



2010 – 2011

# Katherine West Annual Report

Katherine West Health Board Aboriginal Corporation



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## Our Values

Katherine West Health Board is guided by the following values:

- Health and well being includes the physical, mental, emotional and spiritual well being of the person and the community
- We will work as a team, Aboriginal and non-Aboriginal together
- We are committed to our work and to doing the best we can
- We will always promote respect and trust
- We have respect for ourselves and for others
- We respect the autonomy of our communities
- We will always promote and maintain culture
- We are committed to good and open communications, to talking and listening
- We will move forward carefully one step at a time
- We will look after the head, heart, body and soul of our organisation and our members
- We will demonstrate strong leadership.

## Our Dream

- All people of the region have long, healthy and happy lives
- Excellent health services under community control
- All people working together to care for their health.

**Front cover:** This year's front cover shows KWHB's Honorary Board Member Jack Little (Bulla) spreading the message about Trachoma awareness, clean skin and healthy eyes, in Bulla during April 2011. This image was chosen because it highlights the ongoing commitment shown by our board members in working with our staff, in their communities, to spread the message about good health.

## Our Mission

Katherine West Health Board is a leading Aboriginal community controlled health service. We aim to improve the health and well being of all people in the Katherine West region. We provide culturally safe primary health care and we are a voice for our communities on all matters affecting their health.



## Our logo

'Jirntangku Miyrt'a' in English means 'One shield for all'.

## Our Region

Katherine West provides services to nine major Aboriginal communities plus outstations, cattle stations, ranger stations and roadhouses, spread across 162,000 square kilometres of the Northern Territory.



### KALKARINDJI and DAGURAGU REGION

*Kalkarindji (Health Centre)*

Birrindudu, Bunda, Burda Wada, Camfield, Cattle Creek, Daguragu, Dungowan, Inverway, Liku, Limbunya, Mamadi, McDonalds Yard, Mistake Creek, Montijinni, Mount Maiyo, Mount Sanford Puturang, Riverin, Top Springs, Wave Hill

### LAJAMANU REGION

*Lajamanu (Health Centre)*

Duck Ponds, Jiwaranpa, Lul-Tju, Mirridi, Mount Winnecke, Mungurrupa, Ngarnka, Pamta, Parrulyu, Picininny Bore, Pinja, Tanami Downs

### TIMBER CREEK REGION

*Timber Creek (Health Centre), Bulla (Health Centre), Amanbidji (Health Centre)*

Auvergne, Bamboo Springs, Barrac Barrac, Bob's Yard, Bradshaw, Bubble Bubble, Bucket Springs, Coolibah, Doojum, Fitzroy Station, Gilwi, Kidman Springs, Legune, Liku, Marralum, Murrungung, Myatt, Policemans Hole, Rosewood, Waterloo

### YARRALIN REGION

*Yarralin (Health Centre), Pigeon Hole (Njitpurru) (Health Centre)*

Lingara, Yinguwunari

## Our Communities



Katherine West Health Board Aboriginal Corporation operates health centres in:

- Bulla
- Kalkarindji
- Lajamanu
- Mialuni (Kildurk or Amanbidji)
- Pigeon Hole (Njitpurru)
- Timber Creek
- Yarralin

Our health region covers approximately 3,000 people, including the traditional lands of the following peoples:

- Bilinari
- Gurindji
- Miriwung-Gadjerong
- Mudbara
- Ngaliwurrur
- Ngarrinman
- Wardaman
- Warlpiri
- Wuli

# KWHB Strategic Plan 2010 – 2014

During 2009/2010, the Katherine West Health Board Aboriginal Corporation developed a “road map” for the next five years. Developed by the Board, in close consultation with community members and the KWHB Leadership group, the Strategic plan outlines the future development and priorities for the health service.

All staff members use these priorities to guide their roles within the organization during this five year period.

## Priority 1 - Standing up for Health

Katherine West supports our people to have long, healthy and happy lives. We deliver effective health services, and will speak up for all people in our region on issues affecting health. Through a community development approach, we will support our people to improve the health of their families and communities. We will involve young people in the future of our organisation, and help them grow up to be productive members of their communities.

Our strategies for standing up for health will be:	
Strategy 1.1	Being the voice for people in our region on all matters that affect their health.
Strategy 1.2	Using community development to build a pathway to better health.
Strategy 1.3	Building our partnerships with government and other organisations.

## Priority 2 - All of us working together

For Katherine West, there are ‘two roads’ to better health, the Aboriginal road and the non-Aboriginal road. Traveling along these two roads, we will work together to provide high quality and appropriate services to all people in the region. We will maintain respectful relationships with our Board members and with our communities, as the foundation for culturally safe health care. We will work with other organisations to improve the health of our region.

Our strategies for working together will be:	
Strategy 2.1	Building strong relationships with our communities, so we can deliver culturally safe care.
Strategy 2.2	Respecting the role of our Board members.
Strategy 2.3	Promoting effective communication and team work across our organisation.
Strategy 2.4	Building our partnerships with government and other organisations.

## Priority 3 - Delivering high quality, appropriate comprehensive primary health care

Katherine West has brought about a big increase in health services across the region. However, we are still moving towards our long-term goal of integrated, multidisciplinary comprehensive primary health care. Working at the community level, we will treat sick people as well as working to prevent people getting sick in the first place. We will continue to identify gaps in health services and work to fill them.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:	
Strategy 3.1	Working towards local, community based primary health care teams.
Strategy 3.2	Balancing the need to provide sick care with the need to prevent illness.
Strategy 3.3	Filling gaps in service provision.

## Priority 4 - Getting and keeping well-trained staff

Our staff are our strength. We need qualified staff to stay with us and work with our people, and we will support them with further training. We will employ and encourage Aboriginal people to work in all roles throughout our organisation, including in senior positions. We will ensure that our communities have appropriate access to doctor services.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:	
Strategy 4.1	Improving retention of staff in our health centres.
Strategy 4.2	Employing more Aboriginal people at all levels in the organisation.
Strategy 4.3	Ensuring all communities have an appropriate level of access to general practitioner services.
Strategy 4.4	Making sure that all of our staff are well-qualified and well trained.

## Priority 5 - Better buildings and equipment

We need appropriate, well maintained infrastructure to deliver high quality services. We will work to ensure that all clinic buildings are maintained, upgraded or replaced to meet the needs of our staff and our communities. Suitable and well-maintained accommodation will encourage our remote staff to stay with us. High quality and reliable Information Technology (with training and support) underpins effective health care in our region.

Our strategies for better buildings and equipment will be:	
Strategy 5.1	Providing clinic buildings that meet the needs of our staff and the communities we serve.
Strategy 5.2	Working towards Aboriginal and non-Aboriginal staff having suitable and well-maintained accommodation.
Strategy 5.3	Continuing to improve our computer systems, especially in our remote health centres.

## Priority 6 - Safe travel and better transport

We need appropriate, well maintained infrastructure to deliver high quality services. We will work to ensure that all clinic buildings are maintained, upgraded or replaced to meet the needs of our staff and our communities. Suitable and well-maintained accommodation will encourage our remote staff to stay with us. High quality and reliable Information Technology (with training and support) underpins effective health care in our region.

Our strategies for safe travel and better transport will be:	
Strategy 6.1	Working to ensure timely and well-organised evacuations.
Strategy 6.2	Ensuring that patient travel is safe and appropriate for those who need to leave their home communities for health care.
Strategy 6.3	Establishing reliable access to our health centres.

## KWHB 2010/2011 The Year that Was

### July 2010

#### Dee Hampton (AHW, Kalkarindji) wins significant NAIDOC Week Award 13-Jul-2010

Congratulations to Dee Hampton (Kalkarindji Aboriginal Health Worker) for winning the Katherine Region NAIDOC 2010 Senior Community Involvement award. Dee has been a long serving member of our health team in Kalkarindji, does a wonderful job and is a great advertisement about the importance of quality Aboriginal Health Workers in the Northern Territory.

#### KWHB Corporate Support National Roundtable Discussion Paper 21-Jul-2010

This paper was developed with Katherine West in 2010 and presented at the Corporate Support National Roundtable Discussion, held in Melbourne in June 2010.

The University of Melbourne Onemda (Aboriginal Unit) have documented the KWHB Case Study/Model after intensive consultation with our leadership team. It is a useful précis of the background, construct and outline of how we work, and helps to inform further discussion and study of the Katherine West Health Board health service delivery model.

It is always good to develop this type of knowledge around KWHB.

#### How the iPad is improving health service delivery in the NT 23-Jul-2010

Katherine West Health Board staff, including the Kalkarindji Health Team, featured in a TV segment and news story about using Apple iPads to deliver health information to remote communities. This article was also mentioned on the Crikey website.

KWHB were involved in the pilot phase of this program with AMSANT. While this initiative has stalled for the moment, it is intended that portable information delivery devices, such as the iPad, will become a greater part of our health service in the near future.

### August 2010

#### Mobile Team, Yarralin and Kalkaringi Clinic Staff involved in major road accident 15-Aug-2010

On August 15, 2010 staff members from the Mobile Team, Yarralin and Kalkaringi clinics responded to a major road accident near Top Springs.

The KWHB Mobile Health Team were the first on scene and dealt with the accident victims for around 4 hours before help arrived. They also had very little resources to provide assistance and did a fantastic job.

KWHB were praised in the NT News for their work during this incident, but perhaps the best summation of this incident was provided by the owner of the Top Springs hotel, Pauline Haseldine, sent through a message to KWHB about the great work of Philippa, Kristy and Damien.

Dear Sean,

I am just writing you a quick letter to let you know what a brilliant job your district nurses and ambulance officer did at the scene of the fatality. They all worked tirelessly and showed not only empathy and care to the victims but to the people who assisted at the scene of the accident. We are extremely lucky to have these people servicing our small community.

They are Phillipa Simpson from Yarralin, Kristy Bassett and Damien Staunton.

Regards,  
**Pauline Haseldine**

Manager,  
Top Springs Hotel

This incident also raised an issue regarding patient evacuations, which was tackled in greater detail a few months later. Well done to all our staff members involved.

### September 2010

#### CEO of KWHB Meets with Australian Medical Association (AMA) 07-Sep-2010



KWHB CEO Sean Heffernan meets with representatives of the AMA in Darwin

KWHB CEO presented the Australian Medical Association with an overview of the KWHB model in Darwin in September. This information was used by the AMA to inform their 2010/2011 Aboriginal Medical Report Card.

#### Timber Creek Car Accident 12-Sep-2010

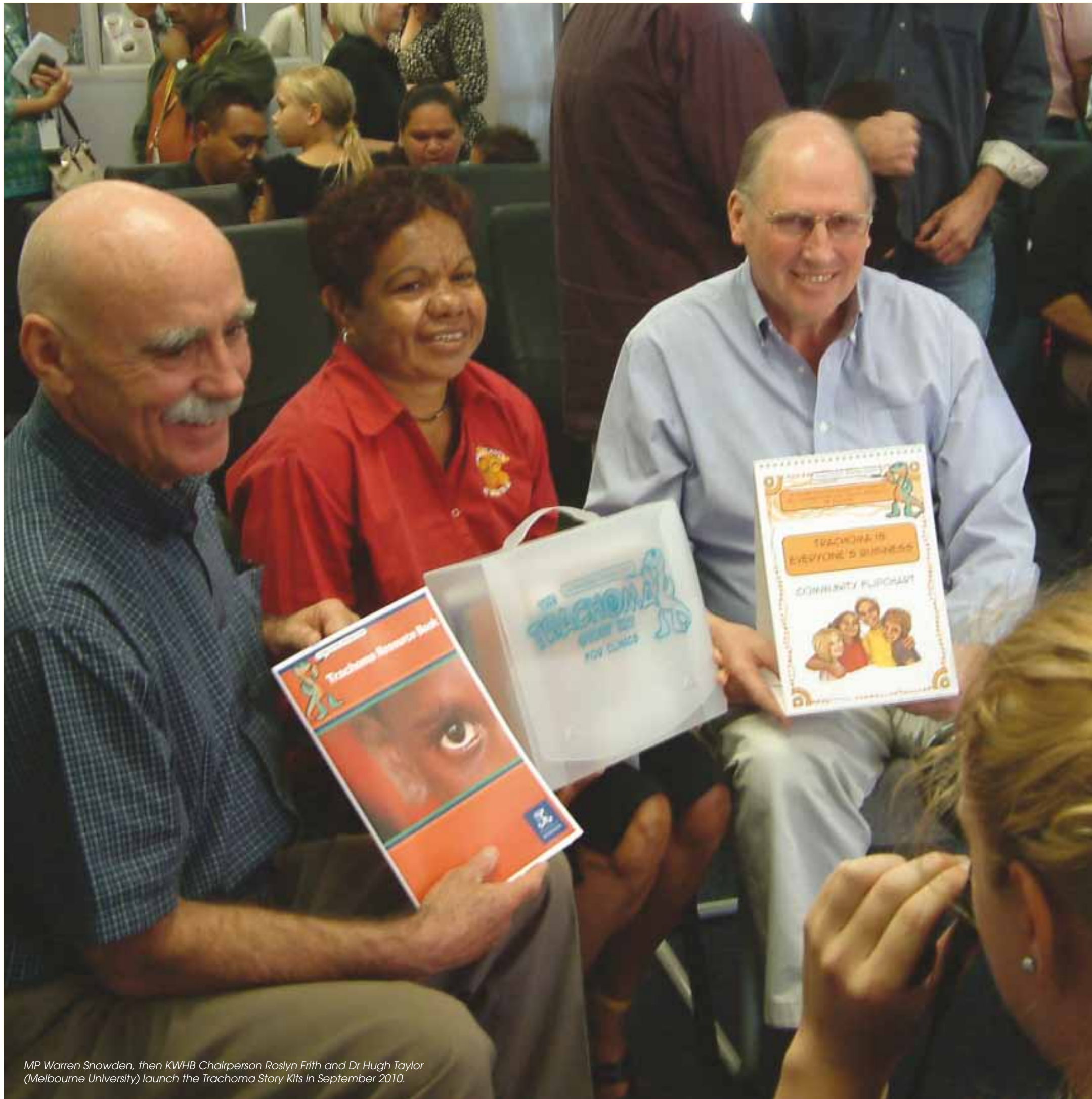
Unfortunately the major incidents continued, with KWHB staff again receiving glowing praise in the NT News for their great work in responding and treating patients involved in a major road accident near Timber Creek.

This message was distributed by KWHB's Health Centre Staffing Manager Sinon Cooney.

Would just like to say a big JOB WELL DONE, in dealing with the recent car accident. I have spoken with both Leonie and Dr Don and they have told me that everyone conducted themselves in a very professional manner and that the operation went very smoothly.

It sounds like yourselves and other agencies involved all worked very well together. Congratulations on working as a team in a very difficult situation for all involved.





MP Warren Snowden, then KWHB Chairperson Roslyn Frith and Dr Hugh Taylor (Melbourne University) launch the Trachoma Story Kits in September 2010.



**Trachoma Story Kits Launched at Katherine West 17-Sep-2010**

In September 2010, Katherine West Health Board launched the “Trachoma Story Kits” in Katherine with Warren Snowden MP, Australian House of Representatives Member for Lingiari and Minister for Indigenous, Rural and Regional Health.

The Trachoma Story Kit was developed during a 12 month period of consultation and collaboration between the Indigenous Eye Health Unit, the Ngumbin Reference Group at Katherine West Health Board and the Centre for Disease Control Department of Health and Families NT.

“The Trachoma Story Kit’ is being used by trachoma elimination programs in remote Indigenous communities across the Northern Territory and Western Australia. The new Kits combine the best current trachoma clinical education with new culturally specific, engaging health promotion resources.



Dr Andrew Bell speaks at the launch in the Katherine Boardroom.

Because elimination of trachoma requires everyone in a community to be involved, there are three Trachoma Story Kits, one each for Clinics, Schools and Communities. They all reinforce the key message about facial cleanliness essential to eliminate trachoma: “Clean Faces, Strong Eyes”.

Each Kit is in easy to read, user friendly language incorporating clinical know-how, cultural knowledge and practices, supplemented by engaging realistic images of contemporary remote Aboriginal communities.





Honorary Board Member Joseph Cox at the AMSANT Executive Meeting

Joseph Cox attends AMSANT Executive Meeting, South Alligator, 28-29 September.  
**28-Sept-2010**

KWHB Honorary Board Member Joseph Cox joined with CEO Sean Heffernan to attend the AMSANT Executive Meeting at South Alligator River in September. KWHB members attended many meetings with AMSANT throughout the year.

## October 2010

Dr Andrew Bell Leaves KWHB, Dr Louise Harwood becomes KWHB Medical Director  
**04-Oct-2010**

October began with Dr Andrew Bell leaving Katherine West and taking up a full time position with AMSANT in Darwin. We thank Dr Bell for his enormous contribution to KWHB during his 11 years with us. Dr Bell left a message to staff, board and community members for Katherine West when he left.

