Family Nutrition Project

Samantha Alexander, Project Officer
Healthy Living NT - Darwin

The Family Nutrition Project (FNP) is part of the Communities for Children Initiative funded by the Australian Government through Red Cross Australia.

The FNP has received additional funding to continue its work at Palmerston and the Tiwi Islands for another year. The program is working with various community groups across these regions to promote good nutrition for children aged 0-5 years. Another key aspect to the program is budgeting.

To assist family groups to understand the key messages from each session, Healthy Living NT is developing site-specific resources. The resources will provide basic information to support families with young children. Infant feeding guidelines, healthy snack ideas and delicious family recipes have been included in each resource.

The New Year has begun very well with sessions underway at the communities of Nguiu, Pirlangimpi and Milikapiti, located on the Tiwi Islands. These communities have embraced what the program has to offer. The family groups who have attended the sessions have been eager to learn about healthy infant nutrition and how they can get good value for money when they shop.
The sessions have covered the topics of fruit, meat and meat alternatives, starchy foods, vegetables and dairy products. Each session demonstrates how these food products can be cooked and prepared, and when parents can introduce them into the babies’ diet. The sessions have also emphasised which fluids are good for children and which are not.

Sessions have also been conducted at Moulden and Driver. The mothers at Moulden Park School and Neighbourhood Centre and Driver Resource Centre have had the opportunity to cook stir-fries, home made pizzas, lasagne and muffins. This is an exciting way to learn and the best part is that there are always leftovers for them to take home to other family members.

Helpful shopping hints are discussed at each session, as it is important for the mothers and fathers to understand how to best spend their money when they do their food shopping. All the food that is prepared at each session is compared to the price of other unhealthy alternatives, including fast food and lollies. This helps the families understand the value of buying healthy food.

Please contact Sam at Healthy Living NT on 8927 8488 or at chapa@healthylivingnt.org.au for further information.

A SAD FAREWELL

Helen Barnard
Chronic Disease Network Coordinator

The Chronic Disease Network would like to extend our sincere condolences to the family, work colleagues and friends of Dave Evans, who passed away recently.

Dave was known to many as the Health Service Manager of the Amoonguna Health Service in Central Australia and he was a well respected and tireless worker whose efforts have been highly valued.

In the March 2009 edition of “The Chronicle”, the front page featured a story about the production and launch of the DVD – “Ear and Hearing Story”. This project is an example of the relationships that Dave had built with the Amoonguna community and the positive outcomes he was able to achieve in partnership with them.

The CDN would like to sincerely thank Dave for his involvement with the CDN and his contribution to the field of Chronic Disease.
We delivered information from components of the Mooditj program. Tania the younger of the Strong Women translated this very well to the girls. On day 1 we did something around who they would go to if something was troubling them. This session is called “speaking out.” They had to write this on a hand, which is one of the resources that are in the kit as shown in the photo below. It was a very hot day, so at the lunch break some of the girls and Barb went for a cool off in the water and some went hunting for crabs with one of the women whilst Dorothy and I made up some sandwiches for lunch. After lunch one of the women taught the girls some cultural dancing, while Dorothy made some damper and cooked the crabs.

Day 2 we picked up about 9 girls. On this day Kim (midwife at the clinic) went through the contraception kit with the girls and also spoke about sexual health assisted by SWW (Guymun). The girls showed a lot of interest on both days, it was like they were hungry for this information.

The girls again were doing some traditional dancing under the eye of the SWW. We did an evaluation and felt that it did go well. Early next year we will do some planning with the school and try and have some sessions in the class room, and also get someone from men’s health, Joe Daby and Harold Koops, to get involved with doing some activities with the young men/boys.

It is always a pleasure to work in partnership with the clinic at Galiwinku, as they are always helpful.

The next education visit is set down for the week of April 27.
Role of the TEAM and its members

Pat Hansen
Maternal, Child and Youth Health Program, Department of Health & Families (DHF) NT

The Maternal, Child and Youth Health team consists of Child Health Nurses (CHN), Aboriginal Health Workers (AHW), Outreach Midwives (OM), Strong women, Strong Babies, and Strong Culture (SWSBSC) Health Promotion Officers, Project People, Administration staff, Coordinators and a Program Director. We have Staff/Teams in Darwin, Nhulunbuy the Barkley and Alice Springs. The team is part of the Northern Territory Department of Health and Families.

The Project people in Darwin are implementing the new Group Midwifery Practice (GMP) for the area, to support the remote Antenatal women that come to Darwin for delivery. Another project is the Healthy Under 5 Kids program (HU5K’s) that is due to be introduced in the middle of 2009 with the aim to enhance the present Growth Assessment and Action (GAA) program. These are exciting times for Child Health and Midwifery with great improvements in the wind.

The child health nurses on the ground in Darwin have been focusing on a Healthy School Age Kids program (HSAK’s) which is a snap shot into the health of children in remote areas. The screening has identified a few areas that need special attention.

At school screening this year we are looking at all children to ensure their immunisations are up to date, giving worm medicine and testing Haemoglobins. Also involved in the screening process is looking under eyelids for the disease Trachoma, checking skin and teeth and all children will have their hearts and lungs assessed by a Doctor. An Otoscopy is also carried out on each child and hearing and vision tested in those of a particular age group. This is an important program to find out the health of our children.

We can assist clinics if they require further education on matters of Child Health or Health Promotion. The midwives are available for Antenatal Education and the Strong Women form a big part of our program to encourage culturally appropriate practices are in place.

To speak with anyone on matters of Child and Maternal Health please contact our Administration Officer, Vicki-Ann Buck on 08 89227712 and I’m sure she will direct you to the right person.
The Diabetes Antenatal Clinic and Education (DANCE) was established in 2004 to meet the needs of women in the Central Australian catchment area who have diabetes in pregnancy. Previously, women with diabetes in pregnancy were followed up in the community. Initially established as a half-day clinic, the program has now expanded into a full day clinic to meet the growing demand.

The DANCE clinic is held every Wednesday in the Maternity Unit of Alice Spring Hospital. It gives pregnant women a one-stop shop where we aim to provide antenatal and diabetes education, along with monitoring, including medication titration and dietary advice. We also offer breastfeeding education and social support. The women finish their clinic review with an Obstetric consultation.

Due to the remoteness of living and working in this outback region of Australia, our clinic has gone one step further to ensure we are accessible to all who require our service. We have created Virtual DANCE. Interested? Let us explain.

Over the past few years, like many outpatient clinics, we often had many ‘Did Not Attends’ (DNAs). For many Indigenous women, issues such as leaving families, taking the long drive, bus trip or flight into Alice Springs, along with having to stay in town for a day or two before they could go home due to transport, was often a deterrent to keeping their appointments. And so Virtual DANCE was established, to endeavour to provide services to all expectant mothers with diabetes in pregnancy.

**How does it work?**

The DANCE clinic is run in conjunction with the woman’s local Community Health Centre, after her initial consultation. Weekly or fortnightly BGL results are faxed to DANCE from the remote Health Centre, and reviewed by an Obstetrician and Diabetes Educator. A regime or educational advice is then faxed back on the same day.

This means that the women living in remote communities no longer have to leave their families and travel for long periods of time for their antenatal and diabetes education reviews. Accommodation does not have to be arranged; it is cost effective and, overall, most women with diabetes in pregnancy are getting the care they need to maintain tight blood glucose control for the duration of their pregnancy.

