

## Clinical Services

Vivien Hammond, Clinical Services Manager

All clinics continue to deliver high quality primary health care services and respond to acute health needs of the population. As systems for the management of chronic illness improve, clinic staff work hard to manage the consequent increasing workloads.



## Program Work and Primary Health Care

Clinics in the larger communities struggle to maintain clinical surveillance activities associated with program work. Attempts to meet the workforce demands in this regard have been made by Program Coordinators and locum nurses with specific skill sets employed to assist with 'catch up'. Improving the clinical surveillance activities in the clinics will continue to be a focus for clinical staff in this coming year.

Program Coordinators continue to refine the necessary screening activities to detect and monitor key indicators for health improvement, chronic illness and prophylactic interventions.

Communicare continues to provide benefits from the improved opportunities it offers for continuity of care since secure and ready access to patient information by Medical Officers, Program Coordinators and clinic teams is assured at all times and from any location.

## Clinics

Clinic staff have worked hard to provide the best possible health care to Anangu throughout the year. Locum nurses have filled permanent nurse vacancies and leave periods in clinics during the year. These nurses, many of who are new to remote area nursing have worked hard to acclimatise to the remote and primary health care environment and meet the needs of the community. There were a total of 103 separate locum contracts offered this year to a total of 57 individuals, totalling 390 weeks of nurse locum employment.



## Clinical Education

On Friday 26<sup>th</sup> August the Australasian College of Emergency Nurses (ACEN) ran the first Paediatric International Trauma Life Support course. Eight nurses successfully completed the course. On the following weekend fourteen nurses successfully completed the Trauma Nursing Core Course.

Online Occupational Health and Safety and basic clinical theory update training courses have been used to supplement off site training so as to minimise the amount of time nurses are away from the clinic. Regular Communicare and Program online workshops and teleconferences continued throughout the year. Program Coordinators visit clinics and provide support by phone throughout the year.

Nurses continue to maintain and frequently exceed the 20 CPD points required to meet annual national registration requirements. NHC clinical education activities are endorsed through the Royal College of Nursing, Australia (RCNA).

## Visiting Specialist Services

Visiting specialist services include a paediatrician and paediatric nursing consultant, adult physician, audiologists, podiatrists, ophthalmologists, optometrists and adult psychiatrists. Significant administrative and clinical resources are provided by the Health Council to facilitate these visits so that the specialists can work effectively and efficiently. Dedicated nursing services to support specialist visits and ensure follow up and timely referral are now an important component of the Health Council's work.

Since nearly all tertiary level care must be accessed from off the APY Lands at great distance, timely and appropriate access to these services is critical to effective and coordinated care.

## The Fred Hollows Foundation Partnership Project



Nganampa Health Council has entered into a five-year capacity development partnership with The Fred Hollows Foundation.

This project, going through to the end of 2014, will track the Health Council's performance against some headline outputs in relation to chronic illness management, child growth monitoring, antenatal care, child immunisation, supplementary nutritional intervention for children with growth failure, and ophthalmology visit coverage and follow up.

A particular emphasis of this outcomes focussed partnership is to ensure that the work of the Health Council's Medical Officers is more securely embedded in supportive administrative and clinical systems that thereby enhance their capacity to 'value add' to clinical care.

The project aligns with The Fred Hollows Foundation's Strategic Framework objective that The Foundation should be an effective partner, facilitator and contributor to

collaborative action and advocacy that is delivering measurable improvements to Indigenous health. The Fred Hollows Foundation and Nganampa Health Council are working together to test and document effective models of care so as to advocate for systems reform and develop the evidence base for more effective national health policy and practice.

Whilst working to improve selected health outcomes for Anangu, the project will document the 'critical mass'

required at the service delivery end to 'close the gap' in indigenous health inequality in remote Australia as well as documenting the extent to which additional resourcing in the project is sustainable through Medicare billing.

The Health Council reports six monthly to The Fred Hollows Foundation against agreed outputs and a joint Project Management Committee will oversight the project, including arrangements for both formative and summative evaluation.

## Anangu Health Worker Education Program

Cyndi Cole and Jennifer Summerfield

Anangu Health Worker education continues to be delivered regularly in modular form at Umuwa training centre. Additionally, we visit clinics to work with new Anangu Health Workers (AHWs) within the first month of their commencement and with other AHWs at least three times a year.

