Healthy Futures for our Aboriginal Community Controlled Health Services, 2016 Report Card will say

“The release of the Healthy Futures Report Card 2016 at the NACCHO 2016 Members Conference in December will be a major step forward in showing the improved performance across all the Aboriginal Community Controlled member organisations, according to NACCHO Chair Matthew Cooke.”

Published by the Australian Institute of Health and Welfare (AIHW) and to be launched by the Assistant Health Minister Ken Wyatt, the report will consolidate and showcase information about levels of activities, performance and outcomes achieved by NACCHO members and direct members’ future efforts and planning for improvement.

Mr Cooke said NACCHO had instigated the first Report Cards back in 2015 to provide annual, relevant and authoritative analysis of service provision and performance data produced by its member services and which contributed to government data bases.

“The Healthy Futures Report card will support our Aboriginal Community Controlled Health Services as the preferred model for Indigenous primary health care because our ACCHO services continue to improve in most of our sectors key performance indicators,” he said.

“Our 302 clinics have provided services to over 340,000 clients, about 275,000 of whom were Indigenous (an increase of 8% over 2012-13), provided almost 2.9 million episodes of care, over 2.5 million to Indigenous clients (an increase of 8% over 2012-13), provided 275,000 of whom were Indigenous (an increase of 8% over 2012-13), provided 2.5 million to Indigenous clients (an increase of 8% over 2012-13), providing high quality, culturally appropriate, comprehensive primary health care services for Aboriginal and Torres Strait Islander people.

“Closed the Gap has enjoyed multi-party support for more than 10 years and generational change doesn’t happen overnight, but this Healthy Futures Report Card will confirm that we are heading in the right direction,” Mr Cooke said.

Royal Australian Air Force Dental Officer Flight Lieutenant Luke Pitty and Dental Assistant Corporal Natalie Wright prepare to provide dental care to an Indigenous patient in South Hedland, Western Australia, as part of Exercise Kummundoo 2016.

EXERCISE Kummundoo is a health initiative between RAAF and NACCHO
New Qld birth certificate designs a Deadly Choice

By Professor KERRY ARABENA

A RADICAL change is required in how we think about and enhance the early outcomes for Aboriginal and Torres Strait Islander children in Australia.

To many children and young people do not have the start in life they need. As our understanding of developmental science improves, it becomes clearer that adverse events in a child’s life lead to structural changes in brain structure and potential that have lifelong and societal ramifications.

We now know these ramifications are intergenerational. Not intervening will affect not only this generation of children, but also the next.

Those who suffer adverse childhood events achieve less educationally, earn less and have worse health outcomes – all of which makes it more likely that the cycle of harm is perpetuated in the following generation.

Every mother and father has a story to tell about the beginnings of their child. These are often mixed with joy, some are heart-breaking, and all are integral to the development of their child. Often it is because the first 1000 days, from conception to age two, is a period of enormous potential, but also of vulnerability.

Internationally, the 1000 Days movement was established to improve maternal and infant nutrition from a child’s conception through to their second birthday by combining evidence-based medical care and social support to address family needs.

However, the health and wellbeing of our children cannot be addressed without taking a broader, holistic and cultural perspective. Recognising this, The University of Melbourne’s Indigenous Health Equity Unit in collaboration with key stakeholders has developed the Australian Model of the First 1000 Days movement – First 1000 Days Australia.

First 1000 Days Australia aims to strengthen Aboriginal and Torres Strait Islander families so they can address their child’s needs from pre-conception to age two to foster ‘nurturing care’ among our families at times when they experience vulnerability.

E mphasised in the 2016 Lancet Early Childhood Development Series, ‘nurturing care’ is a strategic investment in which health, nutrition, responsive care giving, safety and security and early learning is provided to an infant by their families. (The Lancet, 2016)

Although children are intrinsically valued in our community, more of our young children need protection and representation by strong advocates because, despite a decade of ‘Close the Gap’ efforts in Australia, too many live in complex situations at heightened risk in households experiencing entrenched disadvantage.

Recognising this, in 2015 The University of Melbourne hosted four symposiums – scientific, research, community governance and policy and implementation – to confirm the science on the importance of the first 1000 days in a child’s life and to determine how such an initiative could inform and improve upon current approaches to supporting children experiencing vulnerability.

As a result of these and further consultations, First 1000 Days Australia uses the period from pre-conception to age two as a time to build resilience in families; to generate new, important knowledge about some of the complex issues faced by our children; strengthen and support regional coordination; and promote the implementation of high-impact, cost-effective programs.

In Victoria, we are working with Deborah Mellett at Mornington Peninsula; Darren Smith and staff at Aboriginal Housing Victoria; and CEO Lisa Thorpe from Bubup Wilen who are supporting families in the Whittlesea region. Two sites are set to start next year in Qld. Centres will develop a Household Aspirations and Service Plan in which people can determine their aspirations and be supported to reach them.

We hold regular short courses and have developed a First 1000 Days accredited course through The University of Melbourne. We will be launching a program for families to complete the paperwork required to access the certificate program through the Melbourne Centre.

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Through memorandums of understanding with The University of Melbourne, IUIH will work with a national network of 18 Community Health Services in south-east Queensland to children aged up to five who are up to date with their health checks and vaccinations.

Speaking at the launch, Ms D’Ath said she hoped initiatives like this would increase as a result of the initiative.

“By tapping into the hugely successful Deadly Choices campaign and making it available to children up to five years old, we are hoping to pick up children who may not yet have had their birth registered, and make sure they have a birth certificate available to them for time they enrol in school,” she said.

“Even if a child’s birth has been registered, it can sometimes still be hard to get a birth certificate down the track.

“We know parents will be excited about these designs and hope the Indikate will be able to get advantage of this opportunity to celebrate their child’s arrival with one of these limited edition certificates.”

Community Liaison Officer at the Office of Births Deaths and Marriages, Victoria Belle-Locke, will be a part of the team who will help families complete the paperwork required to access the certificate program through the Melbourne Centre.

Victoria will be making personal visits to IUIH member clinics as well as being available online and telephone to help families get bub’s birth registered and order their certificates.

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Danila Dilba Health Service
Darwin 25 years strong

NOVEMBER 8, 1991, was a day of great pride for Darwin’s Aboriginal community with the official opening of Danila Dilba Health Service. Its beginnings as an Aboriginal Community Controlled Health Organisation go back to the 1970s — a time of great activism for Indigenous people across Australia.

After Cyclone Tracy hit in 1974, Darwin people were evacuated to southern cities where local Aboriginal Medical Services had started. People from the local Aboriginal community were impressed with the services and wanted their own one.

Danila Dilba grew out of the community, with people holding meetings, lobbying government, lodging petitions and even holding a “sit-in” at government offices for a culturally appropriate primary health service for Indigenous people.

The name Danila Dilba Biluru Butji Binnilutlum was given to the service by the local Larrakia traditional custodians. In the Larrakia language, Danila Dilba means “a bag used to collect bush medicines” and Biluru Butji Binnilutlum means “Aboriginal people getting better from sickness”. The logo (pictured above), which reflects this meaning, designed by Larrakia Elder the Rev Wally Fejo. The service was friendly, comfortable and provided holistic care. Danila Dilba was a safe place for Indigenous people to raise their concerns and find solutions to their health concerns.

Danila Dilba has grown significantly in size and capacity, from eight staff and one building in 1991 to five clinics, including separate men’s and women’s clinics, mobile and dental clinics, community programs and a staff of more than 130 serving almost 12,000 clients in 2016. The Aboriginal Health Practitioner First policy, where new clients see an AHP before a GP, and the large Indigenous staff, are the core of Danila Dilba’s culturally appropriate care.

Redfern AMS celebrates

AUSTRALIA’S first Aboriginal community-controlled health service has celebrated 45 years with a Q and A panel at the Charles Perkins Centre in Sydney. As part of the Redfern Aboriginal Medical Service celebrations, a portrait of chief executive Naomi Mayers was also unveiled.

Service acting chief executive LaVerne Bellear said she was over the moon to be part of the celebrations.

“It was the staunch ideologies of the people who started this, like Ms Mayers, and what they stood for that’s helped us carry on their work,” she said.

“That’s the beauty of the AMS. It’s also about letting the young ones know what we had to go through to make this reality.

Redfern AMS was established in 1971 as a volunteer organisation, staffed by non-Indigenous people, nuns and students. Now, there are medical services across the country just like the Redfern AMS, and more are being established.

Casino AMS chief executive Steve Blunden said that if not for the original AMS, branches around the country would not exist.

“It wasn’t about the towns we lived in, it was about helping out all our mob,” he said.

“There are people with a fire in their belly and governments need to know they couldn’t have done the things they’ve achieved without the help of the AMS.”

AMS board member Dulcie Flowers said the Redfern community was in dire need of proper medical care at the time the AMS was established.

“People had problems hearing. They were pleading guilty in court when they were not guilty because the court’s questions were muffled to them,” she said.

“People had short life spans and the infant mortality rate was 13 in every 1000 compared to 10 in every 1000 for other Australians.

“Kids with bronchitis or ear infections were being given antibiotics which cleared it up to begin with, but a few weeks later they’d be back again.”

Redfern AMS is planning a partnership with the Sydney Metropolitan Aboriginal Land Council to set up a rehabilitation centre.

Redfern AMS chair Sol Bellear said the service intends to set up the centre on land owned by the LALC.

“It will include rehab services for drugs and alcohol,” he said.

“It’s fine to send people away for rehab, but we need this place so when they come home the kids don’t go ‘who is this stranger’ once they’re not affected by drugs and alcohol.”
Healthy Utopia Mob, Brighter Futures

ESTABLISHED in 1977, Urapuntja Health Service is gearing up to celebrate 40 years of success.

Community involvement has been a key component of how the service achieves and confirms for clients that the service is a safe place where the experience of Aboriginality is understood and where complex needs are recognised and supported.

Urapuntja provides services to a population of about 1000 permanent residents in 16 homeland communities. The service is unique, in that it delivers an outreach service to all 16 outstation communities every week and the primary clinic is not in the middle of the community.

Senior people from each of the communities comprises the board of management for Urapuntja Health Service and ensure that the organisation responds to the needs and aspirations of the community.

The Board is a representative body based on clan structures rather than through the election of people from the membership. The authority of the health board and community members determine how the service works.

The team actively seeks guidance from community members when considering the delivery of services, and community staff are key to the successful engagement of clients both within the traditional clinic setting as well as when providing clinical services at outstations.

The team co-ordinated and hosted a two-day family and Teen Health Festival in June, with the key focus being families together for “Healthy Utopia Mob, Brighter Futures”.

This day saw five local organisations (NT Government Schools, Barkly Shire Council, Aged Care, Arlie Bay Hospital (UHASC) and 10 visiting services (RDFS Mental Health, Dietician, Baker I/D, NDIA, ITECH, Caylus, Contact Inc and NTG Remote Sexual Health, Dental Truck and Trachoma Team) work together.

This planning took into consideration appropriate health promotion as well as ensuring its connectivity to Patient Information and recall systems to effectively capture data.

The success of the event is a testament to the team’s firm commitment to delivering comprehensive primary health care that is accessible to all in the community, with a tangible improvement in health check access from the previous year of 103.3%.

The team has been led by local community ladies in understanding the importance and integration of Bush Medicine in the region. The ladies were supported to undertake a group activity prior to the health expo.

The ladies collected and made 80 litres of bush medicine at the clinic. The process of making the medicine was significant for local community, and it was undertaken within the self-funded shed at UHSAC clinic.

