



A H C S A
NEWS DECEMBER 2005

- New Look AHCSA -
- Chairperson Retires -
- 2004-2005 Snapshot -
- Pika Wiya Health Promotion Expo -



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The Aboriginal Health Council of SA Inc. (AHCSA) is the peak body representing Aboriginal community controlled health and substance misuse services, and Aboriginal Health Advisory Committees in South Australia at a state and national level.

AHCSA News is published quarterly. Editorial and photographic contributions are welcomed at any time from AHCSA members and associated government departments and agencies. Please send your contributions to: Aboriginal Health Council of SA Inc., 78 Fullarton Road, Norwood SA 5067 (PO Box 787, Kent Town SA 5067), Tel: (08) 8132 6700 Fax: (08) 8132 6799 Email: ahcsa@ahcsa.org.au, Website: www.ahcsa.org.au.

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Cover Photo: Tjimarrri Sanderson-Milera - Tal Kin Jeri Dancers



EDITORIAL

AHCSA has been very busy over the last three months. A working group was established to look at changes to the constitution, the most significant amendment being the change of Aboriginal Health Advisory Committees (AHACs) from affiliate members to full members. A special general meeting was held on 29 November 2005 where the proposed amendments were endorsed.

The Annual General Meeting saw Mr Robert Dann from the Port Lincoln Aboriginal Health Service (PLAHS) retire as Chairperson. We would like to say a special thank you to Robert for his tireless work and great leadership. Mr John Singer from Nganampa Health Council is the new Chairperson and we look forward to working with him during the next 12 months. Details about the other new Board Members are on page 3.

Following further discussions with the Department of Health (DH) regarding the review of AHCSA, it has been agreed that the focus will be to develop future directions, rather than a review, and will be undertaken collaboratively between AHCSA, DH and OATSIH.

AHCSA and our members have expressed serious concern over the review of NACCHO undertaken by OATSIH. We are unanimous in our continuing support of NACCHO and will keep you updated.

On 18 November, the third Framework Agreement for South Australia was signed and will continue until 2010. The partnership agreement between the SA Government, Australian Government and AHCSA aims at working together to improve the health and well-being of Aboriginal and Torres Strait Islander people in South Australia.

Both Barbara Power and Stan Butler have moved on from the SA Aboriginal Health Partnership Coordination and Support Team (formerly secretariat). Both will be sadly missed and we wish them well.

In closing, I would like to say special thanks to the AHCSA Secretariat staff (and families) for their ongoing commitment during what has been an extremely busy, challenging and, at times, difficult year. We all look forward to a relaxing break over Christmas when we will come back refreshed and re-energised.

Merry Christmas and happy New Year to you all.

Mary Buckskin
A/Chief Executive Officer



PARTING WORDS FROM OUTGOING CHAIR

Robert Dann

"I wish to express my appreciation for your hard work, loyalty and support for AHCSA over the last twelve months. As an organisation, we have endured some very challenging times, but have come through with a very positive outlook for the future.

As you may be aware, I stepped down from the AHCSA Chairperson position at the Annual General Meeting on 29 November 2005. I really enjoyed the challenge of the position and the opportunity to learn more about the work of the Council.

On a personal note, it has been wonderful to get to know and form friendships with many of AHCSA's Board members and secretariat staff. I believe as individuals, we all have something to offer, and it is important to learn from each other's experiences and skills.

I look forward to a continued association with AHCSA in the future, and would like to wish you all a very Merry Christmas and a happy and safe New Year."

NEW AHCSA BOARD MEMBERS APPOINTED

Executive

Chairperson

Deputy Chairperson

Treasurer

Secretary

Executive

Chairperson

Deputy Chairperson

Treasurer

Secretary

Executive Member

Executive Member

Non-Executive

Outgoing

Robert Dann, Port Lincoln Aboriginal Health Service

Tim Agius, Goretta Aboriginal Corporation

Cephas Stanley, Pika Wiya Health Service

Margaret Binell, Ceduna/Koonibba Aboriginal Health Service

Incoming

John Singer, Nganampa Health Council

Brenton Richards, Port Lincoln Aboriginal Health Service

Margaret Binell, Ceduna/Koonibba Aboriginal Health Service

Yvonne Buza, Northern & Far Western Aboriginal Health Advisory Committee

Kathy Chisholm, Riverland Aboriginal & Islander Health Advisory Group

Ann Newchurch, Wakefield Aboriginal Health Advisory Committee

Maureen Williams, Umoona Tjutagku Health Service

Fabian Peel, Tullawon Health Service

Tim Agius, Goretta Aboriginal Corporation

Clyde Rigney, Kalparrin Community

Basil Sumner, Nunkuwarrin Yunti of South Australia Inc.

Polly Sumner-Dodd, Aboriginal Sobriety Group Inc.

To be advised, Oak Valley Health Service

Cephas Stanley, Pika Wiya Health Service

Les Bonney, South East Aboriginal Health Advisory Committee

Eileen McHughes, Hills Mallee Southern Aboriginal Health Advisory Committee

Sue Haseldine, Eyre Aboriginal Health Advisory Committee

Lucy Evans, Mid North Aboriginal Health Advisory Committee



AHCSA SECRETARIAT PROFILE

Angela Francisco, Senior Administrative Officer

Angela Francisco was born in Port Lincoln, South Australia. Yes, that's right, home of pristine waters, wonderful seafood, great country hospitality and the unforgettable Makybe Diva.

Angela is of Italian descent. Her husband Frank is Portuguese and is a bricklayer. They are both proud parents of two beautiful boys - Gianni is 15 and Silvio is 7.

Angela's family made the move from Port Lincoln to Adelaide in 2003 to provide their boys with greater educational opportunities and to support their soccer ambitions. She said it was a very emotional time for herself and her family. "Leaving family behind, work colleagues, good friends and the lovely town of Port Lincoln was not easy, but as they say, one door closes and another one opens." Angela has been able to rejoin her brother after 20 years and his lovely family. They have also been able to make wonderful friends.

Angela was employed at the Port Lincoln Aboriginal Health Service Inc. for eight years up to December 2003 as Executive Assistant which she enjoyed immensely. When she left Port Lincoln, she thought she may never have the opportunity again to work within an Aboriginal organisation. Angela says that working with Aboriginal people makes her feel comfortable. Being of Italian descent, she believes that she shares a very similar culture in things celebrated and valued eg art, dance, music, food and strong family values.