Dear all,

*It is with much sadness that I am letting everyone know formally that I will be leaving Katherine West, for a time at least, at the end of this month to work full time with Aboriginal Medical Services Alliance NT (AMSANT). This will allow me to devote my whole time to the work with AMSANT that has been increasingly taking up most of my time over the last couple of years. My new role will include providing support and advice to member services of AMSANT, so it will not be a complete break with Katherine West.*

*I am leaving at a time where there is now good data to demonstrate the increasingly high quality of service delivery by our organisation and I am sure this health service will continue to strengthen and be a leader in the sector. It does make me sad to think I will not be as closely involved, but will look forward to continuing to celebrate Katherine West's achievements.*

*I have worked with many great people, board members and staff over the last 11 years, and have learnt heaps. Thanks. My last week will be the week of October 25th.*

*I will be continuing to live with my family in Katherine.*

Cheers,  
Dr. Andrew Bell



Dr Bell on his last day with Katherine West, with KWHB Chairpers on Geoffrey Barnes looking on



Dr Andrew Bell with Dr Louise Harwood at the KWHB Annual General Meeting in October 2010.



Dr Bell receives a painting on his final day from KWHB Honorary Board Members Jack Little and Joseph Cox.





Sean Heffernan, Lynette Johns and Dr Louise Harwood attended the AIDA (Australian Indigenous Doctors' Association) Symposium in Launceston, Tasmania, on behalf of KWHB in October 2010. The conference was about the positive impacts of cultural education on indigenous health delivery.

#### KWHB attends AIDA Conference in Launceston 05-Oct-2010

Sean Heffernan, Lynette Johns and Dr Louise Harwood attended the AIDA (Australian Indigenous Doctors' Association) Symposium in Launceston, Tasmania, on behalf of KWHB over the last weekend. The conference was about the positive impacts of cultural education on indigenous health delivery.

AIDA generously gave KWHB the use of a sponsorship booth to promote KWHB and remote placements as an employment and training opportunity for Indigenous doctors to consider.

They spoke with a number of doctors and students who have an interest in Aboriginal health and were also able to participate in the rest of the symposium programme, which was on the role of education and culture in achieving better health outcomes for Aboriginal people.

There are increasing numbers of Aboriginal doctors being trained, and many of them have urban backgrounds, we should be active in highlighting the need for doctors in our remote communities.

Following the symposium Lynette and Louise made sure they kept up their 10-week challenge commitment by visiting the Cataract Gorge – much closer to the city than Katherine Gorge, and no crocs either!!



KWHB attended the Council Remote Area Nurses Australia (CRANA) Conference in October 2010. Ngumbin Liaison Officer Lynette Johns (pictured) is here promoting the work of KWHB with remote area nurses at the conference.

#### KWHB Attends CRANA Conference in Adelaide 22-Oct-2010

Katherine West held their first trade display at a CRANApplus (Council Remote Area Nurses Australia) conference this year. This was attended by Lynette Johns and Betty Oram from the Katherine office. Also attending was Phillipa Simpson from Yarralin. Many fabulous speakers were there as usual, some speaking for the first time to a very supportive and riveted audience.

Our cultural awareness DVD was a big hit. Many people just came to the display and stood watching and listening. The feedback was very positive.

The bush tucker posters and promotional items went down very well too of course.

The focus at this year's conference concentrated very strongly on Health Workers, largely around courses, support and recognition.





David, Peter and Sean during Movember.

### November 2010

Men of KWHB Do "Movember" and raise \$4,800 for Men's Health

15-Nov-2010

KWHB entered a team of Mo Bros in MOVEMBER, a charity that supports Men's Health. During the month of November, men from KWHB grew some truly awful moustaches to raise money for Men's Health.



Peter Clottu (Alcohol and other drugs Coordinator) wins the extreme makeover award hands down for his purple moustache.



Team Captain Damien with the KWHB Mo Bros and the iconic donation tin.



## KWHB work with Menzies to evaluate and develop chronic disease program

15-Nov-2010

KWHB are working with Menzies Research Team in evaluating our chronic disease initiatives, especially at Lajamanu.



Lynette Johns and Peter Clottu join researchers from Menzies on a trip to Lajamanu to discuss Chronic Disease initiatives in our region.

## December 2010

### 10 Week Challenge - Overview

01-Dec-2010

Well done to those that participated in the KWHB 10-week challenge, even if it was only one or two sessions or just the initial fitness test. This challenge did hopefully allow us to go through the process of the different stages of change 'not ready', 'unsure', 'ready to change' or 'staying healthy' and it was evident just observing over the last few weeks where people were at. Hopefully the challenge has helped to kick-start some sustainable lifestyle changes now or in the near future. Overall weight loss came in at 18.5kg as a group, which is great!



## January and February 2010

### Wet Season

01-Dec-2010

Another big wet season greeted us this year, with plenty of rains and storms to keep us all on our toes. Thanks to our amateur photographers who sent through some great photos this year.



## March 2010

### New Board Members for Katherine West Health Board 24-Mar-2011

Our full board meeting in March elected a new Executive Committee for the next three years. Geoffrey Barnes was elected as the Chairperson of KWHB. We congratulate our community representatives and we are looking forward to the next three years as we deliver health services against our Strategic Plan. We wish our new Executive and Full Board members the very best in their leadership roles.



New KWHB Chairperson Geoffrey Barnes supports the KWHB Trachoma Blitz in April in Lajamanu by volunteering for an eye check.

### KWHB Population Health Team's Trachoma Blitz

Mar/Apr-2011

During the months of March and April, members of Katherine West Health Board headed out to our communities to spread the message about Trachoma prevention.

Michael O'Halloran (Health Promotions), Emma Buanach (Healthy Skin and Eyes) and Bec Cooney (Child Health) were central figures in organising the blitz, however many other KWHB staff members were also heavily involved in the blitz.

The aim of these events were to decrease active trachoma prevalence to <5% and make scabies infestations almost absent from KWHB communities.





Michael O'Halloran, Roslyn Firth and Emma Buanach spread the message about "Clean faces, Strong Eyes" in Kalkaringi during the Trachoma Blitz

The objectives were:

1. To facilitate the early detection, treatment and prevention of trachoma
2. To facilitate improved health and well being of Indigenous Territorians
3. To complement other PHC initiatives and health promotion activities that target communicable disease



May 2011

KWHB Listed by the Australian Medical Association as a "Model Aboriginal Health Service"

12-May-2011

The Australian Medical Association released its report card for indigenous health in Australia during 2010-2011. KWHB was listed on Page 14 of the report as a "Model of Best Practice", citing that KWHB produces health outcomes in its region that are better than average on nearly all of the key health performance indicators used in the Northern Territory.

## Patient Travel - KWHB slams the air med service in the media 19-25-May-2011

KWHB held a press conference in Darwin on Wednesday May 18, with CEO Sean Heffernan, Medical Director Dr Louise Harwood and Honorary Board Member Joseph Cox joining the Head of the NT Cattleman's Association, Luke Bowen, in directly speaking with media representatives about patient travel issues with air evacuations in the remote communities of the Katherine West Region.

Throughout the early months of 2011, many of the familiar problems associated with emergency evacuations of Priority Two patients re-surfaced.



Katherine Times Article "Gov't slammed over service" May 25, 2011



KWHB Honorary Board Member Joseph Cox speaks with ABC TV's Jane Bardon about Patient Travel Problems

The final patient travel incident that forced us into the media to plead our case involved an injured station hand from Victoria River Downs, who was forced to wait 18-hours overnight in Yarralin with a neck injury received after a horse fall.

The story about Katherine West speaking out about poor patient travel outcomes was featured in:

- NT News May 19, 2011
- ABC Nightly News Lead Story, May 18, 2011
- Nine News Darwin May 18, 2011-08-31
- Katherine Times, front page May 25, 2011
- ABC Radio Country Hour May 19, 2011



L to R: Cattleman's Association Chief Luke Bowen, Dr Louise Harwood and Sean Heffernan speak up about poor patient travel outcomes in Darwin in May 2011.



## New Lajamanu Health Centre Design and Funding Approved

27-May-2011

Katherine West Health Board's application to construct a new health clinic on the area east of lot 281 and two staff housing units to the rear of lots 399 and 400 at Lajamanu has received Australian Government approval.



## KWHB helps to bring OPAL Fuel to Kalkarindji

24-May-2011

For some time now the fuel sold in Yarralin and Lajamanu has been OPAL, and the Kalkarindji Store very kindly swapped to OPAL fuel in May after a formal request from KWHB.

There have been some isolated cases of petrol sniffing reported in the Katherine West region, and OPAL fuel is an effective way of avoiding this dangerous practice.

In the near future KWHB will be approaching other fuel outlets in our region and requesting that they also swap over to stocking OPAL. OPAL is a costlier fuel than Unleaded petrol but the Commonwealth Government subsidises the difference and there is no extra cost to sellers or motorists.

## Yarralin Concert

27-Jun-2011

Yarralin played host to a Healthy Lifestyle Concert for Drug Action Week in June. Our Alcohol and Drug Coordinator, Peter Clottu, along with town and health centre staff, as well as Board and other community members, helped to organise the concert.

The event was a resounding success due to good organisation, commitment from KWHB and other agencies to work together and much hard work on the day. The representatives of the funding body (partial funding) who were present were very impressed.



Carol, Peter and Michael did some great work in organising the day.



Music artists from around the Katherine West region travelled to Yarralin for the concert.



Members of the Yarralin Community turned out in great numbers to show their support

The aim of the campaign was to encourage people to make healthy lifestyle choices. There were a variety of domains within the campaign, but the main messages were;

- Give up Tobacco
- Eat healthy food
- Be active, get regular moderate exercise
- Have regular health checks



## Trachoma Eye Health DVD June-2011

Katherine West Health Board staff and board members were co-producers in the production of a DVD which chronicled the work of our staff in trying to eliminate Trachoma from the Katherine West region. The DVD was a part of a live, hour-long panel discussion that aired on the Remote Health Education Foundation's (RHEF) satellite television network and on National Indigenous Television (NITV) at 8pm (AEST) on Tuesday July 26<sup>th</sup>, 2011.

**A Clear View: Improving Indigenous Eye Health** was the program that was presented interactively over the web, enabling live participation by viewers.

The program specifically chronicled KWHB's work in eliminating Trachoma in Bulla, starring our own:

- Jack Little, Honorary Board Member
- Emma Buanach, Healthy Skin and Eyes Coordinator and
- Rhonda Henry, Aboriginal Health Worker, Bulla.

The video is viewable in full on our website at [www.kwhb.com.au](http://www.kwhb.com.au)



Jack and Emma speak with Kids in Bulla school about eye health, clean faces and strong eyes.



Rhonda Henry (Bulla Aboriginal Health Worker) also shared her experiences about teaching kids about Trachoma.

## Chairperson's Message



Hello Everyone,

This is my first report to you as Chairperson of the Katherine West Health Board after becoming Chair in March 2011. It is a great honour to be chairperson of Katherine West, and to be telling you about the big year we have all had in standing up and fighting for good health in our communities.

*I sincerely thank Roslyn Frith (Kalkaringi) for her hard work as Chairperson from September 2009 to March 2011. "RF" is a hard working and vital member of our board, and is widely respected as a leader not just of her home communities of Kalkaringi and Daguragu, but throughout the entire Ngumpin and Yapa region. I'd like to thank her for her ongoing guidance and support.*

*I also want to thank Willie Johnson (Lajamanu), my nephew Norbert Patrick (Lajamanu), Jack Little (Bulla) and Joseph Cox (Doojum) who have been mentoring me. All of their guidance and knowledge has been very important to me. I'd like to especially thank Joseph for his ongoing support of my role as Chairperson.*

A bit about my background, I have been around the Katherine West Health Board for many years.

In the early days of KWHB I worked as a Trainee Aboriginal Health Worker in Lajamanu. I've also been involved in local government as a Councillor with Lajamanu Community Government Council (LCGC).

I went on to become Vice-Chair of LCGC. I was also the last representative on the Executive of LGANT from Community Government Councils right across the Northern Territory prior to the Shires coming in. I'm also a member of the Central Land Council. I've been involved with local government and community issues in Lajamanu for more than 15 years now.

### Board Activities for 2010/2011

This year the Board Members, community members and the Executive Leadership Group worked together, guided by the six key priorities that the board determined in 2010 were our focus for the coming five years (2011-2014).



Strategic Plan

KWHB continues to work towards the strategic plan that the board and staff worked on together in 2010.

- Priority 1** means standing up for our health and making sure our voices are heard.
- Priority 2** means all of us working together to make KWHB the best it can be.
- Priority 3** is delivering high quality, appropriate comprehensive primary health care. This means treating people when they are sick, but also trying to stop our people from getting sick.
- Priority 4** is getting and keeping well-trained staff. This means working hard to make sure we get good people to work with KWHB, and to make sure people feel happy and supported in their work.
- Priority 5** means we need to ensure we keep fighting for better buildings and equipment, because this ensures we have a good health service for our people.
- Priority 6** means we want our people to feel safe if they are travelling for their health, and to get better transport to hospital and specialists.

Working with Communities

This year we have had open community meetings in Timber Creek (Myatt), Bulla, Yarralin, Pigeon Hole, Kalkaringi, Lajamanu and Kildurk. Open Community meetings are important to make sure we understand what is happening in the community, so that KWHB can respond properly.

We had good turnout in all our communities, and it was good that people turned up on the day to speak with staff and health centre mob about health issues. It was also good that staff from Katherine came out and introduced themselves and spoke about their roles. Sometimes we don't always understand what people are working on, so it's really good to speak with community in this direct way.

Working Together with Organisations

This year the board have also worked with other organizations that are present in our communities to get better health outcomes for our people. We will continue to work with these organizations to ensure the best health possible for our people.

Governance Training

This year the Board has done more governance training with consultant Rob Burdon. Governance training guides and supports Board members in their roles as Board Members, and helps us to know what we need to do. It's important for the Board to work properly, and this helps Katherine West earn respect as an organisation.

Focus on Aboriginal Health Workers

We want to continue our focus on developing Aboriginal Health Workers in the Katherine West communities. AHW's have a really important role in our health centres, and we will keep fighting to make sure they receive the recognition they deserve in the wider health sector.

This year coming up is the Year of the Aboriginal Health Worker, and it's fitting for me to pass on my respect as Chairperson to all AHWs from Katherine West who have passed on, for their hard work, effort and time devoted to setting up Katherine West. Also my respect and acknowledgement of Jack Little (Bulla) and Cathy Abbott (Central Aust.) as the patrons for the Year of the Aboriginal Health Worker.

Patient Travel

This year we have also kept fighting for good patient travel in our region. We have had lengthy discussions with the Minister, the government and other organizations that provide patient travel.

In May 2011, KWHB led a big media push with the NT Cattleman's association after a string of patient evacuation incidents from February to May.

We are happy that Care Flight and the NT Government have signed a new deal in June 2011, and have promised to lift their standards around evacuating remote patients by air. The Board will still be keeping a close eye on patient travel, and will continue holding the NT Government and the other organizations to strict account.

A main focus in the coming year will be making sure our people are still taken care of when they come into Katherine or Darwin hospital for treatment and follow-up. It can be hard travelling into town for treatment and being away from family, so we want to help our people feel secure, safe and still "in-touch".

It's good to have Lynette Johns working as our Ngumpin/Yapa Liaison Officer to help people with hospital issues and patient travel.

Taking over as Chairperson

I want to keep KWHB strong and to help it grow. With the help of our Board Members, and our community members, Katherine West will continue to gain in strength, fighting for good health in our communities.

In my role as Chairperson, I want to pay special tribute to the work of all our past board members, and to continue on the good work they have done in building up Katherine West to what it is today.

I also want to thank our current board members for having the confidence in me to become Chairperson.

Geoffrey Barnes

Chairperson, KWHB.



The Board

Katherine West Health Board is governed by an 18-member Board consisting of Aboriginal representatives who are elected by their communities in the KWHB region.

The role of the Board is to represent the interests of community members and provide direction to KWHB staff. The structure of the Katherine West Health Board is based on the philosophy of Aboriginal community control.

The Board meets four times per year and has a six-member Executive that meets regularly. In addition to attending full Board meetings and Executive Board meetings, KWHB Board Members displayed their commitment by:

- Participating in governance training (provided by an external consultant) about roles and responsibilities
- Attending open meetings in each community as part of the 'Back to the Bush' strategy
- Providing cultural safety by partnering the CEO at a wide range of other meetings.
- Working with KWHB staff in our communities to assist in health promotion activities
- Helping to advocate for improved health services with relevant external bodies

We thank all Board Members for their commitment and dedication throughout the year, as well as proxy board members who represented full board members at meetings in Katherine during the year. Your contributions, wisdom and guidance are greatly appreciated by all Katherine West Health Board staff and community members.

We have also paid tribute to our Board Members by including an image of all Full and Honorary Members Board Members of the Katherine West Health Board during the 2010/2011 period.

Board Members

- |   |  |
|---|--|
| 1. Cecilia Edwards – Kalkaringi                 | 9. Jocelyn Victor – Pigeon Hole<br>CO-VICE CHAIR |
| 2. Charlie Newry – Yarralin                     | 10. Joseph Cox – Doojum<br>HONORARY BOARD MEMBER |
| 3. Clara Paddy – Gilwi                          | 11. Joyce Herbert – Lajamanu                     |
| 4. Doris Lewis – Lajamanu                       | 12. Alicia King – Yarralin                       |
| 5. Geoffrey Barnes – Lajamanu<br>CHAIR PERSON   | 13. Riley Young – Lingara                        |
| 6. Geoffrey Matthews – Lajamanu                 | 14. Rosie Saddler – Mialuni<br>SECRETARY         |
| 7. Jack Little – Bulla<br>HONORARY BOARD MEMBER | 15. Roslyn Frith – Kalkaringi                    |
| 8. Jeremy Frith – Daguragu<br>VICE CHAIR        | 16. Steven Jones – Myatt<br>TREASURER            |



CEO's Report

Katherine West Health Board – The long road to better health...



