 May
- 29 June

**Who:** Dr Robinah Zia

**Services Include:**
- Eye Specialist Appointments
- Health Checks
- Diabetes Cycle of Care / Team Care Arrangements
- Eye Checks & Feet Checks
- Bloods Diabetes Monitoring

Make an appointment with reception

6284 6222

We can do this together
The Prime Minister, Malcolm Turnbull, in releasing the Closing the Gap Report 2018 noted progress had been made in closing the gap in three of the seven target areas. The Prime Minister was surely right to say that this should be celebrated while also acknowledging that there was still a long journey ahead if we are to truly close the gap.

The targets on which progress was achieved related to child mortality, early childhood education and year 12 attainment. None of the other four targets are on track to being met. Unfortunately even a cursory examination of the data contained in the Closing the Gap Report on the claimed progress will guarantee that any celebration will be very subdued. This is as much the case in the ACT as anywhere else in Australia.

An initial difficulty in comparing the Closing the Gap outcomes being achieved in the ACT is that the ACT does not maintain any data on the mortality rate of Aboriginal children or the Aboriginal community more generally. The ACT is therefore not included in two of the seven target areas, child mortality or life expectancy, because we simply don’t collect the data. The lowest recorded Aboriginal child mortality rate in Australia is incidentally in NSW where the rate is 110 per 100,000 population which is 35 per 100,000 population higher than the non-Indigenous child mortality rate.

While it is assumed that the Aboriginal child mortality rate in the ACT is on track to meet the target, it is concerning that we can only assume, because of the absence of data, that this is indeed the case.

There is data on the early childhood education target. That target is for 95% of all Indigenous four year olds to be enrolled in early childhood education, in other words preschool. The ACT has achieved this target but it trails Victoria, Western Australia and South Australia in the number of children enrolled.

The ACT also trails Tasmania, South Australia and Queensland in the number of Aboriginal preschool children who attend preschool for the minimum period required to satisfy the standard for measuring universal access to quality early childhood programs for preschool, which is 600 hours or more a year. The middle of the pack outcomes being achieved by the ACT in early childhood go some way to explaining the stubbornly poor outcomes achieved by Aboriginal children in the ACT in the bi-annual assessment of developmental vulnerability of Canberra children.

The Indigenous student attendance rate in Canberra is also revealed in the Closing the Gap Report to be stuck on 82%, a rate about 10% lower than the non-Indigenous rate, and a rate that does not appear to have improved for years. The implication of this is that an Aboriginal student at school in the ACT is on average, missing 1 day of school a week or 40 days a year. This alone must be impacting seriously on the overall educational outcomes being achieved by Aboriginal students. There is not much to celebrate in this latest Closing the Gap Report.

Fact: In 2007 the Council of Australian Governments committed to ‘closing the gap’ in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians.

Do it with us, not to us
Closing The Gap ‘Refresh’

The release of the 2018 Closing The Gap Report was to some extent overshadowed by the proposal from the Commonwealth to ‘refresh’ the Close The Gap agenda including a reconsideration of individual targets currently included in the strategy.

This is a proposal that requires serious consideration.

It is easy to be cynical about some of the possible political drivers for such a review and it needs to be understood that any decision to discontinue to measure progress on any of the existing Closing The Gap targets is not to be taken as acceptance that the progress that may have been achieved in relation to individual targets is sufficient and that no more work needs to be done.

With that major caveat it is clear that there are a raft of other areas such as: child protection; housing; substance use; Indigenous incarceration and the justice system more generally where the development of the Closing The Gap targets and commitment by Governments to focus resources would be welcomed.

Winnunga AHCS CEO Julie Tongs represented the ACT in discussions recently held with the Prime Minister, the heads of all States and Territories and with the Prime Minister’s Department to explore possible reform of the Closing The Gap initiative.

Julie informed the meetings, that in light of the number of areas in which members of the ACT and region Aboriginal community were massively over-represented (eg in the child protection and criminal justice systems), that the addition of new Closing The Gap targets with an increase in both resources, Aboriginal self-determination and involvement in service delivery were clearly warranted.

What is the difference between ‘Close The Gap’ and ‘Closing The Gap’? (www.healthinfonet.ecu.edu.au/closing-the-gap/key-facts)

Close The Gap - is a social justice campaign that aims to achieve health equality (measured as life expectancy equality) for Aboriginal and Torres Strait Islander people by 2030. The campaign began as the National Indigenous Health Equality Campaign, which was formed in March 2006 by The Human Rights and Equal Opportunity Commission, National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Indigenous Doctors’ Association, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Indigenous Dentists’ Association of Australia, Oxfam Australia and Australians for Native Title and Reconciliation.

Closing The Gap - In December 2007, the Council of Australian Governments (COAG), which includes the leaders of federal, state and territory, and local governments, committed to ‘closing the gap’ in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Importantly, COAG agreed to be accountable for reaching this goal within a specific timeframe. The strategy initiated at this time by COAG has become known as Closing the Gap.
Hepatitis C in the AMC

The ATODA February Research eBulletin contains a very interesting and thought provoking article titled ‘Why is there still hepatitis C transmission in Australian prisons? A case report.’

The authors of the report were all from ACT Health’s Justice Health Service and the case study was of a prisoner in the AMC who experienced re-infection of hepatitis C even though he had been treated with direct-acting antiviral medication.