In early 2004, Angela was fortunate to gain employment at AHCSA. Her first appointment was Coordinator of the Centre of Clinical Research Excellence in Aboriginal and Torres Strait Islander Health (CCRE).

Since then, Angela has been employed as Senior Administrative Officer through which she provides support to the Business Manager, Chief Executive Officer, Board of Management and the Health Advocacy and Workforce Development Team.

Angela says her time at AHCSA has given her the opportunity to broaden her knowledge of AHCSA's role and its importance to exist. "I really enjoy working at AHCSA with its member organisations and what a privilege it is to work with such talented, caring and appreciative people."

"Keep up the good work AHCSA!"



BRIAN DIXON RETIRES

After 30 years of working in senior positions in Aboriginal Affairs, Mr Brian Dixon announced his retirement from the public sector effective from 28 October 2005.

Brian has been the Executive Director of the Aboriginal Health Division since its inception in 1995. Under his leadership, South Australia has witnessed significant developments in Aboriginal health policy, programs and service delivery.

Throughout his employment in the Department of Health, Brian has maintained that Aboriginal health is a shared responsibility and has worked tirelessly towards a collaborative and integrated approach within this state.

Brian's service to the Indigenous community through health and community services was recognised when he was awarded a Centenary Medal in 2001. His distinguished career was further acknowledged when he received an Order of Australia Medal in 2004.

It has been a pleasure to work with Brian and I am sure that you will all join me in wishing him well in his retirement.

Jim Birch
Chief Executive, Department of Health

THANKS BRIAN - AHCSA

The Aboriginal Health Council of SA would also like to acknowledge the efforts of Brian Dixon and thank him for his support of and commitment to the Aboriginal community controlled health sector.

His service to Aboriginal health in South Australia will be greatly missed.

NEW LOOK AHCSA

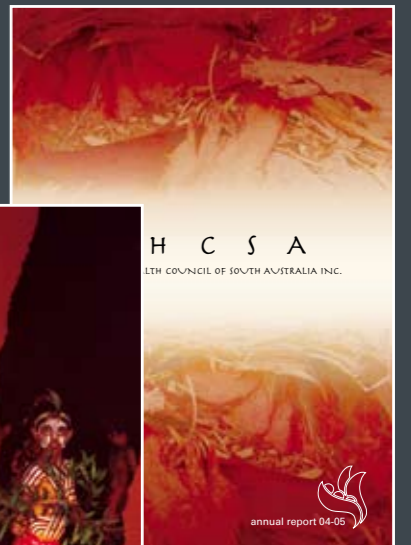
Our re-established relationship with Dreamtime Public Relations has inspired us to create a new look for AHCSA's visual communications to reflect our revitalised approach to 2006.

Earth, Wind, Fire, Water, Culture

The core elements of Aboriginal culture have been included in our new website design and are being used individually as features of our annual reports, newsletters and other printed materials.

New Life

Originally inspired by Board Member, Ms Polly Sumner-Dodd, our logo representing the seed-pod and new life, is being applied in a more modern way to represent our openness to change and strategic approach.



RISE SA UPDATE

The Rehabilitation Information Skills Exchange, South Australia (RISE SA) recently conducted three very successful workforce education workshops in rehabilitation for health workers.

They were held in Whyalla for the Northern Far West and Eyre regions, in Port Pirie for the Mid North Region, in Mount Gambier for the South East Region and in Tailem Bend for the Hills and Mallee South Region. There were 84 participants including nursing, allied health, liaison and paraprofessional staff.

The topics covered included rehabilitation practice, stroke, acquired brain injury, spinal cord injury and muscular-skeletal rehabilitation. Participants enjoyed the opportunity for new learning, sharing information, establishing new contacts and receiving an update.

The work that these country units are doing is impressive, particularly their compassion, commitment and flexibility in providing excellent patient care in difficult circumstances. All regretted the closure of their rehabilitation units some years ago.

Participants are planning to incorporate into their work:

- Improved team work
- Improved goal setting and more focused direction to their work

- Work being more client centred
- Improved client assessment, utilising assessment tools, improved discharge planning
- Greater use of evidence base and guidelines such as the Australian Stroke Rehabilitation Guidelines
- Improved networks and contacts within their region and with specialist rehabilitation providers

Further workshops are planned for next year:

- Wakefield Region – Balaklava, 23-24 March
- Northern and Central Region, 30-31 March
- Southern Adelaide Region, 25-26 May

Hosted two week clinical placements in rehabilitation units for practitioners wishing to increase their rehabilitation clinical skills have also commenced.

If you would like to attend a future workshop or be considered for a hosted clinical placement, do not hesitate to gain further information and details from:

Judy Harvey, RISE SA Project Manager
Tel: (08) 8226 6218, Fax: (08) 8226 6235
Email: judith.harvey@health.sa.gov.au

FAREWELL TO AHCSA STAFF



SHANE PILOT Temporary Receptionist

Shane worked with AHCSA from February 2005 to September 2005. With many years experience working for Centrelink around Australia, he was a perfect candidate for reception relief while Amanda Mitchell worked on a Research Project.

AHCSA visitors and staff were greeted daily with Shane's wonderful smile and contagious, happy personality. It was with great sadness that we farewelled Shane and he will be greatly missed. We wish him the best of luck for the future and we're sure we'll see him back at AHCSA soon.

PAMELA LENNON Acting Administrative Assistant, CAHET

Pam started with the Centre for Aboriginal Health Education & Training (CAHET) team in August 2004 as Acting Administrative Assistant and proved to be a valuable asset to the fast growing training section.

With the increase in students, programs and lecturers, there was never a shortage of work and Pam was able to liaise with her team, Secretariat staff and students effectively to get the job done.

Whilst working, Pam was also undertaking the Certificate 3 in Aboriginal Primary Health Care to become an Aboriginal Health Worker. Pam's warm and friendly nature will win over her future patients of all ages. Keep up the great work Pam and we will no doubt see you at your graduation.

JUSTIN GLADMAN Lecturer, CAHET

Justin originally started with AHCSA as the General Practitioners Education and Training (GPET) Project Officer in December 2004, before winning the position of Lecturer for the CAHET team.

Justin deferred his medical studies to come to AHCSA and his medical background was perfect for working with Aboriginal Health Worker trainees. He also acted as Team Leader to the Training Team.

In the short time that Justin was working with AHCSA, he helped to establish the Certificate course in Oak Valley, Kalparrin and Murray Bridge.

Unfortunately, Justin's family were calling him back home to Broken Hill and he left in September to start work for the Far West Aboriginal Health Service in Broken Hill.

