



PETER YU LEADS REVIEW

The Federal government has appointed an 'intervention' review board and named its terms of reference, one year after the former (Howard) government announced its radical emergency response to Aboriginal disadvantage in the Territory.

Canberra has also recognised the exceptional clinical work of the community controlled sector in its interim report into the NT intervention, One Year On, and pledged to expand primary health care services to help 'Close the Gap' on Aboriginal health, life expectancy and quality of life.

AMSANT is developing a submission to the review board, chaired by Peter Yu from Halls Creek, to outline our concerns about the suspension of the Racial Discrimination Act, the lack of community consultation and the urgent need for increases to health workforce and infrastructure.

The NT Emergency Response (NTER) Review Board has until 30 September to consult widely and conduct a transparent review to determine what is and isn't working, and to assess the impact of the intervention on communities and individuals.

The Rudd government says it's determined to improve the safety and well-being of children and families in remote communities and is

committed to an evidence-based approach to 'Closing the Gap'.

AMSANT EO, John Paterson, says Member Services appreciate the improved focus on, and resources to, primary health care but need to have considerable input into the review process.

"It's great to know that Donna Ah Chee, deputy director of Congress, is on the expert group who will advise the review board; she's always been a strong advocate for Aboriginal community controlled health," says Patto.

For further information:

www.jennymacklin.fahcsia.gov.au



Phone Siv Parker or Theresa Roe at AMSANT for all "intervention" enquiries (Top End).



AMSANT opens door to Close the Gap

AMSANT played host to Oxfam Australia's annual Relections meeting in Darwin last month, welcoming 40 delegates from Aboriginal and Torres Strait Islander 'partner' groups from around the country. The meeting discussed the 'Close the Gap' campaign, Oxfam funding policies, lobbying and advocacy tactics, youth leadership and diplomacy training, and included site visits to Danila Dilba, Larrakia Nation and Bagot community. After a Larrakia 'welcome to country' from Ali Mills, AMSANT's Theresa Roe greeted the meeting (on behalf of AMSANT members,

committee and staff) and talked about the impact of the intervention.

"AMSANT's members see that there's both good and bad elements to this intervention but we've had to engage with it on the basis that there's genuine focus and millions of dollars being directed to primary health care; that's something we just can't turn our backs on," Theresa said. Theresa thanked Oxfam for its on-going support of AMSANT's Leadership Program and policy function: "Ours is a partnership that can really make a difference!"



New sis' for SAMSIS

Erin Lew Fatt has joined AMSANT to work as the Workforce Information Policy Officer (WIPO) in support of our Member Services. Erin is focusing on collecting and storing workforce information using SAMSIS, the Secure Aboriginal Medical Service Information System. SAMSIS offers a variety of opportunities for services to securely collate and store health data, and to generate reports and graphs about their organisation and community that will be vital in securing funding and recruiting AHWs, nurses, GPs and allied health workers. It will also provide evidence in support of effective regional planning and clearly outline the crucial contribution of the Aboriginal community controlled health sector. The system is the first internet-based resource that allows Member Services to enter, control and aggregate information about their activities, and to submit their Service Activity Reports (SAR) on-line, directly to OATSIH. Erin says she's delighted to join AMSANT and looks forward to meeting members to discuss SAMSIS and all other issues relating to 'workforce'. She has played a key role in AMSANT's Leadership Program and has previously worked for Danila Dilba Health Service and the Cooperative Research Centre (CRC) for Aboriginal Health. She invites workforce and SAMSIS inquiries on 8944.6666 or erin.lewfatt@amsant.com.au

IS THERE A DOCTOR IN THE HOUSE?

