The Chronic Diseases Network was set up in 1997 in response to the rising impact of chronic diseases in the NT. The network is made up of organisations and individuals who have an interest in chronic disease, with Steering Committee membership from:

- Aboriginal Medical Services of the NT
- Arthritis & Osteoporosis Foundation of the NT
- Asthma Foundation of the NT
- Cancer Council of the NT
- Healthy Living NT
- Heart Foundation - NT Division
- General Practice Network NT
- Menzies School of Health Research
- NT DHF Allied Health/Environmental Health
- NT DHF Community Health
- NT DHF Health Promotion
- NT DHF Nutrition and Physical Activity
- NT DHF Preventable Chronic Disease Program

From its inception as a small workshop in 1997, the Chronic Diseases Network conference has grown into an important event on the professional development calendar of chronic disease practitioners across the NT and interstate. This year was no exception!

This year’s theme “Prevention is the Best Medicine” was highly successful. The conference was well attended, attracting over 200 people on each day, was very interactive, had lots of humour, really worked the key note speakers hard with them participating in a number of sessions and the hypothetical panel discussion.

The key message about the need to increase and strengthen efforts in the area of prevention was strongly reinforced and acknowledged throughout the presentations. Despite this the conference also highlighted that there are still big gaps. There is still a long way to go in the areas of health equity, empowerment and workforce development. More discussions are needed about the way forward, supported by funding and adequate resources.
Break times provided a great opportunity for people to reflect on and discuss the sessions they had participated in and their experiences, with comments including:

- It has really helped me to understand why we need to work with other groups
- Our community members need to lead programs
- Health literacy is so important – integrating culture and health stories
- “I’m glad I don’t smoke!”
- There are good ideas for health promotion
- Plenty of good resources
- First opportunity for a big conference
- Good – not so focused on the medical model
- Great for networking

Evaluation feedback has indicated that the Conference was well received and enjoyed by those that attended. In particular, the quality of the key note speakers, the range of concurrent sessions and the opportunities to network with others, made the event a useful and positive experience.

"Good to hear everyone’s opinions"
The following table provides an overview of the evaluation responses:

<table>
<thead>
<tr>
<th>EVALUATION QUESTION</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The conference provided me with information that I can apply to my job</td>
<td>43%</td>
<td>45%</td>
<td>10%</td>
<td>2%</td>
<td>_</td>
</tr>
<tr>
<td>I gained valuable knowledge from the conference</td>
<td>52%</td>
<td>39%</td>
<td>7%</td>
<td>2%</td>
<td>_</td>
</tr>
<tr>
<td>I gained valuable skills from the conference</td>
<td>21%</td>
<td>36%</td>
<td>38%</td>
<td>5%</td>
<td>_</td>
</tr>
<tr>
<td>The conference provided a good opportunity to network with others</td>
<td>55%</td>
<td>38%</td>
<td>7%</td>
<td>_</td>
<td>_</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVALUATION QUESTION</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, was your conference experience good?</td>
<td>95%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Will you recommend the conference to your colleagues?</td>
<td>93%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Will you attend the next CDN Conference in 2010?</td>
<td>76%</td>
<td>5%</td>
<td>19%</td>
</tr>
</tbody>
</table>

The NT Chronic Disease Network is proud of the good reputation and following it has built up and as shown by the break down of the conference statistics, delegates came from all over Australia.

<table>
<thead>
<tr>
<th>State/Country</th>
<th>Number</th>
<th>Percentage of Delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>NSW</td>
<td>5</td>
<td>2.4%</td>
</tr>
<tr>
<td>NT</td>
<td>172</td>
<td>82.7%</td>
</tr>
<tr>
<td>QLD</td>
<td>14</td>
<td>6.7%</td>
</tr>
<tr>
<td>SA</td>
<td>3</td>
<td>1.4%</td>
</tr>
<tr>
<td>VIC</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>WA</td>
<td>10</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Total Delegates: 208

We hope you enjoy this edition of “The Chronicle” and that this insight into the 2009 Conference gives you motivation to plan to do some things differently in your workplace and that you are inspired to come along to the 14th Annual CDN Conference next year!!

Enjoyed the humour of some of the speakers
Dean O’Neil welcomed all the Conference delegates to Larrakia land, on behalf of the Larrakia people. His Welcome to Country told of the significance of the land to the health and well being of his people and the importance of working to find ways to improve the health of Aboriginal people across the NT.

Thanks Dean.

**CONFERECE WELCOME RECEPTION AT PARLIAMENT HOUSE**

The Hon Kon Vatskalis, MLA Minister for Health, officially opened the Conference at a Welcome Reception at Parliament House. The Minister thanked the Chronic Disease Network Conference committee for organising the conference, recognised the keynote speakers and thanked the Conference sponsors for their support.

The Minister went on to discuss the relevance of the Conference theme to current strategic and policy directions of the NT Government and the Department of Health and Families and highlighted initiatives such as the NT Government Generational Plan of Action; The Territory 2030 Strategy and the Department of Health and Families Corporate Plan 2009-2012 (Healthy Territorians Living in Healthy Communities), which all include an emphasis on prevention.

Minister Vatskalis referred to the revision of the Northern Territory Preventable Chronic Diseases strategy and that the new strategy will build on previous achievements supporting the development of a consistent and integrated approach to chronic disease across the NT.

In closing, he explained that recent national initiatives by the Australian Government also complement the activities of the NT, such as recommendations in the National Health and Hospitals Reform Commission, the development of the National Preventative Health Strategy, the COAG Preventive Health Partnership, and COAG Closing the Gap of Indigenous Disadvantage.
In the Northern Territory the prevalence of chronic diseases in the non Aboriginal population is high, although similar to the rates across Australia, but amongst our Aboriginal population the prevalence is very high. In terms of "Closing the Gap" for Indigenous Australians, 70% of the difference in life expectancy between Indigenous and non-indigenous Australians can be attributed to chronic diseases.

There is growing evidence and recognition that to effectively deal with the epidemic of chronic diseases and their underlying risk factors we must increase and focus our efforts on prevention.

As identified in the Chronic Conditions Prevention and Management Strategy the NT has the highest burden of disease (BOD) among all jurisdictions in Australia, due to a higher rate of burden for most causes, particularly cardiovascular disease, diabetes, and injury. Despite improvements there are a number of areas where the chronic conditions burden is increasing, in part due to population ageing, improvements in health care and the changing risk profile of the population.

The "Burden of Disease and Injury" report due for release at the end of 2009 by the Health Gains Planning Unit of DHF, identifies the leading category of BOD for both males and females in the NT were mental health conditions (16.3%). This was followed by cardiovascular disease (12.4%), diabetes (10.5%), cancer (9.4%) and chronic respiratory disease (7%). Females had a greater proportion of mental health conditions (18.3%) and males a greater proportion of cardiovascular disease (13.9%).

The largest contribution to the BOD in the NT was low socio economic status that accounted for 26.8% of the burden of disease.

### Major Health Risk Factors and Contribution to the Total Burden of Disease in NT

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Attributable Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low socio-economic status</td>
<td>26.8%</td>
</tr>
<tr>
<td>High body mass</td>
<td>11.1%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>11.0%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>8.1%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4.5%</td>
</tr>
<tr>
<td>High blood cholesterol</td>
<td>4.2%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>3.9%</td>
</tr>
<tr>
<td>Low fruit and vegetable intake</td>
<td>3.3%</td>
</tr>
</tbody>
</table>


This prevention focus is aligned with the current strategic and policy directions of the NT Government, the Department of Health and Families and other key health stakeholders in the non-Government and Aboriginal Controlled Health Services sectors.

The revision of the Northern Territory Preventable Chronic Diseases Strategy by a collaboration of key partners across the NT has resulted in the development of the new “Chronic Conditions Prevention and Management Strategy”. This will provide a consistent framework for addressing chronic conditions services across the NT. See page 32 for more information.

Many recent national initiatives by the Australian Government also complement this effort. All these local and national policy initiatives and investment provide further opportunities for increased preventive activities – an essential and complementary part of the overall health system.
Dr Jim Dollman presented a workshop to diverse health promotion practitioners ranging from school students to senior staff.

Dr Dollman has studied changes in children’s bodyweights over more than 20 years. His central observation is that although overall we are seeing an increase in the number and severity of overweight children, not all children are getting fat and some appear to be protected.

The audience was invited to discuss possible links between markers of socioeconomic status (for example income and education), mediators (such as knowledge, time and social support) and behaviours (organised sport, free play, TV).

We can understand why some of these links occur. For example, children from higher income families may be more likely to participate in organised sport because their parents can afford it. Therefore these children are more likely to attain adequate levels of vigorous physical activity through organised sport. However, not all the links are in the same direction; for example, there is evidence that the children of highly educated parents may not enjoy as much free play as children whose parents have lower education levels. Therefore children of more educated parents enjoy less physical activity through free play.

Dr Dollman drew attention to some examples where evidence does not support intuition. An example of this is the lack of association between walking to school and overall physical activity level. This is important because we must use rigorous evidence if we are considering interventions to improve health outcomes. Walking to school may be one marker of an overall community environment that supports physical activity, and attention to the entire environment is required to promote adequate levels of physical activity – not just encouraging children to walk to school.

Jim promoted a positive and constructive approach. His next research project will involve deeper study of children from lower socio economic position who achieve targets for physical activity and TV time. This will help us to understand what we can do to build environments which improve health.

