

AHCSA NEWS

Aboriginal Health Council of South Australia Inc.

February 2007



Photograph: Eye Health & Chronic Disease Specialist Support Program

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Aboriginal Health Council
of South Australia Inc.



Mary Buckskin
Chief Executive Officer

Welcome to 2007 and our first newsletter for the year.

2006 ended on a busy note with our AGM and last full Board meeting being held in Adelaide in November. I'd like to congratulate John Singer who was re-elected as Chairperson. 2007 will be John's second year in the position. There were also a few changes to the Board with both Brenton Richards from Port Lincoln and Eileen McHughes from Murray Bridge finishing their terms. I would like to acknowledge their hard work and commitment and wish them both well for the future. We welcome Les Kropinyeri and Eunice Aston as the new representatives on the Board.

I would also like to thank all staff and Board members for their continued commitment to AHCSA and acknowledge the hard work they all do.

AHCSA's 05/06 Annual Report was completed in time for the AGM and I would like to take this opportunity to acknowledge the artwork provided by our Receptionist, Shane Pilot.

Because 2006 was such a busy year, it was often hard to take time out to reflect on what we've done and if and where we are making progress. It was also difficult to take the time to develop our relationships with all the people and organisations we come into contact with. Even so, AHCSA staff and Board made a concerted effort to spend time with our members and to just talk to each other. John Singer, Darrien Bromley and I enjoyed visiting our members in their own communities and we will try to get to those areas we missed over the next few months.

Another great experience was attending the opening of the new Tullawon Health Clinic in Yalata.

Staff finished the year with a Christmas dinner organised by our Social Club. We have been working really hard to help make AHCSA a great place to work and to improve working relationships and communication. The Social Club has contributed to this by organising a range of activities throughout the year. We also finally signed the staff Enterprise Bargaining Agreement after two long years.

Our first full Board meeting is scheduled for March and I expect that 2007 will be another busy year for AHCSA and our members.

Mary Buckskin
Chief Executive Officer



Annual Report cover art by Shane Pilot

The artwork depicts AHCSA's member services. The snake is the coastline of South Australia and the hibiscus (kukwam) flower represents the locations of Aboriginal community controlled health and substance misuse services across South Australia.

They include the Nganampa Health Council clinics in the Anangu Pitjantjatjara Yankunatjara Lands. The large kukwam in the north east of the state represents AHCSA.

The snake and the hibiscus flower are important totems to the artist, Shane Pilot, a descendant of the Erubian people of Darnley Island, Queensland (father, Thomas Pilot). Shane is also a descendant of the Ngarrindjeri people of South Australia (mother, Christine Egan), and was born in Perth, Western Australia.

In addition to Perth and Cairns, Shane has also lived in Broome (WA), Karratha (WA), Port Hedland (WA), Katherine (NT), Darwin (NT) and Thursday Island (QLD) and combines this experience into his paintings to reflect both the Aboriginal and Torres Strait Islander cultures.

Shane says "My pictures are about both Aboriginal and Torres Strait cultures and trying to put the two together as this is who I am. The style, you could say is contemporary, non-clan-specific with aspects of traditional style. I started painting in the 90's but my passion grew after travelling around and seeing all the different art forms within the Indigenous community."

Shane currently lives in Adelaide and works with the Aboriginal Health Council of SA, after working for the Federal Government (Centrelink) for close to nine years.

The following media release was issued to all metropolitan, regional and country television, radio and newspapers on 23 January 2007.

Mr John Singer, Chairperson of the state peak body representing Aboriginal community controlled health services, substance misuse services and Aboriginal Health Advisory Committees in South Australia and nationally, the Aboriginal Health Council of South Australia Inc., has commended South Australia's Strategic Plan but emphasises the need to involve local Aboriginal communities in the implementation and delivery of its objectives.

"It is vital that governments work with local Aboriginal communities through the Aboriginal Health Service network to ensure that their objectives are successful.

If the programs are not designed and delivered in a culturally sensitive and mutually acceptable way, they will not be effective," Mr Singer said.

"If you start forcing programs onto Aboriginal people, it will be seen no differently to assimilation. Our people want an equal opportunity to grow, develop and become economically independent but not at the expense of our culture and community values.

"The Aboriginal Health Council of South Australia Inc. (AHCSA) and its health service members cover the breadth and depth of the state's Aboriginal communities and can assist the government to design and deliver programs that will result in South Australia achieving its plan. But to do so, government need to commit more funds to the health service network which is already depleted of operating cash.

"Whilst the objectives around Aboriginal children are commendable, the government also needs to focus on programs for our youth to help break the cycle of crime. Youth commit such acts when they have nothing else to do. Racism and the lack of employment opportunities for youth is still a major issue and apart from the public sector increasing Aboriginal employment, the private sector should also be encouraged to do so.

"Until racism is no longer supported in media, there will be little impact on the wider community and therefore, little improvement in Aboriginal disadvantage. Racism is perpetuated by stories such as the one receiving so much coverage lately about the Aboriginal gang in Adelaide. There are other non-Aboriginal gangs operating in the area but it is the Aboriginal one that receives the most media attention. Singling us

out like this, makes us appear different and perpetuates racism.

"Mr Singer agrees with the Hon. Jay Weatherill, Minister of Aboriginal Affairs and Reconciliation, that long term solutions to the issues affecting the Aboriginal community lie within the Aboriginal community. We've had the answers for years said John Singer, it's just that no-one has asked us. "Involving the Aboriginal community and health services in the design and delivery of education, health and other programs is the key," said Mr Singer.

"If the government wants to increase the number of Aboriginal South Australians participating in community leadership, they need to adopt practical solutions such as those exhibited by the boards of the Aboriginal Health Services.

"AHCSA and its member network of health services are funded by government to improve the health and well being of Aboriginal people so why not give us an appropriate level of funding so that we can do the work.

"Any attempt at delivering programs designed by the public sector to the Aboriginal community is doomed to failure. Coordination must start at the design stage. AHCSA and its member services have the expertise, experience and local knowledge," said Mr Singer.

Dr Andrew Griffiths, AHW,
Alwyn Graham and child



Dana Shen wins Excellence in Leadership Award



Chairman, CNAHS Board of Directors Ray Grigg presented Dana Shen with her award

The Nominees

- Nurse Directors and Nurse Managers, Lyell McEwin Hospital
- Medical Records, Lyell McEwin Hospital
- Kym Crittenden, Strategic Manager – Finance, Primary Health Care and SADS
- Dr Svante Orell, BreastScreenSA
- Heather Saunders, Clinical Nurse Manager, General OPD – Lyell McEwin Hospital
- Dana Shen, Executive Director, Aboriginal and Torres Strait Islander Health
- Wendy Forster, Manager – Brain Injury Rehabilitation Unit, Hampstead Rehabilitation Centre
- Carl Phillipson, Team Leader – Trauma Team, Social Work Department – RAH
- Margot Masters, Director – Occupational Therapy, RAH

The Winner

Congratulations to Dana Shen, Executive Director, Aboriginal and Torres Strait Islander Health.

