

# AHCSA NEWS

Aboriginal Health Council of South Australia Inc.

December 2007



Photo by Cinton Dadlen.

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**Aboriginal Health Council**  
of South Australia Inc.

'Our health, our choice, our way'

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### Welcome to our third edition of AHCSA News for 2007.

It has continued to be another very busy period for AHCSA Board, staff and members. We have just had our Annual General Meeting at which John Singer was elected as Chairperson for the third consecutive year. I would like to

congratulate John and also thank him for his continued support during the last year.

Other Executive Board members are Yvonne Buza, Les Kropinyeri, Lucy Evans, Gwenda Owen and Wilhelmine Lieberwirth. Yvonne has been elected as Deputy Chairperson for the second time – congratulations Yvonne!

The NACCHO AGM was held in Sydney on 19 November followed by the members meeting. Many of our members attended. Immediately following the meeting was the Budgeri Booroody – Excellence in Aboriginal and Torres Strait Islander Health Conference. The inaugural Health Excellence Awards

was a key focus of the conference and I look forward to filling you in on this in our next edition of AHCSA News.

AHCSA has also been busy working on our new strategic plan that will take us through to 2010. We expect the Board to sign off by the end of the year. It will then be sent out to all our members and other stakeholders.

There have been some changes to the AHCSA Secretariat with a number of staff leaving and some new staff coming on.

As we head towards the end of the year, I would like to wish all our members, friends and partners a Merry Christmas and Happy New Year. I hope that next year is less hectic and more positive.

### Mary Buckskin Chief Executive Officer

**Apology:** AHCSA apologises for referring to Michael Miller and Emma Richards from Port Lincoln as 'Local Custodians' in the last issue of AHCSA News, page 7-8. We have been advised that the correct reference is 'Local Descendants'.

**Cover photo:** 4th National Health Convention, story page 11.

## Annual General Meeting Highlights

### At the recent Annual General Meeting, the Chief Executive Officer thanked all staff and Board Members for their continued commitment and support.

2006-07 was an exciting year with many achievements:

- Visited members in their own communities and attended the opening of the Tullawon Health Clinic and Pangula Mannamurna.
- Responded to various issues via the media including the state government's strategic plan and budget, and the Northern Territory intervention.
- Signed the Enterprise Bargaining Agreement after two years of negotiation.
- Completed AHCSA's Future Directions report.
- Continued implementation of the Statewide Sector Strategic Plan and planned a review workshop.
- Completed the 'Our Health, Our Choice, Our Way' Policy Framework and Links Document.
- Secured funding to participate in the Secure Aboriginal Medical Service Information Systems project.
- Shared information with the community, members, government and other stakeholders via AHCSA News distributed every four months and our website which was updated regularly.

- Maintained participation in the South Australian Aboriginal Health Partnership which focused on developing the implementation plan for the next five years.
- Continued involvement in a wide range of meetings, conferences and workshops to ascertain member requirements and advocate on behalf of members to decision-making bodies.

On the national front:

- The Business Improvement Group was formed with Chief Executive Officers from all state/territory affiliates of the National Aboriginal Community Controlled Health Organisation.
- AHCSA was influential in the development and accreditation of the Nationally Accredited Aboriginal Primary Health Care Worker Competencies and progress of the national Aboriginal Health Worker Association.
- Two national meetings were held to progress the Workforce Strategic Framework with the priorities being registration, mental health workforce, allied health professionals, a workforce database, recruitment and retention, and trained Aboriginal workplace assessors.

AHCSA also continued work on the following projects:

- Workforce Issues
- General Practice Education and Training
- Work Based Senior Management Development

### Sean Taylor, Lecturer CAHET

Sean Taylor comes from the Dawereb tribe, one of the eight tribes on Murray Island also known as Mer Island in the eastern part of the Torres Strait. Mer Island is famous for the late Eddie Mabo who distinguished terra nullius in Australia.

At the age of 19, Sean started working as a health worker on Mer Island and throughout the Torres Strait delivering primary health care. Whilst there, he had a major influence on the implementation of various programs. Sean completed a Diploma of Health Science: Aboriginal and Torres Strait Islander Primary Health Care at the Tropical North Queensland Institute of TAFE and later graduated with a Bachelor of Nursing Science through James Cook University.

From there, Sean worked at Cairns Base Hospital (Qld), Alice Springs Hospital (NT), and for the Nursing Agency of South Australia in different Adelaide hospitals as a Registered Nurse. He is currently studying a Graduate Certificate in Health Science: Diabetes Management and Education through Flinders University. Sean has a particular interest in Indigenous health and in diabetes and renal disease.

Sean said "When I left Mer Island, I was given a particular Meriam blessing "kara emetu pulipli ekremada" – which literally means; I am determined to accomplish my goal and nothing whatsoever is going to change my mind or my plans (self-determination!!!)

"My goal was to become a Registered Nurse. Now it is to have a major influence in the prevention of diabetes and end stage renal failure in Indigenous people. This will be a long journey; however I am willing to take this journey!!!"

About his new position as a Lecturer in Aboriginal Health Training and Education, Sean said "this is a new career path for me and I look forward to the challenge of training Health Workers!"

- Board of Management and Governance Training
  - Aboriginal Health Worker training (Centre for Aboriginal Health Education and Training)
  - Eye Health and Chronic Disease Specialist Support Program
- We also provided administrative support and facilities to:
- Centre of Clinical Research Excellence
  - Aboriginal Health and Research Ethics Committee
  - Statewide Aboriginal Dental Scheme

Culminating AHCSA's achievements was the receipt of funding to commence:

- Aboriginal and Torres Strait Islander Health Registered Training Organisation Network
- Aboriginal Health Worker Registration

### Duane Von Senden, EH&CDSS and Finance

Originally from Katherine in the Northern Territory, Duane moved to Adelaide in early 2004 after completing year 12 to play football for Woodville West Torrens. Duane played both Under 19's and reserves that year and secured a two-year traineeship with the SANFL, which was then upgraded to a permanent position.

From October 2006 to May 2007, Duane was the SANFL's Indigenous/Multicultural Development Coordinator. He conducted football clinics, implemented programs and promoted the game to both Indigenous and multicultural communities.

In June 2007, Duane's position changed and he became the first Indigenous Development Coordinator for the SANFL. He ran the same programs throughout the Indigenous community with a strong focus on implementing a structured Sports League in the remote APY Lands, which continues.

At AHCSA, Duane will assist Desley Culpin with the Eye Health & Chronic Disease Specialist Support Program and Melissa Connolly in the Finance Department. Duane said "I hope to increase my knowledge and understanding of AHCSA and the new field of work I have entered, but more importantly would like to develop friendships with my new fellow employees."

### Francine Milera, Administration Assistant CCRE

Francine Milera is originally from Adelaide and has been living in WA for the last 16 years. She is of Narrungga/Adnymathanha descent and her partner is a Yamatji man from the Murchison area of WA. Together, they have five children between the ages of 5-15.

Francine recently started working for AHCSA in the CCRE team as Administration Assistant. She said "So far I have enjoyed working here at AHCSA and hope to be here for a while."

- Good Medicines; Better Health (Quality Use of Medicines) Project
- Public Health Medical Officer

The 2006-07 year was a significant step forward in AHCSA's history and we intend to achieve many more milestones in 2007-2008.

AHCSA thanks our funding organisations: the Department of Health via the Aboriginal Health Division, the Department of Health and Ageing through the Office for Aboriginal and Torres Strait Islander Health, the Commonwealth Department of Education Science and Training, the National Health and Medical Research Council, the National Aboriginal Community Controlled Health Organisation and the National Prescribing Service.

The AHCSA 2006-07 Annual Report is due for printing very soon and will be distributed to all members and stakeholders.

### Ann Newchurch, WIPO

Ann was an Aboriginal Health Worker for several years before moving on to work in Aboriginal health management, acting in various roles as a supervisor, manager and coordinator with the Port Lincoln Aboriginal Health Service (PLAHS).

For the past few years, she has also chaired the Wakefield Aboriginal Health Advisory Committee and been an active member of the AHCSA Board since 2004. Ann recently left the Board to join the AHCSA Secretariat for six months to act in the position of Workforce Issues Project Officer (WIPO).

### Regina Williams, AHW Registration Officer

Regina is a Ngarrindjeri woman. Her mother comes from Gerard and her father is a Kaurna man from Point Pearce. She was an Aboriginal Health Worker for about 18 years and in that time loved working with her people.

Regina also specialised in Diabetes Education and held Diabetic Camps around Adelaide. For some time, she has wanted Aboriginal Health Workers to have their own Registration Board and this led to her appointment at AHCSA as the AHW Registration Officer.

Regina's hobbies are lead lighting, making jewellery such as earrings, necklaces and bracelets, and watching her two sons play baseball. Her sons are 19 and 24 and live at home.

### Jonathon Stier, Administrative Assistant Workforce Development

Known as 'Jono', Jonathon grew up in a small town called Crystal Brook where he lived from the age of 5 to 10. He then moved to Port Augusta for around 11 years and has been in Adelaide just on 4 weeks to take up his new position as Administrative Assistant, Workforce Development at AHCSA.

Jonathon's interests are mainly music. He has been writing and recording his own "Aussie Hip-Hop" for several years.

Jonathon's heritage is Aboriginal, German and Yugoslav with a dash of English. His Aboriginal family are the Wilson's from the Ngarrindjeri people of the river land.

