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NHULUNBUY NEWSFLASH

The November/December issue of The Chronicle examines the health-related activities occurring in East Arnhem. Nhulunbuy is the central town of East Arnhem, located on a striking coastline of clear blue waters, glistening white beaches, and abundant offshore islands on the remote north eastern tip of Arnhem Land.

The Chronicle reports on the Vibe Hip Hop Challenge at Yirrkala, hears from the East Arnhem Health Development Unit, and finds out what's going on at ARDS and Miwatj. For these stories and more read below and from page 5.

Exciting Developments for NT Child Health

Northern Territory child health has received a boost over the past month with the start of recruitment of the new Child Health team. The new staff will provide improved child health services to remote communities. Turn to page 28 for more details!

VIBE "3 ON 3" BASKETBALL AND HIP HOP CHALLENGE

Meredith Neilson

On September 6 and 7, 2003 Yirrkala community hosted the VIBE '3 on 3' Basketball and Hip Hop Challenge. Organisers were thrilled with the huge turn out of 200 kids from both Indigenous and non-Indigenous backgrounds from East Arnhem. The weekend was a culmination of fun, team building, and local reconciliation.

What's VIBE?

Over the past two years VIBE, with assistance from many sponsors, have been conducting a healthy lifestyle program at 8 Indigenous communities around Australia per year. The aim of their program is to advocate healthy lifestyles, build self-esteem, and enhance social and emotional well-being in young Indigenous people.

What happened?

Following extensive community consultation the team of 17 people from VIBE arrived in Yirrkala. The team of role models then set up and promoted the event at the local schools.

Following registration on Saturday, the kids were divided into teams of three and a program of activities organised for the weekend. The activities involved "3 on 3" basketball, Hip-Hop, and art workshops. The weekend also involved a disco and a BBQ on Sunday night.



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Northern Territory Government

Department of Health and Community Services

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The Department of Health and Community Services were heavily involved in both the organisation and health promotion during the event. A large display booth of health promotion resources on topics such as alcohol and other drugs, domestic violence, women's and men's health, and Happy Families was set up with all participants receiving a show bag of material. VIBE organisers who run the basketball competitions all over Australia, said that it was the best display they had ever seen from a health or community services department.

The aim of their program is to advocate healthy lifestyles, build self-esteem, and enhance social and emotional well-being in young Indigenous people.

Outcomes

Sports and Recreation Officer at Yirrkala, Bethan Davies, reports that the atmosphere was friendly, enthusiastic and very exciting. The VIBE team run a highly professional, and organised event. A highlight of the weekend was the appearance of former Harlem Globetrotter Dwayne Cross who was present as a role model for youth and presented prizes.

The weekend has had sustainable benefits to the Yirrkala

community. Yirrkala now has 2 new basketball courts that were established by Alcan mine. Furthermore many basketballs were given to the community by VIBE as well as music backing tracks to use as rapping and hip hop aids.

VIBE Australia were so pleased with the results of the weekend that discussions have already commenced to make the weekend an annual event.

For further details contact Sport and Recreation Officer, Bethan Davies on 08 8987 2609.



Hip Hop Workshop

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particularly among young children. About 3% of all GP attendances between 1998-99 to 2001-02 were for asthma.

'There's also a lot of room for improvement in ways we manage the disease-asthma action plans are very important in helping many people control their asthma and stay out of hospital. However, the report shows that many people with asthma, particularly young men, still don't have asthma action plans.'

The report also shows that smoking remains a problem among people with asthma. Young males with asthma aged 18 to 34 years, in particular those living in disadvantaged areas, were the most likely to smoke. Among children with asthma, about 42% of boys and 39% of girls reported living with one or more regular smokers.

ACAM has been established under the National Health Priority Areas (NHPA) initiative of the Australian governments to track underlying changes in asthma and its risk factors in Australia.

Further information: Guy Marks, ACAM tel. 0419 251 565

March 2-5 2004, Darwin

“Overcoming the Divide” Conference

**Building stronger communities and a strong
community sector in the NT.**

Conference sessions/topics include:
Creating effective partnerships and placing the
Social and Community Sector and its key issues on
the Government agenda

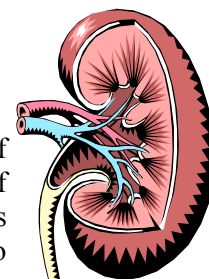
Exploring capacity building for community
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Practical training workshops on topics such as
media, information technology, funds, and cross-
cultural skills for workers

Contact: NTCOSS Conference Co-ordinator on
Ph) 8948 2665 or
Email: conference@ntcoss.org.au.

Further details will be posted on the COSSnet
website: www.coss.net.au soon

Small babies risk kidney disease later in life



Media Release, Thursday 26 June 2003

Low birthweight babies are born with less efficient kidneys which is bad news for them later in life, according to new research by Australian and US researchers.

A team led by Professor John Bertram from Monash University in Melbourne discovered that people who weighed less at birth had fewer nephrons in their kidneys as adults. The findings, which may help identify people at risk of kidney disease later in life, appear in the June 2003 issue of the journal *Kidney International*.

"There is increasing evidence that low nephron numbers is a risk factor for chronic renal disease and hypertension later in life," said Bertram. "Kidney disease associated with diabetes and obesity will develop faster if a person is starting with a lower number of nephrons."

Nephrons are the parts of the kidney which filter the blood, allowing water, some salts, glucose and amino acids to be reabsorbed into the blood capillaries while removing waste products.

Earlier this year, Bertram and colleagues published a paper which dispelled the dogma that every person is born with the same number of about a million nephrons. They found instead that the numbers of nephrons in an individual's kidneys could range 10 fold - from 200,000 to 1.8 million.

In their new study, the researchers

studied African Americans, who are at greater risk of kidney disease and high blood pressure, and have higher rates of low-weight infant births and adult obesity than the general population. They autopsied 56 kidneys from adult donors in the U. S. state of Mississippi, counted the number of nephrons and compared these with the records of the donors' birthweights. They found that for every 1kg increase in birthweight, there were about 250,000 more nephrons in the kidneys.

Bertram and team concluded that the greater risk of kidney disease in African Americans is due to the lower numbers of nephrons in their kidneys at birth.

The researchers also suggest the findings can explain the greater risk of kidney disease and high blood pressure in indigenous Australians. Bertram told ABC Science Online that while birthweights in Australian Aboriginals had improved in recent years, more work was needed: "If nephron numbers are determined in utero, then by birth its all over," he said. "Our efforts need to be directed at mothers."

The researchers are about to embark on work with kidneys donated by the Australian Aboriginal community, although they report it has been difficult to determine the birthweight of all the donors involved.

Premature babies

The question of when the number of nephrons stops growing is also important to the future health of premature babies. "A zone at the edge of the kidney, which contains stem cells, gives rise to new nephrons, however this zone disappears by the time a foetus is 36 weeks into its gestation," Bertram said. His team wants to find out the exact time nephrons stop developing: "We don't know if nephrogenesis continues as normal in premature babies, or if it stops cold when you are born," said Bertram. "We haven't a clue."

This information is relevant because modern technology is now able to keep babies born as early as 22 weeks alive. "That's pretty early in terms of nephrogenesis, because most nephrons are created in the third trimester of pregnancy. So it's an issue if it turns out they are born with a permanent deficit," said Bertram.

The study by Bertram and team was supported by a grant from the National Health and Medical Research Council and pharmaceutical company Janssen-Cilag Australia, and undertaken in collaboration with Menzies School of Health Research in the Northern Territory and the University of Mississippi in the US.

Danny Kingsley – ABC Science Online

Cardiac Indigenous Resource

The Cardiac Rehabilitation Services of Healthy Living NT are producing a CD ROM on what happens when you have a heart attack. The CDROM will have English and an East Arnhem Indigenous written language with Indigenous voice overs to deliver the information. It will also include pictures describing a heart attack and of the facilities available in Darwin to manage heart attacks.

For further information regarding the CD call Healthy Living NT on 8927 8488



There are many stories about what's going on at East Arnhem in regards to health related activities. This issue of The Chronicle reports on a few of these exciting activities, outlining the amazing passion in many staff working in the region and the fantastic work these people do!

HEALTH PROMOTION AT NHULUNUBUY

Mosiana Johns, the Health Promotion Officer for East Arnhem District, has been furiously working away to create many new exciting health promotion initiatives!

Public Noticeboard

Mosiana felt it was "important for the public to have a good image of the Department" (of Health and Community Services). She felt that a public noticeboard displaying health promotion material such as Heart Week, and QUIT campaigns, would be of great benefit to promote healthy lifestyles utilising The Health Calendar Events for 2003.

Following approval by Julie Roffman, Acting Remote Health Manager, Mosiana obtained resources from various service providers such as Diabetes Australia NT and the Cancer Council NT. She has since been sending them to the Health Clinics of Yirrkala, Marn Garr, Milingimbi, Alyangula, Angurugu, Bickerton, Umbakumba, Numbulwar, Ramingining, Gapuwiyak and Galiwinku and has erected a permanent display at Yirrkala store. The display is changed regularly and alerts people to various health messages.

Mosiana has also successfully campaigned for a noticeboard to be placed in the Town Square of Nhulunbuy outside the Westpac bank. Approval was obtained from the town Administrator, and Alcan mine chipped in by providing the funding and construction of the noticeboard. Mosiana plans to change the displays monthly to maintain interest and increase health awareness.

School Screening

Mosiana has also been busy coordinating school screening in East Arnhem. In the past the screening was undertaken by the community school and clinic which placed great demands on staff and disrupted classes. These problems were resolved this year through Mosiana's assistance by providing the set-up of screening stations, organising the team of clinic staff, teachers and community members to be involved and the administration including data collection/and entry and filing.

So far seven schools have been screened including

Yirrkala, Alyangula, Angurugu, Umbakumba, Bickerton, Ramingining, and Milingimbi. The attendance for screening has been high in each community, indicating excellent health checks and records for Indigenous kids.

