



# NACCHO HEALTH NEWS

Australia's first national Aboriginal Community Controlled Health newspaper

EDITION 6

APRIL 2016

PHONE: (02) 6246 9309

## Chair encourages our award-winning health services



Youngsters at the Indigenous Governance Award-winning Institute for Urban Indigenous Health. Picture: Wayne Quilliam

National Aboriginal Community Controlled Health Organisation Chair Matthew Cooke is encouraging all 150 member services to enter this year's Indigenous Governance Awards (IGA). This year, the awards will celebrate organisations that are developing local solutions to local problems with culture as a source of strength and innovation, and Mr Cooke says no one does it better than our Aboriginal community controlled health services.

"One of the NACCHO/QAIHC members, the Institute for Urban Indigenous Health in Brisbane, became a finalist last year for its 'Work it Out' and 'Deadly Choices' programs, which was a major achievement giving they were only in their fifth year of operation. This recognised how the programs impacted on the health and wellbeing of Aboriginal and Torres Strait Islanders in South-East Queensland," he said.

"This is only one of many potential award-winning health services that should be encouraged to enter these prestigious awards."

Applications for the Awards close on May 20. Visit [www.reconciliation.org.au/iga/](http://www.reconciliation.org.au/iga/) for more information

# Election 2016 – it's time to encourage all political parties to focus on Aboriginal health

WITH an early Federal Election looking likely, it's time to encourage all political parties to focus on Aboriginal health and the critical role of the community controlled sector in improving services and health outcomes for Aboriginal and Torres Strait Islander people.

The Turnbull Government has flagged it will call a double dissolution election on July 2 if the Senate refuses to pass the Australian Building and Construction Commission (ABCC) Bill, targeting unions. The Prime Minister has until May 11 to call the poll.

A decade after governments agreed to

**"One of the principles that is espoused by all levels of government on Aboriginal issues is that engagement with Aboriginal communities and organisations is the only way to successfully close the gap." – NACCHO Chairperson Matthew Cooke**

bipartisan support for the Close the Gap agreement, National Aboriginal Community Controlled Health Organisation (NACCHO) Chairperson Matthew Cooke said long-term commitment from politicians to strengthen and grow the community controlled sector, through partnership with it, must be a priority for all political parties.

"One of the principles that is espoused by all levels of government on Aboriginal issues is that engagement with Aboriginal communities and organisations is the only way to successfully close the gap," Mr Cooke said.

"Time and again we see evidence that supports that principle.

"Our own sector, managed by

Aboriginal people for Aboriginal people, is making the biggest in-roads against the Closing the Gap health targets.

"Our services provide over two million episodes of care nationally each year and have made the biggest gains against the targets to halve child mortality and improve maternal health.

"Indeed, our services have successfully contributed to the Close the Gap targets that have reduced child mortality rates by 66% and overall mortality rates of Aboriginal and Torres Strait Islander people by 33% over the last two decades."

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# Why we need to support Aboriginal Community Controlled Health Services

By Tanya Denning-Orman\*  
This Opinion Piece was originally published by *Daily Life* – [dailylife.com.au](http://dailylife.com.au)

**M**Y mum's name is Lilly. She puts me to shame in many ways. She is a healthy Aboriginal woman, 65 years old, and was recently given some rare news from her doctor.

Excitedly, he explained that her cholesterol levels had dropped. It's something that he rarely gets the opportunity to say to older Aboriginal or Torres Strait Islander people – "you're getting healthier".

But fighting against the norm, Lilly is. She walks everywhere and makes healthy choices – because she can.

My mum uses education, choice and a rock-hard determination to not only improve her health, but also the health of our people.

Living in Central Queensland, she has dedicated most of her working life as a health worker to improving the lives and experiences of others.

More than anyone else, she makes me feel like I am standing on the shoulders of all the Aboriginal and Torres Strait Islander people who came before me.

Chronic health disease resonates with every Indigenous

community and every Indigenous family, where sickness is unfortunately just a way of life.

My own childhood was marred by this. I saw my nan suffering from tuberculosis and diabetes, whilst my grandfathers passed as middle-aged men do, way before their time.

Through the years, my mum constantly educated us about the importance of healthy choices. She worked hard for us to have a choice. She ensured we knew that we had a choice.

I chose an Aboriginal Medical Service for my pre- and anti-natal care and for my son to be born with an Aboriginal midwife. It felt right.

I chose to put my baby's and my health into the hands of someone I trusted to have the knowledge and the cultural sensitivity of the issues that confronted us.

It is now 45 years since the first Aboriginal Medical Service started up in Redfern. Since then, there have been numerous examples of Indigenous-controlled health success stories, including the Mums and Babies program at the Townsville Aboriginal and Islander Health Services; the 'Nutrition: at the heart of good health' initiative by the Jalaris Aboriginal Corporation; the Good Food, Great Kids project at the Yarra Valley Community Health Service; and the



**Tanya Denning-Orman**

Healthy Housing Worker program at the Murdi Paaki Regional Housing Corporation.

Whilst these programs are diverse, their commonality is powerful and relevant – local people with the control and empowerment to find solutions at their local level, with successful outcomes for the health issues they confront.

Chronic diseases such as diabetes and heart diseases are

the principal causes of early death amongst Aboriginal and Torres Strait Islander peoples.

Health professionals agree that improving diet and nutrition is a fundamental starting point to tackling these issues, where removing barriers to obtaining healthy food and promoting healthy nutrition amongst Indigenous families are the key first steps.

Indigenous peoples have thousands of years of bush food knowledge bringing healthy and sustainable living – even the farm produce on missions was healthier than the food offered in community stores today.

Our people are very aware of our health. Whilst health indicators tell us we aren't where we should be, Indigenous health workers are tireless advocates for holistic and preventative healthcare.

The answers to the Indigenous health crisis are clear. Indigenous communities are capable of finding the solutions.

Indigenous health workers like my mum are living proof – individuals who are dedicated and working hard to provide solutions.

Through improved knowledge of and access to health services, increased resourcing, cultural sensitivity and empowering local communities in the health planning processes, we will significantly

improve outcomes.

The health gap between Indigenous and non-Indigenous Australians is unacceptable. From mental health to heart disease and everything in between, it's a continuing crisis that affects the young and old with no obvious signs of a resolution.

Raising awareness of Close the Gap and all it represents is an essential and positive step in the right direction, however, targets need to be achieved by effective action.

Linked closely to other areas of Indigenous disadvantage, Indigenous consultation is imperative in all areas of Closing the Gap.

Our people are key to our solutions, as is appropriate funding to ensure that essential services, like water, electricity, education and healthcare are prioritised within communities.

Only then we will see a consistent improvement in health statistics and start to realise the dream of Closing the Gap of life expectancy by 2030.

Only then will we bring about real change so that Lilly's story won't stand in isolation.

*\*Tanya Denning-Orman is a proud Birri and Guugu Yimithirr woman from Far North Queensland and Channel Manager at NITV –*



**NACCHO  
thanks  
to NITV  
for filming**

**N**ACCHO would like to thank NITV for filming our pilot episode of *Redfern Aboriginal Medical Service* featuring the organisation's chair Sol Belleair (pictured left). The interview with Sol was just one of the approximately 200 board, staff and community members in up to 20 urban, regional and remote NACCHO member organisations. *Aboriginal Health in Aboriginal Hands for healthy futures* was produced and edited by the NACCHO production team of Wayne Quilliam, Yale Macgillivray and Colin Cowell: <https://www.youtube.com/user/NACCHOTV>



From left, Dr John Boffa, the Chief Medical Officer Public Health at Central Australian Aboriginal Congress Aboriginal Corporation, Prof Brian Owler, Congress Chair William Tilmouth, and local Federal Member the Hon Warren Snowdon.

# AMA President Professor Brian Owler experiences our remote Indigenous community health services



Prof Brian Owler hearing stories of the Pintupi lizard dreaming at Kintore in the Northern Territory.

**A**USTRALIAN Medical Association (AMA) President Professor Brian Owler recently met with doctors and other health workers in Alice Springs and several remote Indigenous communities, and saw first-hand how health services are delivered at the local level.

In Alice Springs, Prof Owler met with the Central Australian Aboriginal Congress to discuss challenges in improving Indigenous Health, including a lack of GPs in remote communities, housing shortages, inadequate access to clean water, and local issues affecting the delivery of health services in central Australia.

Prof Owler also saw how the Purple House, a renal centre in Alice Springs, provides dialysis to the local community and operates a

mobile dialysis unit that travels to remote communities.

Accompanied by Federal Member for Lingiari Warren Snowdon, Prof Owler flew to two remote communities, Utopia and Ampilatwatja.

Prof Owler said that, despite the numerous health issues in the communities, it was heartening to see very dedicated doctors and nurses providing vital health services.

In both communities, school attendance rates are high, alcohol bans have made a positive difference, and local people enjoy a close relationship with health centres.

Prof Owler told SBS that unless Government policy targets Indigenous health as a priority, it will be hard to get kids into school and adults into jobs.

# Australia needs to see an era of genuine collaboration between all political parties to close the Indigenous health gap

**A**MA President Professor Brian Owler says Australia needs to see an era of genuine collaboration between all political parties to close the Indigenous health gap.

On National Close the Gap Day, Prof Owler said that all levels of government, government agencies and departments, and health services must work together if significant, enduring advances in closing the health gap between Indigenous and non-Indigenous Australians are to be achieved, and for Close the Gap justice targets to be met.

“Good intentions need to be transformed into tangible actions to achieve widespread improvements in health outcomes for Aboriginal and Torres Strait Islanders,” he Owler said.

“We have seen encouraging improvements in some areas of Aboriginal and Torres Strait Islander health and wellbeing over recent years, but we need to

see consistency of positive outcomes across the country and across the major health indicators.

“Smoking rates are reducing, and we’re on track to halve the mortality rate for Aboriginal and Torres Strait Islander young children by 2018.

“But much more needs to be done to close health inequality gap between Indigenous and non-Indigenous people.

“Health should be a foundation that underpins improvements in other measures as well.

“Aboriginal and Torres Strait Islander people continue to experience stubbornly high levels of treatable and preventable conditions, such as type 2 diabetes, rheumatic heart disease, kidney disease, and other life-shortening conditions, high levels of chronic conditions at younger ages, high levels of undetected and untreated chronic conditions, and higher rates of co-morbidity in chronic disease.

“Indigenous Australians also die 10 years younger than their non-Indigenous peers on average, but in many areas there is a 20-year difference in life expectancy.

“As a nation, we have changed the way we talk about Aboriginal and Torres Strait Islander health and, as a nation, we can now take the next step to close the health and life-expectancy gap.

“National Close the Gap Day is an important reminder for all Australians to take action and support Indigenous health equality.

### “Everybody’s business”

“Closing the gap is everybody’s business.”

This year is the 10th anniversary of the Close the Gap campaign to address the health inequality that exists between Indigenous and non-Indigenous Australians.

The Close the Gap Coalition — a grouping of Indigenous and non-Indigenous

health and community organisations — has the support of nearly 200,000 Australians in calling on governments to take real, measurable action to achieve Indigenous health equality by 2030.

The AMA, as a proud supporter of the Close the Gap campaign, encourages people to show their commitment to health equality by signing the pledge to close the gap.

Prof Owler said the AMA believes that closing the health inequality gap is a national priority. “It is inexcusable that Australia, one of the world’s wealthiest nations, can allow 3% of its citizens to have poorer health and die younger than the rest of the population,” he said.

“A genuine partnership between governments, across the political spectrum, would be a catalyst to achieving significant and much-needed health and lifestyle improvements for all Indigenous Australians.”



# Indigenous Advancement Strategy report: Abbott-era Indigenous cuts went too far – Senate inquiry

THE Abbott Government's 2014 streamlining of its \$8.5 billion Indigenous Affairs budget, and the moving of the portfolio directly into the Office of Prime Minister and Cabinet, was poorly executed, failed to consult key Indigenous groups and led to widespread confusion, a Senate inquiry has heard.

Labor's Indigenous Affairs spokesman Shayne Neumann told *The Australian* a report tabled on the Indigenous Advancement Strategy, announced in the 2014-15 Budget, had "exposed the lie that (Tony) Abbott was the PM for Indigenous Affairs; they now know they got (the policy) wrong".

"We now have evidence of the extent of the devastating cuts which have decimated frontline services," he said.

The report, which comes after 12 months of deliberations and hearings, notes that the consolidation of more than 150 programs previously delivered across eight government portfolios into just five streams had been deeply problematic.

## What the Senate Committee recommended

1. That future tender rounds are not blanket competitive processes and are underpinned by robust service planning and needs mapping.
2. That future tendering processes should be planned strategically, with a clear sense of service gaps and community need based on consultation with local services and communities. A tendering or alternative funding process should be conducted in a manner which enhances the capacity of organisations to meet community needs.
3. That future selection criteria and funding guidelines should give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide.
4. That where possible and appropriate, longer contracts be awarded to ensure stability so that organisations can plan and deliver sustainable services to their communities.

The five streams were identified as jobs, land and economy; children and schooling; safety and wellbeing; culture and capability; and remote Australian strategies. It was claimed this would make program delivery more flexible and reduce red tape.

However, the Senate

committee found that the system's use of competitive tendering processes had disadvantaged many Indigenous groups and not always delivered programs where they were most needed. It recommended in future this method be replaced by needs-based assessments.

Evidence from PM & C

5. That the Department of the Prime Minister and Cabinet improve its overall Indigenous Advancement Strategy communication plan to ensure that all stakeholders are fully informed and have access to clear and timely information.

6. That the full internal review of the Indigenous Advancement Strategy process undertaken and facilitated by the Department of the Prime Minister and Cabinet be made public.

7. That the Government release the revised funding guidelines as a draft for consultation with Aboriginal and Torres Strait Islander communities and their organisations.

8. That Government prioritise investment in capacity building and support for smaller community controlled organisations in future tender processes.

9. That the Government act immediately to address the June 30, 2016 funding deadline for organisations.

confirmed the lack of consultation and engagement between government and Indigenous groups, with senior bureaucrat Liza Carroll admitting the department had "underestimated the amount of effort that we are now realising was needed upfront. We recognised it needed some, but I do not think we had

recognised the depth of that early enough".

Ms Carroll said the difficulties some Indigenous organisations faced in coping with the changes had been "underestimated", a fact which had partly led to the department being unable to "finish our assessment process at the end of the last financial year".

The report acknowledged Indigenous Affairs Minister Nigel Scullion's note that IAS funding had increased the number of Indigenous organisations funded under the portfolio from 30% to 46%, with these groups receiving 55% of total IAS funding.

Mr Neumann demanded that the Government act on the committee's recommendations, which included awarding "longer contracts ... to ensure stability" and establishing funding guidelines that "give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide".

# Federal Government to work closely with NACCHO and the sector to make sure we get Indigenous ice treatment services right

PRIME Minister Malcolm Turnbull says Australia cannot "arrest its way to success" and local health professionals will get most of the \$300 million in new funding to tackle the ice scourge.

Backing all 38 recommendations of the National Ice Taskforce, the Federal Government is putting an extra \$297 million towards drug treatment, after care, education and other community-based preventative measures.