Justin has a quiet and gentle nature and a very dry sense of humour. We need more Aboriginal doctors in our health services, so we wish Justin all the best with his studies. In the meantime, we hope the work he does with all the Aboriginal Health Workers in SA and NSW will inspire them to further their studies, and to become doctors as well. Thanks Justin.

(Photo Right Page)

Aboriginal Primary Health Care Workers Forum L-R Front: Peggy Giles, Sandy Wilson, Eunice Aston, Alwyn Graham; L-R Middle: Dianne Strangways, Ngara Keeler, Brenda Carter; L-R Rear: David Willis, John Webb, Natalie Williams, Kay Wilson, Paul Newchurch.



FORUM AIMS FOR REVITALISED APPROACH IN 2006

The Aboriginal Primary Health Care Workers Forum (Forum) aims to start 2006 with a revitalised approach following their internal evaluation.

The evaluation of the Forum has been ongoing and seeks to further develop the membership to ensure appropriate representation of all Aboriginal Health Workers.

A positive and productive meeting was held with Forum members at the Mud Hut Motel in Coober Pedy on 28 and 29 September, where the main focus of discussion was finalising the evaluation. At this meeting, members decided to aim for completion of the evaluation at their December meeting.

Other highlights of this meeting included the traditional welcome to country by Evelyn Davies (Reason), Rita Winton and Glennys Dodd and a tour of the Umoona Tjutagku Health Service by local staff who later shared lunch with Forum members.

Present at the meeting were Chairperson, Brenda Carter, Nunyara Wellbeing Centre and members, Alwyn Graham from Ceduna/Koonibba Aboriginal Health Service, Paul Newchurch from Noarlunga Health Village, Natalie Williams from Queen Elizabeth Hospital, John Webb from Aboriginal Sobriety Group, Kay Wilson from Nunkuwarrin Yunti of SA Inc, Sandy Wilson from Muna Paiendi Community Health Service, Natalie Williams and Eunice Aston from the Meningie and Districts Memorial Hospital and Community Health Service, and Dianne Strangways and David Willis from Nganampa Health Council.

The tentative dates for next year's meetings are:

15 - 16 March
9 - 10 August
6 - 7 December

The Aboriginal Primary Health Care Workers 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 Forum please telephone **Ngara Keeler at AHCSA** on (08) 8132 6700 or email ngara.keeler@ahcsa.org.au



CCRE SCHOLARSHIP STUDENT

Tony Burgoyne

Tony Burgoyne is one of the first recipients of a Centre of Clinical Research Excellence (CCRE) scholarship. He is studying a Graduate Certificate in Health in Diabetes Management and Education through Flinders University.

Tony is an Aboriginal Health Worker at the Port Lincoln Aboriginal Health Service (PLAHS) and has worked there for the past five years.

He said he was a bit wary of doing the study at first as he works in a predominantly hands-on role but with support from PLAHS and their staff he has completed the first of two semesters of the course with ease.

By doing the course, Tony hopes to help Aboriginal people understand more about diabetes and assist with care planning and self-management of diabetes. He also believes that it is very important to make family and friends of diabetes sufferers more aware of the implications and management of the condition.

As a father of four, Tony acknowledges that looking at the next generation and educating them about diabetes and healthy eating is something he can help promote in the community. Tony was involved in the development of the 'Look, Think, Act: Indigenous stories about living with diabetes' booklet, produced by PLAHS.

Tony said he encourages Aboriginal Health Workers to study in this area. The course is providing him with a good knowledge base about diabetes, which will be of benefit to the whole community.

The CCRE has recently given out 13 scholarships in the first round for students studying in the health area. Applications for the next round are currently being received.

For more information on scholarships, please contact **Merridy Malin or Shelley Nitschke** on (08) 8132 6700.

Keep your eye out in future AHCSA News editions for another CCRE scholarship student profile.

2004-2005 SNAPSHOT - ANNUAL REPORT NOW AVAILABLE!

The AHCSA Secretariat experienced an extremely busy and challenging year in 2004-2005 characterised by continuous change and expansion. Staff were congratulated at the Annual General Meeting for their unceasing dedication to AHCSA and its role as the peak body representing Aboriginal community controlled health and substance misuse services at a state and national level.

AHCSA also thanked its funding organisations - the Aboriginal Health Division (Department of Health), Office for Aboriginal and Torres Strait Islander Health and the Commonwealth Department of Education Science and Training. To follow is a snapshot of what took place during the year.

THE CHANGES

Aboriginal and Torres Strait Islander Commission	Closed in June 2004.
Aboriginal Health Council of South Australia Inc.	Enhanced advocacy role in identifying and demonstrating Aboriginal health reforms.
Aboriginal Health Council of South Australia Inc.	Review of AHCSA by the Department of Health announced. Board of Directors commences a review of the constitution including membership, role and function.
Board of Management	Mr Basil Sumner retired as Chairperson and Mr Robert Dann assumed the role.
National Aboriginal Community Controlled Health Organisation	Another review commenced, commissioned by the Department of Health and Ageing and conducted by KordaMentha group.
Professional Aboriginal Health Worker Association	Closed on 30 June 2005 due to lack of funding.

THE ACHIEVEMENTS

New Programs

Workforce Planning	AHCSA commenced working with Aboriginal Community Controlled Health Services and Aboriginal Primary Health Care Access Program regions to develop workforce plans.
Centre of Clinical Research Excellence	Integrated Project commenced at Pika Wiya, Ceduna and Port Lincoln to provide a foundation from which to develop and promote successful practices in the management and prevention of chronic illness.
Indigenous Health Research Scoping Study	Commenced in late 2004 and involved a literature review of issues; completion of an audit to map Indigenous health research undertaken since 2000 in South Australia; and consultation with 60 people involved in Indigenous health research.
Aboriginal Health Profile Feasibility	Commenced in June 2004 to determine the feasibility of using health information gathered during Aboriginal Adult Health Checks to provide health summaries for Aboriginal people and population based data.
Work Based Senior Management Development Program	Commenced training in March 2005 with graduations held in December 2005. Participants came from Ceduna/Koonibba Aboriginal Health Service, Nganampa Health Council, Port Lincoln Aboriginal Health Service Inc. and Pika Wiya Health Service.