Health Promotion Incentive Funds for 2002/3

In April 2003 \$7000 was released to the East Arnhem District for Aboriginal Health Promotion community projects for the 2003-2003 financial year. This was a challenge given that Mosiana started in March 2003 and had until the end of June 2003 to utilise the funds and finalise funded projects! With the expertise and dedication of the Health Development Staff in East Arnhem, four funded projects were completed.

The first project was the "*Yirrkala Springboard to Advancing Youth*". It had come to the attention of the community that anti-social behaviour and the use of illicit drugs had increased. The goal of the project was thus to encourage the community to embrace a healthy and active lifestyle without the use of illicit and recreational drugs through sport.

Sport and Recreation Officer Bethan Davies and her team, organised and provided a wide range of activities over the three-month period to appeal to youth in the community. Activities included a Sports Carnival, Bicycle repair workshop, Soccer and Hockey Competition, Art and Craft workshops, and cooking classes.

Mosiana reports that the major success of the program was most evident in the 200 youth in the community who attended the activities. It appeared that the project helped to break the pattern of boredom and apathy common in the youth sector, and thus decrease anti-social behaviour.



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The activities helped develop healthy lifestyles, and create strong partnerships between the Departments of Sport and Recreation, and Health and Community Services.

The **“Milingimbi Sports Medicine Project”** was prompted due to the high number of medical evacuations due to sports injury in a short period of time. The aim of the project was to give basic skills to members of the local football teams in first aid and treating sports related injury, increase awareness of health and exercise, and reduce the number of sports injuries.

The community invited Sports Medicine Australia (SMA) to assist in the project. Michelle Harrison of SMA conducted a two-day workshop, attended a football game and instructed on on-field injury management, and visited the local school. By all reports much was learnt on sports injury management by the 20 people who attended the

workshop including Aboriginal Health Workers, football members and school children.

The **“Milingimbi Post Primary Health Project”** was a camping and education trip for post primary girls to Dippiri Outstation with local Elders and education providers. The aim of the project was to promote healthy lifestyle choices through education on nutrition, sexual health, pregnancy and childbirth, career options and cultural strength.

People who attended the camp included 14 girls, two young mothers and their babies, Strong Women, Aboriginal Health Workers, Marlene Liddle – Coordinator of “Strong Women, Strong Babies, Strong Culture”, Julie Horn – Nutritionist, and Julie Sankey – Women’s Health.

The four day camp involved nutrition activities such as menu planning and cooking healthy food, Women’s Health education, and cultural education such as collecting traditional food. The camp was a fantastic opportunity for post primary girls to learn from Yolngu women in a relaxed atmosphere and provided and opportunity to practice a healthy lifestyle.

The final project was the **“Baralmana Youth Camp”** at Gapuwiyak. The camp was organised by the community and addressed six youth



Girls at the Milingimbi Post Primary Girls Camp

involved with gunja use and petrol sniffing. The youth, family members and Elders travelled to an Outstation. The youth underwent cultural education with the local Elders and family counselling with John Hopkins, AOD Officer for East Arnhem.

Congratulations to the East Arnhem Health Development team, in particular Mosiana Johns for coordinating and managing these successful Health Promotion activities!

For further information contact Mosiana on 8987 0431.



Yirrkala Kids

AMMENDMENT

In the October 2003 issue of The Chronicle the article “Discovering the Medical Specialist Outreach Assistance Program” on page 9 described the area included in the program to be 500 000km². The area is in fact 1.1 million km².

What’s Happening Where You Work?

Your story is valuable too, why not share it?

Contact the Chronic Diseases Network on
Ph: 08 8922 8280 or
Email
chronicdiseasesnetwork@nt.gov.au

DOGS AND HOUSES IN EAST ARNHEM



Along with day to day legislative requirements, what other projects are the environmental health officers of East Arnhem working on?

Dog Health

Bob Small reports that currently, one of their major environmental health projects is a Dog Health Program. The aim of such programs is to assess the health and welfare of community dogs. Activities include parasitic treatment, population control, and euthanasing unwanted, sick and aggressive dogs.

Many parties are involved in the organisation of this project. These include community members, environmental health officers, environmental health workers where possible, and a veterinarian surgeon. At present Dr Robert Irving, a veterinarian from Adelaide,

is assisting with this current program. Dr Irving is well experienced and has spent many years involved with community dog health programs. The program is driven, and strongly supported by the communities who identify the dogs to address. The team plans to visit major East Arnhem communities including Elcho Island, Raminginning, Gapuwiyak, Numbulwar, and Yirrkala.

Housing issues

The Environmental Health Unit of East Arnhem also continues to consult and comment on the National Aboriginal Housing Strategy (NAHS) projects. The program is funded through AT SIS by the Commonwealth Government to provide adequate housing facilities and infrastructure throughout Australia.

Housing design differs for each community. Following consultation with community members, houses are designed and built taking into consideration the region, weather, and culture. In the past 12 months there has been continuous building throughout the region. At present 14 houses are being built at Milingimbi, 10 replacement houses in Angurugu, 12 new houses at Numbulwar and another 7 new houses at Umbakumba have just been completed.

For more information regarding Environmental Health in East Arnhem, Contact Bob on 8987 0441.



Dog with Mange

POSITIVE CHANGES AHEAD FOR REMOTE HEALTH CLINICS

An interview with Julie Roffman, Acting Top End Remote Manager and Acting Public Health Nurse

I understand you have been working in health for a long time and have had quite a varied career path.

I have been with the Department for 16 years, sitting in many roles. I started work in a clinical role in the Gove Hospital. Over the years I became interested in the management of Health Services and

worked on my professional development and career and now find myself working in a very exciting role in Remote Health.

Your position of Acting Top End Remote Manager is a new one, can you give us an outline of your role?

This position is a new approach to management of Remote Health Services within the Department's new structure. The role involves working with a Remote Management



Team in the Top End, to strengthen and support the delivery of Primary Health Care services to remote communities. I have been in the position for 3 months and have found it to be very challenging and

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The Aboriginal Resource and Development Services: a Vital Communication Service

About Aboriginal Resource and Development Service (ARDS)

ARDS is an Aboriginal controlled non-profit organisation which provides education and communication services to Aboriginal people.

Since its incorporation in 1973, ARDS has worked at the 'cutting edge' of community development. This work demands a commitment to learning and operating in the language of the people. It also demands that non-Aboriginal staff have been immersed in, and can see the world-views of the people. ARDS understand that it is only when these two critical aspects, language and world-view, have been taken into consideration, that education can bring about liberation.

Major Focus Areas

1. ARDS practices **community education** as a major part of its development strategy. This community education includes the areas of Health, Economics and Legal matters. Some of the issues discussed include patient intervention, HIV/AIDS, scabies, and chronic diseases. Microscopes, microbiology and immune system education is a major component of the health education. Health has become a major focus of ARDS education because of the critically high death rate of the people of north-east Arnhem Land.
2. The second area is to provide **capacity building training seminars** and information so that non-Aboriginal people who come to the region can be better equipped to work alongside Aboriginal people. ARDS believes that all people that come from outside a particular minority cultural group need a good appreciation of where the minority group are, with regard to world-view and past experiences. This knowledge will subsequently assist in allowing Aboriginal people to be empowered with information and training, so that they can run their own communities.

Region addressed

The prime focus for this work has been the north-east Arnhem Land region of the Northern Territory, however it is the vision of the Executive that the region addressed will expand. ARDS also provides

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exciting. Fortunately we have successfully recruited Sharon Weymouth to the Public Health Nurse position to start at the end of September, so I will be able to dedicate my time solely to the new position.

Have the remote health clinics been affected by the Department of Health and Community Services re-structure?

Many benefits for remote health clinics have arisen from the re-structure. Health clinics are now treated equally across the Top End. Previously there was a slight division between clinics with the grouping system of Districts. Equality between clinics enables greater support for nursing staff, ease of staff transfer to other clinics if requested, and improved management of health programs. The standardisation of procedures, process, systems and equipment is also much easier to manage with this new model. There are many advantages to operating as one unit instead of three.

How will you address the issue of recruitment and retaining staff?

We are hoping to commence an education and training program similar to that of the Central Australian Pathways Program. The aim of the program is to offer remote nurses, a series of training programs that strengthens their ability to feel confident in their practice. This will be coupled with a good orientation package. The creation of the Nurse Coordinators role, is also an opportunity for remote nurses to have some time in a management role, which can also be a career advantage. This hasn't been possible in the old structure. The management structure is also mirrored the same way for AHW's, so they too can have a career path.

For more details call Julie on 8987 0212.



Dale Chesson, Radio Services Manager of ARDS

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services to urban and rural Aboriginal people through the Language, Education and Resource Centre, located in Darwin, and for elderly Aboriginal people through Darriba Nurri, an aged and disabled persons care program located in the northern suburbs of Darwin.

What services do they provide?

ARDS provides two-way education to both Aboriginal and non-Aboriginal people. They provide:

1. "Capacity Building in Indigenous Communities Training Seminars" facilitated by Richard Trudgen
2. A Community Development Radio Service (see Media Release p 14)
3. Education based projects which include:
 - Resource development such as written and website material to inform non-Yolngu people about Yolngu culture to improve cultural awareness
 - Resource development in Yolngu Matha for Yolngu people, explaining health and other
4. Publications on the cross cultural education process such as:
 - *Why Warriors Lie Down and Die*, by Richard Trudgen
 - *Yolngu Matha for Health Professionals*
5. Language Learning Resources are available including:
 - the Gupapuyngu Alphabet and Pronunciation course
 - Learning an Aboriginal Language lesson series
6. Dictionary Development Project
 - ARDS has worked for the past three years to develop a dictionary that comprehensively documents the wide range of words and concepts from the Yolngu group of languages, and provides translation of English terms to Yolngu Matha (the language of the Yolngu people).
 - ARDS is currently focussing on developing terms and phrases

around the issues of health and law

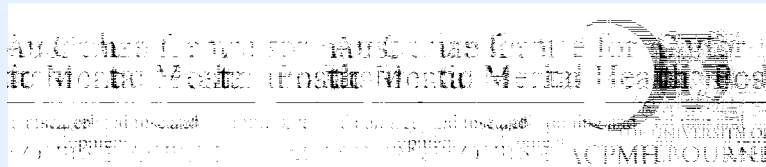
7. Information Papers available from the website on topics including:
 - Confusion Between Cultures
 - Political Structures of Government
8. Comprehensive Website

Funding

ARDS is a fee for service organisation, obtaining support and funding from several sources including Government, non-government and philanthropic organisations.