The new funding is on top of the current \$310 million for treatment services

The Turnbull Government has released a new action plan to tackle ice via the National Ice Taskforce Final 249 page report and the Commonwealth response.

The Taskforce's report is a thorough analysis of Australia's ice problem, and has provided a clear direction for both the Government's response and the National Ice Action Strategy.

Here's a recent press conference with Mr Turnbull and Health Minister Fiona Nash:

PM: Just one second, Fiona is going to address the, you asked about the regions and that is very important, Fiona is going to address the Indigenous component in this package.

Minister Nash: I did flag in my earlier remark that is part of the \$241.5 million going to treatment services; we will have a specific focus on indigenous treatment services. We need to make sure that they have culturally appropriate treatment services in place.

So, while we will be doing this through the primary health networks, there is a very strong expectation that the PHNs will work very closely with the Aboriginal community controlled health sector in how we ensure those treatment services are appropriate.

"I have already spoken to the sector about this, to the head of NACCHO, Matt Cooke, and also my adviser on the Advisory Council, Ted Wilkes, about ensuring that we work very closely with the sector to make sure that we get those Indigenous treatment services right."

## The Report

In its report, the Taskforce has made 38 recommendations across five areas of priority.

1. The first priority must be supporting families, workers and communities to better respond to people affected by ice.

2. Efforts to reduce demand for ice through prevention activities must be strengthened.

3. Ice users need treatment and support services that cater to their needs.

4. Efforts to disrupt supply must be more coordinated and targeted.

5. Better data, more research and regular reporting is needed to strengthen Australia's response and keep it on track.

The response sets out a comprehensive package to reduce the demand for ice and reduce the harm it causes, while continuing efforts to disrupt supply.

Proportionally, Australians use more

methamphetamine, including ice, than almost any other country. Evidence suggests that there are well over 200,000 ice users in Australia.

Ice is an extremely powerful stimulant and it is causing significant harm to our community, disproportionate to that caused by other drugs.

The Government has already made significant investment in policing borders and streets to combat the supply of ice.

The weight of ice seized at the Australian border grew almost 60 times between 2010 and 2014 and police made record busts and 26,000 arrests for possession or distribution of amphetamine-type stimulants in 2013-14.

The National Ice Taskforce made it clear that we cannot arrest our way out of the ice problem – we must also work to reduce the demand for this drug.

## Almost \$300 million

The Government will invest almost \$300 million over four years to improve treatment, after care, education, prevention, support and community engagement to tackle ice. The package includes:

- \$241.5 million to be invested through the 31 Primary Health Networks (PHNs), which will use their local knowledge to boost the alcohol and other drug treatment sector and reduce demand for ice.

- An additional \$13 million to introduce new MBS items for Addiction Medicine Specialists to increase the availability of treatment.

- An additional \$24.9 million to help families and communities by providing the resources, information and support they need to respond to ice.

- An additional \$18.8 million to establish better research, evidence and guidelines on ice, including a new Centre for Clinical Excellence for Emerging Drugs of Concern.

The Government understands that local knowledge is best. That is why local Primary Health Networks will work with communities to determine what form of treatment will be most effective in each local area.

Given the close correlation between mental health and drug abuse, we have closely aligned delivery of drug and alcohol treatment services with the delivery of mental health packages through PHNs.

Ensuring that Indigenous-specific treatment services and culturally appropriate mainstream treatment services are available for Indigenous Australians will be a key priority.

The package also includes significant investment in rural and regional areas, where the Taskforce Report indicated service gaps and a misalignment between service priorities and community need.

The measures from the package will form part of the new National Ice Action Strategy, which will be considered by the Commonwealth and all state and territory governments at the next COAG meeting.

For more information about the National Ice Taskforce, including the Final Report, go to <http://www.pmc.gov.au/ice>



## **Fight diabetes in your community**

**If you have diabetes,  
join the NDSS. Ask at your  
local health service,  
visit [www.ndss.com.au](http://www.ndss.com.au)  
or call 1300 136 588.**

About 1 in 3 Aboriginal and Torres Strait Islanders will get diabetes and there are too many of us not getting help.

If you have any type of diabetes and have a Medicare card you can join the NDSS for free. It gives you cheaper products and help so that you can live better with diabetes.

The NDSS helps doctors understand how big diabetes is in our communities, so by registering, other people can get help too.

**ndss**  
national diabetes services scheme

**d** diabetes  
australia

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.



At the Apunipima Cape York Health Council's 21st anniversary celebration, from left, Willie Gordon, Vicki Kennedy, Kaylene Bowen, Gina Nona, Meun Lifu (holding the plaque), Jenny Ropeyarn, Alice Tayley, George Ropeyarn and Gwen Schreiber.

# Milestone for Apunipima

**T**WENTY-ONE years ago last December the Apunipima Cape York Health Council was established to serve the Indigenous people of far north Queensland. That 'coming-of-age' landmark was celebrated by about 200 people at a party in Cairns, where the council's surviving original members were entered into the Apunipima Hall of Fame for Cape York people who have made a

significant contribution to improving local health.

In 1994 at Pajinka Lodge, near Injinoo at the tip of Cape York, Elders and traditional owners from the 17 Cape York communities and others came together at a land and health summit to demand action on worsening health outcomes for our people.

Apunipima was the result.

In November of that same year, Apunipima was incorporated as an advocacy organisation with a membership of 34. Over the years membership has grown to 580, sadly with just 15 of the 34 original members still alive.

Apunipima chief executive Cleveland Fagan said the 21st anniversary was a time to reflect and remember the brave work of the original members.

"A plaque was presented in recognition, commemoration and celebration of each of the members," he said.

"Their belief and enduring support has led Apunipima to become the leading health service delivery organisation for Cape York, with health outcomes improving year on year.

"May their faith never be forgotten."

# Werin Aboriginal Corporation now an independent medical service

**W**ERIN Aboriginal Medical Corporation has reached the milestone of becoming an independent medical service.

Board secretary Warren Mason said the Port Macquarie-based organisation's independence meant the local community could take control of the service and set the agenda based on community needs.

"It allows us to take control on our own needs and care," he said.

The auspicing arrangements with Biripi Aboriginal Medical Service have ceased.

Local Federal MP Luke Hartsuyker said it was great the service had achieved independence after 10 years of successful operation.

"It's vitally important we deliver quality services to all Australians, no matter where they live, particularly with regional services for Indigenous Australians," he said.

Mr Hartsuyker said Werin provided holistic services



Werin staff and officials celebrate the Port Macquarie-based corporation's milestone.

across a range of health disciplines.

Port Macquarie MP and NSW Minister for Aboriginal Affairs Leslie Williams said Werin's

independence meant the board had much more local control about what happened in their space.

That principle aligns with the

State Government's plan for Aboriginal affairs.

Mrs Williams said one of the platforms of the OCHRE (Opportunity, Choice, Healing,

Responsibility, Empowerment) plan was about local decision making and prioritising needs.

Werin directly contributes to improving Aboriginal health through increasing access to, and delivering, best practice comprehensive primary health care.

Werin chairman Guy Jones said that as an Aboriginal Community-Controlled Health Service (ACCHS), a board of directors is elected by the local Aboriginal community to govern each ACCHS.

Mr Jones said the unique governance model makes the services directly operated by, and totally accountable to, the local Aboriginal community.

The stand-alone status comes as Werin is awarded an additional \$1.1 million in Health Department funding over the next three years to focus on pre-and post-natal care and health care for children up to age five.



# Winnunga will welcome explicit acknowledgement

**W**INNUNGA Nimmitjah, an Aboriginal Community Controlled Health Service (ACCHS), is the only health service providing holistic primary health and social and emotional wellbeing care to the Canberra and region community.

Recently, the Close the Gap Campaign Steering Committee released a Close the Gap Progress and Priorities Report

The report is the most comprehensive analysis available on progress in achieving the Close the Gap targets. It provides a sobering insight into the magnitude of the task facing Australia and provides guidance on where the effort involved in closing the gap should be concentrated.

In this regard the report is unequivocal in its recognition of the fundamental importance of ACCHS: "That the findings of

*the National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS) are used to better target chronic conditions that are undetected in the Aboriginal and Torres Strait Islander population. In particular, access to appropriate primary health care services to detect, treat and manage these conditions should be increased. Aboriginal Community Controlled Health Services should be the preferred services for this enhanced, targeted response."*

### Evidence-backed

The report provides an evidence-backed justification for the need to continue to fund and expand existing ACCHSes. It refers to major inquiries into the efficiency and effectiveness of ACCHSes. It finds that the "two key advantages of ACCHSes are

better access and a more culturally appropriate, community-based holistic approach, which in many ways offers, in the long term, a better return on investment of the health dollar".

The report identifies the most common service gaps in ACCHS as mental health and social and emotional wellbeing. It also found that a concerted effort is needed to ensure ACCHS are properly resourced to address chronic disease and services for mothers and babies.

While there have been measurable improvements in respect of some of the Close the Gap targets, in others there is little or no progress and it is likely the gap will not close in the specified time.

A government's commitment to closing the gap in relation to all health related

indicators can reasonably be measured by its preparedness to implement the recommendations of the Closing the Gap Campaign Steering Committee.

In this regard, Winnunga would welcome an explicit acknowledgement by the Government of the recommendation detailed above about the primary role of ACCHSes such as Winnunga Nimmitjah in the delivery of primary health care for the Aboriginal community.

The Aboriginal Community Controlled Health services both here in Canberra and at 302 clinics nationally will not agree to turn our backs on the most disadvantaged and disempowered and we call on the Australian Government to honour the principles of health equity as outlined in the Statement of Intent to Close the Gap in Indigenous Health Outcomes.

## NACCHO and Winnunga Nimmitjah Aboriginal Health Service celebrate Close The Gap 10th anniversary celebrations at national event in Canberra



At the celebration, from left, Winnunga's Dr Nadeem Siddiqui, Roslyn Brown of the United Ngunnawal Elders Council, Member of the ACT Legislative Assembly for Ginninderra Jayson Hinder, Colin Cowell of NACCHO, Winnunga Nimmitjah CEO Julie Tongs, Professor Ngiare Brown and Winnunga's Jon Stanhope. Pictures: Geoff Bagnall



Tjanara Goreng Goreng from the ACT Aboriginal and Torres Strait Islander Elected Body signs Close The Gap pledge while Roslyn Brown of the United Ngunnawal Elders Council watches on.



Enjoying the event, from left, Gaye Doolan, Coordinator, Indigenous Health and Student Engagement at the Australian National University; Winnunga CEO Julie Tongs; Brian Demmery; Nicholas Yuen, a medical student from the Australian National University; and Aadil Rahim, a medical student from the University of Newcastle.



Thelma Weston, the Administration Reception and NSP Officer at Winnunga, shows the Close The Gap cake for the celebration.



# Big changes in Pharmacy

**N**ACCHO is participating in the Pharmacy Trials Programme (PTP), a \$50 million initiative of Federal Health Minister Sussan Ley to sponsor transformative and innovative delivery of pharmacy services.

Aboriginal and Torres Strait Islander people are a focus of the PTP.

NACCHO is represented on the Trials Advisory Group (TAG) of the PTP.

TAG brings together national stakeholders to consider Trial proposals. Approved Trials evaluated as cost-effective can go on to access another \$600 million of new pharmacy services funding.

Clearly, the PTP initiative has significant potential for strengthening the scope and the quality of pharmacy services within and delivered in collaboration with ACCHOs.

NACCHO is working with the Pharmacy Guild of Australia as well as with the Pharmaceutical Society of Australia to submit Trial proposals. NACCHO is also consulting with a range of stakeholders, experts and reviewing recent literature. This ensures that NACCHO's interests are fully represented and that the most relevant and up-to-date methods and ideas are incorporated into Trial proposals.

The \$50 million PTP is part of the Australian Government's Sixth Community Pharmacy Agreement (6CPA) with the Pharmacy Guild of Australia.

It will be interesting to see how transformative and innovative Trial



A picture taken at the Danila Dilba Health Service, Darwin, Aboriginal community controlled health pharmacy.

proposals approved by the Trials Advisory Group will be.

NACCHO is especially keen to trial a range of solutions for embedding pharmacy services within ACCHOs, with the aim of identifying which solutions deliver the

best value for money to clients.

At one end of the spectrum, legislation in the Northern Territory allows ACCHOs to own, set up and operate their own pharmacies. Elsewhere, some ACCHOs have installed a pharmacy in their clinics

and they have it stocked and staffed by an outposted pharmacist employed by a Community Pharmacy in town.

Some ACCHOs have banded together to employ a full-time pharmacist – as with the Institute for Urban Indigenous Health in south-east Queensland. Occasionally, a single ACCHO employs its own full-time pharmacist – as in Galambilla in northern NSW.

Yet another model for pharmacy services is to contract a visiting pharmacist for a set number of hours per week.

About 50% of ACCHOs have no form of in-house or on-site pharmacist.

Minister Ley has also set up an independent Panel to review Pharmacy Remuneration and Regulation. This is an opportunity for NACCHO to influence current federal laws to improve Quality Use of Medicines and access for ACCHOs and communities across Australia. The Panel will be publishing a Discussion Paper and inviting submissions in May.

NACCHO has already advocated that the Panel do its best to progress the long-delayed reforms to Section 100 and CTG PBS Co-payment Measures.

A comprehensive set of changes have been agreed to by NACCHO and the Pharmacy Guild of Australia in a Joint Statement co-signed in October 2015. This is available on NACCHO's web site under About Us – Resources/Downloads – Aboriginal Health

## New pharmacy partnership is good medicine for Yarrabah

**R**ESIDENTS of the north Queensland Aboriginal community of Yarrabah now have easy access to much-needed medication for the first time in nearly two decades.

A five-year partnership between Yarrabah's community-owned health service and an Edmonton (Cairns) chemist has resulted in the opening of a new pharmacy in the community.

Gurriny Yealamucka Health Services chief executive Sue

Andrews said officials had been working with pharmacist and part owner of the Edmonton pharmacy Leo Maltam to offer services to Yarrabah for the past five years.

"The Edmonton pharmacy has provided good service and delivered medication to many people who were not able to go to Cairns or Gordonvale," Mrs Andrews said.

"However, the pharmacy staff needed about four hours a day to prepare the medication and time to

travel to and from Yarrabah.

"This meant that some people in Yarrabah would not get their medication on the same day, as the deadline for people to submit their scripts was noon."

### Essential

Mr Maltam said it was essential that Queensland's largest Aboriginal community, of about 3000 residents, should have access to such a service.

"For a community this size to

not have timely and affordable access to essential and lifesaving medications was something we wanted to help address," he said.

"We have two pharmacists running the new Yarrabah Pharmacy, and we are very excited about working with Sue and her team."

Gurriny Yealamucka senior medical officer Dr Adam Brownhill said the new pharmacy was an excellent example of two organisations striving to close the

gap through improving access to services for a disadvantaged community. "From the perspective of the clinic, the on-site pharmacy will improve patient care as there will be no delay in patients accessing medications," he said.

