

# the chronicle

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## Promoting Safe Drinking at Kalkarindji

### Meredith Neilson

The local club at Kalkarindji has recently had a few changes resulting in a positive knock-on effect within the community.

Wayne and Rayleen Wolski are both ex-policeman and have been managing the Warnkurr Social and Sports Club in Kalkarindji for 12 months. They have managed clubs in Aurukun and Mornington Island in Queensland and are applying the successful safe drinking model they developed and used in these communities.

The impressive model addresses many areas of community life. The aim of their model is to:

- Promote safe drinking
- Increase community capacity
- Improve public safety
- Improve nutrition
- Build a sustainable model

### How does the model work?

The measures taken to address each of the categories above are:

#### *Promoting safe drinking*

- Entry to the club is prohibited to patrons with obvious health problems (eg broken limbs) or who are intoxicated. This reduces the likelihood of patrons hurting themselves.
- Two buses are available to drive people back to town at closing time, to lessen the risk of accidents.

- Nutritious and hearty meals are sold at subsidised rates to slow down the effect of alcohol.
- Jugs of cold water are put out 2 hours ahead of opening time and water coolers are present on site to quench the thirst.
- Beers have been placed in ice to slow down drinking (previously beers were warm)
- Light and mid-strength beer have been reduced in price to encourage purchase of low-alcohol beer.
- Limited purchase of 2 cans of beer at a time.
- Posters and videos from the Katherine West Health Board (KWHB) are shown at the club to promote safe drinking

#### *Increase community capacity*

The model has provided many employment and training opportunities for local people. Women from the old people services have been employed and trained in food handling to improve food quality, hygiene, and spread employment across the wider community. Young people have been employed and trained in till sales and as security guards. Other staff have been trained in handling chemicals to improve hygiene standards.

Furthermore to enable more

(Continued on page 3)

## Batchelor Business

Located 75 minutes drive south of Darwin, Batchelor is mostly known as the gateway to Litchfield National Park. However The Chronicle has uncovered many other interesting facts about Batchelor and its community.

Learn all about the Aboriginal Health Worker program at Batchelor Institute of Indigenous Tertiary Education, and find out what's happening at Batchelor Area School, Batchelor Clinic and Coomalie Council. See page 5 for details!



*Staff training on food hygiene at Kalkarindji, by the Myriad Group*



**Northern Territory Government**

Department of Health and Community Services

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### What's Happening Where You Work?

Your story is valuable too, why not share it?

Contact the Chronic Diseases Network  
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Ph: 08 8922 8280 or  
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[chronicdiseasesnetwork@nt.gov.au](mailto:chronicdiseasesnetwork@nt.gov.au)

## THE CHRONICLE

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Contributions appearing in The Chronicle do not necessarily reflect the views of the editor or DHCS.

Contributions are consistent with the aims of the Chronic Diseases Network and are intended to :

- Inform and stimulate thought and action;
- encourage discussion and comment;
- promote communication, co-ordination and collaboration.

## Heart Foundation and Kellogg Local Government Awards



### Lisa Fox, Heart Foundation NT

Judging of the local government awards took place on Friday 15 August, 2003.

The overall winner for the Northern Territory was the **Angurugu Health Centre** for their **Chronic Disease Camp Out**. The Camp Out involved the senior women of the community joining women from the Health Centre in a culturally appropriate setting. The women shared and learned health information regarding heart disease. The overnight Camp Out included education on heart disease, an opportunity for participating in cooking low fat meals, and discussion sessions around the camp fire.

Winners in each category were:

1. Project with Limited Resources  
Arltarlpilta Council – Healthy Eating at School
2. Project by a Community Organisation  
Palmerston City Council – Adopt a Park
3. Physical Activity Project  
Pine Creek Council – Pine Creek Sports Challenge
4. Recreation and Infrastructure Facilities  
Alice Springs Council – Skate Park  
High Commendation – Lake Alexander Playground
5. Healthy Nutrition Project  
Jurnani Childcare Centre – Nutrition Program
6. Small Rural and Remote Community Project  
Angurugu Health Centre – Chronic Disease Camp Out

These entries will now be submitted for National judging. Contact Lisa on Tel) 8981 1966 for more information.

(Continued from page 1)

community responsibility for the club, a respected male Aboriginal Health Worker and council member advises on issues such as banning patrons.

### **Improve public safety**

To improve public safety the club has introduced breathalyser testing prior to entry of the club for patrons obviously under the influence of alcohol. Patrons are not admitted if they have a 0.08 or higher reading. The club has employed local security guards and cooperates with local police. The club also works with the KWHB Self-management project, health clinic and the Community Council for a coordinated approach to public safety.

### **Improve nutrition**

Working with the KWHB Nutritionist, hearty meals, fresh fruit and vegetables in take-away packs are made and sold at the club at subsidised rates. Structural changes are planned for the kiosk to make the take away more accessible, particularly for children.

### **Build a sustainable model**

To provide long-term longevity to the model there has been an emphasis on staff training, as well as networking and making joint decisions with local

organisations. Attempts are being made to make the club a social, safe place that offers activities other than drinking such as the use of pool tables, juke box, videos, and bands.

### **Community Support**

The changes in the operation of the club have been welcomed by all areas of the community. The police and staff from the health clinic of Kalkarindji report that the changes have brought about "a cutting down of anti-social behaviour" over the past 12 months. Local people report that the club has become a more pleasant environment.

### **Future**

The contract for the club ends in the next few months for the Wolski's, however they would like to stay in Kalkarindji. The Safe Drinking initiative is impressive and would appear to be replicable in other communities. It is a model worthy of evaluation over time to determine its local long term impact and sustainability.

For more information please contact Wayne or Rayleen on 8975 0366 or Email [waynewolski@bigpond.com](mailto:waynewolski@bigpond.com)



*Trainer Henryk Mula of the Myriad Group and Warnkurr Social and Sports Club staff*

## Looking for Information on Philanthropic Grants?

Here is the website for you

Visit Philanthropy Australia at

[www.philanthropy.org.au](http://www.philanthropy.org.au)

Philanthropy Australia is the national membership body for the philanthropic sector. It promotes and protects the interests of family, private, corporate and community giving within Australia.

In order to help you find more information on philanthropy they have put together a list of online resources and websites placed into 2 main categories: Australian and International.

Go to "Links" on the website menu, view the list of Grantmakers' Websites, and apply for a grant!

### **NT Cardiac Support Group**



Next meeting on Wednesday 5th November at the Multi Purpose Room in Casuarina Plaza at 7.00pm

Committee meetings held monthly on the third Thursday each month at MLA Stephen Dunham's community room in Palmerston at 7.00pm

Contact 8981 2166 for further details

# Not Another Rheumatic Heart Disease Project!

## Angela Kelly, Project Officer, CDC

The Centre for Disease Control has received a \$123 000 grant from the Commonwealth Department of Health and Ageing for a project to support better management and prevention of rheumatic heart disease (RHD) in Aboriginal communities across Northern Australia.

RHD and acute rheumatic fever (ARF) are still important causes of illness and death in the NT and across Northern Australia. The prevention of repeat episodes of ARF is the recommended World Health Organisation public health strategy as repeat episodes can lead to heart damage (RHD). Injections of penicillin are given every 4 weeks to those at risk of a repeat episode of ARF. Last year the number of cases of ARF that were repeat episodes was around 32%. Clearly, a large number of people are not receiving their penicillin in a timely manner, for a variety of reasons.

The purpose of the project is to develop models of prevention and management of RHD in Aboriginal communities by drawing from existing experience of health practitioners across northern Australia. At the completion of the six month project, it is anticipated that

a 'toolkit' including the current and best practices for the management of people with RHD and ARF will be available.

Focus groups will be held in Darwin, Gove, Katherine and Alice Springs and sites in Queensland and WA. The aim of the focus groups is to gain an understanding of current practices and to identify challenges involved with delivering care to people with RHD. These focus groups will draw together experiences of those working with people with RHD, particularly discussing issues around administering the 4 weekly penicillin injections.

Training sessions will also be held for Aboriginal Health Workers (AHW) who would like to be the designated person in their health centre to look after people with ARF and RHD.

If you are interested in attending the focus groups and the AHW training sessions, or if you have anything to say about the management of people with ARF and RHD please contact the project officer, Angela Kelly on 8922 8026 or [Angela.Kelly@nt.gov.au](mailto:Angela.Kelly@nt.gov.au)



## Farewell to Tarun Weeramanthri



Tarun recently resigned from his position as Community Physician at Centre for Disease Control to take up the role of Principal Medical Advisor for the Department of Health and Community Services.