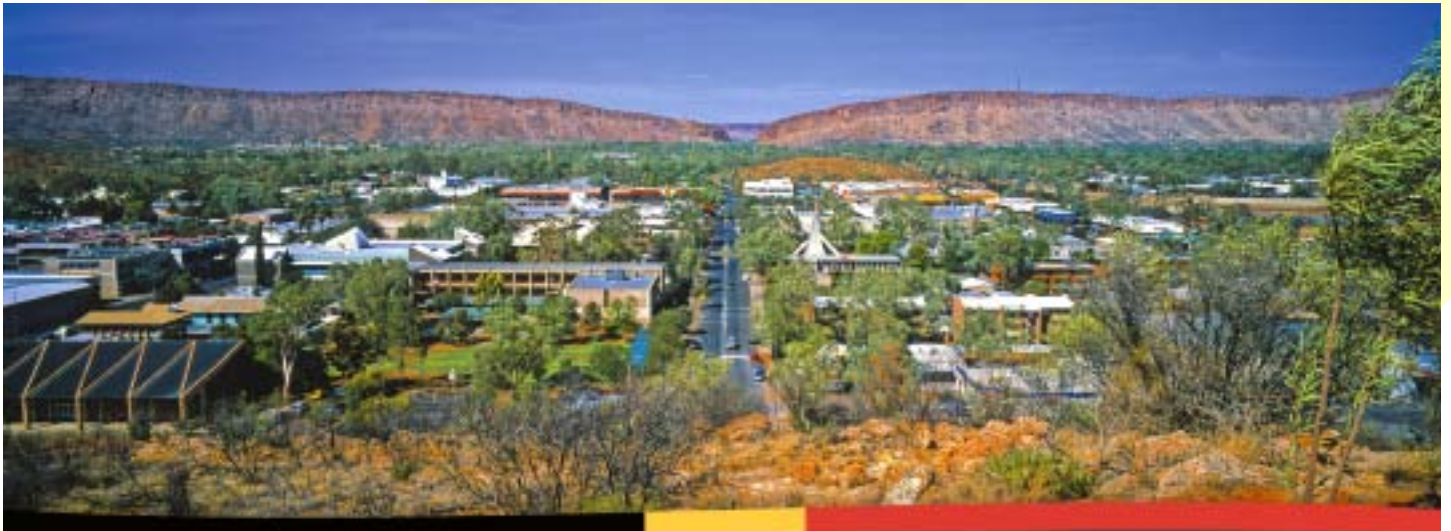
AMSANT EO, **John Paterson**, says he was shocked and disappointed when the Australian Medical Association withdrew from its role of recruiting GPs to the Territory last month, especially as a shortfall in 'workforce' was perhaps the biggest challenge facing the emergency response.

The AMA's pull-out was followed by admissions from Territory Health that it couldn't recruit enough GPs to remote areas, so there would be less community visits and more use of phone consultations, leaving 25 remote Aboriginal towns without a doctor for the foreseeable future. "We in the Territory are all moving forward to progress beyond the

NT intervention, with great results, but one of the most important ingredients that's missing is doctors," Patto told ABC Radio.

"It seems that the AMA was continuing to place unnecessary financial barriers to block the recruitment process, to the great detriment of Aboriginal people. We're dismayed at their attitude and think it reflects very badly on the organisation."

Patto said he encouraged GPs who wanted to assist the intervention to register their interest directly with the NT Emergency Coordination Centre.



A MEETING OF HEARTS & MINDS

Registrations are invited for the Chronic Disease Network's annual conference, to be held at the Alice Springs Convention Centre next month.

The CDN is a network of health professionals in 90 government, NGO, community controlled and research organisations and was set up in 1997 in response to the rising impact of preventable chronic diseases in the Territory.

The conference theme is Health at the Heart of Australia and will coincide with the annual conference of the Australian Cardiovascular Health and Rehabilitation Association (ACRA).

The focus of the conferences is cardiovascular health within the context of chronic disease, especially in relation to Aboriginal health and remote service delivery. Key issues include models of care,

population health and the recruitment and retention of workforce.

AMSANT is a member of the CDN and is represented on the conference organising committee by our Program Manager, Rob Curry.

For further details go to:

www.archi.net.au/events/current/health_australia

Inteyerrkwe Statement

"We the undersigned Aboriginal males from Central Australia and our visitor brothers from around Australia gathered at Inteyerrkwe in July 2008 to develop strategies to ensure our future roles as grandfathers, fathers, uncles, nephews, brothers, grandsons and sons in caring for our children in a safe family environment that will lead to a happier, healthier, longer life that reflects opportunities experienced by the wider community.

