TELEHEALTH CONQUERS THE TYRANNY OF DISTANCE

Robin Osborne, Director
Media & Corporate Communications
Department of Health

Dr Mark Cavill and patient “Mary” consulting on-line from the Palmerston GP Super Clinic with an Adelaide dermatologist. Prime Minister Julia Gillard, in Darwin for a community cabinet meeting, announced new Medicare funding for Telehealth consultations

During Federal Cabinet’s visit to Darwin at the end of June 2011 the Prime Minister, Julia Gillard, sat in on a General Practitioner’s (GPs) video consultation with a dermatologist in Adelaide, seeing for herself the impact of technology on the delivery of top level health care.

At the other end, the specialist was joined by the Federal Minister for Health, Nicola Roxon, while in Darwin journalists and TV crews from the local and national media squeezed into a consulting room at the Palmerston GP Super Clinic to record a local patient, “Mary”, bravely

continued on next page >>>
discussing her concerns with Dr Mark Cavill and the distant specialist. After a few minutes of questioning, the doctors used the technology to zoom in on her persistent leg wound for a closer look.

As Mary said, the alternative would have been a trip to Adelaide and time away from her family, with whom she has a close relationship.

The reason for combining media opportunity and medical appointment was to demonstrate how the Telehealth initiative will "transform the way health care is delivered in Australia by removing distance, time and cost as a barrier to accessing care, thus delivering better health outcomes for patients," said Prime Minister Julia Gillard.

Ms Gillard announced that from 1 July 2011, Australian patients can now have Medicare-funded consultations with any medical specialist via a video conference.

Telehealth services are a key part of the Government’s National Digital Economy Strategy, supported by the rollout of the National Broadband Network.

The $620 million Telehealth initiative will allow patients in rural, regional and outer metropolitan areas to ‘see’ their specialist close to home without the time and expense of travelling to major cities. Australians in those areas that cover 62% of the population and 99.9% of the Australian landmass will receive Medicare rebates and incentives for medical video conferencing.

The video conferencing can take place in their local GP clinic or another health care facility in their local area via a link to a specialist at another location.
That smoking kills is not news. Nor is the fact that Indigenous Australians die on average close to 20 years earlier than non-Indigenous Australians. What’s less well known is that smoking is the leading cause of premature death among Indigenous Australians. Almost one in two Indigenous people in this country smoke, and it’s a habit that will kill at least 20 per cent of them. You don’t have to be a neuroscientist to figure out that if you can stop Indigenous kids from starting smoking, or get them to quit early, efforts to ‘close the gap’ get a major boost.

In figuring out innovative ways to achieve these lofty aims however, is where a neuroscientist can help. That’s where Dr Sheree Cairney comes in. Sheree is a cognitive neuroscientist who’s carving out a specialised niche in Aboriginal health, developing and delivering health messages that utilise brain science, modern marketing techniques and multimedia communications tools. Sheree’s flipcharts – laminated, easy to use A3 posters with a nifty built in stand and crib notes on the reverse side – have been a big hit in remote communities. They explain the effects on the brain of petrol sniffing, marijuana use and excessive alcohol consumption – in culturally appropriate language and with inviting, colourful images.

The Department of Health and Ageing has recently funded Sheree (via Menzies School of Health Research) to take her work a step further, with a national anti-tobacco initiative for young Indigenous people. With input from its target audience and the able assistance of a raft of Indigenous health and community workers, ‘No Smokes’ is something new in anti-smoking campaigning.

No Smokes is an anti-smoking initiative designed especially for use by young Indigenous people. It’s based on the understanding that social marketing is at its most effective when it speaks the language of its intended audience, when messages are delivered by people they look up to, and when they can see something of themselves in the faces and voices it features.

The No Smokes website uses video clips and animations, interactive games and other cool stuff to deliver anti-smoking messages, and provide support to smokers to quit and stay quit. It features a simple animation that explains how nicotine addiction affects the brain, and how the brain can beat addiction. Aboriginal celebrities and sporting stars, health experts, elders and successful quitters extol the benefits of giving up. From a hilarious skit of comedian Sean Choolburra hamming it up in a version of Beyonce’s ‘All the Single Ladies’ where he substitutes ‘All the Cigarettes’ and concludes that ‘if you love it put a patch on it’ to a hip hop dance off between a smoker and a non-smoker where users may superimpose their own head on that of one of the dancers, No Smokes is novel, fun and youth friendly.

No Smokes is also a great resource for teachers and health workers, providing educational material, downloadable tools and fun interactive activities. No Smokes is being launched later this year.
The Chronicle August 2011

TOUCH PAD BODY: A NEW HEALTH LITERACY AND INTERPRETING TOOL

Trevor van Weeren & Juli Cathcart
Merri Creek Productions

Helen Verran
University of Melbourne

Professor Michael Christie, Yinjya Guyula, & John Greatorex
Charles Darwin University

There are many different Health Promotion resources available in remote communities. In our research with interpreters and health workers in Arnhemland, we have identified the need for a new and different resource for helping health workers, medical staff, interpreters, patients and their families come to shared understandings and agreed ways forward for treatment.

How is it unique?

We propose that this Touch-pad Body will differ from other similar objects in that it will:

• be a 3D zoomable touch-pad animated figure of a human body – on something like an iPad
• incorporate multi-touch gesture navigation
• not contain any embedded health messages (ie not didactic)
• represent a biomedical human body
• be non-sequential (ie have few embedded sequences, and depend upon users in conversation for its navigational logic)

• focus first on aspects of the healthy body and pathology leading up to chronic disease and treatment
• be produced and evaluated collaboratively by workers in the field, developing its features and functionality in response to the particular questions which arise in contexts of sharing understandings and making agreement.

We have found that:

• It is most useful to work from an Aboriginal definition of communication as building shared understandings rather than a western definition based on the transfer of information from one person to another
• health literacy resources that contain health messages seldom promote the sorts of conversations which promote a productive ongoing dialogue and collaboration between health professionals, service users and their families
• we need to take seriously Aboriginal clients’ knowledge and understandings of their own bodies, and find a balance between their knowledge and the biomedical system.

A Strategy

This new Touch-pad Body – does not teach biomedical certainties. We could introduce it into health literacy and interpreting practice as a conversation generator that has a capacity for generating a focus on several bodily functions – heart and lungs, kidney, ears etc. Its versatility and vagueness allows for the top-down and bottom-up practices to work together in new ways. It allows for a ‘both-ways’ (re)negotiation of the categories through which health professionals, interpreters, clients, and their families work together. Our aim would be to use knowledge work around the Touch-pad Body to examine, unsettle and interrupt received notions of health, disease and treatment on both sides of the health care delivery context to create new understandings, engagement and commitments.

The style and type of representations we will use in posters and leaflets. This image also presents an imagined scenario of the product in use.

A health literacy and interpreting tool

TECHNOLOGY, THE MEDIA AND HEALTH

A Strategy

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ARE WE WAITING FOR GODOT?

Dr Leonie Katekar, Chief Rural Medical Practitioner
Department of Health

It is no longer a matter of ‘if’ or ‘when’ the health sector is going to computerise clinical information and workflow. It is clearly ‘now’, ‘what’ and ‘how’.

On a recent study tour, jointly funded by the National eHealth Transition Authority, Royal Australasian College of General Practitioners and the National Health Call Centre Network, I had the privilege of speaking to the leading clinicians in several overseas countries where significant national investments have been made in computerisation of the health sector.

Investment – yes, but progress – not so uniformly successful. Indeed, the most common theme was about the resistance from the clinical communities, most prominently, resistance from those medically trained.

In contrast, at the World Health Assembly in Geneva in May 17, the Taiwanese Ministry for Health, Chair of the World Medical Association, Surgeon General of the USA and others talked of ehealth as been as transformative to health care as the discoveries of antibiotics and DNA. But clearly grass-roots clinicians across the world are not all, and many not at all, convinced that computerisation is adding any value at all to the business of being a health care provider.

The reasons for clinician resistance are obvious and well known, so it is not worth repeating here, however it is neither unexpected nor unexplained. Resistance to change is common place, especially to transformative ideas, for example like the car to the horse and cart and the supermarket trading philosophy to the apple growers in the Huon Valley Tasmania. Those that adopted late were left behind. I am one of those who believe that ehealth will be transformative to the health sector and clinical workflow.

Without clinicians taking a driving seat in ehealth, products and ‘solutions’ are steered by politics, politicians and those who work in ICT. For example, the HealthConnect funding was distributed to various jurisdictional Information Divisions who developed million dollar projects around sending out politically desirable discharge summaries electronically. Failure was due to the obvious problem that it is not that the discharge summaries are sent by FAX or POST but that they are not even generated in the first place. Sending by email is a political bandaid but lack of insight into the cause of the problem by the politicians and bureaucrats extended from the funders to the receivers of the funding.

This is the kind of thing that is still happening overseas and is largely the cause of the lack of progress in countries. Where there is a lack of appropriate clinical leadership, ehealth is not delivering something useful for the clinicians.

Although I hear a litany of complaints from clinicians here in the NT, in comparison, the NT is a place where computerisation of the business of health care is extensively progressed. In the NT we have the SEHR, PCIS, CCIS, PACS, CWS, Continuity of Care Project, Telehealth Project, Advanced eShared Care Planning – amongst other things. The progress is built on the Information Division ensuring that there is clinical input in each of these projects and programs - but they struggle to get enough input. If our ehealth systems are going to work for us, clinicians need to be involved at multiple levels – executive leadership, clinical reference groups, business requirements analysis, functional specifications development and assisting with change management and training.

We can’t really expect clinical information management software to go from nothing to iphone 4 maturity without some years of painful growth. Are we waiting for the invention of an iphone 4 or a Lexus of a clinical information system to come across our desks? Or are we waiting for a clinical information system that will not require us to change our behaviours? If we are, we are waiting for Godot.

Lack of clinical leadership in ehealth leaves the money in the hands of those who clinicians distrust the most. Don’t wait for Godot, if you aren’t already, get involved now!

BreastscreenNT offers free mammography screening on a biennial basis to asymptomatic women aged 50 to 69 years. The current gold standard in Australia for breast cancer detection is a breast x-ray. In 2010 breastscreenNT implemented the roll out of digital technology, replacing film screen technology.

While film mammography has proved an effective modality for early breast cancer detection there are some fundamental limitations such as film contrast or the ability to discern subtle tissue differences and decreased sensitivity in detecting early malignancy in the dense breast. Digital mammography takes an electronic image of the breast, which is then stored in a computer. Like standard film mammography, digital mammography uses x-rays to produce images of breast tissue. However, with digital, an electronic x-ray detector replaces the film cassette and converts the x-ray to a digitalised signal for display and storage on a computer system.