Clinical audits have indicated that there is now an increased acceptance of insulin therapy in pregnancy. DANCE and Virtual DANCE have contributed to reduced admission numbers for neonates to the special care nursery and have reduced bed days in the nursery for these infants.
Influenza

The influenza virus changes frequently so an annual flu vaccination is needed to cover current circulating strains. The NT has no defined influenza season and it can occur at any time of the year.

Influenza in Pregnancy

Influenza infection in pregnancy may cause increased rates of miscarriage, respiratory and cardiac conditions. Healthy pregnant women had an increased risk of complications and death due to influenza during the influenza pandemics of 1918-1919 and 1957-1958. 1, 2 In non-pandemic settings, pregnant women, especially those with chronic medical conditions, are at higher risk of severe influenza and hospitalisation. 3

Flu vaccine in pregnancy

The 2009 flu vaccine is now available and is recommended for all pregnant women.

The flu vaccine is an inactivated (not live) vaccine and is safe in all 3 trimesters of pregnancy.

Other Benefits of the flu vaccine

Flu vaccination of mothers may provide passive protection against influenza in their infants. 4 Infants cannot receive the flu vaccine until 6 months of age but vaccination of mothers may help to protect children too young to be vaccinated.

How to order flu vaccine for pregnant women

The Australian Government does not fund free flu vaccine for pregnant women under the National Immunisation Program. Flu vaccine is available under the Pharmaceutical Benefits Scheme (PBS) and Section 100 (remote and rural only) for those at special risk of adverse consequences from infections of the lower respiratory tract. A script must be written by a medical officer to access vaccine under the PBS, otherwise the woman or clinic must pay for the vaccine at a cost of approximately $15.

References

1. Harris JW. Influenza occurring in pregnant women. JAMA 1919;72: 978-80
Policy Statement
The National Cervical Screening Program recommends that cervical screening by Pap smear should be offered to every woman presenting for antenatal care that has not had cervical screening within the past two years.

Key Points
• The National Cervical Screening Program recommends that all women aged 18 to 69 years, who have ever been sexually active, should have cervical screening by Pap smear every two years.
• A cervical Pap smear should be offered to every woman receiving antenatal care who has not had cervical screening within the past two years.
• The Royal Australian and New Zealand College of Obstetricians and Gynaecologists advises that women should be reassured there is no evidence that a properly collected Pap smear causes any pregnancy problems. However, they should be warned of possible spotting and minor bleeding following the Pap smear.

Rationale
Cervical cancer is not common during pregnancy. However, the highest rates of cervical abnormalities occur in women of reproductive age.

Pregnancy is a time when women often have the greatest interest in their health and may take advantage of cervical screening if it is offered. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists has provided advice to the Program that a Pap smear should be offered to every well pregnant woman, without symptoms of cervical cancer, who has not had cervical screening within the past two years. This should be undertaken as part of antenatal care, ideally before 24 weeks gestation.

Screening may be undertaken at the booking visit unless there is some clinical reason such as bleeding which would preclude collecting the Pap smear. The Pap smear could then be done at a subsequent visit.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists advise health clinicians to use the method of cervical cytology collection with which they are most comfortable.

Pregnant women with abnormal smear results should be managed in accordance with the National Health and Medical Research Council (NHMRC) guidelines screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities.

For more information, go to the Cancer Screening website: - www.cancerscreening.gov.au

CervicalscreenNT- Well Women’s Cancer Screening also encourages practitioners to take postnatal Pap smears if the woman has not had a Pap smear in the last two years and did not have one antenatally.
SMOKING and ALCOHOL use during PREGNANCY in the Northern Territory

Kerryn Coleman, Kara Tew and Xiaohua Zhang
Health Gains Planning,
Department of Health and Families (DHF) NT

Background
Smoking and alcohol use during pregnancy are associated with poorer outcomes for the child both at birth and in the longer term. Alcohol can cause problems during foetal development leading to increased risk of miscarriage, stillbirth, and infant abnormalities such as foetal alcohol spectrum disorder which has a significant long-term impact. Babies born to mothers who smoke have a greater risk of low birthweight, prematurity and perinatal death, while the mothers are more likely to experience pregnancy complications including placental abruption. Low birthweight babies are at greater risk of developing chronic diseases, such as diabetes and cardiovascular and renal disease in adulthood.

Information on smoking and alcohol use in pregnancy is collected from mothers at their first antenatal visit and again at 36 weeks gestation. The latest data available is for the period 1996 to 2005.

Alcohol use
In the NT in 2005, alcohol use during pregnancy was not recorded for 11% of all women at their first antenatal visit and 18% at 36 weeks gestation. Among these recorded, 13% of Indigenous women and 8% of non-Indigenous women reported drinking alcohol during pregnancy at their first antenatal visit. This decreased to 9% Indigenous women and 4% non-Indigenous women respectively by 36 weeks gestation.

Smoking
In 2005, self reported smoking was much higher in Indigenous women with 54% reporting smoking at the first antenatal visit, compared to 23% in non-Indigenous women. These levels decreased to 48% and 18% respectively by 36 weeks gestation (Table 1).

Smoking during pregnancy is much more prevalent in the NT (29.3%) than in the rest of Australia (17.4%). However, the proportion of NT Indigenous mothers who smoke is comparable to that of Indigenous women in other Australian states and territories who reported a range of 45-59% for the period 2001-04.

Table 1: Number and proportion of pregnant women who reported smoking at first antenatal visit and at 36 weeks gestation, by Indigenous status, NT 2005

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Smoking trends

From 1996 to 2005 there was an increase in the proportion of Indigenous women smoking during pregnancy but a decrease in smoking levels of non-Indigenous mothers. This has widened the gap between the smoking rates of the two groups (Figure 1).

It is possible that improved quality in reporting smoking status over this time, particularly in Indigenous women, may have contributed to this effect.

Figure 1: Proportion of mothers who reported smoking during pregnancy by Indigenous status, NT all mothers, 1996-2005

Smoking by health district and region

Indigenous women consistently reported higher levels of smoking during pregnancy than non-Indigenous women across all health districts from 1996 to 2005. For Indigenous women, smoking was much more common in those living in the Top End than in Central Australia, and the difference has been sustained over time (Figure 2). For non-Indigenous women there is little difference between the two NT regions.

Figure 2 Self-reported smoking status in pregnant women, by Indigenous status and NT region, 2004-05
Smoking and alcohol use during pregnancy are associated with poorer outcomes for the child both at birth and in the longer term.

Conclusion
This report highlights that, despite the known poor birth and maternal outcomes associated with smoking and alcohol use, there are continuing high levels of smoking and alcohol use during pregnancy. Of particular concern is the increasing proportion of Indigenous women who smoke during pregnancy. The results reinforce the need to target alcohol and smoking behaviours among pregnant women.

Smoking during pregnancy is much more prevalent in the NT than in the rest of Australia.

References
ConocoPhillips Australia and Asthma Foundation NT are partners in a swim program that aims to provide an opportunity for children with asthma to participate in regular physical activity and receive support in appropriate asthma management.

This partnership is now in its third year of operation and is unique to the Northern Territory.

Children aged from 18 months, with a confirmed diagnosis of asthma, and who live in Darwin and its surrounds are encouraged to attend the swim program. Beginners attend the learn-to-swim classes on Saturday mornings and more advanced swimmers attend twice weekly squad training.