Tarun has played a central role in the development of the Preventable Chronic Disease Strategy (PCDS), developing a strong evidence base and comprehensive approach. He developed and has supported the Chronic Disease Network which through the Chronicle, the Steering

Committee and the annual conferences has brought together a broad range of health professionals, both government and non government.

Tarun's work on the PCDS has influenced not only the NT approach to prevention and management of chronic disease, but also at the national level. Comprehensive strategies have been developed by the Commonwealth and a number of States, which have closely modelled the NT strategy. With his new role, Tarun will reduce his direct involvement in chronic diseases, but will remain a strong advocate for improved outcomes. We are sure he will bring a valuable evidence based approach to his new role as Principal Medical Advisor.

We would like to thank Tarun for his enormous efforts over the past 6 years in raising the profile of chronic disease issues, improving clinical management and consistently advocating for improved services and a patient centre approach. He will be sorely missed and we wish him well in his new position.

# BATCHELOR BUSINESS

*The October 2003 issue of The Chronicle focuses on the community of Batchelor. We find out how to become an Aboriginal Health Worker, the planned health promoting activities at Coomalie Council and Batchelor Area School, and meet the new Manager at Batchelor Health Clinic.*

## THOUGHT OF BEING AN ABORIGINAL HEALTH WORKER?

Here's how.....

### Meredith Neilson

Aboriginal Health Workers (AHWs) play a vital role in the successful functioning of a health clinic. The role is both challenging and rewarding, has a progressive career structure, and excellent employment opportunities. So how do you become one?

### Batchelor Institute of Indigenous Tertiary Education

The AHW courses are offered at Batchelor Institute. Located at Batchelor, with annexes in other areas of the Northern Territory, the Institute specialises in the provision of high-quality tertiary education and training programs especially designed to meet the needs of Australia's Indigenous people. Batchelor Institute has a "Both Ways" philosophy, bringing together Aboriginal and Islander traditions of knowledge and western academic ideals.

The Institute uses a "mixed mode" approach that allows students to work towards professional and para-professional qualifications while maintaining close ties with their communities and culture. The courses combine community-based study, research, field study and work experience with short intensive workshops at one of the Institute's campuses or annexes.

Courses offered at the Institute

include studies in:

- Aboriginal Health Work
- Mental Health and Alcohol and Other Drugs
- Environmental Health
- Aged Care and Disability Work
- General Health Courses

### How to enter the AHW course

1. Likely candidates for commencing AHW training must be identified and nominated by their community
2. Candidates must be over 18 years of age
3. Candidates work with their local health clinic to enable on the job training and assessment

### Certificates in Aboriginal Health Work

There are various levels of training for AHW however the basic requirement to register is Certificate 3 in AHW (Clinical). The 18 month course involves 12 weeks of residential study at the Institute and on the job, practical work experience in a health centre. During the residential period the Institute provides accommodation, food and transport to the venue.

By the end of the course students are expected to be able to:

- Have an overview of key areas of health work and the responsibilities of health workers
- Possess the skills in providing clinical treatment, support, and information to individuals and

family members in relation to health, and

- Possess the skills to support community involvement in health outcomes

Course coordinator Karrina Demasi reports that Certificate 3 is extremely popular, with 60 students enrolled this year. The course provides graduated students with "wonderful outcomes in regards to opportunity for work and professional advancement".

Certificate 4 in AHW (Clinical) is focussed more toward management of programs and advanced clinical skills. This course is of 12 months duration involving 4 weeks of residential block study. Following successful completion of the course the AHW is likely to gain a Senior AHW position.

### Program Aims

The program aims to improve the overall health status of Aboriginal and Torres Strait Islanders by increasing participation and control of local community based services. The advanced clinical skills developed in this course provide a sound clinical background which is matched to the level identified within the Aboriginal Health Worker career structure. Course coordinator Ted Murphy states that another aim of this popular course is to assist students to identify and apply their own "real world solutions" to problems encountered in communities.

### Career Structure

The AHW position has a well developed career structure. There are various levels of AHW positions

*(Continued on page 6)*

# Strong Physical Activity Focus at Batchelor Area School

Batchelor Area School staff recognise the important correlation between physical activity and student education. Activities such as sport and the Perceptual Motor Program (PMP) for early childhood classes are factored into weekly timetables for the 160 students who attend the school. The school has an 80% attendance rate where 60-70% of the students are Indigenous.

## Physical Activity

Variety is the key to maintaining interest in exercise, and Batchelor students are well catered for. Physical Education teacher, Richard McHale, has a well-structured plan for the students who have 2 lessons per week of physical education.

The primary school students do sports such as tumbling, ball skills, gymnastics, and basketball. Secondary students play hockey, cricket, basketball, yoga, swimming, and outside of school hours can do their Senior Bronze Medallion in Life Saving, Senior First Aid, or Basketball Leadership training. After school sport is also offered including aerobics, kickboxing, and yoga. The school was recently represented at the NT Primary School Gymnastics Competition in Darwin by 2 teams of students indicating the enthusiasm for sport at school.

## Perceptual Motor Program (PMP)

The PMP is for Transition to Year 3 students and is conducted 3 times per week for 20-30 minutes each class. Lucinda Hooper, Early Childhood

and Special Education Teacher, explains that 5 activities are organised for each class which may include heel-toe walking, jumping over a rope, reconnoitring an obstacle course, or eye tracking. Each day one activity is assessed and changed for the next day.

The PMP aims to develop the child's perception and understandings of him/herself and his/her world through movement. The program has its roots in the development of language, and the gaining of problem solving skills.

The benefits of the program include:

- Motor outcomes – improved locomotion skills, balance, fitness, eye/hand, eye/foot coordination
- Perception of self – improved knowledge of body
- Perception of space
- Perception of time – body rhythm
- Skill outcomes – correct techniques for skills such as throwing, memory skills, problem-solving skills, language and concept development, confidence
- Deficits in the above skills can be identified

## Boys Lighthouse Program

Another interesting program at Batchelor Area School is the Boy's Lighthouse Program. The school was one of 30 schools selected to trial the Commonwealth funded Program

which aims to improve male education, in particular in literacy and numeracy, through role modelling.

The program is aimed at upper primary and secondary male students. Two local Indigenous male identities were selected as role models and attend several classes. As well as normal classes, other activities for the boys include practical mathematics such as laying a concrete slab, discussing male health issues, and organising social functions. A recent evaluation of the program by coordinator Ros McMillan indicated promising and positive feedback from the students.

For more information on Batchelor Area School contact Jan Powick, Senior Primary Teacher, on 8976 0077.



*Balance Beam activities for the PMP*

*(Continued from page 5)*

from trainee to Level 7 AHW. The levels increase with experience and training and consequently involve greater responsibility and monetary reward. On completion of Certificate 3 the AHW is at Level 3, and following Certificate 4 is at Level 4. As yet, Batchelor Institute does not provide training for levels 5 to 7.

More AHWs are needed. It is an occupation that is personally satisfying, of great benefit to the community,

challenging, and has fantastic employment opportunities.

If this is an occupation that may suit you, please contact Ted Murphy on 8939 7233 or Email [tedmurphy@batchelor.edu.au](mailto:tedmurphy@batchelor.edu.au) for further details.

## What's Happening at Batchelor Community Health Centre?

Batchelor Community Health Centre has a new Manager! Eddy Vigants will be well known to many in the Northern Territory. Arriving in the NT 20 years ago, Eddy commenced work as a Registered Nurse at Barunga, then Victoria River Downs, and was at Timber Creek for 14 years. Since relocating to the Top End, Eddy has worked at Health House as a Business Analyst with the Primary Care Information System, Centre for Disease Control, and Robertson Barracks. He therefore brings to the clinic vast knowledge and experience.

The Health Centre caters for a wide group of people. Not only are the clients from Batchelor community, but also from the Indigenous communities of Acacia and Woolanang, and a large passing traffic of tourists.

The staffing at the clinic consists of Dr Marten Muis, Anita Whytcross (RN Chronic Disease), Sue Dubow (RN Women's Health), Estrella Munoz (RN Child Health), Tess Narkle (Senior Aboriginal Health Worker), as well as Eddy.

For more information on the clinic please call 8976 0011.

### The High Protein Advantage Over Metabolic Syndrome



In the August/September 2003 issue of The Chronicle, an article on low carbohydrate diets by Dr Karalyn Kalembe generated much discussion.

