

Nganampa Health Council



Annual Report 2016

Governance

Continuing our record of delivering high quality primary healthcare



- Jamie Nyangu **Chair**
- John Singer **Executive Director**
- David Busuttill **Health Services Manager**
- Paul Torzillo **Medical Director**



The past year has been a very challenging and sad year for Nganampa Health Council. Gayle Woodford, community health nurse, was murdered. Gayle was an excellent nurse and a much loved and highly regarded staff member. We continue to offer our condolences to her family.

The Health Council recognises that staff safety and security are paramount and critical to sustaining quality primary health care and to attracting and retaining staff. This tragic event resulted in the Health Council commissioning an external expert review of all aspects of the organisation’s safety and security. With financial support from the Commonwealth Government and the Country SA Primary Health Network, a range of staff safety and security improvements have been initiated including rostering two people to be on-call every night, strengthening security at staff houses and improving our processes for monitoring staff who are travelling. Further security enhancements are being implemented.

Several other people who have made an enormous contribution to the work of the Health Council over many years and to the overall quality of life for Anangu on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands also sadly passed away.

Paul Pholeros (pictured left), the Health Council’s Capital Works Program Manager, passed away in early 2016. He was one of the principal authors of the Health Council’s 1987 UPK Report that provided the guiding principles and operational road map for our Environmental Health Program. This seminal Report also provided the genesis for housing design and maintenance across remote Australia, significantly improving the living environment for many thousands of Indigenous Australians.

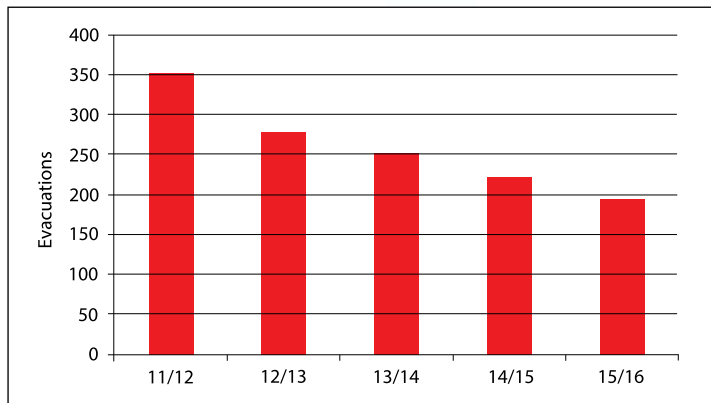
Kunmanara Kayipipi passed away in January. He was a long term Health Mayatja at Fregon, was instrumental in establishing the camel industry on the APY Lands, and was an active supporter of youth activities for Anangu.

Kunmanara Paddy passed away in May. She was instrumental in establishing our Aged Care Program including the construction of Tjilpiku Pampaku Ngura residential facility at Pukatja and establishing a meals program at Pipalyatjara. She was a vociferous and formidable advocate with government and non-government agencies for the rights of older Anangu.

PRIMARY HEALTH CARE PROVISION

Despite the loss of these important contributors, primary health care provision continues to be of high quality with evidence that the care that we provide does lead to health improvements for our members.

We continue to see increases in the number of patients who have had a completed health check and who have a care plan in place. Since we have had an increased focus in this area, there has been a noticeable reduction in the number of patients being evacuated to Alice Springs as shown in the graph opposite.



Other highlights of our health care provision include:

- A high quality suite of environmental health projects and activities delivering significant positive impacts on living conditions in remote communities
- Continued high rates of screening for trachoma in children and low levels of infections when compared to similar communities in South Australia
- Continued high levels of immunisations
- Continued high levels of participation in our sexual health screen and continued low levels of infections
- Improved levels of activity in our Rheumatic Heart Disease Program

HEALTH WORKER TRAINING PROGRAM

Our Health Worker Training Program had a very successful year with Anangu Health Workers Dianne Strangways, Pantjiti Lewis, Mary Willis, Louise Tucker and Zibeon Fielding (pictured right) all completing Certificate IV training. Unfortunately funding for this Program has been discontinued and we are looking at options for providing ongoing training.



RISK MANAGEMENT

Our financial position remains sound. We have managed to put aside some funds to ensure we are able to replace motor vehicles and key medical equipment when required.

Changes in legislation and health care standards have led us to review ambulance services on the APY Lands. Currently, the vehicles that we use as ambulances fall short of contemporary expectations and standards that apply to the rest of rural and remote South Australia. We are currently in discussions with SA Ambulance Service about options for upgrading our ambulance fleet on the APY Lands.



SKILLED AND COMMITTED STAFF

The Board wishes to thank all of our staff for their skilled and dedicated contributions through what has been such a difficult year. High quality, evidence based and best practice clinical services have continued unabated. High quality human resource management, administrative, financial and clinical support systems continue to be delivered by our Alice Springs based and Umuwa Regional Office teams.

Achieving Clinical Excellence

CLINICAL SERVICES AND EDUCATION

Clinic staff have maintained high quality clinical services throughout the year. Patients continue to receive the best possible care, early intervention work is maintained with the support of program staff and staffing levels in the clinics have been maintained throughout.

Orientation to the clinics and remote area nursing can often make a big difference to early experiences for nurses new to the area and to the retention of staff. Orientation processes are continually being evaluated and improved. Program nurses continue to provide onsite orientation and in-service talks, training and support in relation to their program areas.