"This will improve recovery times for acute illnesses and ensure that clients with chronic conditions do not miss out on their regular medications. This has been a very successful program and will be ongoing."



Stanley Connolly, 4, and Norma Connolly, 3, enjoy the launch at the Yarrabah Pharmacy.



Gurriny Yealamucka Health Services CEO Sue Andrews speaking to media at the Yarrabah Pharmacy opening.



# Fight diabetes in your community with the NDSS

1

Heard you have diabetes Bob.

Yeah the doctor told me I had it. It runs in the family and our community.



2

So what will you do now?

The doc told me I should join the NDSS.

What's the NDSS?



It's the National Diabetes Services Scheme. The doc helps you join and get the free NDSS card. You get cheaper products and lots of good advice about living healthy.

3



4

What about when you travel?

No worries, I can use the card all over the country.



5

About 1 in 3 in our community will get diabetes and there are too many of us not getting help. By joining the NDSS I get support to keep enjoying life.

And because the NDSS helps doctors understand diabetes in our communities, other people can get help too. Join the NDSS and help fight diabetes.

**If you have diabetes, join the NDSS. Ask at your local health service, visit [www.ndss.com.au](http://www.ndss.com.au) or call 1300 136 588.**



**ndss**  
national diabetes services scheme

**d** diabetes  
australia

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.



# NACCHO Baseline Profiles

## – putting data to work

NACCHO is developing Baseline Profiles for its Member Services as a first step in getting health and related data back in the hands of the Member Service ACCHOs and their communities.

In these times of changing Federal policies, cutbacks in areas of funding and overall fiscal constraints, ACCHOs are faced with providing broad ranging evidence of their performance to justify existing budgets and staffing levels, as well as justifying applications for new funding for the expansion of services into identified areas of need.

Challenges are also arising as an increasing number of programmes are being funnelled through the newly formed Primary Health Networks.

A new approach for determining funding allocations being used by the government and PHNs is referred to as "market testing". This approach will potentially require ACCHOs to compete with state and territory health departments, other NGOs and for-profit practices and corporations for the provision of basic services and for the delivery of new programmes.

Mapping the service delivery footprint of ACCHOs' service areas is important to demonstrate their role and significance as unique providers of comprehensive primary health care in over 300 locations coordinated by 140 NACCHO Member Services.

ACCHOs are working with many of the new PHNs to build an understanding of the actual range of services provided to the population in their communities and the geographic extent of their service delivery. PHNs are required by the Department of Health to develop Health Needs Assessments and associated planning.

The ACCHO Sector has over 320,000 clients with over 3.7 million client contacts delivered in 2013-2014. In comparison, the number of

Emergency Department presentations in public hospital emergency departments in all states and territories was 7,195,903 (2013-2014) and RFDS undertook 292,523 client (patient) contacts in the same period.

NACCHO's Baseline Profiles, based on publicly available data, are being created for each Member Service. The profiles form a template to enable Member Services to add data from their own information systems. These localised templates will then be available for use in reports for service planning and to provide evidence of performance, as well as for communications with community, funding bodies and policy makers.

### Critical aspect

A critical aspect of planning is "access to services", for both existing services and for identifying areas where there is no access – ie gaps.

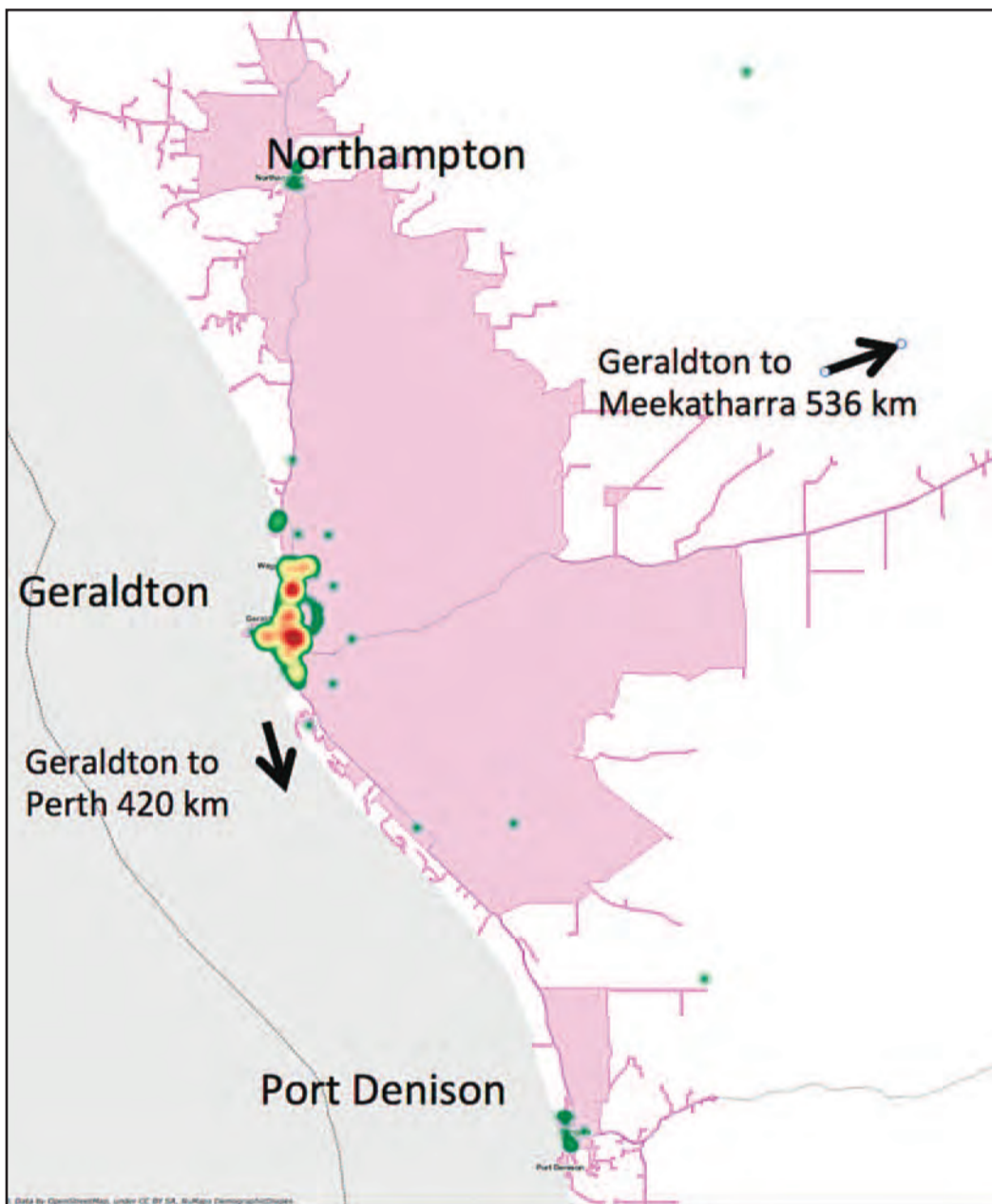
The Baseline Profiles are using drive times (the time it takes to drive to an ACCHO) as a way of determining accessibility to health services, building on the work of the Australian Institute of Health and Welfare (AIHW) and the Queensland Aboriginal and Islander Health Council (QAIHC).

The graphic on this page shows example panels from the Baseline Profile for the Geraldton Regional Aboriginal Medical Service in the electorate of Durack and Country WA PHN.

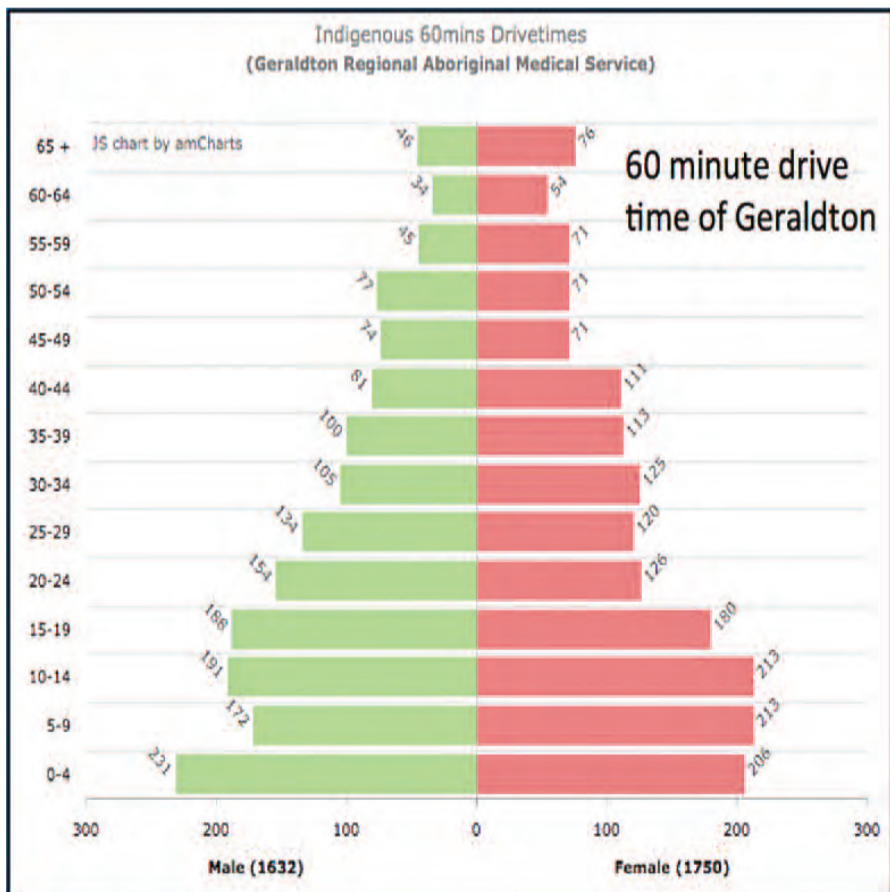
NACCHO will use the Baseline Profile to demonstrate the extent, experience and value of the ACCHO Sector to policy makers in government and those developing new programmes and budgets.

ACCHOs are a critical component of Australia's primary health care system; the Baseline Profiles and Member Service's localised profiles will reinforce this fact.

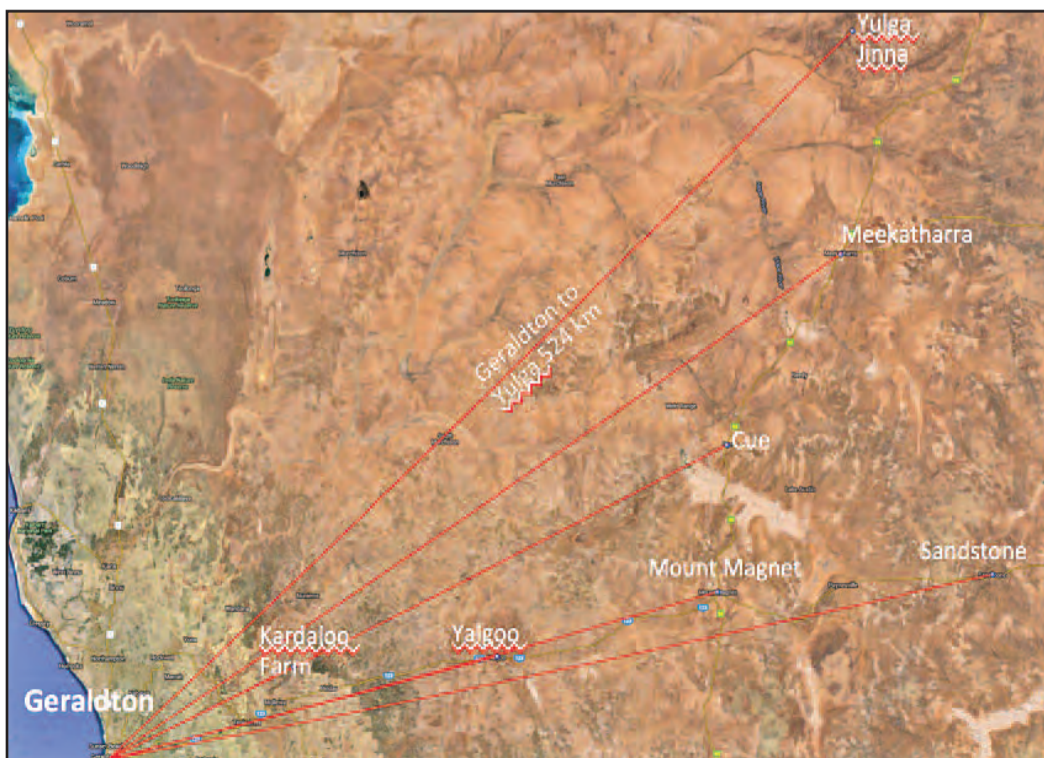
Maps below showing the 60 minute drive time area from Geraldton (WA), and the age-gender pyramid of the population and service delivery area for the Geraldton Regional Aboriginal Medical Service (GRAMS).



Heat map showing areas with a high density of Aboriginal people and the area included in a 60 minute drive time. Aboriginal population within the 60 minute drive time of Geraldton is 3382, with 4727 in the larger service delivery area (ABS Census 2011).



Age-gender pyramid of the Aboriginal population in the 60 minute drive time area from Geraldton in Western Australia.



Service delivery area with GRAMS fixed and mobile clinic serviced locations.



# The need to make Quality an Organisational Culture approach

EVERY ACCHO strives to ensure that the best possible standard of care is provided for their clients. Indeed, it was aspirations such as that which led to the formation of the first Aboriginal Medical Services in the early 1970s.

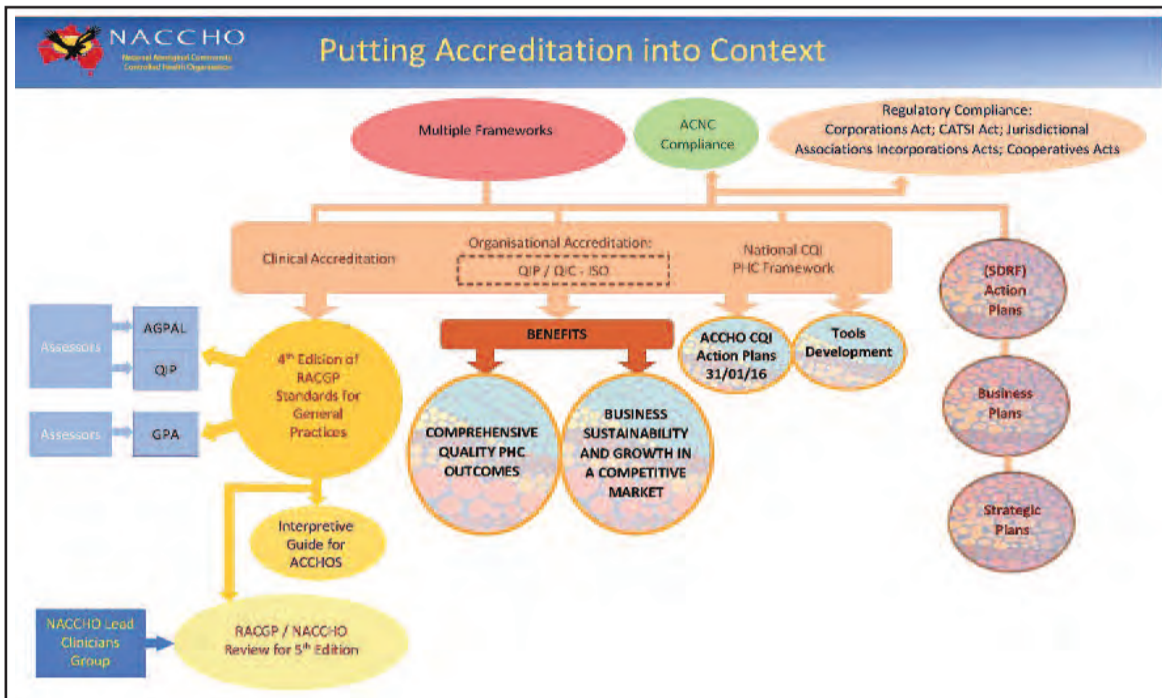
How, though, does an organisation know that it is delivering that standard of care?