ARDS is committed to breaking down language barriers to provide effective communication and education, to bring about real changes in Indigenous peoples living environment.

For further details contact Office Manager, Alice Nurthen on 8987 3910 or visit www.ards.com.au.



Management of Alcohol and Substance Abuse Workshop John Boyle

John is a psychologist in clinical practice with extensive experience in providing treatment and professional development education in the area of alcohol dependence and substance abuse.

This one day workshop describes the assessment and treatment of alcohol and substance abuse, using a brief intervention model. It also addresses motivational interviewing approaches and is consistent with both the Department of Veterans' Affairs (DVA) "Right Mix Strategy" and the recently released Commonwealth Guidelines for the Treatment of Alcohol Problems.

Where: Alice Springs Convention Centre
24 November 2003

Darwin, Marina View Apartments
25 November 2003

Cost: \$198 (incl am/pm tea, and lunch)

Contact: Manager, ACPMH,
Email: t.lewis@unimelb.edu.au

Miwatj Health Activities

Miwatj is an Aboriginal community controlled corporation that provides health services in East Arnhem. The services are twofold:

1. **Primary Health Care Services** through the Clinic at Nhulunbuy, as well as outreach services to town camps, Homelands in the Miwatj region, Laynhapuy and Marngarr, Gapuwiyak and Numbulwar.
2. **Provide and support Aboriginal Health Worker (AHW) Training:** Miwatj Clinic has a commitment to training. All patients are seen by an AHW prior to seeing a Doctor

Staffing Flux

Staff changes are frequent at Miwatj, with a new CEO, Gatjil Djerrkura, commencing 3 weeks ago. Dr Sue Smith has been with Miwatj for 4 years and has been joined by locum Dr Michelle Luey. Miwatj has one AHW, Ruth Mrymur and is currently seeking another 2 health workers for the clinic. Judy Tabone continues as the Clinic Coordinator and Janet Richardson as the receptionist.

Programs at Miwatj

As well as day-to-day tasks at Miwatj the staff are busy with the Breakfast program provided for itinerants, the return to work program, and the occasional fishing trip for itinerant people.

Sue has been continuing the work of Wendy Page on strongyloides. Strongyloides is a chronic infection originating from a wormlike creature that can lead to septicaemia and death. It has been found to be present in 35% of Yolngu people. Wendy's study has resulted in increased screening of patients and the development of educational material for Yolngu people in conjunction with the Aboriginal Resource Development Service (ARDS).

ARDS and Miwatj have been collaborating for several months to produce educational segments for the new Indigenous Radio Service. Segments on subjects such as blood-borne viruses, diabetes, heart disease, and sexually transmitted diseases will be aired on the radio as well as the occasional on the spot interviews and questions for the Miwatj staff.

Miwatj is a place full of new programs and developments. Good luck to Sue who is off to Nepal for several years at the end of 2003!

For further information on Miwatj contact 08 8987 3177.

Yirrkala Clinic

Robin Chaffey, Clinical Nurse Manager, reports that Yirrkala Clinic is an active establishment servicing the Yirrkala community. The Clinic team consists of Robin, Annette Heather the Clinical Nurse Consultant, Aboriginal Health Workers Geoff Baxter and Cynthia Jorrock, Receptionist Anna Malupo, driver Waninya Manika, Medicare Officer Teena Dwyer, and visiting DMO Dr Anton Wall .

The clinic has a strong focus on maintaining the essential remote clinic programs such as the Chronic Diseases, and Growth Action and Assessment (GAA) programs. On 24th September 2003 the clinic made a special effort to ensure that all the children of the community underwent a health check. The clinic was closed to all community members except children for the entire day. Thirty children were assessed, happily with good results. All children were up to date with their immunisations and although a few had low haemoglobin levels only one required a booster injection.

The clinic is also a strong supporter of other services in Yirrkala including the Women's Centre which has an active Aged Care and Strong Women's Program.

For more information contact the Clinic on 8987 0367.

NT Cardiac Support Group



Meetings held on the first Wednesday of each month 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

Tackling Substance Misuse in East Arnhem



John Hopkins is one of the Community Support and Education Officer/Counsellors on the Alcohol and Other Drugs Program at East Arnhem. In the past year John has worked on several projects with local communities involving substance misuse with considerable success.

Petrol Sniffing Brokerage Program

A year ago the community of Gapuwiyak recognised the increasing number of petrol sniffers in the community and the associated increasing anti-social problems. The Yolngu people, in particular Alfred Wanambi Yangipuy and his wife Carol, conducted community public meetings to determine the most appropriate, cultural approach to dealing with the problem.

The approach involved taking the six main instigators of petrol-sniffing

from the community to an Outstation along with local Elders and family. The boys underwent Men's Business ceremony, education and counselling over a five month period. Since then the boys have returned to the community and are supporting efforts to help other sniffers.

John believes the success of the project was due to the total commitment of the community to resolving the problem and the fact that the project was community driven and developed.

The Alcohol and Other Drugs Program and the Youth Wellbeing Program (Darwin Skills) Assisted with Education and Support for the workers.

Family Coping Workshops

John has been conducting Family Coping Workshops across East Arnhem. The aim of the two-day Workshops is to support and provide coping strategies for families of substance users.

The Workshops are focussed on developing the coping skills of the carer and identifying resources within the community that could assist the carer to cope. Education, information, counselling skills, 'anger management' role plays are the essence of the delivery of these workshops.

The Workshops have been conducted in Yirrkala, Angurugu, and Ski Beach with varying success.

John reports that families learn much from the program however he would like to see more men attending the Workshops.

Substance Abuse Special Care Centre (Itinerants' Strategy)

Plans are underway for a Substance Abuse Special Care Centre in Nhulunbuy. The centre will be designed to assist in the care, treatment, and rehabilitation of people suffering substance abuse in the Nhulunbuy and Miwatj area. The Centre will be a partnership between Industry, the local indigenous communities, local Council, and Territory and Federal Governments. We look forward to hearing more about the development of the Centre in the future!

John has an interesting and at times difficult role in East Arnhem. He has worked on many successful projects in the past two years in this position. John feels that communities would greatly benefit from Indigenous Alcohol and Other Drug workers, which may be an option in the future.

For more information contact John on 8987 0434.



John Hopkins, Community Support and Education Officer/Counsellor on the Alcohol and Other Drugs Program at East Arnhem.



CRCAH SCHOLARSHIPS

The CRCAH has limited funds available to provide scholarships for students to undertake quality research in areas pertinent to the objectives of the Centre. The CRCAH's primary role is to carry out research in Aboriginal health and also to support Aboriginal health research capacity.

For scholarship information package and application form, please contact Joanne Kelly phone (08) 8946 6593, or via email Joanne.kelly@cdu.ntu.au, or check the website on www.ath.crc.org.au/crc/

Physiotherapy Challenges in East Arnhem

Brett Lamb is the East Arnhem Aged and Disability Services physiotherapist based at Gove District Hospital. Brett attempts to provide physiotherapy services over a massive area of 64, 000 km², including 11 major communities and some of the 115 outstations across East Arnhem and Groote Eylandt.

Of the 13 500 people living in this area, English is only one of many different languages spoken. On arrival in East Arnhem 3 years ago, Brett commenced and continues to learn Yolngu Matha (Yolngu tongue). Yolngu matha is a general title for the many languages spoken in North East Arnhem. He feels that speaking at least some language and having, much needed, local interpreter services, is crucial to providing effective health care.

Interesting Endeavours

As you can imagine, Brett has a huge task in addressing the physiotherapy needs of those in East Arnhem. His work ranges from rehabilitating people with multiple fractures following encounters with angry buffalos to repairing wheelchairs. To improve the understanding and practice of health issues for Indigenous people, Brett has developed several story booklets in Yolngu Matha.

Chronic Obstructive Pulmonary Disease is endemic in East Arnhem. Brett was interested in successfully discussing with Yolngu lung disease and the damaging effects of smoking. Brett developed the Burrwutjpuuy Dhawu, the Story about the Lungs, which is a picture booklet describing what are lungs, how they function, the impact of lung disease, why you need medication and how to use it. The booklet is simple, colourful, in language and will be a

useful tool for Aboriginal Health Workers and other staff to use in communities.

The process of developing the Booklet has been lengthy and has required input from the Aboriginal Resource and Development Service as well as other Indigenous people for review of the language. Similar Booklets and stories have been made on Back Pain, and Correct lifting. Brett feels that the sharing of stories in language is one of the essential components of effective education. This significantly helps audiences feel comfortable about asking questions and debating topics. Consequently this involvement helps to cultivate true understanding.

Another main interest

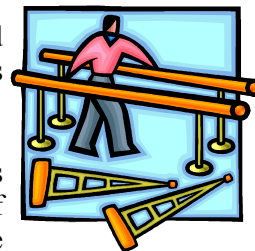
Brett has developed over the past few years is in the disturbing genetic neurodegenerative disorder, Machado-Joseph Disease. The disease is rare and is confined to some family groups and

causes significant disability. In conjunction with other Department of Health and Community Staff, Brett has developed Care Guidelines for staff working with those affected by the disease. These Guidelines have been highly beneficial to the communities however Brett feels much more needs to be addressed.