### David Scrimgeour, Public Health Medical Officer

David has worked in Aboriginal health as a general practitioner and public health practitioner for most of the last 30 years. He first went to work with 'Congress', the Aboriginal medical service in Alice Springs in 1977 and then went on to the Pitjantjatjara, Ngaanyatjarra and Yankutjatjara people in the north-west of SA and adjoining area of WA with the 'Strelley mob' in the Pilbara region of WA, the Pintupi people at Kintore and Kivirikura, and the Jigalong mob in WA to his current job as Medical Director for Tullawon Health Service at Yalata.

Having lived and worked in these areas, David is able to speak and understand a little Pitjantjatjara and related languages. He has also worked in urban areas, in particular, the Port Adelaide Community Health Service where most of his patients are Aboriginal and will continue to work there on Monday mornings.

David also has a public health qualification, which means that as well as treating individuals, he is able to investigate the health problems of whole communities and look at community-level strategies for dealing with these problems. He has worked as a Research Fellow with the Menzies School of Health Research in the NT and is currently a part-time Senior Lecturer in Public Health at the University of Adelaide.

David's interests cover just about all aspects of Aboriginal health but particularly health policy and broader policy issues which impact on health. Having worked for Aboriginal community controlled health services for much of his career, David is committed to the concept of self-determination.

He said, "I believe that a strong primary health care sector controlled by communities is essential if the gap in life expectancy between Aboriginal and non-Aboriginal people is to be closed. I hope to use my position to try and ensure that Aboriginal community controlled health services in South Australia are recognised, respected and adequately resourced to provide high quality comprehensive primary health care to the Aboriginal people of South Australia. I am looking forward to working more closely with all member organisations of AHCSA."

### Luita Casey, CCRE Manager

Luita is passionate about improving health outcomes for Aboriginal people. She has worked as an independent consultant and has extensive experience working with Aboriginal people in both the rural and metropolitan areas of NSW and SA over twenty years, designing and delivering healthy living programs to Aboriginal communities.

The programs focused on addressing the needs of each community. Some included chronic disease management and looking at the factors that increased the risk of diabetes and heart disease. Others provided information about nutrition and how it could play a part in good health. The remaining programs focused on social and emotional wellbeing such as self-empowerment and spirituality.

One of Luita's interests includes health promotion and education, particularly addressing the social determinants of health. She believes that this is the best way to make a useful contribution to health care amongst Indigenous peoples. Luita has a degree in Health Science specialising in Health Education and Promotion, and a background in training and teaching. She has been a health consultant within her own business for over ten years.

Luita has a background in chronic disease research and management and is keen to undertake more work in research. She is a registered nurse and has recently worked in community health within the primary health care setting.

Luita brings with her a range of experience in both the clinical and community settings in the areas of mental health, drug and alcohol settings in Adelaide, and also holds a Graduate Certificate in Grief and Loss Counselling.

### An Open Day held at the Pika Wiya Learning Centre on 30 October 2007 from 10am – 3pm was attended by approximately 40 students from the Port Augusta Secondary School and 20 members of the community.

The day provided an opportunity for Aboriginal people who are interested in working and studying in health to learn about health careers, employment, study options and financial and training support.

The Learning Centre was set up in 2003 to increase the number of Aboriginal people working in the health industry, particularly as nurses. This is supported by the Centre's mission which states: 'Pika Wiya Learning Centre is a friendly place where Aboriginal people are welcomed and supported in choosing a pathway and studying towards their career in health'.

Over the years, the Centre has supported students studying for a number of different jobs in health including Registered and Enrolled Nurses, Aboriginal Health Workers (AHW), Aged Care Workers and Aboriginal Maternal and Infant Care Workers.

In December 2007, six students will graduate with the Diploma of Nursing. TAFE-SA has delivered this course at the Learning Centre.

Next year, the Learning Centre plans to offer certificates in Aboriginal Health Worker, Aged Care, Aboriginal Maternal and Infant Care, Research and Allied Health Assistance. It will also continue to support Aboriginal students studying health courses at University.

At the open day, one room in the Learning Centre was set up with stalls from the health industry, training providers, educational institutions and support services ie:

- TAFE-SA
- Department of Health, Aboriginal Health Division
- Mission Australia
- Port Augusta Hospital and Allied Health Services
- Spencer Gulf Rural Health School
- Child, Youth and Women's Health Service
- Aboriginal Health Council
- RAISE Wellbeing program
- Centrelink

During the morning, students heard talks from these organisations.

A highlight of the day was hearing five local Aboriginal people talk about their experiences with studying and working in the field of health, including:

- Marilyn Coulthard - Diploma of Nursing, working at Pika Wiya Health Service
- Charmine Hull - Bachelor of Nursing (RN)

- Henry Dalgetty - Certificate in Aboriginal Primary Health Care, working as an AHW at Pika Wiya
- Carolyn Dalgetty - Certificate in Aboriginal Primary Health Care, working as an AHW at Pika Wiya
- Deelia Richards - Diploma of Nursing, working as an Aboriginal Maternal and Infant Care Worker at the Port Augusta Hospital and also at MAP (Mobile Assistance Patrol)

These talks were an inspiration to students and community members, and a comment on the evaluation sheets summed up the feeling: "Now I know I can do it".

The Learning Centre is located next to Pika Wiya Health Service on Dartmouth Street, and is open everyday from 9am-5pm. Please contact the Learning Centre if you are interested in any of the courses that may be offered next year. You are also welcome to drop in and talk to the friendly staff about your options for studying and support available, or telephone (08) 8642 9902.



Information stalls in the Learning Centre.

## 75 Students enjoy Nutrition Program

After five months developing 'Eat Deadly, Feel Deadly & Look Deadly', the South East Regional Community Health Service (SERCHS) program finally commenced as a pilot on 24 October at the Grant High School with 75 students.

The concept originated in October 2003 at the conclusion of the SERCHS 'Good Tucker, Good Health' small scale program for Aboriginal adults within the region.

The key motivator for developing 'Eat Deadly, Feel Deadly & Look Deadly' was a strong need for the younger generation to access specialist information which would have a positive impact on the high prevalence of lifestyle diseases, in particular obesity and attempting to reduce this along with diabetes. The nutrition flavoured program surfaced again in March 2007.

The unique model provided Indigenous and non-Indigenous students with an opportunity to participate in a five station pit stop structured program that had expert facilitators presenting sessions.

Students were provided with information by the Dietetics team, the Diabetes Educator, and the Physiotherapy Unit to empower them to make informed decisions about what constitutes healthy eating, the importance of physical activity, and understanding diabetes. The South Australian National Football League (SANFL) also provided clinics.

The objectives of the program were to increase students' knowledge of the Australian Guide to Healthy Eating, increase the number bringing healthy food to school, and increase opportunities to realise the importance of physical activity and to participate in physical activity.

The students rotated through the five stations in groups of 15 and enjoyed a healthy lunch at the conclusion of the program. The stations included the Australian Guide to Healthy Eating, Healthy Snack Attack, Physiotherapy, Diabetes and the SANFL clinics.

At the nutritional stations, students were given information that enabled them to make informed decisions about healthy food and the importance of regular exercise.

All sessions were interactive. Students at the nutritional sessions developed a commercial on healthy eating and had hands-on experience in making healthy snacks.

The physiotherapy station provided students with a better understanding of the many benefits of regular physical activity, the risks of a sedentary lifestyle and the growing risks from prolonged sedentary activities. Here students had structured cardio-vascular activities, working at moderate to vigorous intensity, to monitor heart rates etc.

## Eat Deadly, Feel Deadly & Look Deadly "Making Our Families Healthy"

The diabetes station provided students with a general understanding of diabetes and the difference between type 1 and 2, risk factors, and prevention of type 2. Students were also provided with information on emergency treatment of hypoglycaemia.

The SANFL station enabled students to participate in various football kicking and handball drills. They also had the opportunity to play a mini football game.

The 'Eat Deadly, Feel Deadly & Look Deadly' program was designed so all delivered sessions would complement each other to reinforce the importance of healthy eating and the need to incorporate daily physical activity.

Peter May, Aboriginal Health Worker - Health Promotion said "Initially, the program was to be rolled out specifically targeting our Aboriginal students but, as the program coordinator, I was not prepared to promote or contribute to students being 'singled out' within the educational system. I believe it is much better, should you wish to walk on the reconciliation stage, to promote unity than to promote separation, and on the reconciliation stage this can only be seen as another positive step."



Students participating in the football activity.



Students with the dietician.

SERCHS implemented the program even after learning that their Healthy Active Australia Community and Schools Grants application was going to be several months away before any outcome was known.

Even though the Department of Education and Children's Services could not offer appropriate resources to enable all Indigenous students from other regional schools to attend, the program still went ahead, only on this occasion, for students at the Grant High School in Mount Gambier.

Should the grants application be approved, SERCHS and Pangula Mannamuna will jointly implement the program in other regional schools to enable wider participation amongst Aboriginal students.

Peter May further said "The program was lengthy in terms of its development phase but concluding this pilot program, I can say it was a huge success! A special thanks to all facilitators who delivered sessions, support of the Aboriginal Home and Community Care Worker, and the Aboriginal Education Worker at Grant High School ... well done!

"It is only the start as I am sure other regional schools in the south east of SA and Pangula Mannamurna can work closely with SERCHS ... so we can roll out further 'Eat Deadly, Feel Deadly & Look Deadly' programs in the community, only this time with ... a greater population of our Aboriginal students attending from other towns in the south east."