Analysis of patient data is one way of making that assessment, but that implies a process that stands apart from actual service delivery. Further, having additional layers of process in practice operation leads to greater levels of administrative burden.

Various accreditation and practice guideline regimes do assist in establishing operational practices that are conducive to the delivery of care to the highest standards to patients.

Even so, any assessment of the efficacy of those practices might only be possible from a retrospective position.

While doing so will help to some degree with service planning, it can lead to a lag between issue identification, formulating a response to that issue and to implementation of that response.



Many organisations have, for some years now, adopted practices that seek to make constantly improving standards of service delivery embedded, or intrinsic, to their operations in a proactive sense. Rather than utilise client

information retrospectively, they conduct their analysis of it with a view to predict and project trends, and thus plan in anticipation of future need.

Such an approach forms the fundamental underpinnings of

concepts such as Continuous Quality Improvement (CQI). Rather than being separate, standalone processes, the integration of CQI as part of organisational culture can lead to the best possible standards of care being provided in an

intrinsic, rather than extrinsic, manner.

Recognising that various accreditation, practice guidelines and other quality improvement regimes can exist as semi-detached from within an organisation's operations, the NACCHO Secretariat is undertaking a body of work with the aim of assisting in those regime's holistic integration. The intention of that work is to find the mechanisms and approaches that can be employed to make continuous improvement and, thus, the best possible levels of patient care, part of the organisational culture of all ACCHOs.

NACCHO has conducted an Organisational Accreditation Roundtable in Canberra (on March 23) as part of that body of work, one purpose of which was the identification, at the service level, of the synergies between those various regimes and how they might best be embedded in organisational culture.

The goal of that work is not just to assist ACCHOs in reaching their visions in terms of providing the best possible standards of care, but also to assist them to be standout service providers in an increasingly competitive provider market.



Artwork by Jordan Lovegrove, Ngarrindjeri, of Dreamtime Public Relations

**Can we do better than 'I treat everyone the same'?** This question will be tackled in the workshops that we will be running across the country, with a particular focus on Aboriginal and Torres Strait Islander health. This six and a half hour sessions will allow you to become intimately acquainted with the experiences and stories of our Aboriginal and Torres Strait Islander members, providing you with an understanding of their culture and the barriers that often prevent them from attaining effective healthcare.

This interactive forum will also encourages participants to share their own experiences and stories and together, we will discuss the best and most effective techniques in tackling this issue so as to improve the care provided to Aboriginal and Torres Strait Islander patients and their families.

**So do not miss this wonderful opportunity** in experiencing the Aboriginal and Torres Strait Islander culture including an Indigenous inspired dinner. This workshop will be a great opportunity for you to attain an understanding on how to provide more effective care to your patients and 'bridge the cultural gap' whilst fulfilling your QI&CPD requirements for the 2014-2016 triennium as this workshop is accredited for 40 Category 1 CPD points.

## Uncover the cultural barriers that may be preventing you from providing the best healthcare to your Aboriginal and Torres Strait Islander patients

Please visit the RACGP Aboriginal and Torres Strait Islander Health events page via <http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/events> to find out more about these workshops. Please refer to the tables below for dates and locations of these workshops.

Date:	Wednesday 13 April 2016
Timing:	3:00pm – 9:30pm
Venue:	Risdon Cove (Piyura Kitina)
Address:	838 East Derwent Highway, Risdon TAS 7017

Date:	Wednesday 4 May 2016
Timing:	3:00pm – 9:30pm
Venue:	National Centre of Indigenous Excellence
Address:	180 George Street, Redfern NSW 2016

Date:	Wednesday 22 June 2016
Timing:	3:00pm – 9:30pm
Venue:	TBC
Address:	Brisbane QLD

Date:	Wednesday 6 July 2016
Timing:	3:00pm – 9:30pm
Venue:	Charles Darwin University
Address:	Ellengowan Drive, Casuarina NT 0811

Please contact Salome Pinto on 03 8699 0528 or via [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au) for more information on the workshops



# NACCHO signs milestone agreement with AHHA to close the gap in Aboriginal health

AUSTRALIA'S biggest Aboriginal health organisation and public healthcare and hospitals bodies recently signed a national agreement to work together on closing the gap in Aboriginal health.

Under the agreement, NACCHO and the Australian Healthcare and Hospitals Association (AHHA) will work together on policies, research, and public health campaigns to address health issues in Aboriginal communities.

NACCHO represents more than 150 Aboriginal Community Controlled Health Organisations. The AHHA is Australia's national peak body for public and not-for-profit hospitals, community and primary healthcare services, and advocates for universal, high quality and affordable healthcare to benefit the whole community.

NACCHO Chair Matthew Cooke said the agreement would harness the strengths of both organisations to reverse the appalling differences between the health of Aboriginal people and other Australians.

"We are making inroads into closing the gap in some areas of Aboriginal health, but Aboriginal people still have a life expectancy 10 years less than non-Aboriginal people," Mr Cooke said.

"Aboriginal teenagers are five times more likely to take their own lives than other Australians. Our communities also have higher rates of chronic disease, cancer, smoking and alcohol use.

"I am looking forward to this agreement leading to real collaboration between our members, public hospital professionals and Primary Health Networks."

AHHA Chief Executive Alison Verhoeven said the agreement would bring together the experiences of health service providers who work in the public and not-for-profit health sector across Australia and local Aboriginal controlled health organisations working in local communities.

"Through this agreement we can be a more effective united voice in speaking out together to improve the design and delivery of health services to Aboriginal people," she said.

"This agreement strives for a whole-of-sector approach to better link primary, community,

**"I am looking forward to this agreement leading to real collaboration between our members, public hospital professionals and Primary Health Networks."**

**– NACCHO Chair Matthew Cooke**

aged and acute care with the valuable work of the Aboriginal community controlled sector to improve the health of Aboriginal peoples. We will also be exploring new opportunities for collaboration through our research arm the Deeble Institute for Health Policy.

"This is an exciting partnership that I'm confident will come up with some visionary approaches to Aboriginal health care."

## AHHA Supports Close the Gap Day

The AHHA says it is proud to support organisations that work to close the gap. It recently signed an agreement with NACCHO which has brought together the experiences of health service providers that work in the public and not-for-profit health sector across Australia and local Aboriginal controlled health organisations working in local communities.

Through this agreement, AHHA says both groups can be a more effective united voice in speaking together to improve health services for Aboriginal peoples.

AHHA urged health leaders and organisations around the country to pledge their commitment to work with community leaders to improve Aboriginal and Torres Strait Islander health on Close the Gap Day 2016.

"Close the Gap Day is a reminder for the entire healthcare sector about how far we still have to go to remove health inequalities between Aboriginal and Torres Strait Islander peoples, and other Australians," AHHA Acting Chief Executive



Chairpersons Dr Paul Dugdale (AHHA) and Matthew Cooke (NACCHO) signing the national agreement.

Dr Linc Thurecht said.

"To close the gap by the original target date of 2030 is ambitious but remains achievable. There have been improvements in some areas of Aboriginal and Torres Strait Islander health since the campaign was launched in 2006, but these gains must be built on every year. Meeting many of the Close the Gap targets remains a significant challenge."

The AHHA urges health leaders and governments to work with Aboriginal and Torres Strait Islander peoples to ensure all initiatives to improve health equality are best practice, well targeted and culturally appropriate.

"It is essential to remind the Commonwealth, state and territory governments that closing

the gap must remain a national priority," Dr Thurecht said.

Improving chronic disease and primary care outcomes among Aboriginal and Torres Strait Islander people needs to be among the top priorities for the immediate future, Close the Gap Co-chair Mick Gooda told AHHA in the February edition of its bi-monthly magazine *The Health Advocate*, which was themed around Close the Gap initiatives.

Dr Thurecht said: "The key to improving chronic disease outcomes is to increase rates of early detection and treatment. This involves not only increasing awareness and health literacy among Aboriginal and Torres Strait Islander peoples, but also ensuring they have access to quality health services.

"Let's support Aboriginal and Torres Strait Islander peoples in improving on the health gains made in the past 10 years to ensure any Australian, no matter their background, can enjoy the same expectations of a long and healthy life."

## Need for change

The latest Issues Brief from the AHHA Deeble Institute for Health Policy Research Summer Scholarship Program has outlined the need for institutional change in hospitals to reduce rates of Aboriginal and Torres Strait Islander patients discharging against medical advice (DAMA).

The Issues Brief, an evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients by Summer Scholar Caitlin Shaw, from James Cook University, explored the causes of higher rates of DAMA among Aboriginal and Torres Strait Islander peoples, particularly in rural and remote areas.

It found the current high levels of DAMA suggested acute care settings such as hospitals are not effectively addressing the concerns of Aboriginal and Torres Strait Islander patients in order to keep them engaged in care for the duration of their treatment.

The literature review found a number of contributory factors associated with DAMA among Aboriginal and Torres Strait Islander peoples. Significant factors included a lack of cultural safety, a distrust of the health system, institutionalised racism, miscommunication, family and social obligations, and isolation and loneliness.

**"Through this agreement we can be a more effective united voice in speaking out together to improve the design and delivery of health services to Aboriginal people." – AHHA Chief Executive Alison Verhoeven**



# Fetal Alcohol Spectrum Disorder (FASD) and the consequences of alcohol consumption in pregnancy

**H**IGH rates of alcohol consumption have been reported in both the Aboriginal and non-Aboriginal population. Aboriginal women are more likely than non-Aboriginal women to consume alcohol in pregnancy at harmful levels.

Australian research indicates that maternal alcohol use is a significant risk factor for stillbirths, infant mortality and intellectual disability in children, particularly in the Aboriginal population.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used for a spectrum of conditions caused by fetal alcohol exposure. Each condition and its diagnosis is based on the presentation of characteristic features which are unique to the individual and may be physical, developmental and/or neurobehavioral.

Health professionals asking and advising all women of child-bearing age about the consequences of alcohol consumption in pregnancy is an essential strategy in preventing FASD.

Based on this evidence, NACCHO, in partnership with Menzies School of Health Research and the Telethon Kids Institute, has developed and implemented a flexible, modular package of FASD Prevention and Health Promotion Resources (FPHPR) to reduce the impacts of FASD on the Aboriginal and Torres Strait Islander population.

The package has been designed for the 85 New Directions: Mothers and Babies Services (NDMBS) across the country which are made up of Aboriginal Community Controlled Health Services (ACCHOs), State and Territory



Facilitator Dr Jason Agostino with participants at the FASD workshop held recently in Darwin.

government bodies and Primary Health Networks (PHNs).

The package of resources is based on the model developed by the Ord Valley Aboriginal Health Service (OVAHS) which includes FASD education modules targeting five key groups:

- Pregnant women who are using NDMB antenatal

services, and their partners and families;

- Aboriginal and Torres Strait Islander women of childbearing age;

- Aboriginal and Torres Strait Islander grandmothers;

- NDMBS staff; and
- Aboriginal and Torres Strait Islander men.

To compliment the package of resources,

two-day capacity building workshops for NDMBS staff are currently being implemented across the country. The aim is to enable health professionals to develop, implement and evaluate community-driven strategies to reduce the impact of FASD in Aboriginal and Torres Strait Islander communities.

Addressing other health behaviours such as tobacco smoking and other drug use in pregnancy is also covered as part of the training.

The interactive workshops focus on a broad range of skill development, ranging from community engagement strategies to one-on-one brief intervention and motivational interviewing techniques.

Participants are also introduced to a range of screening tools to assess drinking alcohol, tobacco

smoking and other drug use in pregnancy and how to use them effectively. The importance of data collection, continuous quality improvement (CQI) and monitoring and evaluation is also covered.

The first workshop was held recently in Darwin with great success. Participants gained valuable knowledge on the issue of FASD and the importance of developing practical, whole-of-community approaches to prevent it.

The project team will now move to Queensland this month to deliver the second workshop followed by other States and Territories across the country.

For further information about the FASD Prevention and Health Promotion Resources Project, contact Bridie Kenna on (02) 6246 9310 or [bridie.kenna@naccho.org.au](mailto:bridie.kenna@naccho.org.au)

# Norm has a scheme to help him manage his diabetes

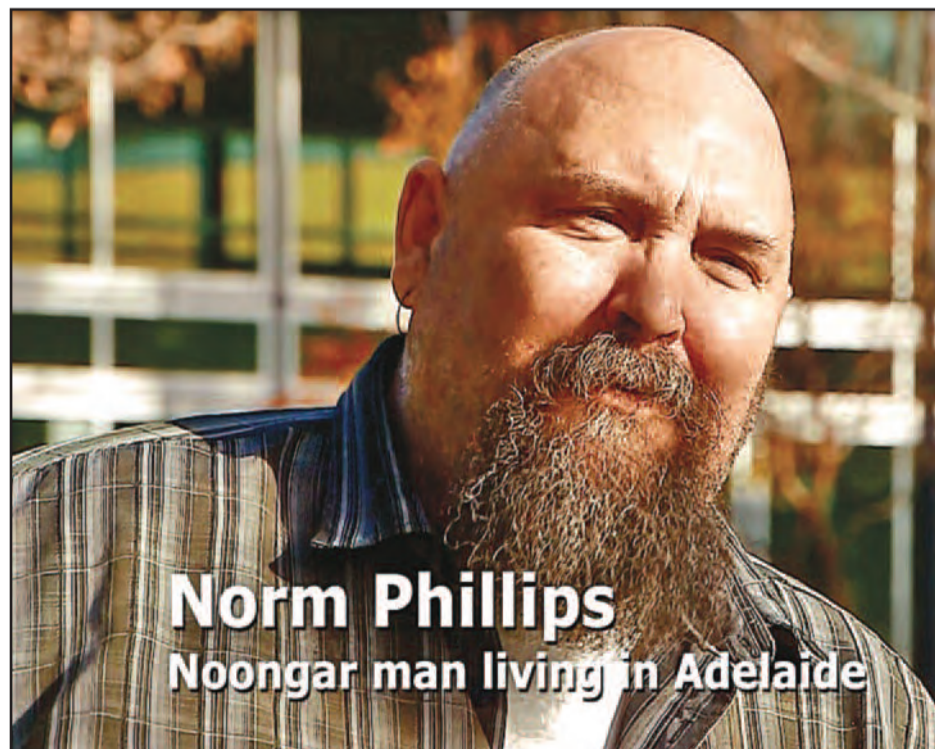
**W**HEN type 2 diabetes was first suggested to Norm Phillips as the cause of his dizziness, he found it hard to believe. For a while he was in denial, until a blood glucose test confirmed it. A series of serious and life-changing events, including a motorbike accident and cancer diagnosis, made it difficult for Norm to get into any sort of routine to manage his diabetes. After suffering a stroke, he decided he needed to focus on his diabetes, especially because it was one aspect of his health he could control.