The ladies leading the group activity followed up and created a photo story board ‘bush medicine story’ to display at the health festival where they attended in person to educate community members through bush medicine stories regarding its importance, uses and role in health.

Ensuring that the messages from the event are carried through to ongoing service provision, comprehensive primary health care services have been established at the Alparra High School, with a strong focus on identifying positive strengths, self-esteem, cultural identity and emotional resilience.

The health service has collaborated with the high school and the RDFS Specialist Mental Health Nurse. The sessions have been aimed not only at students but also to provide an opportunity for school teachers to learn about culture and how it impacts on life for students.

The ongoing willingness of the team to work collaboratively with all providers has led to improved access to services and strengthened relationships between organisations within the community. This approach was recognised recently when the team was awarded the NT Administrator’s Award for Primary Health Care, recognising that Urapuntja’s community-centred approach to care has strengthened the wellbeing of our mob and focused on individual and family empowerment.

For further information on Urapuntja Health Service, go to www.urapuntja.org.au

Urapuntja Health Service receives the mark of quality as an accredited practice

THE remote Central Australian Utopia Homelands increased its community health credentials when the Urapuntja Health Service received a national award of accreditation, demonstrating its commitment to quality and safety within its practice.

Urapuntja Health Service received the certification from Australian General Practice Accreditation Ltd (AGPAL), the leading not-for-profit provider of general practice accreditation services within Australia.

AGPAL Chair Dr Richard Chong said accreditation shows the practice makes a significant investment and commitment to quality on a day-to-day basis, across all levels of the practice team.

“Accrediting a practice is a major achievement for any practice and a clear demonstration that Urapuntja Health Service is striving to improve their level of care to both patients and the community,” he said.

“Practices seek accreditation because they want to do their best and view it as another step towards quality and patient care.”

To achieve accreditation, a practice team works over a 12-month period to implement the Royal Australian College of General Practitioners (RACGP) Standards for General Practices, (the recognised national standard), which provides a template for quality care and risk management.

Exercise Kummundoo a health initiative between the Air Force and NACCHO

Exercised Kummundoo 2016 has been a professionally rewarding experience for the entire team where they all gained individual connections and a difference to all that have passed through the clinic.

“It has been an overall success where we have made a noticeable and tangible difference to the local regions”, he said.

“Air Force has been able to provide comprehensive dental services to the region through Mawarnkarra Health Service and Wirrika Maya Health Service that the community has been unable to access.”

Exercise Kummundoo is under a five-year agreement with NACCHO, with three years to go.

While dental care has been the focus of the last two years, the program is aimed at a general approach to health and well being of Indigenous people.
Eye Health

Eye health is targeted in the ‘Deadly Urban Eyes’ campaign

ON September 21, The Fred Hollows Foundation’s Founding Director, Gabi Hollows, launched a campaign to reduce rates of untreated eye disease among Aboriginal and Torres Strait Islander people living in South-East Queensland.

The campaign encourages community members to have regular eye health checks at their local Aboriginal Medical Service. The initiative is being implemented by the Institute for Urban Indigenous Health (IUIH) with funding from The Fred Hollows Foundation, and builds on their existing partnership across the region.

The initiative adds a new dimension to the successful Deadly Choices social marketing campaign which has seen an average 50% year-on-year increase in the number of preventative health checks performed at IUIH’s 18 member clinics across South-East Queensland.

Regular eye health checks play an important role in reducing the incidence of trachoma and other eye-related diseases. People with trachoma have their eyes checked as part of the inspection, diagnosed and if necessary prescribed adequate treatment.

IUIH CEO Adrian Carson says that the program will improve access to preventative eye health services and reduce rates of eye disease. “Both IUIH and The Fred Hollows Foundation are committed to ensuring that all Aboriginal and Torres Strait Islander peoples can access quality eye health services,” he said.

“We have significantly expanded our frontline eye health services over the past year so that they are now fully integrated across our 18 IUIH member clinics across South-East Queensland. Integration of these services into the IUIH Model of Care means that we are connected to community and able to refer quickly to specialist services if and when they are needed.”

Successful model

Ms Hollows says the partnership is a successful model for bringing eye health care to local communities. “The Deadly Urban Eyes campaign is a great program that will make a difference in the vital eye health-care sector,” she said.

The Foundation’s Indigenous Australia Program Manager, Jaki Adams-Barton, said the Deadly Choices Eye Check for South-East Queensland was an important component of the work The Fred Hollows Foundation is doing Australia-wide.

“Our program focuses on reducing rates of cataracts, diabetic retinopathy and uncorrected refractive error and trachoma in Aboriginal and Torres Strait Islander communities. Getting your eyes checked regularly is key given 94% of vision loss for Aboriginal and Torres Strait Islanders is preventable or treatable if caught early,” she said.

At the launch IUIH, CEO Adrian Carson welcomed Gabi and Jaki to the Deadly Choices team by presenting them with a personalised Deadly Choices shirt with The Fred Hollows Foundation featured in the design saying, “We all know how deadly you have to be to get a Deadly Choices shirt.”

IUIH is confident that the program will improve overall health as well as reducing the rates of eye disease, with Mr Carson saying, “We know that untreated eye disease is a key contributor to preventable blindness among our community and is often caused by other diseases that affect our people such as diabetes and hypertension. This campaign will see more people checking in with our optometrists on a regular basis, so we can pick up and treat these diseases early, and close the gap in health outcomes in our community.”

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

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.

If you have diabetes, join the NDSS. Ask at your local health service, visit www.ndss.com.au or call 1300 136 588.
Busi Mapoon Health Worker
Daphne Wins National Award

MAPOON Maternal and Child Health Worker, award-winning artist and mum of seven Daphne De Jerse, has won the CRANAplus 'the peak professional body for the remote and isolated health workforce' award for her contribution to the work of the Torres Strait Islander Health Care Practice. Her outstanding potential as a future clinician and leader in remote health, enthusiasm and commitment to remote health, willingness to learn, and positive influence on the health of her community – far beyond what is expected of early career Health Workers.

The award was presented to Ms De Jerse at a special ceremony at the end of the CRANAplus annual conference, held in Hobart.

Ms De Jerse, who is currently enrolled in a Diploma of Aboriginal and Torres Strait Islander Health Care Practice, said she had no idea she had been nominated, and was stunned to learn she had won.

"It was a bit of a shock when I found out I had won the award," she explained.

"My colleague said, 'can I give you a hug'? I thought it was because she had good news, but then she said you're going to Melbourne, you've won an award!" It turns out I was going to Hobart, which was great as my dad and grandfather were born there. I still have aunts and cousins there and I managed to catch up with them when I was there.

"The last time I was in Tasmania was 26 years ago when I was 21 and it was a shock going back there from the Cape."

"We get cold weather on the Cape, but it's different to Tasmanian cold weather – my fingertips froze, my face was red with cold and I think I lost a kilo as I had to walk fast to keep warm whenever I was outside. It was really interesting reconnecting with my auries. One told me that before I was born, my parents (dad was white, mum was Aboriginal and Solomon Islander) went to the doctor to find out what colour their child would be if they were to have a baby.

"This was in the 1960s, when they were still removing half-caste children from their families. They were very frightened, my aunty said, that if they had a child it would be taken away. In the end my sister and I weren't taken away, but it was a real fear for my parents.

"I gave a speech when I accepted my award, sharing my family connection to Tasmania, the history of Mapoon and my family's history there.

"My mother and grandmother were born in Mapoon but our family is part of the stolen generation – Mapoon is not our traditional country, but because some of us were born there, it's home."

"I also talked about how many hubs people wear when they live in remote areas. In small communities, those that do stuff get called on to do everything."

"I am a full-time Health Worker, Chair of the Justice Group, an arts organisation and a weekly Women's Group with my sister. Last year I got a real urge to do something for the women of Mapoon so I started this group and ran it three times a week. It's open to all women and as my sister and I are both artists we do art therapy with the women which relaxes them and gives them space to be creative and share their stories.

"We've dropped down to once a week, but the Women's Group is really successful and families have noticed a positive change in the women who attend.

"While my job title is Maternal and Child Health Worker, my role encompasses a lot more than that. In small communities there is often a staff shortage and you are called on to deal with a whole range of health issues – because you can and because you're there."

"Maternal and Child Health Team Leader (North Cape) Johanna Neville, who secretly nominated Daphne for the award, said the win was well deserved. 'Daphne is not only an amazing worker but also an inspiring mother and artist'," she said. "She always puts her heart and soul into everything she does. I could not think of anyone else who deserves this accolade more."

"She has been with us since 2010 and has been studying the whole time. She is a dedicated, committed worker, mother, grandmother and community member and we are so proud to have her on our team."

"This story was gathered by Diabetes Qld's Indigenous Health Unit.

TAIHS Foundations for Foot Care... it’s good for the sole

TOWNSVILLE Aboriginal and Islander Health Service (TAIHS) is a community controlled primary health care service. As well as medical care it has a large number of allied health services, social and emotional wellbeing services and support for, individuals, families and community.

Acute diabetic foot complications are a common condition for Aboriginal or Torres Strait Islander people, and this major health issue is something that affects patients, families and communities.

The TAIHS Board, Management and Staff are very aware of the impact amputation and foot problems have on the lives of their patients, families and community.

Not only are there proportionally more Aboriginal and Torres Strait Islander people with chronic illness, they are much younger than the rest of the population dealing with illness and disability.

"We have created a deadly team to support our patients with chronic illness such as diabetes," TAIHS podiatrist Ruth Connors says.

"We – the team at TAIHS – provide screening, assessment and management of foot problems.

"Our Aboriginal and Torres Strait Islander Health Professionals and Health Workers have all been trained to perform 'Diabetic at Risk Assessments' of feet using Jason Warnock's renowned diabetic foot programme.

"The use of this screening tool helps Health Workers identify foot risk and problems and refer to the doctors and podiatrists. The beauty of this is they can yarn to our patients about their foot health and health in general and seek help in-house, often on the same day."

"The nurses and doctors also refer lower limb wounds for assessment, so treatment of foot ulcers is optimum and includes the important part of offloading or taking the weight off the wounds with proper footwear, splints and orthoses.

"The importance of prescription footwear in healing and preventing foot ulcers and complications is often not understood and neglected by some patients.

"Important"

"I think it is even more important than other treatments such as antibiotics, the right dressings and even surgery, in many cases."

"We try to educate patients, that these items aren't just shoes, they are medical treatment. They are essential to foot health and general wellbeing."

"The footwear provided for foot health is no longer cumbersome prosthetics, thanks to the collaboration between TAIHS and Greg Dower from MyFootDr under the Closing the Gap initiative. TAIHS has provided custom work boots, gym boots and runners in AFL or NRL football team or Aboriginal colours, with insoles made to a 3D scan. The boots are light and comfortable for patients to wear.

"Shoe clinics are quite emotional," Ms Connors says.

"The value of TAIHS enthusiastically supports our work. The corridor becomes a catwalk as our patients walk proudly in their new shoes. Staff and family gather around to see people get their mobility back.

"We also see a lifting in people's mood as they look forward to a more positive life living with diabetes."

"TAIHS rates of healing and recurrence are positive, but the organisation is still working on achieving higher levels."

"The MyFootDr clinics are in early stages and has only seen a fraction of patients who will benefit from this treatment."

"TAIHS currently has 600 patients being cared for, and due to the level of care and early intervention with health checks, patient numbers being cared for is increasing."