Expansion

2010 and 2011 has been a year of expansion for Katherine West Health Board, especially in the area of population health. This year we have recruited solidly to our health promotion area, which energizes our entire organisation. This year KWHB has continued to provide effective health service delivery at community level despite challenges around work force and infrastructure.

Medical Director

This year our medical leadership underwent a significant overhaul for the first time in many years with the resignation of Katherine West stalwart Dr Andrew Bell, who was our leader in the delivery of Primary Health Care for the first 11 years of KWHB.

Andrew's departure to AMSANT in November 2010 opened up the role of Medical Director, which has been filled very capably by Dr Louise Harwood.

Dr Harwood has been with Katherine West for three years now, and brings excellent experience and knowledge to KWHB, and we are very confident that Louise will continue on and further expand on the excellent work of Dr Bell. Katherine West listed as 'model Aboriginal health service' by the Australian Medical Association.

Our Medical leadership is very strong, and this was reinforced by the Australian Medical Association, who acknowledged KWHB as a "Model Health Service" in its 2010/2011 Indigenous Health Report Card. Part of their reasons for listing us were:

- "KWHB produces health outcomes in the region that are better than average on nearly all of the key health performance indicators used in the Northern Territory."

This is excellent appreciation for all of our staff who provide great service to our communities.



## Financial Performance

KWHB recorded another solid year of financial performance. The working capital ration on our Balance Sheet is healthy. We are well placed to consolidate and grow. We plan to further expand into an increased focus on Chronic Disease Management and preventative programs into 2012.

## Patient Travel

We continue to have an intensive focus on advocating for the improvement of patient travel services through the Katherine West region.

In the last year there have again been some gravely serious problems with patient travel, which are of primary concern to KWHB.

However we have also had some positive outcomes around patient travel in 2010/2011:

1. Kildurk airstrip is now available for night evacuations.
2. Bradshaw airfield near Timber Creek is now available for night evacuations, which alleviates the continuing problem of Timber Creek airstrip not being open at night.
3. Yarralin airstrip was upgraded to accommodate night evacuations, with a windsock and lights setup.
4. Negotiated with the NTG and St John's Ambulance to establish firm service parameters regarding critical incidents on the Victoria Hwy.

## Advocating for better patient travel outcomes in the media

This year we have had mixed messages given to KWHB by the Northern Territory government about aero-medical services, which led to some service failures in the system from February-April 2011.

As a result of this, Honorary Board Member Joseph Cox, Medical Director Dr Louise Harwood and myself led a strong media campaign in May 2011 to demand better air evacuation services in not just our region, but the wider top end region. This approach was very successful, our voices were widely heard, and a new deal was signed shortly thereafter between the NTG and Care Flight, the company that provides aero-medical services in the NT.

We will continue to monitor the aero-medical situation on three key areas:

1. Evacuating patients at night from our airstrips.
2. The problems faced in classifying patients for travel. Much of our issues has centered on the classification of patients as a Priority 2 for retrieval in between 2 and 4 hours.
3. The working capacity of Care Flight. It is well known that their capacity to provide sufficient aero-medical services to remote regions of the NT is questionable. We will continue to advocate to ensure appropriate resourcing for our remote patients who need to travel.

## Aboriginal Health Workers

KWHB continues to appreciate the true value of Aboriginal Health Workers, and in the coming years we will continue to make a concerted effort to boost recruitment and training to this critical part of the service. KWHB will take part in AMSANT's "Year of the Aboriginal Health Worker" initiative for 2011/2012. Our Honorary Board Member Jack Little has been named as a patron for the year, so we are hopeful of positive outcomes being put on the agenda by this initiative.

## Working with other Organisations

KWHB continues to work productively with other organizations to improve our health outcomes. Some of these organizations are:

- RAHC (Remote Area Health Corps) Katherine Regional Programs in league with Wurli Wurlinjang HS and Sunrise HS (Renal Health, Sexual Health,
- Tobacco Control) CRANA (Council for Remote Area Nurses Australia) AMSANT (Aboriginal Medical Services Alliance of the NT)
- GPNNT (Healthy Minds)
- Burdon Torzillo (Governance Training for our Board)

On a more global scale, KWHB provided positive input to our sector through our peak body Aboriginal Medical Services Alliance NT (AMSANT).

As CEO, I represented AMSANT on the Northern Territory Aboriginal Health Forum where the Commonwealth, NT Government and AMSANT collaborate on Aboriginal health issues in the NT.

## Lajamanu Health Centre Upgrade

This year KWHB has received funding to upgrade the Lajamanu Health Centre from the Commonwealth Government. A draft design of the health centre has been drawn up and work should be scheduled to commence in the coming 12 months.

## Our Board in 2010/2011

I want to pay particular tribute to the leadership and work of our board members this year.

Our Board members have worked hard all year:

- Attending Board Meetings
- Attending Ngumpin Reference Group meetings
- Attending and participating in Open Community Meetings
- Attending our AGM in Timber Creek in November 2010
- Participating in health promotion activities in their home communities
- Listening to people in their communities about health issues and reporting back to KWHB
- Being available and helpful to our staff in their communities at all times

It's a big responsibility being a Board member, and I thank and pay tribute to the hard work they do.

## Leadership Group

I want to thank the Katherine West Leadership Group, which includes our General Manager, Medical Director, Community Development Manager, Population Health Manager and Health Centre Staffing Manager for their big year. The work they do in guiding the organisation through various issues which arise when managing a large remote health service is first class, and I am very grateful for their hard work and guidance.

## Thank you to outgoing Chairperson Roslyn Frith

I want to pay particular tribute to our outgoing Chairperson, Roslyn Frith. Roslyn has been a wonderful and hard working Chairperson, who stood up at all times for better health outcomes for the people of Katherine West. It has been great working with RF and we look forward to her hard work and knowledge continuing on as a Board member into the future.





Dr Andrew Bell, Roslyn Firth and Sean Heffernan at AMSANT Meeting in 2010

#### New Chairperson Geoffrey Barnes, Lajamanu

In March 2011 our board elected Geoffrey Barnes (Lajamanu) as our new Chairperson for the upcoming three years. I am confident that Geoffrey will provide strong leadership of our board and be a strong voice for good health in our region.



Board Members Jocelyn Victor, Joseph Cox, Jack Little, Geoffrey Barnes and Jeremy Frith with a gift from Anyinginyi Heath mob from Tennant Creek.

#### Into the future

To finish my report this year, I want to thank all staff members who work for Katherine West. We are fortunate to have so many talented and dedicated people working for us, and I look forward to a big future.

Kind regards,  
**Sean Heffernan**  
 KWHB Chief Executive Officer

## Community Development and Cultural Safety



David Lines addressing the assembled media in the KWHB Boardroom during the launch of the Trachoma Story Kits in September 2010.

This year Katherine West Health Board has had a big year, working with our communities at a grassroots level to ensure good outcomes around health for our people.

#### Ngumbin Reference Group

This year the Ngumbin Reference Group (NRG) has had a very big year, and we have continued to establish and improve on how the NRG works and adding extra capacity to how the NRG operates within our service delivery. This year the NRG has continued to evolve into a vital part of the health service delivery we provide.

During this reporting period, we have held four NRG meetings in August 2010, December 2010, March 2011 and May 2011.

The aim of the Ngumbin Reference Group is to ensure the suitability, appropriateness and cultural safety of the work that Katherine West Health Board delivers to Ngumbin people in KWHB communities with a focus on improving health literacy.

KWHB staff and external organisations make presentations to the Ngumbin Reference Group, as it is an invaluable way for health professionals to get feedback, support and advice on their work from an aboriginal perspective.

Discussions at Ngumbin Reference Group Meetings this year have been excellent, with staff working Aboriginal Health Workers, Board Members and community members in a good way, and these discussions leading to various action items that are taken by KWHB.

This year we have spoken at length about;

- Community Issues in relation health service delivery to Ngumbin
- Issues with the health centre
- Health issues in our communities
- Issues with the wider community, such as stores, equipment, services, shires, etc



- Effective health messages through health promotion to improve health literacy
  - Guiding and advising Population Health staff with the development of education resources that are Ngumbin sensitive and understandable at grassroots level
- The effectiveness of program delivery
- Improving Patient access to hospitals
- Patient issues such as complaints and process
- Any other issues related to health service delivery in the Katherine West region.

Out of these discussions, this year we implemented a much improved system of minute taking, which included action items for follow up at coming meetings. This has helped the NRG to become more professional and structured in our discussions.

It has also been good this year to upskill the NRG, with our Ngumbin Liaison Officer taking a course in minute taking to ensure that minutes are captured in a culturally appropriate way.



*An example of a graphic used in the Trachoma Story Kits, which were developed with the guidance of the KWHB Ngumbin Reference Group.*

#### Trachoma Resource Development with the Ngumbin Reference Group

In September 2010, Katherine West Health Board launched the "Trachoma Story Kits" in Katherine with Warren Snowdon MP, Australian House of Representatives Member for Lingiari and Minister for Indigenous, Rural and Regional Health.

The Trachoma Story Kit was developed during a 12 month period of consultation and collaboration between the Indigenous Eye Health Unit, the Ngumbin Reference Group at Katherine West Health Board and the Centre for Disease Control Department of Health and Families NT.

"The Trachoma Story Kit" is now being used by trachoma elimination programs in our region, as well as in other remote Indigenous communities across the Northern Territory and Western Australia.

The new Kits combine the best current trachoma clinical education with culturally specific, engaging health promotion resources.

Because elimination of trachoma requires everyone in a community to be involved, there are three Trachoma Story Kits, one each for Clinics, Schools and Communities. They all reinforce the key message about facial cleanliness essential to eliminate trachoma: "Clean Faces, Strong Eyes"

Each Kit is in easy to read, user friendly language incorporating clinical know-how, cultural knowledge and practices, as well as having engaging, realistic images of remote Aboriginal communities.

#### Aboriginal Health Workers

This year KWHB has continued to have a big focus on the future of Aboriginal Health Workers (AHWs) as a very important part of our health service delivery, and continued our public advocacy for the improvement of training and education pathways for Aboriginal Health Workers.

#### Aboriginal Health Worker In-Services

KWHB held two Aboriginal Health Worker In-Service meetings in Katherine in November 2010 (9-11) and May 2011 (10-12). These meetings were comprehensive and focussed on many issues of clinical best practice, preventative health issues and emotional wellbeing for remote health professionals.

#### Wellbeing of our Aboriginal Health Workers

A main focus of our community development and cultural safety program this year has been the wellbeing of our AHWs.

Being a health worker in our region can be very stressful, dealing with accidents, emergencies, chronic diseases, long hours on-call and traumatic instances, often times where the family members of our AHWs are involved.

This year KWHB had a focus on increasing the support we are able to offer our AHWs, to find a good system for managing the wellbeing of our AHWs. During our AHW In-Service meetings, we introduced our staff to the CRANA Plus Bush Support Line, which is a 24/7 phone support line for remote health workers.

The main role of Bush Support Service Line is to provide a 24-hour telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. The Bush Crisis Line is answered by psychologists with rural and remote experience. We encourage our AHW staff to contact this service if they are feeling stressed or traumatised.

During the year our AHW staff have used this service, and we are hopeful of more staff using it as the trust and engagement with this service grows.

#### National Aboriginal Health Worker Registration

On 1 July 2012, Aboriginal and Torres Strait Islander health practitioners will join the national registration and accreditation scheme (the national scheme). The national scheme commenced on the 1<sup>st</sup> of July 2010, when the first 10 health professions moved from state and territory based registration. This scheme is governed by the Health Practitioner Regulation National Law Act (the national law) and is administered by the Australian Health Practitioner Regulation Agency (AHPRA) together with the 10 existing national boards.

At this stage, KWHB is waiting on confirmation of how this new registration scheme for Aboriginal Health Workers will affect our workforce, as we are not clear yet on what accreditation standards will be required, and what existing accreditation can be accepted, under the national scheme.

Many of our AHWs have older registration, so we will be working this year to clarify issues surrounding qualifications, training requirements and continuing professional development for our AHWs.

If we are required to up-skill our AHW workforce to bring them in line with new national standards, this may increase greatly the workload of myself, and our Aboriginal Health Worker Educator Raima Baker, during 2011/2012.



### Recommendations of Aboriginal Health Worker Profession Review

As we know, there are many issues regarding the training, education and future of AHWs in the Northern Territory, and KWHB has been fighting long and hard to ensure that AHWs receive recognition for their importance to effective remote health service delivery.

This year the Northern Territory Department of Health & Families (DH&F) released their report into the Aboriginal Health Worker profession, entitled Aboriginal Health Worker Profession Review. There is a lot of sense in the recommendations about what needs to be done to strengthen the AHW workforce in the Northern Territory, particularly around the areas of:

1. Education and Training
2. Cultural Security
3. Clarification of the roles of Aboriginal Health Workers in modern health centres
4. We will be continuing to work with the AHW Profession Review Implementation Committee, which is working towards getting funding and correct details to implement the recommendations from this report to improve the outcomes for AHWs and people who are interested becoming an AHW in the future.

### Year of the Aboriginal Health Worker

This year (September 2011-September 2012) has been nominated by AMSANT as the year of the Aboriginal Health Worker. KWHB Honorary Board Member Jack Little has been announced as one of the patron's for the year, so we look forward to a big year raising awareness and fighting for better outcomes for our AHW workforce.

### Aboriginal Health Worker Educator

Over this year, our AHW Educator has been doing a lot of good work in two week blocks with our trainee AHWs with their studies. The one-on-one time with our trainees has really started to produce some excellent results with their studies, and this is really encouraging for the future. The two week blocks have been a combination of both in-town work in Katherine, and working in the health centres. This training and learning model to suit remote students is an approach KWHB will continue with into the future.

### Population Health

This year has been a big year for our population health team, and KWHB's team has worked very hard at ensuring all their work is culturally safe and appropriate for our community members.

Members of our Population Health Team work closely with myself, our Ngumbin Liaison Officer Lynette Johns, our Ngumbin Reference Group, our Board Members and our community members to ensure we have a strong grassroots presence in our region.

Our Population Health Team has brought some great ideas and work into our Ngumbin Reference Group, and have worked tirelessly in providing health messages in our region.

In particular, I would like to thank our staff members individually for their excellent work:

**Population Health Manager** – It has been a good thing to have a team leader on board with KWHB to help ensure our Population Health Team is focussed, working together and focussed on the big picture issues with our region.

**Health Promotions** – Great work in the communities and helping to ensure consistent health messages are getting out there with developing culturally appropriate resources.  
**Food Supply and Nutrition** – Does great work in our schools with her Tucker Buddies program, spreading the message about good nutrition and food security. Also does work with local stores to ensure healthy food and food access for our people.

**Environmental Health** – Does invaluable work networking and advocating for our communities with, government, shires etc to ensure good outcomes for environmental health in our communities. Our environmental health officer also responds very well to community requests for assistance.

**Alcohol and other drugs** – Has been very important in ensuring we have good education about alcohol and other drugs, but also have orientation about alcohol and other drugs for new staff members.

**Child Health** – Has worked hard on child health in our region, travelling extensively and working with our Ngumbin Reference Group developing resources to educate families and children about good health.

**Healthy skin and eyes** – Has worked very hard with our Trachoma Elimination program, and did some great work during our Trachoma Blitz this year.

**Chronic Disease** – Has been working on a chronic disease program for KWHB, and this will be a very important program for KWHB to implement in the coming years.

In the next year, we are also looking forward to working closely with our new Diabetes Educator, Women's and Maternal Health Officer and Regional Tobacco Coordinator.

### Health Centre Staff

I would also like to pay specific tribute to all of our staff working in our health centres, including Aboriginal Health Workers, Remote Area Nurses and General Practitioners. Your commitment to work with our communities, and your professionalism in doing your work, is always greatly valued by everyone at KWHB.

### In Conclusion

Finally, this year I would like to thank our Board Members and Ngumbin Reference Group for their work in our communities. Without their help, guidance, experience and management, our job in our communities would be much harder, so a big thankyou for all your hard work.

### David Lines

KWHB Community Development Manager



# Medical Director's Report 2010-2011



Dr Louise Harwood is KWHB's Medical Director

## 2010-11 AMA Indigenous Health Report Card

Each year since 2002 the Australian Medical Association (AMA) has produced a report card, which examines models of best practice and makes strong recommendations to governments for improving Indigenous health outcomes.

This year some of their recommendations included ensuring Aboriginal people play a lead role in planning their health care, building the capacity of Aboriginal community controlled health services, and giving stronger support to Aboriginal Health Workers, including for training in local communities.

The report included five examples from across Australia to support their recommendations and Katherine West Health Board was included as one of these examples of best practice because of the way we use our Board and the Ngumbin Reference Group to listen to people and provide culturally appropriate care, and because of the good health outcomes we have been seeing.

The AMA is a very strong voice for health in Australia, and it is good to see that all the hard work we have been doing in trying to deliver the best health care we can in our region has been recognized at a national level.