Dana's leadership and commitment in influencing the focus for Aboriginal and Torres Strait Islander Health across CNAHS has been outstanding. As an executive Dana presents with:

- Excellent leadership skills.
- Vision, focus, motivation and passion for her work.
- Influences and motivates other executives and leaders across the organisation to support this focus and embrace change.
- Enormous respect for her work from her colleagues and people within her communities.

- A strong advocate for change and it is through her work that we will be able to see the difference for Aboriginal and Torres Strait Islander health.

Dana's Acceptance Speech

Building a Service Sector that Meets the Needs of the Aboriginal Population

Dana's presentation explored ways to begin changing our health services to respond more flexibly to the high level of need within the Aboriginal and Torres Strait Islander population. Examples of practice in the CNAHS were used to demonstrate how this is being implemented. Quality improvement, accreditation and standards frameworks are also established approaches that can be used to guide the change process.

Dana began by illustrating the high health needs of Aboriginal and Torres Strait Islander people across a range of health indicators. Dana believes that the poor state of Aboriginal and Torres Strait Islander health has been influenced by a range of historical, social and cultural reasons including:

- The historical losses associated with colonisation and dispossession.
- The lack of understanding of diversity across various Indigenous groups internationally and particularly in Australia. For example in New Zealand the Maori population is 15% of the total population compared to only 2.4% in Australia.

Within this small population group across Australia there are some 200 plus language groups. Whilst there are similarities in terms of belief and values, the acknowledgement of differences based on these factors are not widely known nor is there a comprehensive response from the system.

To address these inequities Dana posed a vision for the future, which includes the following key areas:

- Improving access to services.
- Ensuring accountable services.
- Encouraging positive systems change that benefit Aboriginal and Torres Strait Islander people.
- Increasing and maintaining client satisfaction.
- Developing Aboriginal and Torres Strait Islander specific programs.
- Increasing staff confidence in working with diverse communities.
- Collaborating with and listening to Aboriginal and Torres Strait Islander communities and organisations.

For services and reviewers of standards to be clear on what is considered best (or acceptable) practice, a sound knowledge of current work in this area is vital. Dana described a systems change model, known as the Cultural Respect Framework (CRF) for Aboriginal and Torres Strait Islander health. This was

Farewell to AHCSA staff

Richard Nelson

Richard started work at AHCSA in July 2004, initially for a short term in the Board of Management Governance Training program before progressing to a longer annual contract with an additional role of Team Leader for the Workforce and Advocacy Team.

Richard decided to leave AHCSA last September for a permanent position with the Government. We will miss Richard's wry sense of humour, jokes and laughter.

On a serious note, over the two years that he worked at AHCSA, Richard brought leadership, guidance, respect and friendship to all staff, our Board members and communities. AHCSA wishes Richard all the best for the future with his work and his family.

released in 2004 and is a guide to developing culturally competent policy construction and service delivery. It was prepared by the Australian Health Ministers' Advisory Council's (AHMAC) Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) Working Party.

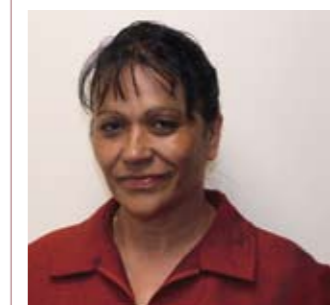
Dana recognised that there needs to be a stepped approach to change to achieve the desired consumer outcomes and the CRF's model is a practical way to do this as illustrated in Figure 1 - The Dimensions of Cultural Respect (pg 10). This aims to emphasise the importance of developing a strong foundation of knowledge that includes but is not limited to cultural awareness training and ensuring that this is translated into competent work practice.

In conclusion, Dana presented some practical examples of working towards or enhancing culturally competent practice being undertaken in the CNAHS region including:

- Expansion of the Adelaide Aboriginal Step Down Service which provides transport, accommodation coordination and a range of non-medical services for Aboriginal people from rural and remote communities who travel to Adelaide for acute services care.
- Implementation of a Diabetes Camp that provides a range of health promotion and educational opportunities for Aboriginal and Torres Strait Islander people with Diabetes.
- Development of the Aboriginal and Torres Strait Islander mental health workforce through the inclusion of Aboriginal and Torres Strait Islander peer carers into the model of care.

Clearly, the main aim is to gain an increased understanding of Aboriginal and Torres Strait Islander communities and individuals within these communities and to develop a systems approach to meeting their needs.

Board Member profile



Yvonne Buza

Born in Wallaroo and belonging to the Walker family of Point Pearce, Yvonne Buza spent her early years with her large family and the Narrunga people on the coast of the York Peninsula, later moving to Roxby Downs in the Northern & Far Western Region of South Australia where she now resides with her husband, many children and grandchildren.

Yvonne was educated at Our Lady of the Sacred Heart College and Adelaide University. Her career began as a Teacher of English as a Second Language. Yvonne said, "I recall many happy years working with Anangu children in very isolated communities in the APY lands and in Coober Pedy."

She has since worked in policy and planning roles in Aboriginal education and health and currently acts in a senior advisory role to the Northern & Far Western Aboriginal Health Unit and Country Health SA.

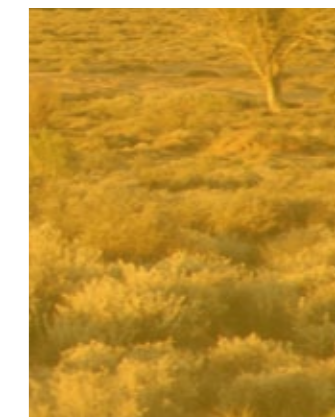
As Chairperson of the Northern & Far Western Aboriginal Health Advisory Committee, Secretary of AHCSA and an active member of many other Aboriginal community

representative groups including the Aboriginal Statewide Women's Advisory Committee, Yvonne has worked hard to promote better health outcomes for Aboriginal people living in isolated communities.

"I intend to continue to develop progressive partnerships in government for the development of our workforce, capacity building in remote locations and to strengthen existing Aboriginal community controlled health organisations capacity to deliver appropriate services where they are most needed," Yvonne said.

More recently, Yvonne has managed the delivery of Aboriginal programs to promote access to primary health care and is negotiating with relevant government authorities to identify health gaps in remote areas developing plans with regional health services that do not have a community controlled health organisation.

In her spare time, Yvonne still teaches Aboriginal language and dance and privately tutors Aboriginal students in Country SA.



Desley's Diary

Eye Health & Chronic Disease Specialist Support Program

Desley Culpin, Coordinator

In November and December 2006, the EH&CDSSP team visited the Nganampa Health Council communities of Amata, Pukatja, Pipalyatjara, Nyapari, and the communities of the Tullowan Health Service at Yalata and the far remote community of Oak Valley.