Completed Projects

SA Aboriginal Population Health Database	Aboriginal Health Indicators CD-Rom completed. SAAHP Regional Profiles developed.
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(Photos from Left)

Darrien Bromley, Lorraine Buckskin, Mary Buckskin, Kathy Chisholm and Melissa Connolly; John Webb, Aboriginal Primary Health Care Certificate Student and Desley Culpin, Project Officer Chronic Disease Specialist Support Program; Justin Gladman and Graham Williams, Centre for Aboriginal Health Education and Training.

Ongoing Programs/Projects

SA Aboriginal Health Partnership	AHCSA continues as the lead agency for the Data and Information Strategy, having completed work on the Social and Emotional Well Being and Substance Misuse Strategies.
SA Aboriginal Community Controlled Sector Statewide Strategic Plan	Completed development of the implementation plan, communication strategy, and monitoring and evaluation strategy.
Aboriginal Primary Health Care Workers Forum & Aboriginal Hospital Liaison Officers Network	Continue their important role in assisting workers with issues related to the workplace and local communities. The APHCW Forum celebrated their 15 year anniversary in 2005.
National AHW Competencies	Development completed and endorsement expected by end 2005.
Enhanced Primary Care	Two statewide workshops held and a reference group established to contribute towards increased awareness of program benefits across South Australia.
General Practice Education and Training	Success with sharing a GP Registrar between Nunkuwarrin Yunti and the Parks Community Centre; convening of the reference group; delivery of cultural training to 17 GP Registrars.
Governance Training for Boards of Management	Completed development of the program. To be trialled at Pika Wiya, Aboriginal Sobriety Group, Goretta and Pangula Mannamurna in 2006.
Centre for Aboriginal Health Education and Training	Over 300 enrolments throughout the year and several graduation ceremonies held in late 2005. Training now delivered at 11 sites: Coober Pedy, Port Augusta, Yalata, Oak Valley, Ceduna, Port Lincoln, Whyalla, Port Pirie, Renmark, Mount Gambier and Adelaide.
Aboriginal Health and Research Ethics Committee	Review of a wide range of research and evaluation projects in various areas including diabetes, ageing, mental health and nutrition.
Centre of Clinical Research Excellence	Awarded 13 scholarships to support Indigenous people with further studies that will equip them to make important contributions to Aboriginal health services and health research into the future.
Eye Health & Chronic Disease Specialist Support Program	Building on the previous SA Eye Health Coordination Program and broadening it into a source of funding that supports, encourages and empowers Aboriginal rural and remote area community controlled health services.



(Photos from Top)
Pika Wiya Logo; Premier Mike Rann with Flinders and Far North Regional Health Service staff at the Fruit & Veg (Food Groups 2 & 5) Station; Croc Festival face painting of young participants.

PIKA WIYA HEALTH PROMOTION EXPO GET UR BODY IN2 GEAR

Once again Pika Wiya coordinated an interactive series of work stations for the Croc Festival this year. There were 13 in all, plenty of visual delights and information, for students to see. The displays took about 90 minutes to complete with 5-6 minutes at each station. Classes were broken into groups of 15 and rotated through the stations.

The innovative and unique work station display was based on a garage theme called Get Ur Body in2 Gear and included:

1) Emergency Repairs

SA Ambulance had an emergency first aid visual display.

2) Mental Health & Vision Head Lights

The Royal Society for the Blind created an interactive health vision site.

Child and adolescent mental health and Pika Wiya staff shared the 'remain stress free, take five and survive' steps to remain calm.

3) Get Your Grill Checked

Pika Wiya's oral health team shared an interactive oral health display.

4) Paintwork and Protection

Safe tattoos visual information from the Hep C Council and Nunukuwarrin Yunti.

5) Fuels

Flinders and Far North regional health service staff used themes 2 and 5 for fuels and the walking veggies.

6) Early Warnings

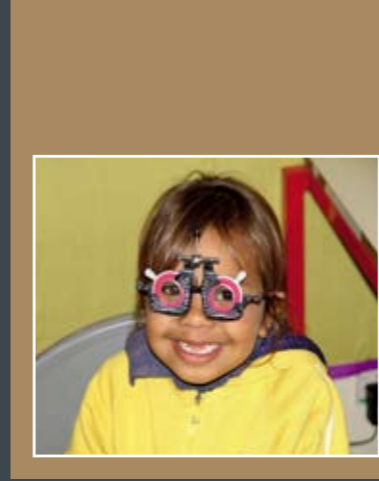
Port Pirie Regional Health Service and Pika Wiya displayed early warning signs and prevention of diabetes and renal disease, 'know your body, take care of your body like a car'.

7) Right Tyres, Right Fit

Pika Wiya and a Podiatrist looked at the 'right tyres, right fit' foot care display.

Feedback from the Croc Festival organisers was very positive and the evaluation showed that the students related to the garage and car theme.

Premier Mike Rann has committed funding for the Croc Festival to continue for the next three years, so Pika Wiya are looking forward to an even bigger and better expo next year.



Shalie Patterson - Eye Health Patient

BROADENING SA'S EYE HEALTH PROGRAM

The Eye Health & Chronic Disease Specialist Support Program (EH&CDSSP) is building on the work of the previous SA eye health coordination program and is broadening it into a program that supports, encourages and empowers Aboriginal rural and remote area community controlled health services.

The program also supports direct service to clients in rural and remote communities. Arrangements are being made by the EH&CDSSP to conduct training in the specific areas of eye health and chronic disease in 2006.

The training will be aimed at and linked with the new competencies for Aboriginal Health Workers. Opportunities for Aboriginal Health Workers to train in the eye health field have been offered at the Royal Adelaide Hospital.

Aboriginal Community Controlled Health Services (ACCHSs) supporting the program include Umoona Tjutagku (Coober Pedy), Ceduna/Koonibba, Port Lincoln Aboriginal Health Service, Nganampa Health Council (Alice Springs), Maralinga Tjarutja (Oak Valley), Tullawon (Yalata) and Pika Wiya (Port Augusta) including their outreach program covering Leigh Creek, Nepabunna, Iga Warta, Marree, Copley and Hawker.

All visits have been completed for 2005 and at least two visits have been scheduled by visiting Ophthalmologists and Optometrists to each ACCHS in 2006.

Desley Culpin, the Coordinator of the EH&CDSSP works with ACCHSs to monitor, encourage and support the arrangement of appropriate eye health and chronic disease specialists to visit rural and remote Aboriginal communities.

