

## 2009 NT Chronic Diseases Network Conference Abstracts

### **A tool for assessing and guiding improvements in health promotion: application in practice**

**Lynette O'Donoghue, Bernadette Shields,  
Nikki Clelland**

In Australia, there is growing interest in systematic processes for monitoring and improving the quality of health care. However, these initiatives have been primarily directed at clinical service delivery. The same level of attention hasn't been paid to developing and applying structured approaches for improving health promotion practice.

The *Improving Health Promotion through Continuous Quality Improvement* is a 3 year research project investigating the development and application of quality improvement methods in health promotion. A central component of this research has been the assessment of the quality of health promotion practice in Indigenous Primary Health Care Centres.

We have developed a Health Promotion Audit Tool based on best practice guidelines, informed by both mainstream and Aboriginal principles, key policy documents and through consultation with key stakeholders. The purpose of the tool is to assess how well health promotion and community based activities align with best practice and to support Indigenous Primary Health Care services assess and improve their practice. We expect this tool will be useful for application in broader health service environments, and for use by practitioners with limited to well developed health promotion competencies.

### **Indigenous Carer Education Program**

**Marie Stillwell**

The Indigenous Carer Education Program Looking after Ourselves was developed by Carers NT with funding from the Australian Government Department of Health and Ageing and with support from Carers Australia. This innovative program recognises and strives to address issues relating to the health and wellbeing of indigenous carers. It aims to help carers focus on these issues and give them strategies to enable them to better manage their caring role. This is achieved by teaching techniques to change behaviour and attitudes in order to promote wellbeing and encourage carers to maintain a healthy lifestyle. Successful application of these strategies greatly reduces the risk of sustaining an injury or of developing a chronic disease. Planning this program was achieved through utilising recognising and modifying concepts ideas and strategies from the Carer Education Course and self management principles. The development of the Looking after Ourselves program followed an Action Research model which allowed for ongoing improvement validated by listening, understanding and making appropriate changes, authenticity being reliant on obtaining feedback from those best placed to make comment. The program was successfully piloted at Ti Tree Community in the Northern Territory in 2008. An evaluation of the development and delivery of this pilot program revealed that the elements of indigenous education and chronic condition self-care models had been incorporated into the program. These elements were considered important because of the project's emphasis on self care. This presentation will outline the program and include highlights of the pilot program delivery at Ti Tree Community.

### **What to do About Managing Sugar in the Bush?**

**Dr Malcolm McDonald, Gaynor Garstone, Maureen Toner**

This is an interactive session about managing diabetes in the remote setting. It is looking at the management through case studies of actual people and problem solving the issues. Many clients are now on to insulin, are not going on insulin in a timely manner. This is creating problems for you in the bush! We are here to help you solve some of these issues and help you understand what can be done. All presenters in this session have been working and still are out there trying to improve things not only for our clients but you, the practitioners in the Bush

### **Familiarity, Understanding, Competence -Evaluating Health Education**

**Valmai McDonald, Belinda Inglis**

Chronic disease may be improved and further deterioration prevented if people have the ability to self manage their disease. Consequently health education is a common role for PCD practitioners. If we are teaching health related knowledge and skills we may be teaching things that are new and even a bit scary. As health educators our responsibilities include helping people to move through all the stages - from encountering something new to feeling confident to make use of the new knowledge and skills.

There are three main stages people pass through in order to turn the 'new' into the 'useful' - familiarity, understanding, confidence. Establishing three clear objectives helps us support people to move through the stages. Without these objectives we run the risk of not achieving a change in knowledge and skills. We also run the risk of not realising that a change in knowledge and skills has not occurred.

The use of the QIPPS planning and evaluation framework helps us to keep track of people's progress through the stages to becoming confident with new knowledge and skills. This presentation will outline the

three objectives we believe are required when undertaking health education. The presentation will also discuss how QIPPS is used to support better planning and evaluation, especially as it relates to health education.