An asthma educator attends the swim program on Saturday mornings in order to provide asthma information and support to families in an informal, relaxed surrounding and to encourage the children in their swimming efforts. Each week parents/carers complete a medication checklist that provides information about the child’s asthma symptoms, medication, dosage and whether there were any significant changes. This is used by the educator to monitor the child’s asthma management and to enable the most appropriate support.

Group asthma education sessions are also offered to parents/carers once each term. Mandatory attendance at least once yearly forms part of the enrolment terms and conditions.

Parents/carers enjoy the program as much as the children with many forming friendships that have developed into an informal support group.

An evaluation survey of families was conducted in 2008 with the following results:

- 100% of children surveyed were enjoying the swim program
- 33% of children had a reduction in medication usage since commencing the program
- 33% of children had less frequent severe asthma incidents
- 60% of children had improved asthma control since commencing the program
- 40% of children had improved overall wellness since commencing the program

Currently a total of 56 children are enrolled in the program with several children on a waiting list for the learn-to-swim classes.

We wish to acknowledge ConocoPhillips Australia for their ongoing support of this program and are confident that it will provide a life time benefit for all participants.
Making cars that are carrying children in the Northern Territory smoke-free was one topic of discussion at a Tobacco Summit hosted by the Heart Foundation in Darwin on March 23 and 24.

Professor Ron Borland, the Nigel Gray Distinguished Fellow in Cancer Prevention, Cancer Council Victoria, who was a keynote speaker at the event, advocated the policy.

Prof Borland said children were particularly susceptible to cigarette smoke and called on the NT Government to take action to protect them.

“Research has shown that smoke in cars can reach dangerous levels, levels way beyond those that environmental authorities use to warn people to stay inside (when dangerous levels are reached outside),” Prof Borland said.

“Exposing anyone, particularly children who are both more susceptible and less able to avoid exposure, is unconscionable. “It is relatively easy for governments to ban, so they should do it.”

The event was a great success, with more than 70 participants contributing to a tobacco action plan for the Northern Territory,” said Dorothy Morrison, Heart Foundation CEO - Northern Territory.

“It is this level of collaboration across agencies that will be vital to reducing the high rates of smoking in the NT.

“The development of a tobacco action plan is the first step towards achieving this goal.”

At the summit, delegates were divided into eight workshop groups, with each group focused on one of three action areas for tobacco control: healthcare interventions; community interventions; and policy and legislation interventions.

Within these groups, delegates participated in five workshop sessions that covered five key strategy areas:

1. Tobacco control priorities for the Northern Territory;
2. Indigenous-specific priorities;
3. Partnerships/workforce participation;
4. Monitoring, evaluation and research; and
5. Reporting process.

Recommendations coming from the two days of discussions and workshops will be presented to a summit steering committee for inclusion in a Northern Territory tobacco action plan.
The Early Childhood Anaemia Prevention Project is a pilot community nutrition program using a preventive approach of home micronutrient fortification, with ‘Sprinkles’ and family and community based nutrition promotion.

Regular readers of The Chronicle may remember reading about the proposed ‘Sprinkles’ and Nutrition Community Program (Vol. 11, Issue 4, August 2008) due to commence last year. The project has been renamed from the original title ‘Sprinkles’ and Nutrition Community Program to emphasise the project’s purpose rather than the product ‘Sprinkles’.

A brief history of the project is that four Aboriginal Community Controlled Health Services, the Department of Health and Families and The Fred Hollows Foundation have been working together since 2006 in response to the continuing high prevalence of anaemia amongst under-2s and community concern about the current invasive treatment protocols. The first phase of the project, formative research with eight NT communities, was completed in 2007 and has informed the design of the project. The project comprises two broad strategies:

1. Home micronutrient fortification of complementary foods using ‘Sprinkles’
2. Family and community based nutrition promotion of infant and young child nutrition.

HJ Heinz Company Australia committed to the philanthropic supply of ‘Sprinkles’ for the pilot. Since negotiations first commenced in 2006 a number of barriers have presented and as a result ‘Sprinkles’ is yet to be available in Australia. This has caused much frustration amongst all project partners. The major barrier is that iron content of ‘Sprinkles’ (10mg per sachet, to meet the daily requirements of 6-24 month olds) means that ‘Sprinkles’ must be listed with the Therapeutic Goods Administration (TGA). There are no overseas production facilities that comply with TGA standards, so Heinz has been unable to import the product as originally intended.

A meeting was held on Wednesday 8 April at Darwin, attended by representatives from eight organisations across northern Australia to discuss the future of the project. Heather Ferguson, Nutritionist from Heinz Australia, linked in by video-conference to share the progress towards procurement of ‘Sprinkles’ and the news was promising.

Heinz has sourced a company in Australia that can produce ‘Sprinkles’ according to TGA standards for the pilot. Heinz is however concerned that the high cost, compared to the relatively inexpensive imported product (around USD0.02), makes the project unsustainable. It proposed an alternative product that has not been used as extensively as ‘Sprinkles’ and would require carers to give their child two sachets per day instead of one sachet per day to achieve the same results. However, the group requested that Heinz pursue procurement of ‘Sprinkles’ from the Australian manufacturer.

While this is very positive news, we are still several months away from implementation as it will take around 3-6 months for ‘Sprinkles’ to be produced. Partner organisations and communities are being re-engaged and work is starting on the family and community based nutrition promotion activities.

For more information please contact Danielle Aquino, Health Promotion- Nutrition Development Coordinator, The Fred Hollows Foundation, 08 8971 2193 or daquino@hollows.org.
The children in Darwin with type 1 diabetes have a regular review appointment at the paediatric clinic every 3 months. Activities are planned around that week away from the clinic. As the weather heated up during the recent clinic in March, we headed to the cooler confines of Planet Tenpin at Nightcliff for some ‘disco’ bowling.

One of the reasons I enjoy organising these activities is the fact that you often see a different side to the children away from the clinic environment. Emily was unusually chatty and chirpy and was introducing me to her brother. It was also amazing when some of the ‘kids’ which we had not seen for a while turned up for the event. It was hard to recognise some of them as they were beginning to tower over me. Gosh, I feel old.

Unfortunately there was a bowling tournament on and we were only able to finish one game. I hope the children had fun while the parents sat back at the café for a coffee and chat.

With the dry season arriving, next time I think we might try out some rock climbing at the Rock Centre on Doctors Gully.
Schools and Early Childhood Program

Cancer Council NT

Australia has one of the highest incidences of skin cancer in the world, between two and four times as high as those found in Canada, the United States and the United Kingdom. Over 440,000 Australians are treated for skin cancer each year, of which more than 1600 die. In young people aged 12-24 years, melanoma is the most common cancer, with more than double the number of cases than any other kind of cancer.

The Northern Territory has a high to extreme ultraviolet (UV) radiation reading everyday of the year, even when it is cloudy in the wet season. The most important years for sun protection are during childhood and adolescence.

SunSmart, a nationally recognised skin cancer prevention program, aims to lead, coordinate, implement and evaluate action to minimise the human cost of skin cancer in Australia.

It is critical that early childhood centres and schools employ a thorough SunSmart policy as it has been shown that sun exposure in the first 10 years of life determines to a substantial degree the lifetime potential for skin cancer.