Although we currently experience some limitations in the NT, the clinical benefits for women include:

- Provides optimised image quality for better detection of small lesions (See attachment 1)
- Increase in number of screening appointments available to women in the Northern Territory as appointment time is reduced due to immediate image availability
- No further use of chemicals for Radiographers, therefore reducing Occupational Health and Safety risks
- Images can be stored and sent electronically which may have implications for rural and remote regions of the NT in the future. Once an image is stored a radiologist is able to read the image anywhere. This will therefore improve timeliness of reading and results given to the women
- The scope for image processing. The Radiologist can alter the orientation, magnification, brightness and contrast of the images allowing for improved detection of small lesions. Digital images facilitate information sharing as they can be viewed by multiple parties in different locations.

Digital equipment is easily transportable but this is not the case. The equipment weighs over 1000kgs and is extremely sensitive to heat and vibration, therefore reducing our ability to access remote regions of the NT. However BreastscreenNT provides services annually in all major regional areas including; Alice Springs, Tennant Creek, Katherine, Nhulunbuy and Palmerston.

The full advantage of digital image acquisition requires a compatible client information system and communication infrastructure. These two elements are being progressed by BreastscreenNT to maximise the efficiency gained with the use of the equipment.

For further information, please email Di Bates: di.bates@nt.gov.au or Chris Tyzack: chris.tyzack@nt.gov.au or ring on 08 8922 6446.

Christopher Brocklebank, Director
isee-ilearn

“When the musical traditions of Europe and Africa collided in North America we got jazz, the bedrock of our musical traditions of the last one hundred years. So what could happen as European educational traditions collided with Aboriginal Australian traditions? This question inspires and drives our team. ‘We are constantly dropping ideas into one another’s cultures.’” Christopher Brocklebank, Director, isee-ilearn.

isee-ilearn has created a new medium for communication – italk. This software package can be used to communicate with any group of people, no matter their language or literacy level. italk enables the development of visual and spoken stories that present important information in the language and worldview of the learner. Each italk story can be seen on DVD and is held in the online, multilingual, italklibrary for free use. These stories can be downloaded by anyone to view, or can be swiftly spoken into any new language and uploaded for general use.

isee-ilearn is focusing on overcoming barriers to cross-cultural education within Indigenous Australian and other culturally and linguistically diverse (CALD) populations across Australia. “They say a picture speaks a thousand words, our pictures speak a thousand languages,” says Christopher Brocklebank, the Director of isee-ilearn.

This unique and innovative approach to communication has gained national recognition and support as a winner of The Australian Centre for Social Innovation’s (TACSI) “Bold Ideas – Better Lives Challenge 2010”. One of the functions of TACSI is to identify and support the innovative ideas, methods and people that contribute to positive social change in Australia. “They say a picture speaks a thousand words, our pictures speak a thousand languages”, says Christopher Brocklebank, the Director of isee-ilearn.

isee-ilearn’s Universal Stories of Healing from Depression Project involved working together with beyondblue, the national depression initiative, to test the utility and transferability of the italk communication and education concept across other culturally and linguistically diverse communities within Australia. It aims to increase awareness of the nature of depression and the options for healing, using technology and community engagement to develop visual stories spoken in English and the language of the user. It also aims to increase mutual empathy and understanding between different language groups and the broader community around issues related to depression. A three minute video was made to outline this project which can be found at web link: http://www.vimeo.com/12601406

The project could not have been conducted without the assistance of Foundation House in Melbourne, VIC and Melaleuca Refugee Centre in Darwin, NT. They assisted in accessing the three target language groups chosen, being the Karen from Burma, Sudanese Arabic from Sudan and Dari from Afghanistan.

The national launch will take place on 19 August 2011, at the Cultural Fest accompanying the International Unity in Diversity Conference in Townsville, QLD. Beyondblue and isee-ilearn will co-present a paper exploring what has been jointly learned from the project.

The resulting italk stories, spoken in each of the languages and English, will be produced in DVD format, available at the launch and from the italklibrary.com website. They are also available online to be accessed wherever you are in Australia and the world.

Previously, italk has had widespread use amongst Aboriginal people of the Northern Territory which has increased accessibility within remote communities to topics such as money management and reducing the harms associated with gambling. The italk software has been loaded onto over three hundred lap tops used by Aboriginal Teachers and Teachers Assistants in the NT. Languages in the library included Alyawarr, Anmatjerre, Arrente, Djambarrpuynyu, Kriol, Ngaanyatjarra, Pitjantjatjara and Warlpiri. There is even a story for the Western Islands of Scotland in Gaelic. The easy to use italk soft ware can be downloaded free from the italklibrary (http://www.italklibrary.com) where numerous titles can be downloaded and viewed.
DELIVERING MEDICAL SERVICES ONLINE

Mr Robert Wain, Product Manager
Ozdocsonline

Dr Julian Hooper, Technology Consultant
Point Of Care Diagnostics

With An Ageing Population, Primary Care Health Professionals face an increasing number of challenges when managing patients with chronic diseases. In particular the ability of individuals to access health providers can be limited by both time and/or geographical constraints. This problem is especially evident in remote communities, where socioeconomic factors often give rise to an underservicing of those who need it most. With an increasing patient to doctor ratio, there is a corresponding requirement for health professionals to work more efficiently with limited resources.

Technology in General Practice
Given 98 per cent of General Practitioners used a computer for some clinical purpose and the Government’s National Broadband Network program aims to deliver high speed internet to all Australians, leveraging this infrastructure to provide increased access to medical services is a natural solution to these issues.

A Decade of Development
In 2001 a group of Australian doctors identified the problem and envisaged migrating routine medical services online as a solution. Over the last decade this innovative idea has evolved into a fully-featured suite of practice services.

Any healthcare provider may use OzDocsOnline to easily provide their patients with the following services:

- Appointments may be booked online
- Requests for repeat prescriptions
- Follow ups for test results
- Requests for routine referrals to specialists
- Secure text-based eConsults.

Importantly, the design is intuitive both for the patient and their health professional. Seamless integration with the major clinical software packages results in minimal interruption to everyday workflow. Furthermore, all messages are sent using industry standard SSL encryption conforming to RACGP guidelines for secure communication.

Benefits
For adopters of the system a marked improvement has been observed across many facets of their organisation. Fewer phone calls allow receptionists to focus on other tasks while more doctor appointments are available for serious issues. Patients also benefit as they can avoid taking time off work and unnecessary travel to receive routine test results or a repeat prescription.

Conclusion
Taking advantage of technology based platforms can help to mitigate the burden of chronic disease on an increasingly overworked health system. The OzDocsOnline model demonstrates the effective use of modern technology to improve the way medical services are delivered in the future.

Further Information
For more information on this project please visit the website www.ozdocsonline.com.au, contact Robbie Wain on 02 9437 1355 or email: admin@ozdocsonline.com.au

Reference
eviQ CANCER TREATMENTS ONLINE

Aisling Kelly, eviQ Pharmacy Coordinator  
Natalie Cook, eviQ Primary Health Care Coordinator  
Cancer Institute

evIQ Cancer Treatments Online is a point of care clinical information resource that provides health professionals with current evidence based, peer maintained, best practice cancer treatment protocols and information. evIQ is a program of the Cancer Institute NSW and is relevant to the Australian clinical environment, and can be accessed free 24 hours a day. evIQ is designed to support a busy work flow in all clinical and geographical settings, allowing rural, remote and metropolitan health professionals, patients, carers and their families access to the same standard evidence based information at all times. The website has become a major resource for cancer health professionals and patients in Australia.

The current Content Streams available on evIQ are:

• Cancer Genetics  
• Haematology  
• Haemopoietic Progenitor Cell Transplantation (HPCT)  
• Medical Oncology  
• Nursing  
• Adolescent and Young Adult  
• Palliative Care (including Opioid Conversion Calculator)  
• Patient and Carer  
• Primary Health Care  
• Radiation Oncology.

Accessing evIQ
First time users must register for a username and password at evIQ. On registering, users select the role most appropriate to their daily activities and then the information is tailored according to the chosen role. Upon registering, users will have full access to information on the website.

evIQ Primary Health Care Content Stream
The primary health care content stream is intended to provide information for primary health care clinicians including general practitioners, community nurses and pharmacists. The content includes filtered views of the full treatment protocols, and provides information to assist primary health care professionals should a cancer patient present with side effects of treatment or questions about their treatment.

The primary health care information on evIQ is a result of a Cancer Australia funded project to develop cancer treatment information for primary health care clinicians. Filtered versions of the full treatment protocols have been created for breast, colorectal, lung, gynaecological, melanoma, neurological, respiratory, head and neck, and urogenital chemotherapy treatments.

evIQ Opioid Conversion Calculator
The evIQ opioid conversion calculator was released in response to recognition of incidents concerning patients receiving unsafe doses of opioid medicines, and errors occurring during dose calculation. The evIQ opioid conversion calculator was developed with the aim to provide clinicians with an online tool to safely facilitate the rational conversion of one opioid regimen to an approximately equianalgesic dose of another. The calculator allows clinicians to convert from several opioids to a single opioid at any one time, irrespective of routes of administration, and provides clinically relevant calculations for a large number of opioids; including relevant warnings and information, to assist in reducing possible errors in the conversion process. The calculator is intended to promote standardisation and consistency of practice and provide additional educational opportunities for clinicians.

For further information email evIQ at: contactus@eviQ.org.au
Dr Mark Stoové, Head, HIV/BBV Research Centre for Population Health, Burnet Institute

The key at risk populations in Australia for sexually transmitted infections (STI) such as chlamydia are young people and Indigenous Australians1-3.

Approaches to sexual health promotion have traditionally involved school-based and peer education programs. Although largely effective4, curriculum-based sexual health programs have been inconsistently applied5 and STI knowledge among Australian secondary school students remains low6. Despite their general acceptance, the evidence of the effectiveness of sexual health peer education programs is weak and they are notoriously difficult to evaluate7.

Mass media social marketing campaigns are also favoured by governments, but the evidence of their effectiveness in promoting sexual health is weak8. Changing patterns of media consumption among young people also undermines the utility of this approach; in Australia sexual health promotion campaigns have typically involved TV, radio, billboards and print media9-10.

In this changing media landscape, the internet offers enormous potential to reach people for health promotion, with 72% of Australian homes having internet access11. Although rates of home internet access are lower in remote areas and in lower income households, the rapid expansion of internet services through initiatives like the National Broadband Network and associated cost competitiveness means the “digital divide” will undoubtedly diminish.

If we are thinking of where on the internet to engage young people in sexual health promotion, where better to look than social networking sites (SNS). Currently 72% of Australians regularly visit a SNS and spend cumulatively more than seven hours on these sites every month15. With young people the most avid users of the internet and SNS, the case for sexual health promotion through these mediums is particularly compelling.

But there are other reasons why SNS are appealing for health promotion. A key theoretical consideration is that the growing functionality of these sites that allows two-way user interactions and engagement with health promotion material. Such interactions potentially help people absorb and reflect on key messages in a more meaningful way than through passive interactions with traditional health promotion social marketing13.

Online interactions may also help development of a sense of community and shared identity among users, whereby individuals can relate to health promotion content and to the contributions of others14. Such an outcome may be particularly useful for young people who might perceive themselves as marginalised from the mainstream or without access to supportive peers (e.g. same sex attracted youth, those living in remote areas).