Program activity highlights for the past year were:

Two AHWs, Louise Tucker and Jennifer Summerfield, completed HLT33207 Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. Their graduation ceremony was held at the Annual General Meeting in November 2010.

Five Senior AHWs completed the Workplace Training and Assessment course TAE40110. This was delivered by Graham Williams from the Aboriginal Health Council of South Australia (AHCSA) on the APY Lands with the support of Nganampa Health trainers. The graduates were Dianne Strangways, Mary Willis, Jennifer Summerfield, Louise Tucker and Pantjiti Lewis. This will enable them to act as mentors to other AHWs and assist Cyndi with on the job training and assessment in the future.

The Program remains accredited as a Registered Training Organisation until 2013 in the delivery of Certificate 2, 3, and 4 in Aboriginal Primary Health Care.

Consultant trainer Yvonne Slater continues to work with us intermittently undertaking one on one training with AHWs in clinics. We hope to locate further funding so we can continue this on an ongoing basis as it allows extra support and training to occur through short intensives.

The Program delivers Senior First Aid Courses under the auspices of Australian Red Cross and Cyndi maintains registration as an external trainer with them.

The Program maintains membership in the national network of Aboriginal and Torres Strait Islander Registered Training Organisations. This ensures that the Health Council can participate in national industry discussions, policy developments and networks.

In conjunction with the Australian College of Nurses we delivered a short course to eleven AHWs in three clinics on basic life support and emergency first aid. All students passed their individual and group assessments.



## Cultural Orientation

Pantjiti Lewis, Angkuna Tjitayi, Jennifer Summerfield, Robin Kankanpankatja, Iwana Ken, Antjala Robin and Cyndi Cole

The Health Council delivered another successful two day cultural orientation for new non Anangu staff and family members.

On the first day, participants learnt about the history of the APY Lands and the various Anangu organisations, about good manners Anangu way and negotiating cultural differences, and received an introduction to Pitjantjatjara language.

Participants then travelled to a camping spot near Fregon. The night was eventful, surrounded by dingoes, many friendly mice and almost as many owls hunting the mice! The next day was spent out bush with Tjilpi Robin, Antjala Robin and Iwana Ken travelling throughout Robin's country and learning a little about the bush, bush foods and traditional life.

Comments from some of the participants were:

*'I really loved Robin showing us the bush animal tracks.'*

*'Camping under the stars in such beautiful country was great. I felt so privileged to share in Anangu stories.'*

*'Tjilpi Robin, Antjala and Iwana were amazing and I enjoyed listening to their stories as we travelled through their country. It helped me to understand a little the importance of country.'*

*'Iwana makes the best damper.'*



## Dental Program

Sandra Meihubers, Program Advisor and Simon Wooley, Dentist

- NHC Dental Program established 1986
- Continuity of clinical dental services for 25 years
- Prevention focus has seen a decrease in tooth extractions for children
- New mobile surgery commenced services this year

The Dental Program continues to provide regular dental care in communities and homelands from its fixed clinics at Pukatja and Iwantja. This year saw the arrival of the new mobile surgery, with its predecessor finding a new home with Wurli Wurlinjang in Katherine. The new mobile surgery was funded through the Australian Government's National Rural and Remote Health Infrastructure Program.

Dr Simon Wooley continued as the Health Council's dentist for 2010/2011 and Prue Brandon, Jacqui Ide and Angie Caulfield provided dental assistance through the year.

The program was complemented by the dental team of the Army Aboriginal Community Assistance Program (AACAP) that operated from a base at Pukatja between May and August 2010. Eighty-four Anangu accessed this service for general and emergency care, with twenty three receiving denture services. The efforts of dentist Captain Mike Lines and his team were greatly appreciated.

The following table summarises patient visits and the type of dental service provided by the program for the period July 2010 to June 2011 (excluding AACAP).

	Number for children	Number for adults
Individuals seen by dentist	328	227
Visits	380	277
Examinations	335	227
Emergency visits	6	94
Completed treatments	233	154
X-rays	12	133
Preventive services		
Oral hygiene instruction	259	197
Fluoride treatment	287	61
Fissure seals	368	105
Surgical services	1	145
Restorative services	501	88
Silver fluoride treatment	123	
Prosthetic services	-	Via AACAP (see text)

The program's continued emphasis on regular access to clinical dental care with a focus on prevention and early intervention strategies is reflected in data showing a decreasing trend in rates of emergency care for both adults and children compared to 2009/2010.