FINDING SUPPORT AT ADELAIDE HOSPITALS

If you are visiting hospital or know of someone who is, you may like to obtain support from an Aboriginal Hospital Liaison Officer (AHLO). The following is a list of AHLOs at the various hospitals. They can provide patients with advocacy, liaison between patients, families and medical staff and support to make the hospital stay more comfortable and effective. AHLOs can also assist in orienting patients to the hospital and support the discharge planning process.

Hospital	AHLOs	Phone	Fax	Address
Women's & Children's Hospital	Yvonne Taylor June McInerney Margaret Hampton	(08) 8161 6237 (08) 8161 7381 (08) 8161 7036	(08) 8161 7040	72 King William Street Adelaide SA 5000
Lyell McEwin Hospital	Katie Agius	(08) 8182 9206	(08) 8182 9384	Haydown Road Elizabeth Vale SA 5112
Queen Elizabeth Hospital	Doug Sansbury Natalie Williams	(08) 8222 6000 (08) 8222 8597	(08) 8222 6064	Woodville Road Woodville SA 5011
Royal Adelaide Hospital	Laura Knowles Robert Varcoe	(08) 8222 5314 (08) 8222 5733	(08) 8222 5342	North Terrace Adelaide SA 5000
Flinders Medical Centre	Therese Williams Audrey Taylor Ngaree Cox	(08) 8204 5178	(08) 8204 5486	Flinders Drive Bedford Park SA 5042



Organising committee - From left: Professor Ray Lowenthal, Margaret McJannett, Margaret Culbong, Dr John Condon, Paul Grogan, Helen Smith, Robyn Fanning, Professor Alan Coates and Ellen Kerrins. Absent: Kathy Malera Bandjolan, Dr Sophie Couzos, Alan Eldridge and Paula Vale.

REDUCING THE IMPACT OF CANCER

Aboriginal and Torres Strait Islander people have markedly poorer overall cancer survival rates and higher incidence of some cancers than non-Aboriginal Australians.

Professor David Roder from The Cancer Council South Australia explained that the comparatively high death rate is partly the result of Aboriginal and Torres Strait Islander people "getting more than their fair share" of cancers with poorer survival outcomes such as cancers of the lung, oropharynx, oesophagus, liver, gallbladder and pancreas. Conversely, they have lower rates of some of the more curable cancers such as those of the breast, prostate, bowel and skin cancers.

This was reflected in the results of a collaborative project undertaken in 2003 to estimate cancer incidence and mortality in the South Australian Aboriginal population. Collaborating partners included the SA Health Department's Epidemiology Branch and Aboriginal Services Division, the Aboriginal Health Council of South Australia and The Cancer Council South Australia.

The incidence of cancer (all types collectively) was similar for Aboriginal and other South Australians during 1977-2001. This finding was reflected in the Northern Territory statistics for 1991-2001.

However, Aboriginal and Torres Strait Islander people with cancer died at twice the rate of other South Australians with cancer. Again, this was consistent with the NT where the cancer death rate was about 40 per cent higher in Aboriginal people.

The cancers more common in Aboriginal and Torres Strait Islander people are:

Cancer site	Incidence compared with non-Aboriginal South Australians	Risk factors
Lung	48% higher (elevation more noticeable in women)	Tobacco smoking
Liver	7 times higher	Hepatitis B and C infection, alcohol-induced cirrhosis. Possibly smoking.
Cervix/adjacent sites	4 times higher	Lower participation in cervix screening, which can prevent about 90% of squamous cell carcinomas of the cervix through early detection and treatment.
Gallbladder	4-5 times higher	Obesity, multiple pregnancies.
Mouth (excluding lip), pharynx and oesophagus	3-4 times higher	Smoking, raised alcohol consumption, diets low in fruit and vegetables.
Unspecified organs	3 times higher	These cancers are often advanced and widespread when diagnosed. The primary organ site may not be identified when there is limited access to diagnostic services.
Stomach	2 times higher	Limited access to fruit and vegetables at certain times of the year, due to poor refrigeration, and infection with <i>Helicobacter pylori</i> .
Pancreas	2 times higher	Tobacco smoking, diabetes mellitus, and probably diets low in fruit and vegetables.



Cancers of the female breast, bowel, prostate, skin and lip and haematological cancers (lymphomas, leukaemias and myelomas) are less common amongst the Aboriginal community.

Delayed diagnoses also contribute to poor survival rates, along with a reduced likelihood of completing treatment. This may explain why Aboriginal and Torres Strait Islander people die at higher rates than other Australians, even when affected by the same cancer.

In August 2004, The Cancer Council Australia convened a national discussion forum to agree on ways that stakeholders could work together to improve the poor cancer outcomes within the Aboriginal community.

The forum drew around 120 of Australia's leading cancer specialists, frontline Aboriginal Health Workers, health administrators and Aboriginal cancer survivors to Darwin to examine epidemiological, cultural and anecdotal cancer data.

Issues explored included: language and cultural barriers affecting access to prevention; tobacco use; screening and treatment services; Aboriginal and Torres Strait Islander peoples' spiritual views about health and their experiences when diagnosed with cancer; concerns about institutionalised racism; and funding availability.

Speakers noted the 'double burden' on Aboriginal health – infectious diseases typical of developing countries, coupled with excessively high rates of chronic illnesses prevalent in developed nations, such as cancer, diabetes and heart disease.

Since the forum, The Cancer Council has been working towards a national advocacy strategy aimed at reducing the disparities in cancer outcomes between Aboriginal and non-Aboriginal Australians.

The Cancer Council South Australia is committed to developing and maintaining strong working relationships with Aboriginal Health Workers, organisations and communities, so that its prevention, information, education and support services for people affected by cancer are culturally sensitive, appropriate and accessible.

A key role of The Cancer Council is to provide credible, up-to-date information about all aspects of cancer, chiefly through The Cancer Council Helpline 13 11 20. Trained staff provide a confidential, non-medical service that offers information, support and referral to support services for people with or who are concerned about cancer. This includes the family, carers, and friends of those diagnosed with cancer and health care providers and health workers.

The Cancer Council advocates on behalf of cancer patients for improved treatment and access to services. It also works to reduce cancer risks and secure government support for research and effective cancer prevention, early detection and care and support programs.

Since 1999, government-funded Quit SA, which is located at and managed by The Cancer Council South Australia, has been working with AHCSA to increase the capacity of Aboriginal Health Workers to help smokers quit. The first stage involved a scoping study of the issues around smoking for Aboriginal people and health workers. Currently the project is adapting a manual for use by Aboriginal Health Workers in SA, which is now nearing completion.