Congratulations and thank you to the Australian Health Promotion Association NT branch for choosing Dr Dollman and sponsoring this excellent workshop.
KEYNOTE PRESENTATIONS 2009

Robyn Williams - Charles Darwin University
Julia Pettigrew - General Practice Network NT
Conference Organising Committee members

Overall a great conference, and to paraphrase the words after the 2000 Sydney Olympics: The best CDN Conference yet!

There was a pretty good buzz about the place and one of the keynote speakers commented that it was a nurturing and caring environment with nice changes of pace and audience engaging activities.

The keynote speakers for 2009 were:

Professor Fran Baum
   Professor of Public Health, Flinders University

Professor John Macdonald
   Professor of Primary Health Care, University of Western Sydney

Dr Jim Dollman
   Division of Health Sciences, University of South Australia

Dr Brian McCoy
   NHMRC Fellow for Aboriginal and Torres Strait Islander Health Research, La Trobe University

Day 1

Fran Baum: Closing the gap in a generation 2030

As we have come to expect from Fran, this was another sterling performance where we were asked to imagine that we were now in 2030 and all the Goals of Territory 2030 have been achieved. Fran’s presentation moved through topics from health inequities to social determinants of health to human rights and social justice. She concluded with the idea that what we needed was an Indigenous environment for all Australians where culture is celebrated and all the nurturing of the land and the people that goes with that. “Empowerment = Health”

Jim Dollman: Psychosocial and environmental influences on physical activity behaviours of Australian children.

Jim took a very different approach to the previous presentation with a more specific look at a particular aspect of public health: kids and physical activity. This was a very interesting project looking at the trends in data and drivers of behaviour in regards to preferred activity of generations of children. The main messages from Jim’s presentation included that there is no place for nostalgia for the good old days and it is incumbent upon us all to ensure that there are increased opportunities for kids to engage in appropriate physical activity integrated throughout daily life.

Helen Keleher: Turning the key on health literacy to achieve better health outcomes

This topic certainly resonated with many of the participants and generated considerable interest and discussion. Some of the key points that came out of the presentation included: poor health literacy predicts poor health status in general and health literacy can be considered to be a social determinant of health. Helen concluded by saying that we should all be asking critical questions of our workplaces.

John MacDonald: National policy agenda: The men’s health example

John made a passionate plea for serious consideration of a National Men’s Health Policy as gender, is or at least that men’s health, should be regarded as a social determinant of health, and it is not just about men’s perceived power over women. He focused on the idea of ‘male-friendly’ health services where men’s health is not just seen as pathology but as a social issue.
John concluded by saying that there was a clear need for building evidence-based research on social determinants of men’s health rather than ‘assumptions and sociological theory’.

**David Thomas: Improving Indigenous tobacco control and reducing Indigenous smoking**

This was an excellent presentation on the specific public health issue of smoking in the NT. David spoke about key points emerging from a tobacco research project to do with NT Indigenous smoking trends, ways of monitoring tobacco consumption, impact of tobacco consumption, impact of Stolen Generations and smoking and quitting stories. He concluded by saying that some of the most important strategies include: ‘de-normalising smoking, keeping smoking in the news and on the agenda, exposing people to news and information about smoking, and that most people quit smoking unassisted but assistance can increase cessation by individuals. The final quote was:

"Former PM John Howard’s government began its difficult relationship with Indigenous Australia with his promise of ‘Bucket loads of extinguishment’ in response to the High Court’s Wik ruling on native title on pastoral leases. I am hoping that our current PM Rudd will be remembered for quite different ‘Bucket loads of extinguishment’.

He has already made reducing smoking an early and central plank of his ‘Closing the Gap’ strategy. I am pleased to join him and you in pouring ‘Bucket loads of extinguishment’ on Indigenous smoking, and so reducing the deaths and suffering smoking is causing too many Indigenous people.

**Beryl Meiklejohn: “Holistic health education and vocational training to enable Aboriginal and Torres Strait Islander people to manage and determine their future.”**

Beryl’s presentation reiterated the idea that health services are not solely responsible for health, highlighting the impact of social determinants on health and the importance of education and knowledge in allowing people to bring about change. She stressed education needs to be sensitive to the needs and aspirations of Indigenous peoples and their communities.

Beryl closed with the following vision for the future:

- “EVERY child geared up for the start of the school year.
- A school to go to with the chairs and tables, blackboards and computers.
- Teachers ready, confident and determined - equipped to impart knowledge and confidence.
- Shoes on the kids’ feet.
- Breakfast in their tummies. Well rested. Ready to learn. Willing to learn. Able to learn.”

All of the conference keynote presentations are available to download from the Chronic Diseases Network website: chronicdiseasenetwork.nt.gov.au
The format for this year’s conference was a little different than previous years, with a mixture of workshops and concurrent sessions on offer. Good feedback was received about this trial approach, so 2010 is looking good for more of the same.…

Below are short descriptions of the workshops and concurrent sessions – just to whet your appetite.

If you would like more details, all abstracts are available on the Chronic Diseases Network website: chronicdiseasesnetwork.nt.gov.au

**CONCURRENT SESSIONS**

**Indigenous carer education program**

**Marie Stillwell**
The Indigenous Carer Education Program “Looking after Ourselves”, addresses issues relating to the health and wellbeing of indigenous carers and provides strategies to enable carers to better manage their health and caring role.

**Familiarity, understanding, competence - Evaluating health education**

**Valmai McDonald, Belinda Inglis**
Establishing clear objectives helps us as health educators, support people move through three main stages when encountering something new, towards feeling confident to make use of the new knowledge and skills - familiarity, understanding, and confidence. Using the Quality Improvement Program Planning System (QIPPS) planning and evaluation framework achieves this.

**Improving the management of chronic disease in the General Practice and Primary Health Care setting utilizing the collaborative Model (APCC – Australian Primary Care Collaborative)**

**Marie Bottolfsen**
The Collaborative involves building the practice team and delivering rapid, measurable, systematic and sustainable improvements in the care of the patient through the sound understanding and effective application of quality improvement methods. The program is based upon PDSA – Plan, Do, Study, Act.

**Community health literacy: Effective Indigenous health promotion**

**Dr Alyssa Vass, Alice Mitchell**
Aboriginal Resource Development Services (ARDS) health education process utilizes language and Indigenous worldview and focuses on increasing the health literacy of the whole community. The whole-of-community focus establishes positive socio-cultural environments for behaviour change.

**Does health promotion need a new suitcase or a just a new set of clothes?**

**Kirsten Green**
This presentation discusses some of the questions and dilemmas that need to be addressed in order for health promotion to move forward. This paper will discuss the benefits of a framework that is robust and useful.

**continued next page »»»**
Building a kidney health program from the ground up
Beth Amega, Phillip McGinness
The Danila Dilba Kidney Health Program (stage 4&5 chronic kidney disease) was developed in response to the needs of staff and clients as well as incorporating the renal case management process. This was a new model of care and a completely new program for the health service. Key outcomes are discussed.

Program, planning, implementation & evaluation
Dagmar Schmitt
The Department of Health and Families, Health Services Division implemented the web-based Quality Improvement Program Planning System (QIPPS) in 2008, to provide a consistent framework for health promotion planning and evaluation. Implementation strategies, challenges, opportunities and learnings are discussed.

Pharmaceutical care - Good medicine made better
Rollo Manning
Medicines themselves could be a key to the “best medicine” in alleviating the factors causing the heavy burden of chronic disease on the NT community. The past ten years has seen some activity to improve the ‘quality use of medicine’ (QUM) for Aboriginal people but there is still a long way to go.

The prevention of diabetic foot amputations – Can the NT show the world how it can be done?!
Jason Warnock
The Indigenous Diabetic Foot Program aims to prevent diabetic foot amputations through daily foot care practices, early identification of foot pathology and referral for appropriate management. Indigenous health workers, public health nurses and allied health professionals have participated in training workshops, the content and evaluation of which are included.

Integrating SNAPE into primary health care practice
Deborah Steele
Katherine West Health Board (KWHB) developed templates for the Patient Information Recall System, to assist in the conduct of client health checks across the lifespan and to match the current guidelines for Smoking, Nutrition, Alcohol, Physical Activity and Emotional Wellbeing (SNAPE) and facilitate data collection and improve practitioner utilisation of the SNAPE framework.

Cooking healthy & physical activity (CHAPA) project
Samantha Alexander, Gerard Wong, Kia Naylor
Healthy Living NT and Bodyfit NT conducted community based nutrition and physical activity programs for people with type 2 diabetes and/or heart disease – “CHAPA”. Four 10 week programs, one specifically for Indigenous people were held, with improvements to participants physical, emotional and mental well being.

Well women’s cancer screening: Early detection – is it a priority for Indigenous women?
Di Bates, Meredith Schuster, Leonie Conn, Eunice Orsto
This interactive forum facilitated discussion discussed the challenges to the recruitment of well, indigenous women to well women’s cancer screening programs and how to increase participation by addressing the social determinants of health.

‘No Germs on Me’ Hand washing campaign
Xavier Schobben
Environmental Health Program of the Department of Health and Families implemented the ‘No Germs on Me’ hand washing project to determine the most appropriate interventions to reduce the person to person and environment to person transmission of pathogenic organisms that cause diarrhoea, skin sores and respiratory disease in remote Indigenous communities in the NT.