I will continue my travels in May 2007, so keep an 'eye' out for me as I might be visiting your community. Please come up to me and say hi and I will introduce you to the team.

The EH&CDSSP team consists of Ophthalmologists, Optometrists, Podiatrists, Diabetic Educators and other delegates from organisations such as the Guide Dogs of SA and OPSM who are contracted by Aboriginal Community Controlled Health Services (ACCHSs) to provide professional care and support to Aboriginal communities situated in rural and very remote areas of the far north, north west and far west of the state of South Australia.

As Coordinator, I travel with the Specialists to provide support with logistics including transport of medical equipment and administration, and to ensure that the relationship between the Aboriginal communities and AHCSA continue to be strong and that mainstream health services are delivered in ways that are appropriate and accessible to Aboriginal people.

I enjoy meeting with the health majors, in particular,



health workers, staff and community members of the ACCHSs on my visits. The children are always so friendly and eager to have their health checks done by the doctors and health visitors.

Feedback from the ACCHSs has been very positive and in 2007 new areas of specialist support is being explored eg hearing services, to ensure AHCSA continues to be the 'health voice' for all Aboriginal people.

Top: Dr Michael Lane and children at Pukatja
Bottom: back left to right - Dr Henry Newland and Darrien Bromley, front - Dr Shane Durkin, students, AEW Mima Stewart

Sharing Health Care to Healthy for Life

Rural Chronic Disease Project, Pika Wiya

On Tuesday 31 October 2006, Pika Wiya Health Service presented their project journey and launched a CD 'Sharing Our Knowledge 2006'.

The CD is a compilation of resources developed by staff, community and students from UniSA over the course of the project and is available for downloading from Pika Wiya's website.

At the launch, staff were supported by Carlton Courage Band who performed healthy lifestyle songs and entertained our visitors and community with a puppet show on the effects of smoking.

The day also saw the launch of 'Cuz' Croc, Pika Wiya's health promotion mascot.

The launch ended with a shared community barbeque. Special guests came from the Commonwealth Department of Health and Ageing (Canberra and Adelaide), Dr Frazer Mustard, UniSA, Spencer Gulf Rural Health School, Department of Education and the community.

Pika Wiya and Spencer Gulf Rural Health School also combined forces for the 2006 Croc Fest involving students from rural clubs and various agencies across the state.

2006 was a year to celebrate our achievements!

Top left and photo underneath: Pika Wiya Health Service in conjunction with the Australian film commission and Cinema Augusta, hosted the first regional screening of the Ten Canoes film. The first screening of the film attracted many community and business people with special guests, Belinda Scott, Associate Producer of Ten Canoes, and Richard Birrinbirrin, Actor and Associate Producer of Ten Canoes, who travelled from Ramingining in Central Arnhem Land. On the final screening night both Richard and Belinda presented Cephias Stanley, CEO of Pika Wiya, with a special memento of their time spent in Port Augusta.



Cephias Stanley, Belinda Scott, Richard Birrinbirrin



Carlton Courage from the Carlton R-9 School



Belinda Scott, Richard Birrinbirrin and Cephias Stanley



Carlton Courage from the Carlton R-9 School



Croc Fest audience watching the Launch



Medical students from the Uni SA demonstrating a plastering session with the participants at the 2006 Croc Fest



Medical students from the Uni SA demonstrating a plastering session with the participants at the 2006 Croc Fest



Cuz Croc sending the message to the younger kids at Croc Fest to 'keep your teeth clean'

New Learning Centre at Port Lincoln

Recently, the Port Lincoln Aboriginal Health Service opened a new \$75,000 learning centre and diabetes kitchen on Tuesdays which aims to help improve health and living standards in the Aboriginal community.

The Centre of Learning has kitchen facilities for direct health benefits to the community and is also a base for Aboriginal community members wanting to study health-related courses that will create an Aboriginal workforce to tackle local health issues.

Port Lincoln Aboriginal Health Service Chairperson, Brenton Richards said the project began in 2005 with funding from the Eyre Regional Health Service and the South Australian Department of Health.

At that time, the Department of Health also made available funds to develop and build on diabetes health promotion programs in Port Lincoln.

"What you see here today is a state of the art facility which marks a significant step forward for Aboriginal people because it will play an important part in achieving improved health outcomes for our people."

Mr Richards said the Government's investment in primary health care would deliver healthier communities overall and hospitals less burdened by patients needing treatment for preventable diseases.

"For our part, the Port Lincoln Aboriginal Health Service will challenge the increase in diabetes within our community by educating others through our unique Centre of Learning which incorporates an innovative demonstration kitchen that was founded upon the 'shared meal' philosophy."

Port Lincoln Aboriginal Health Service Director, Jackie AhKit said the centre would have benefits for young people.

"Over the next five years there will be a number of school leavers or recent school leavers that will potentially require further education; the Centre of Learning provides an environment to be able to do this," she said.

Mr Richards said the community had come a long way from the 1960s when the city's Aboriginal people lived in bush reserves prone to flooding and had poor health, high unemployment and high imprisonment rates.

He said the Aboriginal community had to fight to get housing and were not welcome in the community.

"I don't want the young people to carry that burden - it's knowing the history is there and we have to move on," he said.

"Now today you can see how far we have come."

Ms AhKit said there had been 24 graduates or Aboriginal people studying at tertiary level in the community in the past five years.

She said the need for Aboriginal specific clinicians is considerable given the high levels of client contact across



both male and female clients and across a diversity of complex health needs including social and emotional wellbeing and chronic disease related health issues.

"This requires a diverse and well-developed Aboriginal workforce," she said.

"Our Centre of Learning will go some way in beginning to address these issues," Ms AhKit added.

"The centre's emphasis is on providing culturally appropriate academic, personal, peer, social and administrative support to enhance the Aboriginal graduate outcomes of students studying at University or TAFE institutions."

Tullawon Health Facility opens

The new facility for the Tullawon Health Service was officially opened on 13 December 2006. AHCSA staff, Anna Leditschke, Ben Stewart, Andy Merrigan and Mary Buckskin attended with Yvonne Buza as the staff representative.

The opening was organised by the Tullawon Board members and staff with guests coming from all over the state and interstate. Most of the official speeches were given by the Board members who have worked very hard over a long period of time to obtain the funding and approvals for the new health facility.

The health facility was officially opened by the local Member of Parliament, Mr Barry Wakelin MHR.

The festivities concluded with a tour of the health facility and a delicious luncheon served by the community members.

The building was dedicated to the memory of Kumanara Edwards.

Tullawon would like to acknowledge the support of the SA Ambulance Service, the staff of Yalata Community Inc, Yalata Lutheran Church and Yalata Community School.