If interested in further investigating research on similar diet plans, you may like to obtain information on a recent Australian study by the CSIRO.

The study revealed the weight loss benefits of a high protein, low fat diet for those predisposed to metabolic syndrome. Visit the CSIRO website to read about this interesting and controversial study at:

[www.csiro.au/index.asp?type=division&id=Human%20Nutrition&style=division](http://www.csiro.au/index.asp?type=division&id=Human%20Nutrition&style=division)

## COOMALIE COUNCIL'S HEALTH PROMOTING VENTURES

Terry Pailthorpe, CEO of Coomalie Council, reports several exciting initiatives occurring in the Batchelor community.

### Walking Track

Plans for a walking track around the township of Batchelor are in the process of development. The walking track will traverse through the community connecting World War 2 historical sites. Terry states that the track will also contain a lead-free area for people with dogs, and will address the fitness needs of many residents of the community.

The Council were approached by Senior High girls from the Women's Business course at Batchelor Area School with an outline of strategies to improve the Environmental Health of the community. The students proposed to address three parks within the community by assisting with re-grassing, planting trees, painting murals and bins, and maintaining gardens. Now with interest and commitment from other community members the walking track will include the park areas and looks to be forthcoming.

### Community Recreation Officer

Following requests from community members, the Community Recreation Officer, Dyaane Allport, has recently focussed on after school and school holiday activities. These activities have included assisting with the setting up a netball competition, athletics, soccer and Auskick programs, the Swim for Fun program at the pool, as well as assisting with activities for "Seniors" such as euchre tournaments. The aim of this position is to promote healthy lifestyles and responds to community members needs.

For further details regarding Coomalie Council activities please contact Terry on 8976 0058 or email [cgc@arafura.net.au](mailto:cgc@arafura.net.au)

**"You have to stay in shape.**

**My grandmother, she started walking five miles a day when she was 60.**

**She's 97 today and we don't know where the hell**

**she is." Ellen DeGeneres.**



# Indigenous Dementia Project



The Indigenous Dementia Project highlighted the research conducted in the Northern Territory on issues surrounding dementia. The project identified unmet needs, service gaps and issues in the Northern Territory for Indigenous peoples living with dementia, their families and carers.

The main thrust of the consultant's report shows that there are many barriers to overcome if dementia is to be given a higher priority among the many health issues pressing upon Indigenous communities. The long list of negatives in the report relating to service delivery and geography is not in doubt.

Importantly a number of strategies have been identified as a positive approach in promoting a better understanding of dementia among Indigenous communities, as well as improving service delivery.

## 1. Awareness

It was acknowledged by Alzheimers Australia that unless community awareness was raised, the returns from training and other initiatives were likely to be much lower.

## 2. Assessment Tool

There is a recognised need for a simple assessment tool that can be used by relatively unskilled workers to recognise dementia in communities. Alzheimer's Australia is looking at ways of generating interest through one of the universities in the development of an assessment tool.

## 3. Education

There is considerable scope for education and training initiatives. These initiatives need to have an emphasis on Health and Community Care workers as well

as Aboriginal health workers.

## 4. Representation

Alzheimers Australia will be represented at key Indigenous aged care and mental health conferences during 2003/2004. These conferences will be a good opportunity to network with Indigenous service providers, improve understanding of Indigenous issues, and improve marketing of the work of Alzheimer's Australia.

For further information contact Marianne Fitch Executive Director Alzheimer's Australia NT on 89485228. To obtain a copy of The Indigenous Dementia Report please go to [www.alzheimers.org.au](http://www.alzheimers.org.au) and click on NT on the map of Australia.



**Lisa Fox, Heart Foundation NT**

**Interested in socialising and being healthy at the same time?**

**Do you like walking and meeting new people?**

**Would you like to be a part of an exciting new community activity?**

If these questions raise your interest, register in the Just Walk It program and join a host of people from the Palmerston Community for a weekly Community event.

Just Walk It is coordinated by the National Heart Foundation in conjunction with the Palmerston Shopping Centre, Palmerston Leisure Centre, Sports Co, and the Palmerston City Council. It is a community-based walking program which aims to increase the Community's participation in regular and enjoyable physical activity.

**When:** Tuesday mornings from 8am-9am. This event is being launched Tuesday 23 September at 8am followed by a free breakfast and give aways.

**Where:** Palmerston Shopping Centre: Meeting place -

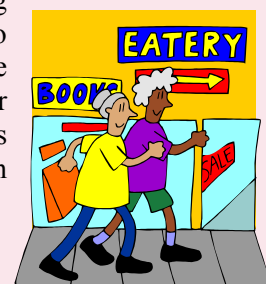
## Just Walk It

The Eatery

**What:** Walkers are taken through a warm up and stretching routine before they set off on a walk around the Shopping Centre. Once finished, why not stick around for a coffee, breakfast or some shopping?

**How:** For more information contact Sports Co in the Palmerston Shopping Centre on 8932 6344 or the Leisure Centre on 8932 3474

This type of program offers a safe, secure, dry, flat environment and is conducted by qualified, trained staff. It also encourages local interested volunteers to act as Walk Organisers. All the training and resources are provided. To reward your efforts there are incentives in recognition of your achievements plus health checks and monthly health promotion activities.



# Discovering the Medical Specialist Outreach Assistance Program

## Meredith Neilson

MSOAP is a Commonwealth funded program for Central Australia and the Barkly. The purpose of the program is to improve access to Specialist services for people living in remote areas. A visiting Specialist Physician service is more convenient for people in remote communities and increases the chance of people undertaking a Specialist consultation. It has yet to be proved more cost effective than appointments in regional Hospitals but anecdotally the system is very popular and effective.

MSOAP Specialists work closely with the Registered Area Nurses (RANs), District Medical Officers, Aboriginal Health Workers (AHWs), and GPs to provide care as part of a team. They also interact with Specialists at Alice Springs Hospital, the Royal Adelaide Hospital and Flinders Medical Centre. The area included in the outreach service is around 500 000 km<sup>2</sup> and has a population of approximately 11 500 people, most of whom are Indigenous.

The program employs 10 Part time and one Fulltime Specialist. These include

- Outreach Physicians
- Outreach Obstetricians and Gynaecologists
- Outreach Cardiologist/Echotechnician
- Barkly Psychiatrist
- Specialist Anaesthetist for Tennant Creek Hospital
- Barkly Ear Nose and Throat Specialists
- Additional Paediatricians
- Administratively support a remote Paediatrician



*Specialist and pilot loading equipment into plane*

## Interview with Dr Ciara O'Sullivan, Outreach Physician based in Alice Springs

*When did you come to Alice Springs?*

I arrived in November 2001 following periods in Sydney, Cairns, and Mount Isa, however I am originally from Northern Ireland and England.

*To what parts of the Northern Territory does your work take you?*

The furthest north I travel is to Alicurung, east is Lake Nash, west is Kintore and south is Mutitjulu and Docker River. I go to 27 communities with each visit lasting from 1 – 3 days and occurs 1 – 4 times per year depending on population size and remoteness. I spend an average of 3 days away each week.

*What does your job entail?*

As a Specialist Physician I do adult medicine – no paediatrics, no surgery and no Obstetrics and Gynecology. The main areas of my training are diabetes, renal and cardiovascular medicine which are a useful combination of skills as all are so common in the Indigenous population. My role is to treat patients with the most complex and advanced medical problems and formulate a detailed care plan which acts as a foundation for the other Health Care team members to use and build on.

*At the Uncharted Territory Conference this year you made a presentation discussing future directions for the Preventable Chronic Disease Strategy. What were your comments?*

The Preventable Chronic Diseases Strategy (PCDS) published in 1999 was a great step towards resolving the health issues of remote dwelling populations who are predominantly Indigenous. For the first time in a remote setting, it set out a systematic approach to the prevention, early detection and high quality treatment in established disease and mobilised (an ever growing) evidence base in support of its recommendations.

However, the strategy now needs to be revised and updated and become inclusive of all the chronic diseases we commonly encounter (as just five chronic diseases / chronic risk factors were initially high lighted for action). For example, Ischaemic Heart Disease is just one chronic heart condition, and Heart Failure, Rheumatic Heart Disease and Dilated Cardiomyopathy are also common causes of morbidity and mortality in predominantly young people.

