

Miwatj Health Aboriginal Corporation

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Yirrkala comes on board!

The people of Yirrkala community have a strong record of standing up for their rights – from the Bark Petition protesting the takeover of their traditional lands by a mining company in the 1960s, to the High Court case which granted Aboriginal people rights to sea country in 2008.

And now they have taken another big step forward, as management of their health care changes from the NT Government to a community-controlled organisation, Miwatj Health.

Resident of Yirrkala and member of the Board of Miwatj (and signatory to the original Bark

Petition), Wali Wunungmurra, expressed his delight at the change. ‘We’ve been talking about, and requesting this, for many years’, he said. ‘It’s been too much talk and not enough action, but at last we’re there.’

Miwatj Health is working with the staff at Yirrkala health centre in a ‘systems approach’ to health care. ‘We have to balance the need to provide acute care with the need to implement a longer-term preventive approach’, said Dr Angela Woltmann, the Medical Director at Miwatj. ‘But we’re optimistic about the way we’re going, and look forward to getting to really know this community and its needs.’

above: Board Member Djapirri Mununggirritj outside Yirrkala Clinic, now a part of Miwatj Health

“The mark of a good primary health care service is not only how it cares for those who seek them out ... but how it cares for those who don’t”

World Health Organisation



ONE DISEASE AT A TIME

ONE DISEASE AT A TIME is a non-government, not-for-profit, philanthropic organisation.

The primary aim is to systematically eliminate neglected diseases (such as Scabies and Crusted Scabies) as a public health issue in Australia through strong partnerships, utilising strategies that combine proven medical models with well developed community consultation and participation.

One Disease At A Time was founded in 2010 by Dr Sam Prince, an inspired businessman, physician and entrepreneur, who realised that ordinary Australians continue to suffer from the effects of preventable disease, for which medical cures exist. His vision was to eliminate one disease at a time from Australia. The first disease targeted is scabies, a parasite that affects remote Indigenous communities at epidemic proportions.

THE EAST ARNHAM SCABIES CONTROL PROGRAM:

The East Arnhem Scabies Control Program (EASCP) is a joint initiative of **Miwatj Health Aboriginal Corporation**, NT Dept of Health and Families and One Disease At A Time. It aims to develop and implement a program to eliminate scabies as a public health issue, commencing in East Arnhem Land.

The primary objective of the program is to effectively enhance and extend the impact of existing health services on the management

of scabies and skinsore control. The components of the program are advised by a Steering Committee composed of representatives of the partner organisations. The program is guided by the Centre of Disease Control of NT Dept of Health, Healthy Skin Program Guidelines 2010, and the East Arnhem Scabies Program (Detailed Program Plan. Final v.25 2011) and other relevant guidelines and protocols.

The program is funded by 1Disease, and implemented through a regional coordination team. Miwatj Health and the NT Dept of Health facilitate the involvement and engagement of relevant health centres, program staff and regional managers.

The East Arnhem Scabies Control Program utilises a partnership approach, with Community Elders guiding program implementation and ensuring community engagement, Community Co-ordinators and workers building community capacity, and always supporting close collaboration with Health Centres and related regional health services.

Working constructively together, we are confident we can contribute effectively to positive and sustainable outcomes, providing



opportunity for improved long-term health and well-being for Indigenous people and communities.

Since becoming actively involved in the EASCP, Gove Peninsular in August 2011, 1Disease At A Time :

* have employed 3 Community Based Workers (CBW), Wayalwanga Marika, Bamuniyah Marika and Bandiyal Maymuru, who are now working actively in the program

* have recently employed Cleo Yunupingu and Sharyl Yunupingu to also work with the program.

* visit GDH on a regular weekly basis, to check on Crusted Scabies patients, and children admitted with scabies/infected scabies

* In partnership with Miwatj Child Health Outreach Team, and Wayals, have provided early treatment of any outbreaks of scabies, and maintained a virtual 'scabies-free' community at Birritjimi, in 2012

* In partnership with Miwatj Child Health Team and the Gunyangara Clinic, have treated any identified outbreaks of scabies since Nov 2011, and significantly reduced the incidence of scabies in the Gunyangara Community

* Faye Alvoen (1Disease) is currently case-managing 8 cases of Crusted Scabies. This intervention has been life-changing for the individuals and families involved. Two CS patients clearly illustrate this point:



1) Patient A had 315 days in hospital over 3 years (2008-10). Since being case-managed by 1Disease (for 1 year), has required only one hospitalisation, of much shorter duration.