*Top left: Kaykay Smart holding baby Charles Stewart with Keeziah Coleman Edwards
Second bottom left: Pauline Edwards, Hilary Williams, Maureen Smart
Bottom left: Mary Buckskin, CEO of AHCSA and Ben Stewart, Information Officer, AHCSA*



*Top right: Fabian Peel (Chairperson of Tullawon Health Service), Mima Smart (Chairperson of Yalata Community), Duanne Edwards (Tullawon Anangu Major), and Tony Barrett (Coordinator Aged Care)
Middle right: The Tullawon Health Facility Opening
Bottom right: Community and guests waiting for the ceremony to begin*

March 2004 – December 2006

Over 200 people have graduated in Aboriginal Primary Health Care certificates since the Centre for Aboriginal Health Education and Training (CAHET) began in 2004.

These include:

1. 160 with Certificate III
2. 50 with Certificate IV
3. 18 with the Diploma of Management

From page 8, invitation to the opening of the Tullawon Health facility

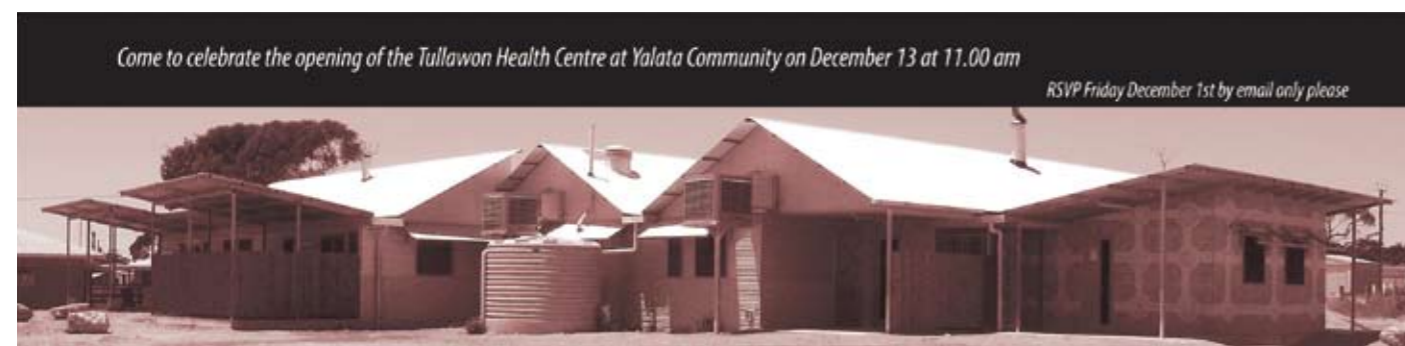
Health Worker training has been delivered across South Australia to metropolitan and regional communities including:

1. Port Pirie
2. Port Augusta
3. Whyalla
4. Port Lincoln
5. Ceduna
6. Yalata
7. Oak Valley
8. Coober Pedy
9. Oodnadatta

10. Murray Bridge (including Kalparrin)
11. Meningie
12. Riverland
13. Mount Gambier

Thanks must go to the trainers involved in this outstanding effort, namely:

1. Andrea Merrigan who has been with the team since late 2004.
2. Monique Williams who came on board in early 2004.
3. Franco Princi who joined the team in 2005 and has since departed.
4. Leslee Warrior who was the original trainer and is now working in Alice Springs.
5. Desley Culpin who joined in early 2004 and now coordinates the Eye Health and Chronic Disease Specialist Support Program within AHCSA.
6. Anna Leditschke who joined in 2005 and is now managing a national project in the Quality Use of Medicines.



Top: Meningie Class Graduation
Middle: Murray Bridge Class Graduation
Bottom: Steve Sumner, facilitated the Graduation Ceremony



Top: Kalparrin Class Graduation
Middle: Thelma Carter receiving her certificate
Bottom: Kalparrin Class Graduation



Top: Kayla and Sharon Perkins
Bottom: Andy Merrigan, Lecturer, and Darren Mundy, Graduate



Jessie Aston receiving her Certificate

and is involved in the delivery of the national project Quality Use of Medicines, the Clinical Refresher program and the Aboriginal Maternal and Infant Care (AMIC) program.

1. Training and Assessment (at Diploma level)
 2. Management
 3. Research
- CAHET will also be involved in developing and delivering training in:

1. Quality Use of Medicines
2. Aboriginal and Maternal Infant Care
3. Clinical Refresher program
4. Admin Refresher program

RTO is Here to Stay

As AHCSA Chief Executive Officer, Mary Buckskin, told graduate students at their ceremony on 18 December 2006, CAHET will respond to Health Worker training needs with appropriate courses and tried and proven training methods for as long as Health Workers need training.

In 2007, the CAHET team will include:

1. Michele Robinson who joined the team mid 2006

The new training package offers many electives and training pathways for Health Workers. AHCSA's Board of Management has already endorsed directions for CAHET. Over the next 12 months, CAHET will be involved in resourcing competencies in:

1. Certificate II
2. Certificate III
3. Certificate IV in the areas of:

- Mental Health
- Alcohol and Other Drugs
- Family Violence

The Board is also keen for CAHET to develop resources and to deliver courses in:

7. Justin Gladman who joined in 2005 and is now working in Broken Hill and undertaking a PhD.
8. Richard Nelson who joined as part of the Diploma delivery in 2005 and is now coordinating a training program within Families SA.

Change in Direction

With the endorsement of the new national Aboriginal Primary Health Care training package in December 2006, the current training curriculum owned and delivered by AHCSA will be superseded.

Aboriginal Health & Social Justice Forum

Pika Wiya Health Service

More than 60 people attended the Aboriginal Health & Social Justice Forum on 1 December 2006 at the Pika Wiya Health Service.

People came from many places across South Australia including the APY Lands in the far north, Murray Bridge in the south, and many places inbetween such as Ceduna, Port Lincoln, Coober Pedy, Roxby Downs, Adelaide and, of course, Port Augusta. Most of the participants were Aboriginal people – many involved as workers in the health field and many community members.

The Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, was the main speaker. He talked about his work on native title and social justice issues affecting Aboriginal and Torres Strait Islander Australians. A major part of his work is producing annual reports on these two issues. He also shared something of his background.

Mr Calma spoke mostly about his last Social Justice Report, for 2005, its focus on the health of Indigenous Australians and relevant international human rights standards that Australia is not meeting with regard to Indigenous Australians. Tom Calma's office and many NGOs (Non-Government Organisations) are developing a campaign focusing on two key recommendations from this report: (1) to end the gap in life expectancy between Aboriginal and non-Aboriginal Australians, and (2) to achieve equality of access to health services within ten years. (An Open Letter to Australia was published

in the national press on 11 December.) Calma's aim is to get Governments, especially the Federal Government, to commit to these aims, establish targets, direct resources to meet the targets, and monitor progress towards them. He encouraged people to lobby their local politicians on these issues.

The second section of the Forum had several presentations and speakers about various work being done in Aboriginal health, particularly in regional areas of South Australia.

A most promising story is the Anangu Bibi Birthing program, aimed at young, first-time Aboriginal expecting mothers who are considered to be a 'high-risk'. The Aboriginal Maternal Infant Care Worker involved in the project is a local woman, Bronwyn Warren, making it culturally appropriate and well received by local young women. It has been running for two years in Port Augusta and Whyalla and has had positive results, including in the birth weights of babies. It has recently been extended to Coober Pedy and is planned to be implemented and adapted to other areas.