This year the Health Council facilitated the International Trauma Life Supports courses – both Paediatric and Adult and the Emergency Nurse Paediatric Course. The Nganampa Health Council e3learning site is used by all staff for training in core job related competencies and mandated Occupational Health and Safety training.

Communicare and Program on-line workshops and teleconferences occur throughout the year. Program Coordinators visit clinics and provide support by phone. Nurses continue to maintain and frequently exceed the 20 CPD points required to meet annual national registration requirements.

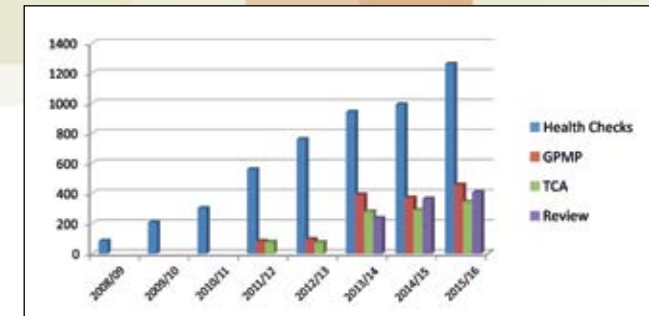


CHRONIC DISEASE

Over the last six years a sustainable Chronic Disease Program has been implemented. The main focus of this Program is to facilitate and co-ordinate the care of people with chronic disease by means of a primary, secondary and tertiary health prevention approach including:

- identifying those at risk
- providing early and timely interventions to manage risk
- providing timely management to prevent disease progression in those people with complex chronic disease

The visiting specialist Cardiology and Respiratory teams continue to provide accessible and timely health care to patients who would otherwise have to travel long distances. The Program has ensured improved access for patients and improved uptake of medical reviews, health messages and brief interventions and as a result some health improvements for individual patients. Since the introduction of the Program in November 2010 there has been a significant increase in the uptake of Adult Health Checks (739 completed this past year), GP Management Plans (448 completed) and Team Care Arrangements (352 completed). These plans provide a framework for evidence based patient care with an emphasis on self-management.



Dr Antony Veale, Respiratory Physician, visits the APY Lands six times each year and in the last financial year assessed or reviewed 163 clients, 22 of whom were new clients. These visits have significantly improved the management of Anangu with chronic lung disease. Benefits include early diagnosis and intervention, much improved access to further specialist assessment such as sleep studies, close liaison and cross referral to other visiting specialists including the Cardiology team, and improved palliation for clients at end of life.

A total of 3,882 individuals attended the clinics during the year and 3,480 of these were Anangu.

WOMEN'S HEALTH

The Women's Health Program continues to offer excellence in antenatal care, with protocolised care delivered in accordance with the Women's Business Manual. The program has a strong commitment to providing evidence based, woman centred care that encourages women to attend clinic throughout their pregnancy to achieve the best outcomes for their babies. This year the program contributed to the management of 80 pregnancies. About 75% of the 60 antenatal women resident on the APY Lands presented for care in the first trimester.

The current team comprises Lisa Wallace in Ernabella, Denise Smith in Amata and Heidi Crisp in Alice Springs. They all have extensive experience in the field of Women's Health. Anne Lavery retired having made a significant contribution to the Program.

The Program continues to offer holistic women's health checks. Cervical screening rates were maintained with 73% of women resident on the APY Lands having a pap smear in the past 2 years. Many female nurses are now trained to insert Implanon thereby offering women a wider choice of contraception when no doctor is present.

The staff have been tailoring education needs to the schools and providing teenage and pre-teen sexual health education throughout the year. This strengthens the relationship with the school attending age group and provides an important knowledge base for these young women.

ORAL HEALTH

For thirty years now, the Dental Program has provided continuity of oral health clinical services and health promotion on the APY Lands. It recently attained Dental Practice Accreditation with Quality Innovation Performance (QIP), a nationally recognised benchmark of the 'quality improvement approach' in the provision of clinical care. The Program has priority components, including a school dental program, emergency service, and special needs care, and is firmly underpinned by a preventive and Minimal Intervention Dentistry (MID) philosophy and clinical approach.

The emphasis on preventive services includes regular fluoride varnish applications and placement of fissure sealants, as well as the appropriate therapeutic application of silver fluoride (AgF) to control decay. Tooth brushing programs are supported in all schools across the Lands. A program focus on school age children has been particularly successful with overall dental health in twelve year old children comparable with that for the rest of South Australia.

The AgF application technique has been a feature of our MID practice since the Program's inception, and its non-invasive approach is at the heart of community acceptance and program sustainability.

Our collaboration with the Australian Research Centre for Population Oral Health (ARCPOH) and the Maari Ma Health Aboriginal Corporation of Broken Hill in the evaluation of this clinical approach culminated in the completion of data collection in December 2015. We look forward to the publication of the study findings in the near future.



The fully equipped mobile dental surgery which commenced service in 2011 continues to perform well and remains a mainstay of our remote program, essential to maintaining access to clinical care.

Examination and preventive care for Tjilpiku Pampaku Ngura aged care residents is a feature of the Program. It has included the delivery of the Better Oral Health in Residential Care Portfolio to aged care nurses and care workers.