In their report the researchers noted ‘The ability to cure hepatitis C viral infection, with specific reference to the prisoner population and the prison environment, will be challenged, even if opiate replacement therapy is concurrently offered, and even if bleach is available. The missing elements, widely available in the community, are a regulated injecting equipment exchange and tattooing parlours.’

The researchers concluded the case study claiming ‘What makes this case so remarkable is that it was entirely predictable and preventable.’

ATODA is to be congratulated for accompanying its report of the research with a condemnation of the ACT Government’s continuing refusal to meet its duty of care to prisoners in the AMC, their families and the broader community by failing to provide an NSP in the prison, a service which it notes is available in the rest of the community.

It is difficult to not conclude that the ACT Government’s failure to ensure the health needs of inmates at the AMC are met in their entirety is not a breach of the Human Rights Act.

That a formal conclusion of the research team for this case study was that the reinfection of a prisoner at the AMC with hepatitis C was ‘entirely predictable and preventable’ suggests it is past time that a class action was instigated against the ACT Government seeking damages for all prisoners who have contracted a blood-borne virus in the AMC. If such an action is launched consideration might be given to the possibility of joining the CPSU for the role it and its members have played in preventing access by prisoners to this basic health service.

Fact: In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment (source www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-c).
Deadly Effort, Deadly Results

She’s the girl with the big, friendly smile and these days, Kristie Peters has even more reasons to smile! With lots of reasons to celebrate, the Wiradjuri woman has just completed 12 months on Winnunga AHCS’ Healthy Weight Program. And the results speak for themselves.

Through a regular exercise program and changing her eating habits, the deadly mother of six lost an impressive 7.6 kg, six centimetres off her circumference and her Body Max Index (BMI) dropped down by 3.0.

The Winnunga newsletter had a yarn with an extremely happy and proud Kristie to find out more about her success, why she got involved in the Program and what impact it has had on her life.

Congratulations Kristie, how did it feel receiving your award?
I felt so special getting this certificate and the recognition of what I’ve achieved in the 12 months. It’s gone really quick because of the fun I’m having on the Program.

Why did you join the Healthy Weight Program?
One day, I was attending Winnunga’s Mums and Bubs group and I saw the brochure and enquired about the Program. I’d been meaning to do something about my weight. I was feeling depressed about putting weight on and I wasn’t as active as I should be with my children. I was also concerned about health issues for myself and for my family.

12 months on, what changes have you noticed within yourself?
I’m not sitting at home, feeling conscious about myself. I feel a lot happier, I’m a lot happier. I have so much more energy. It’s helped my confidence. I’m starting to love myself. I can put clothes on that I never could before. I have confidence to wear what I want without feeling self-conscious. I know by doing the Program it has changed my life. It has changed me for the better.

Have family and friends noticed changes in you?
Family and friends have seen big changes in me over the 12months. I have six kids and now they say to me Mummy you look really pretty, Mummy you’ve lost weight. There are little things my kids have noticed. They even notice when I’m wearing a dress or other clothes I haven’t worn in a while and they make positive comments about how I look. I now have friends who have joined the Program or are thinking about it.

Fact: Many Indigenous people are at high risk of ill health due to overweight and obesity.
Deadly Effort, Deadly Results (cont’d)

You now exercise regularly and have changed your eating habits from 12 months ago, can you tell us about that?

Oh my god, I remember starting at the gym 12 months ago. I thought I was going to die in the sessions. I couldn’t do crunches, sit-ups. I couldn’t even get up, but now I can do it without any issues. I also couldn’t keep up with everyone else in the group. I used to get puffed out. I’ve pushed myself to get to the level like the others in the group. I have the confidence to push myself further and I even look forward to the three sessions I do a week and know that I’m going to smash it and feel great about it.

With my eating, I’ve learnt that I don’t always have to indulge in food. I’m more conscious of what I eat. I do portion controls. I know I can enjoy a treat but not go overboard.

What are your future goals?

I want to get to my goal weight. I want to live a healthy and happier life. I want to live a longer life. I have six children and I am one of 15 children in my family so I want to break the cycle. I want to show my family, my kids that you can be healthier, be happier. What the program has done for me and my family, it makes me want to be a role model. I want to be a role model for not only my family but for the wider Indigenous community.

Would you encourage others to take part in the Healthy Weight Program?

I’d say, don’t be afraid to do it, do it for yourself. It’s a good supportive environment. You’re there to better yourself and you’re doing it with a whole group of other deadly mob. There’s great support when you do this Program because people are in the same boat as yourself, wanting to lose weight, be healthier etc. I can’t thank the program enough for what it has given me.

To enquire about the Winnunga AHCS Healthy Weight Program contact us on 6284 6222 and ask to speak with the Healthy Weight Worker, or alternatively ask the GP or nurse about the Program next time you are at Winnunga AHCS.

Fact: Evidence indicates that many chronic health conditions that occur among Indigenous peoples are linked to overweight and obesity.
Name: Tyson Powell

Position: Social Health Worker

Who’s your mob? Wiradjuri.

Where’s your country? Mum’s side is from Cowra.

Who is your favourite singer/band? No favourite love most 90s hip hop.

What is your favourite song? Californication - Red Hot Chili Peppers.

What do you do on the weekends? Love going out bush and hanging with friends.

What is your favourite food? Butter chicken.

What do you like most about working at Winnunga? Being involved with the community and helping out where ever I can.

My favourite pet? My dogs Bundy and Albert.

What is your pet hate? Dishonesty.