Heart Foundation Tick- 20 years of preventative health
Coral Colyer, Shanthi Thuraisingam
The Heart Foundation Tick has been challenging food companies since 1989 to improve the nutritional profile of the foods they produce and promote for the general population. The results and conclusions of Tick’s direct impact and case studies showcasing the program’s indirect impact in the supermarket are presented as an overview of 20 years of preventative health.

continued next page >>>
Smoking cessation in aboriginal communities

Boyan Yunupingu, Cynthia Croft, Tracy Spillman

Smoking was identified as a key health issue by community members and service providers in Yirrkala, a remote Aboriginal community in East Arnhem with the local council, Public Health Nurse from the Preventable Chronic Disease Program and the Community Educator from the Alcohol and Other Drugs Program being key supporters. Program strategies are presented.

Choice not chance: changing the cancer journey for Indigenous people

Louise Clark

The story of cancer for Indigenous people is frequently one of late diagnosis and poor prognosis. However, there is a big prevention dividend to be had by investing in targeted prevention and early cancer detection strategies.

A Community-based Program to Prevent Chronic Lifestyle-related Diseases in Kimberley Aborigines

Hon Ernest Bridge / Jeanie Catlin

Despite mainstream health services and GP-style medical treatment being provided for more than 30 years, these largely preventable problems have been getting worse. It will be impossible to “close the gap” in Aboriginal health until radical new approaches are taken. A major failure has been the lack of encouragement of Aboriginal people and communities to be involved in their own health.

WORKSHOPS

A tool for assessing and guiding improvements in health promotion: application in practice

Lynette O’Donoghue, Bernadette Shields, Nikki Clelland

The Improving Health Promotion through Continuous Quality Improvement is a research project investigating the development and application of quality improvement methods in health, in Indigenous Primary Health Care Centres including the development of a Health Promotion Audit Tool.

Identifying real health issues using “Health Impact Assessment”

Patrick Harris

Health Impact Assessments are an approach to influencing the development of policies, plans programs and projects. This workshop focused on issues particularly relating to main health impacts facing Aboriginal communities in the Northern Territory that could result from similar policies.

What to do about managing sugar in the bush?

Dr Malcolm McDonald, Gaynor Garstone, Maureen Toner

Many clients needing to go on to insulin are not going on insulin in a timely manner. This is creating problems for practitioners in the bush! This workshop looked at diabetes management through case studies of actual people and problem solving the issues.

Northern Territory Tobacco Action Plan 2010-2012: A round table discussion

Nina Nichols

The Northern Territory Tobacco Action Plan 2010-2012 provides strategic direction for the implementation of tobacco control initiatives in the Northern Territory over the next three years in order to improve the health of all Territorians by reducing the harm caused by tobacco consumption and exposure to tobacco smoke.
Robyn Williams, long standing member of the CDN Steering Committee member and I, had the pleasure of announcing and presenting the NT CDN Recognition Awards for 2009 at the Conference Welcome Reception held at Parliament House.

The awards were introduced by the CDN last year as a means of recognising the outstanding achievements of NT health professionals working in the area of chronic disease.

Nominees from across the Territory were put forward by their peers and colleagues in recognition of the value placed on their work and contributions to the field.

Before the 2009 winners were announced, all of the nominees were recognized for the important contributions that have been made by each of them. The fact that they were nominated is alone a testament to the value that is placed on their work...

Award categories included:

1. Chronic Disease Health Promotion / Program Delivery Award
2. Aboriginal and Torres Strait Islander Health & Leadership Award
3. Outstanding Contribution to the Field of Chronic Disease
4. Public Policy / Legislation Award

Winners and nominees for 2009 were:

- Chronic Disease Health Promotion / Program Delivery Award

   **Nominees:**
   Mary Wynne and Oenpelli staff - Healthy for Life Coordinator, Oenpelli | Mikarkpiti Clinic staff, Tiwi Health | Activate NT program – General Practice Network NT, Darwin City Council and the City of Palmerston | Health Promotion Team - Pintupi Homelands Health Service

   **Winner:**
   - Activate NT program – General Practice Network NT, Darwin City Council and the City of Palmerston

   Activate NT is a 10 week community healthy lifestyle challenge run annually in Darwin and Palmerston.

   This year saw the program reach new heights by combining two programs previously run in separate communities, into one. The active engagement of both local councils, corporate sponsors, community based organisations and local community members, in the planning and implementation of the program, clearly demonstrates the strength of partnerships, collaborative approaches and community involvement.

   The achievements made in terms of reducing chronic disease risk and promoting healthy lifestyles, were considerable: 304 participants, 21.8 million steps were taken, 93.5 kilos of collective weight lost, 180.2cm collective waist reduction, 5 new Heart Foundation walking groups, Ongoing exercise sessions with exercise physiologist, new CDU gym class, regular bike riding group.

   **CONGRATULATIONS ON YOUR ACHIEVEMENTS**

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“Julia Pettigrew from GPNNT, with her poster about the award winning Activate NT program”

continued next page >>>

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Helen Barnard
CDN Coordinator
• Aboriginal and Torres Strait Islander Health & Leadership Award

Nominees:
Cassimira Munkara – SAHW, Nguiu – Tiwi | Malcolm Darling – Men’s Health Coordinator, Donaiba – Darwin | Maria Nickels – Aboriginal Health Worker, Community Midwife, Maternal Child Youth Health program, Department of Health and Families

Winner:
Maria Nickels – Aboriginal Health Worker, Community Midwife, Maternal Child Youth Health program, Department of Health and Families

Maria has had a varied career in health which has seen her fulfill a range of roles in women’s, health, clinical research, preventable chronic disease, and now in community midwifery. In this time she has actively pursued opportunities to broaden her clinical and research skills. She has been instrumental in establishing the MenziesSHR Aboriginal and Torres Strait Islander employment strategy, staff network and is now involved in the ethics subcommittee. Maria’s contributions will undoubtedly ensure the ongoing best clinical practice for patients and improved mentoring and support of her new colleagues. Her passion, ability to engage with people in a meaningful way, commitment, advocacy and caring manner, have been central to her work and as such she is a fine example to her peers.

CONGRATULATIONS MARIA

• Outstanding Contribution to the Field of Chronic Disease

Nominees:
Bhavini Patel - Director Pharmacy Royal Darwin Hospital, Care Coordination, “I'M OK” Chronic Kidney Disease project | Eileen Boyle - Indigenous Lung Health Manager Aust. Lung Foundation

Winner:
Bhavini Patel - Director Pharmacy Royal Darwin Hospital, Care Coordination, “I'M OK” Chronic Kidney Disease project

Bhavini’s role has been critical to implementing the I’m OK project - a project aimed at changing the way care is provided for people with late stage Chronic Kidney Disease across the whole of the NT.

Significant changes and advancements have been made as an outcome of the project including:
• The adoption of care coordination for specific complex cases so the needs of the clients and families are better met
• Case conferencing (via phone) to improve specialist / primary health care interface for patient management is now a routine clinical practice between health professionals
• Advanced care planning for chronic conditions so clients wishes and those of the family are met and understood by families and health professionals

Bhavini coordinated and provided support to the many people involved in this project by providing strong leadership, advocacy for both clients and staff and she was the driving force that kept everyone engaged and moving forwards. Her professionalism was outstanding.

CONGRATULATIONS BHAVINI

• Public Policy / Legislation Award

No nominations were received for this category this year.

Congratulations to all nominees and winners

We wish you well in your ongoing work and look forward to hearing about your future achievements through the CDN.
Darwin City Council RECEIVES HIGHLY COMMENDED AWARD FOR ACTIVATE NT

Priscilla Boucher Cardiovascular Health Director, Heart Foundation NT

At the opening of this year’s very successful Chronic Disease Network Conference, the Heart Foundation NT presented Darwin City Council with a highly commended award for their entry into the 2009 Heart Foundation Local Government Awards. Darwin City Council submitted an application to the awards, detailing their significant role and achievements in this year’s Activate NT healthy lifestyle challenge. Darwin City Council is deserved of this award and the Heart Foundation applauds the Council for providing opportunities for active living and influencing healthy behaviors and healthy hearts.

Since the Local Government Awards were established in 1992, the Heart Foundation has recognised more than 1000 initiatives that have contributed to improving the heart health of Australian communities. The awards provide an opportunity for Local Governments to celebrate their achievements and receive recognition for their commitment to creating healthier communities. The 2010 Heart Foundation Local Government awards will be a fantastic opportunity to showcase the myriad of programs that aim to improve the health and wellbeing of Territory communities. Watch this space for further information on how to apply!

If you would like further information on the Heart Foundation’s Local Government Awards, please contact Priscilla at priscilla.boucher@heartfoundation.org.au

Letter from Norm

G’Day, Norm here.

Great meeting everyone at the CDN Conference in September. It was good to get off the couch for a change and meet new people. My sister Libby would have loved to have been there too, that stuff is right up her ally. She’s always on at me about exercising, eating better and quitting smoking to improve my health. Between her yabberin’ and that ‘Life. Be in it’ mob, I know that being healthy can be fun. Great to see you all getting together to share your stories about getting the message out there.

Thanks again for having me

Norm

Me with Claire, one of the ‘Life. Be in it’ mob.