We sincerely appreciate the continued support of SA Dental Service, and their technical team in particular, and of ARCPOH with special thanks to Kaye Roberts-Thomson, Loc Do and Diep Ha. We remain indebted to Meg Simmons and her colleagues at the NT Health Flynn Drive Dental Clinic for their ongoing collaboration and support.

VISITING SPECIALISTS

The Paediatric Team, led by Dr Anne Chang and supported by Paediatric Nurse Carmel Hattch and registrars from Alice Springs Hospital, visits all communities regularly. This year a total of 219 children were assessed and reviewed. After visits, the Paediatric Nurse coordinates follow up appointments for children requiring further assessment or treatment in a tertiary centre. She assists new mothers to establish breastfeeding in Alice Springs before returning home following the birth of their babies. She also provides case management, health education and monitoring where children are failing to thrive.

Podiatrist Sara Jones and podiatry students visit regularly, including to

the aged care facility. Over three visits this year to the APY Lands, the Podiatry Team assessed, treated and reviewed 350 clients. Sara provides input into Anangu Health Worker training and staff professional development.



Two Audiologists from Australian Hearing Services visited the APY Lands three times during 2016, examining identified children's ears, testing hearing and reviewing both aided children and adults.



Based at the schools, they also visit clinics to review adult clients with hearing difficulties.

The Cardiology Team consists of Dr Christopher Zeitz (Cardiologist), an echocardiographer and Clinical Practice Consultant Renee Henthorne. This year the team completed 93 consultations and 91 echocardiograms.

The visiting cardiology team has helped “shine a light” on rheumatic heart disease with every opportunity taken to educate patients, family and staff. Improved liaison with other institutions such as Rheumatic Heart Disease (RHD) SA and Australia, Alice Springs Hospital, Flinders Medical Centre and other remote health centres allows better monitoring of prophylaxis and reviews.

A key outcome of the Program to date has been a significant

improvement in compliance with prophylaxis. These achievements have been presented at an RHD Australia workshop in Brisbane and at the CRANA annual conference. In addition the APY Lands Cardiac Outreach Program was a finalist in the 2016 SA Health Awards.

There were two visits by an Ear Nose and Throat specialist this year. An audiologist accompanied these visits. This service aims to promote healthy ears and to review children with ear issues with a focus on middle ear disease. Chronic ear disease in children is both preventable and treatable but if not addressed can lead to long term hearing loss and affect learning. A total of 326 children were reviewed during the past year. Two dedicated days of ear surgery for children from the APY Lands were organised at the Women's and Children's Hospital in Adelaide.

CHILD HEALTH

The Health Council continues to sustain a comprehensive and leading edge Child Health Program with an emphasis on immunisation, annual child health checks, and regular child growth monitoring that includes detecting and treating growth failure and anaemia and providing key health and nutritional messages. The Program's impressive outcomes are primarily the result of expert and focused coordination across a range of the Health Council's programs that ensure regular, structured and targeted interactions with clients and their family. To maximise outcomes for individual clients the Child Health Program links closely with the Health Council's midwives, Chronic Disease Nurse, Paediatric Nurse Consultant Medical Officers, visiting specialists and with key external service providers such as the schools, Australian Hearing Service, Indigenous Eye Health, the NPY Women's Council and the National Disability Insurance Agency.

Regular scheduled growth monitoring activity provides an opportunity for one-on-one interaction with children and their primary care givers. Growth monitoring activities endeavour to:

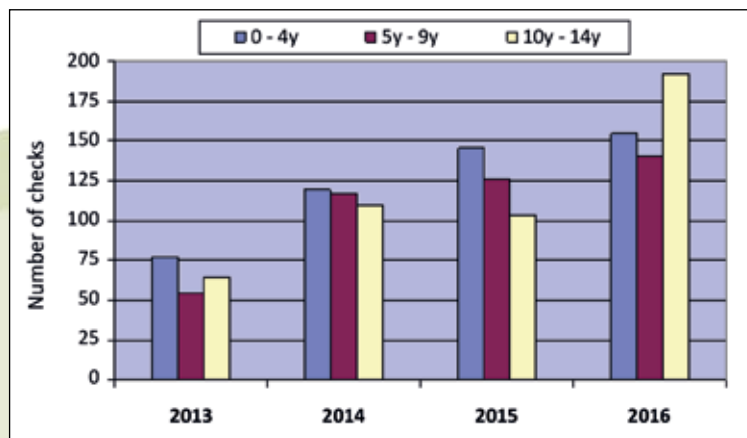
- assess children's growth patterns and general health on an individual basis
- treat or refer with any immediate concerns
- detect 'at risk' children who need further intervention or referral
- deliver key age-appropriate nutritional messages
- develop a follow-up plan with families and carers

As part of early intervention strategies, children aged less than 2yrs of age who are identified with poor growth are monitored more closely. A small number of children are referred to the Child Health Team in Alice Springs for individualised interventions in the areas of nutrition, education and training to mothers and carers. The Alice Springs team works closely with our clinic staff and Alice Springs Hospital to ensure a coordinated approach. A high completion rate of recalls (98% – 99%) across all aspects of routine child growth monitoring demonstrates a consistent interaction with most children and families from year to year.



