

# NGANAMPA HEALTH COUNCIL



Annual Report 2017

# GOVERNANCE

Jamie Nyanguu Chair

John Singer Executive Director

David Busuttil Health Services Manager

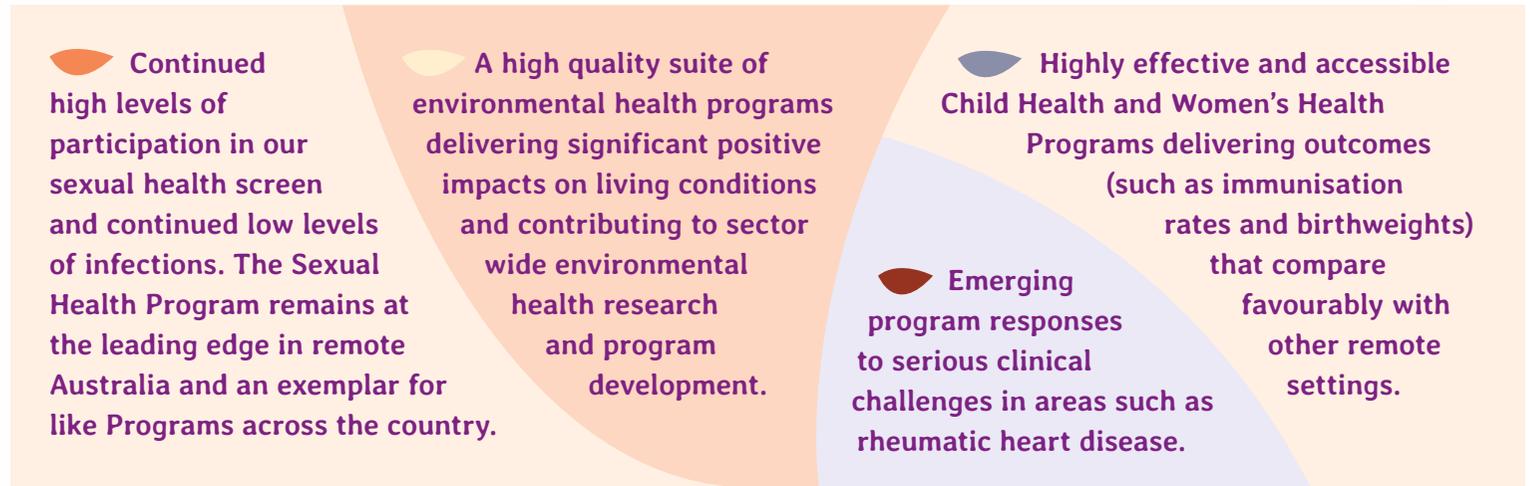
Paul Torzillo Medical Director

*'Nganampa Health Council is an Anangu controlled community health organisation delivering comprehensive Primary Health Care to all Anangu resident or visiting the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. It aims to improve the health status of Anangu through the provision of high quality clinical and preventative health care services delivered in culturally appropriate ways.'*

Nganampa Health Council  
Strategic Plan

## Primary Health Care Provision

Nganampa Health Council continues to strive for excellence in the delivery of comprehensive primary health care for its Anangu members. Key programs, together with headline outputs and outcomes, are showcased in this year's report. These include:



Our long experience is that health care gains are most likely achieved when a critical mass of resources, technical expertise and competent program management is applied over time to population health issues where objectives can be defined and progress measured. We are applying this approach consistently across our Programs and continue to make improvements where health gains have been especially difficult to achieve.

With respect to ear disease in children we have established a sustainable program that includes employing a part time Ear Health

Nurse who participates in ENT and audiologist visits, provides intensive support to children having ear surgery, and performs some hearing tests. These additional dedicated resources promote a higher level of responsiveness to, and coordinated management of, this issue across the organisation.

The APY Lands has high rates of diabetes and the associated issue of diabetic retinopathy is of major concern. Our Eye Health Nurse is now using a retinal camera to take images reported on by an external ophthalmologist. This has resulted in higher screening rates and improved patient management.



Smoking rates on the APY Lands are high with 55% of people over the age of 15 current smokers. Our Tackling Indigenous Smoking Program, now in its second year, has an increasing focus on providing intensive support to people who want to quit smoking and targeting key groups, such as antenatal women and young people, with preventative and early intervention strategies. Results have been encouraging, with some evidence that providing this support is leading to reductions in smoking.

We continue to see increases in the number of clients who have had a completed health check and who have a care plan in place. For the fifth year in a row, the number of people evacuated to Alice Springs Hospital remained below three hundred – possibly reflecting the increasing effectiveness of our management of chronic conditions at the community clinic level.

## Risk Management

Nganampa Health Council recognises that without adequate staff safety and security systems in place, we will be unable to attract and retain suitably qualified and skilled staff. Following the tragic death of Gayle Woodford in early 2016, we implemented an On Call Support Worker Program to ensure that two staff are always rostered to respond to clinical emergencies after hours (see page 8), and commissioned an expert external review of all of the Health Council's safety and security systems. Two staff are also now rostered at all times at our Tjilpiku Pampaku Ngura aged care facility. Other initiatives that have been introduced include duress alarms in vehicles, an on-line staff safety induction course and improved telecommunications.