"In some cases, patients from remote areas are relocating to Townsville for better health care."

"Statistically the improvement may not be measurable, at this early stage, but TAIHS believes that patients who get good follow-up get great results, not just in foot care but in improved diabetes control and social and emotional wellbeing."

""It was really interesting reconnecting with my auries. One told me that before I was born, my parents (dad was white, mum was Aboriginal and Solomon Islander) went to the doctor to find out what colour their child would be if they were to have a baby."

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"My mother and grandmother were born in Mapoon but our family is part of the stolen generation – Mapoon is not our traditional country, but because some of us were born there, it's home."

"I also talked about how many hubs people wear when they live in remote areas. In small communities, those that do stuff get called on to do everything."

"I am a full-time Health Worker, Chair of the Justice Group, run an arts organisation and a weekly Women's Group with my sister. Last year I got a real urge to do something for the women of Mapoon so I started this group and ran it three times a week. It's open to all women and as my sister and I are both artists we do art therapy with the women which relaxes them and gives them space to be creative and share their stories."

"We've dropped down to once a week, but the Women's Group is really successful and families have noticed a positive change in the women who attend.

"While my job title is Maternal and Child Health Worker, my role encompasses a lot more than that. In small communities there is often a staff shortage and you are called on to deal with a whole range of health issues – because you can and because you're there."

"Maternal and Child Health Team Leader (North Cape) Johanna Neville, who secretly nominated Daphne for the award, said the win was well deserved. 'Daphne is not only an amazing worker but also an inspiring mother and artist'," she said. "She always puts her heart and soul into everything she does. I could not think of anyone else who deserves this accolade more."

"She has been with us since 2010 and has been studying the whole time. She is a dedicated, committed worker, mother, grandmother and community member and we are so proud to have her on our team."

"This story was gathered by Diabetes Qld's Indigenous Health Unit.
Nina Nichols said the students making sessions with the information and holding resource— with Year 7 students, many of them are being held in Queensland, Victoria and the Northern Territory, with Western Australia, NSW, Canberra and South Australia to come.

NBPU TIS manager Desley Thompson said the role of the unit is to support organisations develop plans to tackle smoking, provide information, and monitor outcomes.

“We’re not a hands-on organisation; we support the organisations who do the hands-on work,” she said.

“Share the stories”

“They like to know there’s someone looking after them. We can share the stories of what is best practice.

“There are different organisations with different experiences and knowledge bases that can share their stories.”

Ms Thompson said the workshops provide a way to spread the message and attract people wanting to quit smoking.

“We’re also looking at how we can get people to not start smoking in the first place,” she said.

“Don’t Make Smokes Your Partner”

There are people who are in their 40s and they get stressed or something and take it up. These organisations will be able to support that person.

“They can get the message out there about the effects it has on your health.

“The recent workshop in Darwin was really interesting because there were a few organisations from remote areas.

“How they can best get the message out will be different to how an organisation in the city should do it.”

Ms Thompson said Elders also play a significant role in helping to tackle smoking in their communities.

“They don’t have to growl at people. They can just explain how it impacts your health.

More details at www.tacklingindigenoussmoking.com.au

Groups target smoking

HEALTH organisations from around the country are coming together to talk about how to tackle smoking in Indigenous communities.

The National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS), established to help organisations funded under the Department of Health’s Tackling Indigenous Smoking Programme, has been organising workshops nationwide.

“Every school in the city should do it.”

Tackling Indigenous Smoking (TIS) team at Herberton college

APUNIPIMA’s Tackling Indigenous Smoking (TIS) team has been visiting Herberton’s Mount St Bernard College to share messages about the harms of smoking and passive smoking with Year 7 students, many of whom come from Cape York.

The team has been delivering information and holding resource—making sessions with the students.

Health Promotion Team Leader Nina Nichols said the collaboration with the college was exciting. “A key target audience for the TIS program are the 10-24 year olds, which are the group most likely to take up smoking,” she said.

“Many young people in Cape York leave their community to attend boarding school so it makes sense for us to engage with local schools to promote smoking messages and to provide appropriate quit advice and support when required.”

TIS Health Worker Josh Mene, who leads the Mount St Bernard College program, has been focusing on supporting students to come up with good ways of passing on messages to others about the dangers of smoking.

“Our aim for this program with Mount St Bernard College is to develop an educational resource with the students involved. This will be used as part of our service delivery to engage the communities of Cape York, as well as raise awareness and increase knowledge in regards to the harms of smoking and passive smoking."

“We will also be promoting the national ‘Don’t Make Smokes Your Partner’ campaign and our soon-to-be-launched Facebook page. We hope that as we promote our key messages from our Tackling Smokes program it influences young people to make healthier lifestyle choices.”

This is the first time Apunipima has collaborated with the college and it is hoped that, if successful, the relationship will continue.

Mount St Bernard College Pastoral Care Officer Jenny Rosset said she welcomed the relationship with Apunipima.

“These young people are in our care for 40 weeks of the year and we welcome the collaboration provided by the team around the dangers of smoking and advice with quitting strategies,” she said.

“We hope to build on the positive relationships formed, and have ongoing programs over the coming years.

“Having Apunipima come into the college helps students make the connection between the Health Service and their home communities. In this way, youth will feel more comfortable engaging with Apunipima.”

New portal in the west

A NEW portal has been launched as part of Western Australia’s Tackling Indigenous Smoking (TIS) Program. Produced by Edith Cowan University’s Australian Indigenous HealthInfoNet, the portal is one component of the programs run by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS), of which the HealthInfoNet is a partner.

The free-to-access online portal is hailed as the ‘go-to’ place for Tackling Indigenous Smoking workers to access the Tackling Indigenous Smoking Resource and Information Centre (TISRIC).

It also has a collection of videos and programs, and workforce information such as conferences, jobs, courses and other events.

The social media platforms also provide an opportunity for workers to network and support each other.

The NBPU TIS group is led by Ninti One Ltd, and includes the Health Research Institute at the University of Canberra and the Smoking Research Institute at the University of Sydney.

Its main role is to provide advice and support to Tackling Indigenous Smoking workers in the implementation of strategies and programs to reduce smoking in their communities.

Medical authorities say tobacco smoking is the most preventable cause of death among Aboriginal and Torres Strait Islander people and is one of the key focuses of the Council of Australian Governments (COAG) health initiatives.

The new portal is on the Australian Indigenous Alcohol and Other Drugs Knowledge Centre web resource (www.tacklingsmoking.org.au) and can be used by anyone interested in or working in the area of smoking reduction.
Rap raises stroke awareness

A NEW rap song promoting stroke awareness and thinking ‘Koori’ was released during National Stroke Week.

Written by Cairns speech pathologist Rukmani Rusch and performed by Indigenous singer Naomi Wenitong, Stroke Rap was created to raise stroke awareness in Indigenous communities.

Stroke Foundation Qld executive officer Libby Dunstan said the rap ‘packed a punch’, delivering a powerful message in a fun and accessible way.

“Too many Australians couldn’t spot a stroke if it was happening in front of them,” she said.

“In Aboriginal and Torres Strait Islander communities this awareness is even lower.

“Learn the signs”

“We want all Australians, regardless of where they live or what community they’re from, to learn the signs of stroke.

“Music is a powerful tool for change and we hope that people will listen to the song and remember the FAST message – it could save their life.”

FAST stands for Face – check a possible stroke victim’s face for drooping; Arms – can they lift both arms? Speech – is their speech slurred? and Time – speed is essential if a stroke is suspected.

This year, National Stroke Week centred on the theme ‘Listen, spot, act’ in recognition of the impact time has on stroke treatment.

Ms Dunstan said too many Australians continue to lose their lives to stroke each year. “There will be more than 50,000 strokes in Australia this year, and sadly many people miss out on accessing life-saving treatment as they don’t get to hospital on time,” she said.

“When the community to be aware that stroke is always a medical emergency. When you have a stroke, your brain cells start to die at a rate of almost two million per minute. Being aware of the signs of stroke and knowing to call 000 as soon as a stroke is crucial.”

Aboriginal and Torres Strait Islander people are between two and three times as likely to have a stroke than non-Indigenous Australians, which is why increasing stroke awareness is crucial.”

For more information, visit www.strokefoundation.com.au

Lighthouse hospital project aims to close the heart health gap

THE Heart Foundation and the Australian Healthcare and Hospitals Association (AHHA) are working with hospitals to help improve the care and outcomes for Aboriginal and Torres Strait Islander people who have heart disease.

The joint project, called the Lighthouse Hospital Project, has completed Phase 2. A proposal for Phase 3 funding has been submitted and they are very ‘hopeful’ of continuing this work in the future.

Indigenous Australians are three times more likely to have a heart attack and other heart-related diseases compared to non-Indigenous Australians.

Phase 1 of the project focused on identifying the key elements of culturally safe and positive consumer experiences.

In Phase 2, the scope was to develop and implement a quality improvement approach to activities in eight public hospital sites across Australia to improve the clinical and cultural care of Aboriginal and Torres Strait Islander patients with ACS.

A quality improvement toolkit, ‘Improving quality improvement approach to activities in eight public hospital sites across Australia to improve the clinical and cultural care of Aboriginal and Torres Strait Islander patients with ACS’ was developed to provide a framework to address the disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians with ACS.

The toolkit aims to:

- ensure that minimum standards of care, cultural safety and quality are met;
- identify practices and actions that can and/or should be improved;
- foster engagement;
- enhance service appropriateness; and
- improve service delivery for the care of Aboriginal and Torres Strait Islander peoples with ACS.

The toolkit outlines four domains – governance, cultural competence, workforce and care pathways – that are critical in the provision of holistic care for Aboriginal and Torres Strait Islander peoples and their families as they journey through the hospital system and return to their communities.

Eight pilot hospitals participated in testing the toolkit at:

- Bainsdale Regional Health Service, Victoria
- Coffs Harbour Health Campus, NSW
- Finders Medical Centre, SA
- Liverpool Hospital, NSW
- Princess Alexandra Hospital, Qld
- Royal Perth Hospital, Western Australia
- St Vincent's Hospital, Victoria
- Tamworth Rural Referral Hospital, NSW.

Each site developed a hospital action plan that outlined the domain(s) they would address and the quality improvement activities they would undertake during the pilot.

The sites developed quality improvement activities based on identified gaps within the four domains. These activities informed an action plan that was individualised for their hospital and the needs of their communities.

The project outcomes were dependent on community engagement, capacity to embed change, project support and the governance structures at each site.

Key Phase 2 achievements include:

- Improved relationships with Aboriginal and Torres Strait Islander patients
- Development and strengthening of relationships with Aboriginal and Torres Strait Islander community and medical services
- Creation of a culturally safe environment for Aboriginal and Torres Strait Islander patients
- Increase in the self-identification of Aboriginal and Torres Strait Islander patients
- Streamlining of processes related to the culturally appropriate and clinical care of Aboriginal and Torres Strait Islander patients
- Enhanced staff capacity to respond to the needs of Aboriginal and Torres Strait Islander patients.

Phase 3 of the Lighthouse Project will aim to increase the reach and thus the critical mass of Aboriginal and Torres Strait Islander peoples experiencing Acute Coronary Syndromes who receive evidence-based care in a culturally safe manner.

Within this phase there will be a focus on integration of health services and care coordination by enhancing the relationships between local community groups, hospitals, local Aboriginal Community Controlled Organisations and Primary Health Networks. The implementation of this phase would enable hospitals to address the actions in the revised Australian Commission on Safety and Quality in Healthcare National Safety and Quality Health Service.