Norm is now monitoring his diet and slowly losing weight in an effort to improve his blood glucose levels. He's determined not to let his diabetes stop him from doing the things he enjoys and urges others in a similar situation not to be ashamed of their condition, especially Aboriginal and Torres Strait Islander people.

Rates of diabetes among Aboriginal and Torres Strait Islander people are estimated to be three times higher than for other Australians.

"The blood glucose test they do for diabetes is easy. It can be hard to change your lifestyle but with diabetes, it's better to do something sooner rather than later," Norm said.

Norm's doctor helped him sign up to the National Diabetes Services Scheme\* (NDSS) when he was diagnosed, which gave him access to test strips, syringes



Norm Phillips  
Noongar man living in Adelaide

and pen needles at much lower prices.

Norm says that more education is needed so that Aboriginal and Torres Strait Islander communities know about the benefits of the NDSS and the range of support services it provides for people with diabetes.

As the NDSS support services are targeted in areas with the highest number of registrations, people who register are helping ensure others in their community can get the support they need.

In his regular men's group meetings,

Norm says the guys were surprised to hear that his stroke was most likely caused by diabetes.

"They were shocked when they found out I had diabetes, and that it may have caused my stroke. I think we find it hard to relate to diabetes until we see someone who is directly affected by it."

Diabetes educator Michael Porter talks to Norm's men's group about health issues every few months. He often encourages men at the group to get tested, and if they have diabetes, to register for the NDSS.

"Joining the NDSS can help fight diabetes in Aboriginal and Torres Strait Islander communities," he says.

"Anyone with diabetes can sign-up and get access to free and discounted products to help them live well with diabetes.

"The NDSS card also gives people access to education sessions and support groups, which can really help them make changes to get their health back on track.

"If we know there are a large number of people in an area with diabetes, then we can make sure to provide more support and education services in that area. The NDSS helps us to know where services are most needed."

\*The National Diabetes Scheme is an initiative of the Australian Government administered by Diabetes Australia.



# Vulnerable communities must lead own recovery

By Dr Tom Calma AO and Professor Pat Dudgeon

THE recent terrible news that a 10-year-old Aboriginal girl had taken her own life shook many Australians. Yet there would be few Aboriginal families who have not already been affected by the suicide or attempted suicide of their young people. This includes our own extended families and kin.

Our families have suffered the losses of a loved 14-year-old girl and two equally loved young men who were employed and content. All tragic and unexplained losses that have left those grieving feeling hollow and bewildered.

The deaths by suicide of our young people then are not isolated events. The latest statistics show that our 15-24 year olds are dying by suicide at four times the non-Indigenous rate; and our one-14 year olds at nine times the non-Indigenous rate.

Colonisation still impacts upon us. Our young people and children are not immune from the deep and persistent disadvantage, or poverty and social exclusion, that the Productivity Commission reports still characterises about one in 10 Indigenous Australians.

What this means is stressful life events impact on our mental health – be they violence, racism, long term unemployment or poor health. High levels of psychological distress are reported in over one in four of us, three times higher than the non-Indigenous rate. Another contributing factor is the use and abuse of drugs and alcohol. Ice is just the latest community- and family-destroying scourge.

Trauma, including intergenerational trauma, is also a major issue, particularly (but not only) for Stolen Generations survivors and their descendants. This group reports higher rates of mental illness and alcohol and other drug problems than Aboriginal people who weren't removed from their families, communities and cultures.

This belies the kneejerk response of removing children from families in crisis, rather than working with their families. While removal is necessary in extreme cases, it should always be seen as a last resort.

We need to break the inter-generational cycles of despair and dysfunction, not accelerate them.

In fact, to those calling for another Stolen Generation – well, we already have one. Thousands of our children are today involved in child protection services, at a rate eight times higher than non-Indigenous children.

And despite the care and commitment of services and those involved in fostering, there are risks for all children, black or white, involved. This includes 'broken placements' and institutionalisation, and increased rates of mental health issues, contact with the criminal justice system, substance use and abuse, and homelessness later in life.

For our children in particular,

risks associated with compromising strong Aboriginal identity-formation and the breaking of cultural transmission are well-documented.

And removing a child can also exacerbate existing factors, or itself be a suicide risk, as was reported in the case of the girl who died recently.

What we have then is a concentration of suicide risk factors in many of our communities, with our children and young people in the front line. Yet for some, the response is to close down these communities: put them in the 'too hard' basket. But this is lazy policy that will cause as much harm as it might prevent.

So we are all asking: what can be done?

**More forced social engineering is not the answer.**

Aboriginal people have already experienced the trauma of communities being closed down. Historically, peoples with different cultures and languages were forced to live together under the control of missionaries and governments. This is one of the roots of the crises in many communities today.

And where will the people from the closed down communities go? Is it better that they end up homeless in towns that shun them, and live in camps where violence, sexual abuse and alcohol and drug use are just as problematic?

More forced social engineering is the last thing the members of these communities need. People advocating community closures need to ask themselves: what will be the effects be of removing them from sustaining and wellbeing-supporting contact with kin, culture and country? Yes, there are challenges in many communities, but let's also acknowledge that there are cultural and other strengths that can be built on, and that could be lost in closures.

**Stop seeing Indigenous communities as a drain on the public purse.**

Instead of responding after the event to crisis after crisis, let's be proactive and preventative in our focus. Let's think about investing in these communities, rather than seeing them as a drain on the public purse.

In particular, where are the services, including mental health and drug and alcohol services, to meet the needs of these communities? As the National Mental Health Commission reported in its 2015 review, despite much good work in recent decades, on a needs-basis there are still significant mental health and other service gaps. This includes services to support our families and communities in crisis situations, and to support them before they get into such situations.

The National Mental Health Commission recommended to Government that there was a Closing the Gap target for improved Indigenous mental health, and a national target to reduce suicide by 50% in a



Dr Tom Calma

decade – including a 50% reduction in suicide among Indigenous Australians. Further, that an Indigenous mental health action plan be developed. However, there has been no take-up at this time.

**Vulnerable communities must lead their own recovery.**

There are alternative ways to respond to child suicide in our communities without removing children from families or closing communities, but it requires resources and placing communities in the driver's seat.

Most broadly, 'upstream' activity to mitigate the impact of disadvantage and the associated suicide risk factors is required. Here vulnerable communities must take the lead in identifying their needs, be it addressing community safety, unemployment or alcohol and drug use. And, yes, it might include whole-of-community responses to preventing child sexual abuse.

**Developmental factors and culturally-informed norms are crucial.**

It might also include building on protective culturally-informed norms (including familial norms) and other cultural reclamation work that has been shown to be protective against youth suicide in indigenous Canadian communities, and that we



Professor Pat Dudgeon

believe has an important role to play here.

In particular, addressing the developmental factors that can predispose our children and young people to suicide is critical. Protecting them from sexual abuse is important, but sexual abuse is not the only cause of suicide among our children and young people. Among some, impulsiveness and overwrought responses to the end of a relationship have been reported as being enough to lead to suicide.

In fact, a comprehensive response might include addressing healthy cognitive development from conception onwards, providing age and culturally appropriate school programs about relationship issues and how to handle break-ups, and promoting cannabis and other drug use reduction. It should involve strategies to reduce the contact of our young people with the criminal justice system including by addressing boredom and increasing employment opportunities.

Communities themselves are also best placed to develop situational analyses to support more focused universal suicide prevention activity, including by identifying specifically suicidal behaviours and suicide risk factors among their members – and appropriate responses.

**Access to the same support as all Australians at risk.**

Our communities must also have access to the same high quality clinical standards, treatments and support available to all Australians at risk of suicide. Critical in this is access to culturally safe mental health service environments, and culturally competent staff (who are able to work effectively, cross-culturally with us). We should also have access to cultural healers as needed. Effective transitions from community-based primary mental health settings to specialist treatment and then back again to community primary mental health care settings are also important.

**After a suicide, postvention is critical.**

Because many of our communities are small and close-knit, a death by suicide can have a significant destabilising impact and may influence other community members to attempt suicide or self harm. As such, when culturally appropriate and with social support as required, postvention is an important suicide prevention measure in our communities. Programs that respond to suicide, such as the one currently piloted in WA by the Australian Government, are a welcome example of this.

And with many responsibilities for suicide prevention being devolved to the primary health networks, it is critical that these partner with our communities in suicide prevention. This is particularly so in relation to the implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy for which \$17.8 million has been pledged by the Australian Government, and that has been entrusted to them.

Sustainable outcomes in the longer term require empowering and meaningfully engaging with Indigenous families and communities including those in crisis situations.

But this is best done long before they reach the terrible point of losing yet another child to suicide.

● **If you need help, call Lifeline on 13 11 14.**



## Save the Date

Coming Together for a Greater Tomorrow:  
Aboriginal and Torres Strait Islander  
Suicide Prevention  
Conference

5 - 6 May 2016

Alice Springs Convention Centre NT

Registration and accommodation bookings are available at  
<http://www.atsispep.sis.uwa.edu.au/natsispc-2016>

There are a limited number of bursaries available – please contact Chissie Easton at [chissie.easton@uwa.edu.au](mailto:chissie.easton@uwa.edu.au) if you need assistance to complete the application.



# How traditional tool-making is changing minds – and lives – for healthy futures

By Bridie Walsh, for CASSE\*

**M**EN from the Central Desert say connection to culture is the solution to violence and substance abuse and a unique program, the Men's Tjilirra Movement, run by CASSE (Creating a Safe and Supportive Environment) is supporting men to create their own path out.

Tjilirra is the Pintupi word for traditional tools such as boomerangs, spears and shields. During each Men's Tjilirra Movement (MTM) gathering, where Elders pass on the methods for making tjilirra, the men challenge each other to think about and resolve difficult social issues faced in community.

"It's about being strong," says Ngangkari Aboriginal mental health worker Martin Jugadai. He works across Haasts Bluff, Papunya, Mt Liebig and Kintore.

"When you lose culture you become a different person, a worse person," he says.

This sentiment is echoed by the senior men involved in the Men's Tjilirra Movement. They universally agree that the only way to interrupt cycles of disadvantage and violence is to reconnect to traditional culture, dreaming and story. They identify marijuana use as an increasing issue.

A young Luritja man from Mt Liebig says: "We want to get the Stolen Generation ('s knowledge) right back. I see lots of young fellas smoking dope, some young fellas will fight when they run out of dope. They think marijuana is good but they lose their culture with dope," he said.

Since its formal inception in March 2015, the Men's Tjilirra Movement has engaged 350 men across Ikuntji (Haasts Bluff), Watiyawanu (Mt Liebig), Walungurru (Kintore), Kiwirrkurra and Warumpi (Papunya) and Alice Springs.

"This program points out the strengths of culture as paths for people to strengthen and heal," says MTM program manager Jamie Tjupurulla Millier. He runs this unique mental health program for psychoanalytic organisation CASSE alongside Martin Jugadai and Aboriginal language interpreter Nathan Brown.

Millier overcame his own substance-abuse issues learning the art of traditional tool making from Ngangkari Elder B Whiskey. He can't pinpoint the moment of recovery, but four years of sitting at Whiskey's feet, hearing his story and dreaming and being heard led him out of a decade of drug use that started with the gateway drugs – cigarettes, alcohol and marijuana – and culminated with intravenous use of amphetamines and repeated trouble with the police.

Meanwhile, Jugadai was addressing his own battle with alcohol. He now drinks much less.



Drawing the line: Martin Jugadai and Bundi draw in the sand to explain the importance of culture, country and tradition, and living in two worlds.

**'Tjukurrpa witira kanyintjaku' – hold culture strong! Preparing for Pulapa, traditional ceremony and song, in Haasts Bluff(Ikuntji). Organised by MTM, it was the first community ceremony in 10 years.**



He attributes this to his journey in mental health education, better understanding and finding strength in culture.

"I was making boomerangs and spears, by myself, and sometimes with my brother," says Jugadai.

"Jamie was here (in Mt Liebig) then and was also making traditional tools."

Martin had the idea for the young and old men to get together and focus on mental health. Millier, Jugadai and mental health nurse David Beverage discussed the idea for a number of years then began discussions with CASSE, and Men's Tjilirra Movement (MTM) is the result.

During this time, Millier

continued to encourage youth to get more involved in traditional tool making.

"It takes the therapy room out into the bush," explains CASSE Director Pamela Nathan, a clinical and forensic psychologist and psychoanalytic psychotherapist whose work with Aboriginal communities spans 35 years.

CASSE provides a psychological framework and monitoring and evaluation to ensure the ongoing and sustainable success of the program, in collaboration with Remote Jobs Community Program (RJCP) supported by the Royal Flying Doctors Service.

Typical psychological therapy

involves telling your story, being acknowledged for the suffering, hurt and pain you have experienced and taking on a new perspective – a new way of thinking – for healing to come.

Nathan describes the Men's Tjilirra Movement as a safe place to talk in the presence of another sitting with the tjilpi (old men) where therapy happens.

Tjilirra has a significant role to play.

"Tjilirra have been confiscated under Western law as weapons," she explains. "Yet they are the traditional tools of ancient ceremony, Aboriginal Dreamtime and law. They are instruments of cultural identity, cultural

continuity and belonging."

Jugadai explains the confusing effect of lost identity. "Stay with culture you'll be right, but if you go too far down the whitefella side you'll lose yourself," he says.

He describes the doubt and confusion that can set in: "(People start asking) 'Where's my country? Where's my culture?'"

By reconnecting to culture, men are reclaiming their identity and pride.

Some men are calling for more camps, and time learning culture, practising law and ceremony; and others have identified the economic opportunity of selling tjilirra to secure work for the future.

"I've not seen anything remotely close to the openness that men show in (the MTM) space," says Brown, who works closely with Millier and Jugadai as an interpreter to help foster dialogue.

"Men openly challenge themselves and talk about issues that are really difficult to deal with," he says. "They focus on how to stop and reduce the behaviours that rob people of a better quality of life."

"Rates of substance abuse, domestic violence and suicide are far higher in Aboriginal communities. It's on a different planet than mainstream world and largely related to cultural dispossession, and not knowing who they are."

One particularly worrying statistic is the rate of Aboriginal incarceration, especially in the Northern Territory with Indigenous representation reported as high as 84%.

"Where men were the leaders, protectors and providers of the family, they are now being taken out of the picture," says Millier.

Cultural dispossession has torn down the cornerstones of Aboriginal mental wellbeing – identity, culture and belonging. However, the Men's Tjilirra Movement intends to play its part in making culture and men strong, creating a safe space for men to talk through what matters and support Aboriginal determination.