*(Continued on page 10)*

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Our chronic lung disease problems include young people with Bronchiectasis, not just Chronic Airways Disease secondary to smoking. Obstructive Sleep Apnoea is an increasing problem as obesity levels rise in the population. Chronic liver disease due to alcohol and Hepatitis B also needs to be highlighted. There are also newly recognised chronic diseases such as Sub-clinical Hypothyroidism which may well impact on cardiovascular morbidity and mortality as well as mental health.

All these chronic diseases share common risk factors and all need to be highlighted so that appropriate screening can take place and the effective treatments which are available for them are offered.

*Do you come across any barriers to providing medical care in remote Central Australia?*

There are barriers at all levels. Communication is a big one, not just with patients but also with other members of the Health Care team. There are also huge geographical distances, and poor infrastructure out bush (poorly equipped and maintained remote clinics). Limitations are imposed by the way in which we actually practice and deliver medical care in the remote setting.

The biggest barrier of all, is the sheer lack of Primary Care infrastructure and Primary Care doctor and nursing time. Preventative medicine can only be achieved by good Primary Care. We need more AHWs, Primary Care doctors, and many more RANs in the remote setting. There is a real problem with building up secondary level services such as the MSOAP if Primary Care services are inadequate. Who will follow up all the patients seen by the Specialist, who will advance the often difficult care plans set out? With more patients identified by the MSOAP team with moderate or severely advanced chronic diseases earlier, extra work arises for the Primary Care teams, already stretched beyond their capacity. These issues need to be addressed.



*Dr Ciara O'Sullivan and her dogs Honey and Tuppy*

*Do you enjoy the position?*

Despite these issues I derive a huge satisfaction in my work. I've always wanted to use my medical training and skills where they were most needed. I didn't set out to work in Indigenous health, but having worked in the area, I think it would be difficult to return to conventional City medicine. I enjoy the beauty of the desert and the activities it generates and plan to remain living and working in Alice Springs for the long term. There is plenty of work to be done!

#### **Comments from Dr Christine Connors, NT Program Director PCDS, DHCS**

Regular review and updating of the evidence base that underpins the PCDS is essential to keep it relevant in our frequently changing environment. There have been many important studies since 1998 that have provided new emphases and directions, and we hope the evidence for effective strategies in prevention and management continues to grow. The community physicians, Public health physicians and clinical specialists will be reviewing the evidence over the next few months, and the inclusion of a broader focus is very likely. Following review of the evidence it is planned to hold a series of meetings with a broad range of interested people to reinvigorate the PCDS and continue the good work being done across the NT.

### **Annual Report on The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003**

*The above report draws on the extensive surveys and censuses conducted by the Australian Bureau of Statistics and the range of data held by the Australian Institute of Health and Welfare.*

*The result is a publication that covers topics as diverse as population statistics, housing and infrastructure, community services and housing assistance, health status, death and sickness, and the use of services in this population group. To obtain a copy contact the Australian Bureau of Statistics, or view the website [www.aihw.gov.au](http://www.aihw.gov.au)*

# PERSONAL PORTRAIT

## Introducing Don Christophersen



**Met Don before? Big tall bloke.... likes to talk....**

Alongside Veronica Butler, Don is one of the coordinators of the Aboriginal Cultural Awareness Programs (ACAP) for the Department of Health and Community Services (DHCS). He is part of the Workforce Development team based at Royal Darwin Hospital (RDH) campus. Don is passionate about providing education on Aboriginal culture to staff involved in health delivery to Indigenous people.

### **True Territorian**

Don was born and bred in Darwin and is from Murran Clan country. His Father is from South Australia, and his Mother from Arnhem Land and is currently on the Board of Management for Kakadu National Park. Don's family network spreads across Minjilang, Coburg Peninsula, and Kakadu.

Don's career has focussed on education and service delivery. His first job was as a Field Officer in 1982 for the Department of Aboriginal Affairs delivering funding and services to Indigenous NT community groups and organisations. He then became a Tour Guide at Yellow Waters in Kakadu and Goose Camp where he gained his skills of public speaking and "the gift of the gab".

A stint with the Northern Land Council as a Land Claims Officer, was followed by a long association with the Australian Electoral Commission.

As a Field and Education Officer for the Electoral Commission Don provided enrolment and electoral education to remote and urban Indigenous communities, schools and community groups in the NT. Don developed and delivered an NT specific electoral curriculum aimed at these cultural groups. He also improved his skills in adult education by training Field Officers and Polling Officials for electoral events.

Don's skills in adult education were recognised in 2001 when he was asked to assist the Independent Electoral Commission in Dili, East Timor. He was presented with the Discovering Democracy Award in June 2000 for "his ongoing efforts to introduce practical electoral education into the classroom", by Director Education Paul Anderson.

### **Aboriginal Cultural Awareness Program Re-Development**

Don has found his new position as a Coordinator of the ACAP challenging but thoroughly enjoyable. The Aboriginal Cultural Awareness Programs have been running regularly at RDH since 1994. The aim of the programs is to provide Indigenous cultural awareness to enable effective communication for people when at work. With so many DHCS staff originating from interstate, such education is crucial to enable culturally appropriate health service delivery.

Historically there has been 4 stages to the program of 1 to 2 days duration at each stage. Topics covered include Cross Cultural Understanding, Australian Indigenous History, Kinship, Cultural Differences and Protocols, Indigenous languages, and Racism.

Although the program continues to have excellent feedback, re-development of the program has

commenced to update the material and provide a more NT specific focus. The Northern Territory Universities Faculty of Indigenous Research and Education have been assisting Don in the re-development which may be a lengthy process. Changes to the program include the provision of greater resources, updated technology, and more guest speakers who are specialists in their areas.

Don also conducts short courses and presentations on cultural issues for various Departments of the DHCS and independent bodies. These include the Tamarind Centre, Family and Community Services, Cowdy Ward, and Menzies School of Health Research. Don feels that for him the challenge is to provide the precise information to culturally equip health staff in a short space of time. With such a transient workforce as exists in the Top End, possibilities for education are very limited, "that one day has to be spot on".

### **Future**

Don has had vast practical experience in delivering education and is now completing studies to formalise the process. He is currently enrolled in a Diploma of Frontline Management (Kiguruk Program) which is part of the Indigenous Male Leadership Development Program for the NT Public Service.

In his spare time Don assists at his children's school, Moulden Primary to develop their democracy program. This involves educating and helping the students to conduct school elections. He looks forward to completing the re-development of the ACAP courses and further "assisting people in doing their jobs".

For more information about the courses please contact Kashmeer on 08 8922 8747

## Take the First Step Climb to the Top

Lisa Fox, Heart Foundation  
NT

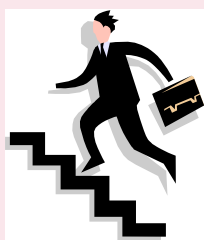
Congratulations to all the workplace teams who entered the Climb to the Top challenge. During the month of August as part of the work-day, teams were encouraged to walk or climb stairs the equivalent distance of Mount Everest.

In the NT a total of 32 teams entered involving over 310 people. The majority of teams reached their target with some teams making it up to Everest over three times. There were individuals who started reaching 2,220m on their own. Well done to all teams!

Currently the team and individual totals are being tallied to identify how the NT teams compared with the rest of Australia. From all entires Australia wide a winning individual and team will be identified along with a team name award and the best team coordinator.

Included are some of the team names:

Ngukkurr Health Crocs  
Top End Tenzing  
Walk – A – Nators  
The Boonies  
Warbling, Wobbling, Wandering,  
Walkers without Warning  
Computer Nerds  
Hoof Hearted  
Sherpettes



Thanks to all teams and remember to make physical activity a part of every day.

Contact Lisa Fox on Tel) 8981 1966 for more information

## World COPD Day 2003

*Just a cough? ... Could it be COPD?  
Just out of breath?... Could it be COPD?*

*From LungNet News, August 2003, The  
Australian Lung Foundation Newsletter*



Could it be COPD? That's the question that the Global Initiative for Chronic Obstructive Lung Disease (COLD) suggests that people should be asking.

Last year was the first World COPD Day and it began a year-long campaign to raise COPD awareness worldwide. This crucial first step laid the foundation for future efforts to increase accurate diagnosis of COPD and improve treatment.

World COPD Day in 2002 marked the first time that a single, evidenced-based patient questionnaire was used worldwide, with people from Argentina to Yugoslavia asking them the same questions to determine if they are at risk for COPD.

### Questionnaire

If you answer these questions, it will help you find out if you could have COPD.