Kathleen Willis from the Flinders & Far North Division of General Practice described a project aiming to increase the number of regular Health Checks of Aboriginal people undertaken in mainstream GP clinics in the Port Augusta region. Kathleen has been working on this project for most of 2006 and has identified numerous factors from the doctors, clinics and patients side, that continue to limit Aboriginal Health Checks taking place in mainstream primary health care services. As is too often the case with

projects in Aboriginal areas, this one has an uncertain future – there is much it could do to build on the learnings from the past 12 months.

Kathy Verrall talked about the Regional Aboriginal Social and Emotional (RAISE) Well Being program. It is run in the northern and far western regions of SA. Since it started, it has tripled the number of Aboriginal people accessing mainstream mental health services and won a Dr Margaret Tobin Award, one of six Tobin Awards given in 2006.

Kingsley Coulthard talked about a project extending broadband access to eight remote communities. The technology has several possible uses including delivery of clinical health services and contact between patients in the city and relations back home, important for the social and emotional well being of patients.

The overall point was made that the health of the Aboriginal community would be even worse without the development over the past 30 years or so of Aboriginal Health Services and that, in the current policy environment, these services seem to be under serious threat of mainstreaming.

The final section of the Forum gave space for more comments from Aboriginal community people. They raised numerous serious issues, many in relation to the larger overall social factors that determine the health of Aboriginal people. Victor Wilson spoke about the denigration of the rights of Aboriginal people, referring to the Letters Patent of February 1836 and how the

instructions in those to the Colonisers to negotiate with the people about their land were ignored. The issue of justice for Aboriginal people is fundamental to the health of Aboriginal people. At the Forum, the Minister of Aboriginal Affairs was represented by the ALP member for Giles, Lyn Breuer. Many people raised concerns about the SA State Strategic Plan, the inadequate community consultation process (as they saw it) and the lack of priority for Aboriginal issues within the Plan.

Some other specific issues mentioned included the seriously inadequate housing for Aboriginal people in various places in South Australia and the lack of dental services for Aboriginal people in regional areas, necessitating the transfer of children to Adelaide for dental work under general anaesthetic.

As a follow-up an Aboriginal community meeting was held in Port Augusta, inspired by people's growing concern over the direction of Government policy at various levels. It was attended by even more community members. Much enthusiasm was evident and it was agreed to form an Aboriginal alliance to work on expanding this developing group and to come together again in the early part of 2007. For information, please contact the Interim co-chairs: Pat Waria-Read (pwaria-r@bigpond.net.au) and Brian Butler (BrianB@agedrights.asn.au).

Right: Tom Calma, Social Justice Commissioner, and Cephas Stanley, CEO, Pika Wiya Health Service
Far right: Part of the audience at the Forum at Pika Wiya Health Service

Aboriginal Primary Health Care Workers Forum update

The recent Aboriginal Primary Health Care Workers Forum meeting on 6 and 7 December 2006 at the Arkaba Hotel in Adelaide was well attended and covered a range of issues including education and training, Aboriginal Health Worker (AHW) workforce issues, health policy, health promotion and also provided networking and partnership opportunities.

The Forum would like to thank the following invited guests who presented at the meeting:

- Glenn Giles, AHCSA
- Sandy Wilson, AHCSA
- Anna Leditschke, AHCSA
- Graham Williams, AHCSA
- Janine Engelhardt, AHCSA

- Leena Sudano, Office for the Health & Community Services Complaints Commissioner

- Leslie Wightman, Hepatitis C Council of South Australia

- Rae Birch, SHINE SA

At the end of this year, 10 positions will become vacant and three new positions offered. AHWs will have the opportunity to nominate to represent their service or region on the Forum. Vacant positions for the following services/regions will include:

- Nunkuwarrin Yunti of SA Inc.
- Port Lincoln Aboriginal Health Service
- Pika Wiya Health Service
- Ceduna/Koonibba Aboriginal Health Service
- Metropolitan 1 - Southern Adelaide Health Services
- Metropolitan 2 - Central Northern Adelaide Health Services

- Tullawon Health Service
- Riverland Health Service
- Hills Mallee Southern Area
- The Aboriginal Hospital Liaison Officers Group
- Wakefield
- South East
- AHCSA Rural AHW Program

AHCSA wishes to thank the following AHWs for their involvement with the Forum:

- Brenda Carter (Chairperson)
- Kay Wilson
- David Dudley
- Noblelene Mackenzie-Stuart
- Alwyn Graham
- Paul Newchurch
- Sandy Wilson
- Peggy Giles
- Eunice Aston
- Natalie Williams

Fortunately Brenda Carter, the outgoing Chairperson has agreed to attend the first meeting in 2007 to provide a leadership role to the new Forum and to provide support and assistance to the new elected Chairperson.

Information about nominations to the Forum will be sent out to AHWs and health services early in 2007.

Tentative dates for meetings in 2007 are:

- 21-22 March
- 25-26 August
- 5-6 December

The Forum will be a regular feature in this newsletter so please look for an update of membership and activities in the next edition.

For further information regarding the Aboriginal Primary Health Care Workers Forum please contact Ngara Keeler at AHCSA on (08) 8132 6700 or at ngara.keeler@ahcsa.org.au



Dreamtime's vision remains strong



Dreamtime Public Relations began with a vision to provide career opportunities to Indigenous youth. Four years on, this vision remains strong.

Over the years they have provided work experience and contracts to five Indigenous youth. In 2004, they employed Toby Dodd who is of Ngarrindjeri and Narrunga/Kaurna descent.

Toby has since undertaken a Graphic Pre-Press Apprenticeship and Multi-Media Certificate. He is now considering other education opportunities such as Frontline Management.

"Toby is just the nicest young man and the customer relations face of our business. All our clients, Indigenous and non-Indigenous, love Toby's helpful, friendly manner. He is also a superb website developer and all round design, software and hardware guru," said Janet Craig, Managing Director.

On 7 January 2007, Toby turned 21. Best wishes and congratulations Toby!

Dreamtime aims to grow the business so they can employ

Left to right: Toby, Garth, Lawson, Carly and Travis Dodd

more Indigenous people like Toby. "It disappoints me to see that racism is still a major problem affecting career opportunities for Indigenous people and hopefully I can do my bit to create more equity," said Janet.

Dreamtime also constantly looks for opportunities to assist other Indigenous creatives. Last year they referred the Department of Health & Ageing to Shane Pilot (see story opposite page) for illustration work. Shane is now working with Dreamtime on a project for the Dementia Education & Training Institute of Australia, Alzheimer's Australia SA Inc.

Soon Dreamtime will launch www.dreamtimegallery.com.au where Indigenous people can sell their creative works including jewellery, paintings and photography. If anyone is interested in joining Dreamtime on this project, please call (08) 8223 2576.