The Lighthouse Hospital Project is an initiative of the Heart Foundation and the AHHA and was funded by the Australian Government Department of Health.

For further information on the Lighthouse Project contact Fiona Patterson, Programs Manager, National Heart Foundation. Fiona.patterson@heartfoundation.org.au
ATSI health needs more than a 10-year plan — it needs political will

By WARREN SNOWDON, Shadow Assistant Minister for Indigenous Health

Closing the gap in Aboriginal and Torres Strait Islander health inequality unfortunately remains a persistent challenge for our society. There is no shortage of statistics and data demonstrating that we need to do better — it can sometimes feel like there is a new report every week flagging indicators of concern. The real challenge is translating headlines into consistent effort and real results, beyond news and political cycles.

This is one of the goals of the National Aboriginal and Torres Strait Islander Health Plan 2013-23 — a 10-year framework for Aboriginal and Torres Strait Islander health policy. It articulates a vision for closing the gap in Aboriginal and Torres Strait Islander health inequality.

Significantly, the Health Plan was developed by Labor in partnership with Aboriginal and Torres Strait Islander peoples, their community organisations and their peak bodies. NACCHO was a key partner and collaborator in the development of the plan, as was the National Congress of Australia’s First Peoples.

Labor has a strong commitment to the belief that Aboriginal community controlled health organisations (ACCHOs) and the National Congress are central to improving health outcomes for Aboriginal and Torres Strait Islander peoples and should be partners in developing policy.

Importantly, the Plan has bipartisan support. An Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan was launched in 2015 by the Abbott Government. Again, this plan was developed in partnership with the National Health Leadership Forum.

However, despite this and the strong bipartisan support for the Health Plan, we are now in the fourth year and still no resources have been identified for the Implementation Plan.

It is clear that without resources, the vision of the Health Plan will be impossible to achieve. Although Labor remains committed to working in a bipartisan manner with the current Government to improve Aboriginal and Torres Strait health outcomes, to address the obvious inequalities and to close the gap, this does not mean that Labor will not hold the Government to account. Advancing the priorities of Aboriginal and Torres Strait Islander peoples, communities and their organisations remains an absolute commitment. Working in partnerships is paramount to achieve these.

There are obvious issues with the failure of the current Government to develop a comprehensive approach to dealing with the social determinants of health or to demonstrate any real appreciation of how a human rights approach is required in the development of our health policy.

Additionally, we are very aware of the need to address issues of racism to ensure that the health system is not discriminatory. There is legitimate concern that the centrality of ACCHOs to improving health service delivery and health outcomes for Aboriginal and Torres Strait Islander peoples is not being adequately recognised.

I have consistently argued that there are ACCHOs which are the finest examples of comprehensive primary health care in the country. They are community based and controlled, they are responsive, innovative, accountable and have good governance. Most importantly, they deliver primary care, allied health services and prevention strategies which are examples for the rest of the world. ACCHOs also provide services that are culturally appropriate and safe.

Having said this, there are some organisations that need to do better. They need to be more accountable and reform their governance and their record of service delivery.

NACCHO and the state and territory affiliates have an important role to play in this regard in terms of leadership, accountability and mentoring. They need to be alive to the threats that exist as well as opportunities for the sector to grow further by expanding the reach of services and, consequently, achieving better health outcomes for Aboriginal and Torres Strait Islander peoples.

For our part, Labor will continue to review our current policy settings, particularly as we approach the next election. As a matter of course we will continue to work with NACCHO, the affiliates and their member organisations as well as other health advocacy and membership groups, such as doctors, nurses, health workers and allied health practitioners and of course other health experts from universities and the like.

We acknowledge the need to continue to address the dramatic levels of chronic disease that are endemic in many Aboriginal and Torres Strait Islander communities. The fundamental importance of good primary care services being readily available is abundantly clear. In primary health care, broader health policy has an inevitable impact, and this is why Labor has consistently opposed changes to the Medicare system that increase costs or limit services to those who most need Medicare.

We are very conscious of the need to protect ACCHOs from the impact of these policy threats.

There is also an absolute need to look at prevention strategies to intervene and stop the onset of chronic disease in the first place. We support the life-course approach that drives the National Health Plan as well as the requirement to address the broader social determinants. In this context we are currently seeing what can be done in maternal and child health, and adolescent health.

We need to ensure that all children are healthy, have a healthy childhood and grow up to be healthy adults, without the chronic diseases that beset their parents and grandparents.

Improvements cannot happen in isolation. There is a need to do something about the poverty that is a major driver of poor health outcomes. Policies and strategies around education, employment, housing, drug and alcohol policies, mental health and social and emotional wellbeing as well as food security are integral to elevating and sustaining health outcomes.

We will continue to advocate for the development and provision of appropriate aged-care services. And we will continue to support treatment models driven by Aboriginal and Torres Strait Islander peoples that are culturally appropriate from their inception.

Another area where Labor is keen to see more progress is in the health workforce. It is vital that we see more Aboriginal and Torres Strait Islander people across all disciplines, engaged in treating and supporting people.

Labor recognises that one size will not fit all. There is a need to appreciate and address the difference and diversity that exists for Aboriginal and Torres Strait Islander peoples across the country. Labor is absolutely committed to both this underlying principle in our policy development process, as well as recognising that the framework we are using remains the National Aboriginal and Torres Strait Islander Health Plan 2013-23.

By WARREN SNOWDON, Shadow Assistant Minister for Indigenous Health

The Voice of Indigenous Australia
The health and wellbeing of our First Australians is an issue very close to my heart. I believe it is everyone’s business to ensure every Australian has the same opportunities for good health and long life. It is a fundamental human right, and a reasonable expectation, that any baby born in Australia, Indigenous and non-Indigenous, should have the best possible start to life, the prospect of good health and the same rates of life expectancy.

I grew up in the WA Wheatbelt town of Corrigin, where I was given the opportunity of a good education. It’s something I grabbed with both hands, because I knew that it was important. I think that’s what inspired me to become a teacher.

After 16 years of teaching in classrooms I entered the public service, helping to shape Indigenous education and health policies in WA and NSW. Now as the Federal Minister responsible for Indigenous Health I hope to shape a better future for all Indigenous Australians.

A decade after the campaign to close the gap between Indigenous and non-Indigenous Australians began, we are starting to see positive change. But we still have a way to go before the health and life expectancy of all Australians is equal.

The 2016 Closing the Gap report reveals the target to halve the disparity in child mortality rates by 2018 is on track and the disparity in child mortality rates is widening.

The report also shows that we are not yet on track to close the gap in life expectancy by 2031. There still remains a 10.6-year difference for males and 9.5-year difference for females compared with non-Indigenous Australians.

There have also been improvements in the Indigenous mortality rate from chronic diseases, particularly circulatory disease. But Indigenous cancer mortality rates are rising and the gap there is widening.

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In October Federal Health Minister Sussan Ley was welcomed at the QAICHC offices by IUIH CEO Adrian Carson, NACCHO Chair and QAICHC CEO Matthew Cooke, the retiring Chair of QAICHC Lizzie Adams, IUIH Deputy Chair Stella Taylor-Johnson and QAICHC COO Sandy Gillies.

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An update on STIs and BBVs: Things are improving access to vaccination, diagnosis, and medical treatment

By A/Prof BENJAMIN COWIE, Director of the WHO Collaborating Centre for Viral Hepatitis, Doherty Institute

ABORIGINAL people were among the first groups in whom hepatitis B was discovered in the 1960s – which is why for a while the virus was known as 'The Australia Antigen'.

The proportion of Aboriginal and Torres Strait Islander people living with chronic (long-term) hep B is around 10 times that of non-Indigenous people born in Australia. Of the 230,000 Australians estimated to be living with hep B, around 20,000 are thought to be Aboriginal or Torres Strait Islander people, and new infections with hep B are still occurring at four times the rate in Indigenous Australians.

Most people living with chronic hep B were infected as babies or young children, with infection being passed from mother to child or between young children. Someone infected as a baby has a 90% chance of going on to chronic hep B, while someone infected as an adult only has a 5% chance of going on to long-term infection, but can still get very sick in the short term. In Australia, most infections in adults are caused through sexual contact with someone with hep B, or through unsafe injecting drug use.

Chronic hep B infection usually causes no symptoms and for most people will cause no long-term health problems – but for around one in four people living with hep B, the virus can cause severe liver scarring (cirrhosis) or liver cancer. We know that liver diseases are one of the important causes of the life-expectancy gap experienced by Indigenous Australians – hep B is one of the conditions responsible for this.

Recent evidence from research in the Northern Territory suggests that Aboriginal people have a unique strain of the hep B virus passed on over many years that could explain why hep B in some Indigenous people might have a more severe course.

Unlike the other STIs and BBVs, hep B can be prevented by a safe, effective vaccine which has been provided for all infants in Australia since 2000 (and in the Northern Territory since 1990).

As a result, new hep B infections in children born since 2000 (and in those whose families amongst the non-Indigenous population who were vaccinated from 1998 onwards) have fallen substantially. However, few of the Indigenous adults with hep B are in only some states and territories, which limits access for Aboriginal and Torres Strait Islander people who remain at much higher risk of hep B infection. This inequality in access cannot continue.

For people who already have hep B infection, vaccination has no effect. We know many people living with hep B, including Indigenous people, have never been diagnosed.

However, being tested for hep B is easy - it’s a simple blood test which can tell whether someone has hep B, is immune through past infection or vaccination, or if a person needs vaccination.

National guidelines suggest all Aboriginal and Torres Strait Islander adults whose hep B status isn’t known should be offered testing.

If someone is found to have hep B, they should receive treatment by a medical professional whose expertise has been developed and they must ensure that their sexual partners should be tested and vaccinated if not immune.

Highly effective treatments for hep B are available in Australia that greatly reduce the chance of developing liver scarring or cancer, and involve taking a tablet once a day. However, unlike for hep C, these are not cures – treatment needs to continue, often for many years.

We know that in many areas of Australia where most people living with hep B are Indigenous, treatmentuptake is very low. This needs to be changed urgently. With better access to prevention, diagnosis and treatment, the burden of hep B on Indigenous health can be eliminated in coming years.

Hepatitis C – the bad news and the good

By A/Prof JAMES WARD, Head of Infectious Diseases Research, Aboriginal Health South Australian Health and Medical Research Institute

HEPATITIS C is a virus that affects the liver. It is thought that 95% of the hep C in Australia is acquired through sharing of injecting equipment or other equipment that transfers blood from one person to another, such as for tattooing.

Aboriginal and Torres Strait Islander people are overrepresented in hep C diagnoses in Australia, with an estimated 20,000-30,000 diagnoses in our population. Without treatment, hep C damages the liver, and can result in cancer and death. The bad news is that over the past five years, rates of hep C diagnoses have increased by 43% in our community, yet the in the non-Indigenous community have been stable.

Particularly concerning are rates of diagnosis among people in the 15-24 age group, with rates eight times higher than non-Indigenous people in the same age group. This age group is concerning because it is most likely that these infections are new given the nature of hep C being transmitted primarily through injection drug use.

Also of concern because of the high and rising Indigenous incarceration rates is the proportion of people in Australian prisons who are diagnosed with hep C, with an estimated 50-65% of all prisoners diagnosed with it.

The good news, however, is there is now a cure for hep C here in Australia. Since its approval this new medication for treating hep C, almost 20,000 Australians have been cured. Of these we do not know how many Aboriginal and/or Torres Strait Islander people have been cured, but our suspicion is relatively low numbers.