Impressions

During his time at East Arnhem Brett has noticed poor staff retention, frequent feelings of frustration of both staff and Indigenous people in communities, and consequently a disturbing deterioration in health status of the local Indigenous people. He feels that one of the main problems is a failure to communicate effectively and therefore a drastic lack of understanding between health

staff and Indigenous people.



Brett believes that all staff should be encouraged to learn the basics of Yolngu Matha, even just learning correct pronunciation. Learning a local language may not only help communication, but also give Balanda (non-Indigenous) staff first hand appreciation of the overwhelming frustration felt when not able to communicate and think in your native tongue. He feels that there is a dire need for many more interpreters who are trained in health matters to enable any understanding and therefore real health improvements.

Brett has found the position to be a great learning experience that he has thoroughly enjoyed. He leaves Gove at the end of the year to commence Medical training and plans to return after completion of his degree.

Wishing you well Brett and family!

For further details contact Brett on 8987 0296.

Accept that some days you're the pigeon and some days you're the statue

CHRONIC DISEASE EDUCATION IN ACTION

Preventable Chronic Disease Team

The Preventable Chronic Disease Program (PCD) as part of the Health Development Unit under Health Services has prioritized delivering a quality Chronic Disease (CD) educational program to health professionals in the Regional Centres of the Top End in 2003. A workshop is planned for Alice Springs in November. Workshops were delivered in Gove, Katherine and Darwin during August and September 2003.

Aim of Workshops

The one-week workshop is designed to give health professionals knowledge and skills to improve their clinical practice in the PCD Program. The recent launch of the 4th edition of the CARPA (Central Australian Rural Practitioners Association Standard Treatment Manual) provides best practice guidelines, which endorse clinical practice for Health Workers (HW), doctors and Remote Area Nurses (RAN's) to carry out their day to day clinical work activities.

The workshops deliver content which aims to assist health professionals to manage their CD Program with an emphasis on the 5 major chronic diseases, Diabetes, Hypertension, Heart Disease, Kidney Disease and Chronic Obstructive Pulmonary Disease (COPD). It also provides practitioners with the invaluable opportunity to share ideas and thoughts on the best ways to provide quality services when managing



chronic diseases within remote communities.

Outcomes

Participants are relieved to understand that the management of CD is not solely their responsibility but is a collaborative effort between a group of service providers and their clients. A sense of relief was expressed by many participants that within the busy clinical setting we can get engulfed and forget that the management of a clients chronic disease is ultimately the clients choice. It is our job as health practitioners to provide culturally appropriate health education and health services. This includes taking the time to do care plans with clients to encourage the concepts of self-care and self-management. Developing a better understanding between clients and health staff about the person's own issues and goals, allows the person to assume a better control of their lifestyle so that their CD is managed better. This can be achieved even in the busy clinical setting.

The importance of initiating brief interventions with clients, providing current nutritional advice and sharing health information with communities are also major themes of these workshops. One of the major messages that participants are encouraged to be aware of is that the management of chronic diseases does require a different ethical approach than the management of acute illness. We must take the time to empower clients to make health choices.

Some key issues arose from discussions held during the workshops. These related to unrealistic expectations of compliance, thinking that people take their medications 100%, when studies tell us that on average compliance is 54% for chronic illness medication and lifestyle changes. It is important that health professionals provide a supportive environment that clients



feel comfortable with, especially when they need to utilise the service frequently.

Who can attend?

This workshop is offered to both government and non-government health professionals and elements of the workshop are suitable for allied health professionals. The participants for these workshops were mainly remote area nurses and Aboriginal health workers from various health organizations.

Specialist Presenters

The delivery of these workshops in all the major centres required the dedication of both local and specialist presenters from the DHCS traveling from Darwin. It also involved other health organization presenters from Wurliwurlijang and Katherine West Health Board. On behalf of the Preventable Chronic Disease team and workforce development from DHCS we thank all the people who contributed to ensure that the workshops were valuable for the participants.

These workshops are planned to run in the major centres in 2004 to ensure remote education support is available for all health practitioners.

For more information regarding the Course, contact Jeanette Boland at Workforce Support on 8982 7820.



The Good Health Alliance is a group of five non-government organisations who have banded together in a formal alliance to prevent and improve the management of chronic disease in the NT. Their contact details are:

Diabetes Australia NT
www.diabetesaustralia.org.au
Ph 08 8927 8488

Asthma Foundation NT
www.asthmant.org.au
Ph 08 8922 8817

Heart Foundation NT
www.heartfoundation.com.au
Ph 08 8981 1966

Arthritis and Osteoporosis NT
08 8948 5232

Australian Kidney Foundation
www.kidney.org.au
Ph 0417 858 139

Short Wave Indigenous Radio Service Commences Broadcasting Across North-East Arnhem Land



Media Release, 7 August 2003

Aboriginal Resource and Development Services Inc

(ARDS), an Aboriginal controlled non-profit organisation has begun transmission of a Short Wave Radio Service for Community Development. The service will enable the Yolngu (Aboriginal) people of north-east Arnhem Land to receive informational programs broadcast in their own language and has the potential to reach up to 7,000 Yolngu living in the five (5) major communities and ninety (90) homeland centres across the region.

Mr Richard Trudgen (Business Manager of ARDS) stated: "ARDS is extremely pleased to be launching this much needed service. This educational service heralds an exciting new time for Yolngu people who will now be able to access all

sorts of information on Health, Economics, Law and much much more."

The Radio Service will use a concept developed in Africa called "Radio Browsing". This is where listeners can ring the studio to ask for information they want to hear over the radio. Radio staff research the information via the web and/ or other sources and develop a program to put to air. It also allows listeners to be directly involved in the development of programs. A Yolngu person within the region and a radio announcer/interpreter can have a discussion, with a doctor in Darwin about diabetes using a three-way telephone connection. This discussion would all be recorded and then later broadcast via the Radio Service. Radio Browsing allows the people to stay in their own homes and access all sorts of information, all in their own language.

The Rev Dr Djiniyini Gondarra (political leader of the Golumala

clan) who has been involved in developing programs for broadcast stated: "I am very pleased and excited to be involved with this radio service. There are just so many things that Yolngu people are having problems understanding and this is a great way to get information in a quick and easy way."

ARDS has secured some support from government, non-government and philanthropic organisations to develop various programs. This includes sponsorship to develop information on Renal Failure, Diabetes, Hepatitis C, HIV, Petrol Sniffing and Law and Order. They will be looking for on going support and jobs to keep this service operating.

For further details contact Mr Richard Trudgen 08 8987 3910 or visit www.ards.com.au.

Activities Program at Lajamanu

Lisa Fox, Heart Foundation NT

The Heart Foundation has commenced working with Katherine West Health Board to facilitate a community run and driven physical activities program to be piloted in Lajamanu community. The program is linked to their Chronic Disease Self-Management Program and will be coordinated by the Community Support Workers (CSW) and supported and run by different community groups.

The first visit to Lajamanu took place from the 15th to 18th of September. With the support of CSW Rhonda Samuels, meetings took place with Police, Health Centre and Women's Centre staff, the Sport and Recreation Officer and the CDEP Coordinator. All showed enthusiasm and the majority were interested in running an activity.

The concept behind the program is to identify 6 activities community members would like to do. Once a week, an activity is offered and that same activity occurs every 6 weeks. Community groups elect to facilitate an activity and are responsible for running that activity every 6 weeks.

We will be visiting again soon to provide the council, Elders and community people with more information about the program. We hope to see the program up and running before the end of the year.



Youth Health in NZ, can we apply it to Central Australia?

Warwick Beever, Sexual Health Unit, Alice Springs

Warwick Beever is based at the Sexual Health Unit in Alice Springs. Earlier this year Warwick attended the Australasian Sexual Health Conference in Christchurch. His attention was taken by Dr Sue Bagshaw from the Youth Health Centre in Christchurch who mentioned the changes to youth health services in New Zealand. Following further research Warwick completed the following article and related the changes to Australia. This article was published in "Focus", Vol 1, Issue 1, June 2003 which is a Newsletter from the DHCS, Preventable Chronic Disease Unit of Alice Springs.

The New Zealand government has identified that improving the health and wellbeing of young New Zealanders is an investment in the future of that nation. Not only is this a goal worth pursuing in its own right, it also contributes to achieving Government objectives in the areas of education, economic development, justice and welfare for young New Zealanders.

Special emphasis is placed on dealing with the challenges to health that face many young people who are already suffering from social and economic disadvantage. The fact that young Maori continue to suffer a greater degree of ill health than their non-Maori counterparts is a matter of deep concern for the Government. The New Zealand government has taken a new view of youth health with a proposed shift in the way that the health sector has traditionally seen young people; from being "at risk" and as "a problem to be solved", to being valued participants in the community's efforts to creating a healthier environment. The wellbeing of young people is dependent on healthy connections with

family, schools, peers, work and training, culture and environment. This also needs to take into account the various ethnic groups that make up society as one shoe does not fit all, while shoes are designed with a given purpose in mind. The policy is to guide, rather than being directive when consulting youth about their health issues.

The plan is to build up skills in the workforce and the body of knowledge around youth health issues. This has been identified as a necessary adjunct to the extension of programs and services for young people. Most importantly it requires the need to create opportunities for young people to actively participate and engage in health policy and service development. This is not inferring that peer education is the means of achieving this, rather the opposite has been found that peer education only benefits the educator and not their peers. Rather this suggests that increased wellbeing of ones peers increase ones own wellbeing.

Underpinning the youth health initiatives is a strong primary health care system, which not only improves health but also removes inequalities in health. Quality primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods that is:

- universally accessible to people in their communities
- involves community participation
- integral to, and a central function of any health system
- the first level of contact with a health system

Most young people (12 – 24years) are

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healthy most of the time. Generally, this age group is at the peak of physical health. They are also the years when the chances of being caught up in risk-taking behaviour are high, and where the negative consequences can be life long. While most young people appear to deal successfully with the developmental changes that occur during this period, there is evidence that many do not.