Culturally Appropriate

Dreamtime's objective is to provide quality culturally appropriate communications,

delivered on time to customer satisfaction within budget. They have more than 25 years experience in promotion, public relations, marketing, media, advertising and project management; and over 10 years experience with Indigenous health organisations.

Dreamtime has completed work for Aboriginal Health Services across Australia, state and national peak bodies, the Department of Health & Ageing, Office for Aboriginal & Torres Strait Islander Health and Medicare Australia to name a few.

Innovative

Dreamtime is always innovating new products to improve their clients experience.

WebeZ

Three years ago, they developed WebeZ, a website development and content management system that allows clients to have any design they like and to edit every component of their website. This eliminates ongoing developer updating fees. WebeZ websites are affordable and the turnaround is quick. The system is suitable for small to very large websites.

As WebeZ is able to provide marketing expertise in addition to website development, they are a preferred supplier to the Department of Trade and Economic Development, Austrade and the Council for International Trade & Commerce SA.

Promotional Items

Due to inflating promotional item prices, Dreamtime became members of the

international network of PinSource this year. PinSource manufactures promotional items and has huge buying power with partner factories because of its world-wide presence.

Dreamtime now delivers quality promotional merchandise at substantially cheaper prices. They supply promotional merchandise retailers, agencies and clients. A wide range of products are available.

Complete Service

Dreamtime's inhouse expertise in planning, research, writing, graphic design, photography, website development, print management, promotional items, advertising, media, sponsorship, and event coordination provides clients with a complete marketing team at least human resource cost.

Some of their projects include:

- Logos • Stationery • Power Point • Brochures • Posters
- Greeting Cards • Calendars
- Catalogues • Newsletters
- Annual Reports • Books
- Displays • Promotional Items
- Websites • Advertising
- Strategic Plans • MOUs
- Evaluations

For further information please contact:

Dreamtime Public Relations
(7C Communications Group)
Tel: (08) 8223 2576
or 1300 307 131
E: janet@dreamtimepr.com
W: www.dreamtimepr.com
www.webez.biz
www.pinsource.com.au
www.promologo.info



Dreamtime Public Relations™

Shane Pilot – Artist

Alcohol Treatment Guidelines for Indigenous Australians

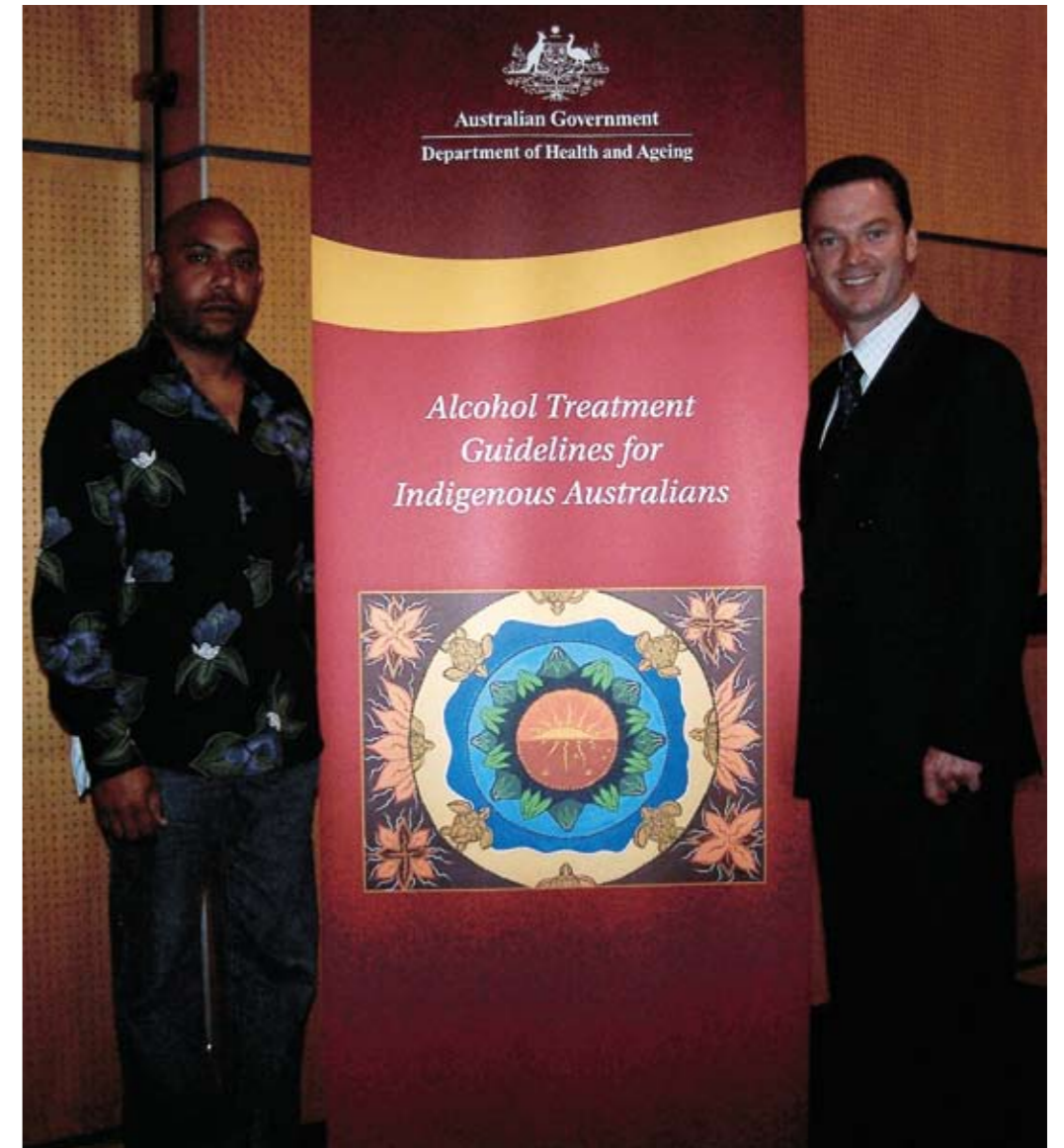
Late last year, the Australian Government Department of Health and Ageing commissioned AHCSA's own Shane Pilot to design and paint a specific piece of artwork for the cover of the Alcohol Treatment Guidelines for Indigenous Australians and associated resources.

The Guidelines and resources have been developed to provide an evidence-based, user-friendly resource to assist health professionals manage alcohol problems experienced by their Indigenous clients.

The Guidelines were developed by Flinders Consulting under the direction of a reference group with extensive experience in the drug and alcohol field and health service provision to Indigenous Australians.

Shane's artwork encapsulates the four themes of bush, beach, mountain and desert, representing the four regions of Australia. Shane is a contemporary Indigenous artist who has lived in Indigenous communities around Australia and incorporates his experience of the diverse culture of Indigenous Australia into his artistic style.