Aboriginal and/or Torres Strait Islander people who have been diagnosed with Hep C have the right to get the advantage of this major breakthrough in hep C treatment.

Now is the time to encourage someone you know who is living with hep C to take treatment for this condition. The more people we can get cured of hep C the better the chances are of reducing new infections in the community.

Aboriginal Health Council of South Australia's sexual health program continues to promote awareness and supports South Australian Aboriginal Community Controlled Health Services to participate in STI control programs. The program promotes STI prevention, screening and treatment of Chlamydia, Gonorrhoea and Trichomoniasis. The team also continues to raise awareness about HIV and Syphilis prevention, screening and treatment. For more information contact: Sarah Betts (08) 8272 7200.
HIV: are we at risk of losing the good news story in Aboriginal health?

By A/Prof James Ward, Head of Infectious Diseases, and Sarah Betts, STI Coordinator, Aboriginal Health Council of SA

RATES of common sexually transmissible infections (STIs) among our communities remain grossly disproportionate to rates among non-Indigenous Australians.

In the policy and programming context, it could be said that in the scheme of the thing, persisting high rates of STIs are alarming but not requiring more urgent attention than other areas of health, such as diabetes, cardiovascular and child and maternal health.

But should it be that way? The failure to address high rates of STIs has immediate and long-term implications for our communities. Poor outcomes in pregnancy, shame and stigma, interpersonal violence as an outcome of STI transmission, infertility and a much higher chance that HIV will be transmitted are just some of these.

Those most affected are young people, and the more remote a young Aboriginal person’s community, the more likely they are to have not just one, but multiple STIs. Young people in our remote communities face many challenges – let’s at least act to reduce the pervasive risk of STIs.

The main STIs

Let’s take a look at some of the most common infections:

- Chlamydia is the most common STI in Australia, affecting both Aboriginal and non-Indigenous Australians, mainly in the age group 15-25 years. Rates among Aboriginal People are between three and five times that of the non-Indigenous population, whether in cities, regional and remote areas. Chlamydia rarely has symptoms. It is easily tested for and treated with a one-off dose of antibiotics. If left untreated, chlamydia can cause pelvic inflammatory disease and other serious complications in women, including poor outcomes in pregnancy.

- Gonorrhoea and syphilis disproportionately affect young Aboriginal people, particularly in remote and isolated communities. Rates of gonorrhoea are 30 times higher for the Aboriginal population compared to the non-Indigenous population; and syphilis rates are five times higher.

- An outbreak of syphilis that started in 2011 and has spread across northern and central Australian remote communities has left us way out of reach of where once was thought to be possible: eliminating syphilis from our communities. Both STIs can cause major issues in pregnancy, including loss of the baby, and babies can be born with both infections. Both conditions are relatively easy tested for and treated with antibiotics.

- Trichomonas is another STI very prevalent among Aboriginal and Torres Strait Islander people. In remote communities we have found that around 25% of women found to have trichomonas.

- Untreated Trichomonas can cause premature birth and low birth weight and of course facilitate HIV transmission.

Upping STI testing and treatment rates

So testing and treating STIs is straightforward if they’re diagnosed early, but the consequences of failing to detect and treat infections are huge.

We need to understand what’s stopping people getting tested. Shame and stigma obviously plays a part, including for young people. How can we get to the point that young people in our communities see sexual health checks as a normal part of living a healthy life? How can we ensure that babies aren’t born with STIs?

The work happening at the individual health service and NACCHO affiliate level as well as in mainstream, is great. But we need to intensify our focus on:

1. Developing innovative community education and awareness to make sure young people are aware of these STIs and the need to test.
2. Equipping young people with skills and tools to prevent STIs
3. Ensuring we are all aware that STIs often don’t have symptoms, so Aboriginal people are easily tested for and cured.
4. Ensuring our health services are offering regular testing as per clinical guidelines
5. Normalising STI testing, including by making sure that STI testing is offered as part of Adult Health Assessments, particularly for young people between 16 and 29 years.
6. At a broader systemic level I believe an additional two national KPs would be beneficial for raising the profile of this issue, in addition to a special PIP for full STI and BBV testing and elevation of STI testing in the Adult Health check.

We have been working hard in research, trying to make sense of why STIs are still so common and to develop strategies bring down these unacceptably high rates. But much more work is required.

The recent defunding of 20 or so Aboriginal sexual health worker positions in NSW should not ever have happened. Hyper-vigilance is needed. Let’s all get on to this together.
By Joe Williams

CAN you imagine driving down a highway doing over 100kmh, and having voices and thoughts in your head that are so loud, so deafening, to the point you can’t hear the conversation going on around you, the music playing on the radio? You know it’s not real, but it doesn’t take away the impact it has on you. Screaming at you, telling you to jump.

Would you get to the point where you open the door and jump? I’ll let you in on a secret - that was me (recently), and that’s exactly what I was about to do. But I knew they aren’t real, they aren’t real.

Although forgiving what outsiders would deem a fairly successful life with sports and other ventures, I am plagued with chronic suicidal thoughts. Not that I want my life to end; I have a great life and so much to be thankful for, but end it because that’s the only way to make the mental pain go away, when I am in the grip of darkness, I had not been having these thoughts for about four weeks, and I thought I was back on bush on cultural obligations.

Middle of nowhere, away from the city lights, the noise and demand of what society brings us. When I head bush, it connects me even stronger to the Old People, my First Nation cultural ancestors. For almost a month I was rid of the pain and torment of the depressive demons and suicidal ideation.

You see, I’m diagnosed with Bipolar disorder, which is an alignment issue with the chemicals in my brain, causing me to have extreme highs and extreme lows. Managing this disease has become easier to me over time, with education on the brain and what effects it has, but also myself, on how why and what triggers these episodes.

I am a highly functioning person, living a normal life with Bipolar disorder. But there are many who aren’t. I live a normal life, live with purpose, helping people and love my family and friends. So why now, why did it come back after I thought I was doing all the right, positive actions to keep it at bay?

The story is to show you it ain’t the sunshine and rainbows, but I learn from every thunderstorm in the midst of the hail, lightning, fire and rain.

I learnt to tell those close, and that gave me the courage to write about it further. Each day I am alive, I learn - I’ll learn today and everyday and I’ll continue to improve the person I am.

Today I am back on top, attempting to help many around the globe stay alive. It May Battle Me; It Won’t Beat Me!

Joe Williams is a proud Wiradjuri First Nations Aboriginal man born in Cowra and raised in Wagga, NSW. He played in the National Rugby League for South Sydney Rabbitohs, Penrith Panthers and Canterbury Bulldogs with the Institute in Professional Boxing in 2009. Joe is a two-times WBF World Champion and recently won the WBC Asia Continental Title.

Joe was Wagga Wagga Citizen of the Year in 2015 for his work in the community, mental health and suicide prevention sectors. He is also a published author, contributing to the book Transformation; Turning Tragedy To Triumph. Most recently Joe has also been involved in filming of the worldwide documentary Suicide, the Ripple Effect, from director and fellow advocate Kevin Hines.

Grim reality is the national suicide toll is climbing

This is an opinion article from Suicide prevention researcher and campaigner, GERRY GEORGATOS, from the Institute of Social Justice and Human Rights

RECENTLY, I opened a piece about having been informed of a former refugee who has taken his life, of a mother who has taken her life, of a young Aboriginal woman who has taken her life, of a former inmate who has taken his life, of a newly arrived migrant who has taken her life. Each of these individuals was aged in their 20s. From right around our nation, in recent weeks I have been informed of 90 suspected suicides, 20 of migrants and 20 of Aboriginal and Torres Strait Islander people – with my unofficial counts significantly comparatively higher than this time last year.

These are only the ones I am being informed about. With many of these suicides I have responded to the families. There is a wilderness of grief.

However, the most elevated risk period is either side of Christmas and all of us – as individuals, families and friends – must be on the alert, all watchful of those within our circle who may be vulnerable and include them in our lives.

Suicide takes twice as many Australian lives as all other forms of violence combined, including homicides, military deaths and the road toll. The suicide toll should be the nation’s most pressing issue - the issue of our time. But alas it is not.

According to my unofficial data sets, poverty and socio-economic pressures factor into more than 70% of the suicides, but with Aboriginal and Torres Strait Islander suicides more than 80%.

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Promote help-seeking

National 24/7 crisis support
Suicide Call Back Service
1300 659 467
www.suicidecallbackservice.org.au
Lifeline 13 11 14
www.lifeline.org.au
Beyond blue 1300 22 4636
www.beyondblue.org.au
MensLine Australia 1300 78 99 78
www.mensline.org.au

National LGBTI support and advice
QLife www.qlife.org.au
1800 184 527 (3.00pm–12.00am)
Youth specific services
24/7 crisis support
Kids Helpline 1800 55 1800
www.kidshelp.com.au
Clinical intervention and advice
headspace 1800 650 890
www.headspace.org.au

Gerry Georgatos
Gerry has been researching suicide prevention for 10 years. He has led campaigns around Aboriginal suicide prevention. He has been engaged on the issues of youth suicide prevention and child protection for a number of years. Gerry has been involved in the development of family violence and suicide prevention campaigns. He is a member of the NSW Suicide Prevention Council. Gerry has also been involved in analysis of youth suicide in the wake of the Royal Commission into Institutional Responses to Child Sexual Abuse.
Suicide Prevention

ATSISPEP and the hope of a new era in Indigenous suicide prevention

By Professor PAT DUDGEON and Professor TOM CALMA, AO

THE Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) is a unique Indigenous-led research project to identify ‘what works’ to prevent suicide in our communities.

Our rates of suicide today are twice as high as other Australians and probably growing. Like the tip of an iceberg, high rates of suicide are just the tip of a much larger problem, a sign of deeper and complex community-wide problems, invisible to many, but caught in cycles of despair and a sense of hopelessness. Yet not all our young people are facing similar challenges. The community-level issues that can contribute to a suicide, for example, unemployment, violence, and alcohol and drug use. In others, they have connected young people to their Indigenous identity and culture, and the sense of ownership this can bring. Some good examples are presented in the Elders’ Report into Preventing Indigenous Self-harm & Youth Suicide (see: https://departothe. healings.Indigenous.a manages.com). The many years of community-generated work in suicide prevention is something that Indigenous Australia, as a collective, should take great pride in. However, we have to acknowledge also that this alone has not been enough to stop Indigenous suicide rates overall hitting higher recently, and that some communities remain in particularly high risk. ATSISPEP’s first challenge was to identify ‘what works’ - the success factors evident from the suicide prevention work already undertaken in our communities. The second challenge was to support the dissemination of ‘what works’ across all communities. To share knowledge, and ensure that all can benefit from this collective wisdom and experience. After almost two years of work, ATSISPEP released a final report in Canberra on November 10. The report includes an analysis of Indigenous suicide prevention program evaluations and previous research and consultations on Indigenous suicide prevention.

It includes the input of ATSISPEP-held regional community roundtables, and roundtables on specific topics (for example, on Indigenous young people and suicide prevention, justice issues, and Indigenous LGBTQI and suicide prevention).