## Moolagoo Mob

Moolagoo Mob is a social and support group for Aboriginal and Torres Strait Islander gay, lesbian, bisexual and transgender (GLBT) people. The group usually meets once a month and is supported by Gay Men's Health.

Discrimination exists in many forms and being Indigenous as well as gay or lesbian can mean being discriminated against in two ways.

Moolagoo Mob member Raymond Zada said, "The group is about connecting with other Nungas and not having to choose between the Indigenous community and the GLBT community. I get to mix with people who belong to both communities and who appreciate what it's like being part of both. It's a great feeling."

One of the group's aims is to tackle the isolation many people feel in the community. Kym Wanganeen, another Moolagoo Mob member, said the group is about "bridging gaps, helping people not feel isolated and giving them a safe space where they can be themselves. It's about building new friendships and having somewhere you can go, and be yourself."

In the last few years, there have been a few attempts at getting an Indigenous GLBT group in Adelaide up and running; *First Queers* being one of them. Dennis Martin, one of the drivers behind re-establishing a group of this kind believes Moolagoo Mob provides other Aboriginal and Torres Strait Islander GLBT people with care and support, the opportunity to learn from each other and to share stories and common experiences.

Darrien Bromley, who recognises the importance of Aboriginal and Torres Strait Islander GLBT people making connections with mainstream GLBT services, believes the group is about empowering people and helping them to develop themselves. "It's being a resource or a meeting point to get things started, from which to take off."

For more information about the group and meeting dates/times, call Mahdi on (08) 8334 1606 or Dennis on (08) 8293 3700.



## Smoother Ride for Tullawon Patients

### Tullawon Health Service in Yalata now offers patients safer, smoother transport, thanks to their new four-wheel drive vehicle and stretcher.

The vehicle replaces an older four-wheel drive used by nursing staff to visit patients in remote areas. It includes a secured stretcher and radio communications system, which were funded and installed by the SA Ambulance Service.

Tullawon Health Service Manager Lindsay Osborne said the off-road vehicle would particularly benefit remote patients needing transport to other health facilities because it now has a stretcher secured to the floor.

"It will mean significantly improved quality of care for the patient and better patient safety," he said.

The stretcher is compatible with SA Ambulance Service ambulances and the Royal Flying Doctor Service airplane, which means patients can be easily transferred between these if needed, rather than lifted.

"If we attend an emergency or accident it will be beneficial for the patient, particularly if they have spinal injuries, to remain on the same stretcher for the whole journey," said Mr Osborne.

"To tell you I'm over the moon about the radio and stretcher is an understatement."

David Jaensch, Operations Manager for SA Ambulance Service, said his organisation funded the equipment to help make Tullawon's services safer and more efficient.

"It just makes it more streamlined and coordinated," he said. "It'll also give us another resource that can be used on the far west coast."



CAHET Lecturers Sean Taylor and Monique Williams with Lindsay Osborne.

The ambulance service in Yalata is staffed by nurses from Tullawon Health Service, and they already had an SA Ambulance Service on-road ambulance vehicle for this.

Now they effectively have two ambulances, as both vehicles have secured stretchers and radios.

Mr Osborne said he was thankful for SA Ambulance Service's assistance. "We want to acknowledge the help SA Ambulance Service has given Tullawon Health Service and the local community," he said. "They've gone a few extra miles for us."

Tullawon Health Service provides services to Aboriginal clients, local pastoralists, and tourists. Staff see about 10,000 people a year, and its ambulance service does about 40-50 cases annually.

## South Australia 2008 NAIDOC Committee

### Expressions of Interest

#### The Department of the Premier and Cabinet is inviting interested Aboriginal and Torres Strait Islander people to apply for membership to the 2008 National and Islander Day Observance Committee (NAIDOC), South Australia.

The Committee will be responsible for applying for grants and organising activities to be held during NAIDOC Week, 6-13 July 2008.

Those interested will need to submit a written application addressing the following criteria:

- Demonstrated understanding of NAIDOC.
- Experience in Aboriginal focus event coordination.

- Ability to communicate effectively with all members of the Aboriginal community including youth and elders.
- Deal effectively with the non-Aboriginal community.
- Ability to provide contribution on a voluntary basis.

All submissions and enquiries are to be directed to:

Ms Nerida Saunders, Director, Culture and Heritage Aboriginal Affairs and Reconciliation Division  
Department of the Premier and Cabinet  
GPO Box 2343, Adelaide SA 5001  
Telephone: (08) 8226 8922

Submissions are due by 21 December 2007

## Innovative Workforce Approach for Pangula Mannamurna

### At Pangula Mannamurna Inc. in Mount Gambier, an innovative workforce development approach is being taken to ensure that the organisation is truly community controlled and provides pathways to support and encourage Aboriginal employees to manage the organisation and its service delivery in the future.

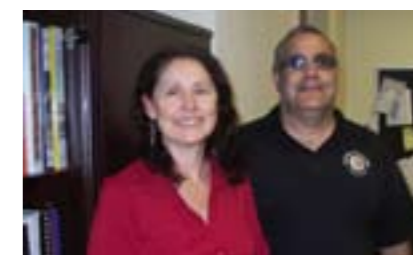
Pangula Mannamurna aims to build organisational capacity through supporting and encouraging employees to undertake training and by internal mentoring. Currently, this is happening in the following ways:

- The Director (Faye) is mentoring the Health Service Manager (Gilbert) through education and support to take over the Director's role.
- Gilbert is, in turn, supporting the Receptionist to become an Aboriginal Health Worker.
- The Bringing Them Home (BTH) Worker has been assisted and supported to gain financial counselling qualifications.
- A young person has been employed as a trainee Receptionist.
- Faye is being mentored by all staff in cultural awareness and clinical operations.

Pangula Mannamurna decided to develop employees after identifying a number of issues which caused problems in the past and considering the future needs of the organisation. These being:

- A need to expand on the skills and experience of staff members to build cohesion and consistency, and to ensure that the community has access to highly skilled and knowledgeable people.
- The Mount Gambier area has a shortage of skilled, qualified people due to the relative isolation of the area.
- A means of providing the organisation with a strong, solid base of committed team members on which to expand the organisation.
- Provides succession planning ensuring that Pangula Mannamurna has the ability to expand and provide a continuous service to the community even when key employees leave.

This approach has produced major benefits to employees, the organisation and the community. In the six months since commencing, Pangula Mannamurna can report that the culture of the organisation has changed to one which is supportive and values the contributions of all employees. Everyone now works together for the betterment of clients, with increased support and loyalty amongst all staff members. This, in turn, has improved staff moral and wellbeing, leading to increased professionalism which has resulted in increased credibility with mainstream services. This strategy has also



Director Faye Stewart and Aboriginal Health Worker Gilbert Rigney.

provided an unforeseen benefit in that community support has grown and can be demonstrated by the number of individuals offering to volunteer their time within the organisation.

As with any change there have been some challenges along the way and these can be summarised as:

- Gaining the full support of the Board of Management – without the support from senior management a process of this type would be destined to fail.
- Community support and acceptance of non-Indigenous employees – there will continue to be people in the community. Faye and Gilbert are constantly informing the community of the goal they are working towards – Faye working herself out of a job.
- Ensuring that a holistic approach is used in understanding how people learn and endeavouring to make all learning culturally appropriate.
- In the past there had been continual change caused by turnover of Directors. This leads to instability on staff, Board of Management and the organisation as a whole.
- Pangula Mannamurna has a very small team of employees which increases the workload of all whenever someone is 'in training'.
- The well known fact of lack of resources has and will continue to be a challenge to the organisation.

This form of workforce development is working well for Pangula Mannamurna and they believe that through mentoring and support to increase the skills of all staff members that the organisation and community will grow into the future providing the services which the Aboriginal community deserves. There are three points which are required to make this process work:

1. The process must be supported by the governing body (Board of Management).
2. There must be willingness by the organisation to bring in expertise when required without cultural barriers.
3. There must be acceptance and commitment by all employees involved.

Pangula Mannamurna Inc. can be contacted as follows:  
91 Commercial Street West  
PO Box 942, Mount Gambier SA 5290  
T: (08) 8724 7270 F: (08) 8724 7378 www.pangula.org.au

## 300 Students for CAHET in 4 years

**The Centre for Aboriginal Health Education and Training (CAHET), AHCSA's RTO, is now four years old and has worked with over 300 students. More than 260 students have graduated with the Aboriginal Primary Health Care qualifications.**

Two new qualifications were added to AHCSA's scope of registration this year:

1. Certificate IV Indigenous Research Capacity Building
2. Certificate IV Training and Assessment

Next year, a possible five new qualifications will be added:

1. Certificate III Aboriginal and Torres Strait Islander Primary Health Care
2. Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice)
3. Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Community Care)
4. Diploma Aboriginal and Torres Strait Islander Primary Health Care (Practice)
5. Diploma Aboriginal and Torres Strait Islander Primary Health Care (Community Care)

2008 also begins the transition of Aboriginal Health Workers to assessors and trainers.

Recently, a new lecturer, Sean Taylor, joined CAHET. As an Aboriginal Health Worker and Registered Nurse, Sean provides the clinical knowledge that the team has lacked. He will coordinate the delivery of the 'clinical refresher' in 2008. (See Sean's profile on page 2)

Ian Thurnwald continues to provide immeasurable help in the collation of student data and funding applications. His capacity for research and understanding of computer systems will benefit AHCSA's RTO in 2008. The delivery of the 'admin refresher' course will also be an option for health services wishing to upgrade report writing and computer skills of Aboriginal Health Workers (AHWs). The course covers word, excel, access and powerpoint.