Compared with other age groups, young people have:

- higher rates of mental health
- high rates of alcohol and drug use and abuse, particularly among young men
- a higher rate of suicide and suicide attempts
- high rates of sexually transmitted infections

Young people in NZ indicated a preference for youth-specific health services, particularly those linked with other youth activities like recreation and sport. The Internet is increasingly being used to find out information on topics relating to health such as sexually transmitted infections, diet, fitness and exercise, sexual behaviours, contraception, physical abuse and dating violence.

There is resounding support for services that are targeted at youth, whether they are in a separate physical setting such as a school based health centre, a youth centre, or within a traditional provider setting, such as an adolescent clinic. A number of studies demonstrated reduced use of emergency departments and after hour services among youth that have access to youth-focused primary care services. It is likely this drop is due to appropriate management of health problems in primary care with continuity of care and provider.

Ten goals have been identified.

1. **A safer, more supportive**

environment for NZ's young people

Young people's health is affected by what is happening in their families, with friends and in school. Families, schools, communities, and local and central government agencies all have a role in improving young people's health and keeping them well.

2. **A measurable improvement in young people's mental health**

NZ has high rates of youth suicide, mental illness and alcohol and drug abuse, particularly among youth. Devising effective ways of keeping young people mentally healthy is a priority.

3. **A measurable improvement in young people's physical health**

Taking risks and trying new things are integral to young people's lifestyles. Finding ways of reducing the negative outcomes is part of the action plan.

4. **Young people influencing development and implementation of health policies and programs**

Young people should be actively involved in decisions that affect them. Programs and services work better when young people actively participate in their design, delivery and evaluation.

5. **A higher level of knowledge about youth health and youth health services**

Youth health has been relatively neglected as an area of focus for research and medical specialisation. The action plan encourages the systematic acquisition and sharing of knowledge about youth health and youth health services.

6. **High-quality, youth-friendly, accessible health services**

The development and support of

accessible health services for young people are integral to their health and wellbeing. Existing health services often present barriers to young people. Cost, confidentiality, and privacy are issues for young people.

7. **A measurable improvement in the health of young Maori**

8. **A measurable improvement in the health of Pacific young people**

9. **A measurable improvement in the health of disabled young people**

10. **Better health outcomes for young people with multiple disadvantage**

In conclusion the NZ model is actively looking at ways to improve the health of people starting at a young age, based on a primary health care principle to look at lifestyle issues that affect health. The most important aspect of this is that it has gone to great lengths to involve those directly involved, the youth's themselves, thus fostering positive youth development. This view has been re-enforced recently when working with youth in Alice Springs area that if they are given the task of developing health resources for themselves, they take away more than just static information.

References:

- www.youthaffairs.govt.nz
- www.moh.govt.nz
- www.nzaahd.org.nz

For further information contact Warwick on 08 89517545 or Email Warwick.Beever@nt.gov.au

ABORIGINAL RESOURCE AND DEVELOPMENT SERVICES INC.
PRESENTS

Capacity Building In Indigenous Communities Workshop

Gove - November 2003

Richard Trudgen, author of the book "Why Warriors Lie Down and Die", shares from the teachings of Yolngu, the Aboriginal people of north east Arnhem Land, and his 30 years experience in working with Indigenous communities, to offer insights and solutions for addressing the current crises facing many Aboriginal communities across Australia.

This workshop will provide an opportunity to explore a wide range of issues relating to *community development, health and education* in Indigenous communities. Topics covered include:

- What is Capacity Building
- Capacity Building Blockers
- Understanding World-view
- Dominant & Dominated Cultures
- The Importance of Language
- Human Dynamics
- Traditional Kinship Structures
- Traditional Land Owning Systems
- Traditional Law and Politics
- Reflection on the present situation in Arnhem Land and Indigenous Communities
- Communication Across Cultures
- Different Cultural Mores
- Learning Approaches
- Where to start with Education

We promote an open, question-driven environment.

Who should attend?

These workshops are suitable for all field workers, educators, health workers, government and community council employees, medical staff, council clerks, tradespeople, and anyone interested in learning more about Indigenous culture.

DATE: Tuesday 11th - Thursday 13th November 2003

TIME: 8.30am - 4.30pm

COST: \$550 (incl GST) includes all meals and handouts for three days

VENUE: Retravisation Room - Nhulunbuy

Registration Deadline: 3 November 2003

For bookings and enquiries, phone Alice or Tanya on (08) 8987 3910 or

Email: nhulun@ards.com.au

www.ards.com.au

PERSONAL PORTRAIT

Introducing Bernadette Shields



Meredith Neilson

Meet Bernie, a passionate advocate for the improvement of Indigenous health. Bernie is the Aboriginal Health Promotion coordinator for the Preventable Chronic Disease Strategy (PCDS) team. Many readers may have met her as she has been working in the Northern Territory health services for years.

Background

Bernie was born in Balaclava, South Australia after her family had been evacuated from Darwin during the Second World War. Her grandmother had been taken to Beagle Bay from Noonkunbar, 270km south-east of Fitzroy Crossing in Western Australia.

One of 14 children, the family set off for Darwin after Balaclava, settling in Parap Camp, then Winnellie, and Fannie Bay. As a teenager, Bernie and five of her brothers and sisters were then sent to Garden Point Mission on Melville Island for 5 years. Bernie then returned to Darwin and started her first job at the old Darwin Hospital (DH).

Working Life

At DH Bernie was employed as a Domestic for a few years prior to marrying and having 2 sons. She was then employed at the Leprosarium at

East Arm in 1973, initially as a cleaner eventually becoming a health worker. Bernie loved this workplace and describes having “many family there”. It was at the Leprosarium that Bernie gained her “reputation of speaking out”.

After the closure of the Leprosarium Bernie moved to Bagot community as a Health Worker and started up a Mobile Clinic. The Clinic went out to “long-grassers” and assisted in providing clinical and social needs for the people.

In 1986 she joined the AIDS/STD unit newly established by Dr Shirley Hendy and Margaret Glass. The program eventually became NT wide with Bernie providing the education to Indigenous people through the story “AIDS. A story on our hands to share”. The focus of the program was AIDS/STD prevention and to provide a safe and supportive place to people with the disease.

Touching Encounter

At an AIDS Conference in 1988, Bernie had the good fortune to meet Vincent Lovegrove. Vincent was the father of three old Troy and husband of Susie who both had AIDS but were living in a wonderful, supportive family environment. Bernie became good friends with Troy, Vince and his daughter Holly and invited them to the Top End to attend and present at an Aboriginal Health Worker Conference. Their inspiring story of love, support, and honesty had a huge effect on all who attended the Conference. Their presence helped dispel the fear and improve the acceptance of AIDS.

Diversified career

Bernie then became the Aboriginal Health Promotion Coordinator, then Director of the Aboriginal Living

with Alcohol Program. Her preferred and most successful method of education was by sitting outside and telling stories. Bernie reports that one of her most successful programs was the Umbakumba Project at Groote Eylandt. This project addressed the issue of alcohol misuse and was a community based and run program. With assistance from the Aboriginal Living with Alcohol program a reduction in community problems arising from alcohol occurred.

Following a period of involvement in Policy and the operational side of the Living with Alcohol Program, Bernie has returned to RDH. She is now in her preferred position of Health Promotion for the PCDS which enables her to perform her best work in her “office under the trees in the beautiful scenery”. Her new job allows her to work across many programs such as Strong Women, Environmental Health, Nutrition, Alcohol and Other Drugs and enables her to get on the ground and talk with people.

Bernie is passionate that Indigenous people receive the right story and sees herself as a bridge between remote communities and the bureaucracy. She insists that to ensure a health program is successful the community must have ownership. The issue must be identified by the community, measures to fix the issue must be decided by the community and health care services must provide a supportive, behind the scenes role. She feels that her knowledge and experience in this area are crucial to the success of her position

Busy Lady

Bernie’s other great passion is her successful family. Her son Michael McGregor will be known to many as a successful NT hockey and AFL player. He is also the NT Indigenous Sport Program Coordinator for the Department of Sport and Recreation

and father of 2. Her other son Steven

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World Diabetes Day

November 14

Christine Willis, Diabetes Educator

Article from Territory Way, Issue No 73, September 2003, publication of Diabetes Australia NT

World Diabetes Day aims to increase awareness of diabetes and promote an understanding of the problems facing people with diabetes.

Previous World Diabetes Day themes have focussed on diabetes-related complications. 2001 emphasised the link between cardiovascular disease and diabetes; 2002 was diabetes-related eye complications. This year, the theme for World Diabetes Day is kidney complications:

'Diabetes could cost you your kidneys: Act now!'

The first sign of kidney (renal) disease is slightly increased amounts of protein in urine (microalbuminuria). At least 50% of people with diabetes develop microalbuminuria.

Of these 50%, almost one third will go on to develop severe kidney disease and reach end-stage renal disease, where kidneys fail to filter

the blood. People with end-stage renal disease need dialysis (use of an artificial kidney to filter the blood) or kidney transplantation to survive.

High blood glucose (sugar) levels damage kidneys over time.

In each kidney, there are about 1 million tiny blood vessels which act as a filter to remove waste products from the blood. If diabetes is not well-managed, the high levels of glucose in the blood entering kidneys can cause damage. Over time the filters become leaky, leaving some waste products in the blood and letting protein leak out into the urine. This is called nephropathy.

This damage happens over time and is usually painless. Therefore regular testing for protein in urine is needed to ensure kidney disease does not go undetected. Kidney damage is worsened by high blood pressure. So it important to have regular blood tests to ensure diabetes is well managed and check blood pressure regularly. Continuing to live a healthy and active lifestyle will help manage diabetes and blood pressure, and delay or prevent kidney disease.

Prevents or Delays Kidney Disease

It has been proven that managing diabetes through healthy lifestyle, physical activity, regular medical checks and medication if needed, reduces or prevents diabetes complications.

As part of regular medical checks, testing for microalbuminuria (slightly increased amounts of protein in urine) is important. If the test shows there is some damage to the kidneys, treatments including tablets and better blood glucose management, will help slow down or prevent further kidney disease.