## Staff Training

Training for remote health centre staff has been an important activity in the last year. In October 2010 a Remote Area Trauma Education course was held. Twenty doctors and nurses from across the region attended the course which was run by members of the trauma team in Darwin we send our patients to, so it was a very useful chance to talk together. These trauma situations can be very difficult for everybody involved, and the visiting trauma team complimented KWHB on the outstanding quality of care that they had provided in some recent very challenging situations.

KWHB has also held three Primary Health Care meetings over the year, in September, March and June. It has been a great opportunity for remote staff and town-based staff to get together and discuss issues of mutual interest and learn from each other as well as from our guest speakers.



KWHB's Medical Director went to the media in May 2011 to fight for better patient travel outcomes in the Katherine West Region.



Remote Area Trauma Training (R.A.T.E) was conducted in our region during October 2010.

A massive effort by some of the population health team, supported by junior medical staff saw region-wide trachoma screening. The Blitz saw all communities screened and treated for trachoma where it was found, as well as information provided about the disease and how to prevent it. It is encouraging to see rates improving over recent years.

## Chronic Disease Programme

Increased funding for chronic disease care has seen a strengthening of this area at KWHB in 2010-11. In addition to a Chronic Disease Coordinator we were also able to engage a part time nurse at Lajamanu to focus solely on chronic disease follow-up. More recently we have also had the capacity to employ a full time diabetes educator, and we are expecting that in the next year we will see a lot more services for people with diabetes and other chronic diseases able to be delivered.

## Evacuations

This year there have been some positive developments in the way evacuations take place, especially overnight, in several communities. At Timber Creek, the use of Bradshaw airstrip for urgent overnight evacuations has been formalized, reducing the need for Timber Creek staff to make the long drive to Katherine overnight. The Yarralin airstrip was also approved for night landings, making overnight health problems at Yarralin less challenging for those living and working there.







People from Yarralin community read up about healthy tucker and good cooking during the Yarralin Healthy Living Concert in June 2011.

This event was a great example of our population health team working together at a grassroots level in our communities, and engaging directly with community people, this year.

## KWHB Aboriginal Health Key Performance Indicators 2010-2011

### Overview

The Northern Territory Aboriginal Health Forum (AHF) that comprises representatives from the Commonwealth Department of Health and Ageing (DoHA), Aboriginal Medical Services Alliance (AMSANT) and Northern Territory Department of Health & Families (DHF) has been developing a set of Key Performance Indicators (KPIs) for measuring aboriginal health.

The Northern Territory Aboriginal Health Key Performance Indicator Information System (NT AHKPI) provides information on an exciting collaboration between Northern Territory health services to develop a Northern Territory jurisdiction wide system for reporting key performance indicator data on Aboriginal health.

The goal of the system is to contribute to improving primary health care services for Aboriginal Australians in the Northern Territory by building capacity at the service level and the system level to collect, analyse and interpret data that will:

- Inform understanding of trends in individual and population health outcomes;
- Identify factors influencing these trends; and
- Inform appropriate action, planning and policy development.

Processes for data collection from the various organisations information systems have been defined and developed, and data delivery from all NT community health centres commenced on 1 July 2009.



# KWHB Aboriginal Health Key Performance Indicators 2010-2011

**Medical Directors note – AHKPI 1.1 Episodes of care and client contacts**  
Over the last three financial years the amount of care given at Lajamanu has remained about the same, but more men are being seen than in the past. At Kalkaringi, the number of care episodes has decreased by about 20% over this time, especially in the last year. Yarralin and Timber Creek have both increased care episodes by about 10% in the same time.

## Trending

- 1.1 Number of Healthcare episodes in KWHB Community Health Centres

These figures detail the activity load of our health service by measuring the number of episodes of health care and the number of client contacts with health professionals recorded during 2010-2011.

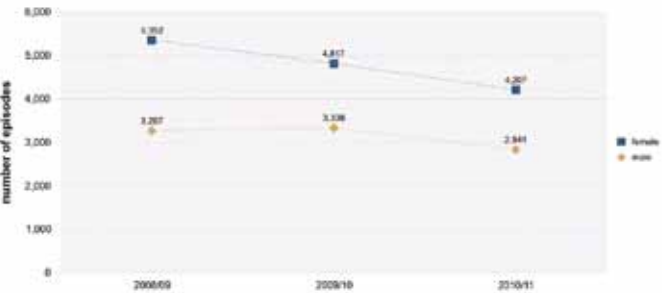
## Percentage

- 1.1 Number of Healthcare episodes in KWHB Community Health Centres

These figures detail the activity load of our health service by measuring the number of episodes of health care and the number of client contacts with health professionals recorded during 2010-2011.

### KALKARINDJI REGION

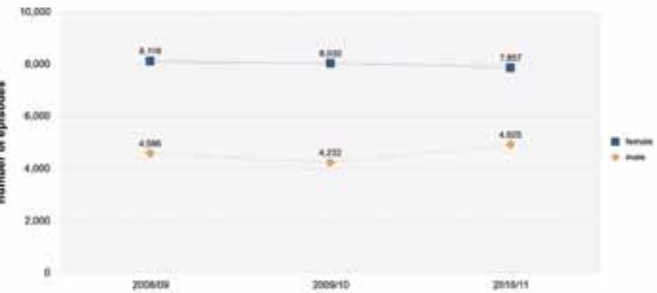
Trend of episode of health care of Aboriginal clients of the community for the current and previous 5 years



Trending of Health Care Episodes in Kalkarindji

### LAJAMANU REGION

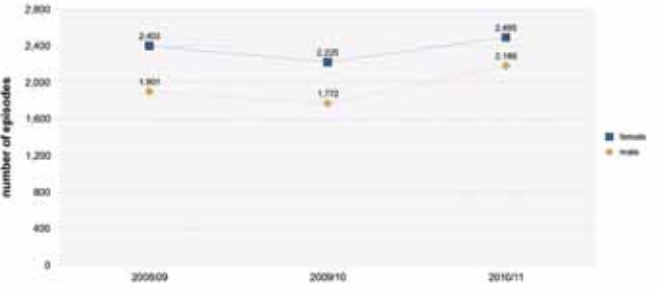
Trend of episode of health care of Aboriginal clients of the community for the current and previous 5 years



Trending of Health Care Episodes in Lajamanu

### TIMBER CREEK REGION

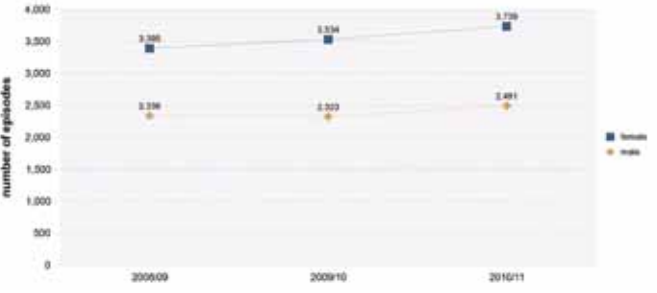
Trend of episode of health care of Aboriginal clients of the community for the current and previous 5 years



Trending of HealthCare Episodes in Timber Creek

### YARRALIN REGION

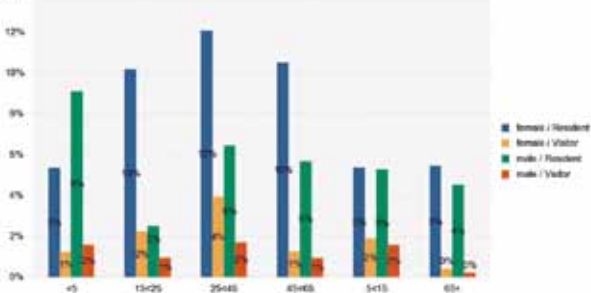
Trend of episode of health care of Aboriginal clients of the community for the current and previous 5 years



Trending of Health Care Episodes in Yarralin

### KALKARINDJI REGION

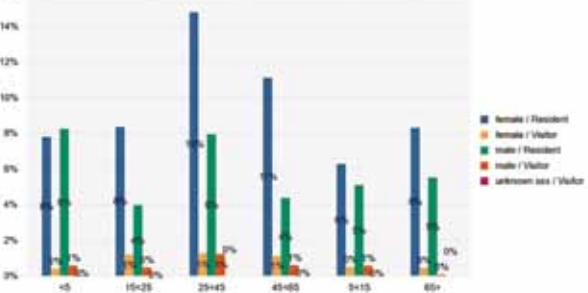
% Episode of care for Aboriginal clients of the community over the previous 12 months



Percentage of Health Care Episodes in Kalkarindji

### LAJAMANU REGION

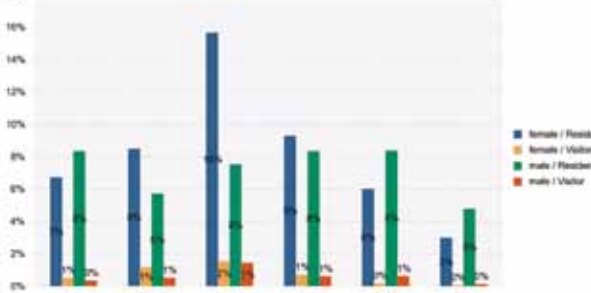
% Episode of care for Aboriginal clients of the community over the previous 12 months



Percentage of Health Care Episodes in Lajamanu

### TIMBER CREEK REGION

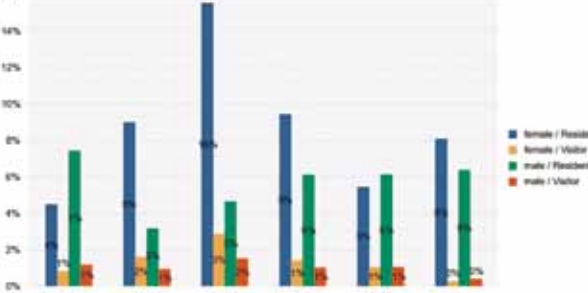
% Episode of care for Aboriginal clients of the community over the previous 12 months



Percentage of Health Care Episodes in Timber Creek

### YARRALIN REGION

% Episode of care for Aboriginal clients of the community over the previous 12 months



Percentage of Health Care Episodes in Yarralin



# KWHB Aboriginal Health

## Key Performance Indicators 2010-2011 (continued)

**Medical Directors note – AHKPI 1.2 Timing of first antenatal visit**  
Lajamanu have done increasingly better at getting women to be seen earlier in their pregnancies, and there are only a few who are seen late, and are doing much better than the NT average. This is an outstanding result for Lajamanu. Kalkaringi and Yarralin women have been being seen for the first time later in their pregnancies than previously was happening, and are doing this worse than the NT average. Timber Creek have also had a dramatic drop in the early presentations, but have not had so many late presentations. These results reflect the difficulties we had in finding a women’s health coordinator during the whole 2010-11 period. We expect that now the position is filled the figures should start to gradually improve.

### 1.2 Resident Aboriginal Women receiving Antenatal care during the previous 12 months

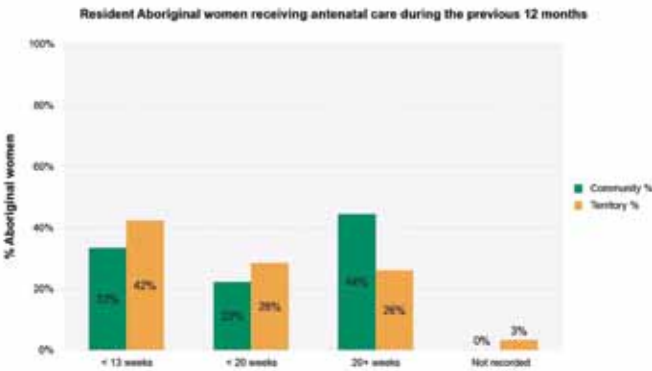
These figures detail the number and proportion of resident clients who received antenatal care during the last 12 months, and compares the results in our region compared to the rest of the Northern Territory.

**Medical Directors note – AHKPI 1.3 Proportion of low, normal and high birth weight babies**  
Mostly babies in our region have all been born at a good birth weight, not to big or too small.

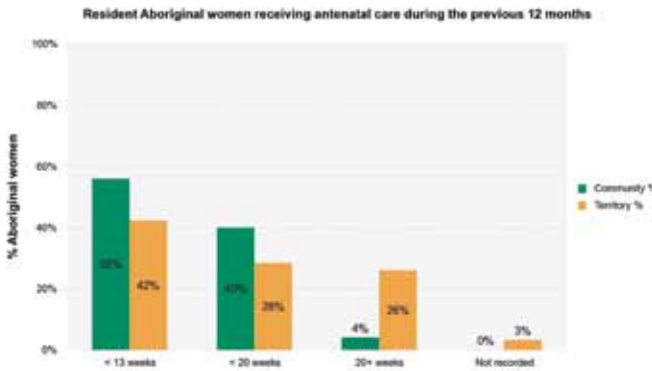
### 1.3 Birth weight of babies born to resident aboriginal mothers

These figures chart the birth weights of babies that are born in the KWHB region, and compares them to the average across other aboriginal health services in the Northern Territory.

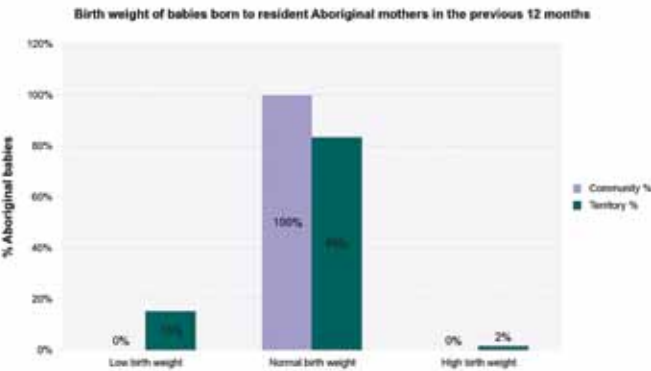
KALKARINDJI REGION



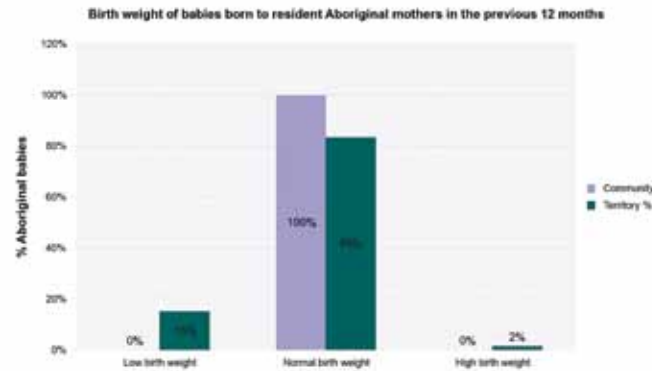
LAJAMANU REGION



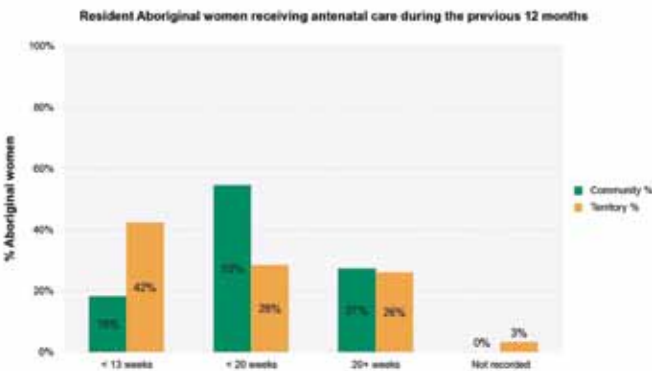
KALKARINDJI REGION



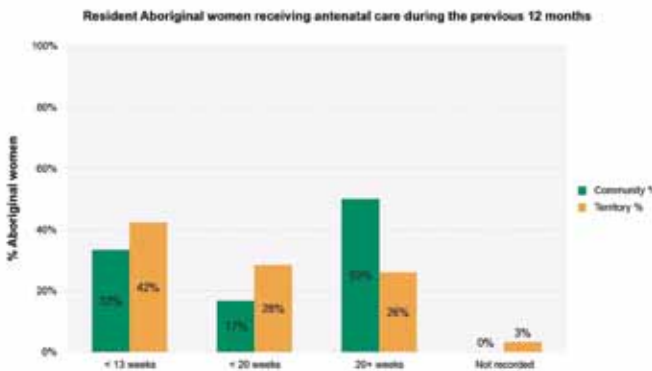
LAJAMANU REGION



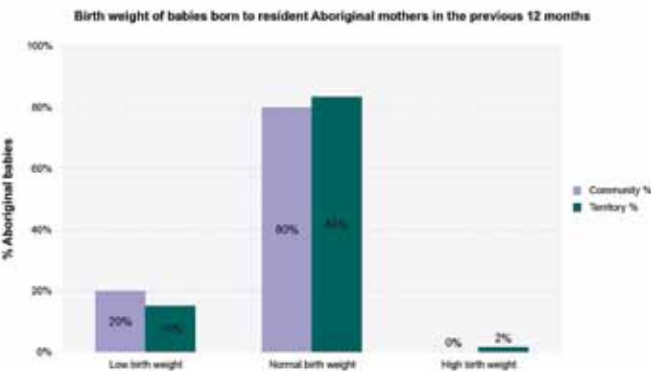
TIMBER CREEK REGION



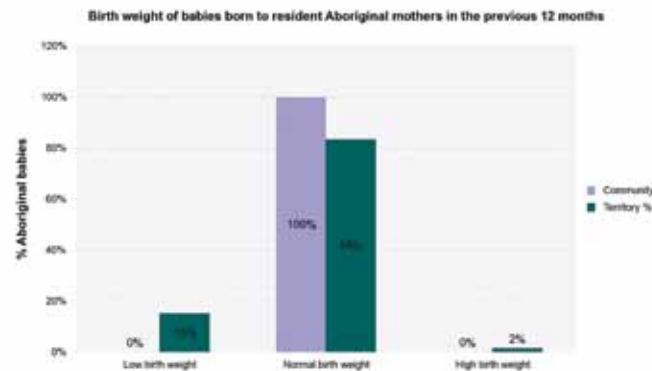
YARRALIN REGION



TIMBER CREEK REGION



YARRALIN REGION





# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

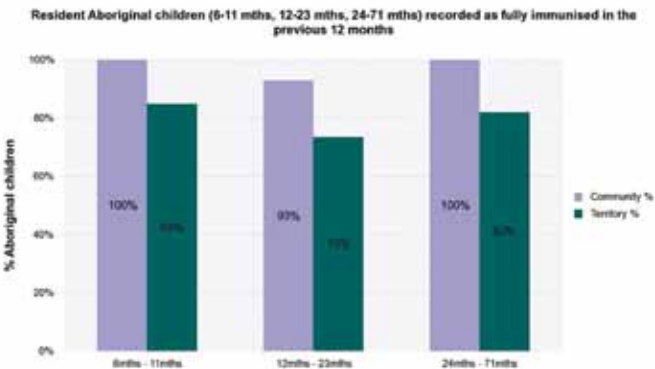
**Medical Directors note** – AHKPI 1.4 Proportion of children fully immunized  
Close to 100% of children across our region have received the immunizations they needed at the right time. This is one thing we have been doing extremely well.

