The Western Desert Dialysis Appeal (WDDA) Kidney Committee has been very busy with raising funds and the production of resources including three very informative booklets on dialysis.

Who are the WDDA?
This story is about the people of the Western Desert of Central Australia –Yaŋangu. In the late 1990’s, many Western Desert people talked about the alarming number of their family members needing kidney dialysis and the way treatment was being delivered. They talked about the disruption and loss to a family and community life when patients and their families have to shift to the Alice Springs dialysis unit. Once in this regional unit, they live, and then inevitably die, so far away – haemodialysing “on the machine”. This was the experience of Kumantjayi Zimran Tjampitjinpa who prior to his death envisaged bringing people on dialysis back to their own community for treatment. Mr Zimran’s vision and efforts laid the foundation for the WDDA.

Astonishing Fundraising
In early 2000, an informal alliance of Aboriginal community representatives, local ALP politicians, and art collectors and dealers planned an auction of donated artwork and four specially-commissioned paintings by men and women from Kiwirrkurra (WA) and Walungurru (Kintore) in the NT. Over $1 million was raised which now finances the WDDA project.

Project Strategies
The strategies the project is pursing include:
• the development of appropriate resources, including Yaŋangu themselves, to inform patients and families about treatment options
• a program which pays for six return flights per year per patient to their home community
• improving the living experiences of those currently on dialysis
• working with local and regional services to identify appropriate treatment options, including self-care dialysis on remote communities

What are the Booklets?
1. “What is dialysis and how big is the problem in the NT?”
2. “What is the cost of dialysis?”
3. “How can you do your own dialysis in a remote area?”

These three booklets have been developed to help in discussion about dialysis and treatment choices in remote Aboriginal communities. They are not designed as simply patient information. They aim to help families and organisations better understand the situation in the region. They were put together by Paul Rivalland who is the manager of the project.

The WDDA is trying to circulate the booklets as
Justine Glover and babies Alice and Georgia (Continued from page 1)

Justine Glover is the relieving editor and is looking forward to compiling this stimulating and informative read. Please feel free to send articles that would be of interest to The Chronicle readers.

CDN Survey forms
Thank you to everyone who returned their survey forms. We were very pleased to see the positive feedback and anticipate implementing any suggestions ASAP.

The Chronicle Cumulative Index
Now available on the web

“Uncharted Territory” Conference
Information and registration forms are available on the web and in this edition of The Chronicle.

Poster displays are most welcome for those unable to present an abstract but keen to promote their work.

Inside this issue:

Dialysis in remote Aboriginal communities 1-2
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widely as possible and have inserted copies in this edition of the Chronicle for some members in the Top End. Negotiations are underway to place these and other resources on the Edith Cowan Health Infonet (healthinfonet.ecu.edu.au) and the Top End GP Division website (http://www.tedgp.asn.au/), along with a reprint of the booklets.

For more information about the project, feedback, donations or copies of the booklets contact Paul Rivalland on: PH: 08 8983 3367
Email: kidney@octa4.net.au
Many of the 900,000 Australians who suffer the most common form of diabetes could avoid insulin injections by embarking on prescribed weightlifting exercises, according to a new study by a group of Australia's foremost experts on diabetes.

Melbourne researchers from the International Diabetes Institute found strength-training programs helped people tackle type 2 diabetes, which typically develops later in life.

The study, conducted over 18 months from 1999 and involving 30 people with an average age of 67, found controlled weight-training led to significant improvements in their blood-glucose levels.

Institute director Professor Paul Zimmet said the study, published this month in the international journal Diabetes Care, indicated older people who did the simple weight-training programs could perhaps stop taking insulin to treat the disease. Training could also prevent those at risk from developing the disease, he said.

"The effects of the strength-training program were as great as those typically seen with drugs for diabetes," Professor Zimmet said. "It's quite possible that if they were undertaking exercise that many of them wouldn't need insulin."

Between 20 and 30 per cent of people with type 2 diabetes need to take insulin. About one million people suffer from diabetes, and of those 85 per cent have type 2.

Professor Zimmet said research indicated weight training was just as or more important than diet in controlling the disease that affects one in four Australians over 65.

"There's been studies done where other forms of exercise have been shown to be beneficial for type 2 diabetes, but this is the first time it's been shown that elderly people can benefit from exercise," he said.

The researchers found that, in just three months, participants had improved their blood-glucose control by 7 per cent. This effect was doubled in six months. Half of the group, who did stretching exercises without weight training, increased their control by about 4 per cent over six months.

"It's quite a substantial improvement and from a clinical perspective it's the same or more than is seen with drug interventions," said the study's chief investigator, David Dunstan.

Dr Dunstan said the research, funded by VicHealth, showed that even small increases in the size of muscles could be highly beneficial for improving blood-glucose control.

Muscles are the major clearance site for glucose in the bloodstream and the contraction of muscles during exercise has an insulin-like effect, as well as improving the effectiveness of insulin.

Dr Dunstan said many older people could not undertake strenuous activity, but controlled weight-training allowed them to increase muscle strength and body composition without excessive exertion.