2) Patient B, who had been avoiding health services due to previous negative experiences and become isolated, has now returned to work since being successfully case-managed by 1Disease. A Paediatric review of a child living in the same household, revealed a misdiagnosis of Crusted Scabies, 2 scabies related hospitalisations, 35 scabies related treatments at the Clinic, 17 LAB injections for skin sores/infected scabies, exclusion from school due to scabies, and prescribed sedatives to induce sleep, when unable to sleep due to persistent, severe itching. Since treating and on-going management of the contact with Crusted Scabies, this child has not had a single

recorded scabies infection, is now sleeping normally, off medication and back enjoying school.

* Established a Washing Machine Program to ensure families have access to working washing machines, thus improving hygiene standards, and reducing the bacterial load in the environment.

* The EASCP is now expanding beyond the Gove region, with a "light touch" model of Crusted Scabies management being offered to DoH Health Centres, to facilitate the management of cases of Crusted Scabies.

Locally based (East Arnhem) One Disease At A Time Team includes:

Alex Kopczynski (Regional Manager)
0408591709

Faye Alvoen (Nurse) 0417259411

Helen Kempton (Nurse) 0448011522

Dr Buddhima Lokuge continues to be involved with 1Disease as Implementation Consultant

Tim Foster, Sanitation Engineer, will continue to visit periodically, along with other relevant members of the 1 Disease Team

As a team, we welcome all genuine enquires and expressions of interest, and look forward to continuing to contribute to an holistic approach to achieving positive health outcomes for the people of East Arnhem Land.



CEO Report

Hello and welcome to the Miwatj Health Aboriginal Corporation quarterly newsletter. I am pleased to be able to present members and constituents with a quality newsletter that is informative and culturally relevant to the region.

The Miwatj Health Aboriginal Corporation Board is represented

by members from the entire East Arnhem (Miwatj) region and provides some services to all communities in the region. The services range from comprehensive primary health care in some areas of the region to simply health advocacy in other areas.

In July 2012 Miwatj Health started providing clinical services at Yirrkala community and currently there are demands from Milingimbi community in North East Arnhem and the Groote Archipelago in South East Arnhem to have Miwatj run their clinical services. Miwatj Health is fast becoming a large regional health provider.

Miwatj Health Aboriginal Corporation are looking to the future and are consistently evaluating where we are at, and looking at ways to improve services all the time.

This Newsletter will give everyone information of the kind of health services that we provide throughout the Miwatj region.

Like many aboriginal communities the Miwatj region has a high prevalence of chronic disease, such as cardiovascular disease, diabetes, renal failure, substance abuse, and mental health. This keeps our staff very busy delivering around 50,000 episodes of care annually throughout the region.

I look forward to the release of Miwatj Health Aboriginal Corporation next quarterly Newsletter.

Eddie Mulholland
CEO
Miwatj Health Aboriginal Corporation

Alcohol Permit Committees

Some of the most important work done by Miwatj Health is sitting on the alcohol permit committees at Yirrkala and Gunyangara.

Here Fiona Djerrkura, Co-ordinator of the Rappirri Rom Wellbeing Program, describes how these operate.

“Anyone living in Yirrkala who wants to buy take-away alcohol must apply for a permit through our committee.

Many things are taken into consideration when we are making recommendations on whether to approve a new permit or increase or not. We consider things like whether that person has a record of violence or disruptive behaviour



Fiona Djerrkura, Rappirri Rom Wellbeing Program Coordinator

when they're drunk, whether there are young children that live in the house where they want to drink, or the health/mental condition of the person.

It's a really strong committee and our recommendations are never knocked back.

The Committees allow Yolngu to control how much alcohol is consumed in their communities.

Miwatj have both indigenous and non-indigenous staff on both the Yirrkala and Gunyangara Committees. Miwatj are very supportive of this and always encourage their staff to be involved in these meetings”.



DMS update

At the start of every New Year, there is always a flurry of activity. We come back from Christmas, to our various jobs, and jump into our New Years resolutions, planning, reporting, and preparation for the year ahead. With so much thought on the future, it becomes so important to take a moment and reflect on the year that has passed: what did we celebrate, what did we learn, and where are we now?

I find myself sitting at the computer, pondering on 2012, and thinking of all the people that have shared the journey with us. It has been a very busy year. The Board realised a dream with the transition of the Yirrkala Health Centre to

community control. We worked with NT Renal Services to explore the challenges of managing renal failure and dialysis for people in the bush. Our little clinic in Nhulunbuy has started renovations to expand specialist services, and Miwatj celebrated its 20th Birthday! From humble beginnings, and a dream of some farsighted men and women of East Arnhem, a small health organisation was born. And under the guidance of the Board and the communities we work with, those small beginnings have transformed into the organisation we are today, managing 4 health centres and providing a range of services across East Arnhem.

