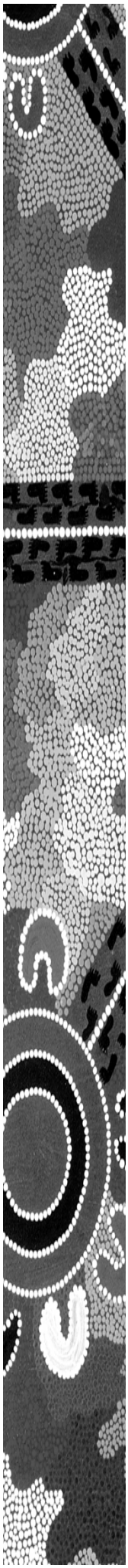

The Good News

Sharing the True Stories 2001-2005, Darwin, Northern Territory

Sharing the True Stories is a project that identifies and addresses barriers to effective communication between Aboriginal client groups and health staff in renal and hospital services in the Top End of the Northern Territory (NT). Stage 1 of the project, conducted in 2001, found that the lack of a shared understanding, and miscommunication between health staff and Yolngu patients (a subset of Aboriginal patients accessing renal and hospital services in Darwin) seriously limited the patients' capacity to make informed choices about their health care. Stage 2 of the action research project, conducted between 2002 and 2005, implemented and evaluated a number of strategies to improve communication.[1]

The NT Aboriginal Interpreter Service (AIS) was established in 2001, and is the only jurisdiction-wide Aboriginal language interpreter service in Australia. The project found that effective use of interpreters relied on creating a shared understanding, between the health professional and the interpreter, of biomedical concepts to be discussed prior to the clinical encounter.[2]

While the project raised expectations about the use of Aboriginal interpreters, problems with timely access to interpreters - in the range of languages required, and who were experienced in health interpreting - created a demand-supply gap. Despite its leading role in improving communication in heath services delivery, the AIS has largely been 'locked out' of funding discussions and policy and strategy development at the national level. There are persuasive arguments for the development of further training and career development for the AIS interpreters, who are accredited at the paraprofessional level of the National Accreditation Authority for Translators and Interpreters. There is also a need for further research into the potential role of Aboriginal tele-interpreting (and e-translation) services across north and central Australia, including across State and Territory boundaries.

[1] Cass A, Lowell A, Christie M, Snelling PL, Flack M, Marrnganyin B, Brown I. *Sharing the true stories: improving communication between Aboriginal patients and healthcare workers.* MJA, Vol. 176:466-470, 2002.
[2] Coulehan K, Brown I, Christie M, Gorham G, Lowell A, Marrnganyin B, Patel B. *Sharing the true stories: improving communication between health staff and Indigenous clients.* Final project report, Cooperative Research Centre for Aboriginal Health, Darwin. 2005, www.crcah.org.au and www.sharingtruestories.com

Family Home Visiting Program - Children, Youth and Women's Health Service, Department of Health, South Australia

The Family Home Visiting Program provides support for parents and carers during the first two years of a child's life. It is made available to some families who may benefit from additional support. Entry is voluntary and is based on the presence of certain population criteria or needs identified during the Universal Contact Visit offered to all new parents in South Australia. One of the criteria is that the child is of Aboriginal and/or Torres Strait Islander descent.

The visiting schedule is 34 visits of 1 to 1½ hours made to the family home. The visits are weekly for the first six weeks, fortnightly until the child is nine months old, and then monthly. The service includes universal elements based on child development and needs, and is responsive to individual family and parental needs and issues. There are currently nine Indigenous Cultural Consultants who assist the Home Visitors (qualified nurses) to develop an effective working relationship with the children and their carers. Currently, around 60 per cent of the State is covered by the program.

International evidence suggests that, in the short term, this kind of home visiting can:

- Improve parenting
- Improve some child behavioural problems
- Improve cognitive development, especially among some sub-groups of children such as those born prematurely or born with low birth weight
- Reduce accidental injury among children
- Improve detection and management of post-natal depression.[3]

In the longer term, outcomes for children include:

- Improved school retention and employment
- Reduced child abuse
- Reduced youth offending
- Enhanced social and emotional health. [4]

[3] National Health Service, Health Development Agency: Ante- and post-natal home visiting programmes: a review of reviews *Evidence briefing* 1st edition – Feb 2004.
[4] Olds D, Henderson CR Jr, Cole R, Eckenrode J, Kitzman H, Luckey D, Pettitt L, Sidora K, Morris P, Powers J. *Long term effects of nurse home visitation on children's criminal and antisocial behaviour.* JAMA, 280(14) 1238 – 44, 1998.