The program has been working with the Australian Research Centre for Population Oral Health (ARCPHO) to determine the effectiveness of silver fluoride in controlling dental caries in the deciduous ("baby") dentition compared with the use of the atraumatic restorative technique and glass ionomer cements. The study will also be conducted in communities in western New South Wales through Maari Ma Health Aboriginal Corporation.

We are grateful to SADS and the ARCPHO for their continuing support and particularly to Julian Ide the leader of the technical team at SADS, and Kaye Roberts-Thomson for their ongoing enthusiasm for the program. The ongoing invaluable collaboration of NT Health Flynn Drive Dental Clinic and staff, and particularly Dr Meg Simmons, is also gratefully acknowledged.



## Child Health Nutrition, Education and Support

Judy Torzillo

This program continues to assist mothers and carers to improve growth outcomes for children from 0-5 years of age and in particular for children who are failing to thrive.



Children are referred to Alice Springs by our clinic staff and stay at Stuart Lodge with their carer where we assess any nutritional or other issues which are impacting on growth so as to develop an intervention strategy.

We continue to ensure a coordinated approach to providing support to our clients. We work closely with the medical and clinic staff, the Health Council's Social Workers, Mental Health Practitioners, Women's Health team, Hospital Liaison and NPYWC Nutrition team. We have been able to access some specialist services and equipment for our clients who have special needs through the South Australian Novita team and the NT Early Intervention team.

We are fortunate to continue to have the expertise of Carmel Hattch on the nutrition team who also assists with coordination of specialist services and follow-up for children on the APY Lands.

As part of the child health team we have regular monthly online meetings utilising Communicare to monitor progress of all children who are on Growth Assessment Action plans.

## Child Health

Leila Kennett, Program Manager

The Health Council aims to improve child health outcomes through the delivery of immunisation, school-age health checks, growth monitoring in children less than 5 years of age and trachoma screening.

Program delivery is achieved through a range of strategies including health promotion, disease prevention and through surveillance and screening activities. These strategies focus on improving child health by facilitating early detection, treatment of problems identified and early intervention with appropriate referral to visiting specialist teams and tertiary services. I would like to thank all clinical staff for their hard work in achieving some excellent outcomes in the area of child health. Acknowledgment is given to Stewart Roper who was Acting Program Coordinator in late 2010 and early 2011 and continues to assist with various aspects of program work.

### Program Work - Key Points in 2011

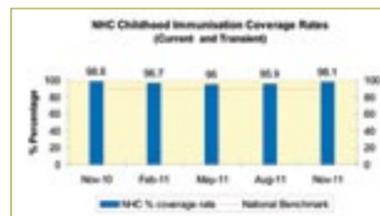
- Childhood immunisation coverage rates maintained well above the national benchmark.
- Childhood immunisation encounters reported to Australian Childhood Immunisation Register (ACIR) within 24 - 48 hrs.
- Increase in the proportion of Aboriginal and Torres Strait Islander (ATSI) Nurse Checks completed by age cohort to 65% (5yr), 93% (10yr), 84% (13yr).
- Increase in the number of completed and claimed ATSI Checks.
- Improved growth monitoring in children under 5 years of age.
- Trachoma screening has commenced, with emphasis on the 4 yr – 9 yr age group.

### Immunisation

The Health Council continues to consistently perform above the 90% national benchmark criteria for childhood immunisation coverage rates. Using the 'Healthy For Life' criteria for reporting the proportion of children who are regular (current) clients of the service and were fully immunised up to 14/11/2011, it is possible to demonstrate the continuing excellent level of childhood immunisation coverage rates in all three reportable age ranges:

- 6 mo to < 1 yr: 100% immunised
- 1 yr to < 2 yr: 100% immunised
- 2 yr to < 7 yr: 100% immunised

The following graph illustrates the quarterly General Practice Immunisation Incentives (GPII) calculated childhood immunisation % coverage rates, and compares these rates with the national benchmark. These rates include current and transient clients, up to the age of 7 years.