1. Do you cough several times most days?  
Yes \_\_\_ No \_\_\_
2. Do you bring up phlegm or mucus most days?  
Yes \_\_\_ No \_\_\_
3. Do you get out of breath more easily than others your age?  
Yes \_\_\_ No \_\_\_
4. Are you older than 40 years?  
Yes \_\_\_ No \_\_\_
5. Are you a current smoker or an ex-smoker?  
Yes \_\_\_ No \_\_\_

If you answered "yes" to three or more of these questions, ask your doctor if you might have COPD and should you have a simple breathing test? Is there someone in your life who also needs to ask themselves these questions? If COPD is found early, there are steps you can take to prevent further lung damage and make you feel better!

**This year's World COPD Day is on the 19th  
of November.**

2004 Australian Asthma Conference

"A Fresh Breath – looking to the future"

23-25 February, 2004

Hotel Sofitel, Melbourne

Registration and Abstract Details are on the  
website: [www.asthma.org.au](http://www.asthma.org.au)



Aboriginal Cultural Awareness Program  
ACAP Course Co-ordinator: Don Christophersen  
Ph: (08) 89 227902 Fax: (08) 89 228010

## **ACAP STAGE 1 & 2**

1&2 day courses facilitated by

*DHCS WORKFORCE DEVELOPMENT and The  
Faculty of Indigenous Research and Education (F.I.R.E.)  
Charles Darwin University*

STAGE 1 General -7<sup>th</sup> Oct. 1 day  
STAGE 1 RDH Orientation -13<sup>th</sup> Nov. 1 day  
STAGE 2 General -8<sup>th</sup> & 9<sup>th</sup> Dec. 2 day

**NUMBERS:** 20 maximum

**BOOKINGS:** Contact Kashmeer on 89228747

### **Stage 1 evaluation comments from 2003:**

- ✓ *I think this course would be useful to all new Territorians not just NTPS employees as it helps to create an understanding and tolerance.*
- ✓ *Relaxed teaching style. Comfortable learning environment.*
- ✓ *Video very informative – whole course very educational*
- ✓ *Relaxed, balanced, very good clear analogies and examples to demonstrate abstract concepts.*



**Lindsay Johnson,  
Health Promotion  
Officer, Katherine  
West Health Board  
(KWHB)**

As part of the Chronic Disease Self-Management (CDSM) Project at KWHB, many health promotion resources

have been developed and many programs are running.

## **The CDSM Project**

The CDSM project at KWHB, is funded by the Commonwealth Department of Health and Ageing, as part of the Sharing Health Care initiative. It is one of eight demonstration projects around Australia and has been running for one year.

The project team is made up of six CDSM Community Support Workers (CSW's) and three Katherine based officers (project manager, health promotion officer, and project facilitator). The project brings together both the clinical aspects of working with people who have a chronic disease, with the prevention of chronic disease through healthy lifestyle programs initiated by the community.

The development of cross-culturally appropriate health resources is an important part of the project. The health promotion resources and programs which are currently running in the communities are:

## **Resources**

### ***Safe drinking video***

- Video being made at Kalkarinji/Dagaragu, script written by CSWs, actors are local people from the community
- Story of a man who goes to the club, has too much to drink and ends up fighting with his family and getting arrested for drink driving. The story is then replayed to the beginning of the night to show the man choosing to drink in moderation and having a good time

### ***Paintings***

- Rosemary Johnson, Kalkarindji CSW has painted a picture to reflect her understanding of the importance of the CDSM project and a "cut-down drinking" painting
- Sandra Campbell at Yarralin has produced a painting illustrating the importance of people sitting together and talking about their illnesses
- Lajamanu painter Michelle Daniels painted the first

project logo

### ***Lajamanu Health News***

- Program being produced at Lajamanu to screen on BRACS to keep the community informed about what is happening in their community
- Program contains information on community screening results, clinic announcements about programs they are running, updates on current programs (e.g. women's healthy weight group), and segments on other issues.

### ***CDSM video and pamphlet***

- Production of video and pamphlets describing what the CDSM project is about launched in Lajamanu and Kalkarindji, and in August 2003 at Yarralin
- The Yarralin video and pamphlets produced by Lisa Campbell, Malcolm Shaw, and CSWs from Yarralin
- The video stars local actors and community leaders who play a large role in explaining the concepts of self management.

### ***Nutrition Food Wheel***

- Food selection guide developed recommending locally available foods and reflecting local eating patterns to ensure healthy eating
- Format and content of guide driven by CSWs and people with chronic disease

### ***Self Management Video and Pamphlets***

- CSWs are developing a video which explains self-management, important health messages, goal setting and care planning. Community members share their stories about managing their conditions and further education given in regard to the CSWs role

## **Community Groups**

### ***Women's healthy weight groups***

- Groups formed to develop a weight management and healthy lifestyle program based on a similar program developed for Aboriginal and Torres Strait Islander people in Queensland.
- Groups are held weekly and the women are screened fortnightly which involves measuring their weight, waist, hip and blood pressure.
- On alternate weeks, workshops are held that cover topics including low fat cooking, shopping better for the family, getting more activity/exercise in your day, reducing the fat in our everyday meals and keeping the weight off.
- After each meeting the women do some exercise such as playing basketball. Results to date have been impressive, with most women making healthy changes to their lifestyle and consequently losing weight.

*(Continued on page 17)*

# NT Kids Hopping to Good Health

## Evaluation of the Food Hopscotch Game, 2003

**Anthea Oorloff, (Student Dietitian, Flinders University of South Australia) and Robin Lion (Darwin Urban Community Nutritionist)**

Childhood is a critical time for forming healthy lifestyle habits. If children learn healthy eating and lifestyle habits early, they are better equipped to make healthy choices throughout life to reduce their risk of developing chronic disease.

The need for children to learn healthy eating habits and engage in physical activity has been highlighted with the increasing prevalence of childhood obesity in Australia (AIHW, 2002).

The Food Hopscotch Game is a nutrition education tool, developed in the Northern Territory, that helps children to understand the importance of healthy eating and how to incorporate a variety of nutritious foods into their daily diet. The game promotes physical activity and the Australian Guide to Healthy Eating.

The concept of the Food Hopscotch Game (FHG), using the turtle motif, was developed in 1997 by Linda Hill, Aboriginal Nutrition Adviser, as a fun way to teach children about food and health. The turtle is a popular food for indigenous people living in coastal areas in the northern Territory. The turtle image is also a

way of promoting bush foods in indigenous communities.

The hopscotch game kit includes a vinyl turtle food hopscotch mat, teachers resource handbook, the Australian Guide To Healthy Eating Package, laminated picture cards and plastic food models. For those of you who did not play hopscotch as a child, the game involves hopping within squares and collecting a token without stepping on lines and losing your balance.

Pilot implementation of the Food Hopscotch Game with eight schools around the NT happened in term 2 this year with process evaluation completed in term 3. The evaluation of the FHG showed the kit was an overall success, with all points indicating the kit should be implemented again. One hundred percent (100%) of the teachers and nutritionists who participated in the evaluation gave the game a rating of above satisfactory and all said they would use the kit again and recommend it's use to other teachers.

Recommendations derived from the evaluation will be used in modifying the FHG kit for future use in NT primary schools, during 2004. Planning has now commenced for the next implementation phase of the Food Hopscotch Game program.

### Reference

Australian Institute of Health and



*Zack and Jacob Smith using the Food Hopscotch Game. The game served as a useful learning tool & a fun activity for NT primary school aged children*

Welfare. Australia's Health 2002. Canberra: AIHW; 2002

For further information about the FHG please contact Robin Lion on Tel) (08) 8922 8221 or E-mail: robin.lion@nt.gov.au

## Expressions of Interest

Are you interested in the prevention and management of rheumatic heart disease?

We are looking for interested people to participate in workshop/training sessions to be held in each regional centre over the coming months - **Katherine, Wed November 5, 2003**

We will also be conducting half day training sessions for Aboriginal Health Workers who would like to be identified as the rheumatic heart disease person in their health centre.

Please contact Angela Kelly at the CDC on 8922 8026 or Angela.Kelly@nt.gov.au

# Heart Failure Cases Likely To Go Up

this period. Hospitalisation and death rates from this condition among Aboriginal and Torres Strait Islander peoples are 2-3 times higher than for other Australians.

## Media Release – AIHW.gov.au

An ageing population, improving survival from heart attack, and increasing prevalence of diabetes and obesity, may result in a rise in the number of Australians with heart failure in the future, according to a new report released today by the Australian Institute of Health and Welfare (AIHW).

In medical terminology 'heart failure' describes the condition where the heart is failing to pump blood around the body as well as before.