A ‘SunSmart’ school has a sun protection policy that meets The Cancer Council Northern Territory criteria. Its main purpose is to reduce student and staff exposure to UV radiation to reduce skin and eye damage, sunburn and the risk of skin cancer.

The SunSmart Schools Programs also aims to:

- empower staff and students to make healthy behaviour choices relevant to skin cancer
- advocate for and support the implementation of sun protection policies and practices that lead to long-term structural and organisational change
- reduce sunlight exposure by encouraging staff and students to change their behaviour and environments
- ensure schools follow the Cancer Council’s ‘Outside 5’ recommendations – slip on a hat, slop on sunscreen, slap on a shirt, seek shade and slide on sunglasses

Currently in the Northern Territory state, catholic and independent primary schools in Darwin, Palmerston and the rural area are being targeted. In 2008 Girraween Primary was the first school to join the SunSmart Schools Program. Since then Larakeyah, Jingili, Bakewell, Moulden Park and St Paul’s Primary have all joined. These schools are actively demonstrating their commitment to protecting staff and students from the damaging effects of UV radiation. In addition, they are committed to educating students about UV radiation, how it works and why it is potentially dangerous.

The national SunSmart program also includes early childhood centres and secondary schools, these education providers will be targeted over the coming 12 months. Research shows that schools with a written sun protection policy have the greatest number of students and staff protecting themselves from the sun.

Education providers are encouraged to join the program. For further information about the SunSmart program visit www.cancercouncilnt.com.au or email healthpromotion@cancernet.org.au

References:

The recent publication “Asthma in Australia 2008” highlights asthma as a significant health problem in Australia with prevalence rates of 10.2% which is equivalent to over 2 million people. This is high by international standards.

Latest data from the Australian Bureau of Statistics shows that in 2007, 385 Australian deaths were attributed to asthma. The National Asthma Friendly Schools (AFS) program supports the school community in the management of asthma. This program is funded through the Australian Government Department of Health and Ageing.

The Asthma Friendly Schools program is available to all schools in the Northern Territory. Each school that registers for the program aims to meet the eight essential criteria that enable recognition as an “Asthma Friendly” school. As part of the criteria, all school staff undertake one hour's training in emergency asthma management. This assists staff in understanding more about asthma and enables them to deliver emergency asthma treatment in the event of an acute asthma “attack”.

To register interest in the program and obtain forms and supporting guidelines visit the Asthma Friendly Schools website at www.asthmafriendlyschools.org.au. Ongoing practical support on all aspects of asthma, asthma management and administration of the program is also available from the Northern Territory Coordinator, Jill McGee at schools@asthmant.org.au.

To date 79 schools in the NT have taken advantage of the opportunity to obtain recognition as an “Asthma Friendly” school and are proudly displaying their “Asthma Friendly” school certificates and door stickers. An additional 25 schools are currently working towards this status.

**Asthma Emergency First Aid Plan**

If a person has difficulty breathing or their asthma becomes worse follow these steps.

**Step 1.** Sit the person upright and give reassurance. Do not leave them alone.

**Step 2.** Without delay, give 4 separate puffs of the blue reliever (Airomir, Asmol, or Ventolin)*. The medication is best given one puff at a time via a spacer device**. Ask the person to take 4 breaths from the spacer after each puff of medication.

**Step 3.** Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

**Step 4.** If there is still no improvement call an ambulance immediately (DIAL 000).

Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A Bricanyl turbuhaler may be used in first aid treatment if a puffer and spacer is unavailable.
** If a spacer is not available, simply use the puffer on its own.
In 2007 the Department of Education and Training introduced a policy covering the administration of medications to students with notified medical conditions. The medical conditions covered under this policy are those of a chronic nature and include:

- Asthma;
- Diabetes;
- Epilepsy; and
- Severe allergies/anaphylaxis

These conditions may be episodic, critical, and require immediate, urgent and skilled response to ensure survival, for example a severe asthma attack. Therefore this policy aims to minimise the risks associated with the administration of medications to these students in a school context.

This policy will ensure a consistent approach in the management and administration of medications for students with the above mentioned conditions. It also describes the processes and procedures to be taken when a school is made aware of a student’s medical status that may occur at enrolment or during the time a student is at the school.

The following guidelines/procedures are outlined in this policy:

- Implementation of an appropriate Health Care Plan;
- Responsibilities of school staff;
- Responsibilities of parents/guardians including consent for all required procedures and possible emergency situations;
- Responsibilities of students;
- Information Procedures;
- Privacy Principles;
- Policies relating to excursions, or when students are off school premises; and
- First Aid situations

In the event of an asthma emergency at school it is advisable to have a blue/grey reliever (bronchodilator) inhaler and a spacer in the school first aid kit. School staff should participate in an asthma first aid session facilitated by either Asthma Foundation NT or as part of the Senior First Aid Certificate conducted by St John Ambulance.

This policy was developed by the Manager, Health Promoting Schools NT and Student Services Division in consultation with staff from Asthma Foundation NT, Healthy Living NT, Epilepsy Action NT and Health Promoting School Nurses and will be reviewed every two years.

To access this policy on the DET website go to: www.det.nt.gov.au and scroll down to Health Issues.
Palmerston’s Safe Communities Child Safety Working Group was established in early 2006 to address safety promotion and injury prevention amongst children 0-14 years of age in the Palmerston region via appropriate promotional campaigns and activities.

The Child Safety Working Group is a dedicated and passionate group made up of government and non-government representatives from: YWCA, Good Beginnings, Kentish Day Care, NT Road Safety, NT Department of Health and Families, City of Palmerston, Red Cross, Palmerston Community Care and Palmerston Schools.

“Look at Me Look at ME” campaign aims to raise awareness of the major causes of childhood injuries

A major initiative of this working group is the “Look at Me Look at ME” campaign which aims to raise awareness of the major causes of childhood injuries.

The campaign aims to reduce the number of Palmerston children under 15 years presenting to hospital for treatment of injuries through educating parents, carers and children in safety promotion and in particular the importance of active supervision. Injuries kill more children and youth than all other causes of death combined.

In September last year the group hosted a “Fun and Safe Times with Grandchildren Forum”. This forum was all about showing grandparents some fun ways to entertain their grandchildren and to talk about some of the practical ways they can keep them safe from injury.

Recently, the Pipes and Drains campaign was supported by the Palmerston Safe Communities Program, this project is being managed by Water Safety Branch. The Pipes and Drains campaign was launched in October 2008 with TV, radio, print ads, minister’s media releases, website and posters. For more information on this campaign go to:
www.watersafety.nt.gov.au

Mayor Robert Macleod visited each primary school in the Palmerston area to promote the campaign.

In 2009, the working group is focusing on a number of areas including Kids in Hot Cars, Child Restraints, Falls and Household Injuries.

For more information on the Child Safety Working Group or the Palmerston Safe Communities program contact the Safe Communities Coordinator at City of Palmerston on 8935 9943 or safety@palmerston.nt.gov.au.
CanTeen - The Australian Organisation for young People Living with Cancer - is based on the philosophy that the best person to support a young person living with cancer is another young person in a similar situation. CanTeen SA/NT currently supports over 420 young people, 20 of who live in the NT. CanTeen Members are aged between 12 & 24 years and are living with cancer in some way: whether they have cancer themselves, have a brother or sister or mum or dad who has cancer, or has died of cancer.