I was here in 1993, an enthusiastic young GP, and remember the little blue shed and the bush ambulance where it all began. The passion of the community and the people here was what brought me back, years later, and I am sure is the same motivation that has captured so many of us that work in the region today.

My father told me this when I was a little girl, and it has stayed with me all my life: if you plant a bean, you can't dig it up every five minutes to

see how it is growing. He was very wise in a way, to see that if we share the information and the dream, the commitment of those around us will see it come to fruition.

So I would like to thank the Yolngu and the Anindilyakwa people for the invitation to work with them, and the Miwatj Board for keeping the vision alive. I would like to thank all the clinicians, the staff and the managers of Miwatj, for without each and every one, we wouldn't be where we are today. And I would like to thank our partners, at Marthakal, Laynhapuy, Gove Hospital, and the Department of Health, One Disease, East Arnhem Shire, the MJD Foundation, and many more, for the friendship and cooperation we have shared as we have all worked together to improve the health services in our region. And of course, OATSIH, for supporting our vision, and providing the funding we need to do the work we do.

Now, where did I leave those beans?.....

Angela Woltmann
Director Medical Services
Miwatj Health Aboriginal Corporation

Regionalisation update

The new year has brought some movement in relation to regionalisation in East Arnhem. Discussions have taken place with Minister Tollner regarding the significant reforms of the NT Dept of Health and how the transition of DoH clinics to Aboriginal Community Control in East Arnhem might fit into that framework. Further discussions and work needs to be undertaken with Dept of Health and OATSIH,

along with communities across the region, as to how this may proceed.

In the week before Christmas, Miwatj also received the first tranche of EHSDI (now Stronger Futures) funding for Yirrkala clinic to fund the GP position, nurse and Aboriginal Health Worker roles.

Minister Snowdon visited Miwatj on 30 Jan while he was in Nhulunbuy.

He is very interested in seeing regionalisation progress and wanted to gain a better understanding of the regional governance structure the Steering Committee had proposed. He reiterated he is very focused on ensuring good governance within Community Controlled health services.

Paula Myott
Regionalisation Planning Unit Manager

Renal Update

VISIT TO WESTERN DESERT MOB

Taking advantage of some time without a client on dialysis, Rowena Stockell, Renal Nurse, and Jeni Stubbs, Clinical Services Manager, took a short trip to Alice Springs to visit Sarah Brown, the inspirational leader of the Purple House mob.

The Purple House mob started their program in 2000 without any government assistance by raising funds from the sale of Aboriginal art. This initial \$1,000,000 has set them on the road to delivering holistic renal care locally and in remote areas throughout Central Australia.

Their hub is the Purple House in down town Alice and, apart from dialysing clients and preparing them for short or long term trips back to country, they provide a safe, culturally sensitive environment that supports clients and their families who suffer end stage renal disease.

They have a business producing bush remedies and lotions, and a kitchen garden that produces some of the ingredients. In addition they have a registered kitchen where they can make local tucker for small events and a small GP service for primary health care. There is always someone

who will listen or be available to talk to about issues and problems.

Community involvement was the key message that Rowena brought back from this trip. Remote communities wanting their people back are putting some of the monies from their royalties to help fund these small renal units that are springing up all over the place now.



Mandawuy Yunupingu, shown here with his wife Gurruwun, is the first client undertaking dialysis with Miwatj

Regular get togethers around a fire pit are used to interact with clients and exchange information, inform and get feedback on what is needed to keep people healthy and happy. It is a 2 way system; this does not work if one side does all the giving and the other just sits back and has no input.

For more information about The Purple House and Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation please visit:

www.westerndialysis.com

Visit to Central Australian Aboriginal Congress

Rowena also took the time to visit Congress (CAAC), the local Aboriginal health service, and gained many ideas on how to better use the Communicare system for Chronic Kidney Disease clients. Also the benefit of regularly seeing the clients that are approaching ESRD with the aim of slowing down that progression by good B/P control and correct use of medications.