The report, *Heart failure...what of the future?* shows that the condition is the third largest cause of cardiovascular deaths in Australia after coronary heart disease and stroke, accounting for 3,205 deaths in 2001. An estimated 300,000 Australians have chronic heart failure, with 30,000 new cases diagnosed each year.

Once diagnosed, prognosis is poor, particularly for the aged. Recent estimates of survival based on overseas findings indicate a five-year survival rate of 41% in men and 55% in women. Despite this, rates of hospitalisation and deaths from heart failure have fallen by about 2% per year for both Australian men and women over the past decade. Deaths in hospital fell by 4-5% a year over

Report author, Bonnie Field, said that heart failure was 'primarily a disease of the elderly' and the projected increase in this population would 'undoubtedly cause an increase in the number of new cases'. 'Somewhat paradoxically, the increasing rates of survival from heart attack will also contribute to more instances of heart failure. 'Fatality rates for heart attack fell by 12-16% over the six years to 1999-00, but previous heart attack is a common cause of heart failure among men, so the increasing number of survivors may raise the incidence of the condition among older men.'

The report also shows that Australia, along with other developed countries, is experiencing an increase in the prevalence of obesity and diabetes. 'Obesity is strongly associated with both diabetes and heart failure, and people with diabetes have a 2-8 times greater risk of heart failure compared with people without diabetes,' Ms Field said.

**Canberra, 24 June 2003**

**Further information:** Ms Bonnie Field, AIHW, Tel. 02 6244 1287

## ASTHMA FRIENDLY CHILDCARE

Proudly sponsored by the Telstra Foundation

### Michelle Menzies, Executive Officer, Asthma NT

Asthma Northern Territory takes great pleasure in announcing that this new program is soon commencing and we are in the process of finalising preliminary work. We are very grateful for the assistance of the Telstra Foundation in implementing this activity. The aims of the program is to:

- Improve health amongst young children to enable them to participate fully in daily activities, including exercise and other physical activities
- Increase awareness of asthma among the whole of the care centre which includes parent/carers/staff

- Improve the abilities of care centres to fulfil their duty of care and obligations to children who have asthma in Darwin
- Fit into Child Care centres health promotion activities throughout Darwin

More than 2 million Australians have asthma, with 30% of those being children aged 0-14 years. The prevalence of childhood asthma in Australia is one of the highest in the world with the rate of diagnosis growing daily.

Asthma can be very well managed if people are empowered with the correct information. This project will attempt to empower people who care for small children to be given the opportunity of gaining some

knowledge for best practice management of asthma through workshops/information sessions etc. It will also attempt to engage young children in participating in the process.

If you would like more information please contact us on 8922 8827



# IT Update

## Websites Bookmarking Diabetes



To obtain information on Diabetes, the following websites provided by **Christine Willis, Diabetes Australia NT**, will greatly assist you in your search.

Australian Diabetes Society is a targeted to health professionals:

[www.racp.edu.au/ads/](http://www.racp.edu.au/ads/)

Diabetes Centre Queen Elizabeth Hospital:

[www.diabetes.org.au](http://www.diabetes.org.au)

Diabetes Inside Out is an interactive website for clients:

[www.diabetes-insideout.com.au/](http://www.diabetes-insideout.com.au/)

International Diabetes Institute:

[www.diabetes.com.au/home.htm](http://www.diabetes.com.au/home.htm)

Diabetes Australia National Office:

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

Diabetes Australia also has a Multilingual Website available at:

<http://www.diabetesaustralia.com.au/multilingualdiabetes/index.htm>

Australian Diabetes Educators Association (ADEA)

<http://www.adea.com.au/>

Australian Centre for Diabetes Strategies

<http://www.diabetes.net.au>

International Diabetes Federation

<http://www.idf.org>

Australian Department of Health and Ageing - National Health Priority Area – Diabetes

<http://www.health.gov.au/pq/diabetes/index.htm>

The Diabetes Research Foundation – Western Australia Inc.

<http://www.diabetesresearchfoundation.asn.au>

Diabetes Digest

[http://www.diabetesdigest.com/dd6\\_news.htm](http://www.diabetesdigest.com/dd6_news.htm)

Parent to Parent – information on Gestational Diabetes

<http://p2p.au.com/resources/fact/GDfs>

Diabetes Diet and Nutrition Guide by Life Clinic

<http://www.lifeclinic.com/focus/diabetes/diet.asp>

### Support Links:

Children With Diabetes

[www.childrenwithdiabetes.com](http://www.childrenwithdiabetes.com)

Diabetes Counselling On Line

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

Statistics and information – Diabetes Australian Facts

2002 – link to AIHW <http://www.aihw.gov.au/diabetes/index.html>

*(Continued from page 14)*

### **Physical Activity Programs**

- In conjunction with the National Heart Foundation, 6 exercise activities were identified by the community. A community group runs one of these activities every 6 weeks.
- The program is being piloted in Lajamanu.

### **Walking Groups**

- Have been running in Kalkarindji and Lajamanu with varying success.

### **Committees**

#### **CDSM committee's**

Established in each of the participating communities, the committees provide an opportunity for those with a chronic condition, and their family members, to voice their concerns and ideas about the CDSM project

#### **Health Committee's**

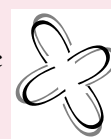
Health committees are established in each of the communities and is an important way for interested people in the community to voice their concerns about health issues.

For more information about the

CDSM project, contact the Katherine West Health Board on 8971 9300.

Did you know that The Chronicle is available electronically?

Contact the Chronic Diseases Network would electronic if you prefer an copy.



# Tackling Kidney Disease in the Northern Territory

## Media Release, 21 August 2003

Hon. Jane Aagaard MLA, Minister for Health and Community Services

The Minister for Health and Community Services Jane Aagaard outlined the Labor Government's vision for improving renal health during a Ministerial Statement in Parliament this afternoon.

The NT Government increased renal funding by \$2.5 million per year in the 2003-04 Budget for the Territory-wide expansion of renal services to deal with the growing incidence of end stage renal failure in indigenous communities.

Mrs Aagaard said the Territory had Australia's highest rate of renal disease, and it was a Government priority to address this serious health issue after so many years of neglect.

"The Government is committed to providing appropriate and effective treatment for those who have kidney disease," Mrs Aagaard said. "In particular we are supporting the provision of treatment as close as possible to where people live to minimise health and social disruption that relocation to distant treatment centres entails. "I am personally very passionate about the establishment of these satellite services which will ease the personal distress of patients being separated from their extended family, their home and community every time they come into town to have dialysis."

Mrs Aagaard said the first services using this innovative

model will be developed at Elcho Island and Groote Eylandt, with the NT Government working on plans for the extension of this program to other remote Top End and Central Australian communities.

She said a self-care training program had recently begun to give patients the skills they need to be able to carry out their own dialysis treatment.

Mrs Aagaard said the NT Government was also committed to developing appropriate prevention strategies to be delivered through a primary health care system to tackle the underlying causes of chronic disease.

"Primary health care can reduce the burden of renal disease through early screening and detection of chronic renal insufficiency," Mrs Aagaard said.

Mrs Aagaard said the Territory was in the midst of an exciting phase of service development, using innovative models where world-leading researchers worked together in a cross-cultural environment. "The high level of clinical experience and research expertise combined with the unique situation we face in the Territory to make this the place to be for anyone seeking to make a career in renal issues."

For the full Renal Statement look up the Daily Hansard for Minister Aagaard on the [nt.gov.au](http://nt.gov.au) website.



Territory  
Palliative Care

*If you have not seen anyone die you may be afraid of what will happen*

**Territory Palliative Care may be the service for you**

### Meredith Neilson

#### What is Palliative Care?

Palliative Care is a unique style of care when cure is no longer possible. It aims for quality of life, values life and recognises that dying is a natural process, and neither hastens nor postpones death.

#### What does Territory Palliative Care do?

- Provides maximum relief from distressing symptoms

- Considers your physical, emotional, cultural, spiritual and social needs
- Offers support to the family and carer before and after death
- Provides care for you wherever you live, including respite care
- Provides a 24 hour toll-free telephone support contact throughout the NT
- Provides referral to community services for practical help, emotional and financial support

#### Who provides Palliative Care?

The Top End Palliative Care Team consists of 11 people including medical officers, nurses, an Aboriginal health worker, a social worker, occupational therapist, pastoral care worker, and other health professionals.

