



NACCHO HEALTH NEWS

Australia's first national Aboriginal Community Controlled Health newspaper

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PHONE: (02) 6246 9309

Growing up our healthy happy kids



The project team visiting and learning from OVAHS staff, from left, Jenni Rogers, Jane Cooper, Hayley Williams, Bev Russ, Annie Wilson and Christine Armit.

OUR children are our future which is why it is important to Aboriginal and Torres Strait Islander people to grow up healthy happy bubs.

We know that alcohol can affect the development of a baby, which is why National Aboriginal Community Controlled Health Organisation (NACCHO) has partnered with Menzies School of Health Research (Menzies) and Telethon Kids Institute (TKI) to develop resources and training to prevent Fetal Alcohol Spectrum Disorders.

The resources and training will be developed as part of the Fetal Alcohol Spectrum Disorder Prevention and Health Promotion Resources (FPHPR) Project and will be rolled out to New Directions Mothers and Babies Services (NDMBS). This project is funded by the Department of Health.

Fetal Alcohol Spectrum Disorder describes the range of effects that may occur in an individual whose mother drank alcohol during pregnancy, which include fetal alcohol syndrome, alcohol related birth defects and alcohol related neurodevelopmental disorder. Each condition and its diagnosis is based on the presentation of characteristic features which are unique to the individual and may be physical, developmental and behavioural.

● Continued on Page 17

Some encouraging signs, but gap widening in many areas of Aboriginal health: AIHW Report

AUSTRALIA'S peak Aboriginal health body has called for more health funding to be directed to Aboriginal community controlled health services on the back of a new report that shows a widening gap in cancer rates and mental health issues in Aboriginal people compared to other Australians.

National Aboriginal Community Controlled Health Organisation (NACCHO) Chairperson Matthew Cooke said the 2015 report by the Australian Institute of Health and Welfare reflected encouraging gains in some critical health areas but a growing chasm in other areas that needed to be urgently

addressed. Mr Cooke said the 150 Aboriginal Community Controlled Health Services around the country continue to make the biggest inroads to improve Aboriginal health and must be supported and expanded if these statistics are to improve.

"What this report highlights is that while there are areas such as infant mortality where we are slowly closing the gap, there are areas where there is a lot of work to do – like mental health and incarceration rates.

"The report again illustrates just how badly we are failing young Aboriginal people. Aboriginal teenagers, our 15-18year olds, are

five times more likely to take their own lives than other Australians of the same age.

"This is a truly devastating statistic which has huge impacts throughout Aboriginal communities.

"Concerted effort"

There needs to be a concerted effort to improve the mental health and social emotional wellbeing of Aboriginal people, and concrete Closing the Gap targets introduced to reverse these terrible trends and offer hope to Aboriginal youth."

Mr Cooke said Aboriginal people also still have a life expectancy at least 10 years less

than non-Aboriginal people.

"The report shows that 31 per cent of the health gap is due to socio-economic factors – such as employment, education and higher than average levels of poverty," he said.

"There is no quick fix for these issues, however as the largest employer of Aboriginal people in many communities, Aboriginal Controlled Community Health Organisations provide an important means of lifting health and wellbeing in their local communities and breaking the cycle of poverty, incarceration poor mental health and social emotional wellbeing.

"Providing Aboriginal health care for Aboriginal people has also been proven time and time again to be the health model that makes the biggest gains in closing the gap for Aboriginal and Torres Strait Islander people.

"Such reports as (this) cause us to renew our call for ensuing Aboriginal health funding is targeted where it will have the most impact for Aboriginal people – in advancing and expanding the Aboriginal Community Controlled Health sector."

Download the report in classification NACCHO Healthy Futures : <http://www.naccho.org.au/resources-downloads/>

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Johnathan Thurston joins Apunipima anti-ice campaign

Don't let ice put your life on the rocks – give it the boot. Ice isn't deadly, it's fatal and can destroy our mob. On the footy field I kick goals in life and by joining this campaign, I hope to do my bit for Indigenous communities and help them kick ice out of their life. – Johnathan Thurston: rugby league footballer with the North Queensland Cowboys

ONE of Australia's coolest rugby league stars has added his voice to Apunipima Cape York Health Council's anti-ice campaign.

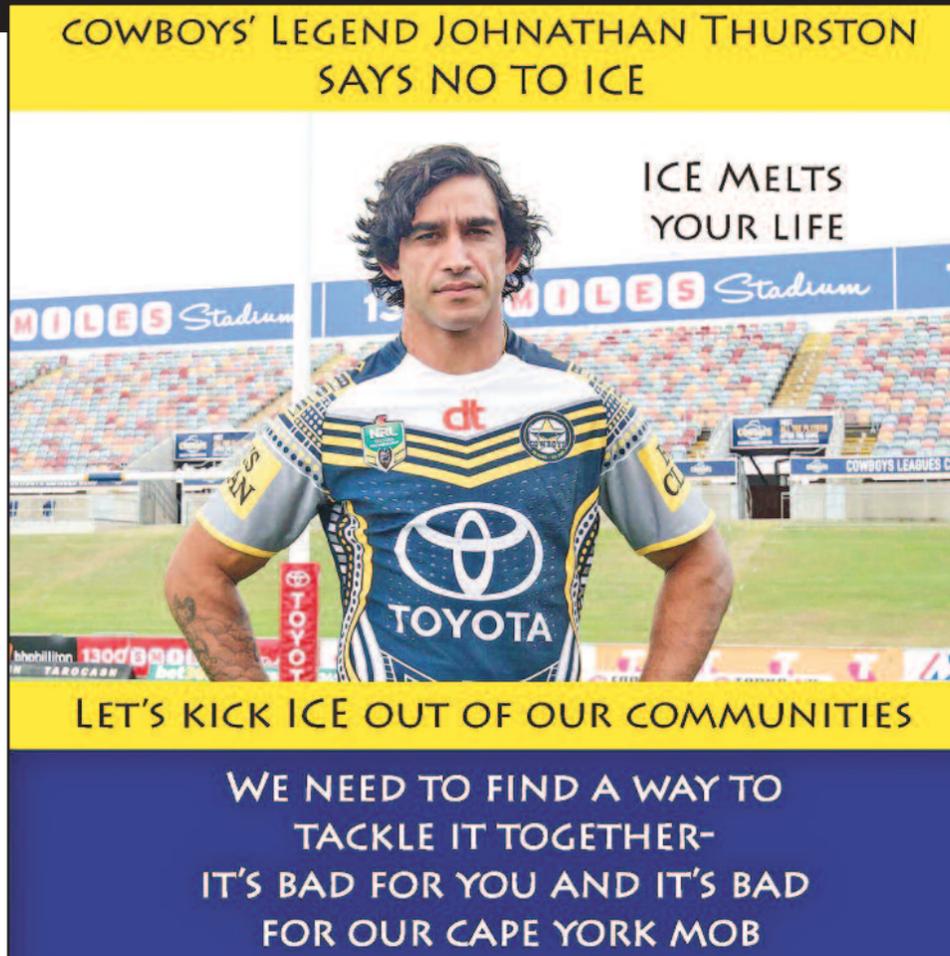
Apunipima launched its social media campaign on the potent drug in April this year to help tackle the issue of ice in Cape York communities, and to help bring awareness of what ice can do to individuals, families, friends and communities.

North Queensland Cowboys NRL star Johnathan Thurston supported the campaign in an effort to help stop the ice epidemic.

Thurston will feature on a poster (pictured) with a key message about ice. The poster has information on where to get help if you or someone you know is using the drug.

"Don't let ice put your life on the rocks – give it the boot," the NRL star says. "Ice isn't deadly, it's fatal and can destroy our mob. On the footy field I kick goals in life and by joining this campaign, I hope to do my bit for Indigenous communities and help them kick ice out of their life."

Thurston has joined three well-known public figures in Apunipima's fight to help tackle ice in Cape York. These are Intrust Super Cup rugby league player Davin Crampton (Tweed Heads Seagulls),



CQUniversity Cairns Taipan Kerry Williams and hip-hop group The Last Kinection (featuring Naomi Wenitong) to help spread

the message and 'Say No to Ice'. Each of the four celebrities feature in a poster created specifically for the campaign

and which will be used intermittently on Twitter and Facebook.

Ice can be called 'shabu', 'glass', or 'crystal meth' and is the purest form of 'speed', from the methamphetamine family of drugs. It looks like small white (or blue) crystals and can be smoked, injected, or even eaten.

Apunipima Public Health Medical Advisor Dr Mark Wenitong said the campaign targeted youth and adults. He said it is known that ice is in communities and is easy to buy in places like Cape York, Weipa, Cooktown and Cairns.

Dr Wenitong said it was vital to create awareness about the drug to tackle the issue.

"We want our people to have lives of hope, and ice is crushing hope out of young people and families," he said.

"We have enough problems in the Cape just with mortality and morbidity associated with chronic disease, and when you add ice to the list, it's very scary.

"Some people take this drug for fun and while it has feel-good properties, it's bad for your body and mind and that's how people get easily hooked. It will make things worse for you.

"It causes an intense high and is easily addictive. Users think it's cheap because it doesn't cost too much at first, but once you are hooked the price goes up."

● Need help or worried about your friend? Want more information? Go to your local health clinic or see your local Health Worker. For anonymous support contact Kids Helpline on 1800 55 1800 or the Alcohol and Drug Info Service on 1800 177 833.

Strong Hearing, Strong Start

"Ear disease is a chronic process that occurs over the most important period of a child's upbringing that is during their learning, growth and development. If we don't get onto it and we don't be persistent with it, kids are going to miss out on their education. If they miss out on their education it changes their whole life outcomes."

DOCTOR Kelvin Kong is one of the few Indigenous surgeons in the country, and now an ambassador for the Care for Kids' Ears campaign.

Being an ear, nose and throat specialist working in and visiting numerous Indigenous communities over his career, Dr Kong is as experienced as any person when it comes to dealing with and discussing what he himself defines as the 'travesty of ear disease' in Indigenous communities. Dr Kong is now an ambassador for the Care

Raising awareness the key to improving Indigenous ear health

for Kids' Ears campaign, part of the Australian Government's commitment to improving eye and ear health services for Aboriginal and Torres Strait Islander people for better education and employment outcomes.

He also mentors Indigenous medical students and is a highly valued member of many boards and committees in the Indigenous health sphere. He believes that a significant aspect of the ear health "travesty" exists in how easily ear problems can be identified and treated, and yet far too many Indigenous children are continuing

to have their hearing and health impaired through lack of awareness.

"I think as health professionals it is our duty of care to ensure that ear health is a major focus," he said. "The simple fact is that it's very easy to look at someone's ears, and very easy to get a hearing test done, and very easy — in any points of contact that we have with someone — to make sure the ears and hearing is checked.

"If we make sure that every health professional advocates for that, then it becomes second

nature. We need to get that type of mentality started."

As well as providing targeted ear health information for teachers and parents, the Care for Kids' Ears resources include materials designed specifically for health professionals and organisations, including a consultation tool, ear health information, key messages to share with parents and carers, guidelines on Otitis Media, posters, information booklets and flyers.

"These resources allow the power of information to be placed in the hands of the carers and parents, not only the health

professionals, which is vitally important," says Dr Kong.

"In terms of communicating with community, it comes down to common sense. That is, we need to translate information directed to the community and directed to the health professionals at the level that they need.

"Once that information is disseminated in the appropriate manner, it sits within the power-brokers of the community, the parents. When that happens, things get pushed forward, and that is such a powerful message and where the Care for Kids Ears' resources become extremely useful in giving that power back to the community."