Key outcomes in the Child Health Program for 2016 include:

- An increase in the percentage of eligible children with completed health checks from 53% in the previous year to 72% in 2016
- Consistently high recall completion rates (99%) for child growth checks at regular scheduled intervals
- Above national rates of child immunisations continue to be sustained
- A steady increase since 2013 in the number of child health checks completed, by age cohort, as shown in the chart below



SOCIAL AND EMOTIONAL WELLBEING

Working in a culturally safe and responsive manner the Social and Emotional Wellbeing (SEWB) Program delivers an integrated and coordinated approach to SEWB issues within the Health Council. Two Mental Health Nurses, both based in Umuwa, travel regularly to all the communities on the APY Lands. David Walsh provides services to Iwantja, Mimili and Pukatja while Tony Shepherd provides services to Fregon, Amata, Nyapari and Pipalyatjara. They work closely with visiting adult psychiatrists and front line clinical teams as well as with other mental health providers throughout Central and South Australia to provide appropriate assessment and treatment services.

They are both Approved Health Professionals accredited by The Office of the Chief Psychiatrist to carry out statutory requirements under the South Australia Mental Health Act 2009. The South Australia Civil and Administrative Tribunal visit the APY Lands each year and these visits are closely supported by the SEWB team. Both Mental Health clinicians provide secondary consultation and support to front line clinical teams across the APY Lands. Teleconference facilities within the clinics enable Mental Health assessment and reviews to take place in our remote communities.

Social Work services are provided in our Alice Springs office and include psychosocial assessments, advocacy, liaison and patient support services at Alice Springs Hospital to achieve the best possible health outcomes for Anangu. Referrals include issues such as domestic violence, child protection, alcohol and other drugs use, mental health, housing and financial/food security matters. During this past year there has been high demand for engagement with antenates when in Alice Springs. Continuity of care during sit-down and post-natally aims to ensure women receive optimal care during this critical period of attachment with their newborns.



THE HOSPITAL LIAISON TEAM

Based in the Alice Springs Office, this team comprising Bronwyn Frank, Emmy Simpson and Daniel Forrester provides travel and accommodation, translation and social support services to Anangu who require tertiary health care in Alice Springs. This represents a large and important body of work. In the 2015/16 financial year, the team assisted 2,200 individuals, 74% of whom were patients and 26% of whom were escorts. Patients travelled from the APY Lands to Alice Springs by bus (2,183), plane (487) and private car. They spent 6,405 nights in paid accommodation and 4,466 nights in hospital.

Ensuring that Anangu can access tertiary services efficiently and effectively is a key function of the Health Council, and the Hospital Liaison Team works closely with our Medical Officers and Community Health Nurses, Aboriginal Hostels, and a range of agencies in Alice Springs to organise necessary transport and accommodation. The Team plays an important advocacy role in Alice Springs for Anangu who require assistance to satisfactorily negotiate service delivery systems.

The Health Council recorded 62,499 health contacts in the last financial year

Anangu Health Worker Training

After delivering training for almost thirty years on the APY Lands, the Anangu Health Worker (AHW) Training Program concluded in 2016, after funding from the Commonwealth was withdrawn and attempts to source alternative funding were unsuccessful. The Health Council ceased to operate as a Registered Training Organisation (RTO) at the end of 2016. The Health Council is negotiating with other RTOs in South Australia and the Northern Territory to provide training for our staff in 2017. Offsite training will be challenging however, as it will require Anangu to travel away from the APY Lands and this will present difficulties in terms of cost, reduced access to on the job mentoring and real time support, and other barriers to attendance and attainment that will need to be addressed.

The Health Council wishes to recognise the huge contributions of Cyndi Cole and Jennifer Summerfield in the development and management of this Program over the past twenty years. Thanks in particular to their sustained efforts, the Health Council has been delivering Certificates 2 and 3 in Primary Health Care since 1996. Cyndi undertook the developmental and implementation work associated with the Health Council achieving RTO status in 2003. In 2005 we participated with other Aboriginal Health Organisations in the development of national competencies for Aboriginal and Torres Strait Islander Health Workers which has subsequently provided the underpinnings of the Health Training Package HLT07. Nganampa Health Council was an active participant in ATSIHTRONN (established 2006), a peak body of Aboriginal and Torres Strait Islander RTOs focused on national Aboriginal Health Worker training issues.

The Health Council was involved in the development of training resources for RTOs across the country, and in lobbying and advocacy to ensure that a viable and effective training program could be sustained.

During 2016, five Anangu graduated with Certificate 4 in Aboriginal Primary Health Care HLT40113. They were Zibeon Fielding, Dianne Strangways, Louise Tucker, Mary Willis and Pantjiti Lewis. Many congratulations to you all!

Several AHWs updated their First Aid qualifications, and others completed the Identify and Respond to Young People and Children at Risk training. All AHWs continue to maintain and update skills such as manual handling and infection control through completing a suite of E3 learning options.

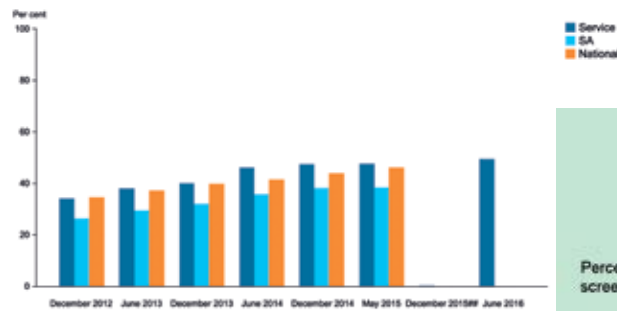


Selected Achievements

Selected National Key Performance Indicators showing our activity exceeding the national and state averages.