Under the auspices of the Clinical Senate, the South Australian Department of Health and The Cancer Council, have worked with health professionals and community representatives to develop a Statewide Cancer Control Plan. The plan recognises that there is a particular need to improve mechanisms to address cancer incidence, early detection and care delivery for an uptake of care among Aboriginal and Torres Strait Islander people. This includes addressing barriers that impair access to prevention programs, primary health care, diagnostic and treatment services and psychosocial support services and implementing structures that ensure that cancer services are culturally appropriate and culturally safe.

As a major step towards reducing the impact of cancer in Aboriginal and Torres Strait Islander people, AHCSA in partnership with The Cancer Council South Australia and other SA health organisations, plan to host a forum in May 2006. The main aim will be to learn more about cancer management from an Aboriginal and Torres Strait Islander perspective and to look specifically at risk factors, incidence rates, research and the effectiveness of treatment and support services.

It is anticipated that this forum, together with the Statewide Cancer Control Plan, will raise the public profile of Aboriginal and Torres Strait Islander cancer issues and foster working alliances between agencies involved in cancer control in South Australia.

For more information about the Adelaide forum please contact **Carmel McNamara, The Cancer Council South Australia**, on (08) 8291 4149 or **Ngara Keeler, Workforce Development Officer, AHCSA** on (08) 8132 6700. For information about the programs and services of The Cancer Council, contact Carmel or The Cancer Council Helpline on 13 11 20.



ENHANCED PRIMARY CARE UPDATE

Good News!!

Congratulations to NACCHO on the release of their RACGP endorsed National Guide to a preventative health assessment in Aboriginal and Torres Strait Islander peoples.

It offers evidence based practice guidelines for health professionals and is now available in hard copy and electronically on the following website:
<http://www.racgp.org.au/document.asp?id=18308>

HIC Name Change

On 1 October 2005, the Health Insurance Commission (HIC) changed to Medicare Australia.

The new website www.medicareaustralia.gov.au is now available, so you may wish to renew any links and/or bookmarks to reflect this.

Care Planning

1 July 2005 saw the introduction of a number of changes to the Medicare rebatable care planning process to increase client eligibility and decrease associated red tape. Previously, the only clients eligible for EPC Multidisciplinary Care Plans were those with a chronic condition and complex care needs.

Patients who have a chronic or terminal condition (without multidisciplinary/complex care needs) can now have a GP Management Plan service.

Those who also have complex care needs can have both a GP Management Plan and a Team Care Arrangements service.

Practice nurses, Aboriginal Health Workers and other health professionals may continue to assist GPs in the Care Planning process, however, now in an 'officially sanctioned' capacity.

Some statistics to ponder...

- Official HIC data for August 2005 indicates that uptake of care planning by GPs has almost tripled in SA since the introduction of the CDM Medicare items in July 2005.
- 64.8% of all care plans that were claimed in South Australia in August were GP Management Plans (Item 721).

What does this mean for multidisciplinary care, now that the expectation of collaboration between health professionals in the care of clients with chronic conditions is no longer required in order to obtain a Medicare rebate?

Forthcoming administrative changes to the Medicare allied health and dental initiative will aim to encourage greater collaboration between health professionals. See the website at www.health.gov.au/strengtheningmedicare for more details.

It is hoped that GPs and health services will continue to see the benefit of multidisciplinary collaboration and participate in Team Care Arrangements (TCAs) in addition to the GP Management Plan.

In order to be effective, chronic disease management tools and care plans need to be client centred, goal driven and responsive to the individual needs of clients with chronic conditions - not just a generic plan of medical management given to the client at the end of a consult.

The primary aim of the CDM Medicare items is not to generate funds, although remuneration for time and resources is absolutely necessary.

An interesting suggestion...

Aboriginal Community Controlled Health Services are often dealing with clients where complex care needs associated with chronic conditions are the norm rather than the exception.

Due to the increased complexity when generating care plans for Aboriginal clients, a suggestion has been made that there should be a Medicare item for an Aboriginal Primary Health Care Plan, where adequate remuneration is received for time and resources utilised. There is a real need to take into consideration social factors/determinants when formulating care plans within Aboriginal communities.

Such a Medicare item may also help to provide resources for essential follow-up and further coordination of care.

If you would like to respond to any of the issues raised here, please contact **Anna Leditschke, EPC Project Officer**, email: anna.leditschke@ahcsa.org.au



ABORIGINAL WOMEN'S ACTION SURVIVORS OF CANCER GROUP

In August 2005, an Aboriginal Women's Action Survivors of Cancer Group formed to support women living with cancer.

The group's aim is to provide ongoing support to one another through regular meetings, discuss treatment experiences, provide support for carers and share information about prevention and early detection.

Six successful meetings have been held and were well attended. Venues include Tauondi College, Muna Paiendi Community Health Service, Inner Southern Community Health Service, Women's Health Centre, Neporendi Community Centre and Nunkuwarrin Yunti of SA Inc.

Although the group operates without a budget, there is lots of generosity and in-kind support from Aboriginal and non-Aboriginal organisations and health services.

The Aboriginal Women's Action Survivors of Cancer Group is aiming to influence regional health services to improve services for Aboriginal cancer patients and are advocating for an Aboriginal Cancer Health Worker workforce.

CLINICAL REFRESHER COURSE

Over the last few months, AHCSA has been collecting information from Aboriginal Health Workers (AHWs), Practice Managers and other health professionals across South Australia, to gauge support within the Aboriginal Community Controlled Health sector for a Clinical Refresher Course for AHWs. Many thanks to the 39 respondents who enthusiastically completed the questionnaire and participated in lively discussions.

The results are summarised below:

- 69% of respondents feel that a Clinical Refresher course for AHWs is very important, 28% feel it is important and none felt it was not important.
- 69% believe the course should be offered annually.
- Feelings on where the course should be held were evenly divided with 46% preferring a centralised location (Adelaide) and 46% preferring the AHWs own community. Other options suggested were centralised in regional locations or alternating between centralised and local locations.
- Apart from general clinical assessment skills, the main areas that AHWs are keen to develop are skills they are

These issues in addition to support and resourcing arrangements for the group's continuation were discussed on Tuesday 8 November 2005 by group representatives Roslyn Weetra, Betty Branson, Aunty Charlotte Sumner and Alice Rigney with Dana Shen from the Central Northern Adelaide Health Service, Ginny Healy from Children, Youth and Women's Health Service, Zell Dodd from Southern Adelaide Health Service, Carmel McNamara from The Cancer Council of South Australia and Ngara Keeler from AHCSA.