To be able to support a young person through their cancer journey is vital, they need to know that other young people are going through a similar experience, and that they are not alone.

At the core of our programs is our mission to Support, Develop and Empower young people living with cancer by providing opportunities for them to get together, have fun, learn vital life skills, support each other and take some time out from the stresses of family and hospital life.

How we support Members
CanTeen SA & NT fly Northern Territory Members to Adelaide to attend camps throughout the year, with no out of pocket expenses for the young person or their family. In 2009 we will be increasing the number of programs that we run in the NT starting off with hosting our first ever Darwin based Winter Camp, which is running from July 13-17. This much anticipated program will see up to 80 young people living with cancer inundate the beautiful Top End. We hope to include 15 NT Members in this program, so please spread the word about our services and programs.

I was born in the Northern Territory and I was also diagnosed here. Many other young Territorians are experiencing the effects of cancer in their family whether their parents, brother or sister or they themselves are living with cancer – we all need support like I have been lucky enough to be a part of with CanTeen. We all need that hand to reach out and tell us that we are not alone.’
CanTeen SA/NT Member

What’s new??
It’s with great excitement that we announce the recruitment of our first ever Northern Territory based staff position. This has been made possible thanks to Darwin Airport who are sponsoring the Darwin based Regional Project Officer role for 12 months. The focus of this role will be to facilitate Territory based support programs whilst increasing referral networks and public awareness of CanTeen’s services, and in turn maximising the number of young people living with cancer who CanTeen are able to support. We are currently on the search for a suitable office space to base our new position, if any organisations have a spare room to share with us, then we’d love to hear from them.

Contact us
To find out more about CanTeen or refer a young person to our service, please call us on 08 8161 7488 or visit our website www.canteen.org.au
Camp Quality is a not-for-profit organisation that believes in bringing optimism and happiness to the lives of children and families affected by cancer. We do this through a number of programs including recreational, educational and financial, always with the emphasis on fun!!

We are solely funded by the generosity of individuals, the community and the corporate sector and are supported by an amazing group of volunteers. Without this support – financial and in-kind - Camp Quality would not be able to do what we do, which is give happiness, fun and support to our families.

Our recreational program encompasses activity days and residential camps. In 2009 we are going to Lake Bennett for a family weekend of fun and in June we are going on a “Walkabout” Camp, as honoured guests of the Larrakia People, staying on their traditional land. How lucky are we! Watch out for the BIG Camp in January...

An important program is On Return. As oncology treatment is not carried out in the Northern Territory, families must travel to other areas of Australia often entering into a foreign environment without familial support. When they return they can experience an enormous sense of isolation and lack of assistance. On Return provides the help and support families need when they come home- someone to meet them at the airport, the garden tidied, house cleaned, basic food in the fridge and a bunch of flowers on the bench. This program is administered by CQNT and undertaken by volunteers. This is our way of welcoming our families home and letting them know that we are here for them.

Hospital
The Royal Darwin Hospice is often used in times of respite. Presently there is no child dedicated area. Therefore CQNT with the help of local Sponsors and volunteers is re-fitting adjoining rooms – one for the child and the other for the parent(s). These rooms will be dedicated to creating a fun and happy environment for the kids and a place of quiet for the parents where they can all feel safe and relaxed.

McDonalds Camp Quality Puppets
The Camp Quality Puppets visit the Northern Territory once a year and in September, they are going on tour!! The puppets will visit schools and communities from Darwin to Alice Springs spreading the word and making us all laugh. Watch out for them!

Events
As you know we just love to have fun, and to do that we need to raise funds. So we have put together a calendar of events for everyone to get involved in. Some events we create ourselves, but every so often a group or organisation puts one on for us. And we love it!

Here is a selection of what’s happening in 2009:

- The Great Aussie BBQ Challenge @ Wisdom Bar and Cafe
- Cowboys and Indians Fundraiser @ Nivagi Homewares
- 104.9 Radio Auction
- Camp Quality Race Day @ the Darwin Turf Club
- Charity Dinner @ Kawara Restaurant CDU Palmerston Campus
- Camp Quality Swim-a-thon
- Camp Quality Seafood Beach Party
- Trek and Cycle Peru Challenge

Contact the office on 8985 4433 or christine.brown@campquality.org.au and we will send you all the info you need to come and play with us! See you soon.
Gemma Benn
Office of Youth Affairs – Northern Territory Government

National Youth Week has been part of the Territory’s youth calendar since 2000 and provides a brilliant opportunity for young people to share ideas, take part in events and—most importantly—to have fun. It is all about recognising and celebrating the achievements of young people and the positive contribution they make to the community.

The initiative is supported by Australian State, Territory and Local Governments and coordinated locally by the Office of Youth Affairs, NT Families and Children Division, Northern Territory Department of Health and Families.

This year the celebrations took place on 25 March – 5 April. A total of 90 registered events were held across the Territory. Events and activities planned throughout the Territory included:

- Youth Week Dance Party, HEATWAVE Music + arts festival, Healthy Choice Expo (Alice Springs)
- POOL PARTY!, Junior Lightning Carnival, Sport activities (Barkly)
- Family Fun Day, Ten Pin Bowling, Big Gig, Free Workshops (Darwin)
- Maningrida Youth Day, Mini-Olympics, Saltwater People, Music and Fun Concert (East Arnhem)
- Rockclimbing, Bluelight Disco, Legal Advice Clinics (Katherine)
- BMX Freestyle Coaching Clinic, Midnight Basketball, After Party, Youth Bazzar and Live Gigs (Palmerston)
- Come and Swim in Gunbalunya, Streetwise Skateboard Clinic (West Arnhem)

Opening and closing celebrations were held in Darwin, Palmerston, Alice Springs, Tennant Creek, Nhulunbuy, East Arnhem and Katherine. Celebrations were proudly supported by beyondblue: the national depression initiative and the Northern Territory Government. Each of the celebrations were large events which brought together youth service providers and received high youth participation. Many smaller events were combined to attract as many young people to ‘Make a Move’ and get involved.

All events funded and promoted during National Youth Week were drug and alcohol free. There was a strong emphasis on physical activity and promotion of healthy living choices.
There has been a lot happening in the CDN over the past few months.

**CDN Conference:**
Planning for the Conference is well underway with an exciting program of speakers and activities planned.

**Confirmed keynote speakers include:**
- **Professor Fran Baum**
  Professor and Head of Department - Faculty of Health Sciences, School of Medicine, Flinders University; Commissioner on the WHO Commission on the Social Determinants of Health
- **Professor John MacDonald**
  University of Western Sydney - School of Biomedical Sciences; Social Justice Social Change Research Centre; Co-director of the Men’s Health Information and Resource Centre
- **Dr Jim Dollman**
  Manager of the Physical Activity and Anthropometry component of the National Children’s Nutrition and Physical Activity Survey, 2007 (Kids Eat Kids Play); Co-chair of the Physical Activity Measurement Special Interest Group, within the Australasian Child Obesity Research Network.
- **Dr Brian McCoy**
  NHMRC Fellow for Aboriginal and Torres Strait Islander Health Research at the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University.
- **Dr David Thomas**
  Menzies School of Health Research – Preventable Chronic Diseases division, Indigenous tobacco control research program.
- **Beryl Meiklejohn**
  Queensland University of Technology - Centre for Indigenous Health Education & Research; Director - Desert Knowledge Australia

Go to the Conference website for more information and to register: [www.cdnconference2009.com](http://www.cdnconference2009.com)

**On-line member survey:**
An on-line member survey was also conducted during April 2009.

Although the number of respondents was disappointing, the feedback will be used to ensure the ongoing improvement of the services and business of the CDN.