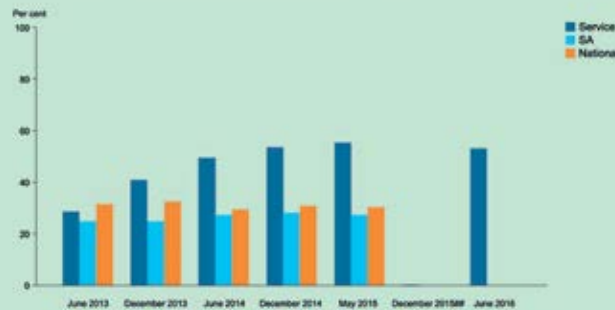
MBS health assessment (aged 25+) comparisons

Percentage of Indigenous regular clients aged 25 and over for whom an MBS health assessment (MBS item 715) was claimed within the previous 24 months, by reporting period



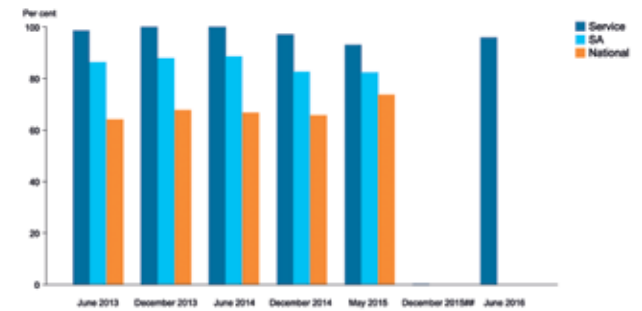
Cervical screening comparisons

Percentage of female Indigenous regular clients aged 20 to 69 who had a cervical screening within the previous 2 years, by reporting period



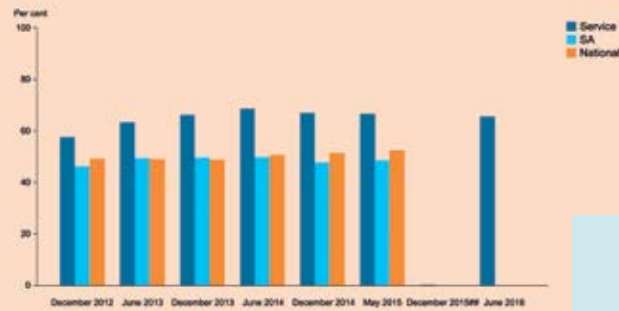
Child immunisation comparisons

Percentage of Indigenous children aged 12 to <24 months who are fully immunised, by reporting period



HbA1c recorded (6 months) comparisons

Percentage of Indigenous regular clients with type 2 diabetes who had an HbA1c measurement result recorded within the previous 6 months, by reporting period



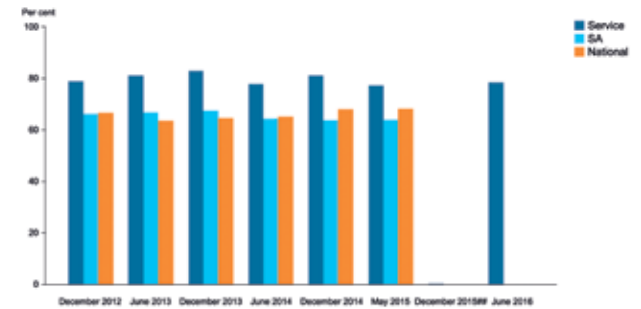
Immunised against influenza (type 2 diabetes) comparisons

Percentage of Indigenous regular clients aged 15 to 49 with type 2 diabetes who are immunised against influenza, by reporting period



Blood pressure result recorded comparisons

Percentage of Indigenous regular clients with type 2 diabetes who had a blood pressure measurement recorded in the previous 6 months, by reporting period



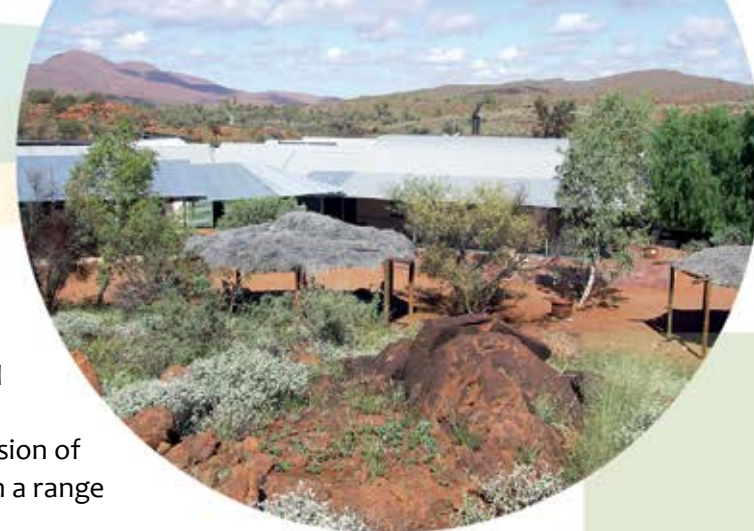
First antenatal care visit comparisons

Percentage of Indigenous regular clients who gave birth within the previous 12 months and had an antenatal care visit, who had their first visit at less than 13 weeks, by reporting period



Aged Care

Tjilpiku Pampaku Ngura



The objective of the Nganampa Health Council Aged Care Program is to enable aged, frail Anangu to remain on country for as long as possible rather than being hospitalised or requiring residential placement in a distant regional centre. Preventing out of country placement of elderly Anangu is pursued through the provision of residential, respite and palliative care at a regional facility, provision of Commonwealth Home Support Program (CHSP) services at Pukatja, and liaison and advocacy with a range of other regional aged care service providers.