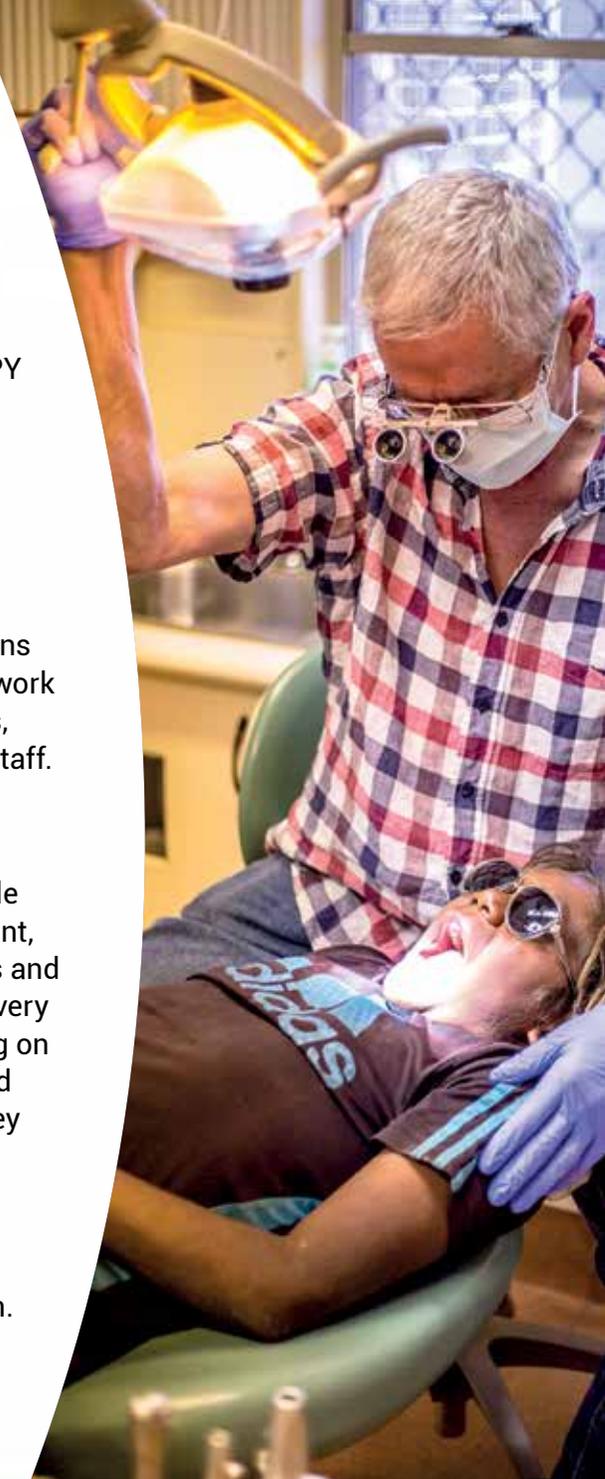
Further security enhancements, including changes that will reduce and prevent unauthorised access to our clinics, are being implemented.

Changes in legislation and health care standards have necessitated a review of ambulance services on the APY Lands. We have been successful in securing funding from the South Australian Government for dedicated, appropriately designed and fitted ambulances. These will be rolled out across the clinics in the coming year.

## Our Staff

The Board wishes to thank all staff for their contributions to the work of the organisation throughout 2017. Staff work from a variety of locations, including our remote clinics, Alice Springs and Umuwa offices, and as fly in fly out staff.

Many staff, as part of their role, travel frequently and long distances, often in difficult conditions, to ensure that services can be delivered in a timely and accessible fashion. Staff demonstrate a high degree of commitment, along with much tolerance of the inevitable constraints and frustrations that apply in delivering quality services in very remote locations. Staff work in close knit teams, relying on each other, and on the organisation's management and governance systems, for the support and resources they require to do their jobs well. The Board acknowledges these efforts and well understands the leadership role it must play in supporting all staff to ensure they can work safely and effectively and maximise their contributions to achieving the Health Council's mission.



# ACHIEVING CLINICAL EXCELLENCE

## Clinical Services and Education

We continue to attract and retain high quality clinical staff, with a Workplace Agreement that delivers competitive remuneration and other benefits, a learning culture that promotes professional development, expert clinical governance, and investment in staff mentoring, supervision and support. Experienced nurses frequently move from front line service delivery into managerial and program development roles. Clinical teams are supported by a pool of experienced locum nurses. Nursing support systems continue to be managed by Vivien Hammond who has been providing expert leadership in this role for many years.

Orientation to the clinics and remote area nursing can make a big difference to staff retention and productivity. An on line orientation module for all new clinical staff has recently been introduced and has been well received. It has been incorporated into a broader suite of e3Learning modules that constitute a platform for Occupational Health and Safety training. This year the Health Council facilitated the delivery on site of both the Paediatric and Adult International Trauma Life Support Courses and the Emergency Nurse Paediatric Course.

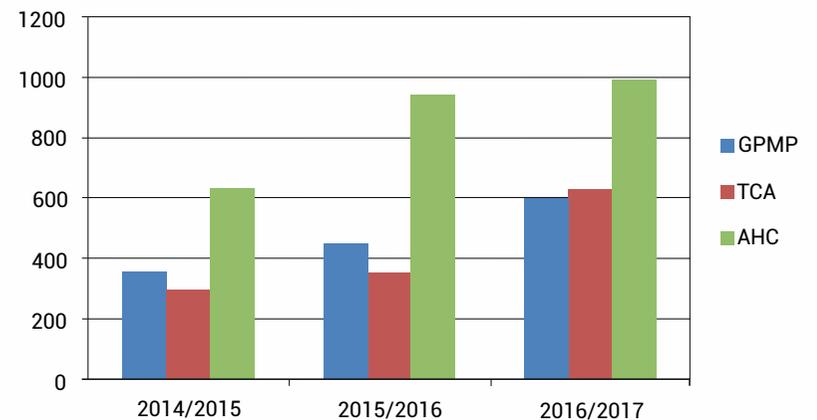
Throughout the year, regular Communicare and Program workshops and teleconferences are held for clinical staff and Program Coordinators visit clinics regularly, offer secondary consultation and support, and provide face to face orientation for new nurses.

## Chronic Disease

The main focus of this Program is to facilitate and coordinate the care of people with chronic disease by identifying those at risk, providing timely interventions, and delivering managed care to prevent disease progression. Key activities of the Program are Adult Health Checks (AHC), Team Care Arrangements (TCA) and GP Management Plans (GPMP). A total of 991 AHCs were completed in the last financial year, together with 600 GPMPs. Expert coordination of the Program continues to be provided by Tess Ivanhoe.

Provision of specialist services on site is an important component of the Program. Respiratory Physician Dr Anthony Veale consulted with 200 patients over the past year, significantly improving the management of Anangu with chronic lung disease. The work of the visiting Cardiology Team is described elsewhere in the annual report.

Upward Trend in GPMP, TCA and AHC over last 3 years



## Visiting Specialists

Visiting specialists perform a vital role in the delivery of comprehensive primary health care for our members.

The Paediatric Team, led by Professor Anne Chang and supported by Paediatric Nurse Carmel Hattch and registrars from Alice Springs Hospital, visits all communities regularly. This year a total of 223 children were assessed and reviewed. After visits, the Paediatric Nurse coordinates follow up appointments for children requiring further assessment or treatment in a tertiary centre. She assists new mothers to establish breastfeeding before returning home after birthing and provides case management, health education and monitoring where children are failing to thrive.