Immunisation recalls are generated from Communicare. The clinical information system (CIS) facilitates the management of the immunisation needs for all clients. Real time remote access to Communicare, the NT Immunisation Register and the ACIR, enables access to the client's immunisation history, update of records and aims to reduce the likelihood of over immunisation, especially in those clients who frequently receive care across borders in the tri-state region.

All permanent nurses have either completed a vaccine provider's course or are currently enrolled in the NT 'About Giving Vaccines' Providers Course. In addition to Vivien Hammond

and Leila Kennett, Registered Nurse (RN) Tara White from Pukatja Clinic has also completed the requirements as a 'Vaccine Assessor' and can now assess the practical component of the vaccine course.

### Child Health Checks

The ATSI child health checks aim to improve the health status of children living on the APY Lands and work towards the prevention of chronic disease through the early detection, treatment and follow up of problems identified. Child health checks are managed in two parts:

- Registered Nurse/Aboriginal Health Worker check
- Doctor check

When both parts are combined, this constitutes a fully completed check and forms a comprehensive picture of the child's physiological and socioeconomic status.

Child health checks involve:

- Screening a specific target group (5 yr, 10 yr & 13 yr olds in the community)
- Offering and performing a number of screening tests
- Offering immediate treatment or follow-up by visiting specialists
- Appropriate referrals to tertiary health services
- Disease prevention (e.g. immunisation)
- Health education for the child and their family

There was an increase from the previous year in both the number and proportion of RN completed and fully completed child health checks in 2011. A combined total of 79% of RN checks were completed for eligible children in the designated age cohorts across the APY Lands. Of that group who had an RN check, 49% had a fully completed ATSI check.

The Communicare database operates in real time and is continually being updated with current information collected from child health surveillance and screening activities on children aged 0 – 14 years. Data is collected from a number of sources including the ATSI checks, child growth monitoring, Paediatric, Medical, Australian Hearing Service and Ophthalmology reviews. This information facilitates timely review and prioritised clinical care and the efficient management of resources.

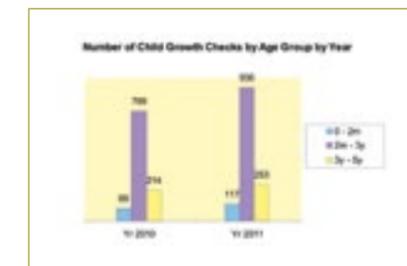
### Growth Monitoring in the Under 5s

Growth monitoring and surveillance activities endeavour to strengthen and reorientate child health services towards strategies such as prevention, early detection and early intervention as initiatives to improve child health and wellbeing. Anangu Health Workers play an important role in growth monitoring and with cultural, family and social aspects of planning care.

Child growth checks conducted in children under 5 years of age is a surveillance activity primarily undertaken by clinical staff to monitor the child's growth and overall health and well-being. A component of this check is the early identification of a child who is 'failing to grow'. These children are followed up with a weekly Growth Action Plan to:

- Assess the nutritional status for individual children
- Detect 'at risk' children who need intervention
- Deliver key age appropriate nutritional messages
- Provide support and follow up for mothers and carers

As illustrated by the following graph, there has been an increase in 2011 over the previous year in the number of child growth checks performed in the under 5 age groups.



Regular reviews of child growth charts and management of child growth monitoring data available on the CIS has facilitated greater efficiency in identifying children at risk and in ensuring planning and follow up.

The Health Council vigilantly identifies any child who drops below their predicted growth curve, even if their weight is not markedly abnormal. At any time approximately 25 children might be assigned to a growth action plan. Some of these children will be underweight for age, often due to a multiplicity of factors and interventions are designed to respond to individual, usually complex, circumstances.

Children with severe or intractable growth failure are referred to the Child Health Team in Alice Springs. The Child Health Team provides intensive support in the areas of nutrition, education and training to mothers and carers. This team works closely with clinic staff, the Alice Springs Hospital, the Paediatric Team and the NPYWC Nutrition Workers. Children commenced on a growth action plan are routinely referred to the NPYWC child nutrition program. A Communicare template has been developed for the management of poor growth in children under 5 yrs of age. Regular meetings are held to review children on a growth action plan. This facilitates a more coordinated and responsive approach to children with complex needs.