However, a recent review of SNS in sexual health promotion found very limited online activity and success in practice. In most part, groups working in this arena were simply broadening their online presence into SNS with relatively minimal effort, broadcasting and publishing similar content to their existing websites15.

So a key challenge in developing sexual health promotion interventions on SNS is to develop online material that is engaging enough to make young people visit a website, come back to the website and share the website with their online networks. While some have highlighted the potential low costs and scalability of interventions developed through the internet16, if you want your target audience to sit up and take notice, the reality is very different.

Engaging SNS interventions fall into the realm of Edutainment; the most prominent example being the Soul City (www.soulcity.org.za/) initiative that began as a television series in South Africa in 1994 and designed to educate the general populations about HIV.

To date the only genuine Edutainment health promotion product developed on a SNS platform has come from the pioneering work of the Facespace Project (coordinated by the Burnet Institute; www.burnet.edu.au/home/cph/current/facespace). This project was the genesis of Queer as F**k (www.facebook.com/QAFxxk), modelled around an online video drama series and Facebook peer interactions designed to deliver sexual health information to gay men in Melbourne.

While Queer as F**k has been successful in attracting more than 3000 fans and is now screening Series 4, the challenge around generating genuine interaction between users remains. This project has demonstrated the enormous health promotion potential of SNS in reaching and engaging target populations. The project has also taught us that realising the potential of SNS for health promotion takes time and substantial resources. The journey has only really just begun.

Reference:
References are available on request from The Chronic Diseases Network.
The popularisation of the Internet since the 1990s has enabled the sharing and distribution of knowledge and information on an unprecedented scale. The Australian Indigenous HealthInfoNet, which has been operating since 1997, has made full use of the Internet’s potential to benefit some of the most disadvantaged groups in society. One of the HealthInfoNet’s key aims is to contribute towards addressing the Indigenous disadvantage by informing on policy and practice in Indigenous health.

The HealthInfoNet makes published, unpublished and specially-developed material available to a range of audiences. It is an innovative and unique resource in that it makes knowledge and information in Indigenous health freely accessible to the widest range of users. The target audience can be conceptualised as health professionals and students from a range of backgrounds, policy makers, project managers and researchers, health service providers and people with general interest in improving Indigenous health status.

There are three key aspects of the HealthInfoNet’s work:

- Identification and collection of the evidence: the HealthInfoNet aims to provide access to a comprehensive bibliography in Indigenous health. This includes identifying and collecting the published literature (such as journal articles, reports, monographs) as well as ‘grey literature’, which includes often unpublished academic theses, government departmental reports and research generally not easily identified in database searches.

- Synthesis and knowledge translation: the HealthInfoNet engages experts in their respective fields of knowledge who co-author or guide staff in producing quality, timely reviews of health topics, including their plain-language versions.

- Communication and interaction between key users: the HealthInfoNet provides yarning spaces (electronic networks) and message sticks (listserves) as opportunities for exchange of knowledge and information between the website’s users. These mechanisms are particularly useful in breaking down isolation and barriers between rural and regional professionals and their urban counterparts, and between people working in different institutions and sectors concerned with Indigenous health.
The Internet technology has, without a doubt, enabled the HealthInfoNet’s development as a ‘one-stop-shop’ in Indigenous health, particularly in the core function of identification, collation and synthesis of research. The benefits are clear: it is cost-effective; it is becoming more and more accessible across the communities it seeks to inform; and the nature of the Internet lends itself to disseminating widely the great breadth of research available in Indigenous health.

But there are also challenges. One of these relates to the strengthening of the nexus between policy and practice as an important and integral part of any enterprise involving research and knowledge synthesis. While it is beyond the scope of the HealthInfoNet to get involved in the policy-development processes, promoting its work as a sound evidence base for policy development is one of the key challenges for a small and busy team.

Another challenge involves reaching a full range of health practitioners, particularly those whose access to the Internet may be limited, although recent progress has been made in including material of relevance to Aboriginal Health Workers.

Despite these challenges, the HealthInfoNet is a model for evidence based in other areas of relevance to Australia’s commitment to close the gap between Indigenous and non-Indigenous Australians.

For more information please visit http://www.healthinfonet.eau.edu.au/chronic_conditions

THE AUSTRALIAN INDIGENOUS HEALTHINFONET’S USE OF TECHNOLOGY IN THE AREA OF CHRONIC DISEASE

Caitlin Gray, Australian Indigenous HealthInfoNet Research Officer
Kurongkurl Katitjin, Centre for Indigenous Australian Education and Research
Edith Cowan University

The Australian Indigenous HealthInfoNet is a web-based resource with a dedicated focus on chronic disease. It contains extensive information and resources in the following areas: cardiovascular health; diabetes; kidney health; cancer; respiratory health; dementia; and general chronic conditions. Sharing knowledge with those working in the chronic disease field is an important part of our focus. Technology is being used and embraced by health workers and other key stakeholders across Australia; it is a venture that is growing exponentially and has an increasingly important role to play in information dissemination for Indigenous health.

Technology used by the Australian Indigenous HealthInfoNet is growing to include the ever popular social media of Twitter and Facebook, as well as the established network of yarning places, queries and ‘contact us’ facilities. Each medium has its own potential in terms of the capture audience and the ability to share knowledge in the area of chronic disease.

The HealthInfoNet has yarning places (electronic networks) to assist networking among people working to address various aspects of Indigenous health. In the chronic disease area the specific yarning places include the HeartInfoNetwork and diabetes yarning place. There are also yarning places for some risk factors for chronic disease including: social and emotional wellbeing; nutrition; and substance use. With over 2000 members on the yarning places, this technology creates great opportunity for people to connect with others, share information, and discuss relevant issues with those working, or with an interest, in the Indigenous chronic disease field.

The queries and contact us sections of the Australian Indigenous HealthInfoNet allows people to ask questions and provide feedback about our website. It also enables them to share information, specific to Indigenous health, with HealthInfoNet staff so that it can be displayed and made available to those people working in the field.

More recently, the Australian Indigenous HealthInfoNet has started a presence on the social media streams of Twitter and Facebook. Our main twitter identity, now has over 200 followers across Australia and its main use is to share information about Indigenous health with those who work or have an interest in the area. Looking to the future, the Australian Indigenous HealthInfoNet has the capacity to develop further accounts including those specific to the chronic disease area such as cardiovascular disease and diabetes. HealthInfoNet on Facebook is designed to showcase our features and to connect with other relevant organisations in the field of Indigenous Australian health.

The HealthInfoNet is an organisation that is based online, and although we keep pace with the latest technology trends, we still value more traditional forms of communication including stakeholder visits, a presence at conferences, and face-to-face opportunities to present our website to those working in the area of Indigenous chronic disease in Australia.
Andrew Marriott, eHealth Service Development Manager  
Nicky O’Brien, eHealth Support Officer  
General Practice Network NT

Have you heard about the Personally Controlled Electronic Health Record (PCEHR)?

The existing Shared Electronic Health Record (SEHR) in use in the Northern Territory (NT) has focussed on delivering a SEHR to remote communities.

The SEHR has been running since 2005 and has become well established in health service provisions in the NT. Currently there are >40,000 people registered (mostly Indigenous), with a SEHR which allows clinicians in rural and remote clinics and urban public hospitals to access up-to-date summaries of patient medical records as they move between health services within the NT.

There is now a national focus on providing an electronic medical record for all Australians and a Consortium comprising NT Department of Health, GPNNT and the Aboriginal Medical Services Alliance NT (AMSANT) has been shortlisted to pilot the national model. The proposal is to align the SEHR to the national standards and expand it into all areas of the NT.

The Consortium will be focusing on deploying this new model, called the Personally Controlled Electronic Health Record (PCEHR), into public hospitals and health clinics; urban general practice, allied health, aged care and specialist settings and Aboriginal Controlled Medical Services.

What will this mean for me?

The PCEHR will be especially useful for clinicians who provide care to people that frequently move between health care providers, including the NT public hospitals or those with chronic illness and/or extensive medical histories. It will reduce the fragmentation of information spread across different locations and systems and aims to reduce the costly administrative overheads associated with consolidating this information and duplication of services.

The PCEHR will provide easy access to current medications, allergies/adverse reactions and immunisation histories as well as clinical documents such as Shared Health Summaries, Discharge Summaries, Event Summaries and Specialist Letters.

What next?

Over the next few months Consortium partners will be contacting organisations in their respective areas on the proposed technological solution and how the PCEHR will interface with your business processes. The NT is already leading the way with adoption of e-Health solutions and the Consortium is keen to work with health care providers to take the next step and establish the PCEHR.

For more information please contact the GPNNT eHealth Team on 08 8982 1000 or email: eHealthTeam@gpnnt.org.au
TECHNOLOGY, TEENS & DIABETES

Louise Bolger, Dietitian
Healthy Living NT, Alice Springs

An essential role for any health professional is to create a suitable and stimulating learning environment for their client. But what if the client is a teenager with newly diagnosed type 1 diabetes? What strategies can be utilised to successfully engage and convey health messages to such a unique audience?

When I first started educating young people with type 1 diabetes about nutrition, I would use lists or books containing foods and their carbohydrate content, as this was what I was taught at University. Most kids would look at me blankly and I could tell they couldn’t wait to get out of the room, one boy even said that having diabetes was like taking a compulsory subject at school, that contained a jumble of maths, nutrition and human development, with several horrible teachers and never ending homework. Looking back I probably didn’t think enough about what it would feel like being told at the age of 13 or 14 you have diabetes and you need to prick your fingers several times a day and inject insulin for the rest of your life. No wonder I had limited success, there was nothing stimulating about my education, it was boring. I started to think about more effective methods of communication and how young people communicate.

E-learning is not something I learnt about at University, YouTube and facebook weren’t around and I didn’t even have a mobile phone, nor an email address for the first few years. However, nowadays these types of communication are the norm especially for young people, so why not use it to educate them about their health? I think in some instances technology has made my job easier. Now when I see someone with type 1 diabetes I have more options than the conventional carbohydrate counting book! We look at different websites where you can guess the carbohydrate content of pictures of foods and meals and ones that list pretty much any brand of food available in the supermarket. Mobile phones are also very useful. Young people frequently eat away from the home, at school or university, in cafes or from canteens at sporting events, so by having a carbohydrate list stored in their phone I find these clients have much greater control over their blood glucose levels. You can even get carbohydrate counting apps that can be downloaded to your mobile.

I use technology to educate not just about nutrition, but also the physical and emotional side to diabetes. YouTube has a number of animations that have proven very effective in showing young people how insulin enables glucose to enter the cells. There are also many interactive websites especially designed for young people with diabetes, that talk about the side to diabetes that they may not want to talk about with me, such as social isolation, fear and depression. Many diabetes organisations also have facebook pages that people can join and chat with other people with diabetes and receive updates on products and events in their area.