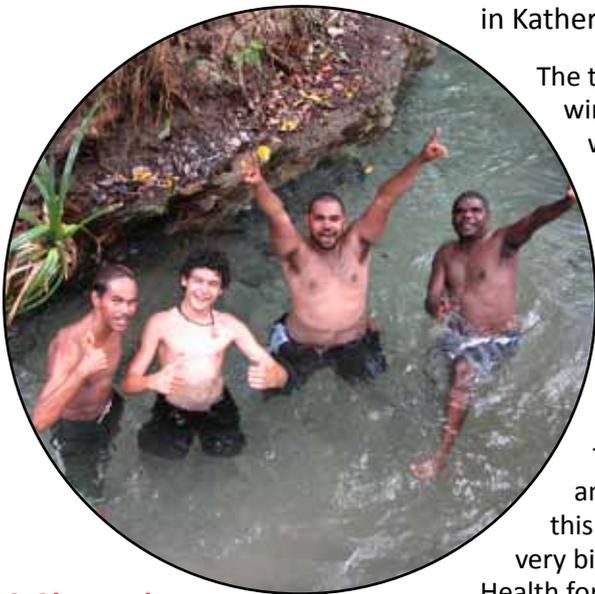
Education is of course vital, and by using ALO's and regular contact with health professionals, they have produced a program that allows clients to see the benefit of being in control of their own health. Understanding the pathway that ultimately leads to dialysis, the client can see ways of delaying that eventuality and take pride in not being on a machine yet.

We both came away from this trip with a sense of immense respect and admiration for the team at the Purple House and a determination that we can

achieve great things too. We have the embryo; now we need to grow and develop a team that will produce something similar but unique to the needs of the Yolngu people.

Rowena Stokell
Renal Care Coordinator
Miwatj Health

For more information about Central Australian Aboriginal Congress (CAAC) please visit: www.caac.org.au



in Katherine.

The team played extremely well winning 2 of the 4 games and won the 2nd Division shield defeating Kalano.

The boys travelled by car along the track to Katherine and we would like to thank Dennis for getting them there and back safely.

There is a lot of organizing and expense for a trip like this. The team asked that a very big thanks be given to Miwatj Health for the use of a Miwatj

Troopy and fuel and to Lyn Walker who donated money that was used to pay for accommodation. Without these sponsors the trip would never have been possible.

The team consisted of:

- Dennis Beadman**
- Dominic Yunupingu**
- Daniel Hicks**
- Lochie Mallard**
- Wilson Wunungmurra**
- and **Harry Walker**

Lochie Mallard won 'Man of the Match'.

Good work guys and let's hope you can be victorious again in 2013.

Miwatj Cricket Trip to Katherine

In November 2012 our clinic driver, Dennis Beadman organized and facilitated a Miwatj Cricket team to attend the Nitmiluk cup



Miwatj Program Snapshot:

Raypirri Rom Wellbeing Programs



The Raypirri Rom Wellbeing Team (from L to R): Fiona Djerrkura, Lalambirri Yunupingu, Bunumbirr Marika, Damien Yunupingu, Joan Wegert, and Stephanie

Raypirri Rom Wellbeing Program is a family support program in East Arnhem in which Yolngu workers focus on traditional lore and mediation methods to support families at risk of substance abuse and violence.

The program is based on the principles outlined in a 2002 scoping report by Yolngu elder, the late Mr Gatjil Djerrkura, who argued the need to use customary lore to deal with domestic violence.

The program employs Yolngu workers to provide family-centered mediation, counselling and support for clients who have a range of social and emotional issues, including domestic violence, substance abuse and inter-clan conflict and violence.

Traditional lore underpins the team's work, which promotes Yolngu Rom (ways/principles) and Raypirri (respect and self-discipline). The program uses a "both-ways" approach, combining mainstream processes and cultural interventions.

Much of the team's work stems from their presence in community. Raypirri workers have built up a high

profile in their community and, on a daily basis, mediate for harmony when there is the threat of violence. In this way the Raypirri Rom program complements other counseling services.

Raypirri workers also respond to requests for help, accepting referrals from individuals, families and agencies from across the Gove Peninsula. The team has an active outreach role at local schools and the drug and alcohol rehabilitation centre.

The team answers to an advisory committee of community elders, who monitor and authorise the team's work and are consulted before new workers are employed.

Results/impact

The Raypirri team has been increasing its profile every year and continues to receive positive

feedback from both clients and agencies. For example, the assistant principal of the community high school recently wrote to thank the Raypirri team for its work in "providing the community's students with guidance, mentorship and cultural knowledge that we simply cannot offer ourselves ... This is transforming the students' world view both in and out of the classroom in a manner that has not been observed before."

For further information, contact Fiona Djerrkura, Program Coordinator.

Conclusion

Raypirri Rom workers are the peacemakers in their communities. They help families to manage their own problems and conflicts, providing a bridge between traditional customs and mainstream ways.