ATSISPEP also held a national conference in May at Alice Springs. It was an opportunity to test our work and gather even more information from the 370 attendees, most of whom were Indigenous. A selection of some of the success factors identified in the report includes:

- Community-specific programs to address the community-level contributing factors that can lead to suicide.
- Community development and ownership of programs.
- Access to culturally competent counsellors and mental health support for people at immediate risk of suicide.
- The involvement of Elders in programs.
- Cultural frameworks for programs, and cultural elements in them; for example, culturally-informed healing practices and connecting young people to country.
- Alcohol and drug use-reduction as a part of an overall response.
- A gatekeeper training, whereby community members are trained to identify people at risk of suicide and connect them to help. For young people, peer-mentoring, and education and leadership on suicide prevention.
- 24-hour, seven-day a week availability of support.
- With ATSISPEP complete, the implementation of the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (with almost $18 million pledged to it) through the Primary Health Networks, and the establishment of at least two Indigenous suicide prevention trial sites (that were recently announced by the Australian Government), can proceed on an evidence-based footing.

ATSISPEP has also generated tools for both Indigenous communities and Primary Health Networks to use to develop and strengthen programs.

The hope for ATSISPEP is that its report will bring about a new era in Indigenous suicide prevention in which many lives will be saved. It is now incumbent on Australian governments to ensure that communities receive the support they need to help make this happen.

All of the ATSISPEP reports can be accessed at www.atsispep.sis.uwa.edu.au.

FROM Health Minister Sussan Ley...

PRIME Minister Malcolm Turnbull committed the Government to a roundtable discussion with key stakeholders in the Kimberley to understand what is working in the region and what is not and to find some agreement on ways to help shape a new landmark suicide prevention trial in the Kimberley.

The Kimberley region has been selected as an initial site for a suicide prevention trial in recognition of the high rate of suicide in the region, particularly in Aboriginal and Torres Strait Islander communities. In the Kimberley, the age-adjusted rate of suicide is more than six times the national average. I was joined by Indigenous Affairs Minister Nigel Scullion and Assistant Minister for Aged Care Ken Wyatt, who is an Aboriginal man from Western Australia. During the roundtable, the roundtable were given an advance copy of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report, which was discussed by the project director, Professor Pat Dudgeon.

It was agreed that the recommendations of the report form a blueprint for the suicide prevention trial and that the ATSISPEP Evaluation tool be used and implemented to guide the PHN and Kimberley Suicide Prevention Trial site. Key outcomes from the roundtable included:

- Agreement for a shared commitment between the Australian Government, the community and service providers to reduce the high rates of suicide in Aboriginal and Torres Strait Islander communities in the Kimberley region.
- A recognition that suicide is not just a health issue but must link to the social and cultural determinants of health.

- A need to focus on family support.
- That community based interventions are needed and implemented using a foundation of Aboriginal and Torres Strait Islander leadership and in partnership with Indigenous communities, including the need to train the local Aboriginal mental health workforce and taking a family focused approach as part of empowering the community.

That the Kimberley roundtable will develop a suicide prevention model that can support the unique and culturally sensitive requirements of remote communities.
- That government funding and investment needs to be better targeted with more local involvement at service delivery between State and Federal funding arrangements.

That the Country Western Australian Primary Health Network (PHN) will work closely and collaboratively in partnership with Kimberley Aboriginal groups and organisations in the conduct of the trial. As Health Minister, I undertook to investigate how to extend Aboriginal community controlled health organisations representation on PHNs.

As the Kimberley trial will develop a suicide prevention model that can support the unique and culturally sensitive requirements of remote communities, there is a need for more local involvement at service delivery between State and Federal funding arrangements.

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As Health Minister, I undertook to investigate how to extend Aboriginal community controlled health organisations representation on PHNs.
Alcohol creates havoc in Indigenous communities

By ANDREA MASON

In 2008, when I arrived in Alice Springs, I was told that 13 women from the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Women’s Council membership region had been killed as a result of domestic violence between 2000 and 2008. And in every case, the accused partner had been under the influence of alcohol.

Since 2009, another two women from the NPY region have been killed as a result of domestic violence.

There are a lot of factors behind this, but it is a figure worth mentioning.

In the Northern Territory over the past three years, 23 women have been killed by someone with whom they were in a domestic relationship. And all of these partners were heavily intoxicated with alcohol – at least three times over the legal driving limit of 0.05.

At NPY Women’s Council, we know that alcohol isn’t the only trigger for violence, but it does escalate that violence. If we are to stop these domestic partner deaths, the excessive drinking in our community must be curbed.

It’s estimated that if drinking were to be reduced to a level equivalent to the national average, there would be a 50% drop in violence across the NT.

As a strategic business leader, I believe it would be an absolute tragedy if in 2020 the number of women killed by their partner as a result of alcohol-fuelled violence were to continue. On the current trajectory, we would see 51 women killed in seven years in the Northern Territory. This would be shocking and a disgrace, so change must happen today.

In regard to this, I would like to take this opportunity to thank the NT Government for the leadership it is taking on this issue.

When I talk about a shared responsibility, reducing the number of women killed due to alcohol-fuelled violent attacks is one of many areas.

Reducing Foetal Alcohol Spectrum Disorder (FASD) is another. And reducing suicide is a third.

Major health concerns

All these major health concerns will be significantly improved by addressing alcohol with evidence-based policies that we know will work.

At NPY Women’s Council, we have worked with victims of domestic violence since 1994. Today, we are also working to gather a critical mass of men who in time will become leaders, to advocate to others to change their violent behaviours and to seek better lives for themselves and their families.

It is of interest to me that even though NPY started its domestic violence service in 1994, the NPY region men’s cross-border program, set up to work with men to change their behaviour as part of the sentencing process, only began in 2007.

Why haven’t we seen a community-wide men’s initiative in the NPY Lands to stop the violence and – more importantly – what if a such a men’s movement to stop domestic violence had started in 1994?

Women have had no choice but to lead the way for their own safety.

Our Aboriginal women, and now men, are doing their part.

It is time for the whole Australian community to implement key policies on alcohol that will benefit everyone but especially the most marginalised people in our community.

It is Aboriginal people who suffer disproportionately because mainstream Australia cannot accept the need to turn down the tap a little for the benefit of everyone.

Devoted to just and fair access for her people

Andrea Mason is an Aboriginal woman who has devoted her career to promoting just and fair access for Indigenous people and provides support for families across the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Lands – the central tri-state region of the Northern Territory, South Australia, and Western Australia.

She was recently named the 2016 Telstra NT Business Woman of the Year and winner of the For Purpose and Social Enterprise Award. Following is an edited extract of her speech at the Telstra Awards evening held in Darwin earlier this month.

Ms Mason also attended the Council of Australian Governments national summit on reducing violence against women and their children in Brisbane to further discuss these issues and advocate for change.

She at the awards: "A low expectation accepts the worst elements of our two cultures, such as domestic violence, welfare dependency, financial abuse, excessive alcohol consumption, child neglect and child sexual abuse, and youth suicide.

"From the non-Indigenous community, which makes up 97% of the Australian population, Aboriginal people need your support to change the thinking from ‘me’ to ‘us’. To an ‘us’ that is inclusive of the cultural and economic prosperity of Aboriginal Australians.

"We also need the 97% to be generous patrons and leaders to create a safer and more secure society. Particularly when many Aboriginal and Torres Strait Islander people struggle to create this for themselves.

"One area where a ‘me’ entitlement has created havoc in communities is that of alcohol-fuelled violence, often at the very serious end of the scale – or indeed the most serious.”

New ebook about VSU

THE Australian Indigenous Alcohol and Other Drugs Knowledge Centre recently launched a new eBook about volatile substance use (VSU).

Based on the 2016 Review of Volatile Substance Abuse Among Aboriginal and Torres Strait Islander People, the interactive electronic version is a powerful learning tool.

HealthInfoNet Director Professor Neil Drew says: “This is a first for us as we expand our suite of digital tools and new platforms to deliver knowledge and information to the sector.”

The eBook is a tactile, sensory tool which provides multiple ways of utilizing the latest technology to assist learning about this important topic.

“We have been overwhelmed by the positive feedback from stakeholders in the testing phases and know there is a need for a resource of this kind. We are delighted to be able to provide this, our first eBook.”

The eBook has been created for Apple devices such as iPads, iPhones, laptops and desktop computers. It is free to download from iTunes and via the AODKC


Users can read it, listen to it, make notes and copy/paste content. Embedded in the eBook are short films and links to the original source of references.

Once downloaded, the eBook can be accessed and used multiple times in any way that the user determines.

Andrea Mason, who in October was named NT Australian of the Year.
Dying to be free: Where is the focus on the deaths occurring after prison release?

Megan Williams writes...

READERS of this newspaper are invited to attend the launch in Sydney on November 27 of The Good Justice Prevention and Healing needed book, which will also be freely available as an e-book via Croakey.org.

The third conference theme of the 2016 NAIDOC Lifetime Achievement Award Winner Tauto Sansbury is a social journalism project that specialises in health issues and policy.

You can find more than 860 articles about Indigenous health at Croakey.org - there are all freely available. We also have plenty of reading on climate change and health, and the social determinants of health.

Check out our #JustJustice series profiling community-led solutions to over-incarceration.

Follow us on Twitter (@CroakeyNews, @Croakeyblog & @WePublicHealth) and please like us on Facebook.

Croakey.org
$2.2 million grant for quit-smoking trial helping pregnant Aboriginal mums

ABORIGINAL communities across Australia will benefit from a $2.26 million national grant awarded to University of Newcastle (UON) public health researchers for a culturally competent smoking cessation program focused on the health and wellbeing of pregnant Aboriginal women.

The study, called "Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy", was developed in collaboration with Aboriginal Community Controlled Health Services.

With a four-year funding package announced under the National Health and Medical Research Council’s Global Alliance for Chronic Diseases (GACD) scheme, the team led by Professor Billie Bonevski and Dr Gillian Gould will now collaborate with a larger group of about 30 Aboriginal healthcare services around the nation.

“In Australia we have declining rates of smoking among pregnant women in general - the rate is currently around 10% - but with Aboriginal women the rate is up around 40% and there has been no decline,” Prof Bonevski said.

“A lot of tobacco control measures in Australia have until recently, been targeted at non-Aboriginal Australians whereas the (ICAN) QUIT in Pregnancy resources have been specifically developed to be a health promotion platform for Aboriginal communities as they draw on the knowledge and expertise of the community. “They are grounded in culturally appropriate material and Aboriginal people deliver the smoking cessation support. From a cultural perspective this is very important. “During the first phase of the study our quit smoking resources were pre-tested with Aboriginal women, Elders and health professionals in three states. They received very favourable responses, and were thought to reflect the diversity of Aboriginal peoples in Australia,” Dr Gould said.

The NHMRC grant will enable researchers to provide training and resources to staff at half of the health services involved in the trial, with the other half serving as a control group so that program outcomes can be evaluated effectively.

Under the trial, health data such as baby birth weight and lung health will also be collected by Prof Jorgie Mattes and Laureate Professor Roger Smith from the UON’s GrowUpWell and Mothers and Babies research centres to highlight the benefit of quitting for the newborn child.

Prof Bonevski and Dr Gould do research in conjunction with HMRI’s Public Health program. Pilot research was funded by the Hunter Cancer Research Alliance and the NSW Ministry for Health. Dr Gould also has fellowship funding from the NHMRC and Cancer Institute of NSW.
NDIS set to transform the lives of Aboriginal and Torres Strait Islander people living with a disability

THE National Disability Insurance Scheme, commonly referred to as the NDIS, is set to transform the lives of Aboriginal and Torres Strait Islander people living with a disability.

The NDIS will provide all Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. NDIS participants include people with intellectual, physical, sensory and psychosocial disabilities.