Me with my buddies – Veggie Man, Happy Heart & Sid Seagull.
CDN CONFERENCE

BEHIND THE SCENE

Nerida Beauchamp
CDN Admin Support/Conference Photographer/Chauffeur/Gofer

Back in March 2009 when I started working with Helen Barnard at the Chronic Diseases Network, it was all systems go right from the start. Helen was busy with planning the conference and there was a pile of work on her desk that needed attention; such as the Chronicle, e-Chronicle, meetings, flights, accommodation, ordering banners, signs and shirts and the list goes on.

One of the jobs that I was delegated was to phone around to different departments and organisations to gather promotional products to go in the prize bags for the CDN conference trail and raffle draws. Thanks to the generosity of those contacted, we had lots of “goodies” donated; drink bottles, t-shirts, posters, stickers, frisbee’s, caps, skipping ropes, bags, backpack bags, brochures, pens, lip balm, flipcharts and more. My office looked like a bomb had gone off; there was stuff everywhere. By the time the prize bags were made up there were 11 of them and they were all stacked full.

About two months before the conference the promotional banners and signs were starting to come in and they looked great. I was proud that I had helped in the design of them.

Two Weeks before, everything was being confirmed and signed off. There was a feeling of both trepidation and excitement.

In my enthusiasm, at one of the last committee meetings, I put my hand up to be photographer. I didn’t mind as I like taking photos and any chance to use my camera is a good thing. Over the two days I managed to take more than 200 photos.

The days leading up to the conference saw the team busy packing satchels and making sure keynote speakers arrived safely to their accommodation on their arrival in Darwin. I was the designated driver for two of the keynotes, John MacDonald and Beryl Meiklejohn, both very lovely people.

I enjoyed the conference experience and to see what happens behind the scene was eye opening. The hard work and commitment put in by Helen and the conference committee was amazing. At the committee meetings that I attended with Helen, no idea was too out there or immediately dismissed; everything was taken into consideration. That’s how the conference came to be attended by Veggie Man, Sid Seagull, Happy Heart and Norm from Life Be in It, with an idea bantered around and the committee feeling that by having the health promotion mascots attend the lunch times it would help to promote key messages in preventive health.

There is a photo collage in the centre of this edition of the Chronicle.

If you would like a copy of a photo, please send an email to: chronicdiseasesnetwork@nt.gov.au
Imagine if in 2014...

"Taking policy off the shelf and putting it into practice"

James Smith,
Manager, Health Promotion Strategy Unit, NT Department of Health & Families

Jill Naylor,
Manager of Health Services and Cancer Control Programs
The Cancer Council NT

A hypothetical panel discussion entitled ‘taking policy off the shelf and putting it into practice’ was a key feature of this years CDN conference program.

Some of the keynote speakers took on extra duties by participating as panel members including Professor Fran Baum, Professor Helen Keleher, Professor John MacDonald, Dr Brian McCoy and Beryl Meiklejohn. Other panel members included:

- Dr Christine Connors, Program Director, Preventable Chronic Disease Program, NT DHF and National Preventative Health Taskforce Member
- Bernie Shields, Senior Aboriginal Health Promotion Officer, Preventable Chronic Disease Program, NT Department of Health & Families
- Dr Alyssa Vass, Aboriginal Resource and Development Services
- Dr Tanya Davies, General Practitioner, Aboriginal Medical Services Alliance NT (AMSANT)
- Helen Smith, Good Health Alliance Northern Territory (GHANT) and CEO Cancer Council NT

The presentation began by James Smith, Manager of Health Promotion Strategy Unit, providing an overview of relevant territory, national and international policy contexts.

He then went on to set the scene by presenting a hypothetical scenario that took the audience to a scenario of living in a remote central Australian community in 2014.

Things were very different in 2014 and there had been many achievements including:

- A fourfold increase in local Aboriginal staff employed in an up-graded and newly named ‘Integrated Primary Health Care Centre’
- A threefold increase in the male Aboriginal health workforce
- Recruitment of two local Aboriginal community members into newly established Aboriginal Health & Wellbeing Coordinator positions, both recently graduated with a Bachelor of Health Science and having completed a Certificate IV in Population Health
- Recognition of the skills of community-based staff in developing and implementing integrated service delivery plans and the importance of them sharing positions across health, education and housing sectors to address the broader social determinants of health
- Significant reductions in staff smoking rates with all of the local Aboriginal staff (with the exception of one) now non-smokers
- A threefold increase in the availability of fresh food which was now the same price as food in the Darwin supermarkets
- A significant decrease over the past five years in the rates of smoking, alcohol consumption and substance abuse (and associated acts of violence)
- Improved health outcomes relating to overweight and obesity, dental decay, hearing loss, the prevalence of diabetes; and other social outcomes such as school attendance and rates of employment
- Twenty additional houses built in 2012 - fifteen for the local community and five to accommodate health and education staff
- Local Shires, the Northern Territory Government and the Australian Government all acknowledging that working in partnership and investing in a range of strategies (across a range of policies) had contributed to positive outcomes.

Key discussion points from the panel members included:

- **Prof Baum**
  - Training of all primary health care staff had improved and they could all recite recommendations from the ‘recently released national social determinants policy’
  - ‘Prime Minister Gillard’ had established a National Social Determinants of Health Commission

*continued next page >>>*
• **Prof MacDonald:**
  - Health and well-being of all community members had improved and learning from Aboriginal males that had been dismissed in the past, was now common

• **Helen Smith**
  - The NT Government recognised the value of tobacco cessation resources

• **Dr Connors**
  - There had been a substantial increase in Aboriginal employment and a concerted focus on primary prevention
  - Increased prices of tobacco and alcohol in 2009/10 had been affective in decreasing smoking among low income earners
  - Health legislation has been drastically tightened with no TV advertising of tobacco / alcohol / unhealthy foods before 9pm

• **Prof Keleher**
  - That health information and documents were bi-lingual
  - Health literacy was now embedded into accreditation processes and in the development of key performance indicators

• **Dr Vass**
  - The Aboriginal Resources and Development Service was improving levels of health literacy by responding to cultural needs in remote communities by recognising that Aboriginal Health Workers needed to be more involved and at the front line of health promotion delivery

• **Dr Davies**
  - Medicare funding had increased and was better aligned to primary prevention strategies
  - Aboriginal Health Boards had committed to integrating health services

• **Bernie Shields**
  - Health services and programs delivered in this community directly reflected what the communities had requested
  - Aboriginal staff were given rest days and quiet time to reflect on their achievements and to plan for the future
  - Good housing has been provided to Aboriginal health workforce.

• **Beryl Meiklejohn**
  - IT access and coverage had improved dramatically
  - The value of experience of living in a community is now recognised as being of the same value as a PhD

• **Dr McCoy**
  - OATSIH funded all new clinics to provide designated male/female spaces and parenting spaces
  - Teams of male health workers now visited the health clinics in blocks (e.g. 1wk) to support specific programs in men’s health.

**Questions raised by the audience?**

- There has been increased funding for a strong women, strong babies program. How are these workers now coping with men wanting to link into this program as carers?
  - I am a proud man from this community who wants to look after my feet but lack the availability of good fitting shoes to buy at my general store. What can be done?
- There has been a lack of discussions about adolescents. How do they fit into the equation?
- How do we increase political awareness in the community to stop the threat / chance of a funding decrease in primary health care?
As part of the 2009 CDN Conference, seven fantastic posters were selected to be displayed.

They were situated at the rear of the Ballroom and received a great deal of interest from conference delegates and were included in the CDN Conference Trail.

Home Medication Reviews

If medicines aren’t used properly, or if the wrong mix is used together, the results can be serious. The Medical Journal of Australia (2006) reported that 10% of people who visit a general practitioner (GP) have experienced an adverse effect from their medicines in the previous 6 months.

For further information please contact General Practice Network NT, T: 08 8982 1000.


The aim of this study is to assess the extent of tobacco-related hospitalisations in Northern Territorian (NT) Indigenous and non-Indigenous populations, and to examine trends for the period 1998/99 to 2007/08. This information may be used to facilitate public health policy development.

For further information please contact Sabine Pircher T: 08 8985 8086.


The objective of this study is to assess the extent of alcohol-attributable hospitalisations in the Northern Territory population, and to examine the changes between 1998/99 to 2007/08.

The relative risk for alcohol-related conditions and alcohol prevalence from the most up-to-date sources were used to calculate alcohol-attributable hospitalisation.

For further information please contact ShuQin Li, T: 08 8985 8085.

Activate NT – Community Healthy Lifestyle Challenge

Activate NT – Healthy Lifestyle Challenges are community driven programs run annually to help address risk factors for chronic disease within the community. The program focus is on modifiable lifestyle risk factors and acts as a referral pathway for GPs and Practice Nurses to use in supporting their clients to make healthy lifestyle changes and become more aware of support and opportunities available within the community to make lifestyle changes.

For further information please contact General Practice Network NT, T: 08 8982 1000.

continued next page >>>
Where Does Chronic Disease Prevention Begin?  
With the high burden of Chronic Disease in the NT the uptake of related Chronic Disease MBS Item Numbers is poor! Prevention in Chronic Disease should begin with children. Early intervention and appropriate follow up will be most effective in prevention by targeting children and families before habits become ingrained.

For further information please contact General Practice Network NT, T: 08 8982 1000.

Use of Print Media as a Health Promotion Tool

Australia’s Healthy Weight Week (AHWW) is an initiative of the Dieticians Association of Australia (DAA) to ‘encourage Australians to eat better, feel better and move more’ and was held 26-31 January 2009. The AHWW 10 Week Challenge was developed by DAA to support this initiative and provided the basis for an 11 week series of articles printed in the local newspaper.