The Care for Kids' Ears resources for Parents and Carers can be downloaded or ordered from the Care for Kids' Ears website: <http://www.careforkidsears.health.gov.au/>



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It's *Redfern AMS Now* in a new NACCHO video project

WORK has started on *Aboriginal health in Aboriginal hands for health futures*, a 20-episode series that will highlight how investing in Aboriginal community controlled health will lead to generational change and Close the Gap.

Speaking at the launch of the series, NACCHO CEO Lisa Briggs said as Redfern AMS was the first Aboriginal Community Controlled Health Service in Australia, she thought it was appropriate that NACCHO partnered with the Redfern community to produce the first pilot.

"The purpose of the 'project' will be to showcase our members the Aboriginal Community Controlled Health Organisations (ACCHOs) on the role and function ACCHOs are making in the health system and towards the Close the Gap as part of our stakeholder engagement in all settings, as there is a lack of understanding by many politicians, bureaucrats the general public and even our own community which we hope to improve through this initiative," she said

NACCHO has engaged NITV and a team of communication professionals led by Julie Nimmo (NITV) and Colin Cowell

(NACCHO Media) to record and edit interviews with Aboriginal health leaders, ACCHO health professionals and community members in 20 urban, rural and remote member locations throughout all states and territories of Australia.

Ms Briggs said that each episode would be about 30 minutes and follow a standardised question-and-answer format that would achieve a number of communication objectives including:

- highlighting success stories that our ACCHOs are making towards Closing the Gap targets and key priorities in areas such as Early Childhood development

- highlighting how ACCHOs achieve this is by working in collaboration with national partners and stakeholders to address the expansion of our health services and to meet the growing health needs of Aboriginal and Torres Strait Islander people in urban, rural and remote Australia.

"We will be launching the series at NACCHO's AGM in November and negotiations are under way to broadcast the series on NITV" Ms Briggs said.



Redfern Aboriginal Medical Service chair Sol Bellear and NITV director Julie Nimmo.

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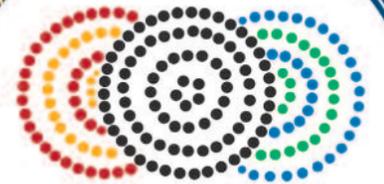


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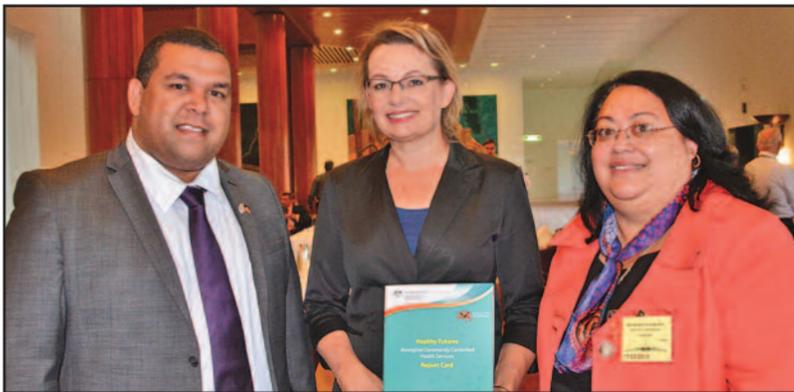


Hasluck MP Ken Wyatt, Warren Mundine, Romlie Mokak, Group Captain Lisa Jackson-Pulver, Rod Jackson, Janine Mohamed and Justin Mohamed at the breakfast.



Federal Assistant Health Minister Fiona Nash and Lowitja Institute chief executive Romlie Mokak.

NACCHO hosts Canberra event



NACCHO chair Matthew Cooke, Health Minister Sussan Ley and NACCHO chief executive Lisa Briggs.



THE National Aboriginal Community Controlled Health Organisation (NACCHO) hosted a Close the Gap breakfast at Parliament House in Canberra recently.

NACCHO chair Matthew Cooke said the release of the Close the Gap report reinforced why continued investment was needed in programs that are improving outcomes for Aboriginal people.

"It's a tricky time for many of our mob working in Aboriginal affairs," he said.

"Our health services have been fortunate to win government funding for another three years and we thank Health Minister Sussan Ley and Assistant Health Minister Fiona Nash for ensuring that our member services can provide that continuity of care to the many thousands who rely on them for primary health care.

"However, it's still unclear if many of the specific health programs our services run have been approved under the Indigenous Advancement Strategy now managed under the Department of Prime Minister and Cabinet.

"I refer to preventative health programs which reduce smoking, that improve maternal health, that address chronic disease and promote social and emotional wellbeing. Programs that save lives.

"I am hoping we will get some clarity on the fate of these."

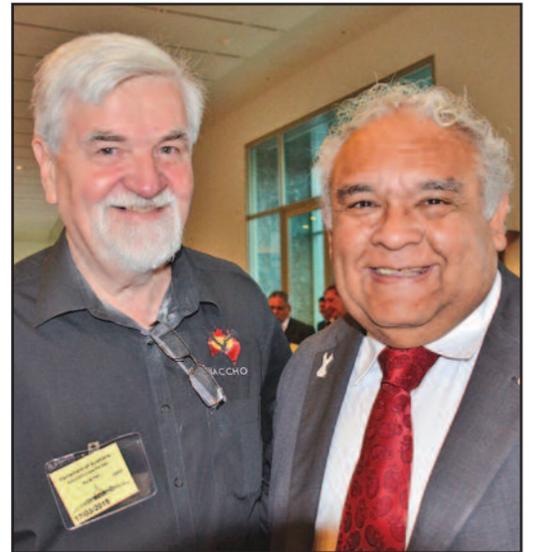
The event was attended by Aboriginal health workers from around the country, politicians and Royal Australian Air Force representatives.



RAAF Elder Harry Allie, Rebecca Halliday and Greens spokesperson on Aboriginal and Torres Strait Islander issues Rachel Siewert.



Close the Gap architect, doctor and former politician Brendon Nelson with Prime Minister's Indigenous Advisory Council deputy chair Ngiare Brown.



NACCHO's Colin Cowell with Canberra University chancellor and long-time Indigenous health and rights campaigner Tom Calma.



Goondir Health Service chief executive Floyd Leedie and Aboriginal Health Council of WA chairperson Michelle Nelson-Cox.



Phil Peterson, Barry Smith and Roy Ah-See, representing Yerin Aboriginal Health Service, with John Singer, from Nganampa Health Council.



NACCHO Healthy Futures Report Card is released

Aboriginal Community Controlled Health Services are a model of good practice

"Aboriginal Community Controlled Health Services continue to be the best way to provide primary care to Aboriginal people and are making the biggest gains in closing the gap. The report card launched recently shows that Aboriginal Community Controlled Health Organisations continue to improve in all areas that measure good practise in primary health care. This means our services are achieving good health outcomes for the Aboriginal people they serve."

– NACCHO Chair
Matthew Cooke

ABORIGINAL Community Controlled Health Organisations continue to improve on all key performance indicators that measure good practice in primary health care. At the launch of the Healthy Futures Report Card, NACCHO Chair Matthew Cooke said the report showed that Aboriginal Community Controlled Health Organisations were improving in all 16 key performance indicators.

"Aboriginal people have shown time and time again that they prefer community controlled services because of the unique and culturally appropriate environment they provide. Demand for these services is growing at an extremely high rate of 6 per cent per year," he said.

"This shows that we need to continue to invest in this model for primary health care which is proving to be so effective. We welcome Ministers (Sussan) Ley and (Fiona) Nash's recent recognition of the important work of community controlled health services by guaranteeing government funding for another three years.

"With this increase in demand we are also experiencing a chronic shortage of health workers in many of our services and long waiting lists for special care, so funding certainty for our services is essential."

But Mr Cooke said that preventative health programs as well as primary health care are needed to close the gap.

"Chronic disease is way out of proportion for Aboriginal people compared with other Australians," he said.

"We also need preventative



programs which address risk factors for chronic disease, such as by reducing smoking rates.

"Many of these core preventative programs fall under the Department of Prime Minister and Cabinet's Indigenous Advancement Strategy, and unfortunately it is not yet clear whether they will be approved.

Indigenous Australians.

2. The National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care collection, covering the period December 2012 to December 2013. Indicator-related information is collected on chronic disease prevention and management, and maternal and

contacts with multiple health workers.

● Made 3.7 million client contacts, including contacts with health staff and drivers who facilitate access to primary care, and referrals to other health services where ACCHOS provided transport services.

In December 2013, ACCHOS saw an estimated 212,679

the delivery of primary health care services by supporting continuous quality improvement activity among service providers. The nKPIs include 16 indicators that measure 'processes of care' performed for clients (such as tests, procedures or Medicare claimable services), and five outcome measures.

'Processes of care' are largely under the control of health services, and indicate good practice in primary health care.

In the December 2013 period, the proportion of clients who received processes of care rose for 10 indicators out of 16, covering: antenatal visits prior to 13 weeks of pregnancy ; birthweight recorded; those aged 0-4 and 25 and over with a Medicare Benefits Schedule (MBS) health assessment; those with type 2 diabetes or Chronic Obstructive Pulmonary Disease (COPD) who were immunised against influenza; smoking status or alcohol consumption recorded; and those with type 2 diabetes who received a General Practice Plan or Team Care Arrangement.

For the remaining six indicators, the number of Indigenous regular clients who received processes of care rose, but the number of eligible clients also rose. As a result, the proportion of clients who received the care did not increase.

ACCHOS showed improvement for two of the five outcome indicators :

● The proportion of clients with BMI recorded who were not overweight or obese

● The proportion of clients with type 2 diabetes whose HbA1c result was less or equal to 7 per cent.

The proportion remained stable for the remaining three outcome indicators: Babies with normal birthweight, clients who have never smoked, and clients with type 2 diabetes with blood pressure less than or equal to 130/80 mmHg.

Health outcomes are influenced by the work of primary health care, however, they are also influenced by a range of other factors such as education, employment, income and housing.

Download the report in classification NACCHO Healthy Futures <http://www.naccho.org.au/resources-downloads/>

"Aboriginal people have shown time and time again that they prefer community controlled services because of the unique and culturally appropriate environment they provide."

"We're urging the Government to urgently provide funding certainty for these essential preventative programs.

Summary

This report on Aboriginal Community Controlled Health Organisations presents information sourced from a variety of data sets, but mostly from two main data collections:

1. The Online Services Report (OSR) collection for 2012-13, which provides information on staffing, clients and episodes of care provided at primary health services funded to provide to

child health. The nKPIs aim to improve the delivery of primary health care services by supporting quality improvement activity among service providers.

In 2012-13, 141 ACCHOS participated in OSR data collection processes. During the year, these ACCHOS:

● Provided services to over 316,000 clients, about 252,000 of whom were Indigenous

● Provided over 2.4 million episodes of care nationally, with around 2.1 million of these being for Indigenous Australians. An episode of care is a visit to the health service, and may include

Indigenous regular clients. ACCHOS providing nKPI data saw more regular clients in December 2013 than they did one year before. There were 124 ACCHOS that provided valid data on the number of Indigenous regular clients in December 2012, June 2013 and December 2013. At these ACCHOS, the number of clients increased by 6 per cent over the period from 183,435 in December 2012 to 194,521 in December 2013.

The Aboriginal and Torres Strait Islander primary health care nKPI are aimed at improving



AMA expresses concern about imprisonment and health problems

IMPRISONMENT is rarely good for health, particularly if you are an Indigenous Australian.

But, tragically, Indigenous people are far more likely to be locked up than other Australians, exacerbating health problems and sending many into a downward spiral of illness and premature death.

The figures are stark.

These matters will be considered in the Australian Medical Association's (AMA) Indigenous Health Report Card, which will be released later this year and are reported here.