**Medical Directors note** – AHKPI 1.5 proportion of underweight children  
At Lajamanu 99% of children were weighed and there were no underweight children at all. At Kalkaringi all children were checked, and 9% were underweight which is worse than the NT average. At Yarralin most were checked and only a few were underweight. At Timber Creek all were checked and 6% were underweight (similar to the NT average) and this has been the same for the last three years.

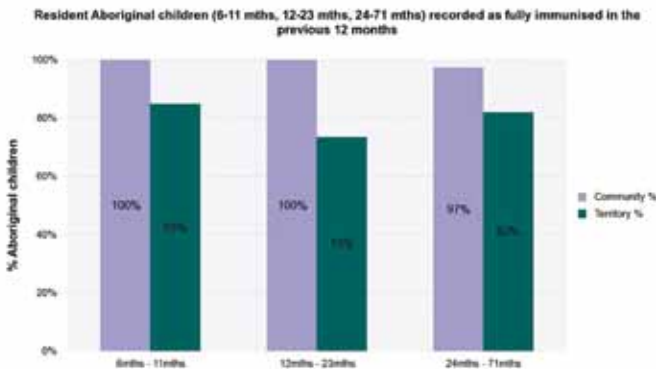
## 1.4 Number and proportion of aboriginal children immunized at 1, 2 and 6 years of age

## 1.5 Number and proportion of aboriginal children under 5 who are under weight

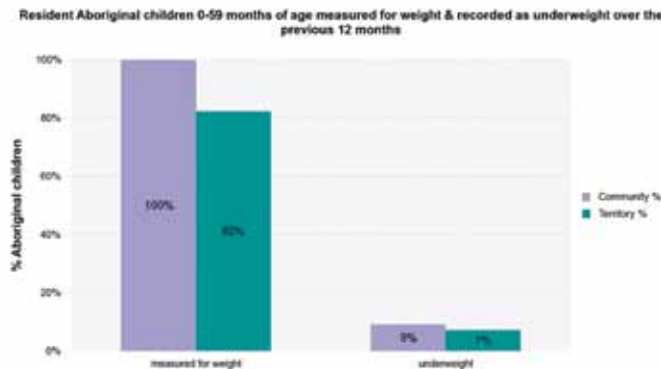
KALKARINDJI REGION



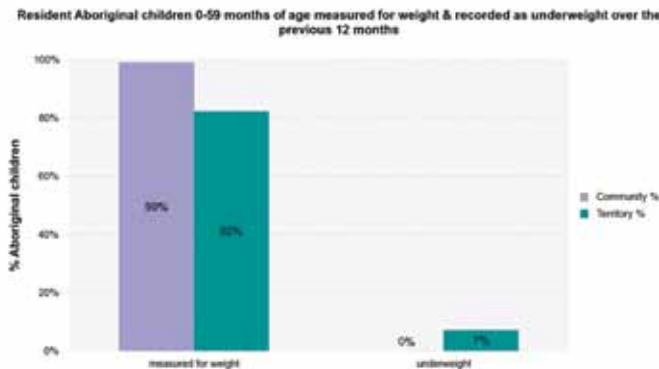
LAJAMANU REGION



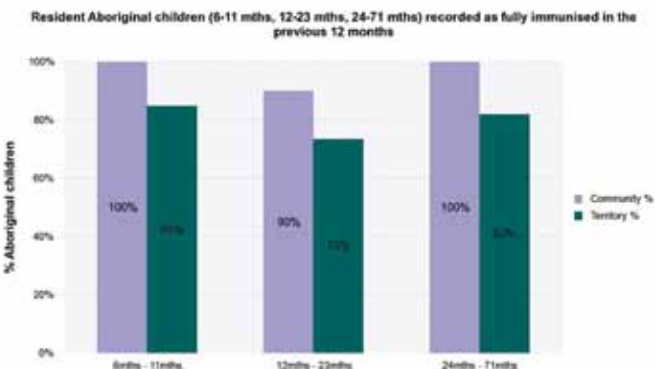
KALKARINDJI REGION



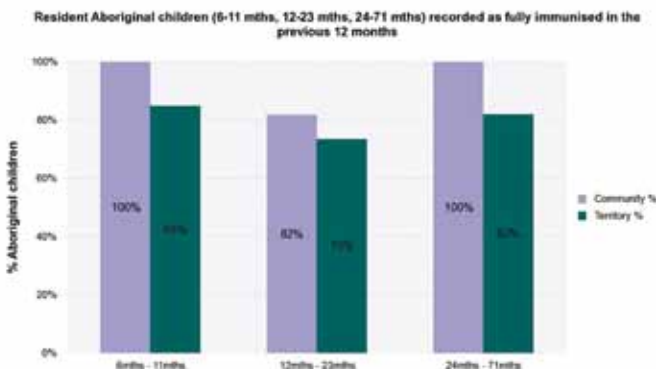
LAJAMANU REGION



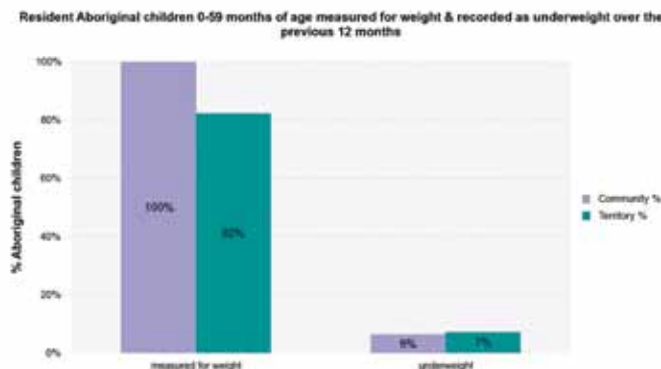
TIMBER CREEK REGION



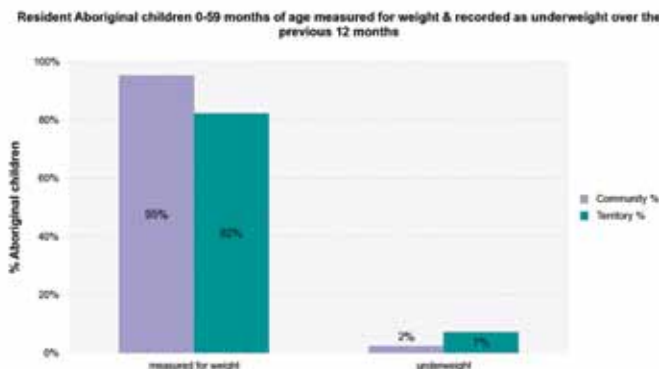
YARRALIN REGION



TIMBER CREEK REGION



YARRALIN REGION





# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

**Medical Directors note – AHKPI 1.6 Proportion of anaemic children**  
 At Lajamanu 28% of children checked were anaemic – this is much more than previously and worse than the NT average. At Kalkaringi and Yarralin there were less anaemic children than previously, and less than the NT average. At Timber Creek there were more anaemic children than in the past, but still a lot less than the NT average. Anaemia in young children at Lajamanu needs to be worked on.

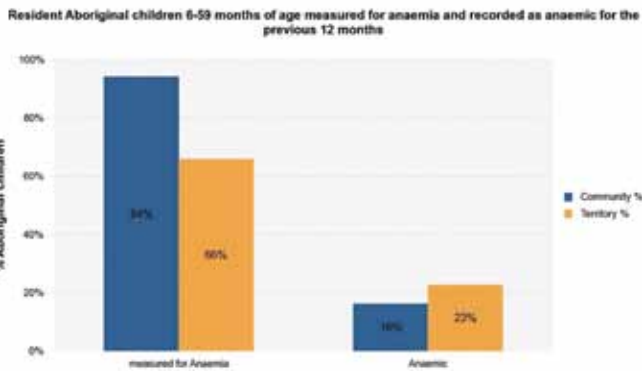
**Medical Directors note – AHKPI 1.7 Proportion of chronic disease patients with a care plan**  
 In all our health centres we have many more patients with a care plan in place than the NT average. At Lajamanu many more patients than previously now have a care plan, and at Timber Creek there are also a few more than previously. At Kalkaringi and Yarralin there are quite a lot less than previously and this is something we need to look at with our GPs. The presence of a dedicated chronic disease nurse at Lajamanu has made a big difference.

## 1.6 Number and proportion of children aged between 6 months and 5 years who are anaemic

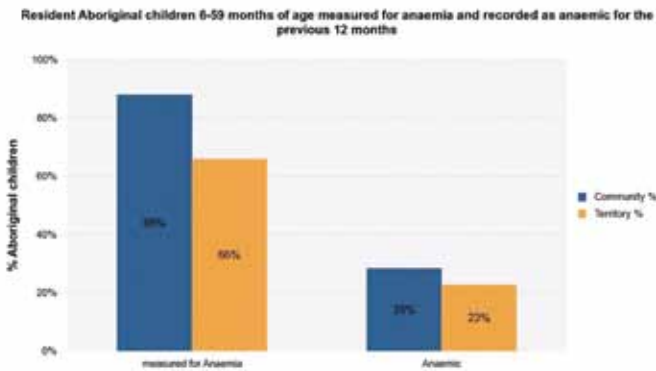
## 1.7 Number and proportion of clients who have a chronic disease management plan

1.7.1 - Clients with Type 2 Diabetes (Managed on a care plan)

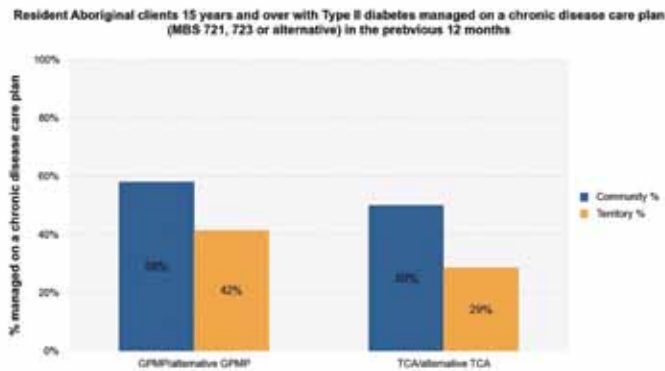
KALKARINDJI REGION



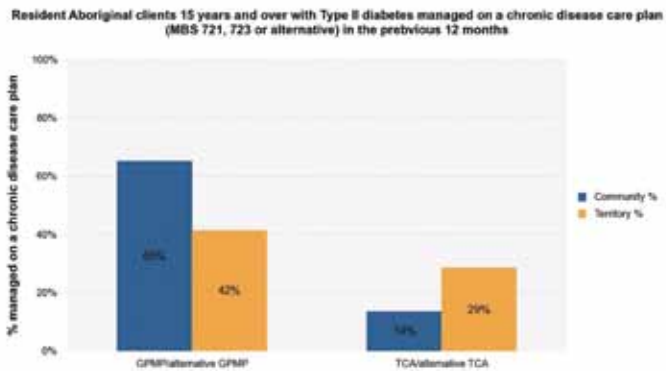
LAJAMANU REGION



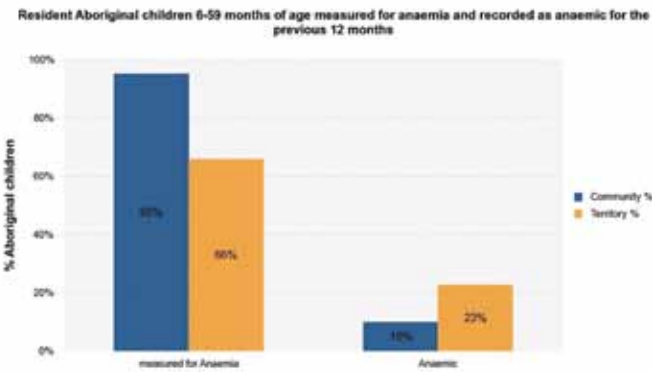
KALKARINDJI REGION



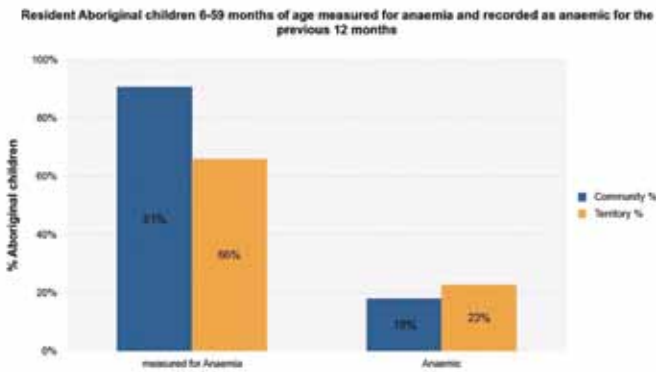
LAJAMANU REGION



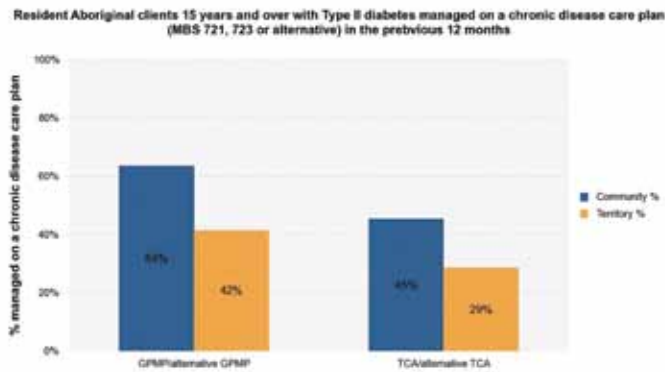
TIMBER CREEK REGION



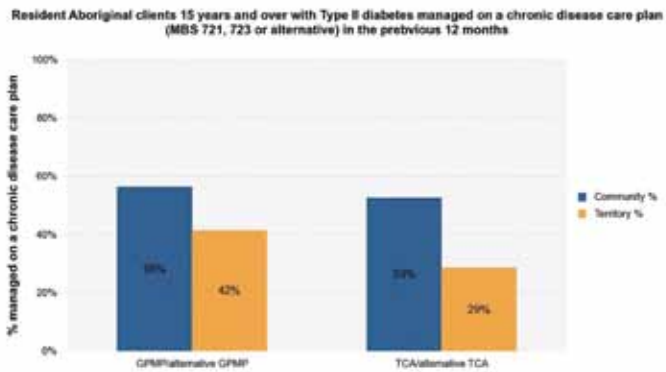
YARRALIN REGION



TIMBER CREEK REGION



YARRALIN REGION





# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

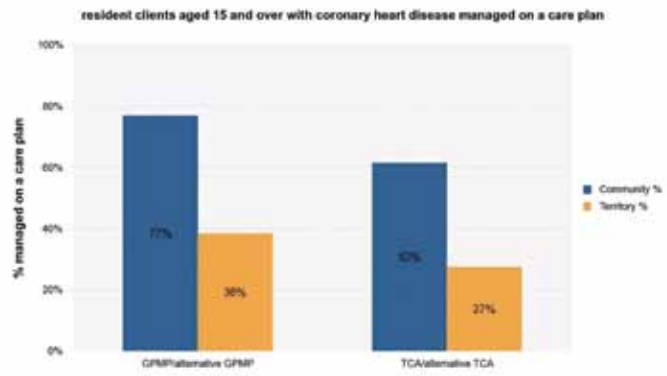
## 1.7 Number and proportion of clients who have a chronic disease management plan