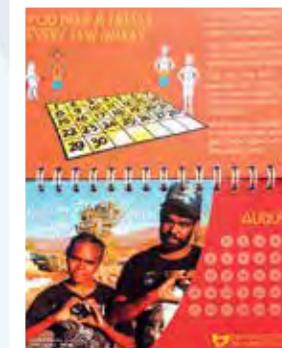
Podiatrist Sara Jones and podiatry students visit regularly, including to the aged care facility. Over three visits this year to the APY Lands, the Podiatry Team assessed, treated and reviewed 301 clients and delivered professional development and upskilling for front line staff. This long established and highly successful collaboration won the 2017 University of South Australia Chancellor's Award for Community Engagement.

Two Audiologists, Clare Robertson and Amy Mival from Australian Hearing Services visited the APY Lands on four occasions during 2017, examining identified children's ears, testing

hearing and reviewing both aided children and adults. Based at the schools, they also visit clinics to review adult clients with hearing difficulties. They work with Anangu Health Workers to reinforce and update their hearing assessment skills. The Health Council's Ear Health Nurse, Dianna McDonald, coordinates the work of visiting specialists and subsequent follow up and referrals, and undertook 326 ear health reviews during the year. Together with audiologist Gillian Wesche, she accompanies the ENT specialist Dr David Wabnitz on his twice yearly visits.

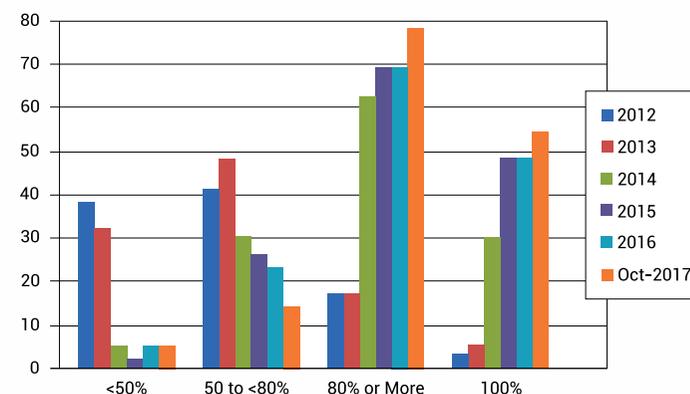
The Nganampa Health Council Cardiology Program commenced in 2014 and has involved a visiting cardiology team at all communities three times each year. The Cardiology Team consists of cardiologist Dr Christopher Zeitz, Clinical Practice Consultant Renee Henthorne and an echocardiographer. This program benefits greatly from the expertise of cardiology coordinator Stewart Roper.

This year the team completed 110 consultations and 97 echocardiograms. This service saves clients at least 4 days travel each with consequent savings on travel costs, accommodation and service delivery in already busy city and regional hospitals. Clinic workers are also spared the considerable time that would have been spent organising travel and transport. Most importantly, more clients are actually having consultations and tests on



time, and the prompt feedback from testing and assessment/review enables the Health Council's clinicians to improve patient management.

A major proportion of all cardiology consults are related to the management of Rheumatic Heart Disease (RHD). Improved liaison with other institutions such as RHD SA & Australia, Alice Springs Hospital and Flinders Medical Centre allows better monitoring of prophylaxis and reviews. A key outcome of the Program to date has been a significant improvement in compliance with prophylaxis (see graph below).



Graph depicting % of those on RHD prophylaxis at various compliance rates each calendar year since 2012 and at October 2017.

*A total of 3,996 individuals attended the clinics during the year and 3,578 of these were Anangu*



## 2017 – Key Points

> 85% completion rate for child growth and Hb checks

89 children (0–4yrs) have had a child health check in the last 12 months

223 consultations conducted by the visiting Paediatrician

353 children's ears reviewed by the visiting ENT Specialist

22 children have been accepted to the National Disability Insurance Scheme

## Child Health

### The importance of the early years

Nganampa Health Council delivers a comprehensive evidence-based child health program with an emphasis on:

- regular child growth and haemoglobin (Hb) checks in the under 5s
- follow-up of children with growth faltering in the under 2s
- an annual child health check with a Medical Officer for children from birth to <15yrs
- early detection and treatment of immediate health concerns
- appropriate and timely (internal and external) referrals for conditions detected
- delivering childhood and adolescent vaccine schedules.

Program delivery is achieved through sustained expert Program leadership from Leila Kennett and a range of health assessments, surveillance and screening activity that facilitates regular interactions between clinic staff, the child and their family. Recall and follow-up processes promote timely service delivery and early detection, intervention and treatment of health problems.

### Child growth and Hb checks in the under 5yr age group

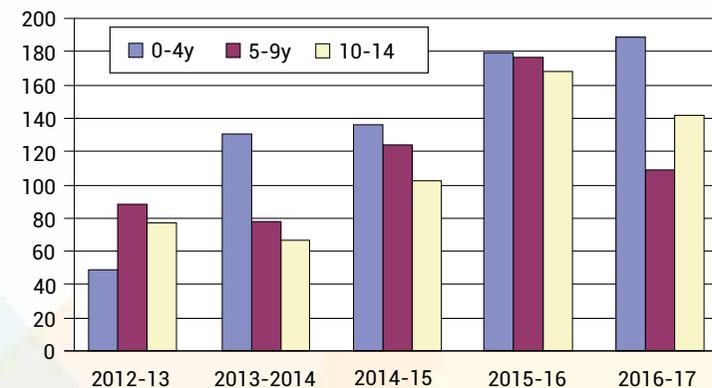
Regular child growth and Hb checks are routinely scheduled at key intervals on all children <5yrs old. The growth check reviews the child's height, weight, skin, ears, teeth, haemoglobin, and diet, and delivers key nutritional messages and addresses issues of concern raised by carers.

### Annual child health checks

The annual child health check is a sustainable, cost-effective and continuous process offered to children 0–15yrs. This check aims to complete a comprehensive review of the individual child and involves:

- a clinical note review and update
- health check appropriate for age and target group
- brief health education for the child and their family
- a medical review and treating immediate problems detected
- arranging follow up treatments or appropriate referrals to tertiary health services or other external services
- referral to visiting specialist teams such as paediatric, cardiac or ophthalmology as required.

The graph below illustrates completed child health checks by age cohort since 2012.



No. of fully completed child health checks by age group 2012–2017 (financial year)

## Women's Health

The Women's Health Program continues to offer excellence in maternity care based on best practice and use of an evidence based and woman-centred treatment manual, Minymaku Kutju Tjukurpa. The Program's objective is to provide culturally safe care, where women present early in pregnancy and continue to attend, thereby optimising outcomes for mother and baby.