In 1991, the Royal Commission into Aboriginal Deaths in Custody identified extraordinary rates of incarceration among Indigenous Australians compared with the rest of the community, and established a link with poor general and mental health.

But, despite the Royal Commission's recommendations, the situation has gotten significantly worse.

Among Aboriginal and Torres Strait Islander people, the adult

imprisonment rate soared 57 per cent between 2000 and 2013, while juvenile detention rates increased sharply between 2000-01 and 2007-08, and have fluctuated ever since at around 24 times the rate for non-Indigenous youth.

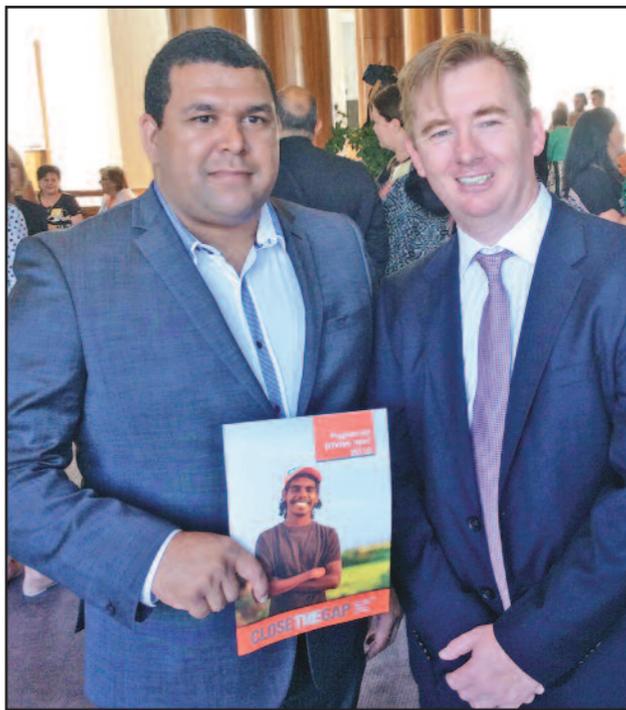
Currently, almost a third of all prisoners are Aboriginal, including 48 per cent of juveniles held in custody.

Not only that, but the rate of reoffending is astronomical. In fact, repeat offending and re-incarceration is a large contributor to the high rate of imprisonment.

Shocking though these statistics are, they do not begin to describe the suffering and distress experienced by incarcerated Indigenous people, their families and communities.

Mental illness and mental health problems, including alcohol and drug abuse, contribute significantly to their rates of imprisonment and recidivism.

Being incarcerated, in turn, exacerbates existing conditions in prisoners. And, without appropriate and effective treatment



Federal AMA President Associate Professor Brian Owler with NACCHO Chair Matthew Cooke at a recent Parliamentary event in Canberra.

within prison, mental illness and mental health issues are a major factor in poor outcomes for people released from prison, including suicide, death from overdose or injury and reoffending.

Social disadvantage and a history of upheaval culminating in trauma and

grief clearly contribute to the high level of imprisonment among Indigenous Australians.

Many studies published since 2000 have highlighted that Aboriginal people already have a higher prevalence of significant psychological distress when compared to

the non-Aboriginal population, disrupting social and emotional wellbeing and causing post-traumatic stress disorder, depression and substance abuse.

Alcohol is well-known as a common precursor to offending among Indigenous Australians, with indications that it could be a factor in up to 90 per cent of all Indigenous contacts with the justice system.

Once incarcerated, Aboriginal prisoners are at greater risk of developing or exacerbating a mental illness. Ninety-three per cent of Aboriginal women in jail, and 81 per cent of men, have some form of mental illness.

Altogether, 30 per cent of Aboriginal women and 20 per cent of Aboriginal men in jail have attempted suicide, and 33 per cent of Aboriginal women and 12 per cent of Aboriginal men suffer from post-traumatic stress disorder.

It is apparent that there is a complete lack of appropriate services to meet complex social, cultural and health needs.

A clearer understanding of some of the drivers of

incarceration of Aboriginal and Torres Strait Islander men and women is needed, as are better interventions through culturally appropriate health and disability services before entering custody, during imprisonment, at the time of release and post-release.

There are several things that can and should be done to end this vicious cycle of illness, abuse and incarceration for Indigenous people, including making it much easier for Indigenous offenders to get into diversion programs for alcohol- and drug-related offences; establishing Indigenous-specific diversion programs linked to Aboriginal community controlled services; improving the level of health services for Indigenous prisoners; comprehensive health screening for those entering prison, and channelling them into appropriate treatment; and research and develop performance indicators to guide effective health services for Indigenous offenders.

Diabetes screening for patients in correctional centres a success

DIABETES screening may be introduced for all Aboriginal people in NSW correctional reception centres, following a successful clinical trial of 'point of care' testing by NSW Justice Health & Forensic Mental Health Network (JHFMHN).

Type 2 diabetes is the leading cause of end stage kidney failure in Australia's Indigenous population, and poorly managed diabetes also increases the risk of heart disease and other chronic illnesses.

Justice Health's Aboriginal Chronic Care Program (ACCP) conducted a trial of HbA1c (red blood cell) screening between September 2014 and February 2015 in 17 correctional centres, including two juvenile detention centres, using a new point of care testing system, Roche cobas b 101.

The test, done using a finger prick, can measure average blood sugar levels

over longer periods than traditional blood sugar tests. Higher HbA1c levels mean patients have a greater chance of developing diabetes-related problems.

The aim of the ACCP trial was to establish whether the screening system could help 'close the gap' in Aboriginal and Torres Strait Islander health disadvantage by increasing access to and delivery of health care for patients in custody and improving management of patients with complex conditions.

An evaluation for JHFMHN reported that during the six-month trial specially-trained clinicians tested 272 Aboriginal patients and found 7.3% (20) had higher than normal HbA1c levels. These 20 were then screened by doctors at either Broken Hill Correctional Centre, the Metropolitan Remand and Reception Centre or the South Coast Correctional Centre, and followed up state-wide.

Of the patients with high HbA1c

levels, four were newly diagnosed as diabetics and two of these were found to have multiple chronic conditions. Five were found to have other newly diagnosed chronic conditions.

One patient, who had always refused testing and had no idea he was diabetic, agreed to have the HbA1c test after a clinician described how simple it was. He was then referred to a medical officer and given medicine for diabetes and is in a stable condition.

Successfully managed

Another patient who had high HbA1c was also found to have very high cholesterol in his blood. He had his diabetes symptoms successfully managed and was then treated for high cholesterol.

The JHFMHN evaluation report said point-of-care HbA1c screening for Aboriginal patients in custody had been

shown to be successful. It had also received positive feedback from clinicians for its fast turnaround, convenience and ease of use.

The report recommended the system be installed in all NSW correctional reception centres to promote early intervention for diabetes management in Aboriginal people in custody.

Report author, ACCP chronic care coordinator Elizabeth Johns, said it was hoped Justice Health could begin a roll out to all correctional reception centres soon and then roll it out to all NSW correctional institutions.

"It's a good opportunity to screen them while they're there," she said. "So if something's picked up, they will have a referral (to a doctor) ready to go."

Ms Johns said all staff in Justice Health received cultural awareness training in a program called 'Respecting the difference'.



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Dallas Leon - Chief Executive Officer



Gidgee Healing "

" Goolburri Aboriginal Health Advancement Co Ltd have used the services of BQC since their inception. One of the major benefits for me is that they free up my time and allow me to concentrate on my core business which is delivering great health care for my community.

Elizabeth Adams - Chief Executive Officer



Goolburri "



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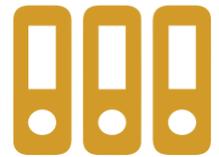
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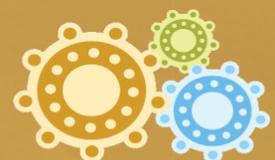


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A great fit for Bourke

AT the crack of dawn every Tuesday and Thursday, a group of committed people in Bourke, western NSW, come together for an outdoor group fitness program called BourkeFit.

Led by the Bourke Aboriginal Health Service (BAHS), BourkeFit currently has 60 people registered in the program.

BourkeFit sprang from a small pilot program in August 2014. It ran for 10 weeks and was only open to 12 Aboriginal people. After the 10 weeks, clear feedback from participants was that they wanted the program to continue all year round. The participants also suggested opening the group to anyone in the local community who wanted to attend.

BAHS staff run the group fitness sessions in the morning.

BourkeFit Trainer Payden Samuelsson said: "Initially we thought no one would get up in the morning, but there are no prior commitments. In the afternoon people are chasing kids around and things."

It is also encouraging that the BourkeFit participants ages range from 15 to 70, with about 15-20 people attending regularly each session.

BAHS staff work with participants individually within the



BourkeFit participants ready for one of their program sessions in the western NSW town.

group, tailoring the sessions according to the participant's age and physical activity abilities.

BAHS Accredited Exercise Physiologist Nicola Lee said: "Participants really enjoy the sessions. Many not only use the program to get fit and to lose weight but also for the social aspect of exercising with people."

BourkeFit Aboriginal community member Reg Kelly said: "I am ready for any challenge BourkeFit has to offer as it makes me feel better about myself. It motivates me to look forward to the future which includes a healthier lifestyle and the challenges ahead."

Another participant, Helen

Keane agrees. "I can now jog at intervals without gasping for air! I am more motivated to achieve tasks in my day and not only do I feel healthier physically but also mentally," she said.

Over winter, BourkeFit will run sessions in the Police Citizens Youth Club (PCYC). But as momentum grows, BAHS is

looking to increase the sessions to three times a week and potentially add new elements to the program.

It's a win-win situation as PCYC will be open five mornings a week. The program could look at increasing the session to three times a week. The PCYC has also given BourkeFit free use of the indoor basketball court.

BourkeFit keeps people motivated through a range of incentives, such as participants receiving a BourkeFit t-shirt at their 10th session. It is a great community initiative that is working towards creating a healthy community.

Local school teacher Tristan Marshall said the benefit of BourkeFit was that the program is simple and inclusive. "What is happening is great for our community and allows everyone a free outlet to keep up their own health and wellbeing," he said.

"The exercise can be modified for different ability levels, however most try their best to do what is set out."