He said older people not only benefited health-wise, but socially as well. "Benefits to their wellbeing were enormous," he said. "Because they exercise in a group environment it increases social interaction, which is a key for motivation and also it makes it more fun and enjoyable."

Professor Zimmet said the research could ease the burden on the health system. The government spends more than $2 billion a year to fight diabetes. In 1980, 250,000 people had diabetes; today a million people suffer from the disease.

Professor Zimmet said he hoped to secure government funding to pay for as many physical trainers as dietitians at the Diabetes Institute.

"It would be much cheaper to fund exercise programs than the big drug bill," he said. "I keep making the joke we might have to run naked down Bourke Street to get attention but I don't think that would really thrill anyone."
What is the SWSBSC Program?
The SWSBSC program works to raise awareness of and prevent health problems during pregnancy. The program was commenced in 1993 following a prospective study of pregnancy and outcomes. The study showed that inadequate maternal nutrition contributed to the high prevalence of low birth weight infants. The need to maximise early antenatal care attendance, a nutritional assessment and review during pregnancy, and addressing factors such as infection and substance abuse was recognised.

The program was developed to provide culturally appropriate antenatal, women’s health and child health services for post primary girls, pregnant women and mothers of infants and young children. The aim was also to address the modifiable risk factors during pregnancy for low birth weight infants.

Invitation to PNG
Lihir is a small island off New Ireland in PNG. It has a population of 11500 with many residents involved in the Lhir Gold Mining Company. Beverley Hayhurst of Health Promotions NT conducted a training course on health promotion at Lhir Medical Centre. She informed the participants of the SWSBSC Program and two weeks later Marlene Liddle, the SWSBSC Program Coordinator, was in Lhir.

Over six days Marlene trained twelve health staff and 43 village women on the SWSBSC Program. Marlene encouraged the women to develop a similar program, and provided ideas for accessing funding. The week was a huge success with Marlene most likely to return in six months to assist in the implementation of the program!

New ED for RDH

Media Release 9 Jan 2003
Minister for Health and Community Services, Jane Aagaard announced on January 9th 2003 the appointment of a new Executive Director for the Royal Darwin Hospital.

Mrs Aagaard said Ms Vicki Geytenbeek has a substantial background in hospital administration with extensive experience in NSW and Victoria.

Ms Geytenbeek said she was very happy to join everyone at RDH and in the Department of Health and Community Services.

“At present I am trying to meet with as many people as I can and walk around the site to learn as much as I can”, Ms Geytenbeek said.

“The excitement of Darwin and the diversity of the work that RDH encompasses helped me to make my decision to come to the Territory”.

DIRECTORY OF PHILANTHROPIC TRUSTS
The Heart Foundation has a Directory of Philanthropic trusts available to provide financial assistance to specific programs.

Programs may include education, scientific and medical research, social welfare, paediatric and geriatric health, and charitable causes.

You may consider applying to these foundations for funding in partnership with the Heart Foundation.

Please contact the Heart Foundation on 08 89811966 for further details.
The NT has the highest rates of renal disease in Australia and the highest rate of Indigenous renal disease in the world. Although making up 29% of the NT population, Aboriginal people comprise more than 85% of the people on dialysis. This group is younger, predominantly female, and tend to have shorter treatment survival than their non-Aboriginal counterparts.

The NT Aboriginal Health Forum Renal Working Party have developed a draft Renal Strategic Plan. The aim of the plan is to establish a more co-ordinated and collaborative approach to renal health for Aboriginal people of the Territory. This is to be achieved through a high quality, client centred, holistic approach to the prevention and management off renal disease across the continuum of care. It is the first strategic plan for renal care developed in the NT.

The Strategic Plan lays out the general direction of developments and specifies the key issues for consideration. It does not include implementation processes or provide a resource emphasis at this stage.

The draft is currently being circulated as widely as possible and comments or suggestions from interested parties are welcomed. Should you like a copy of the plan, or to comment on the document, please contact Ms Fiona Murphy on the address below:
Dept Health and Community Services
PO Box 40596
Casuarina NT 0811
Fax: 08 8999 2955
Email: fiona.murphy@nt.gov.au

DRAFT NORTHERN TERRITORY RENAL STRATEGIC PLAN 2003-2007

GPs prescribing less, counselling more

Source AIHW Media Release Canberra, 3 December 2002

General practitioners are prescribing fewer medications overall for their patients than they were four years ago-particularly antibiotics, some analgesics, and respiratory drugs-according to a new report released today by the University of Sydney and the Australian Institute of Health and Welfare.

But there were also significant increases in rates of treatment with non-steroidal anti-inflammatory drugs (NSAIDs), typically used to treat arthritic pain, and cholesterol-lowering drugs such as statins for patients with cardiovascular disease.

*General Practice Activity in Australia 2001-02* is based on an ongoing survey of 100,000 doctor-patient consultations from a random sample of 1000 GPs a year. It gives an insight into why people visit their GP, health problems managed, and types of treatments received.