Technology has enabled me to engage young people and educate them about their diabetes using resources that they use in their everyday environment and with which they are familiar with.

Useful websites for young people with diabetes are:

www.sweet.org.au
www.muntedpancreas.com
www.calorieking.com.au
www.realitycheck.org.au

LIBGUIDES: GET YOUR CHRONIC DISEASE INFORMATION HERE!

Sean Petrie, Health Services Regional Librarian
Alice Springs Hospital

Nikki Jovicic, Trainee Librarian, East Arnhem Health Library
Gove District Hospital

DoH Library Services consist of a main Health Library located on the Royal Darwin Hospital campus and four branch libraries located respectively in the hospital campuses at Alice Springs, Gove, Katherine, and Tennant Creek.

In addition to the print based collection held across the libraries, access is also provided to an extremely comprehensive range of online resources including over 5,000 journals, major bibliographic databases such as Medline and CINAHL, key evidence-based point of care products, medicines information, eBooks, and more. Added to all of these resources is the plethora of information freely available on the internet. Sifting through this material to locate the ‘right’ resource however can be challenging and library staff have been working on the
production of online subject guides, or 'Libguides', to make access to high quality, relevant information easier and more seamless.

Libguide can be accessed via the DoH Library Services eLibrary page - www.health.nt.gov.au/Library/eLibrary/index.aspx - and cover the following topics:

- Aboriginal Health
- Burns and Wound Management
- Dietetics & Nutrition
- Emergency Medicine
- Services Policy - Intensive and Critical Care
- Neonatal and Paediatrics
- Sexual Health
- Substance Abuse
- Workforce Development.

This list will expand based on patron request and perceived need. Our most recently completed Libguide suite is Chronic Diseases. The Chronic Disease Libguides can be accessed via the link provided above and cover the diseases listed in the Northern Territory Chronic Conditions and Management Strategy 2010 – 2020, i.e:

- Cancers
- Cardiovascular Disease
- Chronic Airways Disease
- Chronic Kidney Disease
- Chronic Mental Illness
- Rheumatic Heart Disease
- Type 2 Diabetes.

Libguides function, at one level, as online versions of the old paper based subject guides familiar to many. Libguides update this idea through greatly increased functionality and interactivity. Hyperlinks to full-text journals, ebooks, websites and RSS feeds are combined with interactivity through the capacity of end users to post comments, request resources and share information. Subject specific 'What's on' calendars can, for example, be added to individual guides with updating occurring as needed.

At DoH Library Services, we strongly believe that client input is very important. We have been working collaboratively with Chronic Disease Network staff during the creation of the Chronic Disease Libguides to ensure information presented in the guides is relevant to you both in content and design.

Librarians at DoH Library Services also believe it is important to utilise tools that make resources more visible for our clients. By developing the Chronic Disease Libguides we hope to stimulate the sharing of knowledge across the Territory and help facilitate the development of subject specific support groups within the Chronic Disease Network. This interchange of ideas taps into the collective wisdom of Territory chronic disease teams, ensuring that this information is not lost.

If you enjoy sharing knowledge, exchanging experiences and participating in discussion, please have a look at the latest and greatest Chronic Disease Libguide of your choice at www.health.nt.gov.au/Library/eLibrary/index.aspx.
BRINGING CULTURALLY RELEVANT HEALTH INFORMATION TO DISADVANTAGED AUSTRALIANS

Julienne Gibson, Manager
Hitnet’s Network

Hitnet is the Health Interactive Technology Network, a National Program providing health information services to improve health literacy to disadvantaged populations via community-participatory projects. These projects produce interactive media learning modules, which Hitnet broadcasts over multiple delivery channels; a nation-wide touchscreen kiosk network, interactive DVD’s, a soon-to-be released virtual kiosk on their website, social media and currently exploring options to deliver by mobile devices.

Hitnet’s program’s vision is to establish itself as a digital social enterprise and leader in the delivery of technology-mediated health and information services to populations in need in Australia. The Hitnet platform consists of interactive media content, managed and distributed via a custom-designed web-based application suite. The national network of touchscreen kiosks that were initially located in health centres in urban, regional and remote Indigenous communities, are also now in correctional centres, schools and youth drop-in centres. The content attracts, engages and delivers key health messages via ‘choose your own adventure’, choice/consequence, interactive media. The user navigates their way through the story by interacting with the content, and on the kiosk’s touchscreen each touch is logged to create usage data and subsequent quantitative evaluation reporting. Hitnet endeavours to make content relevant, culturally appropriate, and to build capacity locally by basing the productions within communities and returning to celebrate the production launch with the community. Current Indigenous health topics screening on the network include: sexual health, mental health, nutrition, hepatitis C, rheumatic heart disease, kids health, breast cancer awareness, bush tucker and cultural stories.

For more information please go to our website at http://www.hitnet.com.au/

Following an initial proof-of-concept study in two Queensland sites and subsequent rollout of 4 kiosks in Cape York in 2005, grassroots demand has resulted in expansion to the current network of 70 kiosks in Queensland, Western Australia, South Australia and the Northern Territory. The expansion of the service has led not only to a broader audience, but also to an increased number of stakeholders. The requests for Hitnet services are driven by community needs and government priority. Hitnet views its primary stakeholders as those who seek information from the touchscreen kiosk and the community-based participants of its content development projects. Other key stakeholders are funding bodies, health professionals, researchers and the Hitnet team itself, all of whom bring different expectations and requirements in terms of evaluation.

As Hitnet broadens its network reach and technology base, and considers the opportunities presented by the roll-out of the National Broadband Network, it is also expanding its focus from Indigenous health content to other vital information topics for other populations in need.

Port Pirie - Client Usage

Danila Dillia NT
TELEHEALTH DELIVERY IN THE NORTHERN TERRITORY

Julie Barnes, Clinical Telehealth Co-ordinator
Department of Health

People living in rural and remote towns will soon be able to access certain health services through what is known as telehealth in their local community.

Telehealth is the delivery of health-related services and information via telecommunications technologies; which includes both telephone and video conferencing and can sometimes be called telemedicine. Doctors are not always physically in the community and when patients need further care, telephones are the way clinicians discuss patient care, by adding picture to the voice (video conferencing) further clarity can be provided to assist clinicians to make decision about the provision of care. Telehealth is common terminology used nationally and international and basically refers to the video conferencing aspect of health service delivery.

What are we doing?
A range of people are working with the telehealth team to get the operating environment right in the communities and the hospitals before video conferencing equipment is installed. The team are also talking with a range of people from both the remote sector and hospitals to explore the best services to provide via video conferencing. Already there are a few Community Health Centre staff and Hospital staff that have access to desktop, or software based, video conferencing for administration purposes. The desktop camera sits on top of the computer and is one of the most convenient modes of telecommunication.

Who will have access to these services?
The team are still working through the services that can be provided via video conferencing with a variety of clinical and operational staff. In the initial implementation there are 17 of the growth towns in the Northern Territory targeted.

These include:

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Co-funding between the Australian Government and the Northern Territory Government is making it possible to increase access to some health services at the community level. The aim is to improve information and communication infrastructure to communities with poor access and band width, through a combination of solutions. The DoH are trialling some of these solutions and equipment in a few remote locations to determine and ensure options are viable to support a sustainable telehealth network along with existing IT applications used in remote regions.

Funding will also provide some high definition video conferencing equipment. Determination for the provision of high resolution video-conferencing equipment will be determined on a community by community basis depended on each community’s needs and specific requirements.

Watch this space

Other States and Territories in Australia are already providing health services through telehealth. This mode of health service delivery is gaining national and international attraction, mainly due to the convenience it offers to support health services being provided closer to home. The Northern Territory is positioned to learn from the other states and committed to improving clinician support and expanding service delivery choices in remote and rural locations.

For more information on Telehealth contact Julie Barnes, Clinical Telehealth Co-ordinator on 08 8924 7066 or email: julie.barnes@nt.gov.au
Another online service developed by CanTeen in consultation with current CanTeen Members and other young people living with cancer, is the Now What website: www.nowwhat.org.au for young people whose lives have been affected by cancer. The site has been designed to help young people cope better with their cancer experience by providing information, which in turn increases understanding, builds confidence and helps them gain more control over their situation.

The website and complimentary books provide information, practical tips, support and advice across a whole range of areas that impact on young people who have an immediate family member with or have died from cancer.

The site also helps young people connect with other young people with similar experiences, providing peer support and a space where they can share their stories and know that they are not alone.

Please support CanTeen’s online community presence by visiting the facebook pages:

- www.facebook.com/pages/CanTeen-supporters/191358754240277
- clicking ‘Like’, and inviting your facebook network of friends and family to do the same
- or visit the Now What website www.nowwhat.org.au

If you, or one of your friends or family members are interested in joining CanTeen or would like to ask us any questions about our programs feel free to call us on 08 8981 4669, email nt.po@canteen.org.au or visit our website www.canteen.org.au

Stephanie Armour, Northern Territory Programs Officer
CanTeen

CanTeen - The Australian Organisation for young People Living with Cancer - is based on the philosophy that the best person to support a young person living with cancer is another young person in a similar situation. CanTeen Members are aged between 12 and 24 years and are living with cancer in some way: whether they have cancer themselves, have a brother or sister or mum or dad who has cancer, or has died of cancer.

“I was born in the Northern Territory and I was also diagnosed here. Many other young Territorians are experiencing the effects of cancer in their family whether their parents, brother or sister or they themselves are living with cancer – we all need support. I have been lucky to be a part of CanTeen. We all need that hand to reach out and tell us that we are not alone,” CanTeen SA/NT Member.

At the core of our programs is our Mission to Support, Develop and Empower young people living with cancer by providing opportunities for them to get together, have fun, learn vital life skills, support each other and take some time out from the stresses of family and hospital life.

And the next step in this Mission has been to move into the world of online support through the use of social media and interactive web design.

CanTeen has developed a number of facebook pages to help raise awareness. With the aim to not only encourage current and potential Members to build a strong online presence and connect with one another; but to also try and engage the general public, CanTeen supporters and corporate partners to get involved with the growing online identity of CanTeen.
THE USE OF ELECTRONIC PATIENT INFORMATION RECORD SYSTEMS IN CHRONIC KIDNEY DISEASE (CKD) CASE MANAGEMENT

Beth Amega, Renal Public Health Nurse
Danila Dilba Health Service

Patient Information Record Systems (PIRS) have revolutionized the way we work in all sectors of health service delivery. The ability to recall clients, plan management and electronically share medical records is all now commonplace within general practice. In case management for late stage CKD clients the work load would be extremely difficult to manage without PIRS. Case management relies on being able to identify at risk clients, construct care plans, log recalls and coordinate care across a number of services.

Identification of clients

In a non electronic general practice pathology results came through in paper form, waiting for the requesting GP to sign off and action. Today the pathology results come across electronically and most PIRS are able to run reports collating all abnormalities. A quick five minute computer search gives all eGFR results for clients with a level less than or equal to 90mls/min. By running this report weekly the CKD Case Manager quickly identifies new clients that are at eGFR 30mls/min or below.