The Australian Government Parliamentary Secretary, Mr Christopher Pyne MP, announced the development of the Guidelines at the 2006

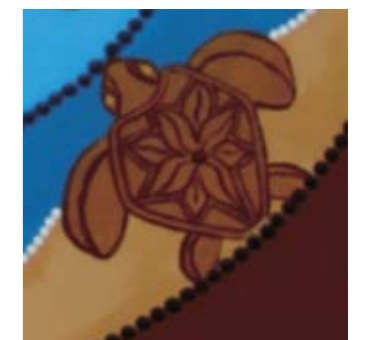
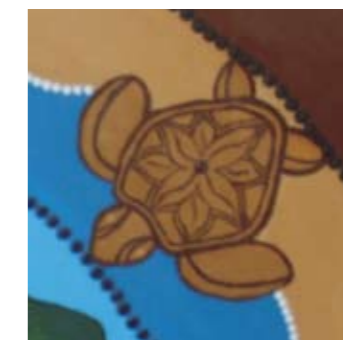


Australasian Professional Society on Alcohol and other Drugs annual conference.

The Guidelines will be widely promoted through a series of workshops at national conferences and at locations which had taken part in the consultations that had helped to shape the guidelines. Implementation will also include an educational television program through the Rural Health Education Foundation that broadcasts via satellite around Australia

to medical and health professionals in remote and rural communities. The Guidelines will be distributed in early 2007.

Shane Pilot with the Honourable Christopher Pyne MP at the launch of the Guidelines (details from Shane's artwork below)



'Stay deadly stay healthy stay strong'

'Stay deadly stay healthy stay strong' comes from a song written by young Aboriginal people at Mt Gambier involved in the Hepatitis C Awareness Raising Project 'Tune Into Your Health'.

This project is an example of the work we do at the Hepatitis C Council of SA in partnership with Aboriginal organisations to engage young Indigenous people in raising Hepatitis C awareness amongst their communities. More song lines are included in this article from other young Aboriginal people who wrote and recorded songs for this project.

Is Hepatitis C a serious health issue for Aboriginal and Torres Strait Islanders?

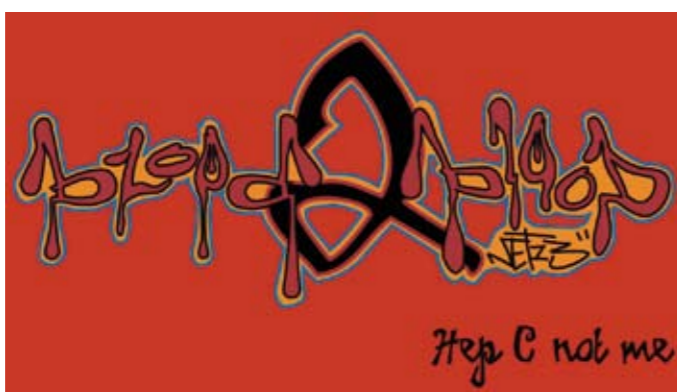
Yes. It is estimated that 22,000 Aboriginal and Torres Strait Islanders have been infected with the Hepatitis C virus in Australia and that Aboriginal and Torres Strait Islander people may be at an increased risk of Hepatitis C infection than non-Indigenous people.

'We gonna tell the community About the facts Explaining Hep C, in this rap If ure really tired & feeling blue You have aches & pains & don't wanna move Go see ure doctor coz it might not be the flu Hep C is a virus and it can get you too!'

Adelaide

What is Hepatitis C?

Hepatitis C is a blood borne virus which can cause inflammation of the liver. Over time, it can also make some people sick with symptoms such as fatigue, nausea and depression, and for a small



Top: Scott, Anson, Shannon and Lindsey at the Port Augusta Launch of 'Tune Into Your Health' Bottom: Artwork was done by young people at the Magill Flexi Centre Mosaic Project

percentage of people it can lead to cirrhosis of the liver, liver failure and liver cancer. Hepatitis C related liver disease is the leading cause for liver transplants in Australia.

'Infection can spread in every direction You can't see it in your complexion So when you're thinking of your selection Use your head for your protection'

Ceduna and Port Lincoln

How is Hepatitis C transmitted?

Hepatitis C is passed on between people when the blood of someone who has the virus has an 'exit point' from their body and has an 'entry point' into someone else's body which allows the virus to get into their bloodstream such

as through cuts and open sores or punctures in the skin involved in unsterile injecting or tattooing.

The virus has a number of strains or 'genotypes' and people can be re-infected with more than one strain of the virus.

Hepatitis C is not transmitted through normal social contact such as sharing food, utensils, drinking cups or hugging and kissing. Hepatitis C is not considered a sexually transmitted infection (STI) but there is a small risk of transmission if there is blood present during sex.

How do people know if they have been infected?

Most people do not have any symptoms when they are infected with the virus so do not realise they have been infected. The only way to know for sure is to see a GP to have a blood test.

Is there a treatment for Hepatitis C?

Yes. Pharmaceutical treatment for Hepatitis C has significantly improved recently with around 60% of all people on treatment clearing the virus. People need to be on this treatment for either 6 or 12 months, depending on the strain (genotype) of the Hepatitis C virus they have. There is very little evidence of any Aboriginal and Torres Strait Islanders accessing treatment throughout Australia.

'Don't feel shame, be game, talk to your doc about the Hep C game Don't be worried about the name Just keep your health in the frame'

Port Augusta

Want to know more?

The Hepatitis C Council of SA provides a range of Hepatitis C information and education services for all people who have Hepatitis C and their families, and healthcare workers in South Australia. We welcome questions from Indigenous South Australians.

If you have any questions about Hepatitis C please ring our telephone information and support line (08) 8362 8443 or 1800 03 22 11 for rural callers. This service is confidential and you do not need to give your name to anyone. If you would like our educators to provide an education session for your workforce in SA or discuss ways we can work in partnership to spread the word about Hep C please telephone Leslie Wightman on (08) 8362 8443 or email leslie@hepcouncilsa.asn.au Other information on the services we provide can be found at www.hepcouncilsa.asn.au.

Grass Roots to Global Action

Health promotion in challenging environments



Australian Health Promotion Association 17th National Conference

Adelaide Convention Centre, Riverbank Room

Tuesday 1- 4 May 2007

Cost \$30.00

As part of the annual conference there will be an Aboriginal Health Promotion Forum.

For more information see: www.healthpromotion.org.au

Aim of workshop

The aim of the 2007 Indigenous Health Promotion forum is for participants to develop a set of principles that 'define the health equity for Aboriginal health promotion practice'.

"What makes health equity different in an Aboriginal Health promotion setting?"

Structure of the workshop

- Key speakers to discuss Indigenous health promotion ideas.
- People to be divided into small groups to formulate what they see as necessary to include in an Indigenous definition of health promotion.
- Have a representative from each group to provide feedback and present main points from each group.