Tackling Smoking - Program Update



The Tackling Smoking team has had a busy couple of months on the road.

Tobacco and Healthy Lifestyle Workers from Milingimbi and the program coordinators, spent time with new staff at Gapuwiyak to share ideas and learnings, take stock of resources and plan for the months ahead. One area of focus for both Gapuwiyak and Milingimbi will be encouraging and supporting the 100 families moving into new/refurbished houses, to declare their homes smoke-free. Families are offered health information, quit support, access to NRT and smoke free signs for their homes.



The coordinators' trip to Galiwin'ku coincided with the introduction of plain packaging laws, which came into effect on 1 December 2012. The new and expanded health warnings have generated much discussion. Initially the community thought the Tobacco Workers in Galiwin'ku were responsible for the change in packaging. Glen and Oscar received many complaints, not only about the lack of availability of the preferred Winfield Reds and Blues, but about the shocking pictures, the change in taste and the headaches and sore throats smokers were experiencing. The workers used the opportunity to drive home their message about the dangers of smoking, encouraging people to quit and informing them that this is change in federal law.



In mid December staff travelled to Canberra for the 2012 National Workshop on Tackling Indigenous Smoking and Promoting Healthy Lifestyles.

This was a great opportunity for remote community staff, who are quite professionally isolated, to network with Tobacco Workers from around the country. They could talk through the challenges they face in their communities, which have the nation's highest smoking rates. Collaborating with community workers employed by other organisations to share resources, training and activities was identified as a way for Tobacco Workers to be more supported in their work.



Highlights included meeting the programs National Coordinator Dr Tom Calma and Minister for Indigenous, Rural and Regional Health, Warren Snowdon.

Other plans for 2013 include expanding schools-based sessions to include Elcho, Ramingining and Milingimbi, to address the high uptake of smoking among youth. A focus on delivering information and training sessions to staff at workplaces in communities and working with management to develop and implement smoke-free workplace policies. Looking at creative ways to support community members during quit attempts as well as addressing smoking in pregnancy.

(contd..)

Gunyangara Landscaping

After many months of discussions and planning, the long awaited landscaping project at Miwatj Gunyangara Clinic has come to fruition thanks to the hard work of **Nawalkpalk Gunyangara Nursery**.



Vernon hard at work



Sharon Yunupingu



Sharon, Jennifer, Alison, Rosina and Herbert from Nawalkpalk Gunyangara Nursery

As you can see from the photos below, the garden has taken off with a bit of help from the rain. It has given the clinic a much more welcoming entrance and the workers who put it in can see their efforts when they come for check-ups or travel past.

The bushes and groundcover should be well established come the dry season and it will make a friendly green area to wait when it's cool enough to sit outside!

We're going to have to find a whipper snipper now to keep it under control.



The entrance to Gunyangara Clinic

Some of the most important work done by Miwatj Health is sitting on the alcohol permit committees at Yirrkala and Gunyangara. Here Fiona Djerrkura, Co-ordinator of the Raypirri Rom Wellbeing Program,

(Tobacco update contd.)

Back in Milingimbi, Tobacco Workers from 3 communities and the coordinator got together for a refresher training using the chronic conditions storyboard. The Milingimbi Strong Women joined the training which was followed by a day of using the storyboard with families in the community who are dealing with several chronic conditions.



Toyota. While this is not ideal the bit of short term pain will be worth the long term gain.

As you can see from the photos (prior to the move) the new area is very light and airy as well as spacious.

The second stage has commenced and we are hoping it will be finished by Easter.

Once completed the clinic will have nine consulting rooms, a small meeting room, a two bay emergency/treatment room and a bigger pharmacy.

This will be a state of the art clinic and a great asset to Nhulunbuy.

Nhulunbuy Clinic Renovations

The first stage of the clinic renovation is now complete. Last week the clinic staff worked tirelessly to move into the new area so that work could commence on the second stage.

A new temporary reception and waiting room has been set up in the old program area entrance opposite



Car Park upgrade

As you all would have noticed Miwatj Gove has had a car park upgrade. The contract was awarded 12-11-12 and took 2-3 days to complete.

The contract was awarded to Zenco constructions, Zenal Bajraktari

Director is local born. Zenco sublet the job to local indigenous company YBE 2, who have the machinery and know how to do the job.

This work allowed for much greater capacity in the carpark and ease of parking. YBE have informed me that with a few good showers the fine dirt on top should get washed off, leaving a much cleaner surface in future. I did paint temporary lines to encourage some sort of parking order, but looking today I may have to repaint them.