Care planning

CKD clients often have many co morbidities and require services of a multidisciplinary team. Having electronic GP Management Plans, Team Care Arrangements And Expanded Primary Care Referral Forms simplifies and cuts down consultation time in organizing a referral. Using a secure email for the referral straight from the PIRS can hasten appointment times and limit need for paper based information.

Consult tools

During a consultation, a good PIRS can produce graphs for the purpose of client education and evaluation of trends. The review processes, with auto fill features from previous investigations and observations. Generating a client summary for client hand held records is done with just a few mouse clicks.

Recalls & work lists

Most PIRS have the ability to add recalls and referral processes to clients records. A designated staff member can be delegated the recall and work lists generated for individual staff members. In case management this is a wonderful resource and eliminates the need to maintain records within a paper based diary.

Shared Electronic Health Record (SEHR)

The ability to link individual practices - PIRS with the Northern Territory wide SEHR is an incredible tool in the care continuum of a case managed client. Within the Territory many clients are very mobile, and being able to access current medical records is extremely important. Although not all hospital systems are linked up at this time, the hospital discharge summaries and out patient review letters allow for timely follow up or recommended changes made to management plans.

Conclusion

Electronic PIRS have become such a way of life that productivity and ability to case manage a large number of clients is ensuring that clients are receiving optimised care coordination. Servers going down are the one draw back of this purely electronic system but with good back up systems and technology support that fortunately is only an occasional occurrence.
Gaynor Garstone RN CDE, Diabetes Educator
Health Development, Department of Health

In 2009 while doing group diabetes education in a remote Clinic, I was asked by some of the ladies if there was any way I could help them to manage their Diabetes better. They came up with a number of ways - one of which was that they struggled to remember to do their BGL and take the new medication that they were on every day. The new medication was Insulin. I asked why they found it difficult to remember to take this medication when they were already taking a number of other medications? The ladies came up with lots of different reasons, like they kept their insulin in a different place to their other medications or they were busy with other kids or family things, or it was just another job they had to do.

This made me think - what can I do to assist this group of ladies who were really trying to manage a wide range of things and taking the insulin was causing them some concern when they forgot. I noticed that many of them had mobile phones. In the world to date: the Dentist, hairdresser, doctor and many others remind you when your appointment is, so why couldn’t I remind these ladies if they agreed? We had a discussion and they felt that it was a good idea, so we set a time and agreed to start the next day.

It has been an interesting journey with some good things and some not so good. I was working with another group of men and women at another community and asked them if they would like me to text them and was surprised that a number said yes. I have at times had as many as nine people to text. It has been made much easier with a group text but there were a few who wanted it at different times or for different reasons. I was able to set the alarm on the mobile phone for different times and able to send different messages. Clients did not have to reply unless they wanted to, and they could also disregard the message if they wanted, so as to give the client the control.

After I had been doing this for about 3 months, I decided to ask the clients from the communities what they had thought about the messaging. I was quite surprised by the results. One lady had given her phone to a family member and she had not let me know. I had not checked to see if she still had the same phone. Another lady said she liked to get my messages as it reminded her to look at results and check that she had taken her medication and when she started to notice the lower BGL reads she used to send them through to me. Another liked the communication between visits and felt that she was being supported by the clinic and myself much more than before, and this made her want to continue with managing her chronic condition better. I also learned that some people liked the individual messages rather than group messages. Another client who was going through a particularly hard time for personal reasons found the messages useful and she felt that she could text me when things were not going so well. I found texting clients was beneficial in a number of ways: Yes many of the clients did manage their medications better and could ask questions as they thought of them, but it also built a trust between them and myself in that they could ignore the message and do nothing and I had no way of checking, or they acted on the message and improvements in their diabetes was seen by all. I learnt that most of the clients really liked to get messages or queries as to how they were going, and felt better supported by the clinics and myself.

This method of communicating, even if just on a weekly basis or more frequently if asked for, seems to build a much better therapeutic relationship between all parties.
COPD ONLINE: AN INTERACTIVE TRAINING PROGRAM FOR PRIMARY CARE NURSES

Judy Powell, Project Manager, Primary Care  
COPD National Program, The Australian Lung Foundation

The Australian Lung Foundation has successfully secured funding from The Talbot Family Foundation to develop a training program for primary care nurses. This training is being developed as an online training resource, which will provide easy access to nurses living all over Australia. Wherever internet access is available a nurse will be able to participate in the training. This online training will increase the knowledge, confidence and skills of nurses working with patients that have Chronic Obstructive Pulmonary Disease (COPD).

Primary healthcare is viewed as the frontline of the Australian health system and the training is specifically targeted at those nurses working in the general practice setting. General practice is well placed to provide care for patients with COPD. This setting reaches 87% of the population each year and is increasingly involved in managing lifestyle risk factors (Harris MF, 2008). Unfortunately, COPD is not managed very often in general practice with less than one in every 100 patient encounters (Britt, et al., 2009).

There is medical evidence that shows that early diagnosis of COPD, combined with disease management programs at the early stages of disease (Stages I and II) could reduce the burden of COPD, improving quality of life, slowing disease progression, reducing mortality and keeping people out of hospital (David K McKenzie, 2010).

The training program supports the role that general practice nurses have in the early identification of COPD patients and provides them with the skills and tools necessary to commence a program of disease management. The Australian Lung Foundation has developed a range of diagnostic tools, protocols and guidelines that are available for use in the primary care setting for the management and self management of COPD. The training will educate the nurses about these tools and help them to use them in a systematic manner to improve outcomes for patients. Guidance will also be provided in how practice nurses can maximise the use of the Medical Benefits Schedule (MBS) for the benefit of their patients.

The program is currently under development and will be available early 2012. A Steering Committee of clinical experts has been brought together to ensure that the content is of world standard. The Australian Lung Foundation is also working with professional nurse colleges so that participants will gain continuing professional development points for completing the online training.

For more information contact Judy Powell, Project Manager Primary Care, COPD National Program, The Australian Lung Foundation, email: judy@lungfoundation.com.au

References:


HEALTH IN THE MEDIA

Alison Middleton, Journalist
ABC News and Current Affairs, Darwin

Talking to men about their prostates isn’t how I usually strike up a conversation with strangers. Yet that’s what I found myself doing in Katherine last year as a reporter for the ABC’s Stateline program (now called 7.30 NT). I was interviewing a handful of the 300 motorcyclists who were riding to the Top End from all over Australia to raise awareness about prostate cancer. One in nine Australian men are affected by the potentially life-threatening disease (Prostate Cancer Foundation of Australia 2011).

The ‘Long Ride’ is an annual event that raises money for research into prostate cancer and encourages men to get tested for it. The men I spoke to on their ride up the Stuart Highway were honest and had a great sense of humour, which swiftly dealt with any reservations I had about asking about their experiences. One particular comment by a prostate cancer survivor stuck with me: “There’s not much use for an erection six feet under.”

It’s interviews like these that are remembered by the viewing public as well as the reporter. News and current affairs stories about health issues such as prostate cancer are most compelling when they involve someone directly affected by the disease. Their personal insight into what life is like with a condition such as prostate cancer resonates. A health story has a greater chance of being picked up by the media if a patient or a survivor is willing to be interviewed.

This year I again found myself reporting on men’s health issues in Katherine. Hundreds of Aboriginal men from all over the Northern Territory were in town for a week-long summit on men’s health at the StrongBala centre. Traffic stopped for the men as they marched down the main street of Katherine drawing attention to issues that included alcohol abuse, smoking and domestic violence. One senior Aboriginal health worker Travis Bruce said too many Indigenous men were ending up in jail. His concern was echoed recently in a federal parliamentary committee report that found young Indigenous people are 28 times more likely than non-Indigenous youth to be in detention or jail (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2011). For Travis Bruce, part of the solution was for men to have a job and a healthy lifestyle.

Covering the march in Katherine was again a fascinating assignment because it was the men themselves who were speaking out about the issues affecting them. Statistics tell part of the story. A sobering figure is the gap in life expectancy between Indigenous people and other Australians: more than 11 years for men and more than 9 years for women (Australian Bureau of Statistics 2010). However the words of Aboriginal Health Workers and other men taking part in the march completed the picture.

The media is a powerful forum for increasing awareness about health issues. Explaining how a condition is diagnosed and treated can reach a wide audience but hearing about it from the very person who has been through the experience is one of the best ways of getting that message across. For this reporter at least, covering such stories has meant being able to speak openly about topics previously considered off limits.

References
2) House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2011, Doing Time - Time for Doing, Commonwealth of Australia
USING MEDIA TO PROMOTE HEALTH LITERACY IN NORTH-EAST ARNHEM LAND

Dr Jamie Mapleson, Health Educator
Aboriginal Resource and Development Services

Health literacy has been quite a buzz phrase for those in the health community and has particular importance to health promotion. The literature now describes several definitions of health literacy, with Zarcadoolas et al providing the following comprehensive definition: “The evolving skills and competencies needed to find, comprehend, evaluate and use health information and concepts to make educated choices, reduce health risks, and improve quality of life.”

Vass et al describe language and worldview as fundamental to health literacy for Yolngu. The many sub-groups of Yolngu matha (the language of Yolngu) are still very widely spoken and while most people are multilingual, English is a second language; Yolngu worldview is rich in knowledge of Yolngu understanding of the world, but there is often little or no biomedical worldview.

Aboriginal Resource and Development Services (ARDs) health educators work to improve health literacy of Yolngu in North East Arnhem Land and other Aboriginal groups in the Northern Territory. By learning and working in language, focussing on long-term relationship building and taking the time to gain some insight into Yolngu worldview, we are able to overcome these challenges to health promotion, using language and worldview instead as the foundation on which to build new biomedical information onto.

Health education is delivered in 3 main formats: face to face, radio and audio-visual resources (such as DVD’s). Traditionally this has been done face to face in small groups, however while highly effective for the people in each group, this is a slow process and takes considerable time and effort to educate a relatively small number of people.

Yolngu Radio was developed in 2003 as a community development radio station to cross this barrier and deliver education and general discussion on health, legal and economic literacy as well as other areas in combination with great local and national music. Through Yolngu Radio we are able to deliver health education in Yolngu Matha to a much larger audience. There are currently more than 200 programs in many areas including chronic and infectious diseases, cancer, sexual health and nutrition.

To highlight a recent example, last year we developed a series explaining cancer that was in response to Yolngu questions “what is cancer?” and their fears. This discussed common cancers, symptoms and treatment; it also explored cells and DNA and the concept of risk (which are not known in Yolngu worldview). Through this we discovered new words in Yolngu matha that, when used in the right context, can convey accurate meaning of a concept foreign to the existing knowledge base. Ideally radio programs are developed in conjunction with face to face education to test and refine each storyline. Following on from this we are developing a DVD resource with the NT Cancer Council and EG productions explaining cancer treatments and the patient journey for patients with cancer. This is currently being developed in Yolngu Matha with the aim of translating this into plain English and other Indigenous languages.