### **Improving the Management of Chronic Disease in the General Practice and Primary Health Care Setting Utilizing the Collaborative Model (APCC – Australian Primary Care Collaborative)**

**Marie Bottolfsen**

Evidence has shown that what we do as health professionals is crucial to a patient's ability to self-manage their health. The Collaborative is a process which involves building the practice team and delivering rapid, measurable, systematic and sustainable improvements in the care of the patient through the sound understanding and effective application of quality improvement methods. Success has been demonstrated in improving patient outcomes and practice systems, with particular regard to diabetes, secondary prevention of coronary heart disease and patient access to timely and effective care. Better tools, processes and integrated teams, all effectively contribute in managing the growing demands on our services. The collaborative program is based upon the PDSA tool. PDSA – Plan, Do, Study, Act

The program addresses areas of health promotion and early detection, culminating in the ultimate goal of patient self management. This system has been utilized in the UK and the USA and has involved over 600 practices in Australia since 2005.

### **Community Health Literacy: Effective Indigenous Health Promotion**

**Dr Alyssa Vass, Alice Mitchell**

In order to increase our collective effectiveness of health education on preventable chronic diseases in the NT, ARDS health educators would like to share their expertise and experience in delivering health promotion messages. We all know Indigenous Territorians are at the highest risk of preventable chronic diseases. ARDS health educators work primarily with a target group that has two significant characteristics: they do not speak English at home, and they do not have a biomedical worldview in their history. This is true of a large proportion of the NT Indigenous population. Because of their characteristics, these people tend to have the most information deprivation regarding positive health behaviours, which is often under-recognised. ARDS health education process utilizes language and Indigenous worldview and focuses on increasing the health literacy of the whole community. This is targeted at foundational knowledge including germ theory of disease and the biomedical impact of diet and lifestyle. In line with best-practice community development, the process frames the education around the questions people are asking, and is flexible with its pre-determined agenda. It is dialogue based, builds upon already held knowledge and empowers people to create their own health interventions. Importantly, this education is not divorced from social determinants of health, as the whole-of-community focus establishes positive socio-cultural environments for behaviour change.

### **Does Health Promotion Need a New Suitcase or a Just a New Set of Clothes?**

**Kirsten Green**

Why is it that 31 years after the Declaration of Alma Ata and 22 years after the Ottawa Charter, health promotion is still at the periphery of the health system? In order to make the impact that is necessary for health advancement, do we need to start afresh or just revisit what health promotion really is – in theory and in practice? This paper will discuss the benefits of both a new suitcase - that is, a presentation and framework that is robust and useful, and/or a new set of clothes that looks to the very fibre of health promotion. This presentation discusses some of the questions and dilemmas that need to be addressed in order for health promotion to move forward.

### **Building a Kidney Health Program from the Ground Up**

**Beth Amega, Phillip McGinness**

In 2008 funding was provided to Danila Dilba Health Service to provide a renal case management program. Working with clients in stage 4&5 chronic kidney disease this was a new model of care and a completely new program for the health service. The project was linked to an NT wide project called Improving management of kidney disease including both departmental and AMS health services. A renal nurse was sought for the position of case manager and commenced in May 2008.

The Danila Dilba Kidney Health Program has been developed in response to the needs of both staff and clients as well as incorporating the renal case management process. It was important to work as a team and not duplicate care or add another layer of care in developing this new program.

Key outcomes have been increased engagement of clients with health services, limiting the progression of CKD co-ordination of care between tertiary and primary health care providers, better continuum of care, increased awareness amongst staff of CKD management, aggressive blood pressure control management, increase in proportion of diabetics with proteinuria on ACE inhibitors, re-establishment of monthly nephrologist clinic on site.

## **Identifying real health issues using Health Impact Assessment**

***Patrick Harris***

This interactive workshop will introduce Health Impact Assessment as an approach to influencing the development of policies, plans programs and projects. Participants will be asked to identify Aboriginal health impacts in relation to a fictional national policy. This will assist participants with learning a core element in the Health Impact Assessment process while identifying the main health impacts facing Aboriginal communities in the Northern Territory that could result from similar policies.

## **Program, Planning, Implementation & Evaluation**

***Dagmar Schmitt***

Health Promotion programs and activities are an integral part of the prevention and management of chronic diseases across populations. Planning and evaluation of such programs is essential in order to ensure that they positively contribute to or achieve the targeted health outcomes.