Please keep out of the signed Clinic Van parking area as it is a big vehicle and the team do a great job parking it.

Arthur Groom
Assets Officer

CHRONIC DISEASE PREVENTION AND MANAGEMENT POLICY

The available evidence suggests that Indigenous Australians continue to suffer a greater burden of ill-health than the rest of the population.

Overall, Indigenous Australians experience lower levels of access to health services than the general population, are more likely than non-Indigenous people to be hospitalized for most diseases and conditions, and are more likely to experience disability and reduced quality of life due to ill-health, and to die at younger ages, than other Australians. Indigenous Australians also suffer a higher burden of emotional distress and possible mental illness than that experienced by the wider community.

Most of the burden of illness for Australians is due to chronic disease and its prevalence is rising. The Indigenous community bears a greater burden of chronic disease than is prevalent in the general population. The rise in prevalence is relatively recent and it has only been within the 20th century that chronic disease has passed infectious disease and injuries as a dominant health concern. Cardiovascular disease and mental disorders are the leading causes of disease burden, followed by chronic respiratory disease, diabetes and cancers.

Effective health care using an evidence-based approach can prevent and reduce premature death and disability from chronic disease in spite of the broader social determinants of health such as poverty and unemployment. The

prevention and management of chronic disease requires a systematic approach to health care, moving from simple, episodic, technical solutions required for infectious disease to one that requires the establishment of more complex systems of ongoing care, which require engagement with clients and other organizations as partners in a multidisciplinary team approach.

The evidence about chronic disease care and support systems recommends using a Continuous Quality Improvement (CQI) approach to monitor and inform what is happening with regard to chronic disease and identify and address any systems issues that may be creating barriers to effective patient outcomes. The CQI approach to chronic disease management utilizes a Plan Do Study Act approach and these principles are incorporated into the operational management of Miwatj Health Aboriginal Corporation (MHAC).

MHAC is part of a network of health services that deliver primary healthcare to Aboriginal people in the Miwatj region. The Miwatj region covers an Indigenous population of approximately 12,000 people spread over many communities and homeland centres from Ramingining in the west to Groote Eylandt in the east, and from Yirrkala in the north to Numbulwar in the south. MHAC provides clinical services to Aboriginal people on the Gove Peninsula and at Galiwin'ku, and allied health and health promotion services to other communities in the Miwatj region as required and depending on resources. MHAC operates computerized patient information and recall systems (Communicare) at Gove and Galiwin'ku to support high quality patient care. The Indigenous population of the region is highly mobile and as such may access care

at any one of a number of health services.

MAHC recognizes that clients are the most important people involved in primary healthcare delivery as well as being the experts on their own health and lives. MHAC also recognizes that their health professionals support their clients by lending their expertise as consultants, providing information about the disease process, supporting the client to set their own goals and helping them learn to manage and solve health problems themselves.

POLICY INTENT

The intent of this policy is to clearly explain the standard of practice expected by staff working at MHAC in relation to the planning, delivery and evaluation of child health and maternal services as a key strategy for the prevention of chronic disease.

STANDARD REQUIRED

1. The health delivery systems of MHAC will adopt a holistic life course approach to chronic disease prevention and management including the promotion of a healthy lifestyle. An overview of the types of interventions across the life continuum is outlined in the table below.
2. The organization supports the use of child health checks, adult health checks and over 55 health checks as a proactive strategy to identify individual health issues or problems early, and as a means to provide education and information to clients to prevent and manage risk factors for chronic disease. All

LIFE COURSE APPROACH TO CHRONIC DISEASE PREVENTION AND MANAGEMENT				
Age	0-4 years	5-14 years	15-54 years	55+ years
Prevention	immunisation			
	health education, promotion and advocacy			
	antenatal / postnatal care			
Early Detection	Health check 0-4	Health check 5-14	Health check 15-54	Health check 55+
	men's and women's health			
	social and emotional wellbeing			
Management	Treatment, ongoing management including self-management			
Effective health information system - Communicare				

staff are expected to commit to the organisation's approach to the prevention of chronic disease. Staff will be supported to undertake training in order to meet their defined roles and responsibilities.

3. Miwatj Health aspires to deliver best practice management strategies to support chronic disease prevention and management, including:

Taking a holistic approach to patient assessment and care

Evidence-based treatment guidelines to inform patient management

The use of recall and reminder systems

The promotion of self-management using a goal-oriented care, multi-disciplinary approach

A regularly updated electronic patient information system

Regular monitoring and evaluation within a quality improvement framework

Coordinating access to secondary and tertiary care required for best practice chronic disease management including allied health services, and

Supporting community development activities and community-based health promotion programs to target risk factors including smoking, nutrition and alcohol/drug misuse to increase community knowledge and access to services.