The report shows that antibiotics, and cardiovascular and central nervous system-related drugs were those most frequently prescribed by doctors.

Antibiotics accounted for 4 of the top 10 medications most frequently prescribed by GPs, but the prescription rate for these drugs fell from 17.3 to 14.5 per 100 consultations between 1998-99 and 2001-02.

Director of the AIHW's General Practice Statistics and Classification Unit at the University of Sydney, Professor Helena Britt, said that doctors now seemed to be prescribing less and counselling more.

*‘For every 100 consultations in 1998-99, for example, the average GP prescribed 94 medications, advised or counselled the patients 31 times and undertook 12 procedures.’*

‘Four years later, GPs are prescribing less medication-88 per 100 consultations-and they are giving advice or counselling 38 times, and undertaking 14 procedures. ‘Such a change has a huge impact when we realise there are over 100 million GP-patient consultations in Australia every year.’

Dr Britt said that the increase in prescription of NSAIDs (up from 4.5 to 5.3 per 100 consultations) was almost entirely explained by an increase in prescriptions for a relatively new group of drugs known as coxibs, usually prescribed for the treatment of arthritic pain.

(Continued on page 6)
Source: AIHW media release

Canberra, 4 December 2002

An estimated 20,000 Australians who were homeless or at risk of homelessness were provided with accommodation or services each day for a two-week period in February and March last year, according to a report released today by the Australian Institute of Health and Welfare (AIHW).

Services and support were provided under the Commonwealth-State governments' Supported Accommodation Assistance Program (SAAP).

The report Demand for SAAP Assistance 2000-01 shows that SAAP agencies accommodated around 6,800 people each day in February/March 2001. A further 10,600 people received other types of substantial assistance, and 2,300 Australians received some type of casual assistance.

There were occasions, however, when SAAP agencies could not meet the demand.

Head of the SAAP National Data Collection Agency at the AIHW, Justin Griffin, said agencies were unable to meet all requests for immediate accommodation each day.

'On any given day, about 260 clients leave the accommodation provided under the Program, a similar number start their accommodation and about 340 potential clients have unmet requests for immediate accommodation. These potential clients were accompanied by about 190 children.

One must bear in mind, however, that this does not mean 340 different potential clients each day. The report shows that some keep returning to agencies on subsequent days in their quest for assisted accommodation.'

'Some of the potential clients were referred to other SAAP agencies for accommodation (an average of around 140 per day).

'Overall, around 1 in every 1,000 Australians aged 10 years or more used SAAP services on a daily basis.'

Other findings from the report show that:

- The movement of people into and out of SAAP accommodation dropped at weekends, as did the number of unmet requests for accommodation.
- Information and meals were the most common forms of casual assistance provided.
- Information and referrals for accommodation were the most common forms of casual assistance received by people seeking more substantial support.
- The provision of casual assistance (e.g. meals, information, etc) dropped off considerably at weekends.
- The SAAP program is a network of 1,238 non-government agencies as well as local governments who provide important services to those Australians who are most disadvantaged.

(Continued from page 5)

'In many cases coxibs are probably being prescribed for patients who were not previously able to take NSAIDs, perhaps because of the possible side effects of those available in the past.'

The increase in prescription of lipid-lowering agents for control of blood cholesterol levels parallels a significant rise in the rate of management of lipid disorders over the last 3 years.

'GPs are now managing lipid problems on an extra 180,000 occasions every year,' Professor Britt said.

'This overall increase appears to be a combination of a steady number of new cases and a growing pool of patients continuing on long-term therapy.'

Overall, the problems most frequently managed by doctors were hypertension (9 per 100 consultations), upper respiratory tract infection (6.2 per 100), vaccination (4.7 per 100), and depression (3.4 per 100).
Early this year the Nutrition and Physical Activity Unit issued a challenge to DHCS staff. The challenge used pedometers to measure how many steps participants took each day. The aim of the challenge was to raise awareness and promote regular physical activity amongst staff members.

Twenty two teams completed the walking challenge. Teams came from all parts of the Territory including Groote Eylandt, Tennant Creek and Alice Springs. Most teams consisted of the full 12 members; some smaller teams also completed the challenge.

The winning team was ‘Trichomonads’ from RDH Microbiology with a total of 1,629,931 steps. The individual winner was John Langrell from Groote Eylandt Road Runners who walked a total of 273,283 steps in one week. A Nike gift pack was also awarded to a small team of 3 from Tennant Creek Hospital. Each member of this team wore a pedometer for 4 weeks.

The winning team received a gift voucher from Woolworths and donated entry fee money to Camp Quality.

The top results are as follows:

**Team total**
- Trichomonads, RDH Microbiology - 1,629,931 steps.
- Groote Eylandt Yuwalgurra - 1,379,470 steps
- Groote Eylandt Slimy Slugs - 1,315,275 steps

**Individual weekly total**
- John Langrell, Groote Eylandt Road Runners - 273,283 steps
- Jenni Langrell, Groote Eylandt Road Runners - 262,047 steps
- Rhonda Golsby-Smith, Groote Eylandt Yuwalgurra - 236,677 steps

**Individual daily total**
- Sue Jones, ANZAC High School - 59,090 steps
- Anthony, Groote Eylandt Slimy Slugs - 53,528 steps

*Carrie Turner, Project Officer*

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**What is a pedometer?**

A pedometer is a small device worn on the waist or hip and measures the number of steps the wearer takes.