### Trachoma Screening (4 - 9 Years)

The World Health Organisation (WHO) has committed to Global Elimination of Trachoma by 2020. The Australian Government aims to eliminate blinding trachoma from Australia within the next 5 years. In October 2011, the Health Council commenced trachoma screening in children aged 4 – 9 years. Cate Coffey from CDC in Alice Springs provided a training session on Trachoma and screening techniques. To date, trachoma screening and follow-up has been conducted across most communities on the APY Lands and further screening will be conducted in early 2012.

This work will be reported on in detail in next year's annual report.



## Women's Health

Robyn Pitt, Program Manager



The Women's Health Program strives to support the provision of the highest standard of clinical care and health promotion/education to women on the APY Lands. Staff orientation, support/mentoring and ongoing education form an important part of the work of the program. All clinical care delivered in women's health follows the guidelines described in the 4th edition Women's Business Manual (WBM). The strength of this program lies in a team approach to care, the support provided by the Program Manager and Outreach Midwife Heidi Crisp to front line Community Health Nurses, Anangu Health Workers and Medical Officers, and clarity and consistency regarding clinical care as prescribed in the WBM.

During the past year the program has managed the progress of forty-six pregnancies of women between the ages of sixteen and thirty-five who are permanent residents on the APY Lands. Thirty-one of these women presented for care in the first trimester. The average birth weight for all babies born at term was 3118g. Seven pregnancies were low birth weight.

Clinic staff have, throughout the year, presented health and lifestyle education to senior schoolgirls. This effort will not be sustainable in a systemic way however due to staff turnover and increasing workloads within clinics. The Women's Health Program is looking at ways to ensure education is delivered to these girls in a more sustainable fashion in the future.

During the past year the biennial breast screen was conducted at Marla by Breast Screen SA. As in past years, there was a high uptake by women in the target group (fifty to sixty-nine years). Sixty of seventy-seven available women were screened and there was one abnormality detected and followed up. This screening exercise is an important preventative health measure and its success is due to strong collaboration between Frontier Services who provided the use of their clinic, Breast Screen SA, and the Health Council's clinical and other program staff. Particular thanks go to staff members Glenda Dixon, Sarah Batty and Kris Hamblen.

Maintaining high rates for women's health checks including cervical screening (especially in older women) is difficult to achieve, as is the case nationally. Barriers to participation include staff turnover, varying skill levels in this area of health care delivery, day-to-day workload pressures in the clinics, low priority given to this examination by women and the belief by older widowed women that this examination is no longer necessary.

The program has taken a number of steps to help improve cervical screening rates of women on the APY Lands. A one-day Cervical Screening Education Workshop is delivered primarily to those nurses accountable for delivery of women's health services in each clinic. Following this workshop time is spent with the Community



Health Nurse in the clinic to help reinforce the skills learnt. Ongoing auditing of documentation and results ensures that knowledge gained is applied appropriately with clear benefit for the women. For women between fifty and seventy years of age cervical screening is now offered as an option at the time of the breast screen. Of those women who participated in this year's breast screen, thirty-three were due or overdue for a cervical screen, and of these twenty-three were screened.

The Program maintains a strong collaborative relationship with the Alice Springs Hospital and with the network of maternal and child health providers in Alice Springs, especially the Midwife Group Practice and Congress Alukura.

Women's health remains one of the Health Council's highest priorities. Educated, healthy women with the knowledge and capacity to make strong lifestyle decisions are a cornerstone for the health and wellbeing of future generations. Recognition of this by the Board, management, and many Anangu women themselves, together with the skilled commitment of Anangu Health Workers, Community Health Nurses and Medical Officers, are key to the success of the program.

## Aged Care

John Wilson, Program Manager  
Tracy Turner, Residential Care Manager



This has been a year of consolidation and planning for Tjilpiku Pampaku Ngura. It has become increasingly clear that the demand for permanent residential care for elderly Anangu is such that permanent residents will likely constitute the great majority of clients in coming years. Presently, capacity is thirteen places and permanent residents, a number of whom have high care needs, now occupy ten of these.

To meet the requirements of the funding body, and to ensure that care of the highest quality is available, it will be necessary in 2012 to recruit additional Personal Care Attendants (PCA) and rearrange staff rosters so that upright overnight care can be provided.