Leanne Ritossa, CAHET's admin support officer has proved indispensable. She keeps up with the team, which is scattered all over the state, booking flights and accommodation, and manages the travel details for students. Leanne's role will become more important in 2008 when enrolments double with the delivery of the new Primary Health Care training package.

Over the last six months Andy Merrigan has done a lot of travelling! Andy's role has been:

**Delivering the training of the old Certificate III Aboriginal Primary Health Care (APHC)** to a group from Pt Lincoln. One student joined the class from Whyalla, and one from



Top picture: Back row (l-r) – Cheryl McNamara, Pete Griffin, Ida Calgaret. Front row (l-r) – Sonia Beattie, Jackie Doolan. Bottom picture: Back row (l-r) – Sean Taylor (AHCSA), Ida Calgaret, Pete Griffin. Front row (l-r) – Sonia Beattie, Jackie Doolan.

Mount Gambier. This group graduated on December 6 with the distinction of being the last group to complete the old AHCSA qualification. The curriculum will be replaced by the new, national Aboriginal and Torres Strait Islander Primary Health qualifications in 2008.

**Supporting Certificate IV students**, in particular those undertaking the 'Women's health' pathway by negotiating collaboration with SHineSA. This has allowed students to complete their training as accredited Aboriginal Sexual Health Workers in addition to their APHC Certificate IV.

Andy has also travelled to communities in the Riverland and Mt Gambier to support students completing other study requirements.

**Project coordination of the Aboriginal Maternal Infant Care (AMIC) program** – Andy coordinated the Quality Assurance Group, formed to develop a nationally recognised qualification for AMIC workers. This course will be piloted in Pt Augusta and Whyalla in 2008. The group has representation from AMIC workers and midwives in Whyalla and from the Anangu Bibi Family Birthing program in Pt Augusta, the Aboriginal Health Division, Country Health SA, Flinders University and the University of SA schools of Nursing and Midwifery, Pika Wiya Learning Centre, Nunyara Wellbeing Centre, TAFE SA, Children Youth and Women's health service (WACH) and AHCSA.

It is hoped that the course will be ready for piloting in Pt Augusta and Whyalla later in 2008 before being rolled out across the state.

Andy has also conducted an 'intensive' preparation course for AMIC workers in Whyalla. The community requested that AHCSA conduct training to provide the opportunity for a group of students to join AMIC students in Port Augusta for training in 2008.

**Strong Mind Strong Spirit Aboriginal Drug and Alcohol training** – Andy's other role this year has been to support the Aboriginal Drug and Alcohol Council (ADAC) in the delivery of the Strong Mind Strong Spirit course. AHCSA is involved in a joint venture with ADAC and Drug and Alcohol Services SA (DASSA). Her direct role has been as a mentor and support for the project leader with planning, implementation and review of the course.

Andy has enjoyed the variety in her work and appreciated the chance to be involved at both the state and national levels in project planning and development. She has enjoyed sitting around the table with people from many organisations as well as working with individual people at the grass roots level.

The most rewarding part of the job, Andy says, is seeing individual students blossom as their confidence and skills grow and seeing people taking on positions of leadership in their communities and gaining recognition for all they have achieved.

Andy is looking forward to 2008 and the delivery of the new training package, in particular the AMIC training.

### **New competencies: promotion and implementation**

Since July, Monique Williams has been preparing for the delivery of the new Aboriginal Health Worker training package. The resources will be ready to pilot by February 2008. The preparation involved:

- A bridging document from the 'old' Certificate III to the new Certificate III.
- An implementation strategy.
- The promotion of the new training package.
- Discussions with the Department of Health regarding trainee and cadetships for AHWs.

### **Bridging document**

The bridging document contains all the essential skills and knowledge required to be 'upgraded' to the new Certificate III. For those AHWs who already hold a Certificate IV, the bridging will be less demanding than for those who do not.

Before embarking on the bridging process, each student can go through a process of 'recognition' (RPL) to assess their current skills and knowledge.

The new bridging document has been reviewed informally by a number of AHWs and CAHET's new lecturer, Sean Taylor. All have supported the content. The documents were to be printed before Christmas.

### **Implementation strategy**

The implementation strategy shows the different pathways AHW students can take. Although the CAHET team aims to offer all students the recognition (RPL) process during February 2008 so training can start in March 2008, we cannot commit to this schedule in case the teaching and learning resources are not ready for use.

A copy of the Implementation Strategy is available by contacting Monique on (08) 8132 6715.

### **Promotion**

Over the past weeks, Monique has spoken to AHWs in Coober Pedy, Ceduna, Yalata and Oak Valley about the new training package and its implementation. CAHET currently has 85 students on the waiting list for Certificate III and IV.

The competencies starting with the code HLTAW stipulate that:

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself, or
- Accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

To fulfill this requirement, CAHET will train a number of experienced AHWs in the Assessment units from the TAA04 training package. This means that, initially at least, CAHET lecturers will either have to travel with an AHW who can do the assessment for him or her, or work with a local AHW to do the same. A priority of the CAHET team is to train a number of experienced AHWs as assessors early in 2008.

The availability of lecturers may restrict the number of students who can be placed in classes in 2008.

### **Certificate IV Training and Assessment**

Congratulations to Monique for preparing for the audit and responding to the auditor's requests! CAHET will start delivering the Certificate IV TAA in 2008.

AHWs will now have the opportunity to take on an assessing role (and training role) in the new Aboriginal and Torres Strait Islander Primary Health Care qualifications. It is the beginning of another exciting chapter in the growth of community capacity.

# 4th National Health Convention Celebrates 40 Years of Rights



**The recent 4th National Aboriginal and Torres Strait Islander Male Health Convention, held at the Hyatt Regency in Adelaide on 1-2 October 2007, celebrated the 40th Anniversary of the 1967 Referendum – ‘40 Years of Rights’.**

The Convention was held for Aboriginal and Torres Strait Islander males who are community workers, male health practitioners, policy makers, health promotion and public health practitioners, community developers and those interested in improving the health and wellbeing of Aboriginal and Torres Strait Islander males at all stages of life. Non-Aboriginal males working in these areas also attended.

Uncle Lewis O'Brien, Kurna Elder, welcomed everyone to country. A highly respected person in the South Australian Aboriginal community, Uncle Lewis has remained strongly committed to the wellbeing of Aboriginal people and to bringing about positive change that is respectful of diversity and culture.

Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner and National Race Discrimination Commissioner headed the keynote speaker line-up of some of Australia's most well known Indigenous leaders including:

- Dr Shane Houston – Assistant Secretary, Office of Aboriginal Health, Family and Social Policy, NT Department of Health and Community Services
- Henry Councillor – Chairperson, National Aboriginal Community Controlled Health Organisation (NACCHO)
- Dr Mark Wenitong – WuChopperen Aboriginal Health Service, Cairns
- Jimi Peters Jnr – Victorian Aboriginal Community Controlled Health Organisation

Professor Peter Buckskin was the Master of Ceremonies and facilitated the Feedback Forum, Question and Answer Panel, and Convention Recommendations.

The Convention was also based on the recommendation from the National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males 2004. Keynote speakers addressed the following:

- National Strategies that Impact on Aboriginal and Torres Strait Islander Health
- New Policies and Programs Impacting on Male Health
- Indigenous Male Sexual Health



Top photo: Brian Goldsmith, Mari Yerta and Eric Milera.  
Bottom photo: Members of The Muligas.

- Priorities for Aboriginal and Torres Strait Islander Health to Consider for Future Initiatives
- Workforce Development Issues to Ensure a Gender Balance in ATSI Health Services

The 40th Anniversary of the 1967 Referendum, which gave Aboriginal and Torres Strait Islander people the right to vote for the first time, was addressed by keynote speakers in view of "... what has it meant and what could it deliver for Aboriginal male health and wellbeing in the next 40 years?"

The Convention gave Indigenous men the opportunity to address the unique cultural and social context of their health and to build on integrating traditional ways with contemporary best practice.

Guests were entertained at the Convention dinner by Indigenous artists: Sonny Keeler, The MERRg, and Glen Skuthorpe. The Kurruru Boys provided entertainment during lunch on the second day.

The event was sponsored by the South Australian Department of Health, the Australian Government and AHCSA. Other sponsors included Maughan Thiem Ford and CAOS Cafe.

AHCSA acknowledges and thanks Haydyn Bromley, Lele Sanderson and their team from Bookabee Australia Pty Ltd for their professional coordination of the convention.

We would also like to thank Shane Pilot for the artwork he designed for the Convention. Shane brings a distinct and unique cultural style that enhanced the professional image of the conference and promotional material.

Convention delegates made the following recommendations to be presented to local, state/territory and Commonwealth governments, NACCHO and Aboriginal Community Controlled Health Organisations.

**Recommendation 1:** The promotion of Aboriginal and Torres Strait Islander Male Health and Wellbeing be a priority issue for all local, state/territory and Commonwealth governments to be addressed as a matter of urgency.

**Recommendation 2:** The 2001 Indigenous Male Health Report authored by Dr Mark Wenitong shall be the reference for future work in improving Aboriginal and Torres Strait Islander Male health and wellbeing outcomes.

**Recommendation 3:** NACCHO will draft a position paper on the relationship between oral health and male health issues.

**Recommendation 4:** The 2004 National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males shall be immediately implemented and become the key strategic document for male health.

**Recommendation 5:** The National Aboriginal and Torres Strait Islander Male Health and Wellbeing Working Group shall be re-established and Dr Mick Adams shall be reappointed as the Chairperson to drive and promote male health issues.