Located in Pukatja, the aged care facility Tjilpiku Pampaku Ngura (A Pitjantjatarra term loosely translating as “home for older men and women”) provides accredited residential and respite care to older Anangu. There are currently 13 places, 10 of which are usually occupied by permanent residents who come from communities across the APY Lands. Anangu from communities up to 300km distant access regular respite, thereby providing their usual family carers with a break from the daily routine and responsibilities of personal care. Tjilpiku Pampaku Ngura provides transport where required to facilitate access to respite.

An important focus of the care provided at Tjilpiku Pampaku Ngura is to ensure residents retain their links with family and country and that they are able to continue their creative interests and cultural practices.

A CHSP service is provided to the local community. This involves provision of meals, personal care, domestic services and transport services for approximately fifty eligible clients.

The majority of the staff at Tjilpiku Pampaku Ngura is Anangu, many of whom have completed, or are completing, formal qualifications in aged and disability care. Nganampa Health Council collaborates with TAFE SA in the provision of on site training. Through this collaboration sixteen Indigenous staff have now completed either Certificate III or Certificate IV qualifications in aged and disability care. We acknowledge the fine contribution made over many years by TAFE SA educator Sue Light who retired during the year.

Residents have access to high quality clinical care, through an Aged Care Program Registered Nurse. Outside ordinary hours, 24-hour emergency clinical services are provided by nursing staff at the Pukatja clinic and the local Medical Officer. Residents have

access to a range of regularly visiting health services, including podiatry, physiotherapy and oral health. Visiting Allied Health services are provided by the South Australian Department for Communities and Social Inclusion.

End of life care is increasingly provided at Tjilpiku Pampaku Ngura. We acknowledge the professional development, equipment support and secondary consultation and advice we receive from both Palliative Care SA and Territory Palliative Care.

Opened in 2000 and originally designed for low care and respite residents, Tjilpiku Pampaku Ngura now mainly provides care for long term residents with complex and high care needs. It will undergo a major capital works upgrade in 2017. This will increase capacity to sixteen beds, improve day care amenities, provide for staff training and improved office facilities, enhance security and safety for residents and staff and double capacity to store and maintain essential equipment.

Eye Health and The Fred Hollows Foundation (TFHF) Collaboration

Staffed by Adelaide based ophthalmologists and optometrists, the eye health team has been conducting twice yearly visits across all clinics for approximately twenty years. The emphasis is on culturally and geographically accessible care that is integrated with other primary health care program work, especially in the areas of chronic disease, child and maternal health and environmental health.

With funding provided by TFHF, our Eye Health Coordinator organises and accompanies these visits. Improved access to specialist services, particularly for at risk patients, and better access to appropriate follow up has resulted. Funded by TFHF, a retinal camera operated by the Coordinator was purchased in 2016. This has improved our capacity to offer annual retinopathy screening to patients with diabetes.

Trachoma education, screening, diagnosis and treatment is also undertaken. Trachoma is a bacterial infection of the eye that is easily treated but requires a focus on public health education. In 2016 a total of 766 individual children between the ages of one and fourteen were tested for trachoma. Trachoma was identified in approximately 2.5% of children tested, down from a rate of 4.7% in 2015. The screening rate is typically over 90%. Treatment is given to the child with trachoma and to all their household



**The Fred Hollows
Foundation**

members. Contact tracing and treatment of all household contacts was completed promptly this year. The trachoma rates on the APY Lands remain relatively low compared to other remote areas of South Australia. A major focus of this trachoma service is education to children, carers, family, community members, teachers and health staff.

STI Control and HIV Prevention

The STI Control and HIV Prevention Program has sustained effective and comprehensive service delivery on the APY Lands for over twenty years and this record of achievement continued throughout 2016. Common STIs have remained at consistently low prevalence levels over the past decade.

The “Eight Ways to Beat HIV” comprehensive program model has been consistently applied over twenty years and as new technologies have become available and more accurate the Health Council has integrated these to further enhance effective treatment regimes.

In 2016, the chlamydial prevalence rate was 2.8% representing a 67% reduction from the level measured during the first population-wide screening in 1996. The prevalence of gonorrhoea was 2.5% which is an 83% reduction from the prevalence in 1996 of 14.3%. There were no cases of syphilis detected during the annual screen.