### 1.7.2 – Clients with Coronary Heart Disease (Managed on a care plan)

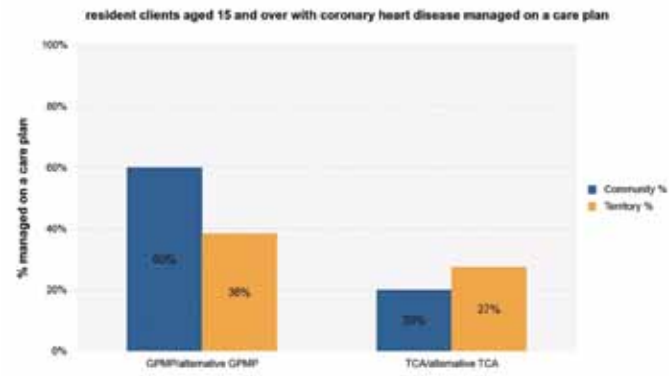
## 1.7 Number and proportion of clients who have a chronic disease management plan

### 1.7.3 Clients with both Type 2 Diabetes and Coronary Heart Disease (Managed on a care plan)

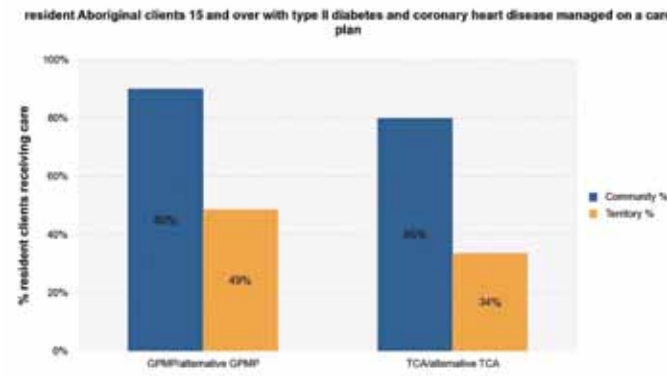
KALKARINDJI REGION



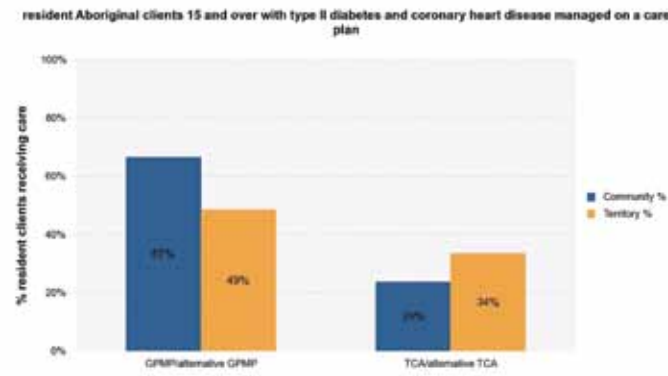
LAJAMANU REGION



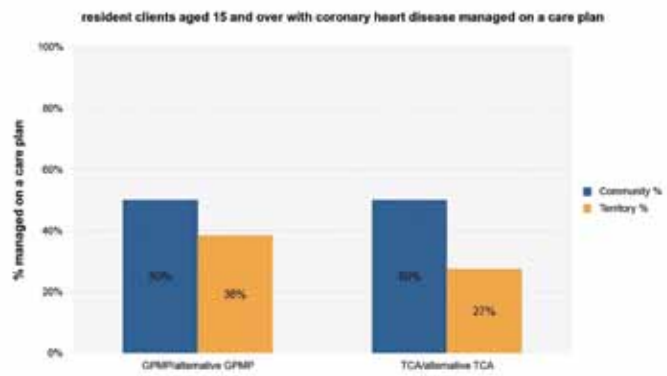
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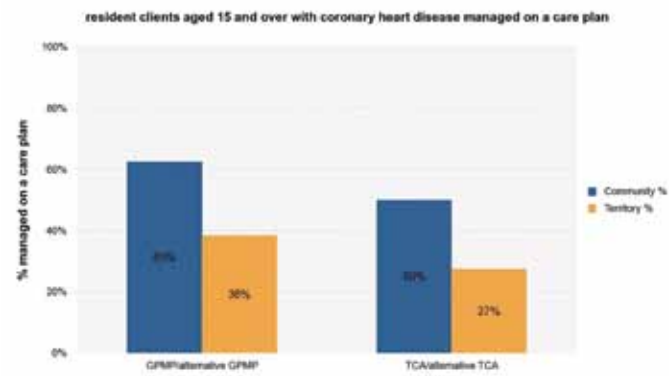
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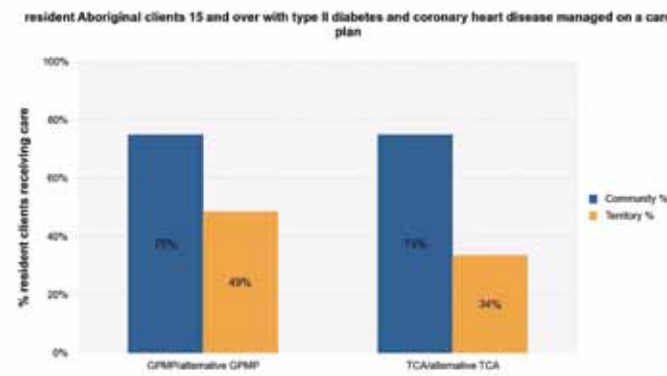
TIMBER CREEK REGION



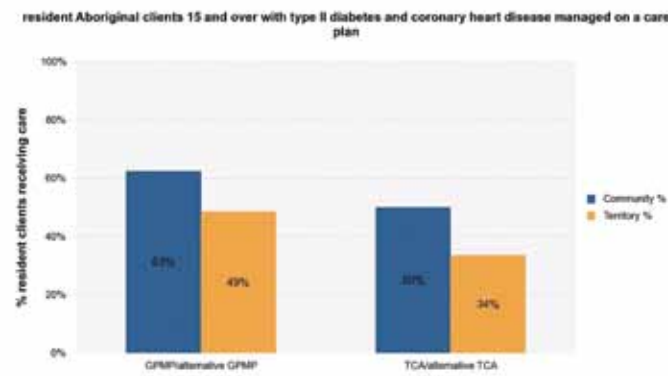
YARRALIN REGION



TIMBER CREEK REGION



YARRALIN REGION





# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

**Medical Directors note** – AHKPI 1.8 Proportion of diabetics with a recent HbA1c test  
All health centres have done better than previously on this measure, and all much better than the NT average.

**Medical Directors note** – AHKPI 1.9 Proportion of diabetics with proteinuria on ACE or ARB medication  
Like AHKPI 1.7, we also performed well above the NT average for this measure across the board, but the numbers at Kalkaringi and Yarralin have dropped a little, which we will need to look at.

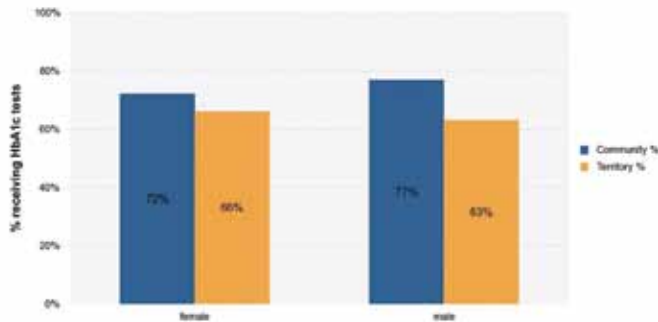
1.8 Number and proportion of clients aged over 15 years of age with Type 2 Diabetes who have received a HbA1C test in the previous 6 months

1.9 Number and proportion of diabetic patients with Albuminuria who are on ACE Inhibitor and/or ARB

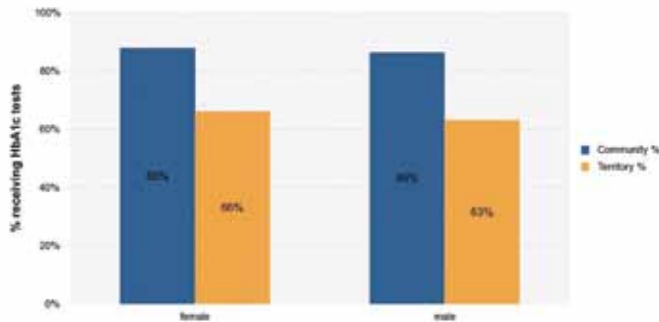
## KALKARINDJI REGION

## LAJAMANU REGION

Resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous six months



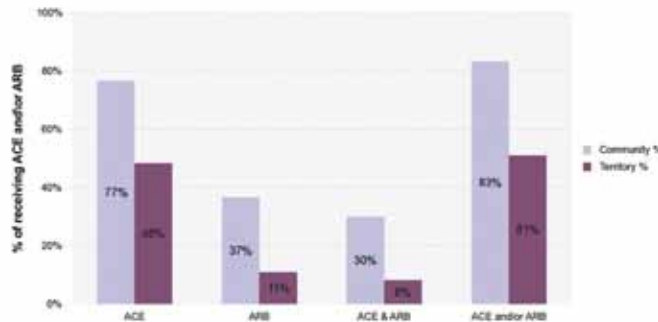
Resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous six months



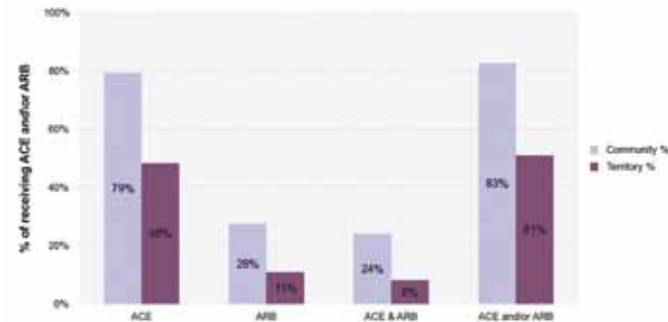
## KALKARINDJI REGION

## LAJAMANU REGION

Resident Aboriginal clients with type II diabetes with albuminuria on ACE and/or ARB in the previous 12 months



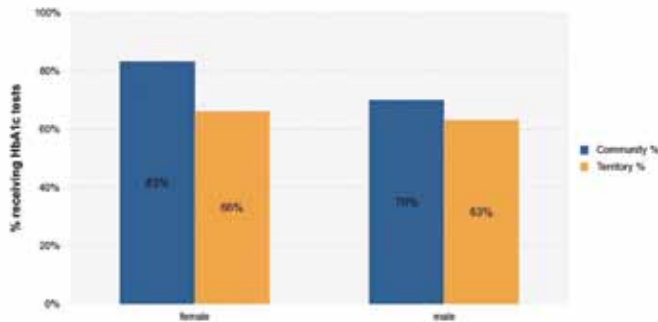
Resident Aboriginal clients with type II diabetes with albuminuria on ACE and/or ARB in the previous 12 months



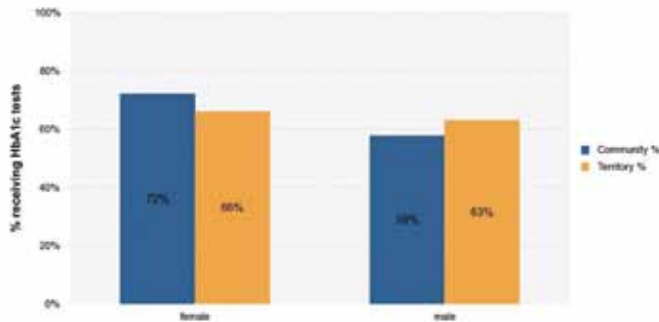
## TIMBER CREEK REGION

## YARRALIN REGION

Resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous six months



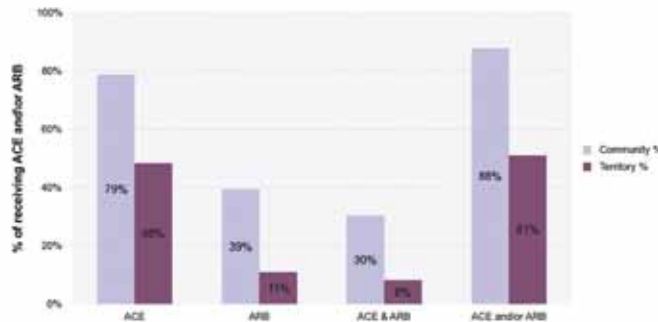
Resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous six months



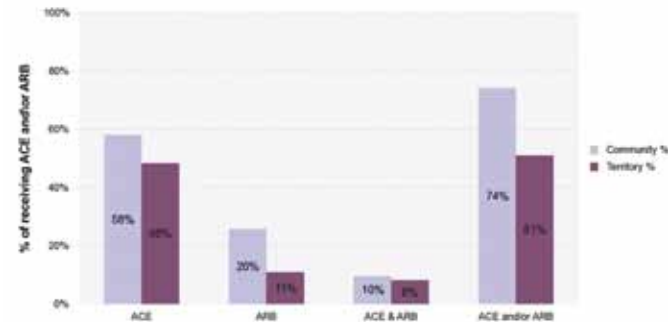
## TIMBER CREEK REGION

## YARRALIN REGION

Resident Aboriginal clients with type II diabetes with albuminuria on ACE and/or ARB in the previous 12 months



Resident Aboriginal clients with type II diabetes with albuminuria on ACE and/or ARB in the previous 12 months





# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

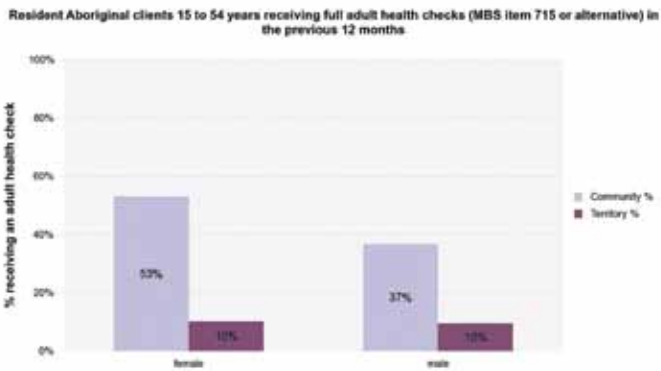
**Medical Directors note** – AHKPI 1.10 Proportion of 15-55 year olds with a full adult health check  
This is a measure we have always performed well on, however at Lajamanu, Kalkaringi and Yarralin the completion rate of these checks is steadily dropping, which is a trend we are concerned by and will need to look at. Timber Creek has not dropped and there 81% of women and 73% of men have received a check. Well done to the team there!

**Medical Directors note** – AHKPI 1.11 Proportion of adults over 55 with a full adult health check  
Results for this measure have stayed fairly stable in all KWHB health centres, and most older people receive this check when it is due. We do this quite well.

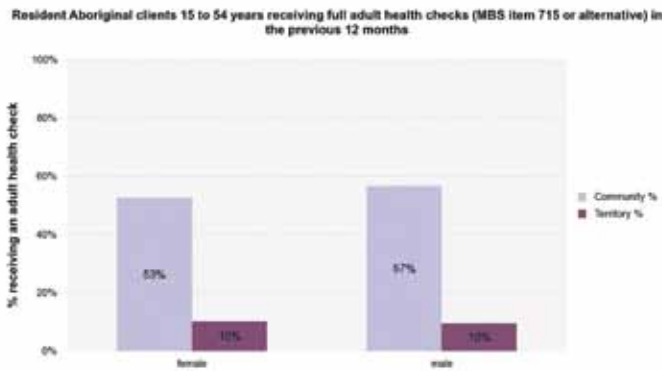
1.10 Number and proportion of aboriginal adults aged between 15 and 55 who have had a full ATSI adult health check

1.11 Number and proportion of aboriginal clients aged over 55 who have had full ATSI adult health checks in the last 12 months