For further information please contact Natasha Murray or Lisa Janssen, T: 08 8973 8946.

Beyond the Bandage – Celebrating the Capacity of Staff when Reconfiguring Primary Health Care Services

Evidence at a national and international level identifies that the growing burden of chronic disease, the ageing population and health workforce pressures pose many challenges for health care in the future.

For further information please contact Community Health, DHF, T: 08 8922 8154.
During refreshment breaks, delegates had an opportunity to visit a variety of exhibits and speak with representatives about their organisation.

The exhibits, along with the Poster display, were part of the CDN Trail that allowed those that participated to interact with the displays.

**Helping Hands Child Oral Health**

www.nt.gov.au/health

**Chronic Diseases Network**

www.chronicdiseasesnetwork.nt.gov.au

**Australian Indigenous HealthInfoNet**

www.healthinfonet.ecu.edu.au

**Strong Women. Strong Babies. Strong Culture. DHF**

www.healthinfonet.ecu.edu.au

**Australian Association for Exercise & Sports Science**

www.aaess.com.au
Dept. Veterans’ Affairs
www.dva.gov.au

General Practice Network NT
www.qpnnt.org.au

Nutrition & Physical Activity DHF
www.health.nt.gov.au/Nutrition_and_Physical_Activity

Community & Primary Care Services

Menzies School of Health Research
www.menzies.edu.au
The Australian Government Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health (OATSIH), once again provided funding to assist Aboriginal and Torres Strait Islander people to attend or present a paper at the conference.

This year, 64 applications for sponsorship were received from all over Australia.

29 people were successful and received sponsorship, 10 of whom were students.

This is where they all came from…..

<table>
<thead>
<tr>
<th>STATE / TERRITORY</th>
<th>NUMBER</th>
<th>ORGANISATION</th>
</tr>
</thead>
</table>
| Northern Territory| 19     | Danila Dilba Health Service – Darwin  
                                Batchelor Institute – Darwin  
                                Central Desert Shire – Alice Springs  
                                Laynhapuy Health Service – Yirrkala  
                                Women’s Centre – Bathurst Island  
                                Wurli Wurlinjang Aboriginal Health Service – Katherine |
| Queensland        | 4      | North & West QLD Primary Health Care, MT Isa  
                                Mamu Health Service – Innisfail |
| New South Wales   | 1      | Tharawal Aboriginal Corporation – Campbelltown |
| Western Australia | 5      | Derby Aboriginal Health Service, Derby  
                                Waangkininy Health in Peel (WHIP) – Mandurah |

Following are some of the reflections of the people who attended.

What work do you do?

- Chronic Disease Renal Program / Chronic Disease Diabetes Program
- Aboriginal Health Worker
- Student
- Cultural Liaison Officer
- Male Aboriginal Health Worker
- Health & Wellbeing Officer

Phillip McGinness presenting with Beth Amora, about “Building a Kidney Health Program From the Ground Up”
Do you have any comments about the Sponsorship funding?
• Grateful to OATSIH for their support
• Beneficial to students and a learning curve
• Wouldn’t be able to attend if not sponsored
• Thank you
• Looking forward to attending the next conference

What did you learn?
• Health promotion ideas
• Difference between indigenous and non-indigenous health
• You need education to gain knowledge and power
• Still a huge gap to close between indigenous and non-indigenous health

What did you enjoy?
• Socializing/networking
• How health issues are addressed in aboriginal communities
• Environment & atmosphere was simple and welcoming
• Being a participant
• Uncle George’s life story
• What other’s are doing to close the gap

What were some of the experiences of your trip?
• Getting good feedback
• Meeting people/networking
• Learnt that there are people who want to make a difference
• The racism encountered at the hotel we stayed at

Who did you meet?
• Networked with other AHW’s
• Indigenous role models
• New & old interesting people
• Others who want to help reduce preventable chronic diseases in indigenous communities by promotion, prevention and early intervention

What did you think of Welcome Reception at Parliament House?
• Great to see people being appreciated for their hard work
• Good experience

What did you think of the displays?
• Excellent showcase
• Squashy & cramped
• Able to take back lots of resources to present to my workplace
• Easy to understand and read

What did you think of the speakers?
• Different speakers with different views on health
• Well spoken & learnt a lot
• Enjoyed Fran Baum
• Enjoyed the humor of some of the speakers

What did you think of the workshops?
• Good to hear everyone’s opinions
• Full of information
• Enjoyed the group work
• Wanted to hear more about the strategies being used

How will the information you learnt be helpful in your work?
• How to put information in to practice
• More aware of the help indigenous Australian’s need with chronic disease
• How to use available resources for chronic disease patients
• Important to educate young people to live a healthy life

Many thanks to the Office of Aboriginal and Torres Strait Islander Health for their support of this year’s Chronic Disease Network Conference.
THE SOCIAL LIFE OF SOME....!

Helen Barnard
CDN Coordinator

The fabulous new restaurant at Vibe Hotel overlooking the waterfront area/wharf, in Darwin was the setting for a very pleasant evening of chatting and mingling with the Conference keynote speakers.

The “official” Conference dinner was held at the Mindil Beach Sunset Markets. A keen group of participants joined in a Heart Foundation walk from the city to the market. Facilitated by Martha Kelehan from the Heart Foundation the walkers enjoyed a scenic meander along the Esplanade and through the city gardens, to the picturesque market venue.

Guests were greeted with a cool drink and platters of nibbles as they gathered in their own private area, discussed the day’s proceedings, watched the sunset, and enjoy the convivial atmosphere.

The Amazing Christo - the Magician entertained the guests using a range of intriguing tricks and illusions, whilst ‘Mindil Money’ was used to buy yummy food from the huge variety of stalls in the market.

Reflections of the
CDN CONFERENCE 2009
“PREVENTION IS THE BEST MEDICINE”

Leonore Hanzsens
Recipient of NT AHPA Scholarship 2009 to attend CDN Conference 9–11th September 2009

An opportunity to attend the Chronic Disease Network Conference was opened to me through an Australian Health Promotion Association scholarship. After attending the two days of proceedings, I reflected on my experience and impressions.

"I found the keynote speakers at the conference to be of high calibre and full of enthusiasm".

They highlighted the importance of and priority being placed on Chronic Disease and the positive focus on the social determinants of health, by the health sector and Government alike. The issue of balancing the provision of tertiary services and comprehensive primary health care was addressed, particularly in relation to health inequity. The keynote speakers also acknowledged the role that social injustice and racism have played in the state of Indigenous health in the Northern Territory.

"The message of prevention was clearly articulated and reinforced, particularly in the discussions around the newly released Preventative Health Strategy and other national reports".

My second impression of the conference was the energy and vitality which people exuded and the keenness to enter into the debate, either formally or informally, on the social and economic determinants of health and chronic disease, particularly that of Aboriginal & Torres Strait Islander people.

It was agreed that to reduce the burden of preventable chronic disease, the health sector needs to be concerned with not only the individual context or factors, but also with the context of broad public policies and environmental influences, group and family influences and the community contexts. The health sector must be seen to lead other sectors by example.

"Recognition of the health issues relating to men and boys was acknowledged by several keynote speakers who are experts in their fields of research, nationally and internationally. They presented a poignant picture of men attempting to ‘hold’ their place in families, communities and society".

A beautiful sunset to finish off a fantastic first day

“Christo” the magician entertaining guests at the Mindil Beach Sunset Markets
The Groovy Grans are a group of ladies who do line dancing to stay fit and active whilst living with chronic disease, provides inspiration to those who have recently been diagnosed.

They attended the 2009 Chronic Diseases Network Conference to provide some light entertainment. The audience were raucous when ‘Grease Lightning’ blasted through the speakers. Some even joined in the fun.

All in all, everyone enjoyed the Groovy Grans and was fired up when the conference broke for lunch.

The Conference drew to a spectacular close with a performance by the traditional Indigenous dance group, One Mob Different Country.

*The Groovy Grans*

*One Mob, Different Country" performing at the closing of the 2009 CDN Conference*
As part of the closing session of the Conference, we were all very privileged to hear and share Uncle George’s personal experiences and story of how he has come to terms with living with chronic conditions for the past 13 years. Here is snapshot of the story he shared……

“My name is George King and I am an Aboriginal man, I had lived in Katherine for 11 years, then went to Darwin for 10 years and have been back in Katherine for the last 8 years.

For 20 years I worked out bush with the Department of Transport and Works. Now I work for Wurli Wurlinjang Health Service in Katherine as the Social & Emotional Health Worker.

I enjoy my new job and helping my people understand about how to look after their health.

In 1996 I was told I had Diabetes. I didn’t know what that was. They told me I had to exercise, give up the smokes and grog.

I didn’t want to do exercise – I had walked all over the Territory……

Then in 1998 I had a heart attack. I didn’t know why this is what had happened to me.

My mother had diabetes too.

3 years ago Wurli opened the "Strongbala Wan" Clinic which I started to go to, to understand about diabetes.

I finally realised I had to do something to get well.

I gave up the smokes and grog about 17 years ago.

I have lost around 18kg.

At first I lost weight too quickly – all I ate was steamed fish and toast and the day I started back at work, after 3 months off work I fainted.

Now I eat the same food as I have always done but have just cut back the amount. My favourite food is Cabbage Stew and Rice, with meat in it.