● **People interested in joining BourkeFit or wanting to know more about the program can contact Nicola Lee or Payden Samuelsson at Bourke Aboriginal Health Service by phone (02) 6872 3088.**

NACCHO EVENTS Registrations and sponsorship opportunities now invited @ www.naccho.org.au



NACCHO
National Aboriginal Community Controlled Health Organisation

2015 NACCHO AGM and Members Meeting
24 to 26 November 2015
Crowne Plaza Terrigal NSW



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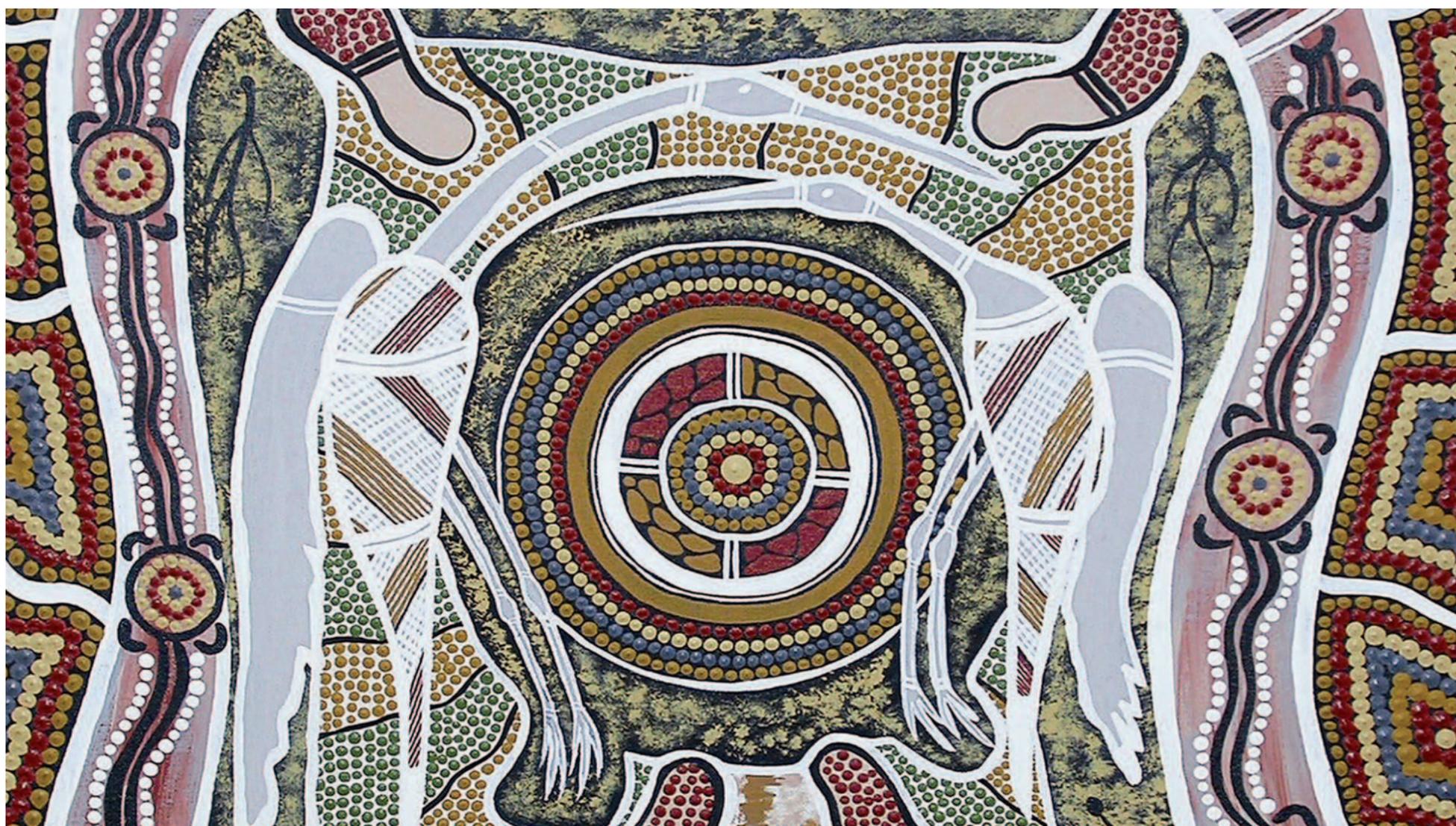
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PUGGY HUNTER MEMORIAL SCHOLARSHIP SCHEME



Opens 14 August 2015 – Closes 12 October 2015

Scholarships are available for Aboriginal and Torres Strait Islander students who will be studying an entry level course in any of the following health professions:

- Aboriginal healthwork
- Midwifery
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- Dentistry/oral health
- Allied health
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For further information and to check if you are eligible to apply, contact the scholarships team.

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Puggy Hunter Memorial Scholarship Scheme is funded by the Australian Government and administered by ACN.



New guide to lowering smoking rates in Aboriginal communities



Presenters at the launch of the ATRAC Framework: A Strategic Framework for Aboriginal Tobacco Resistance and Control in NSW.

NSW Health and the Aboriginal Health and Medical Research Council (AH&MRC) have launched a new framework that aims to reduce smoking rates in Aboriginal communities across NSW.

The ATRAC Framework: A Strategic Framework for Aboriginal Tobacco Resistance and Control in NSW, launched at the Aboriginal Health College of NSW, is a best practice guide for health service providers who develop and deliver services to reduce smoking rates among Aboriginal people.

NSW Health Executive Director of the Centre for Population Health Dr Jo Mitchell said tackling high smoking rates among Aboriginal people was a key priority for NSW Health.

"Smoking rates among Aboriginal people in NSW are unacceptably high, reaching 36.8 per cent in 2013, which is more than double the smoking rate of the general population," she said.

"This Framework will encourage best practice approaches to tobacco control in Aboriginal communities with the aim of lowering rates of smoking and associated chronic disease.

"It aims to achieve this by building strength and capacity across government, health service providers and community

organisations to deliver culturally appropriate tobacco control programs and services."

AH&MRC CEO Sandra Bailey said smoking was a leading preventable cause of poor health and early death among Aboriginal people.

"With one in five Aboriginal people dying from tobacco-related illnesses, we need to work hard to reduce smoking rates," she said.

"This Framework will help health professionals deliver culturally relevant programs to the community.

"The development of the Framework has been a joint effort, and we look forward to working together to reduce the number of smokers and people affected by second-hand smoke."

The objectives of the Framework are to:

- Increase the number of Aboriginal people who quit smoking
- Increase the number of smoke-free homes and workplaces
- Shift Aboriginal community attitudes away from smoking being the norm
- Prevent the uptake of smoking, particularly by young Aboriginal people.

For more information, see the ATRAC Framework on the NSW Health website.

NACCHO committed to tackling smoking

Talking About The Smokes (TATS) is a model for how to do a large national epidemiological project in partnership with Aboriginal communities, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Aboriginal community-controlled health service (ACCHS) sector. Research has not always been done well in or in partnership with Aboriginal and Torres Strait Islander communities, which can make undertaking research with the sector challenging. The TATS project, however, has always felt like a full and respectful partnership between the ACCHS sector and research organisations, and between Aboriginal and non-Aboriginal people.

– NACCHO CEO Lisa Briggs

THE peak Aboriginal health organisation welcomes the Federal Government's decision to continue investing in programs that reduce smoking in Aboriginal and Torres Strait Islander communities.

NACCHO Chair Matthew Cooke said it was good news the Government had committed to fund Tackling Smoking programs for Aboriginal and Torres Strait Islander people.

But he said he was concerned there was no indication in the announcement of how much funding would be provided, after the Government last year cut funding for existing programs by a third – or \$130 million over five years.

"Smoking is responsible for one in every five deaths among Aboriginal and Torres Strait Islander people," Mr Cooke said. Smoking rates among Aboriginal people are two-and-a-half times that of non-Indigenous Australians – 43% of Aboriginal and Torres Strait Islander people are daily smokers. In some communities that estimate is as high as 83%.

"However, a new report shows that Aboriginal and Torres Strait Islander smokers are just as likely as other Australian smokers to want to quit and have recently tried to quit, but are less likely to make sustained attempts to quit.

"The report suggests that there are approaches that will work and that do work.

"If the Government is serious about meeting Closing the Gap targets to halve Indigenous smoking rates by 2018 we need more funding, not less – and we need to see programs that are targeted,

benchmarked and tailored for Aboriginal people, run by Aboriginal people."

Mr Cooke said health programs making the biggest gains in Closing the Gap in Indigenous health and reducing smoking rates were developed and are run by Aboriginal Community Controlled Health Organisations.

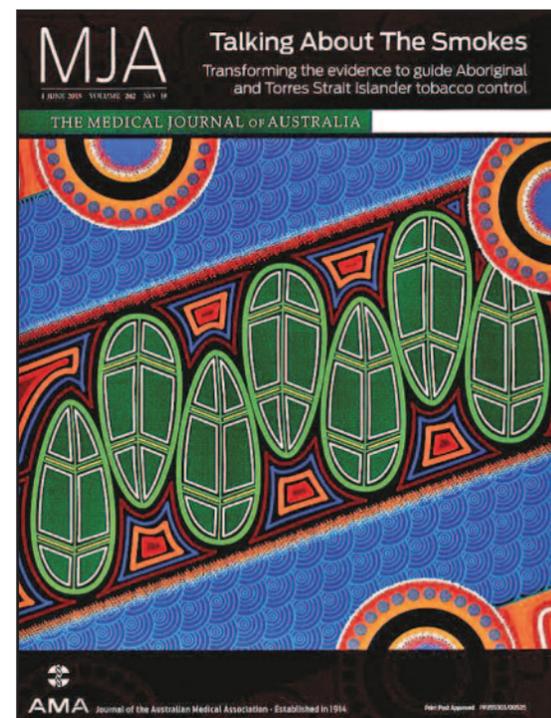
Mr Cooke welcomed the focus on performance monitoring and evaluation in the new funding round.

"Previously, the Department of Health lacked internally appropriate mechanisms to measure the success of the Tackling Tobacco Programme," he said.

"I'm pleased the redesigned program will focus on accountability and local knowledge, allowing service providers to make decisions on how they tackle smoking in their region."

The study, Talking About the Smokes, led by a national partnership that includes NACCHO, interviewed 522 Aboriginal and Torres Strait Islander community members in 35 locations, as well as 645 staff of local Aboriginal community controlled health services.

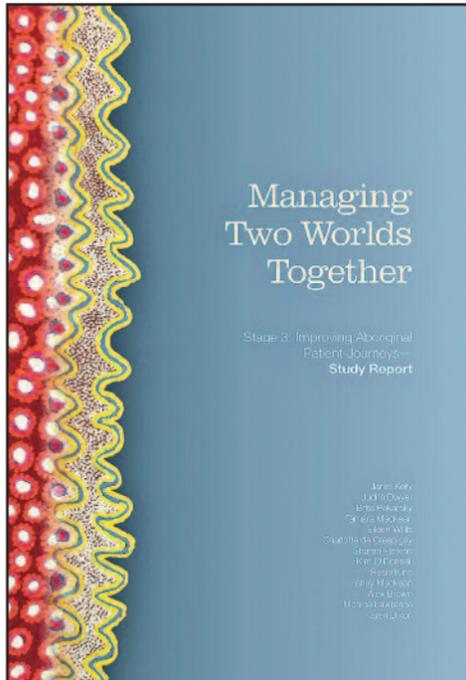
The findings are available at <https://www.mja.com.au/journal/2015/202/10/supplement>



The cover of the Medical Journal of Australia's Talking About The Smokes publication.



Latest from the Lowitja Institute



New Report Focuses on Improving the Patient Journey for Aboriginal People

HEALTH care is delivered in specialised segments, but mostly succeeds or fails as a package. Tracking patients' experience, or journey, through the system is an effective way to evaluate how and why the package works – or doesn't.

Focusing on South Australia and the Northern Territory and building on earlier research, the Managing Two Worlds Together Stage 3 study analysed some of the critical segments and gaps in the Aboriginal patient journey. It produced practical tools that can be used by health professionals, patients and their families to identify what support is needed, and how coordination, communication, collaboration and cultural safety can be improved. Better patient journeys will deliver better health outcomes for Aboriginal people.

Lowitja Institute CEO Romlie Mokak said: "The Institute is committed to supporting the translation of research into practical outcomes that will have a real impact on the health and wellbeing of Aboriginal people."

Funded by the Institute, this research was conducted by a team from Flinders University, the University of Adelaide, South Australian Health and Medical Research Institute (SAHMRI), the Aboriginal Health Council of South Australia (AHCSA), and SA Health, working closely with patients and their families, and with health care practitioners in city, rural and remote health sites.