Other recent radio programs developed in the last 6 months include nutrition, ear health and acute otitis media, and germ theory of disease.

A complete list of our radio programs with a brief summary of each is available at www.ards.com.au/hear_health_programs.htm. Each program is available for free download.

Yolngu Radio is broadcast in Yolngu matha to all the major communities and over 30 homelands in North East Arnhem Land as well as in Darwin on 1530AM, around 9000 Yolngu in total.

References


LISTEN YOU WOMEN, YOUR BREASTS ARE PRECIOUS

Lesley Reilly, President
Bosom Buddies NT Inc

Bosom Buddies was formed in Alice Springs in 2001 to support women touched by breast cancer in our region. Our founding members were long term residents of Central Australia and the Barkly, with some having experience of living in remote communities and localities. We shared the challenges facing women who had received a potential life threatening diagnosis. We understood the sense of trauma experienced by women everywhere at such a time and the impact on family and loved ones, as well as having to be away from home, family and community support for extended periods during surgery and treatment for breast cancer.

These difficulties are compounded for women with English as a second language. Aboriginal women, while having a lower incidence of breast cancer, suffer much poorer outcomes than the general population. Having to deal with unfamiliar medical processes is hard enough at any time, but can be terrifying for traditional Aboriginal women from remote communities, where the perceptions around cancer can be that of a death sentence. However, because of late presentation and diagnosis, this is sadly, often the case.

A contributory factor is lack of access to screening. In 2010, at the National Breast and Ovarian Cancer Centre (NBOCC) Indigenous Women’s Summit in Darwin, it was stated that the rate of Indigenous women in the NT accessing Breast Screen is just 10%!

Kathleen stressed the importance of “showing what is going on inside”. This presented a challenge, until the NBOCC gave us approval to use their animations for this purpose.

After four years of listening, planning and fundraising, the project came to fruition with four months of intense work February – May, 2011. We found an amazing production duo in Gaby Mason and Lotte Waters (MWCreative), who worked individually with these five courageous and resilient women (breast cancer survivors) who represent the Arrernte, Anmatjere and Alyawarre language groups. Together they shared their deeply personal stories to give hope to women who will be diagnosed in the future, and to assure them they are not alone.

The story tellers further directed that the work be translated into Central Australian languages to spread the messages more effectively. MWCreative then engaged strong women to make translations into Arrernte, Warlpiri, Pitjanjatjara and Anmatjere languages.

As Indigenous people are visual learners, this multilingual DVD Resource “Listen You Women, Your Breasts Are Precious”, that is Indigenous inspired and driven, is a user friendly medium embracing technology to educate and inform women and health professionals of important life saving messages.

Bosom Buddies is immensely proud that this project which was made possible through the financial and in kind support of organizations and community groups in Central Australia, like The Centrecorp Foundation, CAAMA Productions, Yepereny Shopping Centre, and Rotary Club of Mbantua.

For more on Bosom Buddies phone 08 8955 0678 or email: bosombuddiesnt@activ8.net.au
Susan Wong, CDN Member Services Officer
Department of Health

**History:**
The first inhabitants of Darwin were Aboriginal people who spoke the Larrakia language. In 1911 on transfer to federal administration, the settlement called the town of Palmerston was renamed Darwin which became a city on Australia Day 1959. Some fondly call Darwin ‘The Top End’ due to its location on the map of Australia.

The Bombing of Darwin in 1942 and Cyclone Tracy in 1974 were cause to almost entirely rebuild Darwin and both these events received worldwide attention and put Darwin on the map. Despite this, it is now home to a vast number of nationalities making it a city of cultural and culinary diversity combined with a tropical weather that draws people visiting to either stay or keep coming back.

**Population:**
Darwin is one of the fastest growing cities with Bakewell having the highest population density per sq km. As per the 2006 census, the annual growth of Darwin is at 2.6%.

**Health:**
There are two major hospitals dedicated to serving the people of Darwin with specialist care in various areas of health: Royal Darwin Hospital and the Private Hospital, both situated in Tiwi. Of recent addition is the Palmerston Super Clinic to serve those living in and around Palmerston and beyond.

**Transport:**
Darwin and Adelaide were linked when in 2003 the rail link from Alice Springs to Darwin was completed. Public Bus Services are available with passengers travelling in air conditioned comfort and express services for distant sections.

**Lifestyle:**
Having tropical weather all year round ensures a lifestyle that is spent mostly outdoors with weekly markets, plenty of al fresco dining to choose from and a number of specialty and family Restaurants serving a range of food catering to everyone’s pallet, from simple fish and chips to crocodile and kangaroo.

**Places of Interest:**
Darwin’s older suburbs are separated from the newer section by the Darwin International Airport and the RAAF Base. The old jail at Fannie Bay is in an old suburb while we have the Parliament House in the city; both of which are open to tourist at certain times and days.

For the more adventurous there is Kakadu and Litchfield National Parks. Both having camping rounds and swimming areas and further afield is the Katherine Gorge with its spectacular caves and water ways between.

For those interested in sports, Darwin has since 1991 hosted the Arafura Games and in 2003 it hosted its first International Test Cricket match between Australia and Bangladesh.

While the V8 Supercars are a big event bringing motor sports at Hidden Valley something not to miss, it is the Darwin Cup day that is declared a public holiday with races held at the Fannie Bay Race Course, a must attend event with fashion, food and plenty of high spirits.

**References**
1. From Wikipedia, the free encyclopedia
Jeanne Lorraine, Health Development Project Coordinator
Health Promotion Strategy Unit, Department of Health

New Technologies being used to get the message across:
Swap It is an Australia wide social marketing campaign to help reduce the burden of disease from preventable chronic diseases. The campaign is using a range of technologies to communicate its healthy lifestyle message based on the premise of swapping eg big for small serves of food, fatty foods for healthier choices, sitting for moving to name a few. It is also timely since the Northern Territory has a Swap campaign for swapping sugary drinks for water.

Up to date technologies apart from TV, radio and print media messages, such as Facebook, iPhone applications, internet, email and You-tube are being used to engage people in making the change to a healthier lifestyle.

Resources:
There are a range of resources available from the website to order and download at http://swapit.gov.au/resources/downloads. Resources for the Northern Territory including bucket hats, drink bottles, magnetic message pads and cookbooks have been received, and new collateral is expected soon.

To access collateral:
Top End (located at Block 4 Royal Darwin Hospital) – contact Suellen Drinkwater 08 8922 7712; or
Central (located at 55 North Stuart Highway, Alice Springs) - contact Kevin Orrell - 08 8955 6105.

We have a supply of 12 week planners (located at 4th Floor Darwin Plaza), please contact Jeanne Lorraine on 08 8985 8070 to order.

Health professionals are encouraged to order resources on line via online resource ordering at http://swapit.gov.au/resources/order-form – there is a reasonably good turn around time for delivery, however if you require more than the limit available, please contact Jeanne Lorraine on 08 8985 8070.

Activities in the Northern Territory:
We currently have a range of activities planned around the Show circuit as well as promotion by health workers going to remote communities.

The Eric suit and Swap It banners are available to book through the Commonwealth Department of Health and Ageing (DoHA). We has been advised that DoHA have agreed to purchase an Eric suit for the NT and we plan to make good use of him. Eric is on his way to Darwin as this goes to press. Please contact Elly Reeves on 08 8922 7936 to book the suit.

Please advise the NT Coordinator, Jeanne Lorraine of activities, and planned activities using the Swap It resources, and any support you may require.

Local Community Campaign Grants for Aboriginal and Torres Strait Islander people – Remvinder to all about these grants see website and information at http://swapit.gov.au/resources/indigenous

Phase 2: NOW OPEN: Open Competitive Funding 13 June – 30 September 2011
The phase 2 funding round opened on 13 June 2011. Applications must be received by the DoHA by 5pm Friday, 30 September 2011. To access the Application Forms go to http://www.health.gov.au/internet/main/publishing.nsf/Content/grant4481011

Live Longer! Campaign:
In addition to the Aboriginal and Torres Strait Islander 'Swap It' advertising, messages about healthy eating and physical activity will be delivered specifically for Aboriginal and Torres Strait Islander people through the Local Indigenous Community Campaigns to Promote Better Health initiative, part of the Australian Governments Indigenous Chronic Disease Package.
Cancer Council Australia aims to support health professionals working in the field of cancer control. These online learning modules have been designed to provide health professionals with up-to-date education and resources on cancer treatment, early detection and support:

- Cancer Screening
- Cancer Learning
- EdCaN – Australian National Cancer Nursing Education Project
- National Bowel Cancer Screening Program.

Cancer Screening

Cancer Council Australia has developed a cancer screening module, available on the Royal Australian College of General Practitioner’s (GP) learning website.

The module offers GPs the latest information and approaches to screening for major forms of cancer including breast cancer, cervical cancer, melanoma, lung cancer, ovarian cancer, prostate cancer and bowel cancer.

Activity can be completed in one or a number of sessions. The module takes two hours to complete and has been approved for four Category 2 QA&CPD points. Access the module is at the GP learning website.

Cancer Learning

Cancer Learning is an online education development designed for health professionals working in cancer care. The site aims to:

- Consolidate evidence-based learning activities, resources and information in cancer care available across Australia and overseas
- Provide a first port of call for health professionals, organizations and cancer networks who wish to undertake, build or plan professional development programs and activities in cancer care
- Enable resources and information to be shared by cancer care providers across Australia.

Learning activities, information and resources are organised in themes including multidisciplinary care, coordination of care, supportive care, fundamentals of oncology and the latest treatments and evidence based practice. Access to the learning activities can be found at Cancer Learning.

EdCaN - Australian National Cancer Nursing Education Project

National Cancer Nursing Education (EdCaN) is auspiced by Peter MacCallum of Cancer Centre.

Also accessed via the Cancer Learning website, EdCaN’s educational resources are designed to support the professional development of all nurses in cancer care, to assist:

- Nurses achieve the core capabilities required in cancer control
- Specialist cancer nurses benchmark against the specialist cancer nurse competency standards
- Educators facilitate learning for all nurses in cancer control.

National Bowel Cancer Screening Program

Are you confident about your role in the National Bowel Cancer Screening Program?

Developed for the Royal Australian College of General Practitioners and the Australian Practice Nursing Association, these modules are now available to non-members.

Contact Cancer Council on 1300 656 585 or email: admin@cancernt.org.au for more information, links and instructions on how to access the modules.
SAME VISION: NEW TECHNOLOGY

Don Baylis, General Manager
TEABBA Media Services

Top End Aboriginal Bush Broadcasting Association (TEABBA) is a non-profit organisation which services and supports 29 remote communities across the Top End of Australia and the facilitator for radio broadcasting to this network footprint.

Within these communities, TEABBA supports the local Remote Indigenous Broadcasting Service (RiBS) Operators to engage in local broadcasts and provides the ability to patch into the large TEABBA footprint.