**Recommendation 6:** An independent strategic coordinated hierarchal structure for Male forums/groups shall be established at the organisational, community, state and national level and report back to the next national male health convention gathering.

The above structure shall encompass interim state/territory representatives.

**Recommendation 7:** This Convention requests that the National Aboriginal and Torres Strait Islander Health Official Network work with the National Aboriginal and Torres Strait Islander Male Health and Wellbeing Working Group to accelerate improved male health and wellbeing outcomes.

**Recommendation 8:** The outcomes and recommendations of the 4th National Aboriginal and Torres Strait Islander Male Health Convention will be provided to NACCHO for endorsement and support. The outcomes and recommendations of the 4th National Aboriginal and Torres Strait Islander Male Health Convention also be submitted to:

- Australian Department of Health and Ageing.

- National Aboriginal and Torres Strait Islander Health Council and the NATSIHC member's areas of portfolio responsibility for consideration, discussion and support to implement these recommendations.

**Recommendation 9:** 'Workforce Issues - employment of males in the health workforce'. Local, state/territory and Commonwealth governments will identify funding for the purpose of increasing the Aboriginal and Torres Strait Islander male health workforce.

**Recommendation 10:** 'Need for identified spaces within Health Clinics for Male Health services and meetings'. Places where male forums/groups can meet and work together with each other at the local and community level are identified as important and must be provided by local, state/territory and Commonwealth governments and community organisations.

## Testimonials

### Will Smith and Harold Chatfield

The 4th National Aboriginal and Torres Strait Islander Male Health Convention was very well organised and put together. This was a very special gathering for our men to come together and to bring with them a wealth of knowledge and understanding of health issues that are affecting our Aboriginal men. It was very interesting to have guest speakers and presenters from different parts of Australia. We learnt about the struggles and barriers that are standing in the way of us Aboriginal men. Gatherings like this should more recognised because it's bringing together our culture and health concerns that we should be able to help and assist each other with no matter where we come from.

We also was touched by the domestic violence, drug and alcohol issues and what some of the communities around Australia are doing to combat the issues. Plus it was encouraging to see all the Indigenous men's workshops around.

### Reg Yarran

Firstly, I would like to thank the South Australian Aboriginal Health Council for giving me the opportunity in attending the 4th National Aboriginal and Torres Strait Islander Male Health Convention held in Adelaide.

During the time when the men welcomed us to country – to Kurna Country by an Elder - I felt honoured in attending this event as a Noongar man from Perth, Western Australia.

There are many issues I found to be very interesting and other issues that needed to be addressed in the next convention.

Overall, the Convention was an outstanding event that I would like to attend next time as I really enjoyed my time meeting, networking with people around Australia and knowing what others do within their community.

# 4th National Health Convention Celebrates 40 Years of Rights

## In Hope NACCHO Congratulates Rudd

Once again a big thank you to Bookabee and the South Australian Aboriginal Health Council.

(A full extract of Reg Yarran's letter is available on request).

### Andrew Morrison

ICAP Project Officer, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

- I gained a knowledge of services/programs around the country.
- The need for men to push our own health issues to get them on the agenda.
- Men's oral health needs to be on the agenda.
- Men need to be involved in their partner's pregnancy.
- More men need to take up positions in the health sector to improve access to services for men (workforce issues).
- Networking opportunities.
- Culturally appropriate conference.
- The impact on Aboriginal men since the government intervention in the NT.
- The need for Aboriginal men to unite and push men's health issues to influence government policy.
- Culture needs to be part of health programs.
- Frameworks for improving Aboriginal males health need to be adopted.

If you would like a copy of the Male Health Convention Report, please contact Darrien Bromley, Business Manager on (08) 8132 6700.



Participants from the convention.

### Media Release, 26 November 2007

**Saturday, 24 November, was a great day for Aboriginal Australians. We now have hope said Dr Adams, Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO).**

Congratulations on such a clear and convincing victory. Australians have clearly indicated they want what you have offered said Dr Adams.

NACCHO and the 141 Aboriginal Community Controlled Health Services we represent, have great expectations about what can be achieved for our people over the term of this parliament. We hope that there will be a bi-partisan approach that will mean actions taken by the Rudd government on Aboriginal issues will not be blocked by the Senate.

We are hoping for both symbolic actions and practical investment. Symbolic actions such as saying sorry are of extreme importance to create the right atmosphere for real change.

Real investment means more than was promised in the election campaign, much more. The full \$460 million a year into primary care in the 2007/08 budget nor more of the same trickle of money that has been the hallmark of the Howard years.

We hope for a real change in attitude. Mr Rudd, now you have been given such a strong mandate by the Australian population, we need a sea change in attitude which will need to come from you and your leadership team.

You need to signal a willingness to create real partnerships between Aboriginal peoples and the government. For my sector this means a partnership agreement between the Department of Health and Aging and NACCHO, where we set ground rules for behaviour and each side's rights and responsibilities. One that recognises us as equal partners in improving the health of Aboriginal peoples.

We will meet you half way. We are ready to embrace change and play our part.

Congratulations on a great win. I look forward to working collaboratively and constructively with you over the next few months and years said Dr Adams.

For more information:

NACCHO Chairperson, Dr Mick Adams (m) 0409 646 952

NACCHO CEO Ms Dea Thiele (m) 0417 046 692

NACCHO Media and Communications Officer, Dr Margaret Chirgwin (m) 0424 644 465



Photo by Clinton Dadleh.

## Over 90,000 sign up to Close the Gap!

The Close the Gap campaign continues to gain momentum following its launch earlier this year, with thousands adding their voice in support and participating in National Close the Gap Day. High profile Australians have given their support to the campaign while others have been inspirational in their commitment and passion to closing the gap!

National Close the Gap Day, held on Tuesday 18 September, was celebrated at more than 300 events around the country as far away as Mt Sheridan in North Queensland, Launceston in Tasmania, Kununurra in WA, and Wagga Wagga in NSW.

In Adelaide, many organisations and individuals joined together and organised a variety of events, including this year's Don Dunstan Human Rights Oration featuring guest speakers Tom Calma, the Aboriginal and Torres Strait Islander Social Justice Commissioner, and Dr Tamara Mackean, President of the Australian Indigenous Doctors Association.

In other cities, events featured representatives from state peak bodies, frontline staff from Aboriginal Community Controlled Health Services, and fabulous musicians including didgeridoo players William Barton and Adam Hill, the Stiff Gins, Kutcha Edwards and Lou Bennett.

The occasional sporting personality turned up too, with Kyle Vander-Kuyp being a crowd favourite in Melbourne.

The day received extensive coverage in media around Australia and in Federal Parliament, with a Senate debate on Aboriginal and Torres Strait Islander health issues. Along with the thousands who signed the petition, the national day clearly demonstrated a deep commitment from the Australian public to Close the Gap.

"It was the response from so many supporters, from all over Australia, who put on their own DIY events that was so impressive," said Oxfam Executive Director Andrew Hewett. "It shows that there is a tremendous ground swell of support for the aims of the Close the Gap campaign."

Since then the campaign has continued to grow with many artists adding their support including Crowded House which is promoting the Close the Gap campaign at all of its concerts in Australia. In December, Missy Higgins will add her voice with a similar commitment during her Australian wide tour.

Recently at the 21st ARIA Awards, Close the Gap supporters, the John Butler Trio, were joined on stage with Keith Urban in an amazing rendition of 'Funky Tonight'. The performance received a standing ovation and is now available as an exclusive download on iTunes with all proceeds going to the Close the Gap campaign.

## CLOSE THE GAP



Don Dunstan Human Rights Oration. Back row: Andrew Hewett, Bill Cossey, Tom Calma, Dameyon Bonson and John von Doussa. Front row: Marla Brisco, Dr Tamara Mackean and Lauren Jew.

The Close the Gap campaign has also received extraordinary support from communities. Albert Clarke a 73-year old endurance athlete took part in a run for his community at Framlingham to help mark the opening of the new health and community centre 'Koolang Muutang'. He ran from Melbourne to Warnambool and is living proof that being connected to country and a community in charge of its own destiny is the best way to ensure positive health outcomes in Aboriginal and Torres Strait Islander communities.

So where do we go from here...

With 2008 looming it is important to remember this campaign goes well beyond any federal election so we must maintain the momentum and continue the pressure on all governments if we are to achieve any real political commitment to closing the health inequality gap.

If you would like to order any campaign materials please go to [www.oxfam.org.au](http://www.oxfam.org.au) or contact Judee Adams at our local Oxfam Australia office on (08) 8236 2160 and you can watch the latest Close the Gap video on Youtube.

## New Look and Website for Nunyara

Nunyara Wellbeing Centre Inc. has just undergone a transformation of their corporate image including a revamp of their logo, new letterhead and business card design, and brochure shell.

Their website is also now online at [www.nunyara.org.au](http://www.nunyara.org.au) and they've had some mugs and Christmas cards produced with their logo and slogan 'Working together to improve our health - our way'.

Dreamtime Public Relations has been working with Cindy Zbierski, Manager of the Nunyara Wellbeing Centre since July 2007 to achieve the desired results.

Cindy said, "At Nunyara Wellbeing Centre we were looking for ways to promote ourselves, our services and our partners in a broader manner than just locally via flyers and word of mouth.

"After investigation of a few web designers locally and nationally, we came across Dreamtime Public Relations - who lucky enough for us are based in Adelaide.