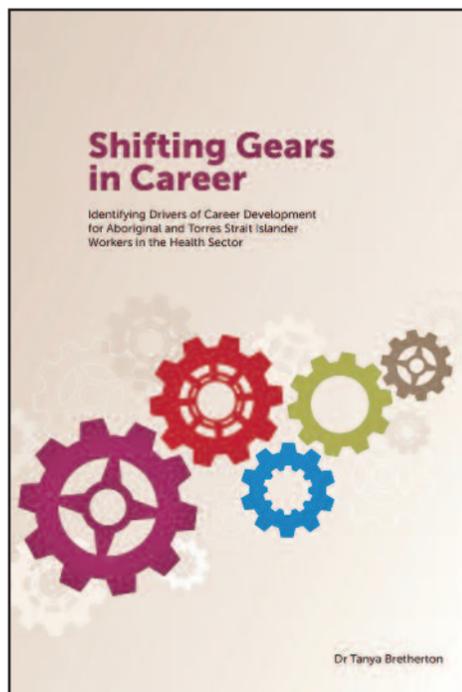
The study report, workbook and case studies on cardiac, renal, and maternity care as well as city sites and remote and rural sites are at: www.lowitja.org.au/lowitja-publishing.

Career Development and Aboriginal and Torres Strait Islander Workers in Health: Do policymakers need a new approach?

Creating sustainable career pathways for Aboriginal and Torres Strait Islander workers in the health sector requires more



At the Tarrn doon nonin Award ethics hub award event (see details below) from left, Janet Stajic of SAHMRI, John Singer and Dr Rosie King, of AHCSA, and Patricia Anderson and Romlie Mokak, of the Lowitja Institute. *Picture: Peter Casamento*



than the provision of opportunities for skill development.

The Shifting Gears in Career: Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector report, released by the Lowitja Institute in February, argues that policymakers need to amend current approaches to health policy development in order to address the career challenges facing a range of Aboriginal and Torres Strait Islander workers across the health sector.

The report presents a conceptual framework comprising five key drivers of change for career opportunities for Aboriginal and Torres Strait Islander workers in the health sector: Policy frameworks, Workplace process, Individual characteristics, Intermediary behavior, Professional association interventions.

The report and a policy brief are at www.lowitja.org.au/Lowitja-publishing.

Tarrn doon nonin Award for Excellence in Aboriginal and Torres Strait Islander Health Research Ethics

DOING ethical health research in Aboriginal and Torres Strait Islander settings means doing research in ways that are culturally safe and ethically acceptable for all involved – research participants, community organisations and other interested community members, as well as the research team.

It involves Aboriginal and Torres Strait Islander people and communities influencing what, why, how and when research is done, as well as how it is used.

The Institute is proud to have offered, for the first time, an award that recognises and upholds respectful ethical practice in relation to Aboriginal and Torres Strait Islander health: the Tarrn doon nonin Award for Excellence in Aboriginal and Torres Strait Islander Health Research Ethics, which was announced on Close the Gap Day, 19 March. Tarrn doon nonin is the Woiwurrung language term for 'trust'.

The winning project, which received a \$10,000 grant to further its work, was Next Steps for Aboriginal Health Research: How research can improve the health and wellbeing of Aboriginal people in South Australia, an AHCSA project.

Dr Rosie King from AHCSA said: "By asking the South Australian Aboriginal community what they thought research should focus on, we learned a lot about their health needs and about their view on life and community. People told us they want research to focus on their everyday health and wellbeing needs, but importantly they also want approaches that respect and engage with a view of life that is holistic and interconnected with cultural, spiritual, social and physical factors across the lifespan."

EthicsHub

Also on Close the Gap Day, the Lowitja Institute launched EthicsHub, an online resource to support individuals and organisations conducting and participating in Aboriginal and Torres Strait Islander health research.

The Institute believes that Aboriginal and Torres Strait Islander health research should be approached with the utmost of principle. We must continually look to improve the way we involve the beneficiaries of research in the research process.

Genuine consultation must occur, from start to finish. The research community must understand what this means, and should have a good understanding of how to do work in Aboriginal and Torres Strait Islander contexts.

As new researchers become engaged with Aboriginal and Torres Strait Islander health, they should be well informed of the principles and ethics of working in this space.

This online resource aims to provide guidance for researchers, the Aboriginal and Torres Strait Islander community, supervisors and students, ethics committees – indeed anyone involved in Aboriginal and Torres Strait Islander health research: www.lowitja.org.au/ethics





Greater coordination and priority need for Aboriginal mental health

QUeensland's peak Aboriginal and Torres Strait Islander health body has called for a rethink on the way Aboriginal mental health services (known as Social and Emotional Wellbeing services) are designed, delivered and funded, describing the current arrangements as "inefficient, uncoordinated and undermining of community efforts".

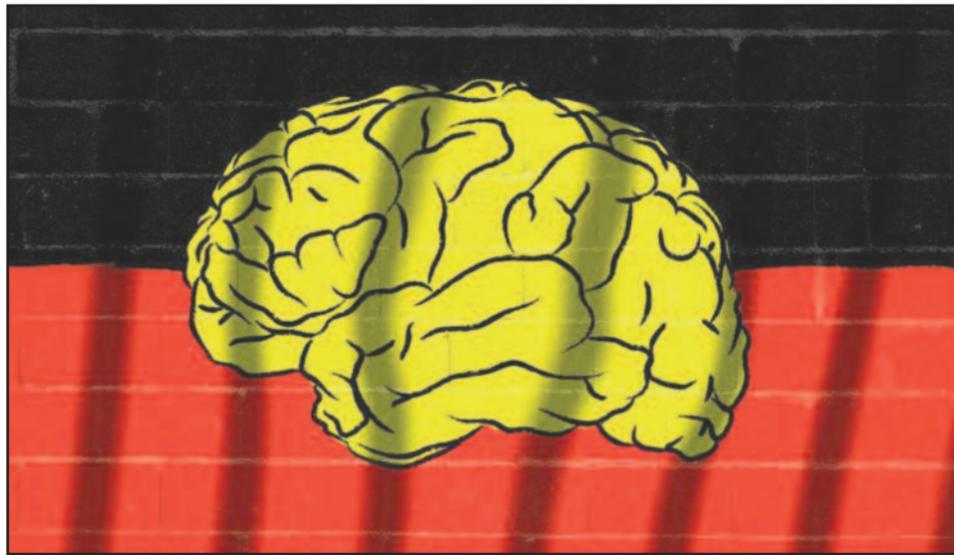
The Qld Aboriginal and Islander Health Council's comments were in response to a report, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*, released by the Australian Institute for Health and Welfare. The report found that the gap in mental health, suicide and imprisonment between Indigenous people and other Australians was growing.

QAIHC spokesperson Sandy Gillies said all evidence pointed towards increasing mental health problems for Aboriginal people, and the ongoing suicide epidemic in so many communities meant the need for a reassessment of mental health services was urgent.

"The Abbott Government has carved off Aboriginal mental health services from the Department of Health and handed it to the Department of Prime Minister and Cabinet, thereby undermining the ability of a coordinated approach to our health," said Ms Gillies.

"This goes against all the evidence linking mental and physical health.

"Aboriginal Medical Services are being



forced to apply for mental health program funds under the auspices of the PM&C's Indigenous Advancement Strategy with no coordination with the Department of Health. This is a recipe for waste and inefficiency."

Ms Gillies said the lack of a renewed strategic framework on social and emotional wellbeing, delayed for three years, means that even when services are funded to deliver mental health programs they are "working blindfolded".

"The mental health needs of our people are significantly higher than those

of other Australians," she said.

"In 2011-12, nearly one third of Aboriginal and Torres Strait Islander adults had high or very high levels of psychological distress, almost three times the rate for other Australians.

"Major gaps"

"Despite this, there continue to be major gaps in services providing mental health promotion, detection and care and treatment."

Ms Gillies' comments mirrored those of

National Mental Health Commission Chair Professor Allan Fels, who recently said there was an urgent need for "Australian governments to support and partner with Aboriginal and/or Torres Strait Islander mental health leaders and experts to initiate and help implement the systemic changes needed to close the mental health and suicide gaps".

Ms Gillies said it was time to return responsibility for Indigenous mental health to the Department of Health and for there to be greater control over the design and implementation of mental health programs by the Aboriginal-controlled health sector.

"The sector has proved its capacity time and time again to provide the best possible outcomes for Indigenous mental health; programs like the Yarrabah Family Life Promotion Program which dramatically reduced suicide in that community," she said.

"QAIHC itself has just completed a pilot suicide prevention program partnership with the (NRL) Titans across 10 sites in Queensland which had very positive engagement and participation by community members. However, that program has ended now because of a lack of funding."

As part of its recommendations, the National Mental Health Commission's review into mental health programs and services has called for Aboriginal and/or Torres Strait Islander mental health to be made a national priority with a new 'Closing the Gap' mental health target.

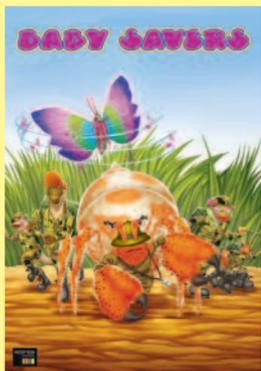
COMMUNITY STORYTELLING FOR EFFECTIVE SOCIAL MARKETING

Inception Strategies have been working with leading Aboriginal health providers for over ten years to produce a range of Indigenous health comic books.

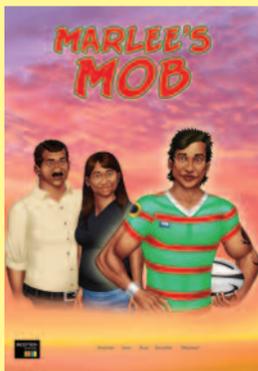


CEO Damian Amamoo says, 'We develop the comics with the community in a workshop process that is fun and also has important health outcomes.' Readers can learn more about their work at <http://www.inceptionstrategies.com>

Immunisation for Children



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If readers wish to discuss comic books with Inception Strategies try damian@inceptionstrategies.com or 0412 039 636



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New maternity service for Collarenebri and Mungindi

A MUCH-NEEDED outreach maternity program that provides antenatal services to Aboriginal women in two isolated rural communities in NSW has started. The service allows Aboriginal women to access comprehensive antenatal care on country and closer to home, and to receive timely referrals to specialised perinatal services.

The NSW Rural Doctors Network (RDN) has worked closely with Hunter New England Local Health District (HNE LHD), Western NSW Local Health District (Western LHD), Pius X Aboriginal Health Service, and South West Hospital & Health Service to establish a new

GP-obstetrician and midwife service for Aboriginal women and babies in Collarenebri and Mungindi.

The service is funded through the Medical Outreach Indigenous Chronic Disease Program, which is an Australian Government initiative administered in NSW by RDN. The antenatal health clinics are led by Dr Scott Finlay and Moree District Health Service midwives who provide bi-monthly outreach visits to each town.

Dr Finlay said that the clinics aim to address the immediate needs of pregnant Aboriginal women and infants in these communities and to prevent life-long chronic disease for

the next generation. "As well as improving maternal health outcomes, the service aims to reduce the risk of babies developing chronic disease in adulthood such as type II diabetes and cardiovascular disease," he said.

Collaboration

RDN CEO Dr Ian Cameron commented on how the service has been developed in collaboration with many stakeholders and that support has crossed both LHD and state boundaries.

"This program is a fantastic example of multiple public, private and cross-border agencies

collaborating to bring a rural medical outreach service to these communities in response to their antenatal health needs," he said.

Scott McLachlan, CEO of Western NSW LHD, and David Quirk, general manager of the Mehi Cluster at HNE LHD, both remarked on how having no obstetric services for pregnant women in Collarenebri and Mungindi had presented significant distance and cost barriers to the region.

"Until now, women have had to make a long 280km round trip to Moree for maternity check-ups," Mr McLachlan said.