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**How many steps a day?**

It is recommended that young healthy adults should aim for 10,000 steps per day. This can be achieved by making a conscious decision to be active throughout the day and going for a 30 minute walk at some stage. The average number of steps taken per day by participants in the walking challenge was 13,780.
The health status of remote Aboriginal people is considered one of the poorest in Australia. The causes of ill health in Aboriginal Remote communities are multifactorial covering environmental, behavioural, social and psychological determinants.

The Women’s Health Program primarily providing well women’s health screening is a core activity of the Department of Health and Community Services - Remote and Health Development based out of Alice Springs, comprising:

- Opportunistic screening to all women over 15 years of age
- Encouragement to remote community women to attend an optimal number of antenatal checks
- Women’s health education to health teams, eg. antenatal and postnatal care, emergency childbirth, well women’s screening and chronic diseases etc.

Results achieved to date:

- Opportunistic screening has achieved approximately 70% coverage and is increasing
- Women are presenting earlier for antenatal care, with an increase in attendance during the first trimester from 12% in 1986 to 25% in 1995 (NT Midwives Collection 1998. Trends in the health of mothers and babies NT 1986-1995: p12)
- Health team education (Remote Area Nurse (RAN) and Aboriginal Health Worker (AHW)) is an ongoing process. Women’s health is included in the RAN orientation package with almost 100% of RAN’s completing women’s health education within four months of commencing employment. A women’s health module included within the Pathway for AHW program. AHW’s form an integral part of a community women’s health program, with health education and promotion comprising a major component. There are four AHW’s who provide comprehensive well women’s health screening.

W**omen’s health including antenatal care is one of the key priority areas of Alice Springs Community Health Services, Remote.** Due to the priorities of acute service delivery in community health centres, health teams have limited time to direct a focus on health promotion and prevention activities. Furthermore, it is acknowledged that the health risks for this population often means that they have other health problems that put pregnancies at greater risk.

The Department of Health and Community Services in Central Australia has developed and implemented a fantastic, proactive Community based women’s health program to enhance the existing Women’s Health Program.

Sandy McElligot (Remote Women’s Health Educator Health Development) and Kerrie Simpson (Primary Health Care Coordinator Remote Health Services) have been working to improve remote women’s awareness and knowledge about the broader perspective’s of women’s health and facilitating community initiatives aimed at addressing women’s health in remote Central Australia.

So far the Women’s Health Program has been run in Maryvale/ Titjikala, Harts Range/ Atijere, Papunya and Hermannsburg/Ntaria. All of these programs have had the agenda set by the community women with prior consultation. The consistent sessions in the program have been Women’s Health Education (Cervical screening, antenatal care and contraception), sexual health, nutrition, education (meal preparation), lifestyle education (diabetes and cardiac), hairdressing (shampoo, cut and colour) and beauty (waxing and nail painting). There is always a combination of fun sessions, esteem building activities, information/education and question presentations as well

Continued on page 9)
The Women’s Health Program coincides with the commencement of the roll-out of the Primary Health Care Access program (PHCAP) where communities will have greater input into local health issues and initiatives. This Program improves the community women’s capacity to address these issues.

Heart disease, stroke, lung cancer Australia’s biggest killers

Source AIHW Website – media release 6 Dec 2002

Heart disease, stroke and lung cancer top the leading causes of death for men and women in Australia at the end of the 20th century, according to an Australian Institute of Health and Welfare report released today. The largest contributors to premature death were heart disease (96,000 person years of life lost), smoking and alcohol related diseases (118,000 and 67,000 respectively), and suicide (92,000).

Heart disease was the major killer in Australia for the 60th consecutive year, accounting for 27,000 deaths a year (22% of all deaths). This is despite death rates from heart disease falling since 1968 at 3.6% for males and 3% for females a year and declining even more steeply between 1994 and 1998 by around 5% a year.

Stroke (disruption of the blood flow to the brain) ranked second, claiming 10% of all deaths, or 12,300 lives a year. Death rates for stroke have also fallen, by around 1% per year since 1987.

Lung cancer, the third leading cause of death, accounted for 6,900 deaths a year. While the death rate has been falling for men—1.9% per year since 1987—it has increased for women by 1.4% per year over the same period.

Trends in Deaths: analysis of Australian Data 1987–1998 with updates to 2000 shows between 1987 and 1998, death rates for Australian males fell by 2.3% per year and for Australian females by 1.9% per year.

‘Declining death rates means that people are living longer. Life expectancy rose by 2.9 and 2.2 years for men and women to 76.6 and 82.1 years, respectively,’ according to report co-author Carolyn Dunn.