The pride in being Aboriginal is powerfully transformative. As one young Aboriginal man speaking for many said: "I felt happy and my spirit was great and strong."

For more information about the Men's Tjilirra Movement and CASSE Australia, visit [www.casse.org.au](http://www.casse.org.au)

*\*CASSE is an organisation of dedicated psychological professionals who work with people and communities at their most vulnerable. The primary goal is to support and think together about how to develop secure relations and psychological wellbeing for today and the future. CASSE says that by changing minds it is saving lives. It is this simple vision that guides its work every day. – [www.casse.org.au](http://www.casse.org.au)*



# Fred Hollows Foundation commissions NACCHO for National ACCHO Sector Report on Eye Health Service Delivery

IN December 2015, the Fred Hollows Foundation commissioned NACCHO to prepare a National ACCHO Sector Report on Eye Health Service Delivery for Aboriginal and Torres Strait Islander people.

Vision loss is 11% of the Indigenous health gap. There is 20 times the rate of blindness in the Aboriginal and Torres Strait Islander than in the non-Aboriginal and Torres Strait Islander population. About 35% of Aboriginal and Torres Strait Islander people have never had an eye exam and 39% are unable to see normal print. About 94% of this vision loss is preventable or treatable.

The report will be both a desktop and in-field study and will include case studies to illustrate the diverse service models and innovations in Eye Health Service Delivery.

In addition to collecting data on eye health provision in the sector, NACCHO has visited different locations around Australia in order to showcase the various different models of delivery of eye health to Aboriginal and Torres Strait Islander people.

There are a wide range of successful models targeting different geographical areas and eye problems around the country.

In Queensland, the Indigenous Diabetes Eyes and Screening (IDEAS) Van drives 5000km around the state every month



The Indigenous Diabetes Eyes and Screening (IDEAS) Van on the road in Queensland.

focusing on treating patients with diabetic retinopathy. Diabetic retinopathy can affect the eyes of diabetics and is caused by damage to the blood vessels of the light-sensitive tissue at the back of the eye (retina). At first it can show no symptoms, but eventually can cause blindness.

The IDEAS Van is a semi-trailer that contains a fully-equipped ophthalmology and optometry specialist treatment centre.

The van has provided retinal screening cameras to 35 different Aboriginal Medical Services around the state and health workers at these Services have been trained to take the images of patients' eyes with the camera. These are then sent to ophthalmologists in major centres

to determine if diabetic retinopathy is present beforehand.

When the IDEAS Van and the optometrists and ophthalmologists then visit that Service, they can treat the patients who they already know have diabetic retinopathy.

### Well designed

The Van visits some of the remotest places in Queensland every month and has been well designed to ensure that corrugations on dirt roads don't damage any of the sensitive equipment on board.

More than half of low vision amongst Aboriginal and Torres Strait Islander people is caused by refractive error. This can easily be corrected with spectacles, but they are not always available at an affordable price.

While all state governments provide a low- or no-cost spectacles service to low-income patients, the Victorian Aboriginal Spectacles Subsidy Scheme provides spectacles for as little as \$10 to all Aboriginal patients, regardless of whether they hold a pension card or health care card. The frames were selected with input from community Elders and the Victorian Aboriginal Health Service, and are available at most Aboriginal Community Controlled Health Services in Victoria and some private practitioners.

This has been successful since 2009, and there are now very few patients who haven't previously seen an optometrist when compared with when the service began.

Winnunga Nimmitjiah

Aboriginal Health Service, in Canberra, has implemented eye screening as a minimum for all patients with diabetes.

Winnunga's General Practitioner, Dr Nadeem Siddiqui, uses a slit lamp purchased with the assistance of ACT Health to examine patients' eyes. The slit lamp exam provides a magnified, three-dimensional view of the different parts of the eye. This enables the examining doctor to look at the cornea, lens, iris and vitreous humour.

The patient places his or her head against a frame and the chin in a rest while the examiner looks through a powerful microscope at each eye. This lamp is able to detect suspected cataracts, macular degeneration, diabetic retinopathy, glaucoma and refraction.

Dr Siddiqui can then refer the patient to an optometrist or ophthalmologist for early intervention and treatment.

Dr Siddiqui says that the model of shared care they have with Canberra Hospital works well, although he would like to see a higher priority given to eye surgery for Aboriginal patients.

The report will contain more details on these and other unique eye health delivery models in the Aboriginal Community Controlled Health Sector, including lessons learned from each of them and where gaps exist in the provision of eye care in the sector.

## Apunipima Council welcomes new Eye Health Coordinator

NOEL Rofe has a vision for all people to have the best eye health care in remote Cape York.

Mr Rofe is Apunipima Cape York Health Council's new Eye Health Coordinator and will coordinate the eye health program from Yarrabah to Mapoon.

With 13 years of experience in the health industry and more than a decade of that time specialising in eye health, Mr Rofe is passionate about eyes.

"You need to look after your eyes because you can't go and buy another pair from the shop," he said.

"People can look after their eyes and protect them by wearing sunglasses when they are outside."

Refractive error would be the most common issue with people's eyes, and are usually corrected by wearing glasses (myopia – near sightedness, and Hyperopia – far sightedness, are just two of many). Pterygiums, a slow growth that develops on the white part of the eye, and cataracts are the main

**"Good eye health is important and that's why we actively visit communities and ensure everyone is looking after their health as best they can because eye health is part of the wider picture when it comes to chronic disease."**

**– Eye Health Coordinator Noel Rofe**



problems that people present with in the community.

Most eye treatment can be conducted in the patient's community. Eye surgery can be done in Weipa where necessary so people do not need to leave the Cape.

Mr Rofe will be instrumental in

coordinating eye clinics and mentoring to drive home the message that prevention of eye health is the key for good eyesight.

He said about one in five people between the ages of 25 and 40 has some sort of eye health issue in Cape York.

Mr Rofe travels to 13 communities with an optometrist and ophthalmologist as part of a wider team to carry out eye health screenings.

"Eye health technology can allow us to intervene before such things like diabetes, cataracts and other associated eye problems cause blindness," he said.

"Instead of watching the world go by, someone's life can be changed through good eye care and healthy lifestyle habits.

"Good eye health is important and that's why we actively visit communities and ensure everyone is looking after their health as best they can because eye health is part of the wider picture when it comes to chronic disease."

Poorly controlled diabetes has the potential to cause vision loss and ultimately, blindness. Early detection, timely treatment and appropriate follow-up care of eye disease can protect against vision loss.





# Qld sets sights on ear health

**A**N initiative aimed at tackling ear disease in Aboriginal and Torres Strait Islander children in Queensland has been launched by the State Government.

The Deadly Kids, Deadly Futures – Queensland’s Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-26 targets the high rate of middle-ear disease in Indigenous children.

Health and Ambulance Services Minister Cameron Dick said middle-ear disease affected many Indigenous children.

“Australia has one of the highest recorded rates of middle-ear disease in the world for its First Nations peoples,” he said.

“If left untreated, the hearing loss associated with middle-ear disease impacts on health, educational outcomes and contributes to long-term social disadvantage.

### “Best opportunity”

“We want to make sure every child is afforded the best opportunity to listen, learn and reach their full potential.

“Through this initiative we aim to upskill doctors and nurses, provide training for teachers across Queensland and strengthen relationships with Aboriginal and Torres Strait Islanders health services and communities.”

Queensland Education Minister Kate Jones said that while considerable improvements had been made in Indigenous ear health, more work needed to be done to close the gap by 2030.



At the launch of the initiative, from left, ear, nose and throat surgeon Dr Kelvin Kong, Queensland Aboriginal and Islander Health Council chair Lizzie Adams, Deadly Ears Program director Matthew Brown, academic Professor Cindy Shannon, Queensland Health Minister Cameron Dick and Department of Education and Training assistant director-general Selwyn Button.

“The implementation of this framework is a vital step towards achieving the health, early childhood development and education Closing the Gap targets,” she said.

Deadly Ears program director Matthew Brown said that since launching the

statewide service, the team had conducted more than 12,200 assessments of children at clinics and provided ear-health training to more than 1000 local service providers across Queensland.

“We are delighted to continue this important work under the new framework.

“We’ve made good progress but more needs to be done,” he said. “Our key priorities include prioritising health promotion and prevention and implementing effective early intervention approaches to break the cycle of the disease as early and as soon as possible.”

# Culturally appropriate end-of-life care for Indigenous Australians

**P**ALLIATIVE care for Aboriginal and Torres Strait Islander people needs to be delivered with cultural awareness and respect, says Palliative Care Australia (PCA) CEO Liz Callaghan.

Ms Callaghan says quality palliative care for Aboriginal and Torres Strait Islander people occurred in some parts of the country, where services have worked with the community organisations to develop appropriate models of care, but there are many parts of Australia where this is not the case.

“Palliative care, like the rest of the health system, is not one-size-fits-all. It should recognise the individual and that includes acknowledging the needs of an Aboriginal person or a Torres Strait Islander person,” she said.

“For many Aboriginal or Torres Strait Islander people, returning to country to die is important, as is telling the story of their life.”

Ms Callaghan says the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 was significant.

“This plan takes forward the vision for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 but the focus for palliative care is limited to older Aboriginal and Torres Strait



Aboriginal and Torres Strait Islander people should have access to culturally appropriate care at the end of life. Image: Regien Paassen/Shutterstock.com

Islander people, their families and carers. There are no key performance indicators for palliative care,” she said.

“While some aspects of palliative care are recognised in the Health Plan, we would like to see measurable goals put in

place to drive change where it is needed.”

According to Ms Callaghan, the latest Close the Gap report

shows improving health outcomes for Aboriginal and Torres Strait Islander people, but there is still some way to go.

“This is reflected in palliative care,” she said.

“While the report does not examine palliative care, we know anecdotally that culturally appropriate care is not done well everywhere in Australia. Some parts of the county offer exceptional levels of care, but we need to see that good work spread.

“Culturally inappropriate care at the end of life can cause unnecessary suffering and distress for Aboriginal and Torres Strait Islanders, their families and communities.”

Ms Callaghan says it is important that non-Indigenous health-care workers develop culturally safe practices through education, ongoing training and appropriate engagement with local Aboriginal and Torres Strait Islander communities.

“Many Aboriginal and Torres Strait Islander people have one or multiple chronic illnesses, particularly as they age.

“These people should have access to culturally appropriate care at the end of life that will help them to manage the symptoms of their illness so they can continue to live their lives well,” Ms Callaghan said.



# CERVICAL CANCER

**You can prevent cervical cancer.**

Cervical cancer screening, also known as a Pap smear test, can pick up early warning signs which can be treated before cervical cancer develops.

**1 Who should have a Pap smear test?**

If you are over 18 and have ever had sex you should have regular Pap smear tests every 2 years.

**2 Who should have a Human Papillomavirus vaccine? (HPV)**

A HPV vaccine which can help prevent cervical cancer is available through the school vaccination program for girls and boys aged 12-13.

## KNOW YOUR BODY.

It is important to know your own body. Have you noticed:

- unusual bleeding
- unusual discharge
- pain

If you have, then don't feel shame; see a doctor or Aboriginal and Torres Strait Islander Health Worker as soon as possible.



# Yarning scheme for better cancer outcomes in Indigenous Women

**O**N Close the Gap Day, Cancer Australia released a Community Education Resource to support the delivery of Women's Business workshops to improve gynaecological and breast cancer outcomes for Indigenous women.

While Australians experience some of the best cancer survival rates in the world, Indigenous Australians continue to experience significantly poorer outcomes.

Breast cancer is the most common cancer and the second leading cause of death in Aboriginal and Torres Strait Islander women. Indigenous women are also almost 70% more likely to be diagnosed with gynaecological cancers than non-Indigenous Women.

Cancer Australia CEO Professor Helen Zorbas explained: "Indigenous women are less likely to participate in screening programs and are more likely to be diagnosed with cancer that has progressed to an advanced stage compared with non-Indigenous Australians."

"It is important that we work with the Indigenous community to address this disparity in outcomes through improved knowledge and raised awareness of cancer."

"It is our hope that by taking this knowledge directly to Indigenous communities we can improve cancer outcomes for Indigenous Australians."

The Women's Business workshops use yarning – face-to-face storytelling – to increase understanding of the risk factors and symptoms of breast and gynaecological cancers and promote the importance of breast screening, cervical screening and HPV vaccinations.

The workshops also aim to break down barriers and misconceptions like shame and

## Workshops to be held nationwide

guilt about breast and gynaecological cancers, encouraging women to actively take part in the prevention and detection of cancer.

Participants will leave the workshop with the positive message that they can make lifestyle changes to reduce their cancer risk; no one knows their body like they do; they can find cancer early and survive; and it's important that they share what they have learnt with their family and friends.

Up to 30 Women's Business workshops will be delivered across all states and territories in Australia in partnership with a peak community controlled health organisation the Aboriginal Health Council South Australia.

Health professionals who wish to run their own workshops can order printed copies or download the Women's Business Community Education Resource from Cancer Australia's website.

The resource includes presenter resources to organise and facilitate the workshop and health education materials for attendees. Visit: [www.canceraustralia.gov.au/affected-cancer/ATSI](http://www.canceraustralia.gov.au/affected-cancer/ATSI).

## THE INDIGENOUS WOMEN'S HEALTH YARNING PLACE ON THE AUSTRALIAN INDIGENOUS HEALTHINFONET IS NOW LIVE!



The Women's Health Yarning Place has been developed by Edith Cowan University's Australian Indigenous HealthInfoNet in partnership with the Monash Centre for Health Research and Innovation (MCHRI), Monash University supported by funding from the Potter Foundation. The free on line yarning place will facilitate closer connection for those working across the country in Aboriginal and Torres Strait Islander women's health in a variety of settings including health promotion, clinical care, health research and policy. It provides a space to share stories, successes and learnings.

We currently have 42 members and are aiming for 100 by this June. We would love this to be a great national network that enables lots of sharing and talking so please join up, forward to your friends, 'like' the Women's Health yarning place and start sharing your stories at <http://yarning.org.au>

### PCOS APP

Are you over 18 years of age with a confirmed diagnosis of Polycystic Ovary Syndrome (PCOS)? Are you interested in technology and how it can be used to help women with PCOS manage their health? If so, we need your help!

The Monash Centre for Health Research and Implementation is developing a mobile phone application for women with PCOS. In order to create the best app we possibly we can, we need your opinions and feedback. We have created a short, 10 minute survey on technology and healthcare apps, and will use this information to design an app that best suits the needs of women with PCOS. All survey responses are anonymous, and everyone who finishes the survey will have the opportunity to go into the draw to win a \$100 Coles Myer Gift card!



For more information and to fill out the survey, use the link below [www.surveymethods.com/EndUser.aspx?BF9BF7EFBCF8E9EEBF](http://www.surveymethods.com/EndUser.aspx?BF9BF7EFBCF8E9EEBF)

### How can I get to know the normal look and feel of my breasts?

You don't need to be an expert or know a special way to check your breasts. You can do this as part of everyday activities such as dressing, looking in the mirror, or showering.