During the past year, the Program participated in the care of 90 pregnancies and approximately 65% (58) of these were "current" clients (with the Health Council principally responsible for their care). A high percentage (76%) of these women presented for antenatal care in their first trimester (compared with 41% for Indigenous women nationally). Of the current clients, 91% (53) went on to live births. Average age at birth was 26.3 years (range of 19-37) and gestation at birth was 38.2 weeks. The average birthweight was 3.16kg, with 7 babies, or 13.5% being less than 2.5kg.

The Program team comprises midwives Breanna Monk, who recently replaced Denise Smith (covering Pipalyatjara, Amata, Nyapari and Fregon) Lisa Wallace (Pukatja, Mimili and Indulkana) and Heidi Smith in Alice Springs. Between them they bring many years of remote, regional and urban midwifery and women's health experience and expertise to the Program. As well as providing direct clinical care, they play a critical role in providing secondary consultation and support to all front line clinical staff, including registered nurse/midwives located in community based clinic teams.

In addition to antenatal care, the Program provides cervical screening, breast screening and targeted women's health education to young people. The cervical screening rate for current patients is 62.7%, with over 84.8% having had a screen in the last 3 years. We anticipate changes in National Screening Guidelines will increase rates of women requiring colposcopy and with this in mind the Health Council is working toward securing funding for Obstetrician and Gynaecologist visits in 2018.

Biennial breast screening was offered at Marla this year and was attended by 63% of eligible women from the APY Lands. This is comparable to other years and well above the reported national average for eligible Indigenous women (35%). This week long event required significant logistics and resourcing so that approximately 100 women could attend from across the Lands.

Ongoing small group education in sexual health and maternal health continues to be offered to schools and within clinics providing teens and pre-teens with appropriate sexual health education in their formative years. This is done in conjunction with female Anangu Health Workers who provide language support and guidance in the presentation of information.



## Oral Health

Dentist Simon Wooley and Dental Assistant Ange Caulfield continue to deliver high quality dental care to Anangu across the APY Lands. Services operate from a mobile clinic and two fixed surgeries at Pukatja and Iwantja. The Program has current accreditation with Quality Innovation Performance, a nationally recognised benchmark of the 'quality improvement approach' in the provision of clinical care. Based on a Minimal Intervention Dentistry (MID) philosophy and practice, priority areas include a school dental program, emergency service, and special needs care.

The emphasis on preventive services includes regular fluoride varnish applications and placement of fissure sealants, as well as the appropriate therapeutic application of aqueous silver fluoride (AgF) to control decay.

Tooth brushing programs are supported in all schools across the Lands.

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



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

Examination and preventive care for Tjilpiku Pampaku Ngura aged care residents in Pukatja is a regular component of our program. It has included the presentation of the training program of the Better Oral Health in Residential Care Portfolio to aged care nurses and care workers.

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

The Health Council congratulates our Oral Health Advisor Dr Sandra Meihubers AM, who recently received an Order of Australia for her career-long contribution to remote Indigenous oral health and international humanitarian work.

## On Call Support Worker (OCSW)

The OCSW Program provides support for clinic nurses so as to ensure that they do not attend after hour's calls on their own. OCSW staff provide the first point of contact after hours for requests for clinical services and provide escort, ambulance driver, translation and cultural liaison services. OCSWs are located in all six main communities on the APY Lands, recruited in the main from local Anangu community members, supported by Program Coordinator Adji Rainow and provided with training to undertake their role. This ensures a safer work environment for registered nurses and improves the timely, appropriate and effective provision of after-hours clinical care. Since June 2016, 99.63% of all after hours shifts have had effective OCSW cover. There are currently fifty active team members and 77% of all shifts have been covered by Anangu workers.

In this way, Anangu community members are taking an important role in supporting their local clinical teams and accepting responsibility for contributing to the provision of a safe working environment for all staff.

## Social and Emotional Wellbeing

Nganampa Health Council employs two experienced Registered Mental Health Nurses who both reside on the APY Lands. David Walsh lives at Mimili, servicing Pukatja, Mimili and Iwantja whilst Dumil Nyathi (replacing Tony Shepard) services Fregon, Amata, Pipalyatjara and Nyapari from his base at Umuwa. Mental health assessment, treatment, case management, liaison with visiting adult psychiatrists and secondary consultation for front line clinical teams are key aspects of their role in providing an integrated and coordinated program response to SEWB issues on the Lands.

The Mental Health Nurses work closely with community clinic staff and the visiting specialists. David and Dumil coordinate and support adult Psychiatry visits and participate in annual South Australia Civil Administrative Tribunal visits. Teleconferencing facilities in clinics continue to provide improved access for clients to specialist consultations. Tertiary level Psychiatry services are provided from both Alice Springs and Adelaide and the Health Council enjoys strong working relationships with mental health services and networks in both jurisdictions.

Social Work services are provided in Alice Springs by Sanya Yorth. These include advocacy, psychosocial assessment, brief intervention, crisis care, referral and liaison

for Anangu attending health care appointments in Alice Springs. Working closely with Nganampa Health Council Medical Officers, the Hospital Liaison Team, Mental Health Nurses, Community Health Nurses and other relevant service providers, a coordinated approach is utilised to achieve optimal health and social outcomes. Referrals may include a range of issues relating to alcohol and other drugs use, mental health, child protection, domestic and family violence, housing, financial matters, disability, palliative care and maternal and child health. During the year, Sanya attended the Australian Association of Social Workers NT Dust, Diversity and Dedication Conference and the South Australian Social and Emotional Wellbeing Workforce Counsellors Network Meetings. These opportunities enhance productivity through peer support, training and networking.



*During the year 224 individuals received services from the Mental Health Team.*

# TACKLING INDIGENOUS SMOKING



## Tjitkita Nyuntu Ngayuku malpa wiya painting story

Created by Pantjiti Lewis for the Smoking Cessation Program

This painting was done as part of the Tjitkita Nyuntu Ngayuku Malpa Wiya - Smoking Cessation Program to be used for health promotion on the APY Lands.