The Health Services Division, Department of Health and Families (DHF) recognise the benefits of using a consistent framework or tool for health promotion planning and evaluation. In 2008 the Health Services Division approved the implementation of the web-based Quality Improvement Program Planning System (QIPPS). QIPPS provides a consistent framework that will facilitate the systematic planning and evaluation of health promotion programs across the service. Implementing such a 'uniform' and consistent approach to health promotion program planning and evaluation across a division as diverse as Health Services brings with it challenges as well as opportunities. This paper will share implementation strategies and discuss the challenges, opportunities and learning's from the implementation journey.

## **Pharmaceutical Care - Good Medicine Made Better**

***Rollo Manning***

Medicines themselves could be a key to the "best medicine" in alleviating the factors causing the heavy burden of chronic disease on the NT community. The past ten years has seen some activity to improve the "quality use of medicine" (QUM) for Aboriginal people but there is still a long way to go. This presentation will analyse the initiatives that have been introduced – especially the Section 100 arrangements and the misconception that has surrounded it with respect to QUM.

The presenter believes in "closing the gap" between the standard of pharmaceutical care available to Aboriginal people from remote towns when compared to mainstream Australians. Even urban ATSI people have been let down by the programs that have been introduced to provide them with an improved QUM. Statistics will be presented on drug utilization that will show the decisions made by policy planners are distantly removed from the reality on the ground.

The hypothesis will be advanced that unless the information gap is first closed there will be no improvement in the uptake of PBS by ATSI people in both remote and urban populations. It will be shown that there is a strong need for access to support services (which are available to mainstream Australia through "community pharmacy") for the Aboriginal person living in a remote town. This can only be addressed by having more pharmacists out there and this in turn can be achieved with PBS funding.

## **The Prevention of Diabetic Foot Amputations – Can the NT Show the World How It Can Be Done?!**

***Jason Warnock***

The Indigenous Diabetic Foot Program aims to prevent diabetic foot amputations. This can be achieved through daily footcare practices, early identification of foot pathology and referral for appropriate management.

In 2007-2009, the Indigenous Diabetic Foot Program has presented nine workshops: in Katherine, Darwin and Alice Springs. Indigenous health workers, public health nurses and allied health professionals participated. The content and evaluation of these workshops will be presented in this paper.

The impressions of a Churchill Fellowship in April – May 2009 to investigate diabetic foot amputation prevention programs for Indigenous peoples of USA and Canada, will also be presented. The outcomes of this Fellowship and future directions for programs in the Northern Territory will also be explored.

## **Integrating SNAPE into Primary Health Care Practice**

***Deborah Steele***

Katherine West Health Board (KWHB) is an Aboriginal Community Controlled Health Service. There is a high burden of chronic disease in the region. There has been an increased focus by primary health care practitioners to provide brief interventions information as a core component of all health checks. This introduced a new challenge. There was no clear process for standard documenting of this information in the Patient Information Recall System (PIRS), therefore no way of tracking SNAPE status, stage of change and brief intervention information for a client. The challenge was to develop compact and effective templates for client health checks across the lifespan to match the current guidelines for Smoking, Nutrition, Alcohol, Physical Activity and Emotional Wellbeing (SNAPE). KWHB developed appropriate templates to facilitate

data collection improve practitioner utilisation of the SNAPE framework. Tracking of previous SNAPE status with a client during a consult is now straightforward and the practitioner can easily review previous consults without having to plough through progress notes. The effectiveness of integrating SNAPE into Primary Health Care Practice will be evaluated through practitioner uptake monitored by conducting clinical audits. The use of standard templates in a PIRS will allow collection of quality data to facilitate prediction of risk factors and allocation of appropriate resources to optimise client outcomes.