4. The target population for completing child health checks, adult health checks, 55+ health checks and chronic disease care planning by the MHAC team is Aboriginal people living in Gunyangara, Galupa, Birritjimi, Nhulunbuy and Yirrkala, while the target population of the Ngalkanbuy team based in Galiwin'ku is Aboriginal people residing in Galiwin'ku. Medicare guidelines require that these services are delivered by the usual health practitioner.

5. All staff are required to use the standard CARPA chronic disease care guidelines that define the minimum standard of care for people with chronic disease. Recalls for these health checks are incorporated into Communicare to facilitate continuity of care and follow-up of clients. All new staff employed by the organization should be made aware of the CARPA chronic disease guidelines.

6. MHAC supports clinical best practice with regard to antenatal

and chronic disease care and encourages the development of care plans for all clients with chronic disease who regularly use the service to facilitate access to the range of services required to prevent further complications from chronic disease developing.

7. Adult health checks will be completed in conjunction with the preparation of chronic disease care plans if an adult health check has not been completed in the last 12 months.

8. Training will be provided through an orientation program and regular in-service education programs to ensure that staff have the skills required to support the standard of service delivery required.

9. All staff are required to support, educate and guide clients to take greater control over their chronic illness and to enable them to enter into partnerships with health care providers to promote more effective self-management and improved quality of life.

10. All members of the clinic team are expected to routinely check Communicare for outstanding care needs and deliver health checks and brief intervention for overdue disease recalls when people attend the clinic opportunistically or for specific chronic disease care appointments.

11. MHAC will work in partnership with other agencies to advocate for more supportive environments and healthy public policy to address some key social determinants of chronic disease including alcohol misuse, lack of education at all levels, community infrastructure and unemployment.

Messages from HR

Miwatj Health Aboriginal Corporation Enterprise Agreement 2013 Negotiations

The Miwatj Health Aboriginal Corporation Enterprise Agreement 2009 (MHAC EA 2009) covers employee working conditions and entitlements. Work is now underway to commence negotiations for the new MHAC EA 2013 and our first meeting will be held on Monday 18 February 2013.

MHAC EA 2009 Monitoring Committee consists of the following members - Working Group (Negotiating Team Members):

- **Eddie Mulholland**, CEO Miwatj Management
- **Sandy Alley**, HR Manager Miwatj Management
- **Craig Pullen**, Miwatj Staff Member
- **Brian Lewis**, United Voice
- **Yvonne Falckh**, ANF
- **Beverley Wenitong** (Proxy), Business Services Director Miwatj Manager

During the time of re-negotiations ALL staff will be fully informed via update notices and we encourage you to speak with your reps or union reps should you require any information or input.

“Have confidence that if you’ve done a little thing well, you can do a big thing well, too”

A Message from the HR Manager

Hello everyone,

Welcome! I hope you had a lovely Christmas and your New Year brings you good health and achievement.

Now that we are into the New Year HR’s focus will be working on the Agreement and Quality Improvement Control (QIC). For those that may not have heard about QIC it is accreditation process in line with Health and Community Services standards. During this process we will be holding several workshops and information sessions to all staff about QIC.

I look forward to hearing any feedback or ideas you may have.

Bye, Sandy

Sandy Alley
HR Manager
Miwatj Health Aboriginal Corporation

Farewell

Miwatj would we would like to thank Dr Olivia O’Donoghue for all her hard work and we wish you all the best for the future!



Vacancies

Renal Nurse

Female GP

GP - Elcho Island

Business Services Officer - Yirrkala

Senior Business Services Officer - Nhulunbuy

Care Coordinator - Yirrkala

If you would like any information, please contact HR.

Staff Changes

Trevor Marks - **Acting Yirrkala Clinic Manager**

Richard Seden - **Men’s Health**

Janet Richardson - **Eye Health**

Chavon Mullen - **Payroll**

HR would like to welcome our new Starters!

Pauline Cassar - Relief midwife (Yirrkala)

Cynthia Anderson - Child & Maternal Health Nurse (Yirrkala)

Melanie Herdman - Aboriginal Liaison Officer (Nhulunbuy)

Kristen Tonkin - Paediatric Nurse (Ngalkanbuy)

Dr Graham Hughes

Dr Anna Gough

Dr Rebecca Henshaw

and welcome back to **Harvey Creswell** and **Milmil Schebeck**



Ngalkanbuy say goodbye to Dr Cameron

Staff at Ngalkanbuy Health Service at Galiwin'ku gave Dr Cameron Edgell a fond farewell, singing that God will protect him and be with him wherever he goes.