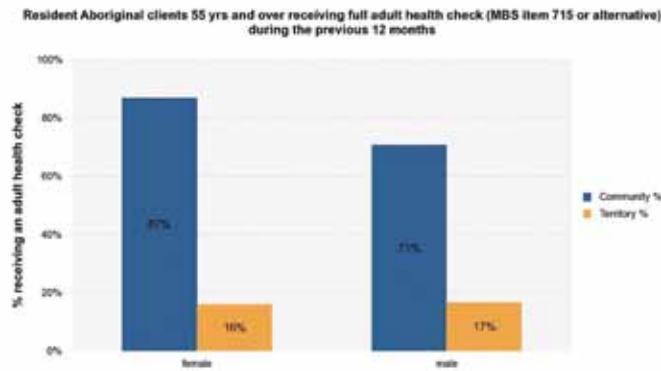
## KALKARINDJI REGION



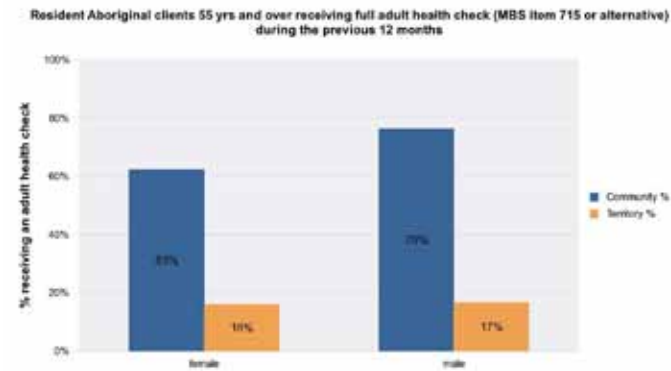
## LAJAMANU REGION



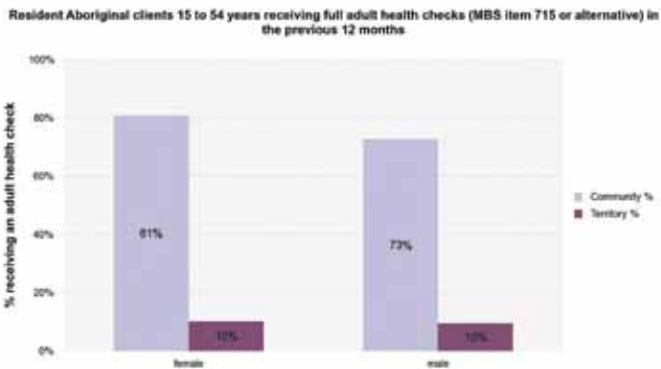
## KALKARINDJI REGION



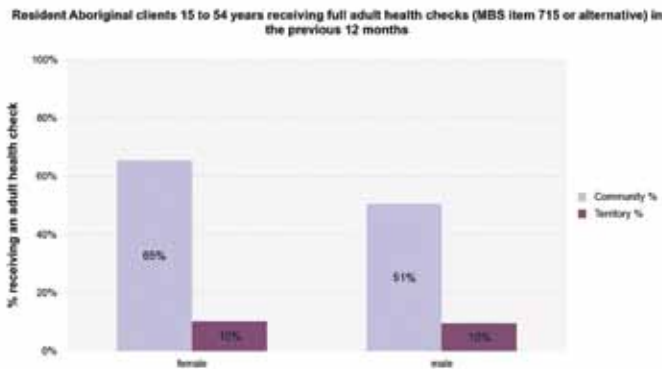
## LAJAMANU REGION



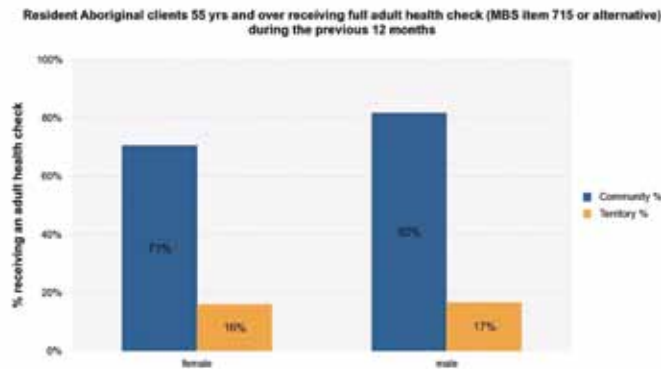
## TIMBER CREEK REGION



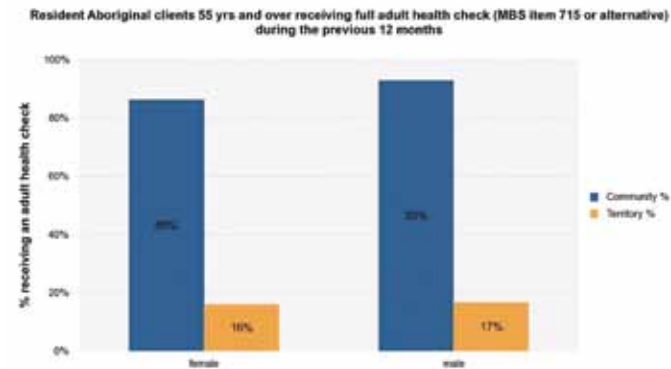
## YARRALIN REGION



## TIMBER CREEK REGION



## YARRALIN REGION



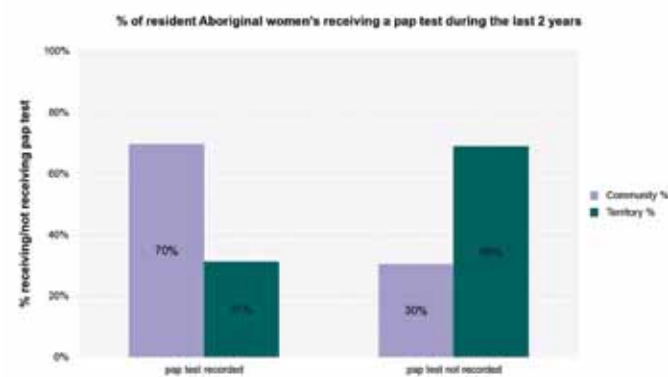


# KWHB Aboriginal Health Key Performance Indicators 2010-2011 (continued)

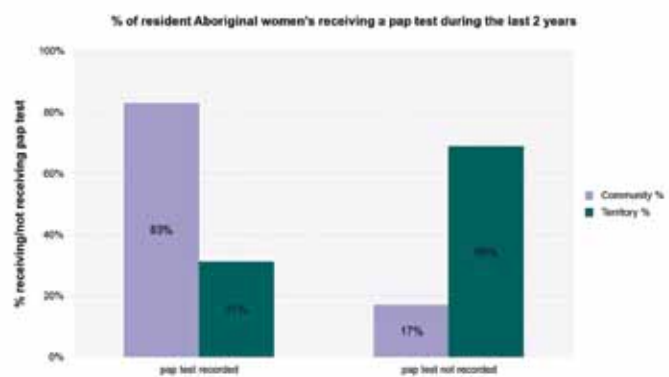
**Medical Directors note** – AHKPI 1.12 Proportion of women receiving a pap test in the last 2 years  
This measure was an area that we had identified needed some extra attention, and this was provided during the 2010-11 year. As a result, in all health centres many more women had up to date pap tests, and we are doing well above the NT average.

## 1.12 Number and proportion of women who have had at least one pap test during the reporting period

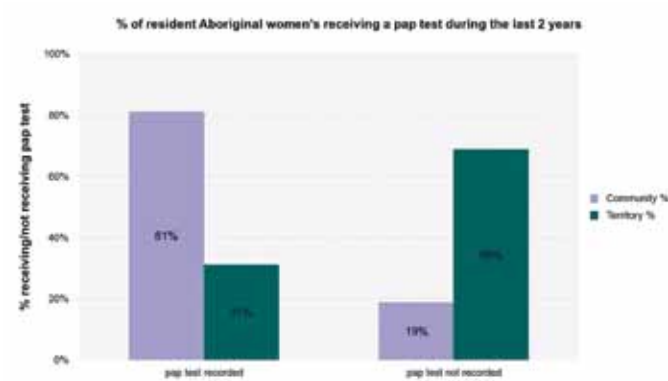
KALKARINDJI REGION



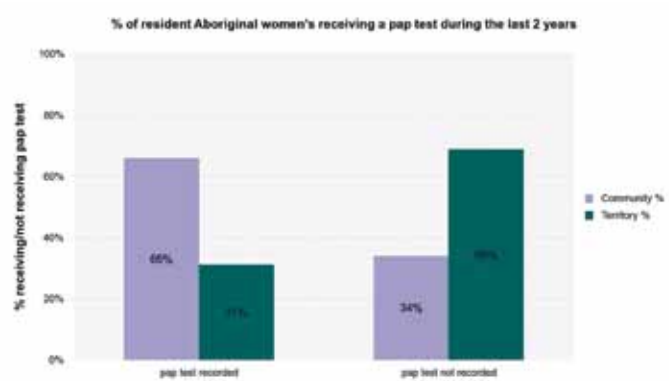
LAJAMANU REGION



TIMBER CREEK REGION



YARRALIN REGION



# Katherine West Health Centres



KWHB Health Centre Staffing  
Manager Simon Cooney

This year we had a somewhat difficult start with staffing levels in our health centres, with a complete staffing turnover from the previous 12 months. This is to be expected in the remote health setting, but it certainly means that we begin the year very busy with orientation, new staff and new faces in our region.

Very quickly, we followed up with the appointment of new coordinators in all four of our main health centres.

- Jennifer Lindsay at Lajamanu,
- Rosemarie Hoyer at Kalkarindji,
- Leonie Wald at Timber Creek and
- Keith Burrgraaf at Yarralin.

This year we have had several full time nurses now working in our health centres. We have a core group of agency staff who are frequent flyers with us, returning on a regular basis, which is great for both the staff and the communities as it maintains some continuity for our community people.

Aboriginal Health Workers (AHWs) have remained our most constant workforce, with training very well supported by our AHW Educator and clinic staff. Our two Trainee AHWs have continued to be supported in their efforts at becoming registered AHW's.



Bulla Health Centre



Kalkarindji Health Centre

This year in our health centres, we have had a continued focus on:

- Childhood anaemia,
- Growth faltering,
- Childhood immunisations,
- Chronic disease patients and
- Kidney disease.





Lajamanu Health Centre



Mialun Health Centre

Our health centres have been supported by the population health unit in delivering these programs.

This year we welcomed the arrival of a chronic disease coordinator, and in the coming year we welcome a diabetes educator to the clinical team.

We have also been successful in recruiting a clinical quality coordinator, after a long period without that role being filled.

All in all, it looks like we will have a solid staffing complement for the coming weeks.



Pigeon Hole Health Centre



Yarralin Health Centre

Some final notes on Clinical Governance at KWHB in 2010/2011:

- One 21 seventy audits completed.
- Clinics have been involved in and kept busy by preparation for accreditation against RACGP standards
- Preparation for accreditation against ISO standards
- This year we did a Systems assessment tool review from the previous years SAT. We continued on with the use of Edward Tilton as our consultant for this. This process included health centre coordinators and GPs and provided some great feedback on how we have progressed over the year and what areas we still had to improve on.

## Population Health 2010/2011

Katherine West Health Board has had a very big year providing Population Health services throughout our region. Our team has grown, and new positions have been created that are providing excellent work throughout our region.

Our Population Health Team can often be seen working hard in our communities, often working closely with board members and leadership group to make positive changes within our region.



Christine May is KWHB's Population Health Manager, and here she is at the Yarralin Open Community Meeting in June 2011

### Population Health Manager

This year KWHB introduced a Population Health Manager role, which was filled by Christine May. Her role is to manage the Population Health Programs Unit within Katherine West Health Board. Christine leads and supports the KWHB Program Coordinators in Women's and Maternal Health, Child Health, Health Promotion, Nutrition, Environmental Health, Healthy Skin and Eyes, Alcohol and Tobacco.

### What have you worked on this year?

An important piece of work for me in my first year with Katherine West year has been getting all the positions filled in my unit. I am currently working with the senior management team to employ community Lifestyle Workers, a female Alcohol and Other Drugs Worker and the Ngumpin Health Promotion Officer. The Board is working on a way to support the workers in the communities.

I have also given some early basic training to the coordinators in writing their annual plans and as a result all have prepared work plans to achieve what they have planned.

I am very grateful for the excellent work of the program coordinators who are all very skilled in their program areas. This year we are putting a lot of emphasis on improving health literacy especially in the areas of health literacy and nutrition for mums and babies.

I have enjoyed the times I have visited the communities getting to know the staff at the health centres and the many people in the community that my team members are working with to improve the health of the people of Katherine West region.

I have almost completed my Masters of Public Health at University of NSW.





KWHB Health Promotion Officer Michael O'Halloran has been tireless working in our communities this year.

### Health Promotion

In 2010/2011, we have been fortunate enough to have a full time health promotion officer working with us in Katherine. Michael's role at Katherine West is to support coordinators in delivering Health Promotion activities and developing resources, and to ensure Katherine West only uses culturally safe resources. Michael has developed strong ties with community members for ongoing advice, support and direction with Health Promotion.

### Achievements 2010/2011

- Commenced Masters study in Public Health
- An article was written about Michael in the Weekend Australian on his journey into Aboriginal Health and KWHB.
- Michael was invited to be a member on the Future Health Leaders Council of Australia by Health Workforce Australia
- All clinic waiting rooms have KWHB owned posters and resources in them.
- Developed a strong set of Health Promotion materials alongside community members.

### Goals for the coming year

- Implementation of Baby Health Posters
- Direction from the Ngumpin Reference Group with the goal of one day only utilising KWHB owned and developed resources
- Further development of Key Health Messages/Health Message Posters
- Investigating areas that KWHB can work in Mens & Youth Health & Wellbeing
- Finding further ways of strengthening culture and language in resources
- Learning Gurindji language

### Events & Activities in 2010/2011

- Yarralin Healthy Living festival
- Fish For Life – Bulla
- Fish For Life – Timber Creek
- Fish For Life – Kalkarindji
- Trachoma Blitz
- Health Message Posters
- Baby Health Poster Development



Peter Clottu is KWHB's Alcohol and other Drugs Coordinator. This is Peter at the Yarralin Open Community Meeting in June.

### Alcohol and Other Drugs Program

There are three staff positions within the KWHB Alcohol and other Drugs Program (AOD), the coordinator position (held by Peter Clottu) and two vacant clinician positions in which we are hoping to employ local Indigenous people.

The coordinator's role is to:

- Provide an AOD service (counselling, education, referral etc) directly to community members, usually one-to-one.
- Support and resources the KWHB clinics and staff, and provide education and health promotion to individuals, groups and communities.
- To liaise and work with other KWHB program areas and other health and welfare organisations and
- To support and supervise the other AOD clinicians

### KWHB AOD activities in 2010/2011

Seeing a number of clients one-to-one in most of our communities. Supporting clinics when required and providing resources such as posters, pamphlets, DVD's etc.

A lot of work on trying to eliminate or minimise inhalant sniffing within our communities, this has included encouraging fuel outlets to stock OPAL petrol, liaising with stores re' spray cans etc. Together with Yarralin community members establishing a Volatile Substance management plan for that community.

In conjunction with other staff we put on the Yarralin "Healthy Living Concert" in June 2011.

- Provided the latest news and developments in the AOD area to KWHB staff.
- Liaised and cooperated with other Government and Non-Government health and welfare services.
- Was a member of a working party that provided advice etc to the NT Government on Foetal Alcohol Spectrum Disorder.
- Attended meetings, conferences, training etc.
- Supplied reports, statistics etc as required.

### Child Health Program

This year we have again had a full time child health coordinator working in our communities. During the year there has been a big focus on anaemia (weak blood) in children as it is the biggest problem for the children of our region. I have worked a lot with the clinic staff to make it easier to identify and treat anaemia as well as working with Carol, Michael and the Ngumbin Reference Group to make resources to help the clinic staff tell the strong blood story.

During the year we also helped Emma with the Healthy Skin and Eyes screening in the communities, ensuring that the message of healthy skin and strong eyes spread effectively to all the children in the region.

Nearly all the children under 6 years have had all their childhood immunisations. Most of the children are growing very well. 3/4 of kids under 5 years have come to the clinic and had at least one well child check in the last year.





Rebecca Cooney was our Child Health Coordinator during 2010 and 2011, and she worked hard in spreading the message about Trachoma awareness, this time in Yarralin.

There is a new Child Health Coordinator that started in July. Jan Kruger will be working with Carol Wynne over the next year focusing on anaemia and the nutrition of women and children in the Katherine West region.



Matthew Moylan, KWHB's Chronic Disease Coordinator.

### Chronic Disease Program

This year, KWHB introduced a Chronic Disease Program Coordinator (CDPC) to support KWHB health centres and communities with chronic disease resources and provide feedback to KWHB health centres on their progress in providing best practice chronic disease management.

Commencing in March 2011, the CDPC has visited each KWHB health centre and discussed with Health Centre Coordinators and Aboriginal Health Workers what they required from the chronic disease program and what health centres were currently doing to prevent and manage chronic conditions.

- Rheumatic heart disease resources have been provided to each health centre
- Diabetes resources have been collected and approved for use by the Ngumpin reference group
- Orientation has been provided to new primary health care staff during
- Coordinated quality improvement activities including One21Seventy clinical audits
- Assisted with Freedom Day Festival in Kalkarindji
- Organised presenters to provide education at the Primary Health Care Meetings

In 2012 the CDPC, Healthy Skin and Eyes Coordinator and Environmental Health Officer will be working on a joint project aimed at improving health literacy and knowledge around germ theory with the goal of reducing the incidence of chronic illnesses such as rheumatic heart disease, trachoma, and scabies.

In addition the chronic disease program coordinator plans to visit KWHB communities and assist health centres by providing rheumatic heart disease and kidney disease education in 2012.



Stewart Inness, KWHB's Environmental Health Officer

### Environmental Health Program

The KWHB Environmental Health Program seeks to improve health outcomes for Aboriginal Territorians by carrying out its statutory obligations and also by utilising the principles of community development and health promotion to increase the capacity of Aboriginal communities to create and sustain health.

The objectives of the program are to:

- Provide professional support to community based
- Aboriginal Environmental Health Workers (when employed in KWHB area);
- Work with other PHC program areas and key stakeholders to build the capacity of Indigenous communities in order to improve health outcomes;
- Develop, implement and enforce environmental health and food safety legislation; and
- Provide community education and advice.

### Work During 2010/2011

All required inspections under Environmental Health Legislation (Food Premises, Boarding Houses and Swimming Pools) have been completed. Related activity included ongoing food safety education of food premise management and employees, particularly in relation to the pre-preparation of foods.

Community complaints to KWHB about environmental health issues normally reflected a problem with communication at a local level. In most situations the organisation responsible was already aware of the complaint, but was not necessarily fully aware of the severity of issue or the affect the complaint was having on a household.

In addition, in some situations the complaint was being acted upon appropriately by the organisation responsible, but what they were doing had not been relayed to the actual complainant or the community. In following up on community complaints we have endeavoured to encourage service organisations to have better communication with individuals and the community as a whole.

