

Aboriginal and Torres Strait Islander Chronic Care

What do we do? Our program is to help mob tackle chronic health conditions.

What are some chronic conditions?

cancer diabetes

heart, kidney or lung diseases



Provided by caring and competent Aboriginal Health Workers and Clinical Care Coordinators, we aim to:

- ⇒ Support Aboriginal and Torres Strait Islander people to self manage their health needs
- ⇒ Bring together people and services that help manage chronic conditions
- ⇒ Work with your GP to better manage your care
- ⇒ Provide holistic, client-centred and culturally appropriate health care.

Phone 9540 8181

Secure Fax 9540 8165

Email: SESLHD-SEAHC@health.nsw.gov.au

Accessing the program

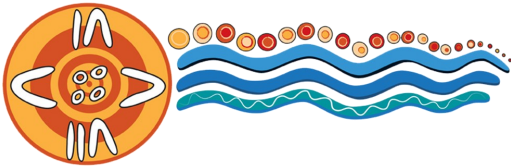
Aboriginal and/or Torres Strait Islander people living with a chronic health condition in the SESLHD region.

Examples of who can refer are:

- ⇒ Aboriginal Health Outreach Worker
- ⇒ Aboriginal Hospital Liaison Officer
- ⇒ Aboriginal Community Controlled Organisations
- ⇒ GP or Specialist referral

Next steps / what we need

A GP Management Plan (called a GPMP) is a requirement of this program. A GPMP is completed by your Doctor with your input, to advise us of your health needs and goals.



SOUTH EAST ABORIGINAL HEALTH CARE

Referrals and enquiries

For referrals and to find out more, please contact the SEAHC team on **9540 8181**.

We acknowledge the Traditional Custodians of the lands on which we work on and travel through; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.