"We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunts, to our nieces and to our sisters.

"We also acknowledge that we need the love and support of our Aboriginal women to help us move forward."

UNITED WE STAND

The 44th AMSANT General Meeting will be held in Tennant Creek on the 20th and 21st August.

The Executive Meeting will be held on 19th August.

If you have any enquiries about the agenda, phone **Patto** on 8944.6666.

If you need information about accommodation, please call the Anyinginyi Health Service on 8962 2633.



NACCHO Chair, Mick Adams, and AMSANT EO, John Paterson, were proud to tackle the tough issues at the Inteyerrkwe health summit.

ABORIGINAL MEN FACE TOUGH REALITIES

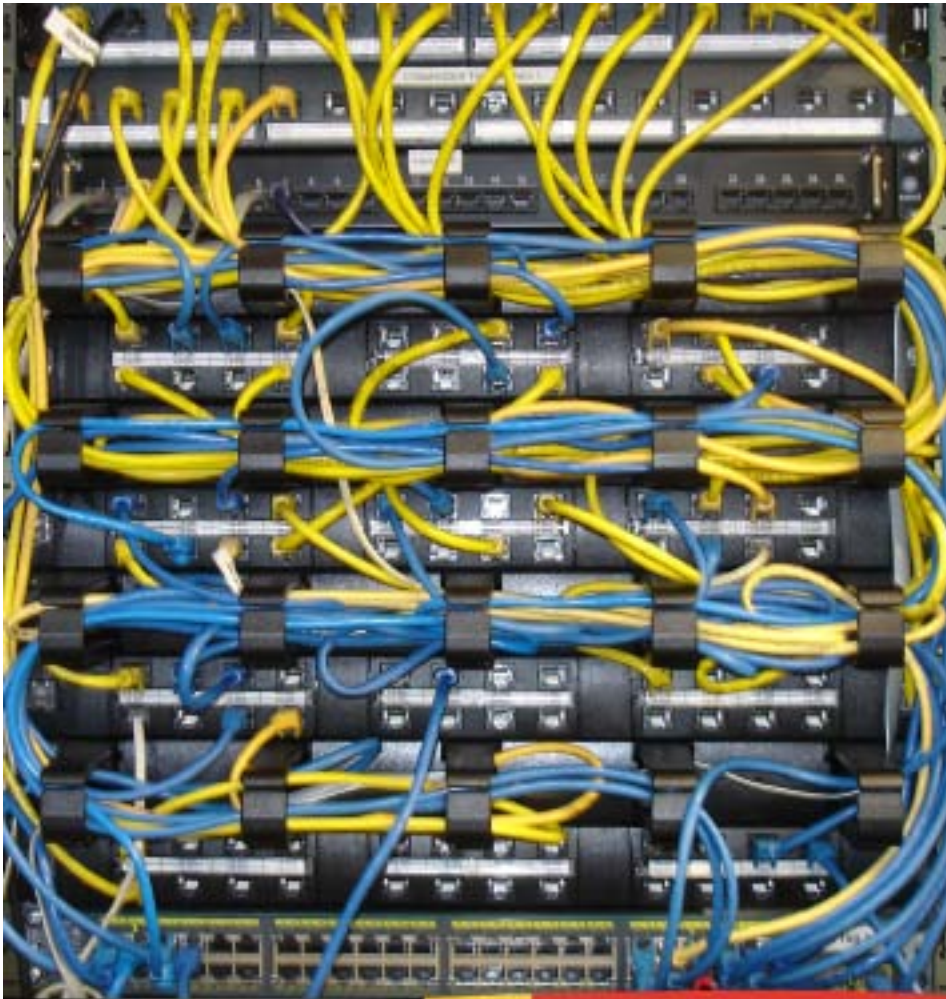
About 400 men joined the Aboriginal Male Health Summit 2008 at the Ross River campsite (Inteyerrkwe) early this month to discuss child welfare, domestic violence, pornography, substance

misuse, environmental health, education, employment and leadership.