I love dancing – that is my exercise now.

We need to take our messages out to the people. Don’t ask them to come into our office. Go out and sit under a tree with them. That is how to talk with them.

Now people know that I have made changes, they ask me what did you do Uncle George.”

Thank you for sharing your story with us Uncle George.
Thank you to all our sponsors without whom the conference would not have been the success that it was.

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‘Excellence in primary health care’

SILVER SPONSOR

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OTHER SPONSORS

HESTA Super Fund
Your Health & Community Services Industry Fund

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BODYFIT NT
each day is a fresh beginning

Australian Health Promotion Association

healthlivingNT
Clockwise from top:
Helen Barnard – CDN Coordinator
Priscilla Boucher – Heart Foundation
Robyn Williams – Menzies/CDU
Jill Naylor – Cancer Council NT
Julia Pettigrew – GPNNT
Nerida Beauchamp – CDN
James Smith – DHF Darwin
Jacqui Brown – Menzies
Mark Russell – DHF Alice Springs
Boyan Yunupingu – DHF Nhulunbuy
Julie Cook – DHF Katherine
Angela Panagopoulos - Eventuate
The end result of the work of many people has culminated in the production of the Chronic Conditions Prevention and Management Strategy 2010-2020, another step in our efforts to implement a co-ordinated and intersectional approach to improve the health and well being of all Territorians.

The Strategy highlights the impact of the social determinants of health on chronic conditions and the need for a collaborative approach by all partners. Reducing the incidence and impact of chronic conditions is a key to closing the gap between Aboriginal and non Aboriginal health outcomes.

The ten year time frame of the Strategy reflects the long term approach that is needed to reduce the incidence and impact of chronic conditions in the population. Ongoing three year action plans addressing these key action areas complement this document and will provide direction for collaborative actions across the NT.

Who are the partners in the development?

- Good Health Alliance NT (GHANT)
- Aboriginal Medical Services Alliance NT (AMSANT)
- General Practice Network NT (GPNT)
- Department of Health and Families (DHF)

And significant contributions from a broad range of stakeholders

Why do we need a strategy?

The strategy identifies key evidence based strategies and serves as the framework for building and strengthening a systemwide response to prevent and reduce the impact of chronic conditions for all people in the NT and across the continuum of care - from infancy to old age, those living in urban and remote settings, Aboriginal and non Aboriginal people.

What is the aim?

To improve the health and well being of all Territorians by reducing the incidence and impact of chronic conditions.

What are the priority conditions?

- Cardiovascular disease
- Rheumatic heart disease
- Type 2 diabetes
- Chronic Airways disease
- Chronic kidney disease
- Chronic mental illness
- Cancers (associated with common risk factors for other chronic conditions)

What are the key risk factors?

- Smoking
- poor nutrition
- physical inactivity
- misuse of alcohol
- poor social and emotional well being
- low socio economic status

Elements of the framework:

1. Individual, carer, and family centred care
2. Community capacity
3. Strategic supports to enable interventions to be effectively implemented
4. Interventions across the care continuum

In order to progress the strategy the following key action areas have been identified:

1. Action on social determinants of health
2. Primary prevention
3. Secondary prevention and early intervention
4. Self management support
5. Care for people with chronic conditions
6. Workforce planning and development
7. Information, communication and disease management systems
8. 8 Quality improvement

Where can you get a copy of the strategy?

The will be available on the DHF website. There will also be a summary document and a one page easy to read document. The action plan will be available by the end of the year.

The revised strategy ……what next for you?

All stakeholders are encouraged to understand the strategy and action plan and consider how you can contribute to this co-ordinated effort.
The Australian Indigenous HealthInfoNet contributes to improving Indigenous health by providing comprehensive, high quality, easily accessible health knowledge and to policy makers, service providers, program managers, clinicians, researchers, educators, students and the general community. The HealthInfoNet recognised the need to create a web resource for Aboriginal and Torres Strait Islander Health Workers (hereafter called Health Workers) and funding was obtained from the Office of Aboriginal and Torres Strait Islander Health in 2008 to develop a resource specifically tailored to the knowledge needs of this group.

Health Workers play an important role in both the development of health programs and the delivery of culturally effective health care to indigenous people. They provide a unique and valuable service within the health field, but at times have not been afforded appropriate professional recognition and support. It is important that partnerships be developed between Health Workers and non-Indigenous health professionals so that their unique understanding of Indigenous health issues is taken into consideration at all levels of decision making. Recognition of their knowledge is likely to lead to benefits such as greater professional interaction; a valuing of their role within a multidisciplinary team; a more holistic approach to health care; services that are more accessible to Indigenous clients/patients and a better understanding of the importance of culture to good health.

Development of this resource acknowledges and supports the valuable contribution that Health Workers are making towards improving Indigenous health outcomes. Acknowledging Health Workers as an important component of the health workforce contributes to their own empowerment as a collective entity, which in turn increases their capacity to contribute to better health outcomes for Indigenous people. Collaboration was important to the development of this web resource. Input from Health Workers was obtained through an online survey to determine their capacity to use the internet, the extent of their internet usage for professional purposes and what they deemed appropriate content for the web resource. There were two recurring themes in the survey responses; the need to develop a user friendly resource; and the need to provide information sessions on how to utilise the resource effectively. These two factors were considered crucial to uptake. Health Workers indicated that they would use the resource more, if it was purpose designed to meet their needs. They would use it less, if the navigation was difficult or time consuming.

An integral part of the web resource for Health Workers is the dedicated electronic network or yarning place they can access. The yarning place allows Health Workers to create their own community of practice, irrespective of their location, by providing a mechanism for professional contact and the sharing of information. Presently, the Health Worker e-yarning place has a membership of 130 people working in a variety of locations and organisations around Australia.

The Australian Indigenous HealthInfoNet encourages Health Workers to become members of the Health Worker Yarning Place by visiting www.healthinfonet.ecu.edu.au/health-systems/health-workers. Posting a message or taking advantage of the e-message stick (email notices) may still be daunting for some, but it’s an excellent way to connect with Health Workers across the country and receive peer support that may not be available in some areas.

The web resource for Health Workers will always be a work in progress, and adding up to date information and fine tuning the layout of the website is ongoing. If you have suggestions for how the website could be improved to better assist you in your work please contact Alison Weston Research Officer, Australian Indigenous HealthInfoNet 08 9370 6985 or a.weston@ecu.edu.au


Health literacy is:

“The evolving skills and competencies needed to find, comprehend, evaluate, and use health information and concepts to make educated choices, reduce health risks, and improve quality of life. A health literate person is able to apply health concepts and information to novel situations. A health literate person is able to participate in ongoing public and private dialogues about health, medicine, scientific knowledge, and cultural beliefs. This dialogue, in turn, advances health literacy, individually and collectively.”

Carrying out health education and health promotion activities in the NT is challenging as we have many residents who do not have English as their first language. Many people do not communicate or think in English at home or in daily activities. Significant barriers to understanding and communication are created for these people when health education is carried out in English only.

In addition to this, much health education assumes that the recipient has a biomedical view in their history. Some key knowledge areas in biomedical worldview are:

- Blood continually circulates around our body
- Food is classified into chemical groups called proteins, carbohydrates and fats etc
- Food we eat is broken up into microscopic pieces and moves from our intestine into our blood, which then carries it around our body.
- Germs are microscopic creatures that, although we can’t see them, are helpful to our bodies but can also do us harm.

However, many groups of people do not have this biomedical worldview; they have different bodies of knowledge and ways of categorising the world. Because of this, information received via health promotion messages is often left ‘hanging in the air’ with no biomedical worldview foundations to pin it onto. Education loses its intellectual meaning.

Therefore, Health Literacy is increasingly being recognised as a key to effective health education.

Aboriginal Resource and Development Services (ARDS) has many years experience carrying out health literacy with Indigenous people. Though this has primarily been with the Yolngu of North East Arnhem Land, the principles used have proved to be highly applicable to other groups.

ARDS health literacy model is built on two key characteristics of this target group: that they are English-second-language speakers and they do not historically have a biomedical worldview. Educators use the language and worldview of the people to carry out scaffolding education, working from the known to the unknown.

To support this, a focus on science health literacy as the foundation for understanding illness has developed. For example, we utilise microscopes in ‘hands on’ education to facilitate dialogue about the microscopic world. When people discover for themselves that the microscope makes things appear larger and see live bacteria and cells, they begin to generate their own questions, grafting new information with knowledge from their own cultural base. This dialogue can form the beginning of the dynamic process that is health literacy.

** ARDS has a number of “train the trainer” resources for health literacy. We also have educational DVDs and audio programs in Yolngu Matha available for patients, educators and health centres. Yolngu Matha language learning resources are also available.

The Australian Government Intervention leaving a legacy to continue the improvement in child hearing health

Have you ever tried to get a young child’s attention for longer than a minute before something else takes their interest? Now imagine having to maintain the child’s interest for about 20 mins while other children run past the door playing loudly, two ladies have an excited conversation just outside the window, your assistant continually walks behind you doing paperwork and a dog is barking in the distance. There is so much to see and so much to look at for the child that interest in you can fade quickly. This is the situation that audiologists have been dealing with out in the remote communities. In these communities there is a high demand for hearing tests, given reported figures as high as 50% of the child population have ear disease and associated hearing problems in remote communities. Ear disease can start from 4 weeks of age and can continue throughout childhood and into adulthood if left untreated. The early onset of ear disease and hearing loss and the ongoing chronic state of the disease has huge implications for speech and language development, education and social performance for these individuals.

