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Healthy for Life

An Aboriginal health project underway on the Far South Coast of New South Wales is enjoying a growing reputation in the Aboriginal community backed by solid GP engagement.

Healthy for Life commenced early in 2007 with a team of seven registered nurses and Aboriginal health workers delivering the program for the Southern General Practice Network. The program aims to improve Aboriginal child and maternal health as well as prevent and manage chronic disease in Aboriginal communities from Ulladulla to Eden.

350 Aboriginal adult and child health checks have been carried out by GPs since the program's inception – an important step forward in helping local Aboriginal families manage their health according to Batemans Bay GP, Dr James Langley. "We believe the rates of chronic illness in the Aboriginal population can be improved by conducting these free annual health checks," he says.

Koori Diabetes Days are held monthly in Bega and Moruya and are fast becoming a focal point for diabetes care in the Far South Coast Aboriginal communities. Instigated by the Healthy for Life team just over twelve months ago, more than 80 Aboriginal diabetes patients are attending regularly to see the endocrinologists, dieticians, foot care nurses, Aboriginal health workers and diabetes educators who are on hand to provide a team approach to diabetes treatment in one convenient location. Both clinics were extended recently because of the increase in demand for the service from the Aboriginal community and GPs.

Left: Healthy for Life, Rohan Moreton attends the Koori Diabetes Day in Moruya each month where he says the Healthy for Life team has taught him to manage his condition. Rohan is pictured with SGPN's Healthy for Life registered nurse, Jane Haverfield.



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Healthy for Life

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Healthy for Life is also helping to forge new and trusting relationships between local doctors and young Aboriginal people under a 'School Health Checks' program. During 2008, the team arranged for GPs to conduct health checks for 153 Aboriginal students at five of the region's public schools during class time. "The school health checks are a chance for students to focus on their own health and to ask the doctors any questions they have in a private and confidential way," says Dr Rob Way, a GP with the Katungul Aboriginal Medical Service.

A playgroup-style clinic in Moruya for parents with Koori babies is another successful Healthy for Life initiative. Offering full pregnancy and early parenting care in collaboration with the Area Health Service, each week up to twenty pregnant women as well as new mums and dads enjoy the chance to catch up over lunch, see the nurse or midwife and have their babies checked.

For more information about Healthy for Life in the Eurobodalla and Bega Valley, contact coordinator Jodie Griffin at SGPN on 02 4474 5100, email jgriffin@sgpn.com.au, or visit www.sgpn.com.au.



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Vice President - (Development)

Chris Morris: christine2.morris@health.sa.gov.au

Vice President - (Finance)

Gordon Lee Koo: leekoo@internode.on.net

SIG Convenors' representatives

Tony Butler: tbutler@curtin.edu.au

Bruce Simmons:

bruce.simmons@ozemail.com.au

Branch Presidents' representatives

Helen Keleher:

Helen.Keleher@med.monash.edu.au

Jane McQueen: jane.mcqueen@caac.org.au

ANZJPH Editors

Managing Editor - Jeanne Daly:

j.daly@bigpond.net.au

Senior Editor - John Lowe: jlowe@usc.edu.au

Editor - Priscilla Robinson:

priscilla.robinson@latrobe.edu.au

Editor - Sandra Thompson:

s.thompson@curtin.edu.au

Editor - Alistair Woodward:

a.woodward@auckland.ac.nz

Branch Presidents

ACT Gabrielle O'Kane:

Gabrielle.O'Kane@canberra.edu.au

NSW Sarah Thackway:

sthac@doh.health.nsw.gov.au

NT Jane McQueen: jane.mcqueen@caac.org.au

QLD Danette Langbecker:

danette76@optusnet.com.au

SA Jackie Street:

Jackie.Street@adelaide.edu.au

TAS TBA

VIC Helen Keleher: Helen.Keleher@med.monash.edu.au

WA Peter Howat: p.howat@curtin.edu.au

Chief Executive Officer Michael Moore:

ph (02) 6285 2373, mmoore@phaa.net.au

SIG Convenors

Aboriginal & Torres Strait Islander Health

Peter Waples-Crowe: peterw@vaccho.com.au

Child Health

Naomi Priest: npriest@unimelb.edu.au

Environmental Health

Liz Hanna: lizhanna@netc.net.au

Food & Nutrition Co-convenors

Andrea Begley: A.Begley@curtin.edu.au &

Christina Pollard: C.Pollard@curtin.edu.au

Health Promotion

Peter Howat: p.howat@curtin.edu.au

Injury Prevention

Richard Franklin: rfranklin@rlssa.org.au

International Health Co-Convenors

Peter Vanderwal: peter@jta.org.au &

Miyuki Harui: miyuki@jta.org.au

Mental Health

Susan Humphries: susanhumph@hotmail.com

Oral Health

Bruce Simmons: bruce.simmons@ozemail.com.au

Political Economy of Health

Deborah Gleeson: dgleeson@latrobe.edu.au

Primary Health Care

Helen Keleher: Helen.Keleher@med.monash.edu.au

Prisoners' Health

Tony Butler: tbutler@optusnet.com.au

Women's Health Convenor

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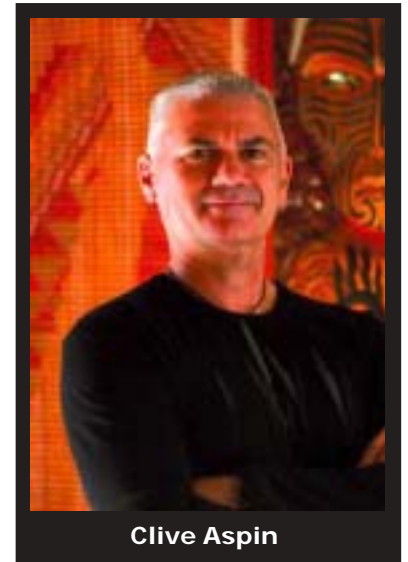
The resilience of Aboriginal and Torres Strait Islander people in the face of increasing rates of chronic illness: SCIPPS' contribution to closing the gap

Clive Aspin and Stephen Leeder

Respectful partnerships are an important ingredient of any research initiatives that set out to make a real difference to the health and well-being of Indigenous people.

One such partnership is that which underpins the work of the Serious and Continuing Illness Policy and Practice Study (SCIPPS), a study into the impact of chronic illness in Western Sydney and the ACT.

For the last two and a half years, SCIPPS has been collecting a wide range of data related to chronic illnesses and the impact that these illnesses are having on the Australian population. An important component of this investigation is a sub-study which examines the facilitators and barriers to good health for Aboriginal and Torres Strait Islander people who are affected by chronic illnesses. With chronic illnesses being a major contributor to their reduced life expectancy, SCIPPS provides valuable insights into how health providers can improve their health services to Indigenous people and contribute to enhanced health outcomes.



Clive Aspin



Stephen Leeder

From interviews with Indigenous patients with diabetes, heart disease and lung disease, it is quite clear that there are vital aspects of their lives, families and communities that need to be taken into consideration if we are to have any success in reducing the impact that chronic illnesses are having within this sector of the Australian community. Certain factors such as remoteness, lack of access to adequate care and social dislocation have been identified as barriers to good health.

However, as SCIPPS has shown, there are powerful cultural factors that have been at play for thousands of years within Indigenous communities that contributed to good health in the past, and have the potential to contribute to the good health of Indigenous people today in a sustainable manner that will help to strengthen their communities in the future. We need to harness these factors and deploy them in a way that will contribute to efforts to reduce the 17 year gap in life expectancy between Indigenous Australians and the rest of the population.

The Indigenous people we spoke with identified a range of factors that contribute to their health and well-being in the face of complex and diverse challenges posed by chronic illnesses. When taken together, it is clear that these factors contribute

to the overall resilience they demonstrate as they confront this contemporary threat to good health and well-being.

For thousands of years, Indigenous people have demonstrated remarkable resilience in the face of multiple threats to their good health. As with other Indigenous peoples around the world, this is due to the ancestral knowledge

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The resilience of Aboriginal and Torres Strait Islander people in the face of increasing rates of chronic illness: SCIPPS' contribution to closing the gap

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that has been passed down over many generations. This knowledge provides a solid foundation for building and enhancing the resilience of Indigenous communities today.