- Speakers to outline ideas of an Indigenous health promotion model, which includes health equity.
- Separate into groups once again, formulate ideas and present main points.
- Conclusion from speakers: sum up points discussed.
- Correlate all information and circulate main points to all participants within the following month.

Intended outcomes

1. To create an Indigenous definition of health equity.
2. To create indigenous health equity principles.

Keynote Speaker: Professor Shane Houston is a Gangulu man from Central Queensland. He has worked in Aboriginal Affairs for more than 30 years with the majority of that time in the health and employment areas. He has held many positions at local, state, national and international levels including a stint with the World Council of Indigenous Peoples in Canada and as an Aboriginal community representative at various UN Forums.

He has played a significant role in Aboriginal health over many years through various Ministerial Working Parties and Councils including the National Aboriginal Health Strategy Working Party in 1989. Professor Houston completed his PhD at Curtin University in 2003 graduating with a Chancellor's Commendation.

Agenda

1:00-1.15pm

Welcome to Country, Aunty Josie Agius

Housekeeping

1:15-1.30pm

Overview and update

1:30-2.30pm

Keynote Address by Dr. Shane Houston: Health Equity and what it means to Aboriginal and Torres Strait Islander People.

'Aboriginal health equity in the context of Health Promotion'

2:30-3.00pm

Afternoon tea & Networking

3:00-4.00pm

Group work (small groups)

1. How do mainstream services become more responsive to the complex health needs of Aboriginal people?
2. What is your understanding of health equity in health promotion?
3. Do current health promotion initiatives generally promote health equity?

4. What does health equity in everyday life look like for Aboriginal people in our community/in our service/in our government?

5. How could an equitable approach to health promotion be used by mainstream services?

4:00-4.30pm

Group Feedback: Presentations from each group outlining the main points

4:30-5.00pm

Conclusion: Summary of main points and next steps

5:00pm

Forum Close – Networking

Supported by

Government of South Australia, Department of Health

Australian Health Promotion Association



Cancer Council update

Perko Ngurratti 'Healing Messages' SA Aboriginal and Torres Strait Islander Cancer Forum

The Perko Ngurratti 'Healing Messages' SA Aboriginal and Torres Strait Islander Cancer Forum, held from 13 to 14 September 2006 at the Adelaide Shores Function Complex, West Beach, was well attended with 130 people on day one and 80 people staying for day two.

The aim of the Forum was to learn more about cancer management from an Aboriginal and Torres Strait Islander perspective and to look specifically at risk factors, incidence rates, prevention, early detection, research and the effectiveness of treatment and support services.

The event was a collaborative initiative led by AHCSA in partnership with The Cancer Council of South Australia and was coordinated by an organising committee

involving a range of SA health organisations.

Various sponsors including AHCSA, The Cancer Council of SA, Department of Health, Country Health SA, Central Northern Adelaide Health Service, Children, Youth and Women's Health Service, Southern Adelaide Health Service, Palliative Care Section of the Department of Health and Ageing, and Newmont Australia provided funding to host the event. Sponsorship funded the cost of catering, venue, travel, meals and accommodation for community members, speakers' fees for community member presenters as well as for other general expenses. Without this financial support the forum would not have been possible.

Attendees included service providers, health workers and community members. Financial support was offered to community people from rural and remote areas to attend and share their cancer experience. Without their

involvement, the Forum would not have truly represented the experience of cancer in Aboriginal and Torres Strait Islander communities.

Ms Josie Agius opened the Forum with the traditional Kurna welcome. Minister Hill provided the opening address and Mrs Mary Buckskin, AHCSA Chief Executive Officer and Ms Brenda Wilson The Cancer Council South Australia Chief Executive Officer introduced the Forum highlighting the importance of prevention, early detection and screening as being paramount to the survival of every cancer patient.

Ms Dana Shen, Executive Director, Central Northern Adelaide Health Service facilitated the diverse program which covered areas such as personal experiences of living with cancer, risk factors, incidence rates, prevention, screening, treatment and support services.

The Forum was the first of its kind in South Australia and provided Aboriginal and Torres Strait Islander people with a platform to inform service providers and health professionals of their cancer experience and to raise awareness of the issues they face.

Forty-two recommendations were made covering the following areas:

- Support Services
- Workforce
- Cultural Competence
- Education and Training
- Prevention/Health Promotion
- Resources

It is hoped that the recommendations will link in to and inform the South Australian Cancer Control Plan about the needs of Aboriginal and Torres Strait Islander people with Cancer.

The Organising Committee



A final report will be produced detailing the forum and its recommendations early in 2007.

Thank You to Our Sponsors

AHCSA and The Cancer Council of SA would like to formally acknowledge the contribution of our sponsors.

This important event would not have been possible without their financial contribution and in-kind support.

Australian Government

Department of Health and Ageing

State Government

Central Northern Adelaide Health Service

Department of Health
Country Health SA Inc.

Southern Adelaide Health Service

Children, Youth and Women's Health Service

Private Industry

Newmont

National Bowel Cancer Screening Program Commences in SA

Australia is one of the first countries to implement organised bowel cancer screening as the Australian Government launches the National Bowel Cancer Screening Program. The Program has already begun in Queensland and New South Wales, and has now commenced in South Australia in January 2007.

Over the next two years nearly a million people will receive a free faecal occult blood test (FOBT) in the mail. Initially people turning 55 or 65 years of age between 1 May 2006 and 30 June 2008 will be invited to participate in the Program, although over time it will expand to include all Australians aged 55-74 years. People in SA who participated in the Pilot Program will also be invited to participate.

When fully implemented, this screening program should save 1000 or more lives per year.

FOBTs are simple tests done at home. Participants will be asked to take tiny samples from two separate bowel motions and send them to a laboratory for testing. People who have samples testing positive for blood will be encouraged to visit their general practitioner for further investigation.

In SA, the screening program began in the southern half of the state and will be extended to the northern half later in 2007. If you are eligible, you will be posted an invitation. If you are not eligible and are interested in screening for bowel cancer we recommend you contact your GP.

Further information

National Bowel Cancer Screening Program Information Line:
Tel: 1800 118 868

Web: www.cancerscreening.gov.au/bowel



FOBT Helpline:
Tel: 1300 738 365

The Cancer Council Helpline:
Tel: 13 11 20

Web: www.cancersa.org.au

Translating and Interpreting Service:
Tel: 13 14 50

Is your date of birth between:

1 May 1941 and 1 June 1943?

1 May 1951 and 1 June 1953?

How Do I Reduce My Risk of Cancer?

By deciding to! If you want to reduce your risk of cancer, you can. This is how.

- Eat well - lots of vegetables and fruit.

'Live Smart' - being sun smart

- Get some exercise.
- Stay at a healthy weight. If you are overweight, try to lose weight.
- Protect yourself from the sun.
- If you smoke, quit.

If you do all of this, you'll cut your risk of getting cancer by half. And you'll feel better straight away!

For more information contact The Cancer Council Helpline 13 11 20 and ask for your copy of LiveSmart your lifestyle guide resource.