*"The painting tells the story about smoking and its effect on children. Children are being around smoking too much. It is happening in the houses they live in and the cars they are sitting in. This is bad for them and we need to protect the children by not smoking in our houses and cars and around children. In*

*the painting we see houses where smoking is happening and children are getting lots of sickness like colds, chest infections, asthma, ear infections and we see some houses where there is no smoking and the children are healthier. We need to make all houses and cars smoke free to protect the children from the effects of smoking. If you smoke you need to smoke a long way from children. Family should not give children cigarettes to smoke or money to buy cigarettes.*

*We know smoking is really bad for people particularly their lungs but also for all of the body. People who smoke can get cancer in lots of parts of their body. People who smoke can also have heart attacks and strokes and smoking makes it difficult to control any chronic disease they have. Some smokers end up with very weak lungs and need oxygen all the time."*

Tjukurpa nyangangu wangkanyi Puyutjara muna nyuntunya kulu. Nyuntu tjikita puyuntjingantja wiya tjitjingka itingka. Puyu wiya walingka unngu motorcarngka unngu tjitjingka wiya.

Tjikitangu nyuntunya pika unganyi:

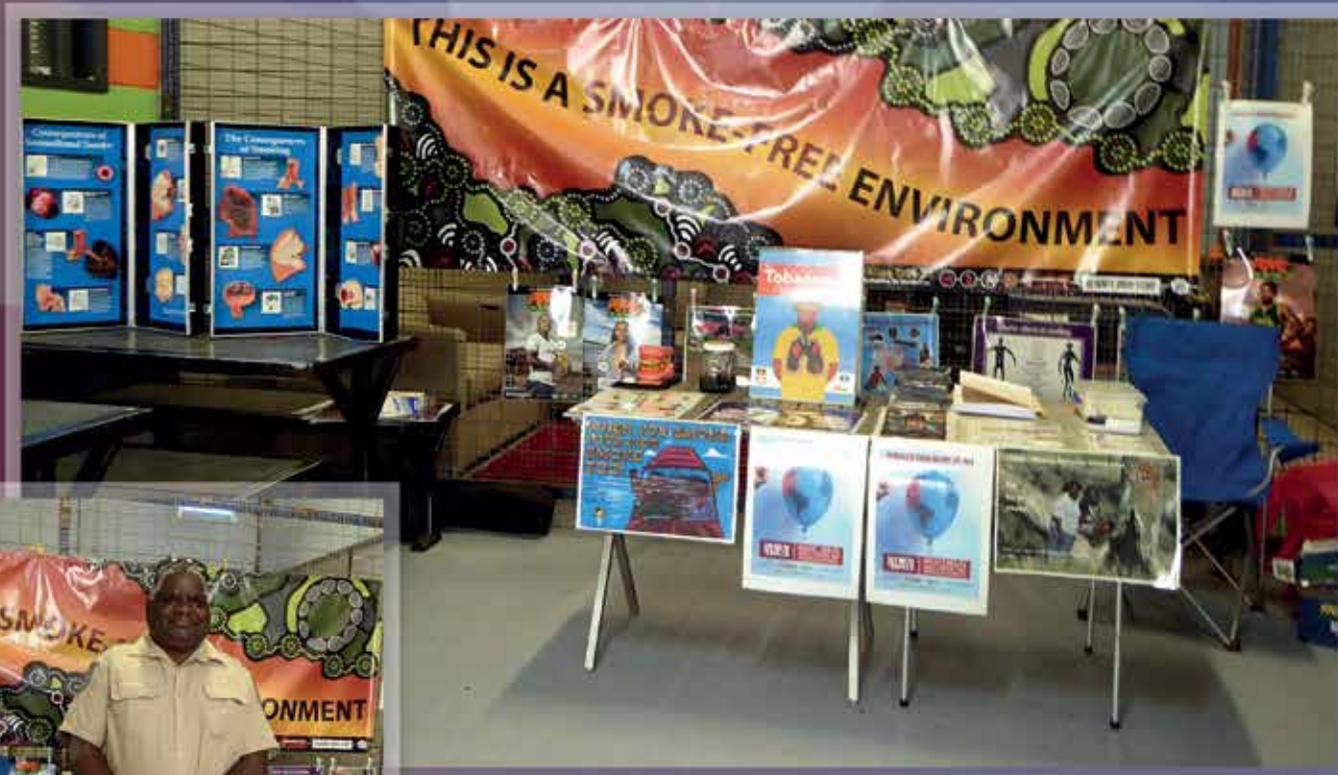
- Kirikiri Pikani
- Nganypa Kurani
- Cancer Unganyi
- Kututu ngarakatinyi
- Ngukungpa Kurani
- Kuru kurani



Smoking rates are high on the APY Lands and changing accepted and widespread habits can be difficult. In the last six months 44 Anangu have declared that they have quit smoking.

The Tackling Indigenous Smoking (TIS) Program works one on one with antenates to educate about the dangers of smoking in pregnancy and infancy for both mothers and their babies. Most antenatal women have either attempted to quit smoking or reduced their smoking.

The TIS Program helps Anangu who want to quit smoking with support, counselling and medication where prescribed.



The TIS Program works with radio station 5NPY, the schools and the community arts centres to educate Anangu about the dangers of smoking and to encourage smokers who are trying to quit.

This year the TIS workers have updated the smoking status of all Health Council clients, carried out over 1,100 brief interventions and undertaken 640 smoking assessments on Anangu wanting to quit.

# AGED CARE *Tjilpiku Pampaku Ngura*



The Aged Care Program enables aged, frail Anangu to remain on country for as long as possible rather than being hospitalised or requiring residential placement in a distant regional centre. This is achieved through the provision of residential, respite and palliative care at our regional facility, provision of Commonwealth Home Support

Program (CHSP) services at Pukatja, integrated high quality clinical care provided by the Health Council's primary care clinicians, and liaison and advocacy with a range of regional aged care service providers.

Located in Pukatja, the aged care facility Tjilpiku Pampaku Ngura (a Pitjantjatara term loosely translating as "home for older men and women") provides accredited residential and respite care to older Anangu. The facility is designed to cater to the traditional living patterns and cultural pursuits and interests of Anangu, with

wiltjas (traditional shelters) located in the grounds and attention given in the living areas to maximising options for both indoor and outdoor recreation and socialising. A CHSP service is provided to the local Pukatja community. This involves provision of meals, personal care, domestic services and transport services for approximately forty eligible clients.