"Dreamtime have, in a limited amount of time, developed a website and taken care of all the 'administrative nightmares' like registering a domain name etc., and developed a website we thought, with limited experience, would take us years to build.

"Dreamtime liaised with us constantly about how we wanted things to look, made very useful suggestions, and was also very patient with us. During the development of the website we have developed a sound relationship, and call on Dreamtime for all our other graphic, printing and promotional resources."

Nunyara is a support centre for the network of individual agencies and institutions committed to meeting community needs through increased resources, support and learning opportunities for youth, families and members of the Aboriginal community.

They provide culturally appropriate primary health care and health promotion programs for the Aboriginal community in Whyalla, as well as education and advice to help families access the services they need from government and mainstream services.

The word Nunyara means 'Restored to health' and comes from the language spoken by the Bungala people of the Eyre Peninsula, traditional owners of this land.

For further information, contact Cindy Zbierski on tel: (08) 8649 4366 or email: [Zbierski.cindy@saugov.sa.gov.au](mailto:Zbierski.cindy@saugov.sa.gov.au)

If anyone would like to contact Dreamtime, call Janet Craig on (08) 8223 2576 or email [janet@dreamtimepr.com](mailto:janet@dreamtimepr.com) Dreamtime has been established for 5 years, has over 10 years experience working with Indigenous organisations and employs Aboriginal and Torres Strait Islander designers and artists. For further information see [www.dreamtimepr.com](http://www.dreamtimepr.com)



[www.nunyara.org.au](http://www.nunyara.org.au)



Optometrist Andy Griffiths (left) and Ophthalmologist Richard Mills (right).

## AHCSA recently secured funding to provide state based training and awareness workshops for Aboriginal Health Workers in the management of trachoma in accordance with the new Communicable Diseases Network Australia (CDNA) Guidelines.

The funding which will be provided in two amounts over the 2006/2007 and 2007/2008 periods was secured by Country Health SA via the SA Department of Health after lengthy consultation with major parties, in particular AHCSA and the Eye Health and Chronic Disease Specialist Support Program (EH&CDSSP).

The allocation is part of a Commonwealth Government initiative in 2005 to commit \$920,000 over three years to implement the CDNA Guidelines for the public health management of trachoma in Australia.

A component of this funding, \$450,000, was dedicated to assist affected state jurisdictions to train health workers and to augment existing trachoma management programs. The remainder of the funding has been allocated to establish a National Trachoma Surveillance Unit.

## Brief history of trachoma

Trachoma has been recognised and documented since ancient times in many parts of the world.

### World

**1800:** In the 19th and early 20th centuries, trachoma was endemic and was a significant cause of blindness in many parts of the western world, including Europe, North America and Australia. It was prevalent in urban slums and poor rural villages such as those in the Appalachian Mountains of North America. The impetus for the formation of the world's first specialist eye hospital, Moorfields, seems to have been an epidemic of trachoma which was brought back to England by British troops returning from the Napoleonic wars in Egypt.

### Australia

**1930:** Trachoma had disappeared from most parts of Australia by the 1930s as housing, hygiene and living conditions improved. However, these improvements did not occur in many parts of remote Australia.

**1940:** In the 1940s, Father Frank Flynn was the first to recognise endemic trachoma in NT Aboriginal populations. Dame Ida Mann documented endemic trachoma in Aboriginal people in WA after World War II and Professor Fred Hollows documented it in far western NSW in the 1960s. As a result of their work and advocacy, the Federal Government and the Royal Australian College of Ophthalmologists established the National Trachoma and Eye Health Program. In many parts of regional Australia where trachoma continues to be endemic, the trachoma control programs implemented today are the legacy of the National Trachoma and Eye Health Program.

## Clinical features and natural history of trachoma

Trachoma is a contagious infection of the eye by specific strains of bacteria 'Chlamydia trachomatis'. The strain 'Chlamydia' which causes trachoma differs from the genital strains. Recurrent trachoma infection can cause scarring of the eyelid and inturned eyelashes (trichiasis), which can result in blindness if not treated with surgery.

Chronic conjunctivitis caused by repeated trachoma infections, often with secondary infection with other bacteria, lead to conjunctival scarring, which may progress to:

- Contraction of the eyelid,
- Inturned eyelashes, and
- Inturned eyelid margin (entropion).

## Trachoma transmission

The main source of trachoma infection is human cases of active trachoma. The prevalence of active trachoma is highest among pre-school aged children, and infections in children persist longer than those in adults, suggesting that young children form a reservoir for infection. Animal reservoirs of C trachomatis have not been found.

Routes of transmission include:

- Direct eye to eye spread (eg while playing or sharing a bed)
- Conveyance on fingers
- Indirect spread on fomites (eg sharing towels)
- Eye-seeking flies
- Coughing/sneezing

Trachoma prevalence varies greatly between communities within a geographical area. Within a community, trachoma is strongly clustered by households; within households it is clustered by sleeping rooms. This suggests that sustainable transmission depends on close, prolonged contact.

**Trachoma occurs more commonly in dry, dusty conditions and is associated with living conditions such as overcrowding, reduced availability and use of water (for washing hands, faces and clothing), inadequate waste disposal and high numbers of flies.**



## Trachoma grading

Health staff in Australia should use the scheme recommended by the World Health Organisation for trachoma control programs, the 'WHO simplified system', as it requires minimal equipment and, with training, allows good intra and inter observer agreement to be achieved in the field.



Guidelines in Trachoma Treatment.

**In June 2006 the Aboriginal Health Council of South Australia AHCSA began working in partnership with The National Aboriginal Community Controlled Health Organisation (NACCHO) and the National Prescribing Service (NPS) on the Good Medicines Better Health Pilot Project to develop a 'Train the Trainer' program in the Quality Use of Medicines (QUM).**

Since then AHCSA has developed a training program that provides the skills and knowledge to Senior Aboriginal Health Workers. This will enable them to facilitate a program for other Primary Health Care Workers to enable them to counsel and support clients and community members with the management of their Asthma, Diabetes, Hypertension and general medications.

**Objectives of the program are:**

- To empower Aboriginal Health Workers ( AHW's) take a leadership role in QUM related quality of care by training them to become trainers in this area.
- To improve the knowledge and skills of AHW's in QUM.
- To provide AHW's with the resources and skills to impart QUM information to their clients.

The steering committee approached three Aboriginal Community Controlled Health Services, who agreed to participate in the project as pilot sites. These Health Services then identified Senior Aboriginal Health Workers within their service to participate and become part of the Senior Trainers team.

**The sites involved in this pilot project are:**

- Port Lincoln Aboriginal Health Service (PLAHS)
- Victorian Aboriginal Health Service (VAHS)
- Kimberley Aboriginal Medical Services Council (KAMSC) which incorporates:
  - Derby Aboriginal Health Service
  - Broome Aboriginal Medical Service
  - Beagle Bay Aboriginal Health Service
  - Yuri Yangi Aboriginal Health Service

The training package is aligned to a number of elements which is embedded within Certificate IV Units of competency from the recently endorsed National AHW Training Package HLT07 and units from Certificate IV in Training and Assessment.

We are now at the implementation stage of the pilot project where the Master Training Team from GMBH AHCSA and a consultant pharmacist, facilitate training for the Senior Aboriginal Health Worker Trainers. This has equipped the trainers with the skills and knowledge to deliver the course to their communities.

So far we've facilitated three training blocks, our first one held in July in Adelaide where we delivered the Training and Assessment component of the package.

The second block was held in Pt Lincoln, this focused on training in the general Quality Use of Medicines.

The third block was recently held in Melbourne. A very positive week with quality presentations and sessions on Asthma and Hypertension being delivered by the Senior Aboriginal Health Worker/Trainers.

We are pleased to report that the Senior Trainers are now starting to deliver components of the course to other AHW's in their health services. For further information on the Good Medicines Better Health Project please contact Michele Robinson at the AHCSA on 8132 6700.



Back row: Joanne Hedges, Graham Williams, Cassandra Matsumoto, Corina Pesich, Colin Mitchell, David Batty, Tony Burgoyne, Scott Davies, Sharon Liddel, Anna Leditchke.  
Front Row: Michele Robinson, Vickie Achee, Vaughan Matsumoto.



Left: QUM design by Dreamtime Public Relations.  
Right: QUM illustration by Sonny Keeler.



**Start date for Aboriginal Health Worker Certificate III and IV in 2008 now confirmed**

Certificate III and IV will be ready to be delivered across the state by the beginning of Semester 2, 2008 (21 July 2008).

Resources for these courses will be available by March/April 2008. Student workbooks will be ready by May/June 2008.

All students who are on the waitlist to do these courses will be contacted. You will be kept informed of developments with the new courses and will be advised of how to apply.

**SA wins NACCHO Koorioke Cup**

The Cup has come home to South Australia following successful performances by AHCSA's entrants in the NACCHO Koorioke Cup Challenge held in Sydney recently.

The SA 'South Ozzie Pride' team (Janine Engelhardt, Allan Sumner, Clinton Dadleh, Davina Binell) has now officially been recognised as one of the great 'Singing' teams. Judged by Alan Brown (aka Mark Holden), Ruth Miller (aka Marcia Hines) and Greame (aka Dicko), they awarded our team with the overall coveted 'NACCHO Koorioke Cup Award' for 2007.