We hope to bring you the results of this survey in the next edition of “The Chronicle”

**Next edition of “The Chronicle”**
The theme of the Edition 3, 2009 will be “TOBACCO”.

This is a chance to share your stories and tell others about the work you are doing. Please send us your articles – deadline end of June 2009.

**Regional Networks:**
An exciting new initiative for the CDN this year has been to support the development of regionally based networks.

There is recognition that there are a lot of competing demands on communities and workers in regards to time, resources and attendance at meetings and networks. Consequently discussions with a number of other groups have been held, including NT.
Palliative Care network, CanNET, General Practice Network NT (GPNNT) and the Cancer Council NT. We have joined forces and are collaborating to provide a coordinated approach to supporting communities and workers by running “Combined Network” meetings.

The aim of these “Combined networks” is to provide workers in regional areas with opportunities to:

- Share information about what is happening & local services & programs;
- Raise and discuss issues relevant to the local / regional area;
- Access professional development that is local / regionally based;
- Encourage key stakeholders to work collaboratively towards achieving common goals;
- Explore opportunities to work with others;
- Facilitate and encourage members involvement in and ownership of the networks; and
- Services that are there to support them

The first of these network meetings was held in Nhulunbuy in April 2009 and included a network meeting in the afternoon and a formal professional education workshop in the evening.

The response was very positive with 13 participants attending the afternoon network meeting and eight attending the evening session. Feedback received was very encouraging, indicating that participants would like to see these meetings as an ongoing event.

The evening session was hosted by General Practice Network NT and included a very informative presentation by Linda Rennie of Healthy Living NT about “Initiating Insulin, Supporting self management and current developments in Diabetes Management”. Many thanks to GPNNT for their support.

Another was held in Alice Springs on 21 May, at which 20 people attended. This group is keen to meet regularly and play a role in the review of the Chronic Disease strategy.

Future meetings in 2009 are planned for:

- Nhulunbuy August (date to be confirmed)
- Katherine October (date to be confirmed)
- Tennant Creek November (date to be confirmed)

If you are interested in being involved in your area, please let the Chronic Diseases Network know, Tel: 08 8922 8280

**CDN Recognition Awards**

The NT CDN Recognition Awards provide an opportunity to recognise and celebrate the achievements of individuals, teams and organisations involved in a variety of activities including service delivery, program development and implementation, policy/legislation, research and advocacy in the field of chronic disease across the NT.

Recipients of the awards are announced at the CDN annual conference. Nominations for the awards are now open. Nomination forms will be posted on the conference website [www.cdnconference2009.com](http://www.cdnconference2009.com). Nominations close on 14 August 2009. Start thinking now about who you would like to nominate.

For more information please contact Helen Barnard, CDN Coordinator on Tel: 8922 8280 or Email: helen.barnard@nt.gov.au
The revision process has attracted the attention of many people throughout the NT including non Government organisations, AMSANT members and Department of Health and Families staff. The Steering Committee is providing direction and support and ensuring the interests of all parties are considered.

Progress to date:

- Circulated and available on PCD website:
  - Background paper: "A comparison of frameworks and models of care".
  - Background paper: "Chronic disease in Aboriginal populations".

Feedback on background papers has been received from broad range of people.

- Circulated and available on PCD website:
  - Draft Chronic Disease Strategy

Consultations are being undertaken throughout NT during June. Dates of the consultations are available on PCD website. Comments can be made via email to Project Officer and are welcome until end of June.

- Expert Advisory Groups have been established to address:
  - Workforce planning and development
  - Health promotion and prevention
  - Monitoring and evaluation

Next steps

- Publish the PCD Strategy document
- Develop the implementation plan

Cynthia Croft
Project Officer
Preventable Chronic Disease Strategy Review

Tel: 08 89 858071
Email: cynthia.croft@nt.gov.au

Come to the Chronic Disease Network Conference 10th & 11th September 2009 to hear more about the Strategy.
The Preventable Chronic Disease workshop was run in Darwin from the 16th to the 20th February 2009. Twelve participants from a variety of health professions engaged in the workshop throughout the week and received a certificate of completion for the course.

This workshop offers health professionals an introductory course to a variety of issues involved in dealing with clients with chronic conditions in the community setting. The workshop is relevant to clinical and non-clinical health professionals with the first 3 days focusing on generic issues surrounding chronic disease management and the last 2 days generating clinical updates on specific chronic disease conditions. The broad range of topics for discussion includes:

- Population health and prevention
- Ethics & Compliance - the theory behind the words
- Quality improvement approach to chronic disease management
- Community development programs for better health gains
- Brief intervention and chronic condition self management
- Nutrition and physical activity in remote communities
- Link between periodontal disease and chronic conditions
- Chronic disease and palliative care
- Motivational interviewing and care planning
- Screening, systems and care planning
- Sharing health information

Clinical updates include Diabetes Type 2, Chronic Kidney Disease, Diabetic foot care, Chronic Respiratory conditions, Rheumatic Heart Disease and Cardiovascular Disease.

This workshop is programmed regularly throughout the NT and is open to all health professionals interested in community based chronic disease management. There are no costs involved.

The next dates for 2009 include:

<table>
<thead>
<tr>
<th>City</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Darwin</td>
<td>12th to 16th October 2009</td>
</tr>
</tbody>
</table>

FOR MORE INFORMATION:
Contact:
Jeanette Boland
Tel: 08 89226990
ejanette.boland@nt.gov.au or
Gillian O’Connor
Tel: 08 89517720
gillian.o’connor@nt.gov.au

FOR BOOKINGS CONTACT:
DHF Clinical Learning:
Top End: Tel: (08) 89228757 Fax: 08 89228010
Central Australia: Tel: (08) 89517735 Fax: 08 89517733
On 12 March 2009, the *Domestic and Family Violence Amendment Act 2009* commenced and now requires all adults (anyone 18 years of age and older) to report domestic and family violence involving **serious physical harm** to Police. The new law now requires that you report your belief about either of the following situations to Police:

- Another person has caused or is likely to cause serious physical harm to someone else, and/or
- The life or safety of another person is under serious or imminent threat because domestic violence has been, is being or is about to be, committed.

It is a reasonable excuse for not making an immediate report to Police if you establish one or more of the following:

- you reasonably believed someone else already reported the same belief about the circumstances;
- you are engaged in planning for the removal of the victim and intended to report your belief as soon as practicable after the removal; or
- you reasonably believe that if you make a report as soon as practicable, a serious or imminent threat to the life or safety of **any** person may result (for example, this includes threat to your own safety, your colleagues or to the client/patient).

The Domestic and Family Violence Policy Team in NT Families and Children are currently meeting with non government and government service providers around the NT to discuss the new legislation and to provide support to help services meet the new reporting obligations, this also includes developing a range of resources such as a toolkit and a new website as a one-stop-shop for domestic and family violence related issues.