‘The narrowing of the gap between the sexes is notable, with lung cancer, other lung diseases, and heart disease playing significant roles.

‘The report not only looked at trends in deaths, but at patterns in different population groups—and the news is not good for all Australians.

‘Death rates are generally higher for Australians living outside our cities and for those with lower socioeconomic status,’ Ms Dunn said.

‘Death rates among the Indigenous population, overall, are three times those for all Australians. ‘Indigenous men and women, for example, had diabetes death rates 9 and 15 times those of all Australians.’

Other findings in the report include:

- Chronic obstructive pulmonary disease was the fourth leading cause of death (5,300 deaths). Death rates have increased among women but have fallen for men.
- Bowel cancer death rates have increased slightly for men, but have fallen for women (4,700 deaths). Breast cancer death rates have remained stable with 2,500 deaths per year, but more men are dying from prostate cancer (2,700).
- More men and women are dying from diabetes (3,000 deaths)
- Suicide death rates have fallen between 1997-2000 for men and women. There are approximately 2,400 suicide deaths per year.
Revised protocol from CDC

Background

Acute post-streptococcal glomerulonephritis (APSGN) is an inflammatory disease of the kidneys which occurs 2 to 3 weeks after skin or throat infection with a particular type of bacteria called group A streptococcus (GAS), or occasionally groups C or G streptococcus. In the Northern Territory (NT) most cases follow skin rather than throat infections because skin infections are the more common problem. Not all types of streptococcus cause kidney problems but only those caused by “nephritogenic” strains.

What are the signs and symptoms?

APSGN can cause haematuria, high blood pressure, oedema and poor renal function. It most commonly affects children but can occur at any age. For each clinical case of APSGN there are likely to be three to four cases of sub-clinical disease. The usual outcome is one of complete recovery, however, some studies of outbreaks have documented progression to chronic glomerulonephritis in 3.5 to 5% of cases.\(^1\)\(^2\) Frequent mild cases of mild APSGN are a contributing factor to end stage renal disease in Australian Aboriginals.\(^3\)\(^4\)

Epidemiology

The epidemiology of outbreaks of APSGN in the Northern Territory remains unchanged over the years, predominantly affecting children, aged between 3-13 years, occurring in the dry season months.\(^5\) Sporadic cases of APSGN occur in the NT each year with outbreaks occurring every 5-7 years\(^5\) associated with the circulation of a new strain of a nephritogenic streptococcus. In communities with high levels of scabies, skin sores and overcrowded living conditions new strains spread very quickly. There is evidence that outbreaks can be halted by treating all children with any evidence of skin sores with intra-muscular (IM) benzathine penicillin (also known as LA Bicillin)\(^6\) to stop the transmission of the bacteria in the community. In the absence of any intervention new cases can continue for several months.

References


Your regional CDC

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UPCOMING EVENTS


March 31 – April 1 Tropical Disease in the Top End. Darwin. Contact: 08 8922 8747

April 16-17 The 2003 National Indigenous Women’s Network We are Sister’s Conference. Brisbane, Qld. Contact: 07 4938 7558

June 18-20 General Practice and Primary Health Care Research Conference. Canberra, NSW. Contact http://www.phcris.org.au
Senior Citizens who participated in a Christmas Party have requested a repeat for next year. The big attraction might have been Santa arriving on his motorbike or the food or the company, but regardless of the reason a marvelous time was had by everyone.

The party was a combination of organizations including the Asthma Foundation, Arthritis Foundation, Heart Foundation, Team Health, Diabetes Australia uniting for a merry spell with the intention of briefing our Seniors on best practice management of their condition over Christmas. The idea germinated from the Arthritis and Asthma Foundations as the result of a program “The STAAR Program” (Senior Territorians at Asthma Risk) launched this year by our President and in his capacity as Lord Mayor of Darwin Mr. Peter Adamson.

Over the past year Asthma NT identified a significant number of senior Territorians with moderate to severe asthma who had difficulty in maintaining a reasonable quality of life due to asthma and co-morbidities, including diabetes, arthritis, low morale and heart problems. In addition to the obvious physical impact of their condition, these seniors also indicated they were experiencing increased social isolation, lack of support, and negative emotional experiences. In response, Asthma NT submitted and was successful in attracting some funding to establish a fitness program that incorporates, physical, social and emotional wellbeing including asthma education.

We found that the program assists the participants to lead a more active and social life and is proving to be extremely popular.

If you are aware of anyone who could benefit from this program or you would like more information, please do not hesitate to contact Raylene Chandler at the Asthma Foundation on 89 228827.

Michelle Menzies, Executive Officer

TROPICAL DISEASE IN THE TOP END

A two day program designed to introduce health professionals to tropical disease in the Northern Territory. This workshop is open to all health professionals.