Mr Quirk added: "Delivery of this service has resulted in access

to antenatal services closer to home and will ensure better continuity of care, resulting in less economic and social stress for these women during their pregnancy."

Pius X Aboriginal Health Service CEO Donna Taylor said: "Importantly, the outreach program supported both the local community and great work done by local GPs, the maternity workforce and Aboriginal health workers."

The free service started in Collarenebri in April and Mungindi in May. The clinics will operate on the third Tuesday of each month, alternating between the two towns.

Growing healthy food and communities

THE right to adequate, affordable food is a key social determinant of good health and a human right. Unfortunately, not everyone enjoys food security and some two million Australians – half of them children – seek food relief each year.

Growing your own food can make a big difference, especially if you grow a mix of bush and other foods most suited to local growing conditions.

For over six years, the Remote Indigenous Gardens Network (RIGN) has worked to promote and support local food production and now is a core program of a new charity called Foodswell.

Foodswell aims to create change toward food security and sovereignty for all Australians – especially in remote and regional Australia – and is very honoured to have Lenore Dembski, Paperbark Woman, as Patron.

A longstanding supporter of RIGN and Foodswell Board member is Chris Thiesfield. A Gooreng Gooreng man and a Traditional Owner from the Bundaberg area of Queensland who owns and operates a recognised Registered Training Organisation, Chris is a passionate horticulturist and hydroponics expert who wants to help build more food enterprises in regional areas for employment, resilience and better health.

Foodswell doesn't build gardens or deliver food relief. It creates programs and facilitates partnerships



The Big Lunch guests enjoy meeting Foodswell Ambassador Costa Georgiadis (with beard), who also hosts ABC's *Gardening Australia*.

that enable people to do what they want to do in more effective ways – for example, by providing practical gardening advice and support, network connections, or assisting scope and deliver social enterprise development options.

"Food miles, expense and the depleted nutritional value of foods shipped over thousands of kilometres just made so little sense and were key reasons I started RIGN," Foodswell founder Anthea Fawcett said.

"Wherever we live, growing 'some' food is important for many

reasons, whether it is for better nutrition, easy exercise, spending time with family, for the environment or to take a little pressure off our back pocket.

"RIGN and Foodswell kick off new conversations via workshops and community programs. We share practical tips, inspiration and gardening technical know-how via our newsletters, website and person-to-person network connections.

"We focus on the good news while also being well aware of the need to help remake some of the 'baggage' that travels with

the history of Mission Gardens and recent 'stop/start' garden projects that come and go in communities."

Another exciting program under way in 2015 is Food, Family, Community NSW, made possible with Australia Post Our Community and Medibank Community Grant support.

This program aims to build awareness and practical support for grassroots initiatives that tackle food insecurity and build social inclusion. It kicked off with The Big Lunch in Inverell, northern NSW, during April.

Held in the spirit of Harmony Day, The Big Lunch was conceived and produced by Foodswell and delivered in partnership with the BEST Employment team.

More than 150 people came together to enjoy a delicious 'pot luck' lunch, local entertainment and to celebrate the BEST Food Garden. This project gives back to the community in many ways including distribution of eggs and produce grown in the garden (at no cost) to elderly and impoverished community members throughout Inverell and Glen Innes.

Across the country, charities report an alarming growth in demand for food relief, and this demand is not only from traditionally vulnerable groups but, increasingly, also the aged, single parents and the working poor.

For people who live in remote and regional areas, the cost of fresh food is a well known challenge that Foodswell aims to help turn into opportunities for grassroots action and productive fun.

● Do you have a project or idea you'd like to discuss? If so, contact Foodswell at



Partnership listens to job needs

WHEN it comes to Aboriginal employment, more and more organisations are recognising the need for holistic, long-term solutions which look at the whole of community.

A new partnership between NACCHO, the Central Australian Remote Health Development Services Ltd (CARHDS) and the Aboriginal Employment Strategy (AES) is exploring how training in otitis media and ear health could have far reaching implications when it comes to Indigenous career pathways.

"When you talk about closing the gap, you have to look at the big picture; and employment, education and health are major factors," said Gwen Troutman-Weir, the Senior Career Recruitment Officer with the Aboriginal Employment Strategy.

"This new partnership will enable AES and CARHDS to work together and make sure Aboriginal health workers have the skills, knowledge and qualifications they need to work together to close the gap."

The partnership will offer national two-week accredited training for the Aboriginal health workforce in Ear and Hearing health in Brisbane, Darwin and Cairns.

"It's a national skill set that's been developed for Aboriginal health workers around screening and management of conditions associated with ear health in Indigenous communities. It will provide people already employed in the Aboriginal health workforce with information and systems for preventative strategies," Ms



Participants in the first block of the Ear and Hearing Skillset course held recently in Brisbane by NACCHO.

Troutman-Weir said.

"It will enhance not only their career pathways but also the impact that conditions like otitis media have in our communities. The training will enable those working in health to identify ear health conditions early rather than only at the treatment end."

However, while preventative health

strategies and career progression are important, Ms Troutman-Weir believes the results will be more far reaching.

"From the AES's perspective we're actually doing more than career building with this training we're also looking at what this training will contribute to the community," she said.

"Statistics show that poor ear

management limits our learning because if we can't hear it has a domino effect and it affects our employment and career progression and research even shows that a higher percentage of people incarcerated have a link to otitis media."

As many Aboriginal Health Workers have experienced hearing problems either themselves or within their family, Ms Troutman-Weir believes that they are the best placed to make a difference.

"A lot of Aboriginal Health Workers actually do have a hearing impairment so they are able to put themselves in their client's shoes and ask 'what would I do in this situation?'. They are also able to understand how that would affect someone."

After more than 20 years working in the health sector, Ms Troutman-Weir said she has become passionate about working in employment as she recognises that employment not only changes lives but changes communities.

"There's a great correlation between employment and health," she said.

"It's not just about a job or looking at a career pathway, employment also assists people to put food on tables, to look after their family and to get a better lifestyle."

"In the six months since commencing in this new role in the Brisbane office, we are already seeing great change, that's what keeps me passionate about it because I can see the great difference it makes for our community."

FNQ Aboriginal leaders in bid to avert ice crisis

AN Indigenous-led coalition of leaders and frontline health workers has launched a pre-emptive strike to avert a socially catastrophic explosion of the drug ice use in remote communities.

Mounting evidence of the increasing use of ice and related "psychotic episodes" in the past six months has sparked fears of a reversal of a decade of social improvements under alcohol

PLEASE NOTE: NACCHO is in the process of organising a National Ice Forum in Canberra during August. Details to be announced shortly.

Queensland's Aboriginal mayors and Indigenous-led health and social services are pushing for a zero-tolerance response to suppliers and are already funding grassroots anti-ice campaigns.

Lockhart River Mayor Wayne Butcher, the chairman of the Indigenous Leaders Forum, put the drugs threat on the top of the agenda at a meeting of mayors last month to ramp up the fight in collaboration with police, government and social services.

"We know the threat: it would destroy us, to be honest," Mr Butcher said after a meeting. "There were 17 mayors of Indigenous communities sitting around the table and I asked for a show of hands if they knew that ice was in their community, and nearly everyone put up their hand. It's happened so quick. It seemed like a city problem but it has been sneaking into the communities."

Several mayors are flagging a proposal to evict convicted suppliers of ice from public housing, with reports of at least one suspected dealer recently "chased out" of a community.

Queensland Police Commissioner Ian

Stewart said vulnerable indigenous communities were at a social "tipping point" in a war on ice that he believes can only be won through "true collaboration" between communities, politicians and law enforcement.

"I am not saying it is epidemic yet, but it has the potential," Mr Stewart said. "If we don't cover off before it starts we are all going to be in strife."

"Best thinkers"

Mr Stewart said he had been encouraged by the Indigenous leadership in moving to face the threat. "We have actually got, in my humble opinion, some of the best thinkers and some of the most passionate mayors that we have had in our history," he said.

Mr Stewart warned that the push against drug use also had to involve all members of the communities abandoning a traditional reticence to inform police of criminal activity in the tight-knit communities.

"Their responsibility is not just to talk about this ... if they know stuff within their communities it will only work if they let us know, so we can go out and snuff these things out."

After a decade of leading the fight against Indigenous social dysfunction, including the use of alcohol bans and tough welfare measures pushed by Noel Pearson, Cape York could set the model in the nationwide battle against ice.

Grassroots health groups such as the Apunipima Cape York Health Council are funding front-foot social-media and public-awareness campaigns.

Apunipima chief medical officer Mark Wenitong said: "We don't actually get any substance-abuse funding or anything. We

thought: 'Well, we could sit around and wait for some funding to come through, wait for somebody else to do it, but let's just start doing it.'"

The Queensland Aboriginal and Islander Health Council has reported a "surge in demand" for ice-rehabilitation services, which have been cut in recent years.

The number of dedicated Aboriginal drug and alcohol services had been cut from 11 in 2011 to just five, with reduced state and federal funding.

QAIHC general manager of policy innovation and service development Sandy Gillies said governments needed to boost funding and support for her staff, who were "largely doing it alone".

"There's been a history of governments waiting for health crises to develop before responding and we are determined to be proactive this time," she said.

"We have little experience and knowledge of this drug and are only just beginning to see the impact it is having on already high rates of family violence and incarceration." Ms Gillies said QAIHC and its affiliate, the Queensland Indigenous Substance Misuse Council, would submit a policy paper to the state government that included a call for more training of its workers and increased rehabilitation funding.

Unintended consequence

Increased drug use, particularly with cannabis, appears to have been an unintended consequence of the introduction of alcohol management plans, from 2002.

Under AMPs, alcohol-related violence and injury fell to historically low levels within a few years. School attendance also jumped — helped along with more punitive

measures against parents and guardians who failed to get their kids to class — and the chaotic scenes of public drunkenness subsided.

New research shows that in three AMP communities, two-thirds of males aged 14-47 and 30 per cent of females smoke marijuana on at least a weekly basis, with a large proportion dependent.

Epidemiologist Alan Clough, who has been evaluating the impact of AMPs, said researchers found that cannabis use in the Northern Territory and far north Queensland communities became endemic within four years.

"A similar four-year window of opportunity may therefore be all that is available to reduce the impacts of ice if a demand for it increases," Associate Professor Clough said. "The narrow window could be further reduced given the unknown impacts of this highly addictive drug."

In February, Yarrabah Mayor Errol Neal brought in ice experts for a special meeting he convened in the 2000-strong community, about 60km from Cairns, to "educate and warn" people about the drug. "We have to expose people early," he said.

"Most people don't know what it is or what it looks like but we have been told by our health workers and young people that it is here."

"We think it has had an effect, it seems to have died down a bit and there is a feeling of zero tolerance about (ice)."

Mr Neal said various mayors had been discussing tough measures, including a proposal to evict anyone caught supplying the drug from public housing

Originally Published in The Australian by Michael McKenna and Trent Dalton



Health Black & Deadly win

TORONTO (NSW) team Health Black & Deadly has taken first place in the Awabakal Health Challenge, after losing a massive 128kg collectively during the 12-week program. A total of eight teams from the Newcastle and the Lower Hunter took part in a localised version of the NSW Knockout Health Challenge concept, run by Awabakal Ltd. The Challenge tied in with the George Rose Challenge, and the same rules applied, but Awabakal Ltd engaged local people and services to assist participants.

The motivation? Awabakal Ltd wanted to run the program at a local level because there was an obvious need in the community to address chronic disease, but the organisation also saw it as an opportunity to bring community together and rally some 'healthy competition'.