Group member, Clinton Dadleh, who performed in the Duo/ Trio and Group Category said "I had the best time competing in the Koorioke Challenge". It was Clinton's first time. "There is certainly some great 'hidden' talent amongst the Aboriginal communities of Australia and we need to capture this and start the whole promotion of getting our people out there and some record contracts happening; its fabulous talent going to waste. A fantastic idea would be to have the Australian Idol concept but make it totally Aboriginal (cultural idol); then you would start seeing some of the great talent from across this great country coming out of the woods."

What is in store for the South Ozzie Pride Singing Team, Clintons says with an affectionate giggle, "Well I don't think we will give up our day jobs just yet but we will definitely be preparing for the next competition at the 2008 NACCHO AGM. So start preparing for some fierce competition," he said.

From the SA 'South Ozzie Pride' Team, we congratulate all the Koorioke Winners and our brothers and sisters who made it a truly memorable night.

## Subscribe NOW to AHCSA's CEO Communiqué

**Email Newsletter**

**We don't have all your email addresses, so if you want to receive the latest news on what is happening with AHCSA and Aboriginal health, please send us your details.**

EITHER:

Complete the following and fax to 8132 6799:

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

OR:

Send an email to francine.milera@ahcsa.org.au with SUBSCRIBE in the heading stating your name, organisation, address, telephone, fax and email address.

OR:

Complete the subscribe form on our website [www.ahcsa.org.au](http://www.ahcsa.org.au) You will then be on the list to receive the latest news via email from AHCSA. For further information telephone Francine Milera on 8132 6700.

## RAISE Wellbeing sets out Future Directions

**The Regional Aboriginal Integrated Social and Emotional (RAISE) Wellbeing Program team has been working diligently these last few months to review the program and set out future directions – “to further enhance mental health outcomes for Aboriginal people in our community.”**

Kuda Muyambi, RAISE Project Officer and Ruth Klee, Acting RAISE Wellbeing Coordinator have been working on the review.

RAISE is a partnership between government and non-government agencies working in Aboriginal primary mental health and social and emotional wellbeing care. The program does not provide direct mental health and social and emotional wellbeing services; however, works with agencies providing these services to ensure that adequate and culturally appropriate support is available to Aboriginal people when they need it.

An all day review workshop was held on 23 May 2007, facilitated by Dana Shen, Executive Director, Aboriginal and Torres Strait Islander Health, Central Northern Aboriginal Health Service. Participants gave positive feedback regarding Dana's facilitation and commented that the workshop was an ideal opportunity to help the group move forward in a problem resolution format.

The recommendations from the May workshop have now been put into a detailed Action Plan to guide RAISE in the next 12 months. RAISE will continue to strengthen the existing partnerships and move towards adding new agency members to the group. The program's focus will be to improve existing goals around mental health service delivery, management of services, linkages and coordination, and community involvement with additional organisations.

Another all day workshop was held on 14 November with current and new partners to begin the process to plan future work together. Increased emphasis was placed on a holistic approach to the entire family with the additions of Child and



Adolescent Mental Health Service, Drug and Alcohol Services of South Australia, Aboriginal Family Support Services and UnitingCare Wesley - Port Adelaide.

The RAISE roll out to the Whyalla community continues to move forward with additional commitments being made between the Whyalla Community Mental Health Team and Nunyara health services.

In early September, six members of the North and Far West Community Mental Health Teams/SEWB Teams and North and Far West Mental Health Program attended the Indigenous Psychological Services Training conducted by Dr Tracey Westerman, an Aboriginal psychologist from Western Australia. All participants are keen to contribute their knowledge and skills in ongoing and future work.

In other news, the Mapping Aboriginal Health Partnerships for Evidence-policy Transfer (MAHPET) research project continues with preliminary results from the surveys and interviews being shared with teams in September and October. MAHPET seeks to describe the RAISE partnership and use the information to improve the quality of mental health care that is provided to Aboriginal people. The next step is to convene an all day workshop to discuss the results as a group and identify issues to improve our collaborative work.

## In the Media

**AHCSA regularly responds to issues in the media to advocate on behalf of the community. Some of the most recent include:**

**19/10/07** – Howard's Backflip on Indigenous Recognition is NOT the Key to Reconciliation

**11/10/07** – Training in Quality Use of Medicines, Good Medicines Better Health Course delivered by KAMSC Senior Aboriginal Health Workers

**04/10/07** – Indigenous men speak out at 4th National Convention

**28/09/07** – Tom Calma leads speaker line-up at 4th National Convention

**07/08/07** – SA Aboriginal Leader Congratulates Bruce Trevorrow and Calls on Rann to Consult Aboriginal Leaders regarding a Compensation Fund for SA's Stolen Generations

All press releases are posted on our website [www.ahcsa.org.au](http://www.ahcsa.org.au) on the Information Page, so be sure to check it out.

## General Practitioner Education and Training

**In early June 2007, Clinton Dadleh took over the General Practice Education and Training (GPET) position at AHCSA from Renee Tur. Having previously worked at Pika Wiya Health Service, Clinton came with a background in the clinical setting and experience working with GPs and Registrars. He also had linkages with key agencies and stakeholders.**

To date, Clinton has achieved the following:

- Promotion of the GPET Program to a wider population including Aboriginal Community Controlled Health Services (ACCHSs) in regional areas.
- Building stronger linkages to support the recruitment of GP Registrars and forming new alliances with agencies including Adelaide to Outback (A2O), Spencer Gulf Rural Health School, University of Adelaide/University of South Australia Indigenous Unit (School of Medicine), Flinders and Far North Division of General Practice, Pika Wiya Health Service, Nunkuwarrin Yunti of South Australia, Sturt Fleurieu GPET Program, Rural Doctors Workforce Agency, and the Royal Australian College of General Practitioners.
- Participation in the annual GPET Convention where discussions focused on GP Registrar Education and Support packages, development of generic Orientation Manuals for ACCHSs, recruitment opportunities for GP Registrars, Cultural Educators and Community Cultural Mentors for GP Registrars, and insight into what other GPET Programs are doing.

- Numerous successful meetings with key stakeholders about GP recruitment and services provided to them.
- Developing content for the SA Orientation Manual for GPs who undertake placements within ACCHSs in rural and remote South Australia.
- Creation of appropriate cultural tools to use when providing education and support packages to GPs.

The work being done to support GP placements will provide further opportunities for both potential GP registrars and ACCHSs to embrace the concept of GPET, 'Working together for the communities and GPs'.

Collaborative linkages are being re-built with key stakeholders to reinvigorate the GPET Program into metropolitan Adelaide and the rural/remote areas of South Australia. GPET is working in partnership with agencies to stop the duplication of services' processes and aiding understanding of the framework.

If ACCHSs wish to secure the additional services of a GP Registrar, all they need to do is apply to become an Indigenous Training Post (ITP). Any ACCHS in South Australia is eligible. To apply, ACCHSs need to complete an accreditation process and ensure they are provisioned financially, logistically, and operationally (infrastructure/capacity), and have a full-time qualified GP to undertake a supervisory role to the GP Registrar.

For further information call Clinton Dadleh on (08) 8132 6736.

Clinton looks forward to continuing the GPET work in building better health outcomes for Aboriginal people and communities.

## Governance Development

**AHCSA has achieved quite a lot with the Governance Development project over recent months, with the most noteworthy being the running of the Statewide Strategic Governance Workshop in September and the submission of the 'Stage 3' Funding Proposal.**

The Statewide Workshop gave members the opportunity to discuss the concept of governance, formulate an understanding of strategic governance and provide feedback on the associated projects being implemented by AHCSA.

Participants also had the opportunity to hear from high ranking members of the Department of Health and Office for Aboriginal and Torres Strait Islander Health on strategic governance and to ask questions.

The Stage 3 Proposal was submitted in October and centred around the establishment and maintenance of a Business Improvement Team within AHCSA. This team will incorporate the existing organisational development positions within AHCSA ie Workforce, Information Technology & Info Management and Governance. The team will be under the guidance of a Business Improvement Manager. While it is still early days in the submission process, feedback so far seems promising. Should the submission be approved, we hope to begin implementation early next year.

Over recent months, we have also continued delivering the Governance Development Workshops and are negotiating with various services to expand delivery early in the new year. The project team will also be working towards completing the refinement process of the remaining projects, with the view to implementing them early in the new year as well.

# Centre of Clinical Research Excellence

**The Centre of Clinical Research Excellence (CCRE) has been busy over the past few months. There have been some changes with Luita Casey becoming the new CCRE Manager, taking over from Peter Harvey, and Francine Milera being appointed as the administrative and clerical person, replacing Amanda Mitchell.**

## Research Training Courses

In July 2007, Training Officer, Merridy Malin, successfully ran the first week of a Certificate IV course in how to do research in Aboriginal health and community services. Students will conduct their own small research project as a part of their everyday job. They will leave the course better able to conduct research and to judge the quality of the research of others. For more information, please contact Merridy Malin or Francine Milera on (08) 8132 6700.

In late October, the CCRE worked in collaboration with the Secretariat of National Aboriginal and Islander Child Care (SNAICC) to offer the first half of a short course in Action Research and Evaluation. Eighteen people working in the fields of childcare and children's health and wellbeing completed one unit from the Research Capacity Building course and will undertake another two units at the next workshop in February. Participants are all undertaking evaluation projects on the job and, in the process, are developing culturally appropriate resources to support their services and communities. The course was held in a comfortable training room at the Parks Community Centre.

## Public Health Association Conference

The Public Health Association of Australia's 38th Annual Conference was held on 23-26 September at Mparntwe, Alice Springs. Aboriginal and Torres Strait Islander health was a major theme and many of the keynote speakers were Aboriginal Australians.