Workshop consists of:
- Study days (16 hours)
- Pre-course workbook

Topics include:
- Malaria
- Meliodosis
- Rheumatic Heart Disease
- Leprosy
- Scabies
- Tuberculosis
- Meningococcal

Date: 31 March and 1 April 2003
Time: 0800 – 1630
Venue: Education and Training Centre, 1st Floor, Building 4, RDH Campus

For more information contact Beryl McEwan 89228607

To make a booking contact the Education and Training Centre on 89228747. Please forward completed HE47 by fax on 89228010.
The Honorable Trish Worth, Parliamentary Secretary to the Federal Minister for Health and Ageing, announced that the Federal Government had joined forces with the Australian music industry to reach young people with responsible drinking messages.

The partnership was launched by Ms Worth at The Metro in Sydney, attended by representatives of Mushroom Marketing, the Brazen Group (Sanity Music Stores) and three of Australia's best new rock bands.

Ms Worth said the National Alcohol Campaign's 'Alcohol, where are your choices taking you?' promotion would be strengthened by the partnership between the Government and the music industry.

"For too long the modern music industry and its performers have been associated with excessive alcohol use. It is valuable for young people who enjoy modern music to see their favourite rock bands or music store promoting drinking choices that avoid young people being harmed," Ms Worth said.

"These harms associated with excessive drinking include violence, unprotected and unplanned sex, physical harm and humiliation."


Young people aged 14 to 29 were identified as most likely to consume alcohol in a way that puts them at risk for long term alcohol-related harm.

The Federal Government has contributed $350,000 in sponsorship for the music industry to help it deliver campaign messages to young people.

"Together we are getting the message out to young people through products like:

- the multi-media e-genie disc on the front of the December issue of Sain Magazine, the Sanity Music free instore publication;
- articles in Sain Magazine;
- campaign messages on the Sanity Top 100 music charts;
- a competition promoted online and in Sanity stores that encourages young people to talk about the kind of choices they make about drinking alcohol; and
- campaign promotions in Sanity stores around the country."

"Members from each of the bands (involved in the partnership) have had personal experiences of the negative consequences of alcohol consumption and it is their testimonials that form the heart of this project," Ms Worth said.

"The bands' personal stories and endorsement of the campaign increase the credibility of the National Alcohol Campaign messages with the target audience (young people aged 15-17 yrs).

"It is encouraging to see industries such as the Australian music industry taking up the mantle of social responsibility and caring for their young fans.

"This is happening at all levels of the industry - from the bands, their management and record companies, right through to venue owners and the retail sector."
PILOT PROGRAM TO TEACH SPORT MEDICINE SKILLS TO REMOTE COMMUNITIES

Media Release

A PILOT program to teach indigenous people basic sports medicine skills commenced in December 2002 in Yirrkala, near Gove.

The STRONG program – run by Sport Medicine Australia (NT Branch) – works with Indigenous Sport Program (ISP) staff from the Office of Sport & Recreation to educate communities about the prevention and treatment of sport injuries.

Students learning about skeletal injuries in sport

The Batchelor Institute of Indigenous Tertiary Education and Northern Territory Open Education Centre has also supported the program.

Former AFL heroes Michael McLean and Chris Lewis and current Australian Touch player Bo Delacruz have spearheaded the campaign to teach people in remote communities basic sports medicine skills such as proper warm-up exercises and using ice and bandages to treat injuries.

In the course manual specifically developed for the program, McLean – a former Brisbane and Footscray player - discusses injuries he suffered in his football career and how they were treated.

Sports Medicine Australia (NT Branch) executive officer Tracey Parker said the Australian Sports Commission was funding the program. Funding is being used to develop course manuals to be used by the communities and run the pilot programs.

“We want to teach basic sports medicine skills to remote communities so regardless of where sport is being played, prevention or treatment can be applied.”

Ms Parker said the program can led to people receiving their Sports Training Level One course.

Northern Territory ISP manager Michael McGregor said the sports medicine program was an extension of the duties of ISP officers to encourage sport and recreation opportunities in remote communities.

“This is part of the plan to provide more sport and recreation opportunities to those people on communities.”

ISP officers are based in Darwin, Katherine, Nhulunbuy, Alice Springs and Tennant Creek and service the entire Northern Territory.

Media contact: Andrew Cummins 0401 118 411

Strapping for ankle ligament strains
Workforce Support
diabetes courses for RNs and Allied Health Workers

Last year Diabetes Australia NT and RDH Diabetes Nurse Educators presented four one-day diabetes courses at workforce support RDH.

The one-day course provides a comprehensive introduction to diabetes, covering:

- pathophysiology
- long term complications
- management of Type 2 diabetes
- insulin and glucose meter workshops

A second day has been introduced that will cover:

- Type 1 diabetes, including sick day management and ketoacidosis
- diabetes in pregnancy
- gestational diabetes

The 2003 dates for Day 1 are:
Monday 17 February, Tuesday 6 May, Monday 18 August, and Monday 13 October

The 2003 dates for Day 2 are:
Monday 24 March, Monday 16 June, Monday 29 September, and Monday 3 November.

For further information about these courses contact either workforce support RDH or Linda Rennie at Diabetes Australia NT on 8927 8488.