Diabetes Australia NT will be holding a display to promote awareness of how diabetes can affect the kidneys at Casuarina Square and Alice Springs.

Nutrition Educators from Healthy Living NT (the education arm of DANT) will provide Supermarket Tours. Please phone to book for tours as numbers are limited.

Contact the Darwin Office on 8927 8488, or the Alice Springs Office on 8952 8000.

Good Diabetes Management

(Continued from page 18)

is a successful film director who recently has been nominated for best screenplay for a short film at the AFI awards and has provided 2 more grandchildren!

Here is a thoroughly compassionate woman who has had a diverse and at times turbulent life with much to give in the area of improving Indigenous Health. To contact Bernie, please telephone 8922 7906.



Bernie, family and friends pictured on their recent return to country in Noonkumbar

Introductory Aboriginal Health Economics Course- *PLUS* 1 day advice session for previous students

Presented by

Menzies School of Health Research and The Social and Public Health Economics Research Group,
Curtin University

Introductory Course

Provides the opportunity for participants to acquire knowledge and skills in health economics and to begin to apply those skills. No prior knowledge or skills in health economics are expected.

Advice Session (previous students)

This session is designed for previous attendees of the introductory course.

It is primarily an opportunity to get advice on “how to”: “how to” think/do/use health economics in Aboriginal health.

Who should attend

This course is designed primarily for people who are working in Aboriginal health services or who are researching Aboriginal health issues. Aboriginal people are particularly welcome to attend.

Course Structure

Day 1

Economics: what it is and what it is not

Aboriginal Health: how the past is not the past

Day 2

Applying economic evaluation to Aboriginal health

Day 3

Other applications of economic analysis to health care

Date

Introductory Course: Tues 25 to Thurs 27th November

Advice Session: Friday 28th November

Venue

Menzies School of Health Research

Cost

Introductory Course \$600, Advice session \$200

(includes am/pm tea and lunch)

Presenters

Professor Gavin Mooney – Australia’s most respected Health Economist

Barbara Henry – training to become Australia’s first Aboriginal Health Economist

Registration by

Friday 14 November

Details and registration to

Catherine Richardson. Tel 8922 7873

Email: acad-admin@menzies.edu.au

Maximum of 20 places – early bookings essential



Could Wood Smoke be a Health Hazard?

Abridged article by Trish Morrow, Researcher, Centre for Appropriate Technology (CAT), Alice Springs

Wood smoke emissions from cooking fires have been linked to many illnesses, in particular respiratory disease. Significant health risks may present for people using wood fires for cooking in enclosed spaces. CAT recently examined the smoke emissions from cooking fires at Daguragu revealing interesting results.

Alarming Health Risks from wood fires from International Studies

The constituents of wood smoke typically include carbon monoxide, nitrous oxides, respirable suspended particulates, and polyaromatic hydrocarbons. Among the polyaromatic hydrocarbons found in wood smoke, there are many known carcinogens that lower the response of the human immune systems (1). In a single day, a woman cooking with wood may be exposed to as many carcinogens from wood smoke as if she had smoked up to 450 non-filter cigarettes (2).

Emissions from wood smoke are a major contributing factor to respiratory disease. The incidence of acute respiratory infection (ARI) has been found to be six times as high for children exposed to wood smoke compared to children who did not suffer from such exposure (3). Numerous studies have revealed a link between wood smoke and chronic lung diseases such as asthma and bronchitis (4). It has also been linked to reduced lung function and an increased risk of lung cancer, tuberculosis, and pneumonia (5). Furthermore wood smoke increases the likelihood of coughing which exacerbates the spread of airborne diseases.

Other adverse health effects from

wood smoke included eye diseases such as blindness and cataracts, an increased risk of anaemia (6), and ear problems (7). A correlation between exposure to wood smoke by pregnant women and the occurrence of low birthweight babies and still births has also been found (8).

Australian Correlation

How might this overseas data relate to remote communities in Australia? Respiratory illness is a significant health problem for the residents of remote communities. It is the third leading cause of hospital admissions for Indigenous adult males, a significant cause of ill health for women and children, and the most common identifiable cause of infant mortality and under five morbidity in the Northern Territory (9). Death rates from respiratory illnesses are four times as high for Indigenous people as for the rest of the Australian population (10).

Although no research has been undertaken in remote Australian communities to determine whether wood smoke pollutants are likely to cause health problems, the frequent use of wood fires for both outdoor and indoor cooking may be contributing to this burgeoning disease.

CAT Study

The preliminary study aimed to investigate whether pollution from wood smoke was severe enough to be linked to respiratory illnesses in Indigenous communities, and whether the matter should be further investigated to allow Indigenous people to make informed choices about different cooking fuels.

Emissions of chemical pollutants/products of combustion were measured using a Combustion Gas Analyser for three fires in Daguragu. From this small sample size it was found that the measured levels of the pollutants nitrous oxide and carbon



Example of an indoor cooking fire

monoxide were far in excess of the recommended maximum levels set by the World Health Organisation (11). Furthermore the emissions of nitrous oxide were twice as high, and carbon monoxide almost four times as high as that measured in the sidestream smoke from a cigarette.

This highlights the need for further monitoring to be carried out in communities which are cooking with wood *indoors* where there is limited ventilation. The CAT will consider these outcomes when making stoves and kitchens for Indigenous communities. In light of the study outcomes, which corroborate international studies, the practice of cooking with wood *indoors* cannot be recommended on health grounds.

References

1. Calle E.E, Zeighami E.A, (1984). Health Risk Assessment of Residential Wood Combustion, in *Indoor Air Quality*, Walsh P.J, Dudney C.S, Copenhagen E.D (Eds), CRC Press, Florida USA: 39-53, cited in <http://ecoharmony.com/thesis/PhDch1.htm>.
2. Sims J, Kjellström T, (1992). Biomass Fuel and Indoor Air Pollution: Underlying Issues from a Social Perspective, in *Indoor Air Pollution From Biomass Fuel - Working papers from a WHO Consultation*, World Health Organisation, Geneva: 149-161, cited in <http://ecoharmony.com/thesis/PhDch1.htm>.
3. URL: <http://www.solarcooking.org/cookingsmoke.htm> Cooking Smoke: A pervasive killer in developing countries

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Guiding principles for you and your doctor...



From LungNet
News, May 2003,
The Australian
Lung Foundation
Newsletter

In the Medical Journal of Australia on the 17th of March the Chronic Obstructive Pulmonary Disease (COPD) Guidelines were distributed as a supplement. This means that many doctors now have access to the preferred management procedures for COPD. The aim of this document is to guide doctors in their clinical practice by providing evidenced based procedures, including the importance of patient education, patient self-management and the usefulness of pulmonary rehabilitation.

You might hear the Guidelines called the COPDX Plan. These letters stand for:

C - Confirm diagnosis

Make sure it is COPD. Could it be another condition with similar symptoms?

O - Optimise Function

Help your lungs to be the best they can be by; using medication as prescribed, learning to use the medication devices as well as you

can and practicing rehabilitation techniques.

P - Prevent Deterioration

Reduce these

If you smoke – STOP!!!

- Research has proven that the earlier you cease smoking the better the long-term outlook for your health.
- Speak with your doctor or pharmacist for assistance to quit.
- Call the 24 hour Quitline on 13 18 48 for ideas and support.

Increase these

- Get your flu vaccination.
- Talk to your doctor about a vaccination for Pneumonia (only needed every five years).
- Keep up good habits, eat well and exercise when you can.

D - Develop support networks and a self management plan

- Take part in rehabilitation groups where they are offered. (check with us for your closest Pulmonary Rehabilitation Program or Patient Support Group)
- Join a support group or, if you would like to start one yourself, call us on 1800 654 301 for assistance.
- Ask your doctor about Care Plans.
- Identify your support team and the part they play in your ongoing

health, then take responsibility for doing all you can to stay well.

X - Manage eXacerbations

Learn to recognise the signs of approaching ill health and take action to reduce its impact. Plan with your doctor.

These guidelines have been developed by the Thoracic Society of Australia and New Zealand in conjunction with The Australian Lung Foundation. This month's edition of Medicine Today* includes a useful summary of these guidelines.

For more information on the Australian Lung Foundation call 1800 654 301.



(Continued from page 21)

4. URL: <http://www.ourplanet.com/imgversn/122/mishra.html> Smoke and fires
5. Kossove D, (1982). Smoke-filled rooms and lower respiratory disease in infants, in *South African Medical Journal*, No. 61, South Africa: 622-624, cited in <http://ecoharmony.com/thesis/PhDch1.htm>.
6. Hong C.J, 1992, Health Aspects of Domestic Use of Biomass Fuels & Coal in China, in *Indoor Air Pollution From Biomass Fuel - Working papers from a WHO Consultation*, World Health Organisation, Geneva: 43-77, cited in <http://ecoharmony.com/thesis/PhDch1.htm>
7. URL: <http://lists.isb.sdnpc.org/pepermail/eco-list/2002-January/002167.html>
8. WHO, 1992, Epidemiological, Social and Technical Aspects of Indoor Air Pollution from Biomass Fuel, World Health

Organisation, Geneva, cited in <http://ecoharmony.com/thesis/PhDch1.htm>

9. URL: <http://www.health.gov.au/about/cmo/indhea.htm> Overview of Indigenous Health Status in Australia
10. Ring, Ian T and Brown, Ngaire, 2002, "Indigenous Health: chronically inadequate responses to damning statistics", *Medical Journal of Australia* 2002 177 (11): 629-631
11. URL: <http://www.who.int/inf-fs/en/fact187.html> Fact Sheet Number 187 Air Pollution

For further details contact Trish on 08 8951 4337 or email trish.morrow@icat.org.au

Is Schooling Good for Aboriginal Children's Health?

The following is a summary by **Merridy Malin** of her *Occasional Paper (Issue No 8)* which was published in association with the *Cooperative Research Centre for Aboriginal (CRCAH)*.