The Northern Territory Government has allocated $15 million over three years starting in 2009/10 to implement mandatory reporting of domestic and family violence. Three priority funding areas are increased domestic violence counselling services, increased crisis accommodation and an NT-wide community education strategy that challenges attitudes which accept and normalise violence. Below is a flowchart outlining the referral pathway to report serious physical harm. To see a copy of the legislation, go to: [www.dcm.nt.gov.au](http://www.dcm.nt.gov.au) and click on strong service delivery, supporting government, register of legislation and All Records (*Domestic and Family Violence Act*).

To find out more, or to arrange a time to meet with the Domestic and Family Violence Policy Team, contact Michelle Bonner on 8924 4162 or Sarah Jaggard on 8924 4161.
Domestic and Family Violence mandatory reporting flowchart

Client Presents to Service

In your opinion, has someone who is in a domestic relationship with the client/victim:
- caused,
- causing, or
- likely to cause, serious physical harm to that person?

And/Or

Are you concerned that the life or safety of the client/victim is under serious or imminent threat because domestic violence is happening now or about to happen?

YES to one or both

You must report this to Police as soon as practicable.

You can do this by calling 000 if you think the person needs an emergency response or call 131 444 to report your concerns.

Information you will need to provide includes:
1. the belief; and
2. any knowledge forming the grounds for the belief; and
3. any factual circumstances on which that knowledge is based

NO to both

There is no mandatory reporting obligation for domestic and family violence that falls outside of ‘serious physical harm’.

This does not change your professional obligations to provide support, safety planning and referral to patients/clients affected by domestic and family violence. If sexual assault is involved, refer to the Sexual Assault Referral Centre (SARC) in your area.

Mandatory reporting of serious physical harm does not change child protection reporting requirements. If children are present and they have suffered or likely to suffer harm, you will need to report to:
- NTFC Centralised Intake Team 1800 700 250 or Police 000 (emergency)
- 131 444 (non emergency)

Serious Physical Harm
Mandatory reporting covers serious physical harm

Section 1A of the Criminal Code defines physical harm as unconsciousness, pain, disfigurement, infection with a disease and any physical contact that a person might reasonably object to in the circumstances, whether or not the person was aware of it at the time.

Section 1 of the Criminal Code defines serious harm as any harm (including the cumulative effect of more than one harm):
- that endangers, or is likely to endanger, a person’s life; or
- that is or is likely to be significant and longstanding.

You will need to make a professional decision to determine if the injury or circumstances fit within the definition of serious physical harm.

Case management of patients/clients affected by domestic and family violence that falls outside ‘serious physical harm’:

Consider:
- encouraging the client to report the matter to police themselves,
- offering to report the matter to police on the client’s behalf,
- assisting clients/children with immediate safety/accommodation needs,
- referring client to other services and offering to make the appointments (e.g. counselling, medical, financial etc)
- developing a safety plan with the client,
- arranging a time to follow up
As part of the “Closing The Gap on Indigenous Disadvantage” health initiative, the Northern Territory (NT) Department of Health and Families (DHF) has published a pregnancy information book for Aboriginal and Torres Strait Islander women of the NT.

The idea for the book resulted from a project that looked at gaps in health services and education for remote Aboriginal women in the NT, and how these services can be improved. Through this process women identified lack of information about pregnancy and birth, and supported the development of a resource where this information is collated and presented in a culturally appropriate manner. The book has been collaboratively developed with a broad range of stakeholders including Government and Non-Government Organisations, Aboriginal Community Based Workers and women of Aboriginal and Torres Strait Islander descent.

The book is not a comprehensive guide to pregnancy, but aims to provide information to women to improve the health of both mother and infant throughout pregnancy, birth and the early postnatal period. It is divided into the three trimesters of pregnancy, and topics cover healthy living, maternal body changes, baby development, routine investigations, caring for the newborn, and what to expect in the early postnatal period. Tips on negotiating the public health system and information on the more common complications of pregnancy and birth are included.

The resource is designed as a ‘take home’ manual but is most effective when used in conjunction with clinical care and education from Midwives, Aboriginal Health Workers and Strong Women workers. It encourages pregnant women to make timely and appropriate use of antenatal services as well as talking with other experienced mothers and older women on their own communities or families. The topics aim to prompt discussion to:

• Increase pregnancy knowledge.
• Correct misconceptions.
• Strengthen confidence.
• Encourage self-expression.

It is a largely pictorial manual, filled with colourful graphic images accompanied by short, explanatory text. Due to the geographical and cultural diversity of the target group, the language, artwork and images do not depict the culture of any one area or group. It gives respect to both the emerging generational changes that many young women incorporate into their pregnancy journey, and the long held cultural activities practised by women from the older generations.

Members of the Maternal Child Youth Health Team are developing the book and can be contacted through the MCYH program administration on 08 89227712. Distribution will be to remote communities and urban based agencies that provide services to pregnant women of Aboriginal and Torres Strait Islander descent.
Help wanted with the development of a Gestational Diabetes and Diabetes in pregnancy resource for Indigenous Women

The incidence of Gestational Diabetes over the last few years is rapidly increasing in Australia. Healthy Living NT has an Australasian Diabetes in Pregnancy Society (ADIPS) grant to cover the cost of artwork and printing of a resource.

We are seeking your help with the content and type of resource/s developed. Can you please complete the following tables and add any suggestions. Please fax the completed sheet to Healthy Living NT 08 8927 8515. We thank you for your time.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Must be included</th>
<th>Could be included</th>
<th>Not included</th>
<th>Priority of inclusion 1-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of diabetes on mother</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Effects of diabetes on baby</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>What is gestational diabetes</td>
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<tr>
<td>Who’s at risk</td>
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<tr>
<td>Diagnosis / oral glucose testing</td>
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<tr>
<td>Existing diabetes and pregnancy</td>
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<tr>
<td>Dietary / lifestyle management</td>
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<tr>
<td>Blood glucose monitoring</td>
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<tr>
<td>Medication / insulin</td>
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<tr>
<td>After the baby is born</td>
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<tr>
<td>Having another baby</td>
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<tr>
<td>Additional topic suggestion</td>
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</tbody>
</table>

There are many resources currently in use include posters, flipcharts, booklets and information sheets.

<table>
<thead>
<tr>
<th>Resources you currently use</th>
<th>Poster</th>
<th>Flipchart</th>
<th>Booklet</th>
<th>Handout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbered 1-4 which resource would you most like to see produced</td>
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<td></td>
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</table>

Comments ____________________________________________________________

AHW / Midwife / RN / Dr / Other Remote / Urban

If you would like to participate in the advisory group or know an artist who would be interested in this work please include your name and contact details below.

Name ___________________________________________________________ Work phone _________________________________
Nutrition

“Living strong”
A range of nutrition resources including this great cookbook, have been produced by the Tropical Population Health Services in Queensland, to support the “Living Strong” program.

The resources are available from the Edward Koch Foundation. Email: dulcie.bird@kochfoundation.org.au,

Cookbooks are available for purchase for $15.00 each, maximum order of 10 copies.

OR

Go the following website to view the cookbook:
www.gofor2and5.com.au

Asthma

“Asthma and healthy pregnancy – what you need to stay well”
This informative brochure outlines important information about managing asthma, asthma medications and useful questions and answers about asthma and pregnancy.
Available for download from: www.asthmansw.org.au

Children and Cancer
(resources available from the Cancer Council NT)

Children’s Cancer Institute Australia
Children’s Cancer Institute Australia for Medical Research (CCIA) is the only independent medical research institute in Australia dedicated to research into the causes, prevention, better treatments and ultimately a cure for childhood cancer.