Arthritis and Osteoporosis NT Update

Stretch and Strengthen Exercise Class

Having seen the benefits of exercise for chronic conditions, the AONT have just commenced a twice weekly Stretching and Strengthening Exercise Class. These are conducted every Tuesday and Thursday at the Tropicus Centre in Darwin with a qualified instructor. The class includes exercises with weights, stretching and relaxation for people at every level.

Lupus – Did you know?
The Arthritis and Osteoporosis NT (AONT) office holds a Lupus Support Group, which meets the third Saturday of every month. The group allows those living with Lupus to share their experiences and help each other live healthier, more productive lives in wellness.

The AONT office also has a wealth of printed information from all over the world, along with close contacts with local and international experts.

Important Events for 2003
Arthritis Week April 7-11
Healthy Bones Week August 3-10

For more information, please contact:
Arthritis and Osteoporosis NT
Ph: 08 8948 5232
Email afnt@telstra.com
ABORIGINAL RESOURCE AND DEVELOPMENT SERVICES INC. PRESENTS

CAPACITY BUILDING IN INDIGENOUS COMMUNITIES

Are you involved in the delivery of services to Indigenous people? Would improved understanding of cross language education and communication skills make your work more effective?

2003 WORKSHOP DATES

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<tr>
<td>GOVE</td>
<td>18-20 March</td>
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<td>11-13 November</td>
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<td>DARWIN</td>
<td>13-14 May</td>
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These workshops are an opportunity to explore a wide range of issues relating to community development, health and education. Topics covered include:

- Communication across cultures
- The importance of language
- Learning approaches
- Human dynamics
- Understanding world-view
- Dominant and dominated cultures
- Kinship and family structure
- Traditional law and politics

We promote an open, question-driven environment.

Facilitator:
Richard Trudgeon, author of “Why Warriors Lie Down and Die” has over 20 years experience in community development with the Yolngu people of Arnhem Land, and has been presenting cross-cultural educational workshops for over 10 years. Richard is assisted by Aboriginal co-facilitators.

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

For booking enquiries, phone Alice on (08) 8987 3910 or Email: nhulun@ards.com.au

www.ards.com.au
Diabetes Australia NT (DANT) has been operating a new diabetes education and cardiac rehabilitation service in Alice Springs, under the banner of Healthy Living NT.

DANT won a public tender called by the Department of Health & Community Services following a decision to outsource these services. For a number of years the Department has been following a strategy of developing community capacity and strengthening the community sector by allowing the community sector to deliver services directly to its constituents. The Department and DANT believes this offers greater efficiency of operations and a stronger client focus in the delivery of services.

Whilst DANT’s proposed service in Central Australia is based on elements of a service previously provided by the Department, it is largely a new service which will extend access to a broader range of clients and health professionals. In negotiations, DANT has ensured that there will be no lessening of Departmental commitment or support for the new Service; in fact, it will be increased.

“Delivery of these services is not new to DANT, as we have been running diabetes education services in the Top End under contract to the Department of Health since 1989”, said DANT’s President, Paul Gooding. “We are particularly excited at operating a diabetes education service and cardiac rehabilitation service in Alice Springs as it means that we will now be able to cover most of the NT and integrate education services with our range of product and information services.”

Paul Gooding said the new service would have strong local input through DANT’s Board members from the region – Penny Fielding, Ray Anderson and Barry Bohning. “We will also be establishing a local advisory committee to the DANT Board made up of health professionals, organisations and consumers from Central Australia to provide advice on service implementation and operations” he said.

The new service will be located in offices at 9 Parsons Street across the road from the Commonwealth Bank. DANT’s CEO Anne Kemp said that the location is ideal as many people do their shopping in the centre of town, there is good access to parking and the office will have full disabled access. Foresters Pharmacy will continue in their sub-agency role.

Recruitment for new staff has commenced and a Diabetes Nurse Educator from Alice Springs has already been appointed, along with Julie D’Bras in a Customer Service role. Other positions include a part-time Cardiac Nurse and an Aboriginal Lifestyle Educator. Clients will also have access to the DHCS dietitian and the cardiac rehabilitation service will have input from allied health professionals including physiotherapists, pharmacists and social workers.

Initially the service will focus on Alice Springs but with time, will extend to providing health professional education in Tennant Creek. People from Tennant Creek will be able to access the service when they are in Alice Springs, by phone or when the educators are visiting Tennant Creek.

In a separate development, the National Heart Foundation will be placing a Health Promotion Officer in Alice Springs who will share DANT’s new office. NHF Executive Director, Graham Opie, said “this is the first time the National Heart Foundation has had a permanent presence in Alice Springs and we are very excited at the opportunities this offers.” He went on to say that “we believe that there are enormous opportunities that exist in NHF and DANT being housed in the same premises, particularly for the Central Australian community.”