### Plans for the future

To continue advocating on behalf of KWHB communities on the following issues:

- Surveys of communities by Remote Housing NT have designated some occupied houses as being "Beyond Economic Repair". This apparently means that no major work is planned for these houses and no indication been given on when they will be replaced. This is of major concern as in the KWHB area, most of these houses are in communities not designated in the SIHIP program as receiving any new houses.
- No details have been provided by Remote Housing to communities of any life-skills programs being instigated to coincide with completion of any refurbishments
- Animal control is an ongoing issue due to Shires appearing to have funding sufficient only for each community to have several visits by a vet each year. There is a low priority given to this issue by some shires, as in day to day animal control, leaving a total reliance on the vet visits to resolve all issues. Problems get resolved but not always in a timely manner. This issue has been raised by KWHB with all the shires in regard to their future plans, along with issues regarding to waste management and local emergency management.





Carol Wynne is KWHB's Food Supply and Nutrition Program Coordinator.

## Food Supply and Nutrition Program

### Food Security

Katherine West Health Board's Nutrition Program focuses on the three pillars of food security:

- Making sure there is food available to be purchased/grown,
- Making sure the food is not too expensive and making sure that community members know how to use and
- Prepare food that will be beneficial to their health.

The annual NT Market Basket Surveys are carried out yearly in all our stores to look at some of these issues and the results are used then to help advocate for improvements.

Several one-off activities have been carried out in 2010/2011 with nutrition and good tucker at the forefront of these events. Examples include AFL/nutrition workshops in Kalkarindgi and Timber Creek, Fish for Life at Timber Creek, Kalkarindgi and Bulla, Freedom Festival stall at Kalkarindgi, Yarralin Concert cooking, and nutrition education workshop in Katherine for all sport and recreation workers in our region. We are working with the NRG and Board to make nutrition a priority at these events and to continue to run awareness events and campaigns throughout 2011/2012.

### Tucker Buddies Nutrition Program

This exciting and fun program was created with Bulla school children, KWHB's NRG and is a Katherine West Health Board owned nutrition education program that helps nutrition education using a collaborative community approach with school, store and community by communicating the messages eating good tucker to prevent sicknesses. Rural Health Education Foundation from Canberra came to film the program in July 2011 with the school children at Bulla and made a video on it. We have some Tucker Buddies costumes to help promote the program in other schools in our region.

There is more work happening with Bulla and Amanbidgi School to work with community and parents to add a sustainable lunch component to the program. Further links with Catholic Care and Centrelink will help achieve this in 2011/2012.

### Anaemia (weak blood) and Growth Faltering in children under 5 years

We have a lot of weak blood in children younger than 5 years old in all our communities and we have some kids that should be growing a bit better too. We are working with the NRG and community members to try and understand why and try and work together to make it better so that the kids grow up strong.

In 2011/2012 we will be making a communication approach specific to each of our communities as not all of them are the same and there are different places we can do education/workshops/provide support in some e.g. Families as First Teachers in Kalk and Laj, Child Care facilities, schools, women's groups, healthy lifestyle workers, clinics etc.

### Nutrition Monitoring Program

It is important that the food that is provided in all the aged care, child care and school lunch programs is good tucker to keep the community strong and help stop sicknesses.

A monitoring Program was set up in November 2010 with Vic Daly Shire to help provide education to the workers for them to develop a menu that was appropriate for each of these facilities and so that we have a system in place to monitor or check the progress. In 2011/2012 further education and training will be provided and including community /family members in the sessions.

### KWHB's Nutrition and Catering Policy

This policy was endorsed by the Board in 2009 and we have implemented it and worked together on its effectiveness throughout 2010/2011. This policy is a very important policy for KWHB, we have a lot of diseases/sickness in our communities most of it could be prevented with good nutrition and hygiene.

We should be good role models for our communities and this needs to be reflected in our Nutrition and Catering Policy. We will work closer with the Board, NRG and our clinic and in town staff in 2011 to review the policy to further strengthen it so that KWHB's nutrition message stays strong and supported.



Emma Buanach is KWHB's Healthy Skin and Eyes Coordinator

### Healthy Skin and Eyes Program

This year KWHB has been able to have a full time Healthy Skin and Eyes Coordinator, who is now running the program which KWHB developed during 2009/2010. The program involves looking at ways to reduce the number of children that suffer from scabies and trachoma. The Healthy Skin and Eyes Program Coordinator role is also to identify adults that may be suffering of trichiasis (eyelashes rubbing on the eye) and to coordinate appropriate surgery in our communities.



### Work during 2010/2011

The trachoma blitz has happened in all KWHB communities this year. The trachoma blitz involves screening all school age children for trachoma and adults for trichiasis. Whilst screening the children for trachoma it was a great opportunity to look at the skin conditions of the children at the same time. The trachoma blitz in some communities was linked in with the flu vaccination which proved to be very popular and helped take some of the burden of the clinics.

The trachoma blitz involved many workers from Katherine as well as the Community and was a great opportunity to work together. Excitingly the number of people suffering from trachoma has decreased in almost all KWHB communities and the number of children seen by the trachoma team has also increased.

Some of the highlights of the trachoma blitz Community BBQ's:

- Education in schools with Trachoma Story Kits and glitter bug hand washing
- Meeting community in their local space
- Working with local staff

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The work on trachoma in KWHB communities was filmed by the Rural Health Education Foundation in June 2011. The segment featured the Bulla community and has being aired on satellite TV. The segment highlights how the trachoma program has been developed with our Ngumbin reference group and how important it is for community to be involved in all aspects of the trachoma program.

A visit from Professor Hugh Taylor and friends to Katherine and Kalkaringi in July 2011 helped to highlight some of the great results of the trachoma program. The visit also helped to raise other concerns faced by our communities and organisation.

Personally I have been able to complete my Masters in Public Health which will help me to fulfil the role of Healthy Skin and Eyes Coordinator

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### Goals for the coming year

In the coming year a large focus of my role will be to work on developing a Hygiene program with the Chronic Disease Coordinator and Environmental Health officer. Improvements around hygiene in communities will hopefully see trachoma and scabies along with other diseases eliminated.

The trachoma blitz is planned to continue in early 2012 and a goal is to see the number of people with trachoma and skin conditions continue to decrease as well as raise awareness about the conditions and how to prevent them. I hope that the Healthy Skin and Eyes program will help to see community members health and quality of life improve.

# Katherine West Health Board Photo Journal

This year our staff members did some great work in our region, and along the way, they took some great photos.

Each of the photos we have included in this annual report were taken with the express verbal permission of the person who appears in the photograph.

In 2010/2011, our Board Members ratified a new Photo/Image Policy which is now in use by all KWHB Staff.

Before you continue reading this section, please be aware that while we have taken all care possible, this section may contain images of people who have died, or who may be culturally inappropriate for you to view.

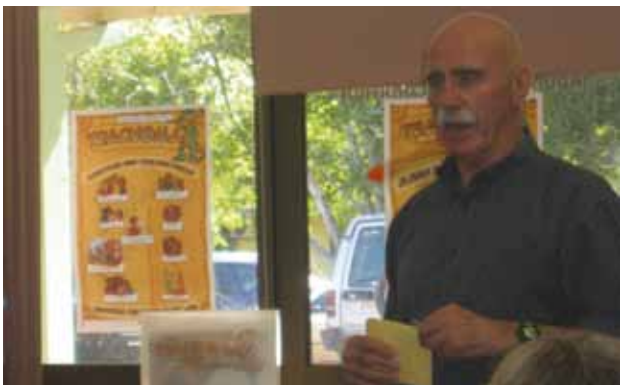
If you have an issue with any of the photos that appear in our Annual Report, please let us know.

If you would like a photo version of any of these photos, we are happy to laminate a photo for you and send it to you.

As always, we greatly value the cooperation of our community members who agree to have their photo taken by our program staff.

We also thank our staff for providing these photos as part of our Annual Report for 2010/2011.

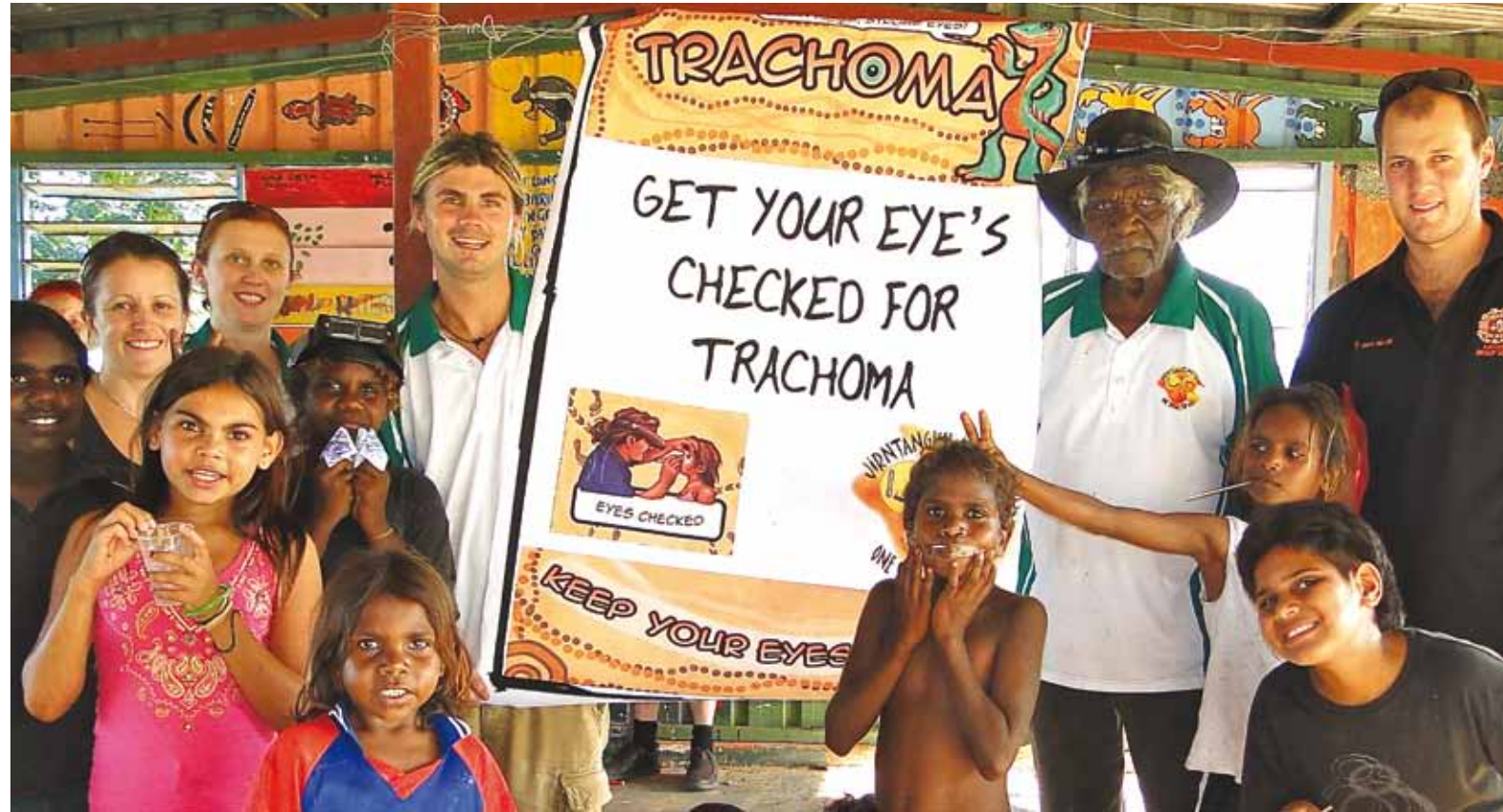
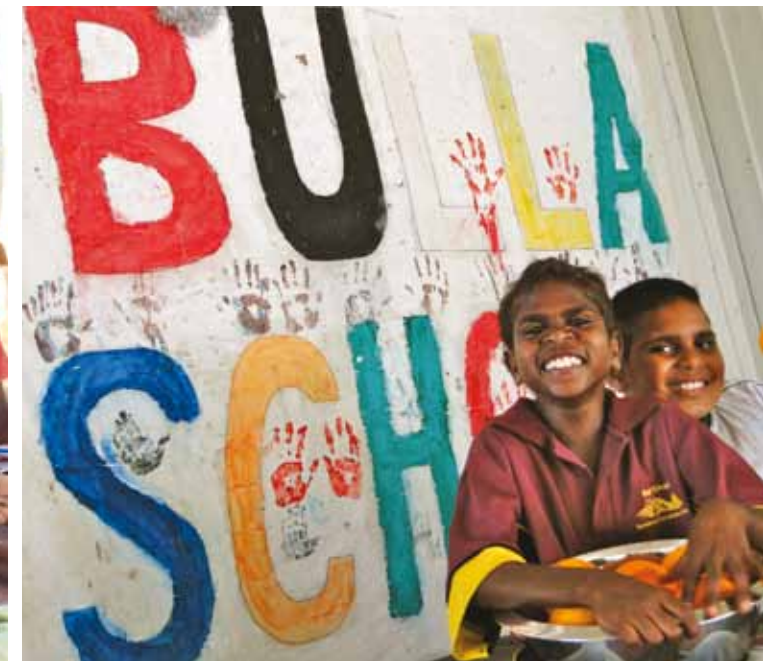








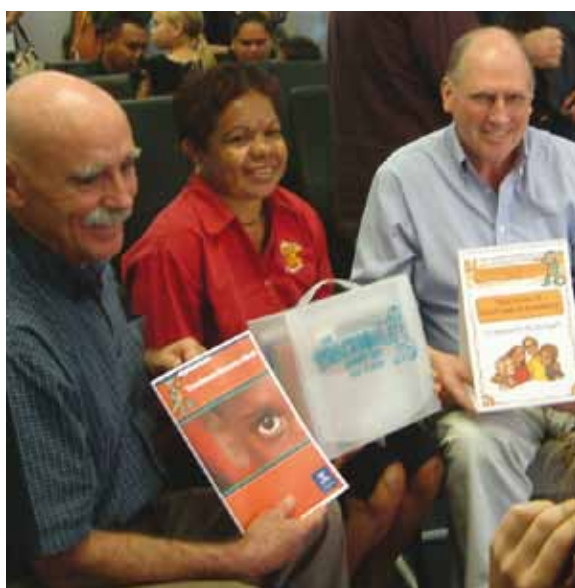








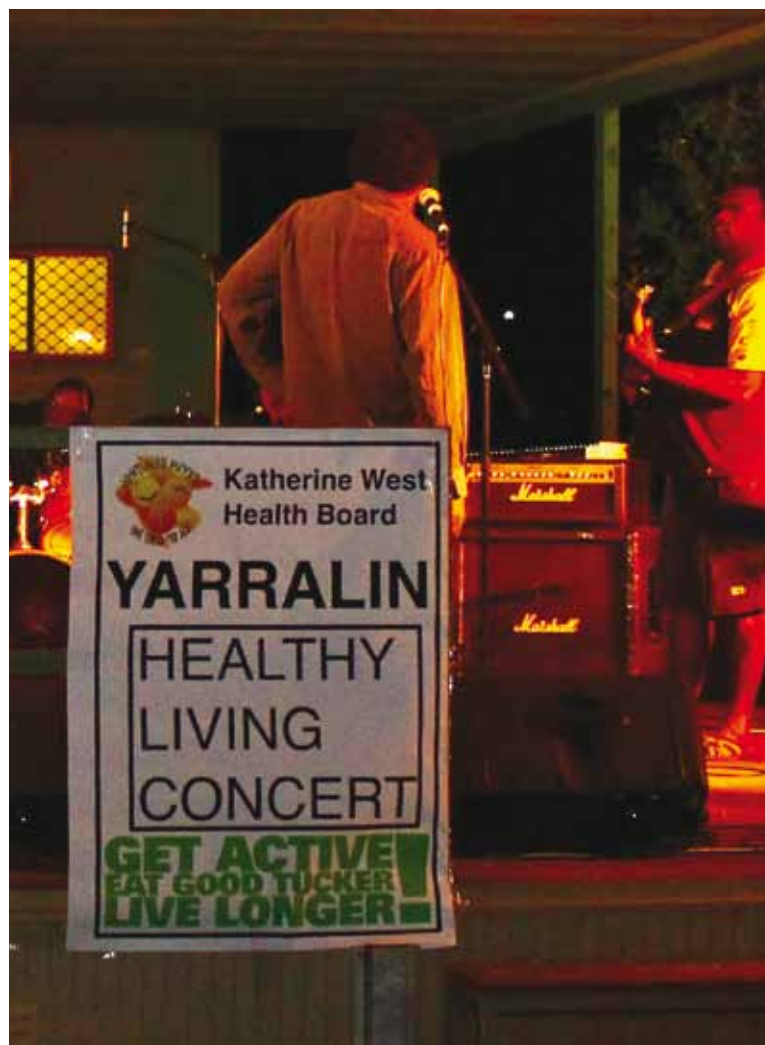














**Katherine West Health Board Aboriginal Corporation**

Unit 10 Riverbank Office Village  
Corner O'Shea Terrace and First Street  
KATHERINE  
NORTHERN TERRITORY 0851

PO BOX 147  
KATHERINE  
NORTHERN TERRITORY 0851

**P: 08 8971 9300 | F: 08 8971 9340**  
**W: [www.kwhb.com.au](http://www.kwhb.com.au)**