In the face of increasing chronic illness, Indigenous people place huge importance on families and individual family members. Our informants told us that their grandchildren in particular played a key role in helping them to manage their chronic illness. Sometimes, they played a hands-on role in helping their grandparents to manage their condition, but more often these same grandchildren provided the motivation that allowed grandparents to look to the future with optimism about their own future. As with Indigenous people everywhere, the genealogical links to the past, as well as the future, are important contributing factors to good health in the present.

We were alarmed to discover that several of our Indigenous informants talked about preventable conditions that were first diagnosed when they were children, including glue ear and rheumatic fever. These conditions result in serious long-term conditions in adult life. In the case of our informants, these childhood illnesses also meant that people had had long and sustained contact with health services. As a result, they had an excellent understanding of their particular health condition. And just as importantly, they had very clear views about what counted as good health care and what did not. It is important to understand how this health learning can be harnessed to improve the health of adults but also how it can be used as a component of chronic illness management with young Indigenous people.

Unfortunately, SCIPPS findings suggest that health professionals do not always engage with their Indigenous patients in a way that allows them to be part of the solution to their health problems. Rather, clinicians are often seen as being abrupt, judgmental and arrogant. These negative perceptions can sometimes cause Indigenous patients to withdraw from the clinical encounter, with potentially negative outcomes for the patient. Conversely, our informants spoke with great pride and fondness about those doctors who went to the trouble of engaging with the patient by doing such things as showing an interest in the cultural background and community to which the patient belonged.

At the same time, these patients showed huge appreciation for health services that were provided by other Indigenous people. They particularly appreciated the relationship that had been built up over many years and the extent to which these services catered to the health as well as social needs of their patients. As well as the specific health services, patients appreciated the dietary courses provided by Indigenous health services, with some people recognising the value of traditional food over the contemporary Western diets that contributed to poor health of many people.

The insights uncovered by SCIPPS are vital to understanding how Indigenous people are dealing with the challenges posed by chronic illness. A great deal more work is needed, but already we can recognise that the inherent resilience of Indigenous people and communities will be a major factor in overcoming these challenges. The extent to which health services integrate these resilience factors into the programs and services may well be the vital ingredient in finding solutions to chronic illnesses in the future. As SCIPPS has demonstrated, effective research partnerships are an important part of this process.

We acknowledge the contribution and support of the SCIPPS Team, as well as that of the Aboriginal people who participated in this project.

Clive Aspin has worked for many years in Maori and Indigenous health. This article draws on insights from this work as well as findings from SCIPPS.

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NEDGP Aboriginal HealthLink Service

The New England Division of General Practice (NEDGP) has been overwhelmed by the response from the Aboriginal Communities in the New England area to their Healthy for Life Program. Since the program commenced in July 2006 NEDGP has gained over 600 Aboriginal regular clients, with over 90 patients with diabetes on their registers.

The Healthy for Life program is designed to link General Practice (29 Practices and 3 outreach clinics) and government services (6 hospitals, 5 community health services and 2 Aboriginal Medical Services) with Aboriginal Communities in the New England region. The NEDGP Healthy for Life program currently comprises four Aboriginal HealthLink Officers (Aboriginal designated positions), a Clinical Officer (Senior Aboriginal Health Worker), an Aboriginal Education Officer and a Senior Program Manager, with Community Advisory Committees in each centre.

NEDGP's Healthy for Life program initially focussed on re-engaging the existing 59 Aboriginal patients with diabetes on the NEDGP Diabetes Register that had been running for over 10 years, and assisted them to attend GP and allied health appointments with support from an Aboriginal Health Officer. This has proven to be enormously successful, with increased attendance at allied health appointments, and 55 out of the 59 diabetic patients completing their annual reviews in 2008 compared to 15 of 55 the previous year.

The Healthy for Life program was established by the NEDGP with funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Healthy for Life Program. The objectives of the Healthy for Life Program are to:

- Improve the health of Aboriginal and Torres Strait Islander mothers, babies and children.
- Enhance the quality of life for Aboriginal people with chronic disease.
- Over time, reduce the incidence of adult chronic disease amongst Aboriginal people.



Nellie Blair and Lena Boney enjoying Heartmoves classes at the local gym.