There are approximately 100 registered terminally ill clients, half of whom are Indigenous people in

*(Continued on page 19)*



*Education in the community*

remote areas. As well as the clients the team has 60-80 bereaved families registered on the one year bereavement program.

**Who is eligible for this service?**

People of any age in the advanced stages of a life threatening disease where cure is no longer possible. Most clients have been diagnosed with cancer, however many clients have end stage chronic diseases such as renal or respiratory disease.

**Who can refer?**

People can refer themselves or can be referred by family members, doctors, nurses, or other health professionals.

**Rural and Remote Service**

Bev Dershow (Aboriginal Health Worker) and Simon Murphy (Clinical Nurse Consultant) make up the Rural and Remote arm of the Territory Palliative Care team for the Top End. Their caseload is predominantly Indigenous clients and often involves travel to remote communities.

Bev states that the main priority of the role is to establish trust and a good relationship with clients and families. The cultural, physical and emotional needs of clients may then be determined. These may include dealing with Centrelink, providing adequate pain relief, assistance with organising funerals, counselling, and education on the “right stories” regarding their disease. Bev explains that clients frequently desire to return home to country and family, following which symptoms often improve and clients report feeling less stressed.

**Exciting Announcement**

In August 2003 the NT Government announced funding for the building of a Hospice in Darwin. Prior to this announcement there had been extensive consultation with various Government and Non-Government organisations, community groups and Indigenous people

to ensure that the Hospice catered for all the needs required for individuals and cultural groups. The outcome is an exciting endeavour for Darwin and will provide an improved service for the terminally ill and their families.

**Future Developments in Palliative Care**

Over the past 12 months the Palliative Care team have been involved in an NHMRC funded Commonwealth Research Project. The aim of the project is to determine best practice Palliative Care for remote Indigenous clients. The project has involved interviewing clients, listening to their stories, and recording feedback and recommendations from clients on the service. It has been conducted across the major urban and rural centres and is expected to be completed by mid-2004.

Other future endeavours for the team include the development of a new Strategic Plan and Palliative Care Policy in the NT for the next 5 years. Furthermore Bev and Simon are presenting papers at the National Conference on Palliative Care in Adelaide in October 2003.

**How do Palliative care workers feel about what must be at times a very difficult job?**

Both Simon and Bev report loving their jobs. Bev reports that they are able to “build up relationships” and feel “honoured and privileged when a family allows me to become involved in a clients spiritual journey”. Both staff members enjoy the feedback and respect given to them by families during the final phases of their clients’ lives. Most importantly they feel that they have made a difference.

For more information on the Territory Palliative Care Service call the Darwin office on 08 8922 7004, or the Alice Springs Office at 08 8951 6762.



*Community Consultation with client*

# Coming Up

- **October 16-17, 2003, 1<sup>st</sup> South Australian Primary Health Care Conference. Growing Research in Primary Health Care.**

Key event for all primary health care professionals, GPs, students in medical and health sciences, and consumers with an interest in primary health care research and evaluation. It will consist of an exciting mix of keynote presentations, concurrent paper and poster sessions, informal discussion forums, and research related training workshops.

For further information contact Dr Karen Reid on Tel) 08 8204 6167

- **February 19-21, 2004, Auckland, New Zealand Helping Families Change Conference: Home, Workplace and Community**

Topic areas include:

Policy and population level intervention

Interventions with families in transition: separation and divorce

Recent developments in family intervention research

Cultural issues and parenting

Keynote speakers include Professor Charles Cunningham – Implementation of parenting programs in the community, and Dr Jan Pryor – Families in transition, Family Court

For further information contact Steven Hayns on Tel) +64 9 520 7164 or Email: triplep@xtra.co.nz

- **April 26-30, 2004, Melbourne, Australia Health 2004 – the XV111th World Conference on Health Promotion and Health Education**

Program covers a different theme each day:

Day 1: Global Changes and Challenges to Health

Day 2: Valuing Diversity

Day 3: Reshaping Power: Leadership, Participation, Governance

Day 4: Creating the Conditions for Health

For further information see [www.health2004.com.au](http://www.health2004.com.au)

## National Chronic Condition Self-Management Conference

### Guiding Us Forward

12-14 November 2003  
Hilton on the Park, Melbourne

With over 100 presentations from self-management experts in Australia, UK, the US, and NZ, this Conference will explore the challenges and enablers for the integration of chronic condition self-management more broadly within the Australian health care system.

#### Speakers include:

Senator the Hon Kay Patterson,  
Commonwealth Minister for Health and Aging  
Mr Philip Davies, Deputy Secretary,  
Commonwealth Dept of Health and Aging  
Prof Kate Lorig, Stanford Patient Education  
Research Centre, USA  
Dr Sunjai Gupta, Head, Expert Patient  
Program, Dept Health UK

#### Who should attend?

GPs, nurses, allied health professionals,  
Aboriginal Health Workers, Health Provider  
organisations, Consumers, policy makers, health  
educators

#### Cost

\$220 – Earlybird rate (before 10 October, 2003)

\$275 – Standard rate (after 10 October, 2003)

#### For Further Information

Visit the Sharing Health Care Initiative website  
at:

[www.chronicdisease.health.gov.au](http://www.chronicdisease.health.gov.au)

Or

[www.abcon.biz/ChronicSelfMgt.html](http://www.abcon.biz/ChronicSelfMgt.html)

# Wadeye Scabies Project Update

## Meredith Neilson

Scabies and skin sores are some of the most common problems seen in Aboriginal health centres. Up to 50% of children and 25% of adults are affected by scabies in many remote Aboriginal communities (1). Secondary skin infection of scabies sores with Group A streptococcus can lead to further chronic diseases such as adult renal disease and rheumatic fever.

## Intervention

To address the scabies problem in Wadeye a successful community intervention, The Wadeye Scabies Project, commenced in June 2000 under the direction of Dr Li-Chuen Wong. The Intervention was fourfold:

1. Education: regarding scabies prevention commenced 3 months prior to intervention involving local people as educators,
2. Pre-intervention screening: of children aged 0-5 years took place in the week before the community treatment day. Children with infected sores or infected scabies were treated with IM penicillin.
3. Community Clean-up/Treatment: The treatment day involved the distribution of donated soaps, washing powder, detergents, permethrin cream ("Lyclear") to all households. Residents cleaned their houses,

washed their clothes, put mattresses and linen out to sun, applied the cream and then attended a huge community BBQ and corroboree.

4. Community Input: The store, bank, school, and council closed in support. The Environmental health workers erected clotheslines for houses. The store donated food for the BBQ.

## Follow up

Children with infected scabies were treated again the following week. 6 weeks after the community treatment day, follow-up screening was undertaken which has continued at 3 monthly intervals since August 2000. The community has conducted a community scabies treatment/clean up day in June 2002 and 2003. In 2001 the community held a clean up day, but community treatment was not undertaken as the scabies prevalence was less than 10%.

## Outcome

In June 2000 the pre-intervention prevalence of scabies was 35%. According to Dr Ruth Barker, visiting paediatrician and member of the "scabies team", the prevalence has fallen to between 2-12% in 0-5 year old children over the past 3 years, with 5% recorded in August 2003 post-Scabies Day June 2003. Dr Li-Chuen Wong believes the program has been successful because

regular re-screening allows for continued education and focus on scabies. Furthermore community involvement and empowerment has facilitated the program's success.

Whether healthier skin will translate into reduced rates of rheumatic fever, post-strep glomerulonephritis and chronic renal failure remains to be seen.

## Future

The program has been funded by Westmead Charitable Trust, Sydney with many contributions from the community businesses. The program is undergoing evaluation by a team from Menzies School of Health Research. The Thamarrurr Council are hoping to obtain further funding to enable the continuation of this successful community program.

For more information regarding the program contact Ruth Barker by email on [ruth\\_prut@hotmail.com](mailto:ruth_prut@hotmail.com)

## Reference

1. Currie BJ, Carapetis JR. Skin infections and infestations in Aboriginal communities in northern Australia. *Australas. J. Dermatol.* 2000; **41**: 139-45.

## PODIATRY PLUS FREE FOOTWARE PROGRAM

If you have high risk diabetic clients with conditions such as peripheral vascular disease, history of ulceration, current ulceration or foot deformity, they may need appropriate shoes.

*Podiatry Plus* has received extra width and depth footwear donated from all over Australia to help curb the high rate of limb loss associated with Diabetic Foot complications in Central Australia.

If you have clients who are unable to purchase shoes due to financial difficulties, send a referral to *Podiatry Plus* who will assist ASAP.