The meeting was really positive with Dana Shen making a strong commitment to the group and a follow-up meeting organised between the three metropolitan regions to finalise support arrangements. An update of negotiations will be provided in the next edition of AHCSA News.

For further information about the Aboriginal Women's Action Survivors of Cancer Group please contact **Roslyn Weetra via AHCSA** on (08) 8132 6700.

(Photo Left to Right)

Zell Dodd, Betty Branson, Roslyn Weetra, Alice Rigney, Ginny Healy, Ngara Keeler and Aunty Charlotte Sumner (sitting). *Absent from photo:* Carmel McNamara and Dana Shen.

more likely to gain in the Aboriginal Primary Health Care Certificate 4, practice stream.

- A suggestion was made that there may need to be an advanced clinical refresher as well as a basic clinical refresher course, in order to cater for the wide variety of clinical capabilities of existing AHWs.
- It was suggested that the purpose of the course needs to be explicit... Is it aimed at assessing and improving clinical competency to a statewide standard or maintaining professional development and competence as a prerequisite for registration?

It is clear that further discussions about the validity and necessity of such a course are required and that sector support and endorsement will be essential. Such discussions will complement the intended investigations by AHCSA and the Aboriginal Health Division into AHW registration and associated workforce issues that will inevitably arise.

If you would like to contribute further to these discussions, please contact **Graham Williams** on (08) 8132 6700 or graham.williams@ahcsa.org.au



ABORIGINAL MEN'S HEALTH EDUCATION AT SHINE SA

Introducing Warren Miller...

Warren is the Coordinator for Aboriginal Men's Health Education at SHINE SA. He belongs to the Wirrangu people and has spent most of his years in Ceduna. Warren has a strong commitment to improving the sexual health and well-being of young Indigenous males and to promoting safer sex practices.

"I want to be a role model to many Aboriginal youth in and around Ceduna", says Warren. "I have spent numerous years in different parts of the state and am involved on various boards and committees in the region. As the Men's Sexual Health Worker, I facilitated workshops and forums for Indigenous males in Ceduna to help manage their sexual health and well-being.

It was during the course of this work that it became apparent to Warren that additional work was required in broadening the issues and focus on sexual health and well-being. So when the position of Coordinator for Aboriginal Men's Health Education at SHINE SA became available, he saw this as an opportunity to make a difference. The position allows Warren to maintain a closer focus on working with other Sexual Health Workers in the state to combat issues facing young Indigenous males.

Warren is focusing on education, as well as increasing knowledge and access to services, by helping to support community initiatives that raise awareness of sexual health and its impact within local communities.

He said "I would also like to encourage the development of partnerships between SHINE SA and Indigenous and non-Indigenous organisations to encourage an environment of change for Indigenous males at risk. To do this we will need to identify and promote ways to address the problems and break the silence on sexual health issues."

Next AHW Course

Dates: 29, 30 & 31 March and 3, 4 & 5 April 2006

Time: 8.45 am - 5.00 pm

Place: SHINE SA, 17 Phillips Street, Kensington

Cost: \$350.00 (incl. GST)

Overview

The following topics will be covered:

- Sexuality
- Values clarification
- Traditional health
- Legal aspects of sexual health care practice
- Structure, function and common conditions of the reproductive systems

- Methods of contraception
- Safer sex practices
- HIV/AIDS/hepatitis infections
- Sexually transmitted infections
- Infertility
- Rape and sexual assault

From this course male workers will:

- Connect with a network of other male Aboriginal Health Workers who can provide support and information.
- Gain further insights into running groups with Aboriginal men around health and well-being.
- Be able to manage situations relating to sexual health, including follow-ups, referrals, etc.
- Have increased confidence in talking to Aboriginal men about relationships and sexual health.
- Contribute to the pool of knowledge and resources available to Aboriginal men in regard to male health and sexual health.
- Gain further skills to give Aboriginal men and the community the opportunity to assess where they are going at present with their relationships and sexual health.
- Discuss examples of what has worked and what has not worked in addressing male Indigenous health.
- Show the way for other local Aboriginal men to undertaking personal development skills.
- Be able to increase community knowledge, self-esteem and confidence in relation to their health and well-being.

Course Assessment

A **Statement of Attainment** will be awarded. To receive this participants must:

- Attend every day of the course unless recognition of current competency has been granted.
- Complete the assessment.

Other Details

Morning and afternoon tea will be provided. Participants will be required to find their own accommodation.

Registration

If you are interested, please download the Course Registration Form at http://www.shinesa.org.au/files/Course_application_form.pdf and forward the completed form with payment to: Course Administrator, SHINE SA, 17 Phillips Street, Kensington SA 5068.

For more information, phone (08) 8431 5177 or email SHineSACourses@health.sa.gov.au



(Photos from Top)
Participants at 'Safe medication management in community settings' workshops.

SAFE MEDICATION MANAGEMENT IN COMMUNITY SETTINGS

A two day course for workers with Aboriginal people titled 'Safe medication management in community settings' has so far been run five times by Prof Charlotte de Crespigny from Flinders University School of Nursing and Midwifery in association with Drug and Alcohol Services SA (DASSA).

The course is an example of researchers listening and responding to the needs of Aboriginal Health Workers and helping them to put research findings into practice.

Research found that not all workers had been able to receive training in Safe Medication Management, Mental Health/Social and Emotional Well Being or Alcohol and Other Drugs, so this course was developed based on previous work in Alice Springs. It has been implemented in Adelaide four times in various locations and once in Ceduna at the request of and with assistance from the Aboriginal Housing Authority.

The course draws on the skills of expert nursing and pharmacology presenters from Flinders University, CHAST, DASSA, University of SA Department of Pharmacology, Spencer Gulf Rural School (University of South Australia and Adelaide University) and Whyalla Hospital. The course includes a worker manual.

So far, at least 80 participants have attended the course. They included health, community and transport workers from community controlled and other Aboriginal health services, liaison staff from city and country hospitals, and workers from residential care services, housing, child, youth and family services, shelters, sobering-up services and other non-government organisations.

The wide range of service representation resulted in the contribution of valuable information and knowledge from different perspectives, experiences and understanding of the issues around medications.

Evaluation and informal feedback suggests that there was enthusiasm for learning together, increased knowledge and confidence in managing medicines safely. They also enjoyed the time spent undertaking the program as it is currently structured.

