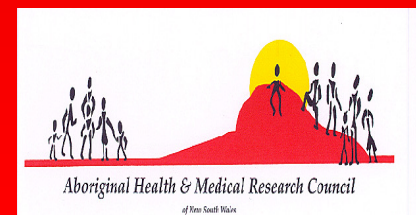


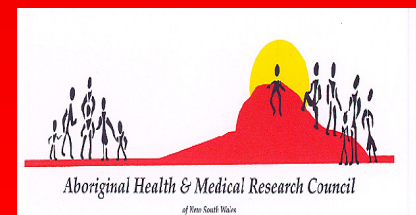
Aboriginal Health & Medical Research Council of NSW

Strategies to increase Aboriginal
People's Access to Needle Syringe
Programs in NSW



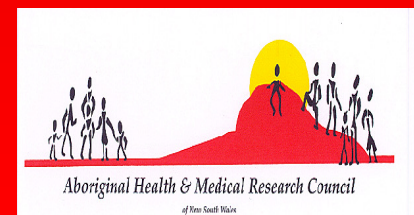
Acknowledgement

- Traditional owners of the land we meet upon.
- Pay my respect to Elders both past and present.



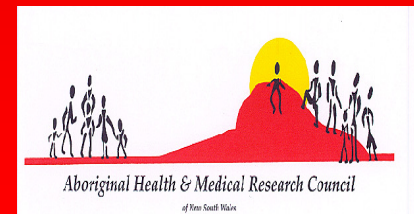
AH&MRC

- Peak organisation representing Aboriginal Community Controlled Health Services (ACCHS) in NSW
- NSW Affiliate of National Aboriginal Community Controlled Health organisation (NACCHO)



Aboriginal Community Controlled Health Services

- Conceived, designed, established and controlled by Aboriginal people
- Governed by Aboriginal body, elected by local Aboriginal community
- Principle behind ACCHS - Allows self determination through community control

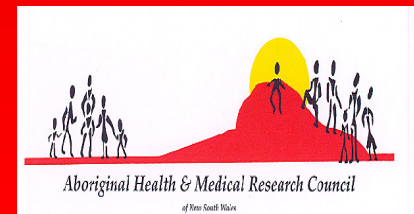




- ACCHS - Aboriginal Community Controlled Health Service** (Red pushpin icon)
- ACCHRS - Aboriginal Community Controlled Health Related Service** (Green pushpin icon)
- ACCHC - Aboriginal Community Controlled Health Committee** (Blue pushpin icon)

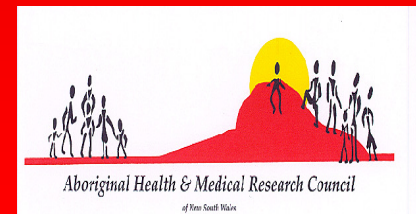
Harm Minimisation Project Officer

- Increasing Aboriginal peoples access to NSP's within NSW.
- Position was the result of *“Increasing Access to Services in NSW for Aboriginal People at Risk of Contracting or Who Have Blood Borne Infections”* report. The report is located on our website www.ahmrc.org.au
- The report consulted with ACCHS and most Communities about BBV's in Aboriginal Communities.



Strategies'

- Cultural Competency Training
- Mapping Project



Cultural Competency

- Cultural Competency Training developed by Aboriginal Health College.
- 2 day training workshop for Non Aboriginal Primary and Secondary NSP workers.
- Accredited training
- Panel of local Aboriginal community members
- tailored to NSP workers.
- Locations

Newcastle

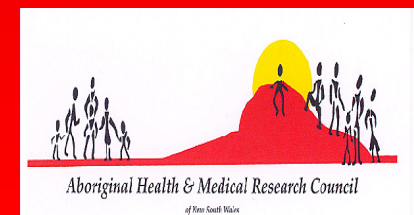
Tamworth

Dubbo

Campbelltown

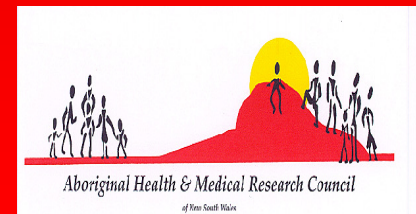
Wagga

Coffs Harbour



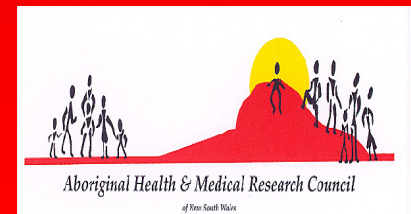
Mapping Project

- Mapping service provision in Aboriginal Communities Control Health Services.
 - 5 operating NSP's in ACCHS;
Albury **Griffith** **Birripi (Taree)**
Wellington **Walgett**
- Documenting finding.
- Advocate for Harm Minimisation Strategies for other ACCHS



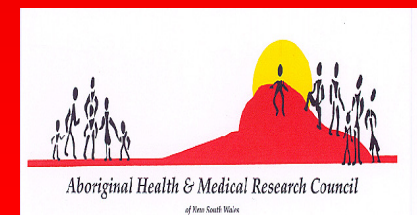
Aboriginal Community Controlled Health Services

- Site visits: Wellington AMS, Griffith AMS, Albury AMS
 - Biripi (Taree) & Walgett to happen
- Developing case studies
- Corporate knowledge lost – why services got started
 - Identified need in community (Griffith/Wellington/Walgett)
 - Local NSPs too far from Aboriginal community (Albury)
 - Local advocate (in service or community member)
 - Good relationship with HARP/Harm Min manager (Albury/Wellington)



Aboriginal Community Controlled Health Services

- Every service delivers differently:
 - Identified worker eg. AOD worker or ASHW – (Albury, Walgett)
 - Reception staff (Wellington AMS, Griffith AMS)
 - Discrete point of delivery (eg. in toilets at Albury AMS/discussion on vending machine)
- Identified as successful when seen as part of service delivery
 - “don’t make it awkward for people coming in”
 - “have a joke with clients”
 - “people ask for us”
 - “just providing another health service”



Contact Details

Monique McEwan

Aboriginal Health and Medical Research
Council

Harm Minimisation Project Officer

Phone: 02 9212 4777

Email: mmcewan@ahmrc.org.au