These shows are vital for local health workers in communities to provide messages and promote health awareness by performing interviews and advertisements in collaboration with the RiBS operator, and keep the community up to date with important health information and key changes. It’s also a fantastic way to inform people when and where certain health events will take place across the community and in their regions.

As a federally recognised media hub, TEABBA tries to utilise all multimedia aspects to encourage and promote awareness in health education and resources; this is accomplished by using vital technology through Radio Broadcasting, Visual and film, online resources and workshops.

Having the ability to provide critical and important health messages via radio broadcast, enables messages to be heard in remote areas where usually this kind of information is hard to come by; this involves regular initiatives from the government, for example TEABBA is currently running campaigns in:

- **National Indigenous Ear Health Campaign**
  Is a national campaign - TEABBA is currently submitting an application to do a full multimedia approach to promote the awareness of ear health including audio, visual and online.

These campaigns are recorded in both English and Indigenous languages with messages then targeting community members across the Top End in remote areas where English may be a second language. This is a powerful and essential tool in educating remote indigenous community members, and giving them the same opportunity and information accessible by the mainstream audience.

TEABBA members also participate in local events which promote the awareness of health such as the recent AMSANT (Closing the gap day). TEABBA did an outside broadcast along with stalls, information booths (several being health) and live entertainment where the message promoted was living a healthy, happy and long life.

In the ever-changing land of technology, it is essential that utilities and tools are kept up to date to provide our listeners with important information and services for the well-being of all community members and given the opportunity, broadcasters are able to spread the messages not only to the mainstream public but also to the remote community members. TEABBA will remain a major advocate in general well-being and health and will continue to encourage the use of technology as a crucial tool in achieving these goals.

To find out more about TEABBA and its services, phone 08 89 390 400 or visit: [www.teabba.com.au](http://www.teabba.com.au)

Terry Pascoe broadcasting his show locally (in Maningrida) and via the TEABBA Network to all remote communities across the Top End
Susan Wong, CDN Member Services Officer
Department of Health

Bernie Shields has been working in the Northern Territory (NT) Government since 1973 and as a Senior Aboriginal Health Promotion Coordinator at Department of Health (DOH) since 2001. Bernie was instrumental in developing the Aboriginal Living with Alcohol Story Board which incorporates Preventable Chronic Diseases and she recently played an important and influential role in using Story Board Training to get health messages to remote communities.

While it is a well-known and acknowledged fact that in today’s modern world, technology and the media are popular and powerful tools in advertising health issues, Story Board Training appears to be the more popular and powerful tool in getting health messages across to Aboriginal people and the remote communities of the NT.

In April 2011, Bernie held the third Story Board Training in Gove for Aboriginal Health Workers and Community based workers. She explained how it was part of The Aboriginal Living with Alcohol Program which was developed further to include Chronic Diseases like:

- High Blood Pressure
- Diabetes
- Asthma and Short Wind/Lung Disease
- Heart Disease
- Kidneys – renal failure
- Rheumatic Heart Disease

Boyan Yunupingu, Bernie Shields and Marlene Liddle facilitated the Story Board Training with support from Tim Smith, Jeanne Lorraine and Nicole Darr. Some of the reflections were:

- Story Board is to prevent mothers from having sick babies
- Make it a better world like olden times
- Can’t go back but can use Story Board to tell stories of how families are getting sick and how we can change it for the little ones
- Building strong families and strong culture
- What are the important messages to tell our families? So we can take back control.

Bernie spoke about the old story leading to the new story – she feels very strongly about the importance of learning from the past to support the planning for the future in terms of changes within one’s life style, for example, physical activity and nutrition being strong points. In olden days, Aboriginal people lived off the land and sea but in today’s world, technology and the media play a part in promoting a different lifestyle called ‘easy food’ which has a significant effect on the health and well-being of families and communities as a whole.

At the end of the training, invited guests provided feedback which Bernie would like to share with you - the readers out in The Chronicle land of Sharing:

- Families can help build spirit together for each other
- Working together – get better picture of what is happening
- Useful to use in schools with young kids and teenagers
- Useful to health and community workers telling the story to people in the community – help explain to people when diagnosed with a chronic condition and how to prevent getting worse.

It is worth mentioning that in remote parts of the NT where technology and the media are not accessible, affordable or understood, Story Board and The Chronicle on the other hand are both portable and transferable, depending on the topic, and this style enables sharing health messages and what’s happening out in the world to still be used and have more of an impact given it’s simplistic form of sharing.
Indigenous and non-Indigenous populations

NT Indigenous population was 69,050 in June 2010. Just over 20% of NT Indigenous people live in Darwin urban area and 9% in Alice Springs. The remaining (71%) Indigenous population live in regional towns, remote communities and outstations.

Within health regions, 11.0% of people in Darwin and 21.0% in Alice Springs are Indigenous. In every other area, most people are Indigenous.

NT Indigenous people are distributed relatively evenly across the health districts. Non-Indigenous people cluster in Alice Springs and Darwin urban areas.

Around 30% of the NT population is Indigenous, with the highest percentage 44% among 5 to 10 year old children. Many young and middle-aged non-Indigenous adults come to NT for work, so are generally healthy. The higher death rate of young and middle-aged Indigenous adults leads to the minimal percentage Indigenous of 14% at 55 to 60 years. Non-Indigenous adults may leave NT at retirement age, so the ratio of Indigenous to non-Indigenous residents increases in the older age group.
**How has NT population changed?**

NT population has increased from 85,740 to 229,680 over the past 41 years, a 2.7 times increase. The ratio of Indigenous to non-Indigenous Territorians has decreased slightly from 34.2% in 1971, to 30.1% in 2010.

**Conclusions**

Majority of NT residents live in urban areas. Darwin population makes up 55%; Alice Springs another 12.5%. 1/3 of all Territorians live outside Alice Springs or Darwin. However 71% of Indigenous people in NT live outside of Darwin or Alice Springs as compared to 16% of non-Indigenous.

The age and gender structures of Indigenous and non-Indigenous Territorians reflect patterns of birth rates, migration and death rates. This leads to the higher ratio of Indigenous to non-Indigenous in younger age groups and the lowest ratio in middle aged groups.

NT population has increased by a factor of 2.7 over the past 40 years, and the ratio of Aboriginal to non-Aboriginal people has decreased slightly over this time.

Access to population data is available on the NTG intranet, and can assist in interpretation of health, education, justice and economic data.

**Reference**

Gabrielle McCallum, Clinical Research Operations Manager
Respiratory Program, Child Health Division, Menzies School of Health Research

Nationally and internationally, the burden of ill health from acute and chronic respiratory disease remains high in Indigenous populations. In the Northern Territory, respiratory illness is the most frequent reason for hospitalisation of young children (<5 years) and preventable cause of death of Indigenous infants (five times that of non-Indigenous infants). Chronic Suppressive Lung Disease (CSLD) is an important cause of chronic respiratory illness in remote Aboriginal children and adults. Wet or moist cough is always associated with airway secretions and is a common symptom in CSLD. Once developed little is known about the clinical course of this disease in this population. The factors associated with disease progression and deterioration in lung function is also unknown.

From work that has been carried out by the child health respiratory team at Menzies, the lack of respiratory related educational resources is apparent. The team set out to develop culturally appropriate resources that would assist health staff (AHW, Nurses, and Doctors) to better identify and support respiratory conditions to families. In collaboration with Menzies Child Health Indigenous reference group members and key stakeholders, a resource group was formed to develop culturally appropriate talking posters and flipcharts on some key respiratory conditions.

Three talking posters were designed using new technology from OneTalk in Darwin. This technology allows health messages to be delivered in audio format by pressing buttons on the poster. Each talking poster has a different health message, namely cough, smoking and hygiene. The health messages are spoken in both English and local language and have provided a fun and interactive way of delivering important health information. The posters can be modified to be language specific to different regions/populations.
Three educational flipcharts covering the conditions of bronchiolitis, pneumonia and bronchiectasis (CSLD) were developed. These are designed to be used as an educational tool for families and health professionals to help explain respiratory conditions. We are hoping that these resources will help support health providers and families along with raising the profile of important respiratory conditions.

Work has begun on developing Adult respiratory resources on pneumonia, bronchiectasis and COPD, and will be available from the LungInfoNet website when completed. We aim to have these completed by November 2011.

More information regarding these resources can be found at the Australian LungInfoNet website www.lunginfonet.org.au or by contacting lunginfonet@menzies.edu.au
The Chronicle August 2011

ELECTIVE SURGERY WAITLIST
EDUCATIONAL RESOURCES

Sue Stewart, Senior Policy Advisor
Acute Care Policy & Service Development Acute Care

Under stage two of the 'Elective Surgery Waiting List Reduction Plan' 2008, the Australian Government provided funds to the Northern Territory for development of educational resources to improve access and uptake of elective surgery.

The Northern Territory agreed to develop communication tools to assist Indigenous Territorians understand the elective surgery process and improve timely access to surgical services. An Aboriginal Liaison Officer undertook outreach visits to remote Aboriginal communities with the highest 'no show' rate to determine barriers and enabling factors for Indigenous people needing to access elective surgery. Three key components were identified as gaps and these were:

- Promotional material about the mechanism of elective surgery
- Communication about the elective surgery process
- Information about being in hospital

A discussion paper was developed based on the information collected from the community visits and resources have been developed based on these findings. The resources are packaged and each package includes:

1. DVD - "Waiting – Going to Hospital – Coming home strong" – The Elective Surgery Story, an educational tool for Aboriginal patients prior to coming into hospital, (in 11 Northern Territory languages)

In response to the research and direct findings of the “Elective Surgery Waitlist Project” and in line with “The Northern Territory Elective Surgery Waitlist Reduction Plan” it was found that one of the difficulties in undertaking elective surgery in the NT is the rate of ‘No shows’ which accounts for up to 20 to 30% of daily theatre bookings and which is constituted predominately of Aboriginal people from remote locations. Obtaining informed consent from the patient was also raised as a key problem area when carrying out elective surgery.

As a result of the above mentioned community visits and research, a number of key issues were identified, among them were:

- The need for relevant promotional material about elective surgery.
- Better communication about the elective surgery process from Health staff.
- Information and education about being in hospital.
- Patient travel and policy process.

This resource kit has been specifically designed to help Health professionals communicate better with Aboriginal patients. To reduce misconceptions that Aboriginal people have in regards to our hospitals and to help break down communication barriers between patients and medical staff.

This DVD will help educate Aboriginal patients prior to their trip into hospital. It will inform patients about what to expect, their rights and responsibilities and the services that they are entitled to during their stay in hospital.
2. DVD – “Looking from a new Perspective to create a brighter future” – A guide for health Professionals working with Aboriginal patients

3. Flip chart – “The elective Surgery Story” a guide for health professionals working with Aboriginal patients

4. A portable DVD player.

Objectives of the Elective Surgery Waitlist Resources:

Patients:
- Gain a clearer understanding of what elective surgery is
- Better understanding of how the patient accommodation scheme works
- Understand who will be able to assist them through the process when they get to hospital
- Be better prepared to provide informed consent
- Have increased compliance rates with preoperative preparation
- Be less inclined to “Take Own Leave.”