The Awabakal Health Challenge promoted healthier lifestyle choices through better eating habits and physical activity. The aim was to ensure local people gained access to the health services they need, and to promote a positive community program, raising awareness around the negative impact that chronic disease has within the community but, more importantly, to get the message out that



Healthier... and richer: The Health Black & Deadly (Toronto) team members celebrate their Awabakal Health Challenge success.

chronic disease is preventable!

The eight teams self-managed their training schedules and decided what would work best in their own community.

The Team Manager is a critical role in keeping the team functioning and motivated. Some teams chose to use gym and swimming facilities. Others used

local sporting grounds and walking tracks.

A key component of the program is to set individual and team goals and monitor this progress.

The Awabakal Health Challenge has been a success because it is run by Aboriginal people for Aboriginal people.

Generally speaking, we all know what we need to do to live a healthier life, but we just need that extra support.

The community-based team concept allows communities to engage willing participants, and they encourage each other because they know each other and feel comfortable to train

together and push each other to achieve their goals.

Participants want a fitness and nutrition routine that they can continue with beyond the Challenge, which isn't going to be expensive and fits in with their lifestyle – demonstrating that you don't need to pay lots of money or go to a gym to be fit and healthy.

QUMAX

Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People

Progress Report #2 – covering January to June 2015 due 16 July

For Progress Report questions and assistance, please contact:

NACCHO

QUMAX Program Officer

Phone: (02) 6246 9300

Email: qumax@naccho.org.au

The Pharmacy Guild of Australia

QUMAX Program Manager

Phone: 1300 764 088

Email: qumax@guild.org.au



The Pharmacy
Guild of Australia

The QUMAX Program is funded by the Australian Government Department of Health as part of the Fifth Community Pharmacy Agreement



The project team visiting and learning from OVAHS staff, from left, Jenni Rogers, Jane Cooper, Hayley Williams, Bev Russ, Annie Wilson and Christine Armit.



Growing up our kids healthy!

● Continued from Page 1

Our children are our future, which is why it is important to Aboriginal and Torres Strait Islander people to grow up healthy happy bubs.

We know that alcohol can affect the development of a baby which is why National Aboriginal Community Controlled Health Organisation (NACCHO) has partnered with Menzies School of Health Research (Menzies) and Telethon Kids Institute (TKI) to develop resources and training to prevent Fetal Alcohol Spectrum Disorders.

The resources and training will be developed as part of the Fetal Alcohol Spectrum Disorder Prevention and Health Promotion Resources (FPHPR) Project and will be rolled out to New Directions Mothers and Babies Services (NDMBS). This project is funded by the Department of Health.

Fetal Alcohol Spectrum Disorder describes the range of effects that may occur in an individual whose mother drank alcohol during pregnancy, which include fetal alcohol syndrome, alcohol-related birth defects and alcohol-related neurodevelopmental disorder. Each condition and its diagnosis is based on the presentation of characteristic features which are unique to the individual and may be physical, developmental and behavioural.

High rates of alcohol consumption have been reported in both the Aboriginal and

Torres Strait Islander and the wider Australian population.

Aboriginal and Torres Strait Islander women are more likely than other women to consume alcohol in pregnancy at harmful levels.

Australian research has reported that maternal alcohol use disorder is a significant risk factor for stillbirths, infant mortality, and intellectual disability in children, particularly in the Aboriginal and Torres Strait Islander population.

Health professionals asking and advising all women of child-bearing age about the consequences of alcohol consumption in pregnancy is an essential strategy in preventing FASD.

Australian women expect health professionals to ask about and advise them on alcohol use during pregnancy.

To reduce the incidence of FASD, it is essential that health professionals understand the importance of asking women of child-bearing age about their level of alcohol consumption, and to be open to discussing how they can help mothers reduce the risk of harm to their unborn child.

Health services delivering the NDMBS program are well placed to implement programs to reduce the number of women, including Aboriginal and Torres Strait Islander women, consuming alcohol in pregnancy. Where women of child-bearing age are identified as drinking at harmful levels, Health Services can also provide reproductive/contraception advice and

suggest brief alcohol management counselling.

The package of resources developed as part of the FPHPR project will be based on the model developed by the Ord Valley Aboriginal Health Service (OVAHS). This will incorporate FASD education modules targeting key groups including:

- Pregnant women who are using NDMBS antenatal services, and their partners and families
- Aboriginal and Torres Strait Islander women of child-bearing age
- Aboriginal and Torres Strait Islander grandmothers
- NDMBS staff
- Aboriginal and Torres Strait Islander men.

The OVAHS Model

The Ord Valley Aboriginal Health Service model was identified as being 'best practice' in FASD Prevention. The following extract from an OVAHS Maternal and Child Health Services document provides some background.

Over the past seven years the FASD team have become leaders, in Kununurra and surrounding areas, in health promotion activities and education. They have sustained an all of community approach to education about FASD using innovative and imaginative ways to increase community knowledge.

The FASD team prioritises the education and support of antenatal clients and their family; providing sessions throughout their

pregnancy on FASD, alcohol and other drugs and contraception.

The team have developed cultural, gender and age-appropriate program plans and resources which are used when working with individuals, groups, and at community events. These resources are also displayed at places frequented by the community such as other Aboriginal corporations, OVAHS clinic, hospital, local hotels, schools, the picture theatre and supermarkets.

The FPHPR Training

A 'train-the-trainer' approach will be used to enable the participating NDMBS services to have access to the training and support required for services to tailor the resource package to their local community needs and the circumstances of their service.

This will take into consideration their available workforce, staff training and development needs, data and services systems capacity, and stage of readiness for implementation.

The training will provide brief intervention skills, an awareness and knowledge of FASD and strategies to deliver this knowledge to families, communities and other local service providers.

NDMBS staff will be funded to travel and attend training forums. Training will begin May 2016 and be delivered by NACCHO.

● If you are interested in further information on the project, email FASD@menzies.edu.au



Questions arise for the role of Aboriginal Health Workers and community consultation

As an Aboriginal Educator working in health, I've lost count of how many times I've been asked to create a contacts/links/services/etc list for mainstream professionals working with Aboriginal Community.

Honestly, I've been asked so many times to provide a concise and complete list of all the services and programs available, so people can theoretically streamline their workload by avoiding the perceived tedium of searching for appropriate areas to refer to.

Anyone who has ever created one of these lists (many have even poured resources into design and development of websites and other high-end publications) will know the frustration that comes with the endless maintenance and upkeep required just to keep all the information current.

With the high turnover of Aboriginal staff, as well as the constant shift of funding to services, you can bet the whole farm that your list will be out of date and in need of total auditing within a year.

Well, I'd rather not do it any more! Not in the arbitrary 'Can you make me a full list of Aboriginal services, so I don't have to do as much work?' kind of way. I'm happy to address enquiries and questions on a case-by-case basis, focused on the best outcomes for a specific client or family, but I have some serious concerns about the ongoing expectation that healthcare professionals should have all the groundwork done for them and presented on a platter.

The 'too hard' attitude towards Aboriginal health is understandable from a daily grind viewpoint, but if you don't take a long-term approach to it, you are only crushing your own (and that of the community) chances at achieving any sort of 'Gap closing'.

There is a crucial necessity for all mainstream health workers, particularly GPs and other senior doctors and physicians (historically seen as trusted pillars and leaders of Western culture), to step away from their habit of seeking networking assistance, and make some actual community networks and, dare I say it, 'friendships' of their own.

Any Aboriginal consultant worth their salt will tell you that the absolute scaffolding and foundation of any successful Aboriginal program is relationships; proper consultation, genuine and respectful relationship development and upkeep, an acknowledgement of

This article was written by NATHAN LEITCH, a Quandamooka man from south-east Queensland who has lived most of his life in Victoria. He has a background in visual art, but more recently has worked in Aboriginal education and health, focused mainly on delivery of Cultural Awareness training, health promotion, advanced care planning, and service improvement. Nathan, a resident of Northern Melbourne, is committed to supporting and improving the health experiences of local Aboriginal people.

the importance of culture in healthcare... A solid dedication to being a part of the whole community.

The silo of the GP practice is an unnecessary and (probably) arrogant condition. These are not our gods. These are our family doctors in whom we have an automatic level of faith and trust. I would suggest that the

'Doctor knows best' is the common adage) and return to the ground where the clients of said doctor actually are.

If anything, the strategy of helping everybody enjoy their optimum level of health becomes so much simpler when a doctor can confidently make recommendations and decisions based on a realistic understanding

simple right that the entire nation has been denied. In my work, delivering cultural awareness to healthcare providers, I'm constantly frustrated (but never surprised) at the lack of general knowledge which should be ubiquitous.

Colonialism and a deeply entrenched social ethos of white advancement have left us with a

"Any Aboriginal consultant worth their salt will tell you that the absolute scaffolding and foundation of any successful Aboriginal program is relationships; proper consultation, genuine and respectful relationship development and upkeep, an acknowledgement of the importance of culture in healthcare... A solid dedication to being a part of the whole community."

trajectory of this ascending respect be levelled out to a parallel, in which the GP (or other mainstream health professional) hold the client in an equal esteem, as co-fixtures in one community.

My most humble apologies to those doctors who already understand all this, and have been delivering excellent healthcare to Aboriginal communities for many years. I'm sure you will agree with me regarding the importance of attitudinal change and a priority of community relationship development and upkeep, especially with Aboriginal Community Controlled Health Organisations.

I have read several published articles by doctors such as these, published over the past 10 years,

of an individual and the social and cultural elements that surround them.

There is no single piece of literature that can adequately explain the intricacies of working with Aboriginal community. There is no single website which will provide all the links and secret pathway through the veritable minefield which is Aboriginal health.

What there is, however, is a thriving and generous community of people who just want to be respected and collaborated with.

You won't need a contacts/links/services/etc list if you have a local network of people with real knowledge and skills.

You won't even need to ask so many questions about what

huge deficit, and it's time everybody acknowledged it.

Keeping in mind that GPs are held in such high esteem by the general public, this makes them the prime candidates for reform.

This is a golden opportunity for these already-respected pillars to set a new example, and step into the vastly uncharted waters of genuine community participation.

There will undoubtedly be some GPs who feel they are already very educated, and are already delivering effective healthcare in their practices. However, I challenge these individuals to describe exactly how they are addressing the Gap.

To suggest that all Australians have the same access to healthcare and resources, or to

"To suggest that all Australians have the same access to healthcare and resources, or to say it's a poor people thing rather than a Black people thing, is purely and totally incorrect."

which are essentially saying the same things I am.

These are not new or controversial concepts. These are well-known directives and concepts which have been making their way slowly throughout the medical industry, and can be clearly aligned with the principles of good general practice.

A serious dedication to developing an understanding of the Aboriginal community will require a willingness to relinquish the 'Fortitude of Doctorness' (an ever-archaic situation in which individual practitioners are allowed to develop habits and systems which serve their own needs more than those of the community –

services and programs are out there if you have an active presence in the Aboriginal community, because it would just be normal to know that stuff.

This is just one area in which people other than the Aboriginal community are required to do some heavy lifting to bring true social justice. I would suggest that we (Aboriginal community) take a proactive approach to making our programs and services fully advertised and "Google-able", so as to exist equally with our Mainstream service counterparts.

The lack of broad public education on the general topic of Aboriginal and Torres Strait Islander culture and history is a

say it's a poor people thing rather than a Black people thing, is purely and totally incorrect.

These are opinions borne out of broad ignorance to the true barriers of Aboriginal people attempting to survive in a system we are not historically welcome in.

What I've outlined here (for discussion) is just one shared barrier to improving healthcare access for Aboriginal and/or Torres Strait Islander community.

This is a situation of give-and-take, as all good relationships should be.