### **Cooking Healthy & Physical Activity (CHAPA) Project**

***Samantha Alexander, Gerard Wong, Kia Naylor***

Healthy Living NT in conjunction with BodyFit NT is conducting community based nutrition and physical activity program for people with type 2 diabetes and/or heart disease. It is known that people with type 2 diabetes and/or heart disease develop fewer complications if they make positive lifestyle changes. Making changes to dietary and exercise behaviours can however, be hard without professional support, education and motivation. The CHAPA project will deliver four 10 week programs. Participants attend two physical activity sessions each week using simple and affordable equipment, based on exercises that are easy to continue at home. Weekly nutrition session include cooking healthy food, food tasting and label reading. The results of the first three programs, one specifically for Indigenous Aboriginal people, showed improvements in fitness, nutrition knowledge and improved capacity to perform daily tasks. 93% of participants in group one reduced their blood pressure. Week 1 systolic blood pressure ranged from 118-152 mmHg; by week 10 this range decreased to 108-140 mmHg. There was a 57% improvement in cardio fitness and 10.4% improvement in nutrition knowledge. One Indigenous Aboriginal participant increased their nutrition knowledge score from 9 to 28, out of a possible 42. All participants reported improvements to their physical, emotional and mental well being. One participant quoted "CHAPA has made me more aware of what I'm eating and to do more exercise".

### **Northern Territory Tobacco Action Plan 2010-2012: A round table discussion**

***Nina Nichols***

The aim of the Roundtable is to provide a forum for discussion between the developers of the Action Plan and key stakeholders in tobacco control in the NT.

Ideas and suggestions from the Roundtable will help to improve the processes for developing, implementing and reporting on tobacco control initiatives in the NT.

The Northern Territory Tobacco Action Plan 2010-2012 provides strategic direction for the implementation of tobacco control initiatives in the Northern Territory over the next three years. It is intended that this document will guide the efforts of anyone working in tobacco control in the Northern Territory.

The goal of the Action Plan is to improve the health of all Territorians by reducing the harm caused by tobacco consumption and exposure to tobacco smoke. Special emphasis is placed on reducing harm for Indigenous Territorians, who suffer the greatest burden from tobacco use.

#### **Key points for discussion**

Overview of the Action Plan – goals, objectives, strategies

Results from the implementation of the Action Plan

Effectiveness of the reporting process

Role and functions of the lead agency

Role and functions of the Tobacco Control Advisory Committee

### **Well Women's Cancer Screening: Early Detection – is it a Priority for Indigenous Women?**

***Di Bates, Meredith Schuster, Leonie Conn, Eunice Orsto***

This interactive forum will facilitate discussion:

1. on the challenges to the recruitment of well, indigenous women: rural, remote and urban, to well women's cancer screening programs;
2. To highlight health promotion/recruitment strategies that support and encourage participation of indigenous and CALD women; and
3. to identify how to increase the capacity of women and communities to actively participate in well women's cancer screening by addressing the social determinants of health affecting participation, particularly geographical location, other priorities (health/cultural) and access to services.

### **'No Germs on Me' Handwashing Campaign**

***Xavier Schobben***

The 'No Germs on Me' Handwashing campaign was an exploratory project by the Environmental Health Program of the Department of Health and Families (DHF) supported with funding from the Commonwealth Department of Health and Ageing. It aimed to determine the most appropriate interventions to reduce the person to person and environment to person transmission of pathogenic organisms that cause diarrhoea, skin sores and respiratory disease in remote Indigenous communities in the NT. The project was trialled on an Indigenous community in both the Top End and in Central Australia.

The project was divided into three stages each to be run over approximately a year. The focus of stage one was to identify effective means of promoting hygiene on Indigenous communities. The second stage of the project involved the development and implementation of a repair and a maintenance strategy for essential plumbing and the third stage reinforced key health messages using a social marketing approach. Formative research was undertaken to identify the key barriers and motivators to washing hands with soap. The findings were used to develop the key messages for the social marketing campaign – wash hands with soap before eating or preparing food, after going to the toilet and after changing babies' nappies. The exploratory phase of this project has since been finalised and an evaluation completed. The final evaluation involved pre and post questionnaires and indicated that self-reported handwashing behaviour did improve particularly after changing babies' nappies.