Ngalkanbuy Clinic staff



Aboriginal Liaison Officer

We welcome Melanie Herdman to the new role of ALO. She will be assisting clinical staff by providing interpreter services, and cultural supervision to support a two-way model of care for our patients. Every year we have been privileged to have 6 week courses in Yolngu Matha given by Dhanggal. These have always been very popular, but being annual, there is often a delay for new staff to participate in the training.

We are very much looking forward to regular education sessions with Melanie, including lessons in language, culture, rom, gurrutu and kinship. This is planned to become a regular part of our inservice programme. Ongoing learning will help our clinical staff provide a very well rounded service.



Contact details

Miwaj Health Aboriginal Corporation 1424 Arnhem Road
PO Box 519
Nhulunbuy
NT 0881
Ph. (08) 8939 1900
Fax. (08) 8987 1670

Nhulunbuy Clinic
Ph. (08) 8939 1999
Fax. (08) 8987 3271

Gunyangara Clinic
Ph. (08) 8987 2650
Fax. (09) 8987 0366

Ngalkanbuy Clinic
PMB 230
Galiwin'ku via Winnellie
NT 0822
Ph. (08) 8970 5700
Fax. (08) 8987 9061

Opening Hours:

Administration:
Monday to Friday 08:00 – 16:30

Clinics (except Yirrkala):
Monday to Thursday 08:30 – 16:00
Friday 08:30 – 12:00

Yirrkala Clinic:
Monday – Wednesday 8:30 – 16:00
Thursday 8:30 – 12:00
Friday 8:30 – 16:00

Policy of the Month: DRUGS, ALCOHOL & THE WORKPLACE

The health, wellbeing and safety of Persons in the workplace is of paramount importance to Miwatj Health.

The purpose of this policy is to ensure a safe workplace free from the effects of drugs and alcohol and outline the strategies and processes that will be used by Miwatj Health to manage the risks associated with the issue

Drugs refers to:

Opiates, Cannabinoids, Cocaine, Amphetamines, Non-medical use of pharmaceutical drugs including painkillers, amphetamines, methadone, other opiates and steroids and the inappropriate use of volatile substances and other substances like ketamine of inhalants.

Responsibilities:

Employees are responsible for complying with this procedure, shall not withhold relevant information concerning someone who has violated this procedure and shall participate in Miwatj Health Workplace Drug and Alcohol education programs. The CEO, directors and managers are responsible for ensuring compliance and implementation of this policy.

The CEO or delegate has the authority to act immediately should the need to do so arises.

Performance and disciplinary action:

Miwatj Health employees who breach this policy will be subject to disciplinary action, consistent with Miwatj Health Performance Management and Disciplinary Procedure.

Prescription drugs and other medication:

The normal use of over-the-counter medications and the legal use of prescription drugs are not generally prohibited by this policy provided use does not exceed the recommended dosage. It is the individual's responsibility to advise their Manager if they are taking any prescribes drug or medication that may affect their alertness for duty on work performance.

Testing:

Miwatj Health may conduct testing of breath or urine to detect the presence of AOD in an individual. Miwatj Health may conduct testing under the following circumstances:

Pre-employment Testing:

After an applicant has been given a conditional offer of employment and prior to employment. Pre-entry Testing- Prior to the performance of any services by an individual, company or other legal entity that carries out work or performs services under a contract

of service, this includes sub-contractors.

Random testing:

For all employees at all Miwatj Health sites. The annual random rate for testing for every Miwatj Health site should, at a minimum, be 30% per calendar year.

Reasonable suspicion testing:

when Miwatj Health has reasonable suspicion that there is, or has been a violation of this policy.

Post-accident testing:

When there is a reasonable belief that AOD may have been involved as a contributing factor and in situations where there has been an Accident, near miss as deemed appropriate by Miwatj Health.

On return to work:

A person will be tested for AOD if returning to work after a period during which the employee was not permitted under this policy to perform or be able to perform his/her employment duties because of AOD use or a related incident.

Consent for testing and failure to consent:

Persons in the workplace will be required to sign a consent form in advance of any test, subject to applicable laws or regulations.

All results will be treated in the strictest of confidence.

A copy of the full policy can be found on the shared drive for your viewing.