Social Exclusion and Health

Overseas research has shown that stress has a negative impact on people's health as does people not having a sense of control over their own life circumstances. Situations of poverty, unemployment, and racism create stress and over the long term can lead to physical ill health including chronic diseases such as heart disease, stroke and diabetes.

Mental illness, including depression and anxiety, can also result from sustained stress and lead to drug dependency and alcoholism. Studies conducted on children have also indicated this connection between stressful situations and ill health. On the other-hand, studies have found that social support and cultural inclusion are among factors which promote health. Social support fosters feelings of self-efficacy, self-respect and being liked in individuals; and it offers access to social networks and useful practical information.

Schooling and the Indigenous Child

In the paper, I extrapolate from this overseas research, that schooling which creates stressful situations for children is not health promoting; whereas that which offers social support, cultural incorporation and a

sense of having control over one's circumstances is health promoting. Presented in the paper are three case studies detailing different schooling situations.

The first case study is of a non-supportive classroom which demonstrates how Aboriginal children can become unintentionally marginalised by the taken-for-granted everyday practices common in mainstream classrooms. In such classrooms, the curriculum and teaching strategies are developed according to the cultural assumptions of the middle-class non-Indigenous society.

A second case presents classroom practices which are socially supportive and incorporate Aboriginal culture and identity into the implicit everyday classroom activities.

The third case study, in Alice Springs, examines Irrkerlantye Learning Centre which was originally established for Aboriginal adolescents who had become alienated from schooling because it was stressful and unsupportive. The Centre has been found to offer comprehensive social support through access to a variety of educational programs, social service networks, health referrals, a nutrition program and a safe place for the Arrernte families and youth to gather. Arrernte culture is incorporated into the programs through employment of Arrernte staff, culture trips out bush, and increasingly more culturally

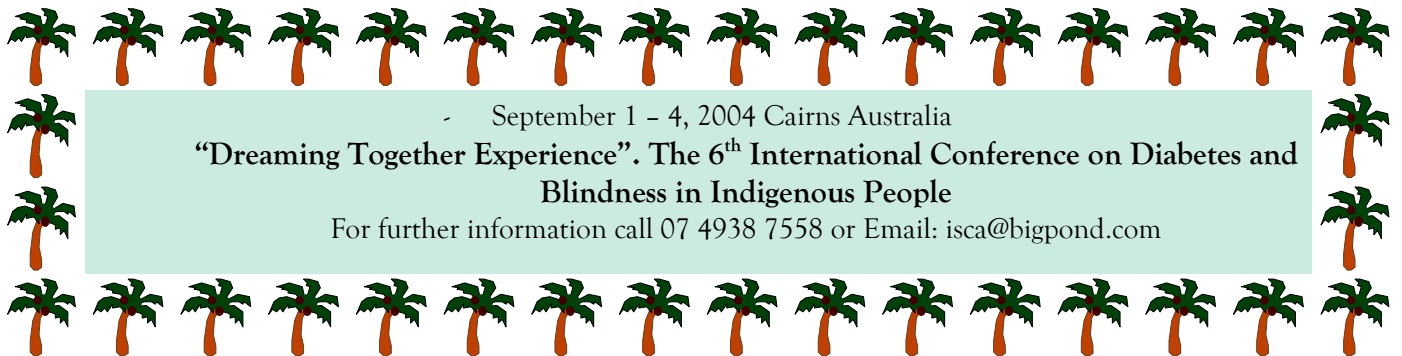
inclusive curriculum in the school.

Importantly, Irrkerlantye aims to provide avenues by which family members can gain greater control over their life circumstances through pursuing education programs which provide the skill and knowledge needed to fulfil their long term aspirations. The Art course, for example, has led to family-based art enterprises which bring in a significant amount of money each year to supplement their otherwise meager family incomes. Preliminary findings of an evaluation of the Centre indicate improved academic outcomes for the secondary aged students. It has also demonstrated that attendance at the Centre discourages youth from becoming caught up in the juvenile justice system. We are currently investigating the extent to which this holistic focus is health promoting for the participating families.

Implications

A number of recommendations and policy implications follow from the issues addressed in the paper. Further research is essential to determine what is working for Indigenous students in schools and how schools can positively contribute to improving Indigenous health.

To obtain a copy of the full paper contact the CRCAH on 8922 8196.



“Just Walk It” – Up and Running

Lisa Fox, Heart Foundation NT

On Tuesday the 23rd of September the Mayor of Palmerston officially launched the Community based walking program – “Just Walk It”. The event was held in the Palmerston Shopping Centre from 8 – 9am followed by a free breakfast and was attended by health professionals, young mums with prams and other local Palmerston residents.

Participants led by Jake, an instructor from the Leisure Centre, were taken through a series of stretches, exercises and cardiovascular activities.

Feedback from all participants has been positive with comments including:

“They were very careful about the warm up and stretches. There was a variety of exercises- no time to get bored. The highlight for me was the trolley races”.

“I will definitely be here next week with a few friends.”

This event will continue throughout the months of October and November and if numbers continue to remain high, will continue indefinitely.

Thanks go to the Palmerston Community Care Centre for their support in advertising and attendance at the launch. Thanks also to the cardiac rehabilitation program representative and Dawn Batt a local Palmerston resident who volunteered her time to take registrations.

Everyone is welcome to come along Tuesday mornings. It officially starts at 8am but if people can't make it until 8.30 they are more than welcome to join in the last half hour.

The program is proudly sponsored by the Leisure Centre, the Palmerston Council, the Shopping Centre, SportsCo and the Heart Foundation.



Menzies School of Health Research - home to two of Australia's “Best Brains”

Media Release

Monday 20 October 2003

Two researchers at Menzies School of Health Research (MSHR) have scored a place in the list of Australia's 100 Smartest People in the October edition of the Bulletin Magazine, to be released later this week.

MSHR Director, Professor Kerin O'Dea and MSHR researcher, Dr Sandra Eades earned the rare honours of such a listing, not only for their academic and professional performances, but for their extraordinary contributions to research in the area of Indigenous Health.

Professor O'Dea was surprised and delighted to score a place in the "Smart 100" article and particularly pleased that two people from MSHR are among the 'top ten' in the fields of health and medicine in Australia.

“This national recognition reinforces our place as a health research institution of high distinction both nationally and internationally – which is wonderful for the NT. It is also very gratifying to see that contributions in the field of Indigenous health research were given such prominence” she said.

Professor O'Dea was recognized for her work over a period of 25 years on the adverse impacts of the western diet and lifestyle in relation to diabetes and related conditions such as heart and kidney disease. She has previously demonstrated what she calls the “therapeutic potential” of the traditional hunter gatherer diet and lifestyle – the strikingly beneficial impacts of temporary reversion to traditional lifestyle for Kimberley Aborigines with diabetes.

Dr Eades is an Indigenous medical doctor who has recently completed a PhD in child health at the Institute of Child Health Research in Perth, and who is now a Senior Research Fellow at MSHR in Darwin. She plays a leading national role in Indigenous health research policy development and funding through her membership of the Research Committee of the National Health and Medical Research Council of Australia.

Contact:

Prof. Kerin O'Dea, Director MSHR, ph: 08 8922 8597 or Mobile: 0413 008 792

Kate Gadenne, Communications Officer MSHR, ph: 0438 727 895

CARDIAC SERVICES

One year on



Danielle Parkinson, Healthy Living NT

On 1 July 2002 Healthy Living NT began delivery of cardiac education services to clients in the Top End. These services comprise of:

- **Phase 1:** Inpatient education for all clients admitted with heart disease in both Royal Darwin Hospital and Darwin Private Hospital.
- **Phase 2:** Healthy Heart Program for cardiac patients on discharge from hospital, those returning from surgical procedures interstate and patients referred from GPs. The programs focus is on secondary prevention and is designed to promote the continuance of education and deliver appropriate physical activity after a cardiac event.
- For those unable to attend a Phase 2 program, information packages covering education and an exercise program are provided and individual appointments can be made. Included in this is availability for telephone consults. Remote

clinics can also access this telephone service for their clients.

- **Phase 3:** Maintenance which commences at the completion of Phase 2 and involves follow up on cardiac risk factors, education and information days.
- A telephone support service which is available throughout the phases.
- **Weekly Preprocedure Classes** (commenced in Sept 2002) to provide clients who have had outpatient angiograms/appointments with information about cardiac procedures to take place interstate.

Reaching out to a Broad Population

In the period of the 1 July 2002 to 30 June 2003 Healthy Living NT provided cardiac education and rehabilitation services to a total of 549 clients. The service has also provided information to 276 members of the general public. 202 clients were provided with Phase 1 education. A total of 78 clients were provided with Phase 2 services

which was 10% of cardiac admissions (THS data 1998/99). On comparison with South Australian data from 1 October 2000 to 30 September 2001, SA had 5.5% of cardiac discharges utilize Phase 2 services.

83 of Phase 1 and 2 clients were of self reported indigenous status. 16 people have attended Phase 3 Maintenance Sessions of which 4 were held. 8 rural clients accessed the service by phone. 20 clients have used the Preprocedure Classes. Healthy Living NT also provides support for health professionals of whom a total of 483 have received direct information or inservices about the service.

One year on our service is going strong and our numbers should have an impact on secondary prevention of chronic disease.

For more information on this service please contact Danielle Parkinson, Cardiac Educator at Healthy Living NT 8927 8488.



Seventh Women's Health Day for Culturally and Linguistically Diverse Women

Mahasti Farshidi, CALD Project Officer, Well Women's Cancer Screening

Providing health information and increasing awareness of women's health screening and services were the main aims of the seventh women's health day. The sponsors included the NT Office of Ethnic Affairs, the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs, and the Department of Health and Community Services in Darwin. Mrs. Beryl Mulder, the Vice President of the Multicultural Council of the NT, gave the opening address.