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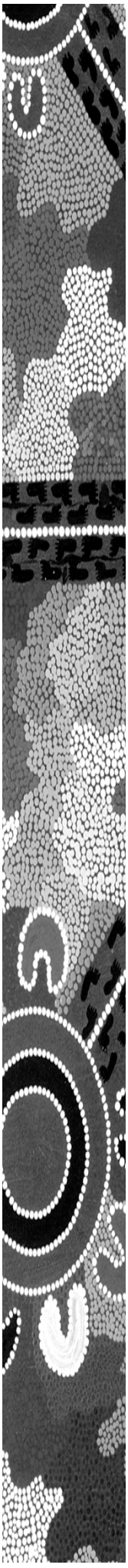

Katherine West Health Board, Katherine West, Northern Territory

The Katherine West Health Board (KWHB) was established in 1998 to implement the Katherine West Coordinated Care Trial, covering the communities west of Katherine to the NT/WA border. Prior to the Trial, all health services in the region were delivered by the NT Government with little direct involvement from or funding by the Federal Government. Under the Trial, the Federal and NT Governments contributed funds to a 'pool' which was controlled by an elected KWHB of Aboriginal community representatives from throughout the region. The process of setting up the Board involved comprehensive consultations, conducted by community members, with all communities of the region.

The NT Government contributed the funds it would otherwise have spent on health services in the region. The Federal Government contributed funds based on a 'cashout' of the residents of the region's entitlements to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme (calculated by reference to the average Australian utilisation rates of these schemes). After the Trial, funding was further increased through the Primary Health Care Access Program.

For the first year, the Board chose to purchase health services from the NT Government. From 1999, following a decision to become a health care provider, the Board progressively took over the direct management of both clinical and public health services to all communities in the region. Through intensive training and continual exposure to the administrative activities and details of the organisation, elected Board members have, over the last ten years, come to understand the complexities of managing a health service. It has not been easy. Board members have undertaken training in finance and governance and familiarised themselves with the intricacies of government and its many demands. The Board emphasises 'a community development' view of health, characterised by increased community participation and a multi-faceted (holistic) view of health. The organisation has also been very successful in attracting and retaining health professionals and management expertise in this remote area.

KWHB provides clinical, preventative and public health services to clients across a vast region. Eight health centres have resident health professionals and visiting specialists, allied health professionals, and community development and public health personnel. Programs currently being delivered include: primary care; 24 hour emergency care; environmental health; nutrition; maternal and child health; and chronic disease self-management. KWHB has pioneered a fully networked regional electronic health information system.

During and since the Trial, the level of health services has increased dramatically and there are now strong indicators of improving health outcomes. Examples of this include: high rates of screening and early intervention in chronic disease; measurable results in the management of diabetes and cardiovascular disease; exceeding national averages for primary care service indicators; and a dramatic decrease in the prevalence of trachoma.

Healthy Heart Cardiac Rehabilitation Program, Wuchopperen Health Service, Cairns, Queensland

In July 2006, Wuchopperen Health Service commenced a Healthy Heart Cardiac Rehabilitation (CR) Program in partnership with the Cardiac Rehabilitation Department of Cairns Base Hospital. An Indigenous CR Coordinator position was created by Wuchopperen, and the Cairns Base Hospital now supplies a nurse each week as an outreach service from their Cardiac Rehabilitation Department.

Within a short period, almost 100 Indigenous patients had been referred to the Wuchopperen CR program. At least half of these people live greater than 200km from Cairns, with many living in Cape York or Torres Strait. Despite these distances, both local and remote area people have been participating in the Wuchopperen Healthy Heart Cardiac Rehabilitation Program.

Prior to the establishment of this program, the uptake of Indigenous people into CR has been only 2-5 per cent, so the results for people referred to the Wuchopperen program are very promising:

- 21 per cent participation rate in the exercise component of Cardiac Rehabilitation
- 26 per cent participation rate in the cardiac education days
- 40 per cent of referrals attend the program in need of further investigations and potential surgery, and on every occasion, the Wuchopperen Healthy Heart CR program has facilitated this
- 100 per cent of referrals receive follow-up. This is in line with the National Health and Medical Research Council (NHMRC) *Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples* (2006) guide which recommends that all areas of the health sector should be responsible for setting up processes for case coordination.

Anecdotal information from the Wuchopperen Health Heart CR program suggests that, since the implementation of the CR service, there has been an increased uptake by Indigenous people from the local area into cardiac procedures and cardiac surgery.