This situation called for a creative solution. The Australian Government Intervention provided funding for infrastructure to enable audiologists to test the hearing of babies and young children in their local area. Previously families needed to take their children to major towns for this type of testing as there were no suitable facilities already established in the communities. Modified shipping containers became the answer, with a kitchenette, Office and Hearing Booth. The Hearing Booth is a complete hearing test room incorporating facilities to use visual reinforcement orientation audiometry (VROA) technique which were built inside the shipping containers. The VROA technique uses a bright puppet theatre.

The infant or young child realizes that when they hear a sound if they turn toward the puppet theatre they will be rewarded with a brief puppet show.

The shipping containers, including the very sensitive diagnostic audiological equipment were purchased and installed from the AGI funding. Shipping containers are a re-useable hence environmentally friendly and flexible solution to many storage needs as they can be relocated or stored and are easily modified to update equipment. The containers were fitted out to meet international standards for noise reduction; appropriate placement near community health centres without impinging on the valuable space within the health centres; ease of transportation to the communities and security. The geographical locations of booths, has enabled hearing tests to be conducted in the child’s own community or one that is nearby. With a more accessible service comes the potential for more young children to receive the specialist Audiological services they require.

The Top End communities that have Hearing Booths are Angurugu, Galiwinku, Gapuwiyak, Nguiu, Maningrida, Borroloola and Oenpelli. In the Katherine/Barkley region Ali Curung, Epenarra, Ngukurr & Lajamanu have booths; while in Central Australia Hermannsburg, Papunya, Santa Teresa, Yuendumu, Ampilatwatja and Ti Tree have hearing booths.

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Australia’s first mobile clinic for women, the Women’s Health on Wheels Bus (WHOW), has arrived in Alice Springs. This is a dream come true for Central Australian remote women as now women will have increased access to services need to manage their health and help prevent illnesses and chronic diseases in their own communities.

The mobile unit is 4WD, is purpose-built and self-contained. It features a medical examination room, washroom, water supply, and hospital grade fittings. The unit provides an extra consultation room, so that staff can work without disrupting the mainstream clinic. It can plug into mains power if available or run completely independently on generator power. It is equipped to perform a range of women’s health checks including Pap smears, breast checks, chronic disease checks, and antenatal and postnatal care.

Now services will be able to go to out-stations where, in the past only clinical services have not been able to be provided due to a lack of facilities.

WHOW will promote women’s health and health services, and give women the opportunity to discuss health issues in an all-female environment. The WHOW Bus will also provide a flexible facility for training Remote Area Nurses (RAN) and Aboriginal Health Workers.

The maiden trip to Wallace Rock Hole and Ntaria went ahead with resounding success. The women and staff who toured the unit gave it an overwhelming nod of approval, asking for it to visit their Community again in the future.

There are six female Department of Health and Family services staff who have completed their upgrade License requirements and are ready to take the WHOW mobile unit on the road.

For further information on the WHOW, please contact Sandy McElligott on 08 89556135 or email sandra.mcelligott@nt.gov.au
The Cooking Healthy and Physical Activity (CHAPA) Project is part of the Healthy Active Australia ‘Community and Schools Grants Program’ funded by the Australian Government Department of Health and Ageing.

CHAPA is a 10 week physical activity, healthy eating and cooking program for people with Type 2 Diabetes and/or heart condition. The CHAPA project saw four programs run across Darwin, and the results from the first two programs were presented at the Chronic Disease Network conference by Samantha Alexander and Gerard Wong from Healthy Living NT and Kia Naylor from Bodyfit NT.

Each of the first two programs had between 12-15 participants. The percentage of males participating was 33% and 41% in group one and two, respectively.

Key outcomes from the first two CHAPA groups are outlined below.

- Fitness testing and strength assessments showed:
  - Upper body strength, as measured in a one minute shoulder press test, increased by an average of 12 repetitions.
  - Lower body strength, as measured in a one minute ‘sit to stand’ test, increased by an average of six repetitions.
  - Group one further increased their upper body strength and both groups continued to develop their lower body strength after the program finished. This was demonstrated at the six week follow up.

- Nutrition Knowledge Questionnaire showed
  - Greater understanding about food, food preparation and how food choices affect the diabetes and/or heart condition.
  - At completion of the program, group one increased their nutrition knowledge by 10.4% and group two increased their nutrition knowledge by 15%.

- Participants’ quotes:
  - This program is excellent; it has provided us with a good start to better living
    - 74 yr old retiree
    - I am sleeping better since beginning this program
    - 67 yr old housewife

Biometrical testing showed
- At completion of the program participants’ weight loss ranged from a decrease of 11.7 kilograms to an increase of 2.3 kilograms.
- The average participant lost between 0.5 and 0.9 of a centimeter off their waistline.
- Systolic blood pressure ranged between 118-152 mmHg at week one, and decreased by an average of 11.7 mmHg at week 10 for participants in group one.
- In group two the initial systolic blood pressure ranged between 115-160 mmHg. This decreased by an average of 8.2 mmHg at completion of the program.

Health Survey responses showed
- Participants found functional tasks like carrying the shopping, getting dressed and walking around the house became easier.
- The majority of participants said their general health improved.

This conference was a great opportunity to display the CHAPA project and what has been achieved so far. Thank you to all that attended the session. For further information on this presentation or on the CHAPA project please contact Sam Alexander on (08) 8927 8488 or at chapa@healthylivingnt.org.au
The Cancer Council Northern Territory recently hosted the 2009 Oceania Tobacco Control Conference in Darwin. The conference was a great success with some positive outcomes to move forward in reducing inequality through tobacco control and a great opportunity for Northern Territorians to hear both national and international presentations.

Helen Smith, CEO Cancer Council Northern Territory and conference convenor said “It is hoped that participants will be motivated to think of ways to reduce smoking prevalence and to minimise take-up among people in the region, particularly those from socially disadvantaged groups”.

Mr. Tom Calma, an Aboriginal elder from Kungarakan tribal group and a member of the Iwaidja tribal group whose traditional lands are south west of Darwin and on the Coburg Peninsula in Northern Territory, respectively and currently the Aboriginal and Torres Strait Islander Social Justice Commissioner provided an inspiring opening keynote presentation which set the tone for an exciting conference.

**Action Agenda**

A popular aspect of the conference was an action agenda. This highlighted clear direction for the future which emerged out of round table sessions which considered ideas that came out of conference sessions or ideas from attending delegates.

Ron Borland, a Nigel Gray Fellow of Cancer Council Victoria, reported back to the delegates on the priorities of the round table in the final plenary of the conference. Two of the ideas that emerged:

1. **Statement from a group of indigenous delegates:**
   “There is a sense of frustration within the indigenous community at the continued loss of life because of tobacco use. More importantly it is the perceived lack of recognition of this real loss that is felt by the community and workers that are confronted with this painful reality.

   Whilst it is important to have the need for strategic plans, models and research there also has to be a balanced approach within the sector. This approach would see greater emphasis placed on supporting indigenous frontline organisations and workers that seek an end to the supply of tobacco into our communities.”

   **Actions to address the statement:**
   - The establishment of an independent, national indigenous tobacco resistance advocacy organisation in Australia; and
   - Partnership:
     - The indigenous community is seeking partners to establish meaningful relationships that truly advance concrete progress in removing tobacco from all indigenous communities.

2. **Advocacy and Policy Roundtable**

   Encourage the full implementation of the Australian National Preventative Health Taskforce report
   - Get the government to commit to a timeline in this parliamentary term;
   - Tobacco free community to monitor and report to hold Government accountable; and
   - Principles of Report to be adopted by New Zealand and the region.

   **continued next page >>>**
The committee urged the delegates working for tobacco control to consider this agenda as a set of ideas worth bearing in mind and using when deciding on action priorities over the next two years and beyond. The group will revisit the agenda and the outcomes from it at the next Oceania Tobacco Control conference in 2011.

**Nigel Gray Award**

The Nigel Gray Award for Achievement in Tobacco Control saw joint winners in 2009, with University of Adelaide’s Professor Konrad Jamrozik and Shane Kavenata Bradbrook recognised for their valued work in this field.

For more information about the conference, and to access authorised presentations from keynote speakers and concurrent sessions, please go to the website: [www.oceaniatc2009.org](http://www.oceaniatc2009.org)
Sorting out the problems of the day, sharing positive family time and even collecting firewood on the way are important steps to improve your health and weight. It’s more about having fun and walking just feels good.

Explore your country and at the same time bring your community and family closer together. Join or start a Heart Foundation Walking group today and we’ll help you get moving.

Find out more by calling 1300 36 27 87 (local call costs) or visit www.heartfoundation.org.au/walking

Heart Foundation walking is a network of free community-based walking groups which are available in your area.

To start or find a local group call 1300 36 27 87 or visit www.heartfoundation.org.au/walking
The Cancer Services Networks National Demonstration Program (CanNET) is an Australian Government initiative funded through Cancer Australia and implemented through the Department of Health and Families. CanNET NT includes all cancer services across the whole of the NT.

The aim of CanNET NT is to enhance coordination and continuity of care, quality and equity of access to services and promote the development of skilled multidisciplinary teams. There is also a strong focus on primary prevention and early intervention, which are associated with better cancer outcomes including Aboriginal & Torres Strait Islander peoples, people of culturally & linguistically diverse backgrounds, people living in rural and remote areas, and people who are socio-economically disadvantaged.