By engaging Aboriginal Community members in the 5 major townships in the area we have been able to tailor service delivery to suit each community and the issues they face. This, coupled with 3 monthly Community Advisory Committee meetings in each centre and regular education days, has allowed us to stay in touch with local issues and help build strong relationships with these communities.

The Healthy for Life program also provides Healthy Eating and Nutrition Cooking Classes in the region in partnership with Newcastle University Dietetic Students, weekly Heart Moves Exercise classes and Pre Diabetes Education and Screening days in schools.

"It is hard to get people to care about our health – HealthLink cares" HealthLink Patient

Trisha Moore, Senior Program Manager, New England Division of General Practice.



Colleen Wright - Clinical Officer, and Irene Ahoy - Armidale Aboriginal HealthLink Officer

BreastScreen Queensland health promotion programs now in action in workplaces across Queensland!

The BreastScreen Queensland Program has commenced a twelve month pilot project to establish health promotion programs in cancer prevention and early detection within government and non-government workplaces statewide. The project aims for ten workplaces to implement sustainable BreastScreen Queensland health promotion programs, creating supportive environments for eligible women to attend screening, developing personal skills of women attending activities on the project, and building public policy by allowing working women to screen in work time.

The BreastScreen Queensland Workplace Project is collaborating in 2009 around the state with employees from Cardno, Department of Public Works, Department of Main Roads, Queensland Police Service, Queensland University of Technology, Ramsay Hospitals, Red Cross Blood Service, Spiritus, and Woolworths. All eleven BreastScreen Queensland Services are involved in the project, delivering high quality health promotion interventions in local offices and workplaces from Cairns to the Gold Coast and out to Roma and Emerald.

At the moment, Health Promotion Officers from the BreastScreen Queensland Program are in the process of coordinating education sessions and other health promotion initiatives with the many local workplace contacts that the project has generated. One important initiative is influencing policies to allow eligible staff time off work to attend for screening as part of monitoring their overall health and well-being, and also setting up block booking reserved times for staff to attend at times specifically tailored for them. Other initiatives include providing Cancer Screening Health Promotion Officers more opportunities to collaborate with each other and local workplaces through statewide initiatives.

Last year, the BreastScreen Queensland Brisbane Northside Service provided information to Department of Public Works (DPW) Women in Works Committee, with excellent results. Chris Knight, Chair of the Women in Works Committee, thought that the program was "very informative and a timely reminder for us all to encourage others as well as ourselves to have regular breast screens and check-ups." The BreastScreen Queensland Brisbane Northside Service arranged group bookings for DPW female employees to have their screening during work time at the BreastScreen Queensland City Service in the Royal Albert Apartments, Level 1, Albert St, Brisbane.



*Left to right: **Allan Lally**, Manager of Strategic Workplace Health & Safety, Department of Public Works; **Liz Ostermann**, Health Promotion Project Officer BreastScreen Queensland Program, Cancer Screening Services Branch; **Jodie Schipper** Workplace Health & Safety Unit, Department of Public Works; **Jennifer Muller**, Senior Director Cancer Screening Services Branch, Population Health Queensland;*

The project is currently running until January 2010. Any workplaces interested in joining this Project, or discussing further, can email elizabeth_ostermann@health.qld.gov.au.

SA Dental Service Oral Health Programs for Aboriginal and Torres Strait Islander People

Many Aboriginal and Torres Strait Islander people suffer poor oral health. In SA, Indigenous children generally have 2-3 times the amount of decay than non-Indigenous children, and adults have more missing teeth and worse periodontal health than non-Indigenous people, with poor periodontal health evident in younger populations.



Two oral health programs currently running within SA Dental Service are contributing to improved oral health outcomes for Indigenous adults and children.

Aboriginal Liaison Program

The Aboriginal Liaison Program was established in late 2005, with the aim of improving the oral health of Indigenous people by increasing access to mainstream dental services. The program is currently based in six sites – Parks, Port Adelaide, Salisbury, Noarlunga, Gilles Plains and Murray Bridge.

A pathway has been established to refer clients from their local Community Health Care Centre to a SA Dental Service Community Dental Clinic. Referral is by an Oral Health Assessment completed by Health Service staff. To be eligible, clients must be of Aboriginal or Torres Strait Islander origin and have a current *Centrelink* Concession Card. Clients are entitled to priority dental care, including general, emergency and denture services, meaning that they do not have to be on a waiting list.