The Commonwealth Department of Health and Ageing (DoHA) has funded new staff accommodation at Pukatja to allow for the recruitment of three additional PCAs. It is anticipated that this housing will be completed in April 2012.

With the recruitment of additional PCAs, the current budget will need to be revised to reflect these increased staffing costs.

During the year Rosemary Hanisch, who had been the Registered Nurse at Tjilpiku Pampaku Ngura, resigned. She was highly skilled and made an important contribution over a number of years. Maia Bird has subsequently been appointed to this role. Maureen Arch left the role of Program Manager mid year. It was especially helpful to

have her advice and support, given her long association with the Program. John Wilson has subsequently moved into this role. Tracy Turner continues to provide excellent on the ground leadership as Residential Care Manager.

With the development of a national Quality Assurance Framework for the flexible Aboriginal aged care services, it is expected that next year the Aged Care Program will undergo a formal external assessment of its services against new national standards. In preparation for this, the Quality Improvement Plan and Risk Management Plan have been updated and all of the Program's policies and procedures reviewed, updated and endorsed by the Health Council Board.

With projected increasing demand for residential care, and especially for clients with complex and high care needs, the facility requires a major capital works upgrade. A scope of works has been developed and the Health Council will be working with DoHA to develop and fund a capital

works upgrade. In particular, a more expansive and flexible day room area, increased storage for mobility, lifting and other equipment, and improved staff amenities are urgently required.

Once again, the Health Council acknowledges the important collaboration with TAFE SA in the delivery of training to Anangu staff. Sue Light, who has worked as a trainer with Tjilpiku Pampaku Ngura for a number of years, has now moved on to other responsibilities with TAFE. She will be greatly missed and the Health Council wishes to express its thanks for her contribution to Anangu training and employment in the Aged Care Program.

The Program also wishes to acknowledge the ongoing contributions to health care made by visiting specialists Sara Jones (podiatry), Simon Wooley (oral health), Martin Kelly (the Pukatja community Medical Officer) and the clinical team at Pukatja clinic who ensure access to 24 hour emergency care for residents at Tjilpiku Pampaku Ngura.



### 100th Birthday Party at Tjilpiku Pampaku Ngura for Mr Peter Tjutatja

Mr Tjutatja celebrated his 100th birthday recently at Tjilpiku Pampaku Ngura. A greatly respected man, he worked as a stockman at Kenmore, Lily Creek, Finke and Dianne Station. He also worked as a fencer, shearer, wool packer and stock worker. Mr Tjutatja sang with the Ernabella choir for many years and worked closely with the missionaries in the development of the mission community at Ernabella. He was a renowned hunter, often going out to hunt three times a day. He taught many children about their culture and about hunting. He has three children, seven grandchildren, ten great grandchildren and one great great grandchild. Mr Tjutatja's 100th birthday was recognised by the Australian Government with a letter of congratulation from the Governor General.

## Mental Health Program

Over the last four years the Health Council has been funded to deliver a Mental Health Program.

The major focus of this program is clinical: identifying people with significant mental health problems such as depression, psychosis, anxiety, suicidal ideation or chronic substance abuse, and offering assessment, treatment and support. The program funds two Mental Health Nurses and three Aboriginal Mental Health Workers. Three visiting adult psychiatrists who between them visit each of the six main communities at least four times a year support this team.

The program has developed an excellent relationship with the SA Guardianship Board who now make an annual visit to the APY Lands to hold hearings onsite. The Health Council continues to advocate for improved child and adolescent mental health services, and especially the resumption of a specialist visiting child psychiatrist and improved pathways to assessment and care for young people and their families in Adelaide.

This program has significantly improved the Health Council's capacity to respond effectively on the front line to clients presenting with severe mental health problems at community clinics, as well as improving the coordination and delivery of health care for these clients.

The Health Council employs a highly experienced social worker in Alice Springs who provides social and emotional well being services that complement and extend the work of the Mental Health Nurses. Linking closely to the clinically oriented services delivered by these nurses, this position offers crisis intervention, grief and trauma counselling, advocacy, liaison and referral to a range of social services for Anangu in Alice Springs.



## Patient Support Services

The Hospital Liaison office continues to provide patient support including booking accommodation, arranging transport and ensuring patients keep appointments. The office provides these services to over 2,200 patients and escorts throughout the year.