Contact details for DANT’s new Alice Springs Office are as follows:

Shop 1/9 Parsons St,
Alice Springs NT 0870
PO Box 3695, Alice Springs NT 0871
Phone: 08 8952 8000
Fax:08 8952 7000
Email: alicesprings@healthylivingnt.org.au

An official opening of the office and launch of the new service will be held in March.
Uncharted Territory

A Conference exploring the links between chronic disease, mental health and alcohol and other drugs

Carlton Hotel, Darwin 8-10 May, 2003

INCLUDING THE 7TH ANNUAL CHRONIC DISEASE NETWORK WORKSHOP

Aim
This conference will explore in detail how chronic disease, mental health, and alcohol and other drugs are interrelated and the implications for:
- health promotion and disease prevention
- clinical practice
- organisation of services, and
- research with a particular interest in Aboriginal health.

Outcome
Delegates will take away with them:
- increased understanding of the links between effects of chronic disease, mental health and alcohol and other drugs
- practical information on policy, practice and research
- successful strategies
- expanded networks and opportunities for collaboration

Format
The conference will comprise of:
- plenary keynote speakers
- oral and poster presentation from local and interstate experts
- workshops
- panel discussions

Keynote Speakers
- Ms Marion Scrymgour – Member of the NT Legislative Assembly for Arafura
- Prof George Patton – Centre for Adolescent Health, Royal Children’s Hospital, VIC
- Prof Ian Hickie – CEO beyondblue The National Depression Initiative
- Ms Tracey Westerman – Indigenous Psychology Services, WA
- Mr Leon Morris – Itinerants Project, Larrakia Nation

Proudly Sponsored by
Northern Territory Department of Health and Community Services Chronic Disease Network, Health Promotion, Mental Health, and Alcohol and Other Drugs Programs, Australian Health Promotion Association, The Cooperative Research Centre for Aboriginal and Tropical Health, and the General Practices Divisions of the Northern Territory.
CALL FOR ABSTRACTS

The Uncharted Territory Organising Committee are calling for abstracts for oral papers and poster presentations.

Abstracts will be reviewed by a group of peers who specialise in the theme areas. The committee reserves the right to specify what format the presentation will take.

Oral papers are expected to be 15 minutes plus 5 minutes discussion but this may vary depending on the number and quality of papers submitted.

E-mail submission of abstracts is preferable as an attachment in Microsoft Word. Submission by fax or post is also acceptable.

Please forward abstracts of up to 250 words in length with the completed call for abstract form to:

Chronic Diseases Network
Conference Convenor
PO Box 40596
Casuarina NT 0811
Email: chronicdiseasesnetwork@nt.gov.au
Fax: 08 8922 8310
Phone: 08 8922 8280

Abstracts due by: 28 February 2003
Acceptance notified by: 21 March 2003
CALL FOR ABSTRACT FORM

PRESENTER TO WHOM ALL CORRESPONDENCE WILL BE SENT
Title __________________________________ First name ________________________
Surname _______________________________________________________________
Affiliation _______________________________________________________________
Mailing address __________________________________________________________
City __________________________________ State ________________ Postcode _____
Country ________________________________________________________________
Telephone ______________________________________________________________
Fax ____________________________________________________________________
Email __________________________________________________________________

FULLNAMES OF OTHER AUTHORS
Full name Organisation/ Affiliation
1. __________________________________ 1. __________________________________
2. __________________________________ 2. __________________________________
3. __________________________________ 3. __________________________________
4. __________________________________ 4. __________________________________

Please ensure that each author/co-author has reviewed the abstract submitted for the
conference and agrees with the material being submitted.

ABSTRACT TITLE
_______________________________________________________________________
_______________________________________________________________________

PLEASE NOMINATE UP TO FIVE KEY WORDS
_______________________________________________________________________
_______________________________________________________________________

TYPE OF PRESENTATION
Oral ( ) Poster ( )

AUDIO VISUAL REQUIREMENTS
Data projection (PowerPoint) ( )
Single slide projection (35mm) ( )
Overhead projection ( )
Video (VHS) ( )
REGISTRATION FORM

CONTACT DETAILS
Surname __________________________________________________________
Given Name (for name badge) ___________________________________________
Organisation _________________________________________________________
Position _____________________________________________________________
Address ____________________________________________________________________ Postcode ______________
Business phone ________________________ Business fax ___________________
Email (please print clearly) _______________________________________________
Details of any special needs _____________________________________________

REGISTRATION
The conference fee includes morning and afternoon teas and entertainment on Friday evening.

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<tr>
<th>Registration</th>
<th>May 8th 2003</th>
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<td>Registration</td>
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If you have difficulty meeting the registration fees please contact the Chronic Disease Network Project Officer, Meredith Neilson on telephone 08 8922 8280. Registrations close on April 8th. Enrol early to avoid disappointment as places are limited.

Please tick if you have submitted or intend to submit an abstract for this conference ☐

PAYMENT
Enclose a cheque/money order payable to the Receiver of Territory Monies and addressed to Angela Salter, Centre for Disease Control, PO Box 40596, Casuarina NT, 0811.

OR
Please charge
☐ Bankcard ☐ MasterCard ☐ Visa (no other cards accepted)
Card Number ____________________________
Name of cardholder (please print clearly) _________________________________________
Signature _____________________________ Expiry Date ________