It will help people with disability achieve their goals, whether it be greater independence, community involvement, employment and improved wellbeing.

Funds supported by the NDIS include personal care and support, access to the community, therapy services and essential equipment.

The scheme will progressively roll out across Australia over the next three years to ensure the scheme is successful and sustainable. People will move to the NDIS at different times depending on where they live.

Transforming lives

The NDIS is already transforming lives in the Barkly region in the Northern Territory, and from January 2017 will start to roll out in East Arnhem Land. Ultimately, the scheme will support more than 600,000 people across the Northern Territory.

Once fully implemented, the NDIS is expected to support 460,000 people nationwide.

Staff from the National Disability Insurance Agency (NDIA) have worked with Aboriginal Elders and people to roll out the scheme in Indigenous communities, which has been vital to building local understanding and ownership.

54% of the QUMAX staff working in the Barkly region are Indigenous, including Stella Raymond (see inset).

National Disability Insurance Agency CEO David Bower said that the scheme was much-welcomed by people with disability, their families and carers.

“The NDIS is exciting because, at long last, people with disability will have choice and control over the supports they need to live an ordinary life,” he said.

“The scheme is revolutionising the way we support people with disability in Australia. For the first time, all Australians with disability will have equity of access to support, no matter where they live.”

To become an NDIS participant, you must meet certain access criteria. For more information, contact the NDIS on 1800 800 110 or visit www.ndis.gov.au.

Quality use of Medicines Maximised for Aboriginal and Torres Strait Islander People

THE Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) program is a collaboration between NACCHO and the Pharmacy Guild of Australia (PGA) with funding provided by the Commonwealth Department of Health (DoH) under the Sixth Community Pharmacy Agreement (6CPA).

Through the 6CPA, the QUMAX program received 12 months funding.

So what is QUMAX?

The QUMAX Program aims to improve health outcomes of Aboriginal and Torres Strait Islander people who attend participating Aboriginal Community Controlled Health Organisations (ACCHOs) in major cities, inner and outer regional areas.

QUMAX achieves this through the allocation of funding to participating ACCHOs to conduct programs on their territory. The funds are allocated on the basis of the ACCHO's membership.

Challenges

The 2015-2016 QUMAX cycle has been a particularly challenging. As a result of the notification of the 6CPA caused significant delays to the time-sensitive QUMAX program cycle, placing additional administrative burden on NACCHO from a national coordination stand point, and also at the ACCHO grassroots service delivery level.

The QUMAX program team supported ACCHOs through the completion and submission of their work plans and reporting requirements for this period. Despite these challenges, all program deliverables were met.

NACCHO's QUMAX Programme: Quality use of Medicines Maximised for Aboriginal and Torres Strait Islander People report published in the Koori Mail will highlight the value and effectiveness of QUMAX for Aboriginal and Torres Strait Islander clients of participating ACCHOs.

Funding for QUMAX is and remains capped at $11 million for the five-year (2010-2015) 6CPA agreement.

Although funding has increased annually, it has not been sufficient in meeting the ongoing needs of patients requiring support through the program.

Coupled with additional financial investment provided by ACCHOs across the 2013-15 financial years, the report indicated that a higher level of funding is needed.

Key outcomes from the report:

- $1 organisations participated in the QUMAX program from 2010 to 2015.
- QUMAX supported activities for which funding has not kept pace.
- Program participants are evenly distributed across major cities as well as inner and outer regional areas.

Across the seven support categories, the highest proportion has been allocated to Dose Administration Aids for complex medications (50%); asthma masks and spacers, nebulisers and peak flow meters are the most highly used device with over 22,500 being provided; and 21% of funds have been used for transport assistance for clients to acquire medications. It was noted that 80% of contracted pharmacies are located over one kilometre away from ACCHO clinics.

- 508 community pharmacies participated as Dose Administration Aids contracted pharmacies.
- Community Pharmacies actively participated in improving their own cultural awareness and support for client education on medications.

NACCHO continues to work towards ensuring the QUMAX Program, and quality use of medicine support to ACCHOs, continues throughout the 6CPA.

Clinton’s walk a journey for hope and justice

By EMMA MECONI

The road to justice is a long one fraught with difficulties and obstacles. But Clinton Pryor, a man from the eastern Kimberley region of WA, is determined and committed to overcoming them. He believes in the power of community and that together we can bring about change.

Pryor’s journey began in Perth on 20 September and is set to take him across Australia to Canberra in November. The walk is about bringing hope and justice to Indigenous communities worldwide. Pryor’s message is one of hope and reconciliation.

He said the best part of his life was when he was a teenager and his father passed away. "I lost my job, my girlfriend left me and I left home to live on the street for two years before I got myself together and went back on track again because I knew if I didn’t move on with my life and not believe in myself I was going nowhere with life," he said on his website.

"The hardest part of my life was when my father passed away when I was 16 years old. It was the day my life changed forever," he said.

"I put my hand on his head and promised him that I would do something to help my people, look after my family and keep our people’s culture alive."

Mr Pryor said the disconnection from others and not having a home was the hardest part of being homeless.

"The hardest thing when I was homeless was having no money, no home and no-one caring for me or asking me how I was doing," he said.

Connection to country and growing up in a remote community reinforces why this walk is so vital.

"Community life is very important because it keeps my people out of trouble and in the city there is drugs, alcohol and violence," he said.

Mr Pryor said that something is bad and tells by the songlines. "I can tell what is right and what is wrong. It is a sense in my heart that I can tell something is good or something is bad and tell by the animal around me if it is going to be a great day or not," he says.

Mr Pryor gains his strength from this force in the land around him and in return he loves and cares for the land, looks after her and protects her.

Threat to harmony

He stated that one threat to this harmony is mining companies because of the damage caused to the land, culture and heart of Indigenous people and damages their spiritual home.

"My people, we believe that when we die we come back and be a part of the tree, animal, rock, river, the air and the land itself," he says.

"That is why I am very connected to the land because I know that those who pass on before me are always with me and around me. The great energy of life." 

Mr Pryor does not want to see the forced closure of remote communities and the resulting homelessness because of government spending cuts. He said he had been involved in protests and rallies and was not prepared to give up on the belief that together he will win the fight for First Nations peoples.

The most things I worry about are seeing a lot of my people living homeless, watching the land being destroyed and my culture dying out," Mr Pryor says.

This is a critical aspect of the walk, because closing a community is not just taking people away from their home and leading to homelessness and feeling lost, it is also disconnecting them from their spiritual home and their identity.

"If communities are closing down, the sacred site, cave art and the songlines are under threat and can be lost forever without the young generation knowing their culture and about their people and how we live on the land," Mr Pryor said.

He wants to give his people hope and make sure they do not give up on the idea that they can change and fight for a better future.

Similarly, he does not want to see the forced closure of remote communities and the resulting homelessness because of government spending cuts. He said he had been involved in protests and rallies and was not prepared to give up on the belief that together he will win the fight for First Nations peoples.

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Similarly, he does not want to see the forced closure of remote communities and the resulting homelessness because of government spending cuts. He said he had been involved in protests and rallies and was not prepared to give up on the belief that together he will win the fight for First Nations peoples.

The most things I worry about are seeing a lot of my people living homeless, watching the land being destroyed and my culture dying out," Mr Pryor says.

This is a critical aspect of the walk, because closing a community is not just taking people away from their home and leading to homelessness and feeling lost, it is also disconnecting them from their spiritual home and their identity.

"If communities are closing down, the sacred site, cave art and the songlines are under threat and can be lost forever without the young generation knowing their culture and about their people and how we live on the land," Mr Pryor said.

He wants to give his people hope and make sure they do not give up on the idea that they can change and fight for a better future.
ABORIGINAL and Torres Strait Islander people experience some of the highest levels of ear disease and hearing loss in the world, with rates up to 10 times more than those for non-Indigenous Australians. Children and adolescents are particularly vulnerable to ear infections. The most common ear disease among Aboriginal Children is otitis media (OM), which is inflammation or infection of the middle ear, typically caused by bacterial and viral pathogens. Ear infections are responsible for the bulk of hearing problems with lifelong consequences, many of which are preventable and treatable if diagnosed early.

NACCHO’s Ear and Hearing Project is aimed at coordinating the development and delivery of Ear and Hearing Health Skill Set Training for up to 115 Aboriginal and Torres Strait Islander Health Workers. The project was funded under the Commonwealth Government’s ‘Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes’ - a COAG measure, which also supported its implementation.

The overall measure aimed to improve the early detection and treatment of eye and ear health conditions in Aboriginal and Torres Strait Islander people, leading to improved education and employment outcomes. NACCHO received funding for five phases of the project through the Aboriginal and Torres Strait Islander Health Workforce Section of the Department of Health. Registered Training Organisations (RTOs) were selected through a rigorous panel process with representatives from NACCHO, the Department of Health and Hearing Services Australia. The selection process was strict and services had to meet the following criteria:

- Be a registered training provider – preference was be given to Aboriginal and Torres Strait Islander Health Registered Training Organisations (RTOs).
- Have the capacity and scope to deliver the Ear and Hearing Skill Set for Aboriginal and Torres Strait Islander Primary Health Care training.
- Provide qualified trainers and assessors to deliver Ear and Hearing Skill Set training.
- Deliver the training within the required timeframe – April-October 2015.
- Provide confirmation of training dates.
- Be willing to take on bursary scheme participant/s as part of the delivery of training.
- Take on eligible students to complete the training (list supplied by NACCHO).
- Deliver training within the allocated budget.
- Supply RTO details and provider number.
- Lodgement of proposal by the closing date.

Four Registered Training Organisations were rated as suitable to deliver training on behalf of NACCHO. They were:

- Central Australian Remote Health Development Service Ltd, Alice Springs, Northern Territory.
- Aboriginal Health Council of Western Australia, Perth, WA.
- The Aboriginal Health College, Sydney, NSW.
- Nunkuwarrin Yunti of South Australia Inc.

The Ear and Hearing Health Skill Set Training was conducted over a two-week period and provided a pathway for Aboriginal and Torres Strait Islander health workers to specialise in the provision of ear and hearing health.

Additionally, the skill set units provide credit towards Indigenous Aboriginal and Torres Strait Islander Primary Health Care qualifications at the Certificate IV level or higher.

NACCHO coordinated 100 Aboriginal Health Worker Ear and Hearing Training which was delivered in Brisbane, Darwin, Melbourne, Cairns, Perth, Dubbo, Sydney, Algoorlie, Albany and Adelaide.

Due to Sorry Business, minimal trainees participated in Darwin, with training in Katherine cancelled all together.

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons (RACS) and Foundation for Surgery are pleased to announce a range of awards and scholarships for final year medical students & junior doctors identifying as Aboriginal and/or Torres Strait Islander. These opportunities aim to enhance recipients careers and their interest in surgery.

Foundation for Surgery – Aboriginal and Torres Strait Islander Annual Scientific Congress Awards

These awards are open to final year medical students and junior doctors. There are up to 3 awards available in 2017, each covering airfare, accommodation and registration fees to attend the RACS ASC, in Adelaide, 8-12 May 2017.

Career Enhancement Scholarships for Aboriginal and Torres Strait Islander Junior Doctors

There are up to three scholarships available in 2017, each valued $5,000 (GST incl).

Career Enhancement Scholarships for Aboriginal Medical Students

These scholarships are open to final year medical students. There are up to three scholarships available in 2017, each valued $2,000 (GST incl).