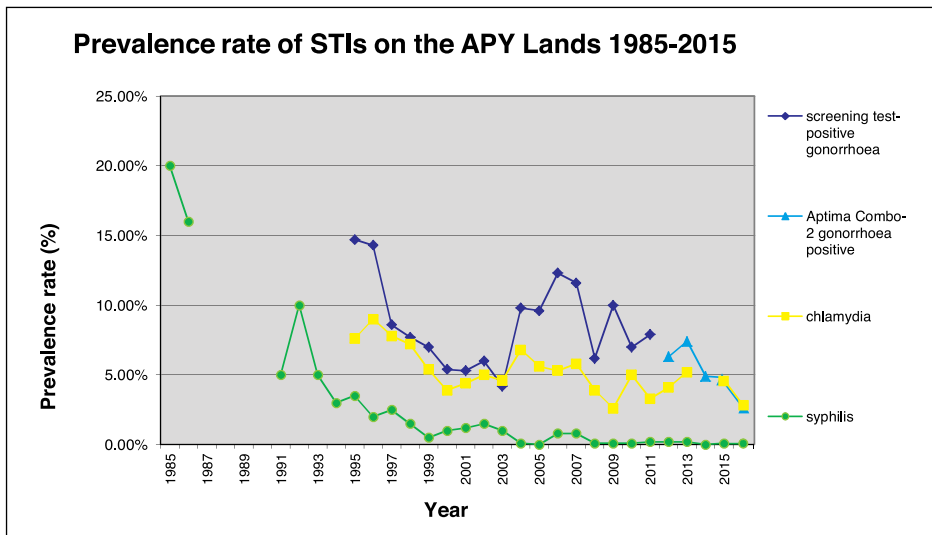
This year 1150 people participated in screening from the core population of 14 to 40 year olds of current and transient status. The participation rate from among permanent residents was 81% and 100% of chlamydia trachomatis (CT) and neisseria gonorrhoea (NG) infections were successfully treated.

As with 2015, syphilis serology was offered to all people 25 years of age and under. This change was made due to the multijurisdictional syphilis outbreak which generally affected younger people in remote communities, and led to 1009 separate individuals accepting syphilis tests as part of the annual screen. Of the 681 individuals identified as belonging to the current or transient population in the category 15-24 years of age, 512 had at least one syphilis screen over the 12 month period up to and including the 2016 STI screen. Of those, 221 had more than one test during the course of the twelve month period.

We continue our involvement at two clinics in the TTANGO2 research program. Both sites have demonstrated the capacity to maintain and actively use the point-of-care test machines with support from the Program Co-ordinator and a remote help desk. This technology provides the benefits of the rapid return of test results (under two hours) and the opportunity for more timely treatment and tracing of chlamydial and gonococcal infections, thereby helping to reduce the residual infection rate within the population.

The Program Co-ordinator Dr Rae-lin Huang continues as a member of the Multijurisdictional Syphilis Outbreak main group, Data Working Group and in the Engaging Aboriginal Communities sub-group as well as continued membership on the Remote Primary Health Care Manuals Sexual Health Editorial Working Group and as an Associate Investigator in the Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses.

While the “Eight Ways to Beat HIV” program is multifaceted, it is the integration of the program elements to support the core activity of population screening which is the cornerstone of success. Staff education, centralised co-ordination, monitoring and evaluation and research are all areas which augment the ability of the clinical workforce to have appropriate tools and support. The result is high intensity, quality screening and treatment services delivered in a remote context.



Tackling Indigenous Smoking

During this past year, the Health Council re-launched its Tackling Indigenous Smoking (TIS) Program. The Program Coordinator, Cyndi Cole has worked with the Health Council for the past twenty seven years in various training and nursing roles and brings a broad public health, training and nursing background to the role as well as extensive experience working with Anangu. This Program links closely to the work of Anangu Health Workers across all communities, with the work of other Programs such as Chronic Disease and Women's Health, and is supported in particular by two dedicated Anangu Health Workers Lee Lawrie based at Pukatja and Zibeon Fielding based at Mimili.

The Program is focusing on staff training and awareness-raising across the organisation, providing resources to support brief interventions, identifying and supporting Anangu who currently smoke but are keen to quit and targeting preventative education to high risk groups such as antenates and secondary school age children.

The Program aims to work collaboratively with other key agencies such as schools, local media and other workplaces to deliver effective TIS strategies for Anangu across the APY Lands.



Public and Environmental Health

THE EHW TEAMS

Two Environmental Health Worker (EHW) teams continue to offer a vital, flexible, broad based and responsive environmental health service to the communities on the APY Lands. Their work includes engaging in community focused public health activities and home and yard maintenance for families.

In relation to public health and safety, activities include:

- Assisting the vet on quarterly visits and undertaking deworming between these visits
- Collecting water samples on behalf of SA Water for microbiological contamination testing
- Grass slashing and clearing of buffel grass to reduce fire hazard
- Hard waste removal from yards
- Grave restoration and maintenance
- Liaison with pest control and other Housing SA contractors

In relation to family dwellings, the work of the EHW teams includes fixing taps and doors, collecting firewood, pressure cleaning and submitting maintenance requests to Housing SA.

The team in the east has collaborated with Regional Anangu Services Aboriginal Corporation (RASAC) at the local level in joint yard maintenance projects particularly at Fregon. This has involved laying cockroach bait, repairing fences, removing hard waste, lopping tree branches and depositing fresh fill in yard areas.

Staff from both EHW teams attended the National Indigenous Environmental Health Conference in Coffs Harbour and a Men's Health conference in Adelaide.



DOG HEALTH

This year marks 20 years since Dr Robert Irving (pictured left) began servicing the APY Lands.