An additional plane service is now operating to Amata and Mimili communities and there are discussions for an additional bus service to start in the western communities in 2012. These additional transport services are important. Increased transportation services reduce the time patients need to spend away from home, an important consideration when issues such as schooling are considered.

The Hospital Liaison office is strategically located in the Alice Springs Hospital. Unfortunately in recent years there have been a number of occasions where we have had to vacate this office due to maintenance work. This has been disruptive for both staff and patients. We hope these disruptions can be minimised in future. The Health Council thanks the Hospital and the NT Department of Health & Families for their continued hosting of this service that in turn benefits the Department and families by ensuring that the length of hospital stays are shortened and that appointments for outpatient services are kept.

Over the past year the Health Council has enhanced its patient support services with the employment of a social worker. This position takes referrals from the Hospital Liaison Team and clinical staff and assists with client advocacy, liaison and brokerage services for patients, carers and family members requiring emergency income, housing or social support.



## STI Control and HIV Prevention Program

Dr Rae-Lin Huang, Program Manager

The sustained reductions in prevalence of chlamydia and gonorrhoea achieved by the Nganampa Health Council STI Control and HIV Prevention Program span sixteen years, while syphilis reductions span two and a half decades.

Chlamydia prevalence rates over this time have decreased 63%, gonorrhoea rates have decreased 45%, and syphilis by 99%. There has been a significant investment in defining the essential strategies that have led to this impact. Adequate testing and treatment, widespread reach of clinical services to the population during and outside of the annual screening time, and excellent case management are the core interventions that have led to this impact on prevalence rates.

Data from the annual population-wide screening this year show a very high participation rate of 86.4% among permanent residents, 44.6% among regular visitors, and 75.8% overall. In contrast to usually reported trends, the engagement of the male population during the 2011 population-wide STI screen was particularly high and slightly higher than the female population, with a participation rate of 76.8% in 2011. There was a notable increase in screening among 20-24 year old males who are an "at risk" age group, from 65.8% in 2010 to 79.1% in 2011. This trend may be due to retention of experienced, long-term male clinicians in many communities on the APY Lands.

### Clinical services

This year the chlamydia prevalence rate among 14-40 year olds is 3.3% and gonorrhoea screening test prevalence is 7.9% with a confirmed, supplementary test-positive gonorrhoea prevalence rate of 4.2%. Syphilis prevalence rate during the 2011 STI screen was 0.2% among the same age group. The very low chlamydia prevalence rate adds evidence to the efficacy of screening and treatment in the community setting. This is particularly notable in contrast to 2010 data from the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) network, which reports overall positivity of 10.8% among males and 10.4% among females! This highlights the major success of this program in reducing chlamydia rates by comparison with national chlamydia yield rates, including those among the non-Indigenous population in Australia.

The mean interval to treatment for males during the population-wide screen was 4.5 days and 5.8 days among females. 54% of males and 24% of females were treated on the day of testing. The proportion of chlamydia and gonorrhoea infections treated during the 2011 annual screen was 98.9%.

### Health hardware and health promotion

A significant investment has been made over the lifetime of the program to educate about safer sexual behaviour, and this continues both in a school setting and in small group and individual counselling sessions which are gender-separated as is culturally appropriate.

### Training

The high quality of clinical service delivery measured over more than fifteen years of annual population-wide screening demonstrates the success of the strategy of integrating sexual health clinical work among primary health care work in regular consultations, rather than restricting expertise and resultant care for STIs among a select and small workforce. These excellent outcomes are only attained and maintained through a program delivery culture that embeds sexual health clinical skills within the whole clinical workforce. Critically, the Board and senior management must support the clinical effort with ongoing organisational program review informed by a quality assurance framework. In this way, resources can continue to be strategically focused in the context of local epidemiology and local clinical practices.

### Research

The STI Control and HIV Prevention Program has helped contribute to the technical knowledge base of successful strategies for remote Indigenous STI control. Arguably of equal importance, the program has also provided long-term evidence demonstrating that it is possible to sustain high quality clinical services over decades in a remote context in order to achieve STI control. This helps stimulate focused debate not only about the best strategies to reduce STIs, but also the level and kind of resources that are required to achieve long-term and significant health gains.

<sup>1</sup> The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011. The Kirby Institute, the University of New South Wales, Sydney, NSW.