The Career Enhancement Scholarships may be used for one or a combination of activities, commensurate with the level of medical education of the applicant, such as:

- Course fees & JDOCC registration fees
- Attendance at surgical skills workshops
- Surgical related research projects
- Attendance or presentation at a medical, surgical or Indigenous Health conference in Aus or NZ
- Other professional development activities of benefit to the applicant

Applications close 5pm Monday 30 January 2017. Full details are available on the RACS website http://www.surgeons.org/member-services/interest-groups-sections/indigenous-health/

Alternatively, for more information contact the Indigenous Health Committee Secretariat on +61 3 9276 7473 or by email indigenoushealth@surgeons.org
Representing our medical students

THE Australian Indigenous Doctors’ Association (AIDA) is the professional association of Indigenous doctors and medical students, and its primary mission is to grow the number of Indigenous doctors in Australia. One of AIDA’s key strategies is to support Indigenous medical students, and one of the structures that AIDA has in place to do this is its Student Representative Committee (SRC). The SRC is comprised of elected representatives of university medical schools across Australia and a student director who is also an elected member of the AIDA Board of Directors. The role of the SRC members is to represent their Indigenous medical student peers to AIDA and to represent AIDA at the university level, as well as advocating for Indigenous medical students and Indigenous health at the community and national levels.

The SRC provides advice to AIDA on issues that affect Indigenous medical students, such as medical curriculum, Indigenous student support initiatives, and the role of Indigenous medical students in their medical journeys and increasing AIDA’s student membership. Further, the SRC also provides input into AIDA’s policy and advocacy work, its research agenda, and cultural safety initiatives.

While many SRC members are already emerging leaders amongst AIDA’s Indigenous medical student membership, the SRC provides a unique opportunity to further develop their leadership and governance skills. A number of former SRC members have gone on to become AIDA Directors.

The Student Representative Committee

During AIDA’s annual networking and professional development event — AIDA 2016, which was held in Cairns in September, the newly elected Student Director and SRC for 2016-17 were announced.

The AIDA Student Director is Ian Lee who is a final-year medical student in the Flinders University Northern Territory Medical Program (NTMP) in Darwin. Ian has been a long-standing AIDA student representative for Flinders University NTMP and was an SRC member in 2011 and 2012. He actively encourages other students to take on leadership roles to gain experience with AIDA, as a national Indigenous organisation.

As Student Director, Ian is a member of the AIDA Board of Directors and provides a student perspective to the Board as well as assuming the responsibilities of chairing the SRC. Other AIDA SRC members for 2016-17 are: Kayla Arabena-Bymes (The University of Otago), Ryaan Bulger (The University of Sydney), Kathryn Balmer (University of Wollongong, NSW), Brylee Frost (University of NSW), Kirri Gates (The University of Melbourne), Cassandra Geeman (University of Newcastle, NSW), Rhiannon Hein (University of Adelaide), Ethan Johnson (Western Sydney University, NSW), Blake Jones (Griffith University, Qld), Myora Kruger (Bond University, Qld), Monique Lucas (The University of Western Australia), Reagan O’Neill (Australian National University, ACT), Jean Peppiatt (Flinders University, NT), Natalie Pink (Flinders University, SA), Destiny Powell (University of New England, NSW), Amanda Robinson (The University of Notre Dame Australia, Fremantle, WA), Krystal Stingfellow (James Cook University, Qld), and Destiny Powell (James Cook University, Qld).

The SRC undertakes a series of projects designed to assist and support Indigenous medical students in their journey to becoming doctors. The SRC project is always a significant body of work that draws on the experience and wisdom of the broader AIDA membership to develop a product that is valued by Indigenous medical students, but the broader membership, medical students in general, and the universities where AIDA’s members study.

Recent SRC projects include:

- the AIDA publication, Indigenous Medical Students’ Guide to Internship;
- the AIDA publication, Indigenous Medical Students’ Guide to Medical School;
- the AIDA and the Australian Medical Students’ Association collaboration video project Debunking the Myths. Other achievements by the SRC include:
- annual increases in the number of Indigenous medical students members of AIDA;
- Indigenous medical student engagement activities at universities;
- increased engagement with the Australian Medical Students’ Association (AMSA), which has developed into a formal memorandum of understanding between AIDA and AMSA, the National Rural Health Students’ Network (NRHSN) and the General Practice Students’ Network (GPSN);
- the AIDA publication Journeys into Medicine was based on a concept originally developed by the SRC; and
- significant contributions to AIDA’s policy work, such as AIDA’s Research Agenda and Cultural Safety.

Visit aida.org.au to find out more about AIDA and its SRC. If you are interested in becoming a member, visit www.aida.org.au/membership/join-aida-today.
Closing the Gap on Aboriginal and Torres Strait Islander Workforce Development – IKE MPH Graduates

DEAKIN University’s Institute of Koorie Education (IKE) has celebrated the recent graduation of Master of Public Health (MPH) students, who are now making a significant contribution to improving health outcomes in communities.

Here are profiles on the graduates.

Jo Hedges: She has worked previously with an Aboriginal Community Controlled Health Service for more than 26 years as a dental nurse practitioner. Since 2011 Jo has been employed in oral health research with Adelaide University. She is working in the field with Indigenous mothers and their babies in a study aligned to Early Childhood Caries.

“My MPH studies have guided me in understanding the impact of today’s current social factors on the health and wellbeing of individuals, communities and society and how quality evaluation of health programs can contribute to longer-term health improvements.

“I look forward to integrating my MPH studies with my researcher role, making a positive contribution to improved understanding and therefore effective and positive interventions in the health and wellbeing of the next generation and generations to come.”

Darren Clinch is a Badimia man from Yamiati country (WA). He said that undertaking the MPH has assisted him to sharpen his career focus.

“During the course of the MPH study the skills and knowledge gained have significantly contributed to my current role in data improvement for aboriginal and Torres Strait Islander peoples living in Victoria,” he said.

“My studies have been fundamental in understanding the wellbeing of the next generation and therefore effective and positive interventions in the health and wellbeing of the next generation and generations to come.”

Kassmena Birch comes from Thursday Island in the Torres Strait. She said: “Studying at the Institute provided an opportunity to listen and learn from other students about their experiences in the health field and in their communities.

“This was highly valuable in enriching the theory learnt and how it can be applied. As a result of studying the MPH, I participated in the 2015 Aurora Indigenous Scholars International Study Tour.”

Jason Davis said: “As an Aboriginal man of the Wajarri and Kalkadoon nations it has been essential for me when enrolled, to maintain my grassroots connection with my identity and throughout my enrolment in the program.

“I have found the MPH has refrained from institutionalising Aboriginal students into a mainstream ideology and established valuable mature-age learning styles that work for us.

“Also the MPH studies have made my transition from work life to tertiary study more flexible and less restrictive, while prioritising the Aboriginal values within the course curriculum has ensured my cultural safety needs were seen to be valued.”

Marg Niki O’Brien – Graduate Diploma in Public Health. Margaret’s people are the Kardu Kura Thipmarn from the Victoria Daly Region of the Northern Territory.

“My decision to return to study was to further my knowledge and to be an example to my children and make it a normal thing for them to see and be around,” she said.

“Partaking in studies gave me the confidence to participate in a practical research role and I am a member of Danila Dilba’s Research Working Group. I have also had opportunities to use learnt skills to present at various conferences around Australia.”

For more information about the MPH course go to www.deakin.edu.au/ike or contact Wendy Anders – wendy.anders@deakin.edu.au or Janice Jessen – janice.jessen@deakin.edu.au

Indigenous Peoples’ Medical Scholarship 2017

Applications are now being sought for the 2017 Australian Medical Association (AMA) Indigenous Peoples’ Medical Scholarship. Applicants must be of Aboriginal and/or Torres Strait Islander background.

Applicants must be currently enrolled full-time at an Australian medical school and at least in their first year of medicine. Preference will be given to applicants who do not already hold any other scholarship or bursary.

The Scholarship will be awarded on the recommendation of a selection panel appointed by the AMA. The value of the Scholarship for 2017 will be $10,000 per annum. This amount will be paid in a lump sum for each year of study.

The duration of the Scholarship will be for the full course of a medical degree, however this is subject to review.

Applications close 31 January 2017.

To receive further information on how to apply, please contact Sandra Riley, Administration Officer, AMA on 02 6270 5452 or email indigenousscholarship@ama.com.au. An application package can be also downloaded from the AMA website www.ama.com.au/indigenous-peoples-medical-scholarship-2017.

The Indigenous Peoples’ Medical Scholarship Trust Fund was established in 1994 with a contribution from the Australian Government. The Trust Fund is administered by the Australian Medical Association.

The Australian Medical Association would like to acknowledge the contribution of the Reuben Peterman Benevolent Foundation and also the late Beryl Jamieson’s wishes for donations towards the Indigenous Peoples’ Medical Scholarship.
All-female Indigenous rugby league team backs Quit for New Life in light of startling figures

FEMALE rugby league players from the Mt Druitt area of western Sydney are tackling the issue of smoking among pregnant Indigenous women. Shocked by the number of expectant Aboriginal mothers puffing on cigarettes in western Sydney — almost one in two — the Red Belly Blacks team joined Western Sydney Local Health District’s Quit for New Life initiative.

Sporting the campaign’s logo at the recent Koori Rugby League Knockout, the team spoke to local women at the carnival and before training sessions about the importance of health.

“We got involved to get the message out, to reach out to young mums and people trying to quit smoking,” team manager Jenny Murray, of Mt Druitt, said. “Being an all-female footy team the girls related to (one another), they were sitting back yarning and encouraging each other.”

Ms Murray, a nursing student, said the team was very passionate as a few players are already mothers. It was also close to home for the manager, who quit smoking eight years ago.

Ms Murray said she wanted to keep the conversation going to “break that cycle within my people and our community”. Almost one-third of Indigenous mothers at Blacktown Hospital smoke during their pregnancy. In 2015, almost 45% of Aboriginal mums-to-be smoked, while the rate for non-Indigenous mums was just 7%.

The Quit for New Life program offers pregnant and postnatal Aboriginal women counselling and free nicotine replacements. It is accessible at various places including Mt Druitt Hospital’s Aboriginal Health Unit, the Community Health Centre and Blacktown Hospital’s antenatal clinic.

WSLHD Population Health deputy director Christine Newman said in a statement tobacco was still the “biggest killer” in Australia and the prevalence is “significantly higher” in the Indigenous community.

“Smoking while pregnant or exposure to smoke … contributes to an increased risk of complications such as spontaneous abortion, labour complications, still birth, low birth weight and sudden infant death syndrome,” she said.

– By Marissa Georgopoulos, Mt Druitt-St Marys Standard

“We got involved to get the message out, to reach out to young mums and people trying to quit smoking. Being an all-female footy team the girls related to (one another), they were sitting back yarning and encouraging each other.”

Jenny Murray (front) and the Red Belly Blacks team, some of whom are young mothers.

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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!

SAVE THE DATE

NACCHO Annual General Meeting & Members Meeting
6th - 8th December 2016
MELBOURNE, VIC

Check our website for further details http://www.naccho.org.au/events

CONTACT NACCHO
Chair - Matthew Cooke
CEO - Pat Turner
Tel: 02 6246 9300
Fax: 02 6248 0744
Email: admin@naccho.org.au
Web: www.naccho.org.au
Postal: PO Box 5120 Braddon ACT 2612
Office: Level 3, 231 London Circuit Canberra City ACT 2601

NACCHO NEWS submit Advertising and Editorial
nacchonews@naccho.org.au

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