I call on mainstream health providers (GPs, nurses, allied health, everyone!) to consider their personal attitude toward

Aboriginal health, and honestly assess the personal attitudes and opinions which may be directing current practices and professional habits.

To operate within cultural safety is to apply an honest lens to one's own practices, where other cultures are factors (we know that culture is ALWAYS a factor in health).

On a home-team level, I call on Aboriginal services and staff to try to raise the level of available information, within reason. I encourage you to produce resource and service listings, if deemed necessary, but I caution you as to the dangers of

supporting the poor networking habits of your mainstream peers and colleagues.

We know what it takes to achieve cultural safety. We can tell you how to bring great social change and therefore social justice. We have the knowledge and

strength to be regarded as our own experts and spokespeople, regardless of Western definitions of education.

So here's the big secret to unlocking the gate in front of 'the Gap'.

Nationally

These are necessary education reforms, and not absolute solutions. Seeking legitimate education on Aboriginal and Torres Strait Islander history and culture has been made the responsibility of the proactive Australian. (You may have difficulty with these steps if you're not an influential politician, but keep them in mind when considering barriers to Aboriginal health access. Or, you could suggest these ideas to an influential politician. Just a thought!)

- Acknowledge that an insurmountable history of racist atrocities have been perpetrated by the colonisers and subsequent governments

of Australia

- Full disclosure of Aboriginal history in all its beauty, complexities and colonial horrors in the national curriculum, including a national campaign of re-education for the broader public.

Locally

- Develop and nurture relationships* and networks with Aboriginal communities

- Enjoy the support and knowledge you now have access to.

*Relationships are built on a solid foundation of collaboration, communication, and mutual support and respect.



Supervision Diary is for the Aboriginal Workforce

THE Aboriginal Health and Medical Research Council (AH&MRC) of NSW Social and Emotional Wellbeing Workforce Support Unit (SEWB WSU) has published its second edition of the Supervision Diary designed specifically for the NSW Aboriginal Social and Emotional Wellbeing, (SEWB), Alcohol and Other Drugs (AOD) and Mental Health workforce.

Responding to a gap identified by workers, the WSU has focused on promoting and supporting access to culturally safe supervision for the workforce in NSW, and the diary is one of a range of resources and training modules which have been developed and rolled out across the state.

The diary is a beautiful and engaging resource whose functions include to:

- Inspire workers and allow them to reflect on their work
- Inform workers about how supervision can support them in their roles and encourage them to seek it regularly

● Promote the importance of self-care and encourage workers to make it more of a priority

● Remind workers of all their other Aboriginal SEWB/AOD colleagues out there, of the importance of their work, and that they are not alone

The diary features a double page per month to record issues which workers want to discuss with their supervisor. It is packed with inspiring artwork, quotes, poems, photos and personal stories about and by the workforce. It reflects the deadly work which is going on around the state, profiles individual workers and looks at the challenges and rewards of working in community.

What workers said about last year's diary...

"It is a useful tool for me as a Mental Health Worker – my job can get full-on at times and when it comes to supervision time I forget what I want to

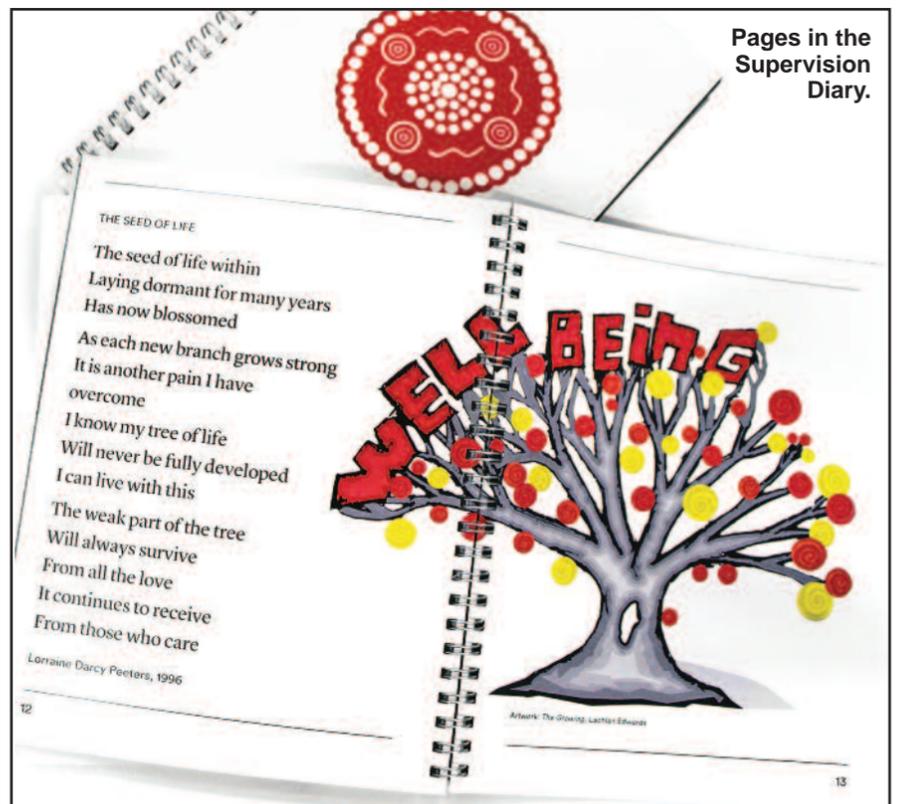
discuss with my supervisor." – NSW Mental Health Worker

"It is gorgeous and so useful to have everything in one place. I can imagine looking back on it in a year and reflecting back on all the practice dilemmas, awareness and achievements that sometimes get lost from memory." – NSW SEWB Worker

Free copies of the new edition of the diary will be distributed to the eligible NSW Aboriginal SEWB and AOD workforce and are available at cost, \$25 to other agencies.

Contact Lucy McGarry at the AH&MRC on (02) 9212 4777 for more information.

You can also sign up to our E Newsletter *Message Stick* to keep up-to-date with our activities, resources and news affecting the SEWB AOD Sector health sector in NSW. Follow the link on our Facebook page 'AH&MRC NSW Social and Emotional Wellbeing Workforce Support Unit' or call us on (02) 9212 4777.



Pages in the Supervision Diary.

Accredited Training Opportunity

Ear and Hearing Training for Aboriginal and Torres Strait Islander Health Workers

The National Aboriginal Community Controlled Health Organisation (NACCHO) is pleased to announce that Ear and Hearing Skill Set training is being delivered in a number of jurisdictions nationally.

Description of training

NACCHO has engaged with RTO's to deliver the Ear and Hearing Skill Set for Aboriginal and/or Torres Strait Islander Primary Health Care training. The units of competency will encompass those that make up this training, namely:

- * HLTAHW025: Provide information and strategies in hearing and ear health
- * HLTAU402D: Conduct screening hearing tests for industrial hearing loss
- * HLTAU501D: Conduct screening hearing tests for children

Training will take place over two week period (2 x one week long blocks). This Skill Set provides a pathway for Aboriginal and/or Torres Strait Islander health workers to specialise in the provision of ear and hearing health.

Additionally, the Skill Set units may provide credit towards Aboriginal and/or Torres Strait Islander Primary Health Care qualifications at the Certificate IV level or higher.

Workshop locations and dates

Registrations to attend the Ear and Hearing Skill Set Training in your state or territory are now open.

Training will be delivered in Brisbane, Sydney, Melbourne, Perth, Darwin, Dubbo, Port Hedland and Adelaide. It is requested that participants attend training in their state or territory and within their regional area (registrations outside your state or territory will not be accepted).



Location	Block 1	Block 2	Places available
Darwin	29 Jun – 3 Jul	13 Jul – 17 Jul	10
Melbourne	29 Jun – 3 Jul	10 Aug – 14 Aug	20
Perth	20 Jul – 24 Jul	10 Aug – 14 Aug	10
Cairns	27 Jul – 31 Jul	17 Aug – 21 Aug	10
Dubbo	3 Aug – 7 Aug	7 Sep – 11 Sep	10
Port Hedland	24 Aug – 28 Aug	14 Sep – 18 Sep	10
Sydney	31 Aug – 4 Sep	21 Sep – 25 Sep	10

* Adelaide dates TBA

For further information or to register for the accredited Ear and Hearing Skillset training please visit the NACCHO website, www.naccho.org.au





Murri league carnival secures health funds

QUEENSLAND'S peak Aboriginal and Torres Strait Islander health body has enthusiastically welcomed a decision by Federal Assistant Health Minister Senator Fiona Nash to provide funding for the annual Murri Rugby League Carnival to be held in South East Queensland later this year.

Queensland Aboriginal and Islander Health Council CEO Matt Cooke said Senator Nash has committed \$175,000 towards four days of sport and health promotion which is expected to attract 1600 players and an estimated 30,000 family and supporters to the Redcliffe venue.

"This is great news and I need to acknowledge the strong work of Senator Glenn Lazarus who worked hard to secure these much-needed funds; he's proved to be a solid supporter of our efforts to combine health and footy," Mr Cooke said.

"QAIHC has been working with the Arthur Beetson Foundation and



Former rugby league great turned senator Glenn Lazarus with officials, guests and supporters at the announcement of Federal funding for the annual Murri Rugby League Carnival.

the Institute for Urban Indigenous Health's Deadly Choices program to deliver the Murri Rugby League Carnival 2015.

"The carnival is a drug- and alcohol-free event and with a

strong track record of delivering health promotion and educational messages around positive lifestyle and behavioural choices.

Despite being primarily about rugby league, the carnival is

arguably south-east Queensland's premiere Aboriginal and Torres Strait Islander community health event and has become an integral part of contemporary cultural connectedness for Aboriginal and

Torres Strait Islander people from across Queensland.

Mr Cooke said that since the inaugural event in 2012, there has been a steady increase in participation by players and spectators.

"The carnival also promotes school attendance and the importance of education by ensuring a prerequisite for attending the carnival of a minimum school attendance rate of 90 per cent," he said.

"The event highlights the success of Aboriginal Community Controlled Health services taking the health message to large community events.

"The nature of the health problems we confront in our communities necessitates the sort of innovation rarely seen in the delivery of health services in other sectors. Senator Nash's support indicates her confidence in what the Aboriginal Community Controlled Health sector is achieving in Queensland."

Stay connected, engaged and informed with NACCHO

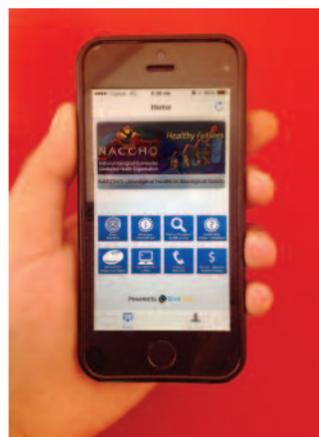


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The **NACCHO APP** contains a geo locator, which will help you find the nearest Aboriginal Community Controlled Health Organisation in your area and also provides health information online on a wide range of topics should you need urgent help.

You can type **NACCHO** into both stores iPhone/iPad or Android and they come up!

SAVE THE DATE

register via www.naccho.org.au

20 July-4 September Australia wide

NACCHO Ear and Hearing Training

August (TBC) - NACCHO "Ice" Forum Canberra

3-4 September 2015 - Adelaide

NACCHO Aboriginal Male Health Ochre Day

24-26 November 2015

NACCHO AGM and Member - Terrigal NSW

30 November 2015

Indigenous Allied Health Australia (IAHA): Cairns

For details on all Aboriginal Health Conferences

<http://www.healthinfontet.ecu.edu.au/key-resources/conferences>

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Aboriginal health in Aboriginal hands - for a healthy future