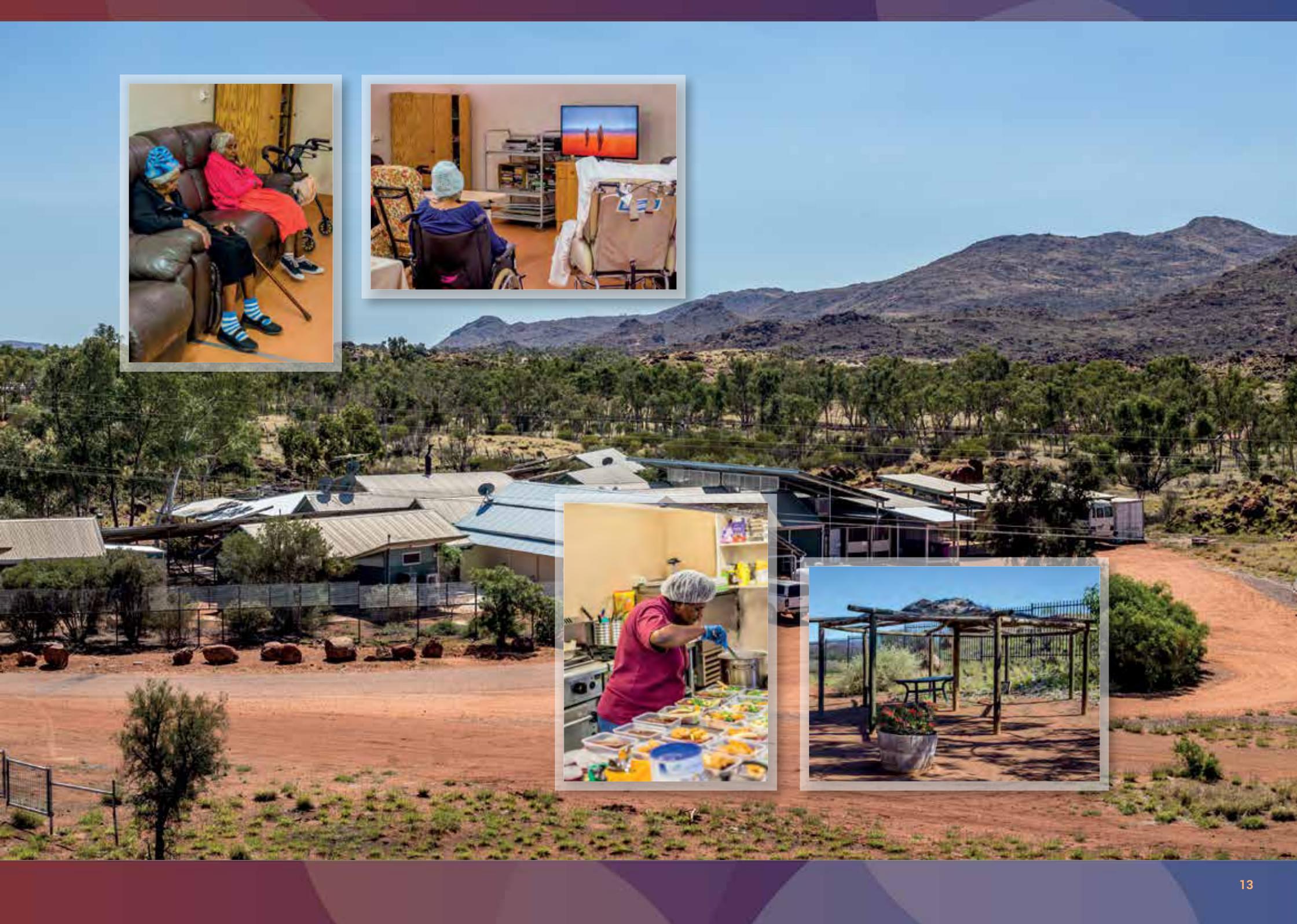
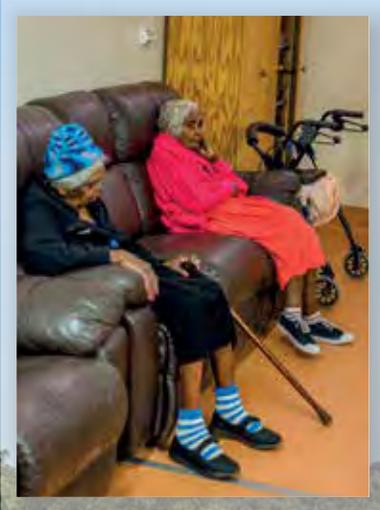
A number of the staff at Tjilpiku Pampaku Ngura are Anangu, many of whom have completed formal qualifications through TAFE SA in aged and disability care. Residents have access to high quality clinical care, through an on-site Registered Nurse. Emergency clinical services are provided by nursing staff at the Pukatja clinic and the resident Medical Officer. Residents benefit from regular visiting services, including podiatry, physiotherapy and oral health. Visiting Allied Health services are provided by the Department for Communities and Social Inclusion.

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



During 2017 the Residential Care Manager Marissa Burfield resigned after a number of years of service and her contribution to the pursuit of excellence in the delivery of care is acknowledged. Replacing her in the role are a job share team of Tracy Reid and Marilyn Strawbridge. Together, they continue the tradition of expert leadership and professionalism in the Aged Care Program.



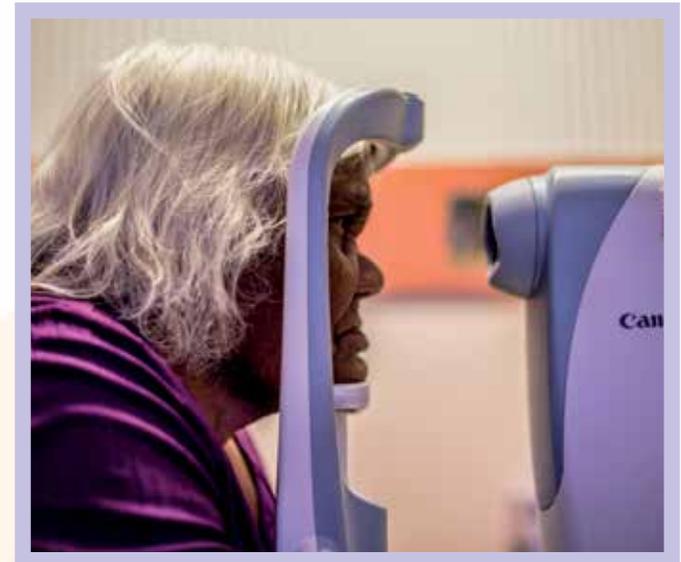
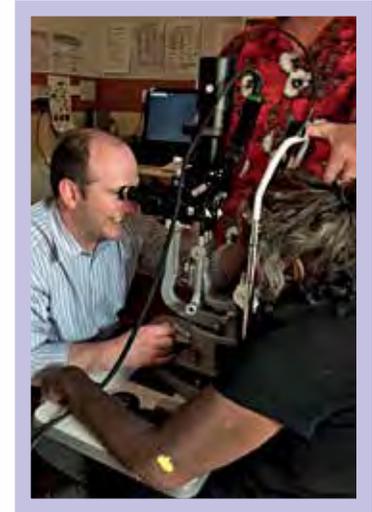