All women should do this regularly; daughters, mothers, aunts and grandmothers.

### What changes should I look out for?

There are a number of changes you should look out for:

- A new lump or lumpiness
- A change in the size or shape of your breast
- A change in the nipple
- Discharge from the nipple
- Any unusual pain
- A change in the skin of your breast

### What should I do if I find a change?

Most breast changes are NOT due to cancer. If you find a change in your breast that is new or usual for you, visit your local health centre without delay.

### Where do I go to have a breast screen?

BreastScreen Australia provides free breast screening for women 50-74 years and has services in all states and territories. To find out more call 13 20 50.

**FIND IT EARLY AND SURVIVE.**



[canceraustralia.gov.au](http://canceraustralia.gov.au)  
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LABB 01/16



# NACCHO Ochre Day in Perth this September

NACCHO is pleased to announce this year's annual NACCHO Ochre Day will be held in Perth during September.

This year the activities will be run by the National Aboriginal Community Controlled Health Organisation (NACCHO) in partnership with both the Aboriginal Health Council of Western Australia (AHCWA) and Derbarl Yerrigan Health Service Inc.

Beginning in 2013, Ochre Day is an important NACCHO Aboriginal male health initiative.

As Aboriginal males have arguably the worst health outcomes of any population group in Australia, NACCHO has long recognised the importance of addressing Aboriginal male health as part of Close the Gap by 2030.

NACCHO welcomed over 180 delegates to all of the activities held in Adelaide as part of last year's Ochre Day. This included, for the first time, the registration and 'Ochre Day hoodies' presentation night, and the traditional NACCHO Ochre Day male-only breakfast, held last year at Adelaide Oval, which was followed by a short walk to the South Australian Indigenous War Memorial to allow for all delegates to pay their respects.

This was then followed by a walk under police escort through the main street of Adelaide (King William St) to Victoria Square – known as Tarndanyangga to the Kurna people – where speeches, presentations and lunch were held.

With the drug 'ice' being the focus of the male-only workshop held on day two, the discussions included how health workers have been trying to work with their communities in attempting to come up with what is the best approach in dealing with this issue. Delegates were also willing to share their personal stories on how 'ice' was becoming an issue within their own families.

There was a change to the program last year, with the NACCHO Ochre Day Jaydon Adams Memorial Oration Dinner held on the final night at the Port Power Football Club in Alberton (Adelaide).

Everyone was warmly Welcomed to Country by Uncle Lewis O'Brien.

There were two speakers. Delivering last year's Jaydon Adams Memorial Oration was Aaron Ken, who spoke about his life journey. Following his speech, Aaron was presented with a plaque by Mark and Lizzy Adams, the proud parents of Jaydon.

The speaker before Aaron was AFL legend Gavin Wanganeen, who talked for almost an hour about his spectacular football career as well as responding to questions from the audience.

Throughout the two days, delegates had the opportunity to also listen to some impressive speakers including Troy Combo (Bulgarr Ngaru Medical Aboriginal Corporation, Casino Clinic), Mark

## Acknowledgment of Country

THE opening of last year's NACCHO Ochre Day in Adelaide included a Welcome to Country by Taikurtinna Palti who also delivered a smoking ceremony and Ochre Day dedication ceremony at the conclusion of day one. NACCHO would like to again respectfully acknowledge that NACCHO Ochre Day 2015 was held on the lands of the Kurna Peoples of the Adelaide Plains. NACCHO also pays our respects to your Elders past, present and future and upholds your culture while on your beautiful Country.

and Lizzy Adams (Jaydon Adams Memorial Foundation), Matthew Cooke (NACCHO Chairperson), Frank Campbell and Patrick Johnson (AMSANT), John Singer (AHCSA Chair), our NACCHO Ochre Day Patron Uncle Philip Matsumoto (Broome, Western Australia), Uncle Tauto Sansbury (National NAIDOC Lifetime Achievement Award 2015), Damian Rigney (Aboriginal Health Worker/Nurse), Dwayne Bannon-Harrison (Ngaran Ngaran Culture Awareness) and Emrhan Sultan (Oxfam).

**Aboriginal Male Health Report Card:** This year NACCHO is looking forward to launching the first ever Aboriginal Male Health Report Card.

It is anticipated that this important document will give anyone who is working in the area of Aboriginal male health more than a snapshot of what is actually happening.

As with previous years, information regarding speakers, venues and associated activities will be posted on the NACCHO website, along with information on how to register for this event.

Finally, to all NACCHO Ochre Day Delegates from prior years, we thank you for your past and continuing support of NACCHO's initiatives to Close the Gap in Male Health.

See you at Ochre Day in Perth this September.



Ochre Day 2015 participants at the Adelaide Oval.



Narungga Elder Tauto Sansbury and NSW Aboriginal Health Worker Troy Combo during last year's panel discussion.

**NACCHO OCHRE DAY**

An important Aboriginal Male Health Initiative

For further information please contact Mark Saunders on 0409 959 191

**15th and 16th September 2016 Perth WA**



# Stroke Foundation call for more stroke awareness

**T**HE Stroke Foundation is calling for increased stroke awareness initiatives in Aboriginal and Torres Strait Islander communities.

Stroke Foundation CEO Sharon McGowan said better education about the risks and signs of stroke was crucial to help close the unacceptable health gap which threatens the lives of thousands of people each year.

"We know that Aboriginal and Torres Strait Islander people are up to three times more likely to have a stroke than non-Indigenous Australians," she said.

"The good news is most strokes are preventable and treatable. However, communities need to be empowered to protect themselves from this insidious disease.

"Stroke is a serious medical emergency which requires urgent medical attention. However, too many Aboriginal and Torres Strait Islander people are unable to recognise the signs of stroke.

"We believe everyone deserves the chance to lead a healthy life. More must be done to educate people about stroke prevention and awareness in the community.

"We are calling on the Federal Government to fund a national

How do you know if someone's having a **stroke**? Think...

## F.A.S.T.

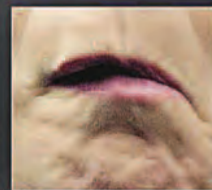
Think F.A.S.T. Act FAST! CALL 000



**FACE**  
Check their FACE.  
Has their mouth  
drooped?



**ARMS**  
Can they lift both  
ARMS?



**SPEECH**  
Is their SPEECH  
slurred? Do they  
understand you?



**TIME**  
TIME is critical.  
If you see any of these  
signs, call 000 now!

[www.strokefoundation.com.au](http://www.strokefoundation.com.au)



campaign to increase awareness of the signs of stroke and how people should respond."

The Stroke Foundation has a simple acronym to help people remember the signs of stroke:

**Face** – has their mouth drooped?

**Arms** – can they raise both of their arms above their head?

**Speech** – is their speech slurred? Can they understand what you're saying?

**Time** – Call triple zero (000) immediately. Do not delay.

Ms McGowan said it was vital that more Aboriginal and Torres Strait Islander people were able to recognise these signs in themselves and their family members.

### "Sudden interruption"

"Stroke is a sudden interruption of blood flow to the brain. Without the blood to deliver oxygen, the stroke-affected parts of the brain start to die. This can lead of death or significant disability for those who survive a large stroke," she

said. "Unfortunately, awareness of the signs of stroke in Indigenous communities is low. It is vital that people can recognise the signs of stroke and know to call triple zero immediately.

"With stroke every minute counts – the sooner you get treatment when you're having a stroke, the better the chances of a good recovery.

"It is unacceptable that stroke continues to claim the lives of twice as many Aboriginal and Torres Strait Islander Australians

than non-Indigenous Australians.

"A campaign to increase awareness is the first step in closing the stroke gap which is claiming the lives of too many Indigenous people.

"Equal access to healthcare is a basic human right. It is time our Aboriginal and Torres Strait Islander communities get the care and support they need and deserve."

More information about the signs of stroke is available at [www.strokefoundation.com.au](http://www.strokefoundation.com.au)

# Election 2016 – it's time to encourage all political parties to focus on Aboriginal health

## ● From page 1

The Australian Institute of Health and Welfare's Healthy Futures Report Card (2015) also highlights ACCHOs' continued improvement in other areas that measure good practice in primary health care.

Those improvements include increasing the proportion of regular patients who are recorded as having an MBS health assessment; patients with existing conditions who are immunised against influenza; and, patients with Type 2 Diabetes receiving MBS General Practice Management Plans and MBS Team Care Arrangements.

"The fact is, Aboriginal people prefer health care that is holistic and provided in a culturally sensitive environment and that's why our service delivery model works," Mr Cooke said.

"Too many Aboriginal people have experienced racism and judgement in the mainstream health system, along with a very clinical approach to health care that doesn't recognise connections to community and country.

"The holistic approach to health that

operates in the Aboriginal Community Controlled sector takes a broader look, considers the range of complex issues affecting health and includes educating patients and preventative measures.

"And it works."

Mr Cooke said he'd like all parties to commit to a roadmap to extend the reach of Aboriginal health services to ensure more Aboriginal people in more areas can access Aboriginal Community Controlled health

**"The holistic approach to health that operates in the Aboriginal Community Controlled sector takes a broader look, considers the range of complex issues affecting health and includes educating patients and preventative measures. And it works." – NACCHO Chairperson Matthew Cooke**

care. "Our services are struggling to meet the demand," Mr Cooke said.

"We know many Aboriginal people are driving many kilometers, often past several mainstream service providers, to access the culturally safe care offered by our services.

"Many miss out altogether as they don't have access to a service where they live.

"Expanding the Aboriginal community

controlled network would help improve the health outcomes for Aboriginal people.

"It would mean refocusing the health system a bit – and a better allocation of the funding pie, ensuring long-term funding certainty, fairer tendering processes and faster decision making by government departments."

"I believe there'd be real rewards in terms of better health outcomes for Aboriginal people for that effort."

Mr Cooke said that approach is confirmed by the Productivity Commission Report released at the end of last year on the National Indigenous Reform Agreement Performance Assessment 2013-14.

"That Report showed mainstream services have not proved they can deliver better outcomes than our sector," he said.

Mr Cooke said Aboriginal people would

also be looking closely at commitments around the Government's controversial Indigenous Advancement Strategy, which saw the transfer of important Aboriginal health programs to the Department of Prime Minister and Cabinet. (See story Page 4: *Indigenous Advancement Strategy report: Abbott-era indigenous cuts went too far – Senate inquiry*)

That strategy's tendering process drew heavy criticism from respondents to a recent Senate Inquiry.

"The Aboriginal controlled health sector is not afraid of contestability, in fact it welcomes it," Mr Cooke said. "Yet that was a patently unfair process that didn't consider results on the ground."

Mr Cooke said that, overall, he was optimistic about the possible outcomes an election could bring.

"There is a real opportunity in an election campaign to hear the commitments of future governments to Aboriginal people," he said.

"We are hopeful all parties will make Aboriginal health a priority and work with us toward reducing the persistent health gaps between Aboriginal and non-Aboriginal people."



# Word of mouth spreads value of Aboriginal dental service

A 53% increase in client numbers in just five years indicates the success and community acceptance of Canberra's Winnunga Nimmitjiah Aboriginal Health Services dental clinic – but according to Winnunga's CEO Julie Tongs, it tells only part of the story.

"It doesn't tell you that without this service most of our clients wouldn't access dental care – or at the very least would have to wait an inordinately long time for treatment," she said.

"The level of need was, and still is, desperate. In ever-increasing numbers our patients arrive in intense pain, not able to eat a variety of foods and unable to speak comfortably".

Despite the fact that the service is limited in what it can offer, in all areas numbers have increased.

In 2014-15, statistics showed that many patients (27%) visited for a prophylaxis (cleaning) check-up.

However, the next highest demand for a single procedure was the 26% who needed a have a tooth – or teeth – filled.

Ten per cent needed dentures, 14% a dental X-ray and 14% needed to have a tooth extracted.

Five years ago – in 2010-11 – the clinic had 587 clients. Today it's 844, and increasing.

Ms Tongs said more and more people were accessing the clinic's programs because of:

- Low income
- A referral as a result of a Health Check or Care Plan
- Anxiety or fear of public health dental service providers, and
- Extremely limited access to public health dental service providers.

The current dental health clinic includes two young Aboriginal women who are both enjoying the challenge of working within a community controlled health service, with both studying part-time to improve their qualifications.

They are 24-year-old Taeya Olsen and 28-year-old mother-of-two Kylee Shea.

Taeya, a Wiradjuri woman born in Canberra and brought up for some time in Bateman's Bay but mostly in Canberra, quietly mentioned that she was the first person in her family to complete a Year 12 certificate, in her case in Canberra. Before joining Winnunga in 2014, Taeya said she had worked in a variety of capacities at Canberra Hospital.

"At various times I was a ward clerk and PA to a paediatric doctor while also having worked in the gynaecological and antenatal wards," she said.

Since arriving at Winnunga two years ago, she has been praised by management for continuing to study part-time at Canberra Institute of Technology, recently having gained her Certificate 3 Dental qualification.

"I am thinking of enrolling for the final, Certificate 4 Dental Assistant program," Taeya said,

"It's a year-long course and I know that if I enrol I can handle the workload."

Taeya is even thinking longer term and the challenge of studying to be a dental hygienist.

"Working in an Aboriginal, community controlled environment has been really rewarding," she said.

"Everyone has been wonderfully supportive and from day one Winnunga



Winnunga Nimmitjiah Aboriginal Health Services dental staff Kylee Shea, Padma Yarlagadda, Lynne Davis and Taeya Olsen.

has encouraged me to continue my studies. Without that help I probably wouldn't have got as far as I have."

The same sentiment was echoed by Kylee Shea, who has been with Winnunga for 12 months.

Kylee has now begun her year-long Certificate 3 course.

A Ngunnawal person, her grandmother is Agnes Shea, one of Canberra's most

respected Elders. "I have a son and a daughter," Kylee said.

Kylee said she had her first child while at high school and was assisted by a special help program for young mothers – help that enabled her to complete her Year 12 Certificate and work at various times both fulltime and part-time in a variety of jobs before joining Winnunga's dental health team.

Team manager is UK-born Lynne Davis, 57, who has worked at Winnunga for four years and can testify to the word of mouth community endorsement of Winnunga having its own dental clinic.

"We hear it all the time – 'we didn't know Winnunga had its own dental clinic' –

but at a much lower rate than when I joined four years ago," she said.

"That's reflected in the year-by-year increase in patient numbers.

"Clearly, patients welcome and appreciate the benefits of what they think of as their own dental service.

"They genuinely and sincerely welcome the fact that such a clinic exists."

Longest serving of all staff is part-time

upon the type of treatment required).

"But what is beyond doubt is the fact that we need a second dental chair to help alleviate the ever-growing waiting list.

"Between us, myself and our other part-time dentist, Aradhna Rastorgi, who is also from India, we represent one fulltime position.

"Winnunga has been trying for some time for one-off funding to redesign the dental clinic area to accommodate the second chair – so far without result.

"In the meantime, we prioritise treatment options to reflect need. The level of need is incredible and you quickly appreciate just

how much appreciated the clinic is."

In response, CEO Julie Tongs emphasised that what funding Winnunga was receiving was down to the ACT Government.