Cancer Council Australia – Primary Care Resources
www.cancer.org.au/HealthProfessionals/PrimaryCareResources

Cancer Institute NSW – CI-SCaT
www.treatment.cancerinstitute.org.au

Leukemia Foundation
www.leukaemia.org.au

CanTeen Australia

Cancer Council Helpline - 13 11 20
## PROVISIONAL PROGRAM

### WEDNESDAY 9th SEPTEMBER
- Pre-conference workshops
- Welcome Reception & Dinner with the Keynotes

### DAY ONE - THURSDAY 10th SEPTEMBER

**Welcome to Country / Opening remarks**

**SESSION 1**
- **Keynote 1**
  - Professor Fran Baum: "Taking Practical Action on the Social Determinants of Health – A Vision for 2030"
- **Keynote 2**
  - Dr Jim Dollman: "Kids Eat Kids Play – an opportunity to plan preventative health action for future generations"
- **Keynote 3**
  - Helen Keleher: "Health Literacy – What is it and what does it mean for Australia and the Territory"

**SESSION 2**
- Concurrent Sessions
- Interactive Workshop

**SESSION 3**
- **Keynote 4**
  - Professor John McDonald: "National Policy Agenda – The Men’s Health Example"
- **Keynote 5**
  - David Thomas: "Tobacco Control – the single biggest preventative health strategy"

**SESSION 4**
- Concurrent Sessions
- Interactive Workshop

### DAY TWO - FRIDAY 10th SEPTEMBER

**SESSION 5**
- Panel / Hypothetical

**SESSION 6**
- **Keynote 5**
  - Beryl Micklejohn: "Education and Training - A Social Determinants of Health approach"
- **Keynote 6**
  - Dr Brian McCoy: "Engaging Indigenous men – A new mind set"

**SESSION 7**
- Concurrent Sessions
- Interactive Workshop

**SESSION 8**
- **Keynote 7**
  - Motivational Presentation

**CLOSING COMMENTS**

**REGISTRATIONS NOW OPEN**

[cdnconference2009.com](http://cdnconference2009.com)
Quality Improvement Program Planning System (QIPPS)

What is QIPPS?
An Australian designed web-based continuous quality improvement tool (CQI) tool that provides a systematic approach to project planning and evaluation with a focus on health promotion, capacity building and community development.

Who uses it?
Within Australia and New Zealand QIPPS is used by 75 Victorian Health Services, 6 Primary Care Partnerships, the school of Public Health at Latrobe University, 20 NZ Primary Health Organisations, the International Diabetes Institute and 1 NSW Area Health Service.

Within the Northern Territory Department of Health and Families QIPPS is used by the Environmental Health Branch NT wide, and among programs within the Health Development and Oral Health Branch in Central Australia.

What are the benefits?
• A systematic approach to project planning & evaluation with a focus on health promotion, capacity building and community development, providing a shared language for practitioners from different disciplines
• A systematic approach to business planning
• A growing evidence base that informs best practice
• A capacity to plan and work collaboratively across large distances, due to minimal software requirements.
• Can be used for quality assurance processes
• Improves health promotion knowledge management

June Training to use QIPPS
FREE 3 hour training sessions in the use of QIPPS.

Where and When? (4 Time options to chose from in Alice Springs and Darwin)

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>22 June 2009</td>
<td>8.30 to 11.30 am or 12.30 to 3.30 pm</td>
</tr>
<tr>
<td></td>
<td>23 June 2009</td>
<td>8.30 to 11.30 am or 12.30 to 3.30 pm</td>
</tr>
<tr>
<td>Darwin</td>
<td>24 June 2009</td>
<td>8.30 to 11.30 am or 12.30 to 3.30 pm</td>
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<tr>
<td></td>
<td>25 June 2009</td>
<td>8.30 to 11.30 am or 12.30 to 3.30 pm</td>
</tr>
</tbody>
</table>

Bookings and more information
To book into any of the sessions, and for more information please contact Dagmar Schmitt, Health Promotion research and evaluation officer on ext 58022 or email dagmar.schmitt@nt.gov.au
Diabetes Management in the General Care Setting

TRAINING DELIVERED IN KATHERINE

Target: Provide Registered Aboriginal Health Workers, Nurses, Allied Health Care Professionals and other health care providers with a short course in managing Diabetes.

Content: Training is provided in accurate recognition; treatment, prevention and management strategies for clients with diabetes in a general care setting. Personnel work within a variety of settings such as general practice, hospitals, community health services and private practice throughout the Northern Territory.

Learning Outcomes: Provide all registered health care providers with the appropriate skills to deliver community based primary health care services in conjunction with mainstream diabetes health care services in the NT within the limits of their own scope of practice.

• Module 1 – What is diabetes
• Module 2 – Chronic complications of Diabetes Mellitus
• Module 3 – Lifestyle Issues
• Module 4 – Medication
• Module 5 – Acute complications of Diabetes Mellitus
• Module 6 – Self monitoring of Diabetes Mellitus
• Module 7 – Groups with special needs
• Module 8 – Support services and self management
• Module 9 – Diabetes Management in General Practice

Dates: 1 - 3 September 2009
Times: 0800hrs to 1630hrs
Venue: Katherine Hospital, Resource Centre, KDH

Assessments and course completion: Assessments will be carried out throughout the course. Once a participant has been assessed as achieving competence for all modules, a certificate will be awarded.

For ALL Bookings – Contact:
Libby Ross
AHW Education & Training Coordinator, Tel: 8973 9393 or
Linda Rennie
Diabetes Education Manager, Healthy Living NT, Tel: 8927 8488 or
Jeanette Boland
Chronic Disease Educator, PCD, Tel: 8922 6990

AHW INSERVICE

Preventable Chronic Disease Short Course
For Health Professionals Working in the Top End

DARWIN

Program outline:
• Population health and systematic approach to managing chronic disease in the community setting.
• Brief Intervention, motivational interviewing, cross cultural skills and self management information to enhance communication with clients who are diagnosed and living with a chronic disease
• Clinical updates on the best practice management of chronic disorders including: Renal disorders, heart disease, diabetes, asthma, mental health & COPD based on the current standard treatment manuals.
• Current best practice advice in nutrition, physical activity & Palliative care for clients

Dates: 12th to 16th OCTOBER 2009
Times: 0830 – 1615 Daily
Venue: North Australian Research Unit (NARU) Ellongowen Drive, Brinkin, Darwin NT
Cost: Nil

Assessment: Participants will be issued a certificate of Completion for the course on successfully participating in the Complete workshop and completing incorporated assessments Within the workshop
NB: Allied health participants are expected to attend relevant Sessions.

For ALL Bookings – Contact:
Libby Ross, Email: elizabeth.ross@nt.gov.au
AHW Education & Training Coordinator, Tel: 8973 9393 or
Jeanette Boland, Email: jeanette.boland@nt.gov.au
Chronic Disease Educator, PCD, Tel: 8922 6990

To confirm your place, please forward an approved Internal or External HE47 form “Application to Attend Training”to Clinical Learning, Katherine District office  FAX: 8973 9029.
The Chronic Diseases Network acknowledges the participation and support of the CDN Steering Committee members from the following organisations: 

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CHRONIC DISEASES NETWORK

asthma foundation northern territory

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