The most recent two day program was delivered at AHCSA in October 2005. Twenty-three Aboriginal workers from country and city services came together to learn and share information and ideas to improve the care of their Aboriginal clients and family members. This particular program was a cooperative venture between AHCSA, Flinders University, DASSA, and Spencer Gulf Rural School.

The original research and the education programs were funded through a Commonwealth Department of Health and Ageing Quality Use of Medicine grant. A major aspect of the research project, conducted in partnership with Aboriginal health services and community leaders, was to give back to the communities who took part in the research.

Such an initiative, therefore, serves as an example of cooperation, transfer of research into practice, and building knowledge and skills of the Aboriginal workforce, which ultimately benefits Aboriginal families and communities.

For a copy of the research project report 'Better Medication Management for Aboriginal People with Mental Disorders and their Carers', see:

<http://nursing.flinders.edu.au/research/index.php?id=108#aboriginalhealth>
<http://www.adac.org.au/whatwedo/index.html#past>



GENERAL PRACTICE EDUCATION AND TRAINING

In 1997, a Ministerial Review of the trends in health service delivery identified a number of principles as essential to a future system of general practice education. One of these principles stated that there needed to be a comprehensive approach to teaching new and prospective practitioners how to meet the health needs of Indigenous Australians.

In 2001, General Practice Education and Training (GPET) was established to oversee and fund Australian General Practice and Training for postgraduate medical practitioners and 22 Registered Training Providers (RTPs) were established nationally. With a mandate to improve health outcomes for Indigenous Australians, a GPET Aboriginal and Torres Strait Islander (ATSI) Health Training Framework was produced.

In June 2004, AHCSA received funding to employ a GPET Project Officer. GPET positions exist in all the NACCHO State/Territory affiliate organisations, and the aim of the project is to implement the GPET Framework of General Practice Training in Aboriginal and Torres Strait Islander Health.

The Framework supports:

- Establishment and support of governance of ATSI health training through regional partnerships with ATSI groups.
- Provision of information and support to ATSI community controlled organisations to enable them to participate actively in the education of General Practice Registrars (GPRs).
- Additional support and training for GPRs who identify as ATSI.
- Facilitated access for GPRs to well supported and effective ATSI teaching posts.
- Effective and appropriate training in ATSI health for GPRs.

In line with the GPET Framework, the desired outcomes are to:

1. Facilitate the recruitment of Aboriginal Community Controlled Health Services (ACCHSs);
2. Support ACCHSs to engage further participation in ATSI health training; and
3. Encourage ACCHSs and RTPs to enhance the involvement of ACCHSs in the governance of GP training in their local area.

The achievements of AHCSA's GPET project to date are:

- **GP Registrar Distribution**
A GPR was successfully shared between Nunkuwarrin Yunti and the Parks Community Centre. The Project Officer was able to organise and support this move and successfully manage the issue of funding.
- **Aboriginal and Torres Strait Islander Health Training Reference Group**
This reference group convened in June 2005. The membership includes:
 - AHCSA Chief Executive Officer, Board Member
 - ACCHSs - Pika Wiya, Nunkuwarrin Yunti
 - University of Adelaide - Indigenous Medical Health Unit, Spencer Gulf Rural Health Schools - Port Augusta, Whyalla
 - GPET RTPs - Adelaide to Outback, Sturt Fleurieu and Greater Green Triangle
 - GPs from Meningie, Port Augusta, Parks Community Centre
 - GPRs
 - Flinders and Far North Divisions of General Practice - Cultural Mentor Educator

This membership is currently being reviewed to ensure that the most significant members are included and are able to cover comprehensive issues and expertises.

- **Cultural Awareness Training 2005**
In partnership with the RTP Sturt Fleurieu GPET, the GPET/AHCSA Project Officer organised and delivered training to 17 GPRs as part of their block release training.

For further information contact **Renee Tur, GPET Project Officer** – renee.tur@ahcsa.org.au



PARTNER PROFILE DREAMTIME PUBLIC RELATIONS

Supporting Community through Creativity

For Dreamtime Public Relations, their passion is to support the Indigenous community through creativity in visual communications and promotional strategy.

In previous years, Managing Director, Janet Craig, worked as an employee of AHCSA, Nunkuwarrin Yunti and the Aboriginal Sobriety Group and as a consultant for NACCHO, OATSIH and ATSIC. She understands the Indigenous health business from a culturally appropriate viewpoint and assists her staff to obtain cultural education. Just one month ago the whole team went on a bus tour with SA Link-Up to visit and learn about the missions and institutions in Adelaide.

One of Janet's career ambitions was to pass on her knowledge in the areas of public relations, media, marketing and advertising to Indigenous people. She now employs Indigenous staff and provides work experience opportunities for other young budding researchers, writers, and graphic/web designers. So far, Dreamtime has employed seven Indigenous youth. They have also provided education and training to clients' staff to assist them manage their promotion more effectively and efficiently.

Dreamtime's special quality is the ability to listen and then mould and shape words, design and print options until clients get what they want. They take the extra time to produce high quality work that enhances clients' reputations within budget constraints.

Photo from Left: Rebecca Walker, Toby Dodd, Bryan Smith, Janice Brown and Janet Craig.

Dreamtime values the feedback they receive from clients. As a result, they developed WebeZ, an affordable website solution that allows clients to edit their own websites and save the expense of ongoing developer's fees. They have since developed BrandeZ, an affordable logo, stationery and brochure package. Both brands have custom designed packages for less than \$1000.

In late 2004, Dreamtime changed its company name to 7C Communications Group Pty Ltd and trademarked Dreamtime as its core Indigenous brand. The main reason for the change was to open up their business to a wider market so they could attract more work and employ more Indigenous youth.

7C represents the fundamentals of effective communications: credibility, context, content, clarity, consistency, channels (distribution) and capability of the audience, and is the basis from which they operate their business.

Their passion remains Indigenous promotion and Janet takes every opportunity to give back to the community what they inspired her to do. She recently applied for funding, with support from AHCSA and the Aboriginal Sobriety Group to develop an Indigenous Health Website Portal. If they are successful, she will match the \$200,000 funding dollar for dollar.

For further information about 7C and Dreamtime, feel free to **contact the team** on (08) 8443 9114 or visit their website at: www.7c.com.au



MERRY CHRISTMAS EVERYONE!

The AHCSA Board and Secretariat wishes all members and communities a Merry Christmas and a Happy New Year.

Our office will be closed from 12 midday on 23 December and will reopen on 9 January.

We look forward to working with you again in 2006.