There were many insightful presentations on issues of Aboriginal health and many highlights. Being in Alice Springs added to the focus on the Intervention by the Federal Government in Northern Territory communities. Stephanie Bell, CEO of the Central Australian Aboriginal Congress, acknowledged that there were different views among Aboriginal people and leaders on the Intervention.

Pat Anderson, co-author of the Little Children are Sacred report, gave the conference keynote address. In brief, Ms Anderson made three points: that solutions for Aboriginal peoples need to be based on established principles of human rights; programmes should build on evidence of successes that have been demonstrated in the past; and that it is necessary to build sustained and lasting strategies working with communities.



*Top photo: Research Course, health sector students with teachers Merridy Malin and Alwin Chong.*

*Bottom photo: SNAICC sector students with facilitators Merridy Malin and Liz Orr.*

Another impressive presenter was Dr Alex Brown, an Aboriginal doctor in Alice Springs. Dr Brown gave a couple of papers and spoke powerfully about the profound disparity afflicting Aboriginal people in this country; Central Australia being on the frontline of the attack on Aboriginality; and the use of the language of Aboriginal deficit.

Dr Ian Anderson, leading Aboriginal health researcher, spoke passionately about the blinkers in this country on all sides of politics when it comes to Aboriginal Affairs. Dr Anderson argued that the NT Intervention followed from the developing neo-conservative commentary on Aboriginal people, especially remote communities. Contrary to this approach, Dr Anderson outlined how the evidence from other places, such as North America, showed that increasing people's control over their life circumstances was accompanied by improved life outcomes. He referred to figures showing that where communities had greater self management they had lower suicide rates!

AHCSA's new Public Health Medical Officer, Dr David Scrimgeour, presented a paper on the ideology and philosophy underpinning the Federal Government's Aboriginal Affairs policy, in particular its attack on remote Aboriginal communities in the Northern Territory under the guise of protecting children. Dr Scrimgeour referred to the work of some people associated with particular 'think-tanks' and argued that the measures introduced by the Federal Government had little connection with protecting children – the real motivation for the NT Intervention being indicated by, for instance, Peter Howson in a piece on why land rights need amending - because of asserted disintegration of remote Aboriginal communities and the uranium wealth under the ground.

CCRE's Translation Officer, Glenn Giles, with James Coulthard-Stanley from Pika Wiya attended the conference. Glenn and James presented a paper on the CCRE's work in developing the research capacity of Aboriginal health services and on work James did at Pika Wiya looking at the implementation of care planning and self-management with patients with chronic conditions. Glenn delivered another paper about barriers to research capacity in Aboriginal health organisations pointing to a range of issues in the context of other Aboriginal services being closed. These included insufficient funding to high administrative burdens of onerous reporting requirements associated with needing several

funding grants to obtain enough funds to provide services; not having funded staff time to engage in research activities as well as not having enough training and support for staff to take up research opportunities; and Aboriginal health organisations being under heavy stress as the communities they serve increasingly look to these services to assist them with practical issues. (In this very brief overview, it is not possible to point to all the issues involved here.) The response from people at the conference confirmed that this experience is widespread across the sector – no surprises there.

## 'Wake Up Call'

The CCRE sends out an email bulletin called 'Wake Up Call' about once a month with information about news and research, conferences/forums and workshops, scholarships and funding possibilities etc.

If you would like to receive it, please contact Glenn Giles at the CCRE on telephone (08) 8132 6716 or email [glenn.giles@ahcsa.org.au](mailto:glenn.giles@ahcsa.org.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 21 December and will reopen on 7 January. We look forward to working with you again in 2008.**

**The South Australian Aboriginal Health Partnership (SAAHP) continues to work towards promoting collaborative and cooperative approaches, inside and outside the health sector to improve access to mainstream services and achieve greater equity of health and wellbeing outcomes for Aboriginal people.**

SAAHP's focus areas are:

- Statewide strategic planning by regions and services
- Health Data and Information
- Health Workforce Development
- Monitoring and Accountability
- Linkages and Coordination
- Community Engagement

Some current projects and initiatives are:

### Aboriginal Health Information Technology Workers Forum

SAAHP has been working with members from the SA Department of Health, Australian Department of Health and Ageing, AHCSA, and Aboriginal Health Services in a forum called the Aboriginal Health Information Technology Working Forum.

The forum's aims are to give opportunities for services to discuss their information technology needs and to bring together key personnel from the state, Commonwealth, AHCSA, Aboriginal and state controlled health services to improve, develop and coordinate the use of Information and Communication Services (ICS) across the SA Aboriginal health sector.

The forum believes that developing a sector wide strategic direction for ICS will lead to greater consistency in the use of ICS across the sector, enable better support to be provided for individual services' requirements; and increase the ease of data collection for reporting and possibility of sharing patients records ultimately leading to better health and wellbeing outcomes for Aboriginal individuals, families and communities.

All Aboriginal health services are encouraged to participate in the monthly meetings and more information is available by contacting the forum's Chairperson: Ben Stewart, AHCSA, tel: (08) 8132 6700.

### Pandemic Flu

SAAHP has gained membership to several of the SA Department of Health Pandemic Flu planning and project committees. The federal and state governments have begun preparations for the possibility of a pandemic flu outbreak and SAAHP is engaging with the lead agencies responsible for preparing plans. SAAHP is aiming to ensure that these

plans take into account the needs of communities and Aboriginal health services, particularly in rural or remote areas where the Aboriginal health service may be the only health service for many kilometres and will be on the 'front line' in treating and containing any possible outbreaks.

### Regional Resource Pack

SAAHP continues to support and promote the use of the Regional Resource Pack. The package provides a holistic, collaborative and coordinated approach to health and wellbeing service provision towards measurable and meaningful outcomes for Aboriginal communities, families and individuals. It contains five, cross-sector, statewide strategic planning frameworks around:

- Diabetes
- Social and Emotional Wellbeing
- Substance Misuse
- Health Data and Information
- Health Workforce Development

The resource is useful for those involved in, and committed to, coordinated and collaborative partnership approaches to Aboriginal health and wellbeing planning, reporting, monitoring, policy development and service delivery. These include individuals, peak bodies and organisations with statewide, regional and/or organisational responsibilities. It is also useful for community groups and individuals involved in advocacy and monitoring activities within the health sectors.

Copies of the Regional Resource Pack are available for download at any of the SAAHP partner organisations:

Aboriginal Health Council of South Australia Inc.  
[www.ahcsa.org.au](http://www.ahcsa.org.au)

South Australian Department of Health  
[www.health.sa.gov.au](http://www.health.sa.gov.au)

Australian Government Department of Health and Ageing  
[www.health.gov.au](http://www.health.gov.au)

For further information contact the SAAHP Coordination and Support Team on tel: (08) 8226 6604 or email: [ben.sanderson@health.sa.gov.au](mailto:ben.sanderson@health.sa.gov.au)



### The Support, Collection, Analysis and Reporting Function (SCARF) team has recently taken up residence in the AHCSA building.

Staff include Katherine Stevenson (Regional Coordinator), Kostya Demas (Service Support Officer) and Kevin Swift (Service Support Officer). Kevin and Kostya support services in South Australia as well as parts of Victoria, western NSW and Tasmania. Katherine supports services in South Australia, the Northern Territory and Western Australia.

The team has been busy visiting all Healthy for Life (HfL) services over the last few months and getting ready for the next round of training on the web-based SCARF Information System in December. A SA HfL workshop for all services was also held in December.

SCARF is part of Healthy for Life (HfL), a federal government program that aims to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children. It also aims to improve the quality of life for people with a chronic condition and, over time, reduce the incidence of adult chronic disease.

SCARF sits within the Evaluation and Outcomes Framework of the HfL program and will assist services to understand the impact of their HfL outcomes. It will also enhance the quality of primary health care for Aboriginal and Torres Strait Islander peoples through development and service support; and improve the quality, availability and use of health information. Plainly put, SCARF will assist services to provide better health care for Aboriginal and Torres Strait Islander people.

The Office for Aboriginal and Torres Strait Islander Health (OATSIH) is the national umbrella organisation with funding and developmental responsibilities for the HfL program nationally. Menzies School of Health Research (MSHR) together with the Australian Institute of Health and Wellbeing

(AIHW) and SRA Information Technology are delivering the SCARF component of HfL.

The AIHW have a role to develop the indicators and data analysis and reporting processes required under the project specifications.

SRA are developing and delivering the information technology systems and support for SCARF. MSRH provides staff to support and train the HfL sites to report on the indicators under the agreement guidelines.

Eighty participating services across Australia divided into five regions - Northern Territory, Queensland, South Australia and western NSW, South-east Australia and Western Australia - are participating in HfL and will be involved with SCARF. Service Support Officers (SSOs) will visit services every three months in the first year, then six monthly in the second year of the program. The SSOs will provide regular site support and onsite training for all elements of the SCARF project. Regional Coordinators will visit once a year to manage SCARF service relationships and coordinate a consistent approach to all services, including problem identification and feedback.



Kevin, Katherine and Kosta.

AHCSA News is published three times per year. Editorial and photographic contributions are welcomed at any time from AHCSA members and associated government departments and agencies. Please send your contributions to:  
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Enquiries should be addressed to the Chief Executive Officer. Please note that the views expressed may not always be those of AHCSA. This newsletter may contain photographs of people who have passed away.

Whilst every care is taken to ensure that the information contained in this newsletter is accurate, errors and omissions can occur. We apologise for any error/omission and ask that you report these to Amanda Mitchell for correction in future editions.  
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