Health Care providers:
- Understand the intent and purpose of the resource
- Improve their knowledge on the content of the Elective Surgery story
- Improve their understanding of the cultural needs of the clients undertaking Elective Surgery
- Actively seek to use the resource as a tool for sharing knowledge and information.

Languages: 11 from throughout the NT
- Waramungu, Gurindji, Pitjantjatjara, Arrente, Warlpiri, Burrada, Djambarrpuyngu, Murrinh-patha, Anindilyakwa, Kriol and English.

Distribution
Distribution of the Elective Surgery Waitlist Educational Resources to the 5 NT Hospitals and the Remote Sector including Aboriginal Medical Services and health Boards has commenced and are currently being distributed - Contact Debbie Jagoe on 08 8909 2572 or email: debbie.jagoe@nt.gov.au
ONLINE RESOURCES FOR MENTAL HEALTH - AVAILABLE ACROSS AUSTRALIA

Julia Reynolds, e-hub Clinical Services Manager and Ada Tam, e-hub Project officer
The Australian National University

People with chronic health problems often seek information and support from the internet, especially if they have a mental health problem. In Australia, the internet is second only to friends and family as a source of help for young people wanting support and advice for personal problems.1 Fortunately, there are high quality online resources that can provide consumers and carers with information, support and opportunities to learn skills that can help prevent or reduce symptoms.2 These resources are suitable for people with chronic conditions and can be used as a form of self-help or with support from professionals and may complement ongoing management as well as discrete episodes of specialist care by health professionals.

For example, e-hub online mental health services at The Australian National University provides programs that can be used anonymously, 24 hours a day and are free of charge for users. The sites are colourful and engaging but are still suitable for use with many rural and remote internet services. All programs are based on the best available evidence and e-hub Directors Professor Helen Christensen and Professor Kathy Griffiths are recognised internationally as leaders in the research and development of online mental health. The sites offered by e-hub are listed below:

- **BluePages Depression Information**: www.bluepages.anu.edu.au information about depression, including reviews of the outcome evidence for medical, psychological and lifestyle interventions. It also provides symptom quizzes and a free downloadable relaxation audio
- **Beacon**: www.beacon.anu.edu.au provides consumers and professionals with information about online and mobile phone e-health applications. Online self help applications from around the world are reviewed and ranked by health experts and consumers can provide rankings and comments. Beacon currently reviews resources for mental health problems including mood, anxiety and eating disorders; smoking, gambling and substance use as well as self-harm and suicidal ideation. There is also information about sites for many physical disorders including asthma, pain, tinnitus and infertility
- **MoodGYM**: www.moodgym.anu.edu.au is a popular interactive program incorporating cognitive-behaviour therapy for depression. This program is extensively researched, used around the world and its effectiveness has been demonstrated in gold standard randomised controlled trials
- **e-couch**: www.ecouch.anu.edu.au e-hub's newest self help interactive programme includes modules for social anxiety, generalised anxiety, depression, bereavement and relationship breakdown. It provides self-help interventions drawn from cognitive, behavioural and interpersonal therapies as well as relaxation and physical activity. A module for panic disorder will be available soon
- **BlueBoard**: www.blueboard.anu.edu.au online support group for consumers and carers aged 18 years or older. Separate discussion areas are provided for depression, bipolar disorders, anxiety disorders, personality disorders and eating disorders. It aims to reduce stigma and to provide support, hope and opportunities for sharing successful coping strategies. It is a moderated bulletin board with strict protocols to enhance safety and privacy
- **e-hubAssist**: www.ehubAssist.anu.edu.au provides information, resources and access to promotional material for professionals who wish to refer or support other people to the e-hub programs

For more information and to order free promotional material, please contact: ehub@anu.edu.au

References:
Liz Kasteel, Senior Policy and Program Manager
Chronic Conditions Strategy Unit

CCPMS Implementation - Workshops for Managers - The CCPMS has been implemented for a little over one year. From time to time, we receive enquiries on how best to implement or embed the CCPMS into individual work unit’s business plans.

For this reason, a series of workshops have been structured and aimed to guide Managers to use the CCPMS Implementation Plan. Please contact Liza Shaw on 08 8922 8280 or Liz Kasteel on 08 8985 8071 to find out more about these workshops.

CCPMS Working Groups:

The Early Detection and Management Working Group is overseeing Key Action Areas (KAA) 3: Early Detection and KAA 5: Care for People with Chronic Conditions. The Working Group has identified two priority areas:

1. the adult health check
2. cardiac rehabilitation and respiratory rehabilitation services

These priorities have been identified and agreed as pieces for the EDMWG members to progress in 2011/12 in order to improve quality and access to services as part of meeting milestones identified in the CCPMS implementation plan. Two sub-working groups have been established to undertake projects in these two areas.

CCPMS Annual Report – the first CCPMS Annual report is in its draft form. It will be presented to the Monitoring and Evaluation Working Group by mid July for comment and discussions. The Annual Report presents an assessment on how we are going against implementing the activities stated in the plan and identify key gaps in implementation/areas for improvements.

Liza Shaw, CDN Co-ordinator
Department of Health

The CDN website is currently undergoing an upgrade; we are hoping to have this website upgrade completed in time for the CDN Conference in September 2011. Hopefully it will be on display at the conference for feedback.

The new website at www.chronicdiseasesnetwork.nt.gov.au will include the following page titles:

- Home
- Steering Committee
- Conference
- The Chronicle
- e-CDN News
- Combined Networks

The new resources page will include links to key resources in the area of Chronic Diseases and will aim at a comprehensive collection of Guidelines, Policies, Research, Resources for Health Professionals, Clients, Clearinghouses, Directories and Services.

Please let us know if you feel any of the above should be included on this page.

A CDN Website Committee has been formed and are looking for a few additional members, particularly those with IT skills and living in regional areas. If you can spare approximately 1 hour every 2 months, please let us know on 08 8922 8280 or send an email to: chronicdiseasesnetwork@nt.gov.au
The 15th Annual CDN Conference Update

A big thank you to the Conference Organising Committee and the Indigenous Reference Group for all their efforts in bringing you this year’s Conference featuring an exciting program which includes keynotes, plenary sessions, concurrent sessions, workshops, a panel session and a field trip. This year’s keynote speakers include:

- Professor David Clarke, Research advisor to Beyond blue
- Fay Jackson, Director of Vision in Mind
- Associate Professor Tricia Nagel, Divisional Leader of Menzies School of Health.

Plenary topics include the role of media in mental health, and also a spotlight on metabolic syndrome in mental health service. The concurrent sessions, along with a variety of other topics, include many perspectives from people who have mental health issues. There are also many presenters from around Australia looking at a variety of issues relating to Indigenous people. Workshops topics include AIMHI, the chronic disease storyboard and substance use amongst people with mental health issues. The full program is available on the website.

Registrations

Conference registrations are still open and you can register on the conference website: www.cdnconference.org.au

Pre/ Post Conference Workshops

Three pre-conference workshops are planned to be run, check the conference website for further details:

- Mental Health First Aid will be run by Catholic care
- ‘Aboriginal Health Workers Peer Support’ will be run by CANNET
- ‘Illicit Substance Use and it’s implication on effective service delivery’ will be run by Clinical Learning.

Field Trip

This year’s conference will include a field trip to Royal Darwin Hospital. There we will visit the Aboriginal Liaison Officers and for this year’s Conference Theme of Chronic Diseases – Mental Health, a visit to the Mental Health Ward ‘Cowdy’ is appropriate. A stopover at the Aboriginal Interpreter Service is also planned. If you are interested in attending, please contact Liza Shaw on 08 8922 8280 / liza.shaw@nt.gov.au

FREQUENTLY ASKED QUESTION

QUESTION:

“A client from Katherine West Health Board (KWHB) arrives in Darwin and goes to Danila Dilba. He is then referred to RDH. How can Danila Dilba and RDH access his health records from Katherine?”

Responder/s details:

Name: Annette Stone, A/Clinical Services Manager
Position: SEHR eHealthNT
Organisation: Department of Health
Contact Details: 08 8924 7031 or annette.stone@nt.gov.au

When the KWHB consumer arrives at Danila Dilba Health Service and is having his/her consult with the Danila Dilba Health Professional, he or she could advise that they are registered for the Shared Electronic Health Record (SEHR). The Health Professional, who has been given clinical access to SEHR, can perform a consumer search of the SEHR, via the internet. At this time the Health Professional, once the consumer has been located in the SEHR, can then open up a Current Health Profile or Primary Health Centre Summary that has been sent from KWHB to the SEHR. Also at this time the Danila Dilba Health Professional, with permission from the consumer, can add into their Communicare Clinical Information System, the SEHR Identifier number (HCID) and NTG HRN number (if applicable). Their Communicare Clinical Information System will now always recognise that the consumer is registered for the SEHR. At the completion of the consult at Danila Dilba, this new medical
The CDN, NT Palliative Care Network, CanNET, General Practice Network NT (GPNNT) and the Cancer Council NT are again travelling across the NT to host the Combined Networks Networking meetings and to provide regionally based service providers with an opportunity to access information and development opportunities in the area where they work.

The Combined Networks meetings came into being because people working in regional areas had “too many meetings to go to and not enough time” had so network meetings often slipped down the priority list. So the five networks joined forces to provide a combined meetings and a coordinated approach to supporting communities and workers. The “Combined Networks” networking meetings aim to provide participants with the opportunity to:

- find out more about the health services that are available in their local community and region
- network with other local service providers
- participate in locally based and training and development opportunities
- access multiple services at the one meeting

The format includes networking, information sharing, guest speakers, and of course nibbles and catching up with new and familiar faces.

Who comes?
Nurses - Public Health, Clinical, Remote, Community Health, Aboriginal Health workers, Practice Managers, GPs, Allied Health - Social Worker, Nutritionists, Speech Pathologists, Remote Health workers, Clinical Educators, Chronic Disease Coordinators, Diabetes Educators, Project Officers, Community Workers and anyone interested!

There are only 3 combined network meetings for the remainder of the year:

- 20th-21st September - Nhulunbuy
- 11th – 12th October - Katherine
- 8th – 9th November - Alice Springs

If you have any suggestions for topics that you would like as an education session/guest speaker, please let us know.

For more information please contact:

Liza Shaw
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lisa.shaw@nt.gov.au
T: 08 8922 8280

Jo Watts
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Debbie Jagoe
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Shaun Jupp
General Practice Network NT
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T: 08 8982 1050

Jill Naylor
Cancer Council NT
support.manger@cancernt.org.au
T: 08 8927 6389
The Chronic Diseases Network acknowledges the participation and support of the CDN Steering Committee members from the following organisations:

Proudly supported by

Northern Territory Government

Cancer Council Northern Territory

Heart Foundation

menzies school of health research

Arthritis & Osteoporosis NT

Good Health Alliance NT