Phone Regina on 08 8952 2773 or Email [alicepod@swtch.com.au](mailto:alicepod@swtch.com.au) for more information



# Healthy Living NT

## One Year On...

### Chrissy Inglis, Territory Way, September Edition

Healthy Living NT is the education arm of Diabetes Australia Northern Territory (DANT). The launch of Healthy Living NT on 1<sup>st</sup> July 2002 saw the beginning of the cardiac education and rehabilitation services in the Territory and the incorporation of the diabetes education services into Healthy Living NT.

The past year has seen expansion of services in Darwin and the opening of a new office and education services in Alice Springs. Along with the new services, new staff have been employed including Darwin and Alice Springs Cardiac Educators, the Alice Springs Diabetes Educator, Alice Springs Dietitian, Darwin and Alice Springs Diabetes Aboriginal Health Workers and an Indigenous project officer in Darwin.

This next year will see the consolidation of the Darwin cardiac services and the Alice Springs services. There will be growth in the Darwin diabetes education services with Indigenous projects being undertaken.

Current client education services are:

#### Darwin

- Cardiac Education for inpatients of Darwin Private and Royal Darwin Hospital
- The four week Healthy Heart Program for education and rehabilitation for cardiac clients at DANT's Tiwi offices and the Palmerston Health Precinct
- Maintenance classes for ongoing education/support for those completing the Healthy Heart Program
- The Pre-Procedure class for clients undergoing cardiac procedures/operations
- Individual cardiac appointments for those unable to attend the groups, who live out of Darwin or who want follow up education
- Monthly cardiac education appointments at Danila Dilba
- Group education sessions for people with Type 2

- diabetes and pre-diabetes (impaired glucose tolerance)
- Group education sessions for people with Gestational Diabetes
- Individual appointments for diabetes education with the diabetes nurse educator and the nutrition educator
- Diabetes Education clinics at Palmerston
- Monthly nutrition education clinics at Danila Dilba
- Barnabees group activities for children with Type 1 diabetes
- Telephone and Mail Information pack support for all diabetes and cardiac clients in the Top End

#### Alice Springs

- Cardiac Education for inpatients of Alice Springs Hospital (ASH)
- The four week Healthy Heart Program for education and rehabilitation of cardiac clients at ASH rehabilitation
- Maintenance classes for ongoing education/support for those after the Healthy Heart Program
- Individual cardiac appointments for those unable to attend the groups, who live out of Alice Springs or who want follow up education
- Individual appointments for diabetes education with the diabetes nurse educator and the nutrition educator
- Weekly diabetes clinics at Congress
- Weekly gestational diabetes clinics at Alukura
- Telephone and postal information services for all cardiac and diabetes clients in Alice Springs and rural areas

All education staff also support other health professionals with education and our production of Diabetes News and Cardiac News, as well as having active roles with health promotion activities. For more information ring Darwin 08 8927 8488, or Alice Springs 08 8952 8000.

### Interested in Injury Prevention?

The Chronic Diseases Network has several copies of the AIHW Discussion Paper:  
National Injury Prevention Plan Priorities for 2004 and Beyond  
Contact us on Tel) 08 8922 8280 or Email [chronicdiseasesnetwork@nt.gov.au](mailto:chronicdiseasesnetwork@nt.gov.au) to obtain a copy.

## Health Professionals Breakfast In Healthy Bones Week

**Sally Warnes, Arthritis & Osteoporosis NT**

During August Arthritis & Osteoporosis NT celebrated Healthy Bones Week. The event was supported by Osteoporosis Australia and focused on educating the general population about the 'silent epidemic'. That is where 25% of women and 17% of men develop osteoporotic fractures in their life time.

As part of the osteoporosis awareness week we organised a health professionals breakfast. It was well attended by physiotherapists, occupational therapists, general practitioners, nurses, and other allied health professionals. The venue was spectacular - the Crowne Plaza Hotel - in a stunning room called 'Signatures' which has a full wall of

windows giving a view down to the hotel atrium.

A full breakfast was served as the guests listened to two dynamic speakers. Anne Burrows gave a brief but detailed talk about bone density testing and set up a table full of information sheets and pamphlets regarding DEXA, which were available for all.

Dr Geoff Thompson was our second speaker who spoke with enthusiasm and passion about healthy bones. Dr Thompson is Darwin's Sport Medicine Physician at Territory Sportsmedicine and he gave a clear message to us all about the importance of exercise. He is an outstanding role model who exercises daily and made some of us feel a little guilty! He stated during his speech that 2 million Australians are affected by osteoporosis and this

disease costs Australia a sum of \$7.4 billion dollars each year! The incidence of osteoporosis is expected to rise from 10% to 13.2% by 2021. For many of us, the following statement gave us much 'food for thought' - **between the age of 10 and 12 a child will gain 25% of their adult bone mass and this is as much bone which can be lost during an entire adult lifetime!**

The breakfast ended at 8.30am but it was great to see many of the health professionals staying longer to talk, catch up and network.



*Guest speaker Dr Geoff Thompson at the Breakfast*

### CALL FOR PAPERS and POSTER PRESENTATIONS

The Northern Territory Council of Social Service, on behalf of the Social & Community Sector presents:

#### **Overcoming the Divide: Building stronger communities and a strong community sector in the NT**

**March 4 – 5, 2004, Darwin**

Overcoming the Divide is a unique opportunity to increase the links and partnerships between community sector organisations, governments, academic and corporate sectors in order to strengthen the community sector and to develop policies and services which are responsive to the Northern Territory community.

The Conference will seek to stimulate thinking and debate across related themes with a particular attention to the unique characteristics of the Northern Territory such as its remoteness, diversity, geographical

divisions, small population base, high Indigenous population and climatic conditions.

Proposed Conference sessions/topics include:

- **Creating effective partnerships and placing the Social and Community Sector and its key issues on the Government agenda**
- **Exploring capacity building for community organisations in the Northern Territory**
- **Practical training workshops on topics such as media, information technology, funds, and cross-cultural skills for workers**

All abstracts and poster presentation expressions of interest must be submitted by Email and received by **COB Friday 31st October 2003.**

**Contact:** NTCOSS Conference Co-ordinator on Ph) 8948 2665 or Email: [conference@ntcoss.org.au](mailto:conference@ntcoss.org.au). Further details will be posted on the COSSnet website: [www.coss.net.au](http://www.coss.net.au) soon

# WHAT CAN THE CHRONIC DISEASE NETWORK DO FOR YOU?



## The Network

The NT Chronic Diseases Network was set up in 1997 in response to the rising impact of chronic disease in the Northern Territory (NT). It now has over 1000 members from 90 government & non-government organisations across the NT & Australia.

Statistics then showed nearly 1/4 of deaths from 1979-1995 in the NT were from **preventable** chronic diseases, that the rates of hospitalisation and complications due to preventable chronic disease such as diabetes and renal failure were rising, and that the projected financial burden was unsustainable.

The Network was formed to link stakeholders & promote *communication, collaboration, coordination* and *collective memory* in the area of common chronic diseases affecting the NT population, across the continuum of care.

## Benefits

By being a member of the Chronic Diseases Network you are part of a dynamic network that is committed to making a difference and turning the trends of chronic disease around.

As a member you will have access to a range of products. The key Network products can be broadly described as follows.

**Product #1 The Chronicle** is a monthly bulletin that delivers timely updates and summaries on Northern Territory and interstate projects, innovations and related activities.

**Product #2 The Network**

**Resource Centre** is a one-stop shop for information on what's happening in chronic diseases in the NT. Enquires answered by phone, fax & email.

**Product #3 Annual Workshop** enables members to interact and exchange information.

**Product #4 Regional workshops** facilitate discussion that address local issues

**Product #5 Chronic Disease E-Net-News** is an electronic news bulletin produced to inform members of news that needs to be distributed in between editions of the Chronicle.

**Product #6 Check out the Chronic Disease Network Website** on [www.nt.gov.au/health/cdc/preventable/chronicdisease.shtml](http://www.nt.gov.au/health/cdc/preventable/chronicdisease.shtml). The website contains information including electronic versions of The Chronicle, the Cumulative Index of The Chronicle, and the Strategic and Business Plans for the Chronic Disease Network.

## Who should join?

Any one with an interest in chronic diseases.

**It's FREE!**

Call Meredith on 08 8922 8280 or Email [chronicdiseasesnetwork@nt.gov.au](mailto:chronicdiseasesnetwork@nt.gov.au) if you would like to sign up!