### **Heart Foundation Tick- 20 years of preventative health** ***Coral Colyer, Shanthy Thuraisingam***

The Heart Foundation Tick has been challenging food companies since 1989 to improve the nutritional profile of the foods they produce and promote for the general population. To earn the Tick, manufacturers must comply with a set of nutrition and promotional standards. The nutrition standard sets criteria for nutrients that are relevant to that category, such as saturated fat, trans fat, kilojoules, salt, fibre or calcium. The Heart Foundation ensures that these tough standards are maintained by subjecting products to random audits. The direct public health impact of the Tick Program over the last 20 years has been measured focussing on product categories such as side dishes, breakfast cereals and margarine spreads. Nutrient profiles before and after reformulation, and volume data have been collected. This has enabled calculation of the impact for 'negative' nutrients removed and 'positive' nutrients added to the Australian food supply. For the first time Tick's indirect public health impacts can now be showcased. Interviews have been conducted with a number of manufactures to facilitate sharing of industry experiences of change in practice, and key learning's and reflection can inform future approaches. The results and conclusions of Tick's direct impact and case studies showcasing the Program's indirect impact in the supermarket will be presented in this session as an overview of 20 years of preventative health.

### **Smoking Cessation in Aboriginal Communities** ***Boyan Yunupingu, Cynthia Croft, Tracy Spillman***

Aboriginal people living in remote communities face a broad range of issues requiring their attention including recent changes in communities brought about by the Australian Government Intervention, the amalgamation of local councils into shires and the changing service delivery models. This provides a challenge for communities to address other issues eg smoking and for service providers to be able to engage communities. Smoking was identified as a key health issue by community members and service providers in Yirrkala, a remote Aboriginal community in East Arnhem with the local council being a key supporter.

Smoking cessation has high priority in the Preventable Chronic Disease Strategy and in the program business plan that ensured management support for staff to make this a priority in their work plans. The project was based on learning's from a pilot project that utilised a broad range of strategies. A partnership approach between community organisations and health service providers was a key to the project that was driven by the Public Health Nurse from the Preventable Chronic Disease Program and the Community Educator from the Alcohol and Other Drugs Program. Management provided active support and encouragement. Strategies included production of resources in language; local role models; production of resources by the arts centre and the school, health centre activity including assessment of smoking status, brief interventions and access to NRT and other pharmacotherapies; promotion of smoke free environments; participation in the health curriculum at the school; raising awareness of legislation and enforcing compliance.

### **Choice not Chance: changing the cancer journey for Indigenous people** ***Louise Clark***

Unique patterns of cancer occurrence and inequalities in cancer incidence and cancer survival for Indigenous people presents a challenging public health issue. The story of cancer for Indigenous people is frequently one of late diagnosis and poor prognosis. However, there is a big prevention dividend to be had by investing in targeted prevention and early cancer detection strategies.

### **A Community-based Program to Prevent Chronic Lifestyle-related Diseases in Kimberley Aborigines** ***Hon Ernest Bridge***

Lifestyle-related chronic diseases are rampant in Kimberley Aborigines; almost half of the adults and 60% of those over 35 years are diabetic. Despite mainstream health services and GP-style medical treatment being provided for more than 30 years, these largely preventable problems have been getting worse. Children as young as 8 to 10 are now developing diabetes and hypertension. It will be impossible to "close the gap" in Aboriginal health until radical new approaches are taken. A major failure has been the lack of

encouragement of Aboriginal people and communities to be involved in their own health. We operate a program in ten remote communities with about 2,800 persons. Our approach is based on consultation, explanation and development of partnerships and cooperation and trust between all involved; including Elders, Community Councils, local community clinics, community-based carers, remote-area public health nursing staff, visiting clinicians, schoolteachers, community stores, sports and exercise experts, and local government. We collaborate closely with government health services and have dietician/nutritionists working on the program. Aspects of the program include regular aquarobics for women and children, food, nutrition and cooking sessions for women and girls, and excursions for bush tucker; we also grow edible gardens. Programs are self-sustaining in some communities and participation rates are high. Reduction of risk factors (high body weight, exercise patterns, dietary habits, and blood cholesterol and blood glucose) shows that the program is working. The UFPA focus on promotion of "wellness" is paying off and supports our adoption of the slogan "Put Prevention First".