Since the project began, approximately 895 Indigenous adults have started a course of dental care at one of the participating Community Dental Clinics.

The Aboriginal Liaison Program will be expanded Statewide over the next 12 – 24 months.

Population Oral Health Project

There is growing and consistent clinical evidence that children's oral health has deteriorated across all age groups over the past few years. In SA, 35% of four-year-olds have early childhood caries (tooth decay), and more than 80% of decayed teeth in this age group remain untreated. In 2007/ 2008 over 1,700 children aged between 0-8 years had a general anaesthetic for dental treatment and extractions.

In response to this decline in children's oral health, SA Dental Service has developed the Lift the Lip Project. The project involves working collaboratively with a range of health professionals (including CYWHS Nurses and GPs) on early identification and referral pathways for children experiencing decay.

The 'Lift the Lip' screening tool involves simply lifting the upper lip and checking the outer surface of the front teeth for early signs of decay. Children identified as being in need of a dental check can be referred to SA Dental Service or to a private dentist of their choice.

As part of the project, a plan to train staff who work with Indigenous children aged from 0-5 has been developed and is being implemented in the Port Adelaide/ Enfield areas over the next 3-6 months.

For more information about the Aboriginal Liaison Program and/ or the Population Oral Health Project please contact Cathy Nelson, phone 08 8222 9013 or email cathy.nelson@health.sa.gov.au.

New Smoking Reduction Project in Victoria

Tobacco smoking in pregnancy is one of the few potentially preventable causes of complications in pregnancy, low birth weight and preterm birth. Rates of smoking in pregnancy remain significantly higher amongst pregnant Aboriginal women compared with non-Aboriginal women (Dept Human Services 2008, cited in Centre for Excellence in Indigenous Tobacco Control, 2009).

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) seeks to address this disparity through a three year Department of Human Services funded research project titled *Reducing smoking amongst pregnant Aboriginal women in Victoria: an holistic approach*. VACCHO represents the collective of 24 Aboriginal Community Controlled Health Organisations around Victoria and is well placed to facilitate such a project within the sector and within the Koori Maternity Services.

The *Reducing smoking amongst pregnant Aboriginal women in Victoria* project seeks to increase the understanding and knowledge of smoking cessation, create supportive environments with Aboriginal health organisations and to support Aboriginal women to quit smoking in pregnancy. Engagement will be a key component of this project and involve individuals, key stakeholders and multiple organisational partners such as QUIT, and the Women's Alcohol and Drug Service (WADS). The project will also seek strong working relationships with other projects which have the objective of reducing smoking in pregnancy that operate in Victoria.

The project will operate through an Aboriginal community controlled management structure and will be developed to ensure research reflects and addresses the needs of Aboriginal women and the Aboriginal community while working towards improved health outcomes.

The project team is eager to hear from other projects in other parts of Australia that are also undertaking community-based smoking reduction programs with Aboriginal populations. Contact VACCHO for more information on 03 9419 3350.

Editor's note: 16% of non-Indigenous women in NSW, WA, SA, ACT and the NT in 2003 reported smoking in pregnancy. Smoking rates for Indigenous women in the same year were 52%. No comparative data were available from Victoria. (AIHW National Perinatal Data Collection).



WELCOME TO NEW MEMBERS

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 Ms Melanie Jane Pitkin
 Miss Karen Chisnall
 Ms Jo Spangaro
 Mrs Athene Alleck
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PHAA - Public Health Association of Australia Inc.
SIG - Special Interest Group
AIHW - Australian Institute of Health & Welfare
WHO - World Health Organization
ACT - Australian Capital Territory
NSW - New South Wales
VIC - Victoria
WA - Western Australia
TAS - Tasmania
SA - South Australia
NT - Northern Territory
QLD - Queensland

Editors: Elizabeth Proude, Susan Stratigos, Jacky Hony & Pippa Burns

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The Editor, *intouch*, PHAA
 PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au

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Membership enquiries to:
 Membership Coordinator, PHAA
 PO Box 319, Curtin ACT 2605
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