The summit was a great success and, through the bitter cold, the delegates from across the country discussed ideas

and future plans to improve the health and welfare of all Aboriginal people.

The men concluded their work by issuing the Inteyerrkwe Statement, as a matter of principle.



CYBER-SPACE NOW SAFER AND FASTER

The Shared Network program has added another component, called 'authentication', that is now being tested in Darwin after the AMSANT Committee gave the 'go ahead' following a recent preview at their meeting in Katherine.

Authentication will allow member service staff to log-in to all systems using one password and an authentication device. The device connects the staff member via the internet to the AC3 computer in Sydney using the USB slot on the local computer. Each service will need to have at least one person who is responsible for managing staff

passwords, but this will be a relatively simple job as AMSANT is developing an intranet help-desk service that manages most of the complex work.

AMSANT staff are making computer applications (eg PIRS, email and intranet) available through secure internet connections, which have greater levels of security than internet banking.

Another piece of good news was received in June when the Department of Health and Aging approved new funding to improve AMSANT members' access to the internet in remote clinics.

The AMSnet Extension Project will increase reliability of internet access in remote areas by improving both the satellite dishes and the remote network management devices used to keep the internet connections up and running.

Currently member services are using a range of devices to monitor and manage remote internet connection. The aim of this new project is to create a sector-wide service that can be monitored and reported on through the new intranet help-desk system. Support staff will be notified of internet 'crashes' and be able to resolve problems much more quickly than is now possible. We have approached some organisations which are able to provide this kind of service and will be discussing the project with members very soon.

If you have any questions regarding these projects, please feel free to ring Simon Stafford or Dave Murtagh at AMSANT on 8944 6666. We are able to come and demonstrate our new systems and talk about how they can be customised to suit your health service.



PHASE 2 ... AND BEYOND. FROM THE CENTRE.

All revised health plans submitted to OATSIH from member services in the Centre have been approved and Phase 2 'intervention' funding will get the 'go ahead' through contract variations, report our AMSANT staff in Alice Springs.

Some services were unable to acquit all their Phase 2 funding before 30 June so they have been encouraged to apply to OATSIH for an extension of time to enable this funding to be carried over into the 08-09 financial year.

A template letter has been prepared to assist AMSs in this application for a time extension, although no advice has yet been received from OATSIH for those who have already applied.

One year ago the Federal Government's intervention into NT Aboriginal communities started at Hermannsburg. A key element of the intervention program was child health checks for all children under 16 years.

Phase 1 of the program involved the army and police arriving at communities with a team of doctors and nurses to conduct the health checks. Typically, the teams managed to examine about 60% of the children in the community, yet in almost every case there were some children in the community who were not examined.

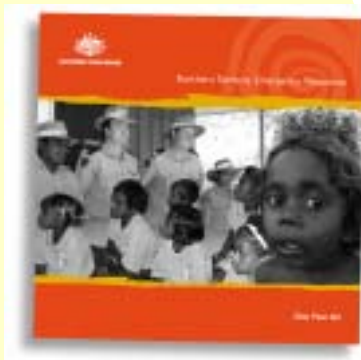
Mixed results

Not surprisingly the results of the checks indicated that many children needed follow-up attention for such issues as hearing problems, ear infections, eye infections and skin infections. To address these issues many children were referred for specialist treatment. For Phase 2 the army and police medical staff were

not used and the individual health services were required to engage their own people. These medical professionals were engaged to ensure that the follow-up referral treatment had been undertaken for each child and to attempt to conduct health checks for

those children who were missed in the first round.

To obtain funding for Phase 2 Aboriginal community controlled health services have been required to make a formal request in the form of a health plan detailing the costs involved in conducting the child health checks. The



AMSs have requested funding to cover staff costs such as wages and travel expenses and also funding to provide the additional materials required. In some cases funding has also been sought for the provision of accommodation to house the additional staff needed and, while this has been approved, it may be some time before the accommodation is available.