"This funding means the difference between having a service or no service at all," she said, adding that it was deeply appreciated.

"But we have still asked the Government for extra funding to remodel the clinic so that we are able to accommodate a second chair.

"Although we have not been successful to date, we will go on trying.

"We know that our community would expect nothing less."

**"Working in an Aboriginal, community controlled environment has been really rewarding. Everyone has been wonderfully supportive and from day one Winnunga has encouraged me to continue my studies. Without that help I probably wouldn't have got as far as I have."**



# New training film to promote MBS Item 715 Indigenous health checks

Dr Danielle Arabena\* writes...

**E**ACH year, the Indigenous Health Training Team from General Practice Training Qld (GPTQ) visits Indigenous registrars, Aboriginal and Torres Strait Islander medical services and key stakeholders.

Last year during these visits I was very disappointed to learn that not all GP practices offered MBS Item 715 Indigenous health checks, despite them identifying patients as being of Aboriginal or Torres Strait Islander descent.

After reviewing the curriculum for General Practice nationwide, I found there was a gap – with the importance of 715s not being formally taught as part of GP training.

With this in mind, I investigated ways GPTQ could look at closing this gap whilst improving both GP registrars' and supervisors' training, and the health outcomes for Aboriginal and Torres Strait Islander people by working with the local community, Elders and Key Indigenous stakeholders (hence addressing the engagement gap).

As part of our visits to Aboriginal and Torres Strait Islander Medical Services in the GPTQ coverage area, we were able to make a fun and educational film project with Yulu Burri Ba Aboriginal Corporation for Community Health on Stradbroke Island.

We had the opportunity to involve local Aboriginal adults and children who starred in the project and we obtained a great deal of community support.

The project was created for two reasons.

Firstly, to showcase the great sense of community that comes with working in an



AMS to GPTQ registrars in the hope they may not only consider committing part of their GP training time to an AMS, but most importantly that all GP Registrars will be inspired to look further into providing Indigenous health services at a higher level than they currently may be doing.

The aim is to create a workforce dedicated to closing the gap and further develop a system that supports good patient outcomes throughout the patient's journey.

Secondly, our mission was to promote Close the Gap and present Indigenous health in a refreshing light to the wider

Australian community and those working in the health industry.

The video was launched on March 17.

The film begins by asking doctors how they want to feel?

It then follows a doctor as he transitions from a non-engaging work environment to working in the vibrant and engaging world of Indigenous health.

He is taught traditional dance and interacts positively with staff and clientele. The entire film was designed to be fun and enjoyable for all who watch it.

Through partnering with local Indigenous communities, the IHT Team are always

looking at building new processes, training events and cultural immersion opportunities where staff, medical health professionals and, more broadly, GPTQ's stakeholders are able to learn more about Aboriginal and Torres Strait Islander culture and what challenges/barriers Aboriginal and Torres Strait Islander people face when accessing health care.

Here are two initiatives currently under development:

- An Indigenous Health Training weekend, where about 50 GP Registrars and five medical educators (those not currently working in Indigenous health) will visit Indigenous communities within Queensland to engage with the Elders of the community who will share their knowledge around health/healing. The local AMSes will be highlighted for their expert knowledge on Indigenous health and will co-present a session on 715 education in conjunction with GPTQ Medical Educators. As well, GPTQ will support the local Indigenous community through holding a market stall for artists to sell artwork and where feasible use Indigenous businesses to support the weekend (ie catering, transport, functions).

- We are creating strategies to tackle perceived barriers to patients' access to the 715 health assessments at a GP practice level. One strategy involves the engagement of the local PHN to come and present a cultural education workshop to all the practice managers and staff at our annual conference so all practices in GPTQs territory are able to be signed up to close the gap.

\* Dr Danielle Arabena is a GP and Indigenous health educator with GPTQ

## Strategy is working at WAMS

**W**ALGETT Aboriginal Medical Service (WAMS) has been providing health services to the local community since 1986.

WAMS is also one of the largest employers of Aboriginal people in the north-west of NSW.

The organisation has always been proactive in recruiting Aboriginal people, and over 50% of employees at WAMS are Aboriginal.

A recent innovation, the implementation of a Recruitment and Retention Strategy in collaboration with the (NSW) Aboriginal Health and Medical Research Council (AH&MRC) has been successful in recruiting Aboriginal people into a range of traineeships at WAMS.

The Strategy, supported by funding from the Department of Prime Minister and Cabinet, provides a range of support to Aboriginal people who have no health qualifications to apply for a job and if employed undertake training in a health qualification.

Two recent success stories are Eileen Byers and Glenn Sands, who were recruited in December 2015 as trainee Aboriginal Health Workers and are undertaking Certificate III in Aboriginal and Torres Strait



Glenn Sands and Eileen Byers outside the WAMS Chronic Disease building.

Islander Primary Health Care.

**Eileen Byers** is from Casino, northern NSW, and has taken the courageous step to move to

Walgett to work at WAMS.

She has left her family and friends to take up this opportunity to study and develop

a career for herself in Aboriginal Health.

Eileen is already a role model for many people, having being

accepted into the Indigenous Marathon Project last year and completing the New York Marathon.

She says that leaving her family has been the biggest challenge for her so far in taking up the position at WAMS.

"I want to have a career in health and it was important for me and my family that I do this," she said.

"Everyone at Walgett has been fantastic and I love working at WAMS."

**Glenn Sands** was born and raised in Walgett and is a proud Yuwaalaraay/Gamilaraay man.

After a variety of jobs, including working as a self-employed sole trader and a member of the NSW Fire & Rescue, he made the decision to apply for a traineeship at WAMS.

He chose to become an Aboriginal Health Worker at WAMS because "I wanted to help my community".

One of the things he likes about working at WAMS is the training he's receiving, with the opportunity to improve his career path and reach the peak of his career.

His advice to others in a similar position as himself is: "...be proud in what you do."



# Health career is in Lisa's future

MY name is Lisa Barnes and I was born in Griffith, NSW, and lived in Leeton NSW for six months before my family moved to Canberra to follow my sister's scholarship for gymnastics.

I'm a proud Wiradjuri woman and love getting involved in anything to do with my mob. My family are from Leeton, Cowra and Wagga Wagga but my ancestors originated from Euabalong, NSW.

I love the country and try to spend as much time as I can visiting family, swimming in rivers, yabbing and camping as they are my favourite things to do. Being an adventurous person, I would much rather be outdoors than inside.

I always have had a passion to work and I get this from parents whose hard-working skills and work ethic has brought me

to where I am today.

I started working when I was 15 at McDonald's and ever since then I haven't been out of work – even if this means helping out at the family business.

I left school in Year 11 (2014) as I received an Indigenous traineeship in the Australian Public



NACCHO receptionist Lisa Barnes

Service. I was working as a ministerial correspondence administration officer for the Australian Border Force.

After my traineeship year ended I knew I wanted to work in an

administration role.

I now am the receptionist and administrative assistant for NACCHO.

My long-term goal is to eventually be an Aboriginal health care worker and I feel privileged to have NACCHO as my starting point as I'm only 18 and have my whole career ahead of me.

# Jodie a quality worker

MY name is Jodie Fisher and I was born in Mona Vale, NSW. My family moved to Canberra in the late 1960s.

Growing up in Canberra gave me a love of the surrounding region's mountains and rivers, and the ocean and beaches of the South Coast. I still have a great passion for the bush and beach, and spend as much time as I can walking, fishing, swimming and camping.

I didn't enjoy school all that much and left Year 11 in 1981 to start nursing. I was an Enrolled Nurse for about seven years, the last couple of years as a Community Nurse.

In 1990, I started at the University of Canberra and graduated with a Bachelor of Applied Science in Health Education, and went on to complete a Graduate Diploma in Adult Education, graduating in 1996.

My son was born in 1991, and I was inspired to complete my studies.

As a single mum, times weren't always easy for us, but he has grown into a strong and independent man and makes me proud every day.

I started working in the mental health area after uni, moving to Outer Western Sydney for a few years to work in community development and health promotion areas focusing on alcohol and other drugs.

Returning to Canberra in 2000, I worked with the ACT Division of General Practice, developing GP continuing education programs. During this time, I was also involved in developing and rolling out the Opiate Program, providing GPs with support managing opiate addiction



NACCHO National QUMAX Coordinator Jodie Fisher

and treatment in general practice.

I supported the process for Winnunga Nimmityjah Aboriginal Health Service to implement the Opiate Program for clients of their service.

In 2003, I started working as a Health Promotion Officer with Winnunga. In this role, I worked with the local Aboriginal and Torres Strait Islander community to develop health promotion programs such as healthy eating, physical activity, diabetes education and a range of social and emotional wellbeing activities.

In 2005, I became Manager of the Muuji Regional Centre for Social and Emotional Wellbeing, working closely with Winnunga, Katungul Aboriginal Community and Medical Service (South Coast) and Riverina Aboriginal Medical and Dental Corporation (Wagga Wagga). I continued my studies through the University of Western Sydney, graduating in 2006 with a Master of Applied Science in Social Ecology.

Following my time with Winnunga, I took up a position with General Practice Education and Training (GPET) working on the Aboriginal and Torres Strait Islander health training component for GP registrars.

In 2015 it was off to Mental Health Australia to work on a project called the National Mental Health Consumer Organisation Establishment Project. The first stage of this project was completed, however following the Department's review of Mental Health Services, funding was not available to complete the final stage; the opening of a new mental health organisation.

After a very short stint (six months) with the Department of Health, I now have the honour of working for NACCHO as National Quality Use of Medicines (QUMAX) Programme Coordinator.

I started in mid-February and looking forward to working closely with NACCHO member services participating in the QUMAX Program, to continue the good work to improve health outcomes of Aboriginal and Torres Strait Islander peoples by improving access and quality use of medications.

## EXPRESSION OF INTEREST SENIOR POLICY OFFICER / POLICY OFFICER (Full Time positions based in Canberra)

NACCHO is the peak body representing the interests of over 150 Aboriginal Community Controlled Health Organisations (ACCHOs) that deliver comprehensive primary health care to Aboriginal and Torres Strait Islander people, families and communities in urban, regional and remote locations across Australia.

At a policy level NACCHO takes the lead in reforming Aboriginal and Torres Strait Islander health policy and its delivery system through:

- review of government health policies that impact on the Close the Gap targets and, more broadly on the health and wellbeing of Aboriginal and Torres Strait Islander peoples; and
- develop and support adaptive responses to identified strategic priorities, including addressing: innovative models of service delivery, nationally consistent workforce strategy for ACCHOs, detailed costed service development proposals to enhance comprehensive and integrated primary health care/aged care/mental health services.

We are seeking a Senior Policy Officer and Policy Officer(s) who want to make a difference in improving the health status of Aboriginal and Torres Strait Islander Australian's by contributing to the development of the ACCHO sector. You will be a team player who likes working in a fast paced, high profile national organisation.



### Your Key Duties will include but are not limited to:

- Providing NACCHO with robust analyses in designated areas of national policies, strategies, programs and research;
- Building and maintain effective networks with a range of stakeholder groups; and in Canberra and around the country
- Ensure that analysis advice and recommendations are evidence informed and comply with identified best practice.

### You will have:

- Demonstrated skills in policy and program development and evaluation and analysis;
- Demonstrated ability to ensure that research outcomes are translated into practice
- Strong analytical skills and capability to summarise key issues and develop innovative and creative solutions.
- Demonstrated ability to effectively communicate and engage with Aboriginal & Torres Strait Islander people
- Highly developed writing skills
- Demonstrated knowledge of and/or experience in direct service delivery and or policy/program design in one or more of the following areas, mental health, substance use, child and maternal health, population health and health financing.

A competitive salary package will be negotiated in line with experience and access to salary sacrifice

Applications are to be forwarded to the Human Resources Manager via email [hr@naccho.org.au](mailto:hr@naccho.org.au)



# Southern Dingoes take this year's NACCHO Deadly Choices Interstate Challenge title

**T**HE Southern Dingoes have taken the title of National Indigenous Rugby League champions following their 26-12 defeat of the Redfern All Blacks at the NACCHO Deadly Choices Murri vs Koori Interstate Challenge played on February 12 in Brisbane.

The Challenge saw more than 3000 fans pack the sidelines at Easts Carina Leagues Club to cheer on the Dingoes and the All Blacks, respective winners of the 2015 Arthur Beetson Murri Rugby League Carnival and the Koori Knockout Championship.

The game was broadcast on NITV and formed part of the NRL Indigenous All Stars Festival of Rugby League, which culminated in the NRL All Stars game the following night.

The Interstate Challenge was opened by Western GuGu songman Troy Brady with his song *Black DNA*, and the Indigenous All Stars were presented with their jerseys prior to their Saturday night match by rugby league greats Steve Renouf and Uncle Lionel Morgan, the first Aboriginal man to play rugby league for Australia. Australian Coach



Southern Dingoes (white shorts) and the Redfern All Blacks battle it out for the 2016 NACCHO Deadly Choices Interstate Challenge title.

Mal Meninga completed the coin toss for the clash.

The 2016 Challenge was held

in conjunction with organisations including the Institute for Urban Indigenous Health, the NRL, and

the Arthur Beetson Foundation, which was set up to continue 'Big Artie's' push to bring people

together and help people's lives.

Arthur Beetson's son, Bradley, said he was proud of his father's connection to the event.

"I'm proud to extend Dad's name and Dad's influence (to the carnival), as a proud Queenslander, and a proud Murri," he said.

"It's the best of the best of Koori and Murri and it's a great connection to us as a people."

In keeping with the Deadly Choices Campaign, the Interstate Challenge was a smoke-, alcohol- and sugar-free family-friendly event.

The Institute for Urban Indigenous Health Deadly Choices team and Aboriginal Health Services from across Queensland and NSW were at the ground delivering a range of health promotion and screening activities for fans.

Institute for Urban Indigenous Health CEO Adrian Carson said the Challenge plays an important role in engaging communities to take control of their health.

"Unless our communities are encouraged and supported to stop smoking, to eat healthier food and exercise more, we will not close the gap in Indigenous health," he said.

## Stay connected, engaged and informed with NACCHO



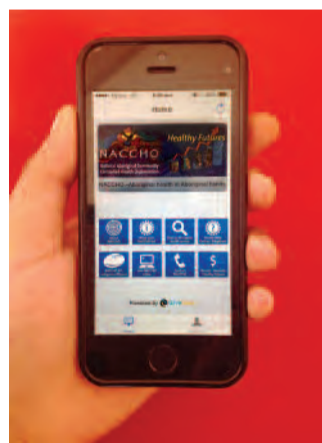
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The **NACCHO APP** contains a geo locator, which will help you find the nearest Aboriginal Community Controlled Health Organisation in your area and also provides health information online on a wide range of topics should you need urgent help.

You can type **NACCHO** into both stores iPhone/iPad or Android and they come up!

10th Anniversary of Close the Gap Video and Photographic Exhibition Touring Australia 2016



Check out our website for further details  
<http://www.naccho.org.au/healthyfuturesexhibition>

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## Aboriginal health in Aboriginal hands - for a healthy future