He has applied a consistent and collaborative approach and is now well known in all communities. In the 2015-16 financial year, together with the EHWs, he applied the zoonotic parasitic control agent 2,394 times, the fertility control agent 718 times and euthanised 112 dogs. Together with Animal Management in Remote and Rural Indigenous Communities (AMRRIC) two desexing programs were run at Mimili and Amata, capturing two thirds of the overall dog population in those communities.

MAI WIRU REGIONAL STORES GROUP

The Health Council Public Health Officer, Stephi Rainow, has continued to provide advice both formally and informally to the general manager and to the board in conjunction with staff from the NPY Women's Council (NPYWC). Recently the Health Council commissioned Professor Amanda Lee to carry out the annual Market Basket Survey. NPYWC staff provided both logistical support and assisted in administering the survey. All stores on the APY Lands were visited as well as one at Marla and two in Alice Springs.

COST OF LIVING / INCOME STUDY

With expertise from three Jawun secondees, draft income cost of living surveys to administer on the APY Lands have been developed. Further work will be undertaken next year on the questionnaires in order to ensure that they capture the data required so as to provide an accurate picture of the cost of living and income levels on the APY Lands.



E Health

David Busuttill Health Services Manager

Sally McGrath Communicare Manager

Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging e-health environment in Australia. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential patient information. Despite these challenges, the Health Council's e-health systems continue to be robust and stable.

The Communicare Clinical Information System (CCIS) continues to be our principal e-health resource in our continuous quality improvement activities. We have improved the interface between Communicare and other resources used by the Health Council including our STI database, our patient travel and appointment database, and our staff performance reporting systems. These developments have resulted in our systems being more sustainable and efficient.

Our experience clearly demonstrates that robust e-health systems do lead to improved health care and health outcomes for our members. Arguably Aboriginal Australians who live in remote areas have the most to gain from this technology. We find however, that commercial organisations are often uninterested in our business as we do not have sufficient scope to be commercially viable.

This is particularly the case with digital medical equipment. For this to be effective we need the equipment, a means of transmitting and storing images, a specialist to make a diagnosis, a means of receiving the report back from the specialist and a means of adding the report to the patient health record. Developing systems that perform all these tasks can be difficult and expensive. In the past year we have purchased a digital ECG machine and a digital retinal camera. Both pieces of equipment have the potential to improve the quality of care we provide, increase the number of patients who receive specialist care and introduce some productivity improvements. Processes associated with their use are still being developed.

The Health Council has always maintained a backup satellite internet connection at our clinics which provides redundancy when the principle connection fails. These are being replaced with NBN satellite technology. Testing suggests the connections are superior to the existing satellite connections and a range of telemedicine functions including video conferencing can be performed more effectively over them.



Financial Summary 2015–2016

Our financial position remains solid with some funds available which can be used in the event of unexpected emergencies and to replace assets when required. This includes having funds available to replace some life-saving medical equipment and motor vehicles.

It was a very challenging year for the organisation, with a number of larger one off expenses, including implementing new security measures and employment of On Call Support Workers. In an environment of rising cost pressures and with improvements in our medical staffing levels this year's financial result is very good and reflects the sustained effort that our Board and management have put into ensuring that our finances are sound.

This improved financial position can be explained by a combination of initiatives to increase income and to control expenditure. We are particularly pleased with our efforts to keep motor vehicle expenditure relatively low again this year.

With increases in Government funding uncertain in future years, finding alternative income streams and cost savings will become increasingly important to ensure current levels of service delivery are maintained.

The summary report presented requires some interpretation. The reported operating surplus or deficit is prone to large fluctuations, being sensitive to factors such as one off capital grants and unfunded depreciation on our building assets and on its own is not an accurate reflection of the financial health of the organisation.

FINANCIAL RESULTS

YEAR ENDED 30 JUNE

	2016	2015
Operating Surplus / (Deficit)	(750,375)	(181,448)
Members Equity	15,266,466	16,016,842
Cash	4,809,095	4,800,931

WORKING CAPITAL CALCULATION

Current Assets	6,336,417	5,639,828
Current Liabilities	4,628,243	4,258,108
Working Capital	1,708,174	1,381,720

For the complete financial reports for 2015-2016 go to
www.nganampahealth.com.au

GAYLE WOODFORD SCHOLARSHIP

Gayle was a skilled, committed and proactive Remote Area Nurse (RAN). She worked for Nganampa Health Council for 5 years before her sad death in 2016. Her role as a RAN was the fulfilment of a dream to undertake community work with disadvantaged people. Gayle was well educated and well prepared as a Diabetes Educator and a Graduate of Centre for Remote Health and Flinders University with a Graduate Certificate in Remote Health Practice.

This scholarship named in her memory is jointly sponsored by CRANaplus and the Centre for Remote Health and is open to Registered Nurses, Indigenous Health Practitioners, Allied Health Practitioners and Medical Officers.

Applicants must meet the entry requirements of the Graduate Certificate in Remote Health Practice offered through the Centre for Remote Health. A work history in remote practice is desirable. The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice.

One scholarship will be awarded annually, for study to commence the following year.

Applications for 2018 will close 31st August 2017.

Application forms are available at <https://crana.org.au/membership/scholarships>

If you wish to receive paper or pdf Annual Reports, email john.wilson@palya.org.au

You may continue to access Nganampa Health Council's Annual Report at www.nganampahealth.com.au



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