Orientation

Some AMSs have employed additional staff to assist with the child health checks, many of who have participated in the two-day orientation program run by Vicki Gordon from CRANA and Jim Thurley from NTGPPHC. Feedback received from participants has been mostly positive and it is evident that there are real benefits for both the staff member and the service from the program. All AMSs are encouraged to enrol their new staff in the orientation program by contacting Vicki via email at vickigor95@bigpond.com.

An essential component of the Phase 2 Child Health Checks has been the recording of data and the

forwarding of this data to the Australian Institute of Health & Welfare. Services are reminded of the need to send their CHC data to AIHW on a regular basis.

Child special services

There has been an expansion of the services provided by SARC (Sexual Assault Referral Centre) which commenced in phase 2 and has been funded over the next four years. The funding focuses on children and young people and will involve 'community outreach' to provide counselling and support of children and young people previously seen by SARC. The SARC community teams include Aboriginal counsellors. The teams will also see young people who may not have reported a sexual assault but wish to speak to a counsellor about their sexual health. SARC has also been funded to provide education and support to primary health care as requested and are keen to work with Aboriginal community controlled health services.

Alcohol and other drug services

Alcohol and other drug services provided by five ACCHSs are involved in providing AOD outreach services as part of the intervention. Funding for the outreach services was granted until 30 June 2008, however services can continue to utilise these funds up to August 2008. Services can continue through allocated COAG positions in some cases.

It also looks likely that other services not currently allocated COAG funding will be able to continue through new NTER follow-up funding and through increased COAG funding for remote AOD services. This program could make a substantial contribution to a more comprehensive program of alcohol and other drug and mental health services in ACCHS's.

ENT specialist services

ENT specialist services are still being delivered in the Centre and will continue for the next two months. Plans for ENT services in the Barkly and Top End have not been finalised. Phase 2 dental services have been provided to children from Alice town camps and Yuendumu. Surgical teams from Sydney have performed dental surgery for children on the dental surgery waiting list in Alice Springs. Some Top End services have engaged their own specialist providers for ENT and dental services.

This has been a very busy period and the coming months look to be equally busy. Good luck to all those people who are making this happen in remote communities. If there is anything we can do to be of assistance please contact the AMSANT officers in the Centre: **Bob Wharton, Graham Dowling, Dr Liz Moore, Britt Puschak, Eva Starr or Kaye Bransgrove** on 8953.3551.

CREDIT WHERE CREDIT'S DUE

A key initiative in the 2008 Federal Budget was 'A Better Future for Indigenous Australians: Establishing Quality Health Standards'. This sets out an expectation that all OATSIH-funded ACCHSs will be accredited against Australian healthcare and organisational standards by June 2011.

To this end, work is currently underway at the Cooperative Research Centre for Aboriginal Health (CRC) to explore options for a streamlined and integrated approach to accreditation under multiple frameworks. In the meantime ACCHSs will seek to address clinical or other service delivery

accreditation; for example, accreditation against the RACGP standards for organisations with a GP.

OATSIH will soon provide funding over three years to assist ACCHSs to become accredited through the provision of expert assistance via several mechanisms, as follows:

Funding for NACCHO affiliates (ie AMSANT) to scope the readiness of ACCHSs for accreditation and the level and type of support required;

Funds for AMSANT to provide accreditation support to ACCHSs;

The provision of 'quality improvement' and

accreditation facilitators to individual ACCHSs to develop formal accreditation work-plans; The provision of accreditation grants to ACCHSs to undertake the accreditation process.

In addition OATSIH will establish a 'national quality network' which will undertake workshops and the training of affiliate accreditation support staff, and key ACCHS staff, to build the capacity of the community controlled sector in the field of quality and accreditation.

AMSANT will shortly recruit two Accreditation and Member Support officers, one for Central Australia and one for the Top End. In addition, a project will start in August to investigate accreditation among member services and to ascertain the key barriers and opportunities ACCHSs may face.

For more information on these projects please contact the Executive Officer, **John Paterson**, or Program Manager, **Rob Curry**.



AMSANT staff and their children were in the thick of it on the 4th of July when 1000 people joined up for the annual NAIDOC Rally through the streets of Darwin.

Similar events in celebration of Aboriginal and Torres Strait Islander culture were held throughout the nation.