In consultation with the community, the following resources were developed with footage shot at various locations throughout the Northern Territory, incorporating local identities and encompassing 5 regional languages.

The Indigenous Education Resources “A Cancer Journey – A Cancer Story for Remote Indigenous Patients in the Northern Territory.” includes a DVD (which can be viewed in English, Kriol, Murrinh-Patha, Yolngu-Matha, Warlpiri and Pitjantjatjara) and an A2 sized flip book to assist health professionals. These will be distributed over the next few weeks to hospitals, remote health centres and health training organisations.

The DVD and Flipbook resources will be mailed out over the next few weeks to all remote Health Centres, Hospitals and relevant organizations. Copies will be available at all 5 Hospital Libraries and can be re-ordered by contacting the CanNET Project Officer.

CanNET would also like to announce the upcoming release of the “Cancer Services – Northern Territory Directory of Services” which is the first of its kind in the Northern Territory. This fifty-one page booklet designed for use by those with cancer, their carers and health professionals will be delivered in the next few weeks. Also available on our website, Cancer Services – NT Directory will be updated monthly so please email Debbie.jagoe@nt.gov.au with any changes to the online version.

Summary of upcoming resources
- A Cancer Journey – A Cancer Story for Remote Indigenous Patients in the Northern Territory DVD (six local languages) and Flipbook.
- Cancer Services – Northern Territory Directory of Services
- Northern Territory Patient Cancer Care Referral Pathways:
  - Lung Cancer
  - Breast Cancer
  - Prostate Cancer
  - Bowel Cancer
  - Head and Neck Cancer

Please visit www.health.nt.gov.au/Cancer_Services for more information or to order the resources listed above.
ATTENTION ALL BUDDING JOURNALISTS!!

- Are you working in Chronic Disease?
- We want you to share your stories and work with us and others
- This is your chance to tell people about your project or new initiative

The Chronicle
deadlines for 2010 are:

Edition 1 – 22/1 - Theme - Renal
Edition 2 – 9/4
Edition 3 – 2/7
Edition 4 – 24/9

Themes are to be confirmed
Keep an eye out for updates in the e-Chronicle and Call for Contributions

"The Chronicle" criteria for submission:

- Articles should address the edition's theme
- Articles should be kept to 500 words
- Include contact details in your article so people who want more information know where to find you
- All sources of information must be acknowledged, with correct references included.
- Photos should be sent separately in jpg format. Please do not put them into a word document
- Articles of interest that do not directly address the theme of the edition will be considered but not given priority
- Not all articles will be able to be accepted due to theme and space limitations
- Prior to publishing all articles go to the editorial committee for editing and peer review
- The publication also is perused by the Northern Territory Government- Department of Health and Families Media section, prior to publishing (given the production of the publication is funded by the NTG)

If you have any queries please contact the CDN office on T: 08 8922 8280 or email chronicdiseasesnetwork@nt.gov.au

The Chronic Diseases Network has moved

We now reside at Level 2, AANT House, 79-81 Smith Street, DARWIN, NT 0800

Our postal address, phone numbers & email address are still the same:
PO Box 40596, Casuarina, NT 0811
T: 08 8922 7770 Coordinator and T: 08 8922 7770 Member Services Officer chronicdiseasesnetwork@nt.gov.au

Our fax number has **changed** to F: 08 8985 8016

FOR YOUR DIARY

**2010 CDN CONFERENCE**

Dates for the 14th Annual Chronic Diseases Network Conference are September 9th & 10th 2010, so pencil it in now.

The theme is yet to be confirmed.

Keep a watch in the e-Chronicle, emails & the Chronicle for further updates.

If you have any queries please contact the CDN office on T: 08 8922 8280 or email chronicdiseasesnetwork@nt.gov.au
Prevention of Type 2 Diabetes Program

Why diabetes prevention?
The incidence of Diabetes in Australia has more than doubled in the last 15 years. Diabetes is now one of the largest contributors to the disease burden in Australia and is associated with a number of complications, including an increased risk of developing cardiovascular, eye and kidney disease.

However, type 2 diabetes is also largely preventable by controlling associated lifestyle risk factors such as being overweight and obesity, physical inactivity and diet.

Recognising the role of primary health care professionals
Diabetes is one of the main chronic conditions managed by primary health care professionals and they are usually the initial point of contact and provide ongoing management for people with diabetes.

The role of primary health care professionals in addressing diabetes also includes prevention, early intervention and diagnosis. They are the key setting for health promotion and illness prevention.

Lifescripts Resources
The Lifescripts resources have been developed to support primary health care professionals in helping patients address the main lifestyle risk factors for chronic disease i.e. smoking, poor nutrition, alcohol misuse, physical inactivity, and unhealthy weight.

The resource includes items such as flip charts, a CDrom on motivational interviewing techniques, posters and lifestyle prescription pads and is suitable for use in the primary health care setting.

Prevention of type 2 diabetes Program
The Prevention of Type 2 Diabetes Program aims to reduce or delay the onset of Type 2 Diabetes for all Australians aged 40-49 years and all Aboriginal and Torres Strait Islanders aged 15-55 years, through the provision of Lifestyle Modification Programs (LMP).

‘Reset Your Life’ (Lifestyle Modification Program)
‘Reset Your Life’ is a group healthy lifestyle program which usually involves 7 sessions run over 6 months at low to no cost for eligible participants. Participants learn more about;
• How to prevent or delay type 2 diabetes
• Healthy eating
• Physical activity
• Making healthy lifestyle choices
• Stress management
• Setting goals to improve health

Current Northern Territory providers of the ‘Reset Your Life’ program are Bodyfit NT in Darwin, Healthy Living NT in Alice Springs and the Nutrition Department in Katherine. If there are no providers in your local area please contact GPNNT on the details below.

Eligible Patients
For a patient to participate in a ‘Reset Your Life’ program at low or no cost they need to;
• Be referred by their GP under MBS item number 710, 713 or 717
• Have scored above 15 on the AUSDRISK assessment tool
• NOT been diagnosed with type 2 diabetes
• Have a referral form completed by a GP

The patient can then contact the ‘Reset Your Life’ provider to organise attendance to the sessions

For more information on the Prevention of Type 2 Diabetes Program please contact Julia Pettigrew on 08 8982 1032 or Julia.pettigrew@gpnnt.org.au or visit www.gpnnt.org.au
The Australian Government understands the need to strengthen the health system’s focus on promoting good health and reducing the burden of chronic disease. One of the identified priority areas is “Encouraging active patient self-management of chronic disease”

General Practice Network NT (GPNNT) aims to strengthen the capacity of the Northern Territory (NT) Primary Health Care workforce to support patient self-management through Chronic Disease Self Management (CDSM) training, education and promotion.

Simple strategies for incorporating CDSM into your clinical practice
- Provide education and information to your patients to increase their understanding of their condition
- Utilise motivational interviewing to assess your patients' confidence and readiness to make lifestyle changes e.g. Lifescripts
- Connect your patients with local peer support groups e.g. Arthritis NT, Cancer council NT
- Refer your patient to condition specific education program e.g. Reset Your Life
- Refer your patients to a generic self management support program e.g. Health Wise workshops (in Darwin)
- Ask your patient to self monitor their health e.g. symptom diary, physical activity and food diary, BP and blood glucose record
- Participate as part of a multi-disciplinary team in the care of your complex and chronic patients e.g. team care arrangements, case conferencing and regular reviews
- Support your patients to set achievable health goals, document and include in care plans
- Promote healthy lifestyle programs to your patients and colleagues e.g. Activate NT
- Direct patients to useful resources on-line such as Measure Up and goNT

How can GPNNT support you to do this?
- We will be training interested health professionals and consumers with chronic illness in the Stanford Model which is a 6 week peer lead CDSM group program, in early 2010. Please let us know if you are interested in finding out more about this.
- We are able to provide general practice support to utilize the Clinical Audit Tool to support systematic chronic disease management e.g. identifying patients with chronic illness for review, monitor patient population outcomes
- GPNNT has lifestyle resources to support you in conducting brief interventions for lifestyle change e.g. Lifescripts
- Provide communication to members on chronic disease activities and professional development opportunities (see below)

Keeping up to date and knowing what’s going on in Chronic Disease Self Management
- GPNNT invites you to join an email list to receive regular updates on chronic disease activities Nationally and in the NT
- GPNNT promotes a quarterly Chronic Disease Newsletter published by the AGPN, this is distributed via the email list
- GPNNT has a dedicated web page to CDSM which is updated regularly with information and resources
- Education opportunities are regularly promoted through the GPNNT Mid Week PHaCts which is available by email to all GPNNT members
- Contact the CDSM Project Officer at GPNNT for more information and to organise a practice visit.

For further information about Chronic Disease Self Management Support please call Julia Pettigrew on 08 8982 1032 or julia.pettigrew@gpnnt.org.au or visit www.gpnnt.org.au
The Chronic Diseases Network acknowledges the participation and support of the CDN Steering Committee members from the following organisations:

Proudly supported by

Northern Territory Government

CHRONIC DISEASES NETWORK

G GENERAL PRACTICE NETWORK NT

‘Excellence in primary health care’

Cancer Council Northern Territory

Heart Foundation

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Arthritis & Osteoporosis NT

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