# EYE HEALTH AND THE FRED HOLLOWES FOUNDATION (TFHF) COLLABORATION



Our Eye Health Program employs an Eye Health Coordinator funded through TFHF. The Coordinator assists the Adelaide based ophthalmologists and optometrists twice yearly visits across all clinics. These visits have taken place for approximately twenty years and provide access to specialist eye care for those at risk. Throughout the year the Eye Health Coordinator offers eye exams and diabetic retinopathy screening with a retinal camera to all communities in consultation with a retinal specialist in Adelaide. This screening has provided early detection of diabetic eye disease, timely referrals and follow up to prevent vision loss. The emphasis is on culturally and geographically accessible care that is integrated with other primary health care program work, especially in chronic disease, child and maternal health and environmental health.

Trachoma education, screening, diagnosis and treatment is also undertaken. Trachoma is a bacterial infection of the eye that is easily treated but requires a focus on public health education. In the first six months of 2017 more than 500 children under fifteen years were tested. The trachoma prevalence rate was 3.5%. Treatment is given to the child with trachoma and to all their household members. Contact tracing and treatment of all household contacts was completed promptly this year. The trachoma rates on the APY Lands remain relatively low compared to other remote areas of South Australia. A major focus of this service is clean face education to children, carers, family, community members, teachers and health staff.



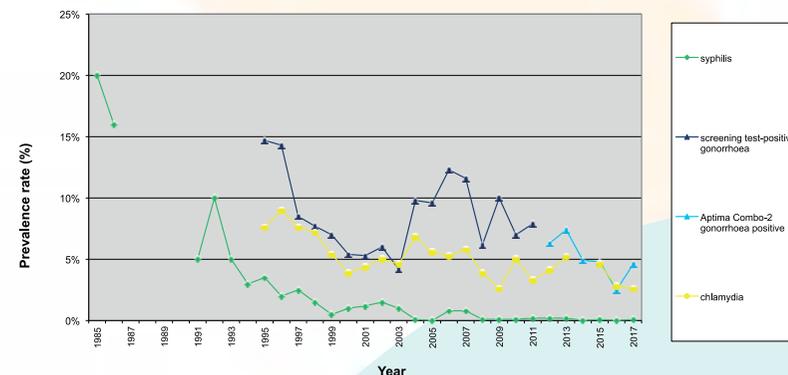
# STI CONTROL AND HIV PREVENTION

This year the Nganampa Health Council STI Control and HIV Prevention Program has successfully maintained excellent control of common sexually transmitted infections (STIs), in spite of continuing rises in most of rural and remote Australia. In particular, the syphilis prevalence rate remains at extremely low levels, and there is sustained control of both chlamydia and gonorrhoea within the core population. This has been achieved through continuing intense and targeted screening, as well as providing appropriate and accessible services for people presenting with symptoms that could indicate an STI. These achievements are of particular note given a rise in regional syphilis notifications in 2017.

This year the first visiting hepatology outreach specialist visit staffed from Flinders Hepatology and Transplantation Unit occurred. Run in collaboration with the Chronic Disease Program, visits are planned twice yearly providing specialist assessment and access to fibroscanning for Anangu. A new internally developed clinical item on Communicare will help resources to be targeted toward prevention of major complications and surveillance in those who may benefit most from available interventions for chronic hepatitis B.

During the 2017 population-wide STI screen the syphilis prevalence rate was 0.1% among 14-40 year olds. There was a notably low prevalence of chlamydia and gonorrhoea of 2.6% and 4.6% respectively in the same age group. 1,104 people from the core population (all 14-40 year olds of current and transient status) participated in STI screening and 1,205 people overall. Over 80% of the current population were screened and 36% of the transient population.

The effectiveness of annual STI screening in preventing incursion of the syphilis outbreak into the APY Lands was recently analysed. High participation of the core population in syphilis screening is the cornerstone of these efforts which have effectively excluded the outbreak from the APY Lands to date. Inclusion of the transient population on the focus lists for people to be approached during the STI Screen has occurred since the inception of the population-wide screening in 1995. While only about 30% of the transient population are on the APY Lands during the time of the STI screen, the remainder are actively followed up during the year. In addition, staff are encouraged to approach anyone from the 'at-risk' age group who is new to the community, even if they are not yet enrolled



Prevalence of STIs on APY Lands 1985-2017

on the population register. These strategies have contributed to creating a buffer around the APY Lands population, limiting the development of networks of syphilis infection within the core population.

The TTANGO2 research project continues in its second year at two clinics on the APY Lands. The benefits of point of care testing in reducing the time to treatment continue to be evident. It is apparent that with the external support provided through the TTANGO2 Team at Flinders University, the use of this technology can be sustained.

The STI Control and HIV Prevention Co-ordinator Dr Rae-Lin Huang continues as an Associate Investigator with the Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses at the South Australian Health and Medical Research Institute. Nganampa Health Council continues to participate as a member in the Multijurisdictional Syphilis Outbreak Group, the Data Working sub-group and the South Australian Syphilis Outbreak Group.

# PUBLIC AND ENVIRONMENTAL HEALTH

## Special Projects

With funding support from the Rural Doctors Workforce Alliance and working together with the NPY Women's Council Nutrition Team, Professor Amanda Lee was able to conduct Market Basket Surveys across all stores on the APY Lands and three other stores off the Lands. Ongoing since 2008, these surveys are providing significant longitudinal data. Empowered Communities has carriage of the APY Lands Cost of Living Income Study while Jawun has continued to provide secondees to further develop the surveys and methodology. The Uti Kulintjaku team from the NPY Women's Council are engaging with men on the APY Lands to raise men's awareness of domestic violence and understanding of the impacts of trauma on family life. A selected group of men has met four times in the last twelve months and plans to develop a series of actionable strategies to engage effectively with these issues at a community level.