The health day ran from 9.30am to 2.00pm on 23 September at the Greek School in Rapid Creek. About 200 women from diverse cultural backgrounds took the opportunity to meet over 25 service providers, ask questions, access basic health screening and attend information sessions. The information sessions included topics such as Vital Women – a naturopathic approach, Living with Cancer, Cervical Health & Pap smear, and Breast Health.

Most women from diverse cultural backgrounds who attended the day commented on the usefulness of the information sessions conducted in separate rooms. They said it was more comfortable to concentrate, ask

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BAGOT COMMUNITY SOCIAL AND EMOTIONAL WELLBEING PROJECT

Leonore Hanssens, Coordinator Life Promotion Program, DHCS, and Margaret Vigona, Indigenous Life Promotion Officer, DHCS

The Life Promotion Program (DHCS) in conjunction with the Aboriginal Health Promotion Unit (DHCS) have joined forces with the Bagot community to develop a Social & Emotional Wellbeing Network for the youth of the community. The whole community is involved as well as many dedicated professionals and volunteers who work and support the community.

The Life Promotion Program was invited to work with Bagot community by the late Mr Parmas Pillay, Clinic Manager and Mr Darryl Cooktown, President of the Bagot Council. A funding grant was offered to develop and support the setting up of social and emotional networks for Indigenous youth from the Aboriginal Health Promotion Incentive Funds 2002 - 2003 with the initiative being developed through collaboration with these stakeholders.



Healing Circle

The community had been demoralised by two waves of suicide that have hit the community in the past five years and the self harm and bereavement issues have needed to be addressed urgently. The contagion effect of suicide is an ongoing concern in all communities but particularly in Indigenous communities because of the tight knit collective structure of these

communities. Therefore, it was decided to tackle the problem by developing a small critical reference group (CRG) that comprised the Life Promotion Program, Leonore Hanssens and Margaret Vigona; Aboriginal Health Promotion Unit, Muki Muir; Bagot Clinic, the late Mr Parmas Pillay; Bagot Council, Darryl Cooktown, Edwina & Helen Fejo and Joy White; Bagot Indigenous Church, David & Isobel Gawler.

The CRG decided that we needed to address the crisis of self harm and suicide attempts firstly and the ongoing bereavement issues utilising the assets and infrastructure within the community. Also the demoralisation of the whole community made action difficult but with the motivation and determination of many people we held the first training session for suicide intervention (ASIST) at Mirambeena Resort and the second session at Bagot Community. Out of those training sessions 20 people from Bagot were trained to recognise the signs of suicidal ideation and respond with an intervention. The network was then developed from ASIST trained people and from the greater community who had an interest and desire to address many of the issues that were overshadowing the community.

Using community development principles and a capacity building framework to strengthen the community, the Bagot Social & Emotional Wellbeing network (Crisis Intervention Committee) began prioritising the issues. Some of the issues other than self harm and suicide were the high levels of substance abuse in the community eg petrol sniffing, cannabis use and alcohol misuse; non-community people visiting for extended periods and humbugging in the community; family violence affecting women and children; child abuse and neglect. These issues were all workshopped



Life Promotion Program banner

with guest speakers often invited to offer expert advice on the problems. The network has been meeting now for almost 12 months and some recommendations have put forward the Bagot Community Government Council and they are:

- ❖ Support a submission for funding for a position of an Aboriginal Mental Health Worker based at Bagot Clinic be submitted to the Aboriginal Mental Health Worker Program, Top End Division of General Practice
- ❖ Support a submission to Office of Youth Affairs and the Chief Minister Youth At Risk Task Force to dedicate funds to an ongoing youth project under the guidance and management of the Sport & Recreation Officer
- ❖ Continue to support the Social & Emotional Wellbeing network meetings on a monthly basis and considers issues such as self harm and suicide prevention, domestic / family violence, child abuse / neglect, drug and alcohol issues
- ❖ Support a submission to the Strong Families, Strong Communities Strong Future for funding to undertake a program in Bagot community
- ❖ Support a submission from Bagot Community Government Council to NTPF&ES for an Aboriginal Community Police Officer for Bagot Community

Similar Social & Emotional Wellbeing networks are beginning to

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RIO TINTO CHILD HEALTH PARTNERSHIP

Meredith Neilson

Early October 2003, The Honorable Clare Martin launched the Rio Tinto Child Health Partnership. The Partnership has been formed to tackle the serious health issues faced by Aboriginal and Torres Strait Islander children and their families.

The \$5.2 million Partnership will focus on development, evaluation and delivery of early intervention strategies to give Aboriginal children a solid start to life. Aboriginal and Torres Strait Islander communities will play a major role in shaping and delivering the programs, reflecting a strong emphasis on community capacity building.

The three key projects identified for development are:

- Develop a clearer picture of Aboriginal child health issues in the NT by modelling the WA Aboriginal Child Health Survey
- Encourage healthy pregnancies in Aboriginal women through reducing exposure to smoking and alcohol
- Implement an Indigenous workforce development strategy to increase community capacity to shape and deliver child health initiatives

The Partnership has been formed by

be established in Daly River and Oenpelli and it is hoped that the Life Promotion Program may be able to utilise the Aboriginal Health promotion Incentive Funds in 2003 - 2004.

I would like to dedicate this article to the late Mr Parmas Pillay who recently died while selflessly serving the people of Bagot community and supporting many of the visiting support services who were inspired by his love and dedication to the people of Bagot. We all will sorely miss him. God bless you Parmas.

For more information contact Leonore or Margaret on 8999 4988.

the Australian of the Year Professor Fiona Stanley with Aboriginal Health researchers at Perth's Telethon Institute for Child Health Research, Rio Tinto, the Alcohol and Rehabilitation Foundation, and the NT Government and the State Governments of Western Australia and Queensland. Energy Resources of Australia Ltd is part of Rio Tinto and will be contributing \$125 000 to the Partnership.

Professor Stanley, Director of the Telethon Institute for Child Health Research, said the Partnership's focus is firmly on early intervention at the start of a child's life. "Communities want to be able to prevent problems rather than relying on treatments once they hit crisis point – that's why it's so important to implement programs that focus on maternal health and children," she said.



Pictured at the launch at Parliament House are (left-right) Professor Fiona Stanley, Kakadu Health Service Officer Dell Hunter, Chief Minister Clare Martin, and Energy Resources Australia CEO Bob Cleary

The NT Government will utilise the research component of this partnership to gain a better understanding of the strategies that are building resilience and reducing risk in Aboriginal communities. The aim of the partnership is to make a positive difference in the health of Aboriginal children, transferring research knowledge to policy and programs.

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questions and clarify any health issues in a smaller group rather than in a plenary session where 200 participants and service providers are present. Each information session ran twice in various languages with good attendance. Lots of positive feedback was also received by service providers who attended the function.

Special thanks to all whom assisted with this function including Top FM Network and Multicultural broadcasting.

For more information please call Mahasti Farshidi on 89 226 446.

Exciting Developments for NT Child Health

Northern Territory child health has received a boost over the past month with the start of recruitment of the new Child Health team. These staff will be part of the new Maternal and Child Health Program within Health Development and Oral Services branch, which includes existing Strong Women, Strong Babies, Strong Culture Coordinators, 3 Health Promotion Officers, GAA Coordinator and Child Health Nurse. The team will provide additional child health support to remote communities, including Growth, Assessment and Action (GAA), Healthy School-Age Kids Program and local initiatives to improve child health and wellbeing.

The new recruits are:

- **Joan Mundullulla Koops**, *Aboriginal Child Health Worker, in Borroloola*

Joan has a vast experience in many areas of health including Women's Health, the Hearing Program, Nutrition, Mental Health, and Maternal Health as an Aboriginal Health Worker. Joan has "been flying like a butterfly" over the past few years to WA, the Kimberley, Central NT, Darwin Rural, Katherine Rural, and is now happy to be based at Borroloola.

- **Tess Narkle**, *Aboriginal Child Health Worker, Darwin District*

Tess has joined the Child Health team from the Workforce Support Unit at RDH. She has recently been doing a Project involving liasing with Aboriginal Health Workers in remote communities about how they perceive their roles in the workplace. From 1997 to 2003 Tess enjoyed working at Batchelor Health Clinic, however now feels it's time for a change and is very excited about joining the Child Health Team.

- **Colleen Edwards**, *Child Health Nurse, Tennant Creek*

Colleen has worked in Community, Child and Family Health for 23 years, initially in Sydney and then on the south coast of NSW. She left the sea for the Centre 18 months ago where she has been the Infant and Maternal Health Coordinator in Tennant Creek. She is very excited about her new job and



The new Child Health Team – (left to right) - Catherine Moody, Megan Wingrave, Barbara Paterson, Susan Fong, Joan Mundullulla Koops, and Tess Narkle

looking forward to working more out bush and meeting the rest of the team.

- **Megan Wingrave**, *Child Health Nutritionist, Darwin*
Megan has been working as a remote Nutritionist in the NT for over five years. During this time she has worked in Alice Springs, Katherine and Darwin Rural. Megan has always had a special interest in child health and is excited about the opportunities when working in a dedicated team.

The Child Health Nurse position vacated by Brad Palmer has been taken up by Catherine Moody, who is currently Acting Coordinator for the Top End. Melanie Van Haaren is Acting Coordinator for Central Australia, whilst the Child Health team is being organised.

Susan Fong will be filling in for Megan whilst she is Acting Program Director, Nutrition and Physical Activity.

Over the next three months more child health positions will be advertised and filled as part of the Government's Child Health Initiative funding. Fantastic news for NT Child Health!

Web Check!

At www.tribalwell.org.au there is a fantastic website for 12-24 year olds with chronic medical illness. The "tribalwell forum" is an online peer support community that offers a Discussion forum on subjects such as how to handle hospital, treatment, health professionals, family and friends; coping with feelings and stress; planning for the future.

The website also offers links to professional counselling websites and a book called "Champions on the Inside" which explores chronic illness and disability from a young persons perspective.

It's worth a look!