After four years of lobbying, the water supplies at Watinuma, Nyapari, Kanpi and Murputja will now be covered by the Safe Drinking Water Act of South Australia with SA Water now being funded to manage and take responsibility for these supplies. This will see a substantial upgrade of the infrastructure improving both the quality and reliability of supply.

## Environmental Health Worker (EHW) Teams

The EHW Program is based on the principle that population health improvements are maximised in circumstances where people's living environments are secured, thereby enabling individuals and families to make effective healthy life choices. The Program objectives and priorities are underpinned by the Nine Healthy Living Practices detailed in the UPK Report [1987] and by the National Indigenous Housing Guide [2010]. The scope of work carried out by the Health Council's two EHW teams (west and east) is broad, practical and responsive. They deal with issues to do with water in and wastewater out so that families can wash their children and themselves and enjoy a working drainage system. Over 40 jobs were carried out this year unblocking household wastewater systems. These included the regular pump out of two failed soakage trenches over a three week period using the portable septic tank pumpout unit. The western team has particular expertise in repairing washing machines. In the last 12 months over 37 washing machines have been repaired giving people the capacity to wash their clothes and bedding - an essential preventative measure in controlling skin infections and associated health problems.





Due to the prevalence of invasive buffel grass, fire safety around the houses and in the communities has become an ongoing critical issue. Fuel or hazard reduction is now a major work activity for both the teams and in the case of the team in the west over the last twelve months 192 jobs were recorded in relation to fire hazard reduction. Yard maintenance which includes the slashing of the buffel grass and the removal of hard waste is essential to reduce functional overcrowding and both teams are heavily engaged in this work.

Other tasks carried out by the EHW Teams include pest control, minor repair and maintenance and microbiological testing of water samples.

## Dog Health

Dr Robert Irving has been delivering this exemplar Program on the APY Lands for over twenty years. Applying a collaborative and consultative approach, he works closely with EHWs, community members and dog owners to apply external and internal parasitic control (2,479 treatments this year), fertility control (720 treatments) and on 13 occasions euthanised dogs.

'Dr Bob' was recently awarded a South Australian Citizen of the Year commendation for his 22 years of consistent service with Nganampa Health Council on the APY Lands.



# E HEALTH

David Busuttil Health Services Manager

Sally McGrath Communicare Manager

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

This year we implemented some enhancements that improve the security, reliability and management of our systems. New security software has been introduced that combines a number of previously stand-alone packages. Wireless adaptors that can be managed centrally have been installed in all worksites and staff housing. NBN satellite services have been installed as a redundant internet connection in all clinics and are superior to the previous satellite internet connections.

Our experience suggests that robust e-health systems contribute to improved health care and health outcomes for our members.

Arguably Aboriginal Australians who live in remote areas have the most to gain from this technology. Commercial organisations are often uninterested in our business however due to our size. This is particularly the case with digital medical equipment. For this to be effective we need the equipment, a means of transmitting and storing the image, a specialist to make a diagnosis, a means of receiving the diagnostic report and of adding this to the health record. Developing systems that perform all these tasks can be difficult and expensive. To overcome the problems described above, we have developed a database internally to manage the images from our digital retinal camera. This database links to our Communicare Clinical Information System and is accessed by an ophthalmologist in Adelaide who reports on the images. This development promises to change how eye health services to the APY Lands are provided and will result in higher rates of screening for diabetic retinopathy.



# FINANCIAL SUMMARY 2016-2017

Our financial position remains sound with reserve funds available which can be used in the event of unexpected emergencies and to replace assets when required.

It was a challenging year for the organisation, in an environment of rising cost pressures. We still managed to put aside funds to replace some critical medical equipment and motor vehicles in the future. With improvements in our medical staffing levels this year's financial result is very good and reflects the sustained effort that our Board and management have put into ensuring that our finances are sound.

This improved financial position can be explained by a combination of initiatives to increase income and to control expenditure.

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

We are implementing new accounting software to streamline our accounting and purchasing processes which will bring improved efficiencies and assist us to manage our costs more effectively.

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



## FINANCIAL RESULTS

YEAR ENDED 30 JUNE	2016	2017
Operating Surplus / (Deficit)	(750,375)	(427,014)
Members Equity	15,266,466	14,831,454
Cash	4,809,095	6,002,234

## WORKING CAPITAL CALCULATION

Current Assets	6,336,417	7,328,926
Current Liabilities	4,628,243	4,999,435
Working Capital	1,708,174	2,329,491

For the complete financial reports for 2016-2017 go to

[www.nganampahealth.com.au](http://www.nganampahealth.com.au)

# Gayle Woodford Scholarship

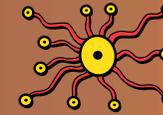
Gayle was a skilled and committed Remote Area Nurse (RAN). She worked for Nganampa Health Council for 5 years before her untimely death in 2016. Her role as a RAN was the fulfillment of a dream to undertake community work with disadvantaged people. Gayle was a Diabetes Educator with a Graduate Certificate in Remote Health Practice from the Centre for Remote Health and Flinders University. This scholarship named in her memory is jointly sponsored by CRANaplus and the Centre for Remote Health and is open to Registered Nurses, Indigenous Health Practitioners, Allied Health Practitioners and Medical Officers. Applicants must meet the entry requirements of the Graduate Certificate in Remote Health Practice offered through the Centre for Remote Health. A work history in remote practice is desirable. The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice.

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

Applications for 2019 close on 31st July 2018. Application forms are available at <https://crana.org.au/membership/scholarships>.

The 2018 recipient is Emma Bugden from Alice Springs. Emma is a Registered Nurse and works between Alice Springs Hospital and Menzies School of Health Research.

Emma is an aspiring Nurse leader recognised with her inclusion in the Australian College of Nursing (ACN) Emerging Nurse Leaders Program.



**Nganampa Health Council**

PO Box 2232 Alice Springs NT 0871

Phone +61 8 8952 5300 Fax +61 8 8952 2299

[www.nganampahealth.com.au](http://www.nganampahealth.com.au)



Mimili Uluru Run

Thank you to all the staff who contributed to this report through articles, photos, production and distribution.

If you wish to receive paper or pdf Annual Reports, email [john.wilson@palya.org.au](mailto:john.wilson@palya.org.au)

You may continue to access Nganampa Health Council's Annual Report at [www.nganampahealth.com.au](http://www.nganampahealth.com.au)