

Danila Dilba
Health Service

ANNUAL REPORT 2009



The present and future of our Community



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Welcome to the Danila Dilba Health Services Annual Report for 2009

OUR VISION

The vision of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is to see:

Biluru living long, strong and healthy lives.

OUR PURPOSE

The purpose of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is to improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru community of the Yilli Rreung Region through innovative and comprehensive primary health care programs that are based on the principles of equity, access, empowerment, community self-determination and inter-sect oral collaboration

OUR CORE VALUES

The core values of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation underpin our activities:

- Provision of and advocacy for services that are equitable, professional and of a high quality standard.
- Working mutually with our community to ensure a culturally acceptable environment that promotes safety, comfort, tolerance and respect.



Hoops 4 Health



STRATEGIC GOALS

Accountability

- Ensure effective corporate governance and sustainability of the organisation.
- Respect, promote and recognise obligations associated with cultural traditions and beliefs of Biluru peoples.

Key Performance Goals

- Develop accountable governance practices in line with contemporary standards.
- Financial accountability that includes developing sustainable income streams.
- Fulfill reporting commitments to funding bodies, regulatory authorities and our community.
- Promote social, cultural traditions and beliefs that support strong healthy lifestyles.
- Consistent use of logo, name and branding standards.

Access

- Improve access to comprehensive primary health care services and information that supports improvement in Biluru health and wellbeing.

Key Performance Goals

- Establish and continually evaluate effectiveness of a range of innovative multidisciplinary primary health care programs.
- Provision and distribution of culturally appropriate information to individuals, communities and other organisations.
- Improve integration of services across the organisation.
- Improve integrated IT systems that support service delivery.

Collaboration

- Develop strong partnerships and collaborative processes with other government and non-government service providers to improve service coordination and health outcomes for Biluru.

Key Performance Goals

- Work in collaboration with other service providers to improve coordination, reduce duplication of services and develop alternative service delivery models.
- Establish and continually evaluate joint projects with other providers and communities designed to meet identified community needs.
- Develop joint best practice projects with other service providers.
- Advocate for improvement in services that address 'determinants of health' as required in partnership with governments and relevant service providers.

Consultation

- Establish mechanisms that provide the opportunity for staff, individuals, communities and organisations to have a say in the planning, design, development, delivery, and evaluation of services.

Key Performance Goals

- Establish a range of consultative mechanisms with key organisations and communities and continually improve over time.
- Implement effective workplace consultative mechanisms and continually evaluate their effectiveness.

Capacity

- Build the capacity and resources of the organisation and workforce to undertake effective and sustainable comprehensive primary health care services.
- Build community capacity and strengthen local communities.

Key Performance Goals

- Develop staff training plans.

ORGANISATIONAL PROFILE

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, known as Danila Dilba Health Service, is a community-controlled organisation providing comprehensive primary health care services to Biluru communities in the Yilli Rreung region of the Northern Territory.

An all Biluru Management Committee, whose members are chosen by the community, governs the organisation.

The name Danila Dilba Biluru Butji Binnilutlum was given by the Larrakia people, who are the traditional owners of Darwin and Palmerston. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'blackfella (Aboriginal people) getting better from sicknesses'.

Our logo was designed by Larrakia elder Reverend Wally Fejo. The story of the logo is:

"The fish being in a school are excited when jumping around and convey to us our exciting, healthy life. A full life that takes in play, laughing and enjoying a part of your wellbeing, of tucker. The turtle represents the people going back to lay her eggs. The stick represents a hunting tool on how to find her eggs. The overall circle is like looking inside a dilly bag from above, as a circle representing the cycle of life. The snake brings the threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on our guard for health".

Biluru is a Larrakia word that collectively describes Aboriginal people and has been adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation to mean all Aboriginal and Torres Strait Islander people who are living in or visiting the Yilli Rreung region.

Formerly an Aboriginal and Torres Strait Islander Commission (ATSIC) region the Yilli Rreung region has been adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation to continue to recognise and use the boundary to define its scope of responsibility. The Yilli Rreung region extends through Adelaide River, Cox Peninsula and Belyuen.



MESSAGE FROM THE CHAIRPERSON



This year is the 8th year that I have been the Chairperson and a member of the Danila Dilba Health Service, Management Committee. During this time I have seen considerable change take place. We have had sad times but the majority of change has been for the better. I can see vast improvements being made in health service delivery for the people of our Community.

The 2008/09 year was one of the busiest years I have been involved in. Danila Dilba Health Service commenced many new projects and it is pleasing to see the Commonwealth Government taking a more proactive interest in Aboriginal health. For the first time we have an Alcohol and Other Drugs Program which is helping to address an area recognised as a major health risk factor for both young and old.

In October 2008, we opened the Danila Dilba Health Service Stolen Generation Healing Room in Malak. We are the first Aboriginal Medical Service in Australia to have a healing room open to all members of the Stolen Generation. Our people who were forcibly removed from their families now have a place where they can meet and yarn about the events which have caused so much grief throughout their lives. The Board of Management has a number of members who were stolen and all agree that the Healing Room is a marvelous initiative on the part of Danila Dilba Health Service.

Mental illness is an issue that we all know has a terrible impact on the lives of many of our people. We see our youth getting into trouble and we wonder why this is happening. Why are they ending up in jail in ever increasing numbers? Why are there so many suicides? Whose fault is this? I know mental health is a complex issue, but it is one that we have to recognise as an issue the whole community must become involved in. Our Dare to Dream and Palmerston Youth Programs are trying to assist our youth, but it is tough going. We need more Government support to develop the initiatives our Emotional and Social Wellbeing Team want to put into place. We are the ones that need to drive these programs so that our youth can become strong. After all, they are the next leaders of our community.

Another year has gone by and I do not see that we have moved any closer to our new clinic being built. I have been waiting nine years for this building and I can't wait any longer. The health and wellbeing of my people depends on having services we can call our own. We are grateful for the buildings we currently have, but our services are fragmented. We want a building that houses all of our services in a culturally appropriate way. Having our own building is not just a whim, it is a necessity and an essential part of our comprehensive primary health care program.

There are many people to thank for the assistance they have given Danila Dilba Health Service over the past year. We would not have had such a successful year without Paula Arnol, our superb Chief Executive Officer. Her work efforts to attract additional funding support have been outstanding. The staff of Danila Dilba have also performed well above what is expected. Their commitment to the health of our people is deeply appreciated. Of course, none of our work would have been possible without the continued support of our funders, with special thanks going to the Office of Aboriginal and Torres Strait Islander Health for their generous financial assistance. Finally, I would like to thank my fellow Board members for their backing and support. It was a busy year, and the next won't be any different, but it is our please to serve the community.

Cherrie McLennan
Chairperson
Management Committee

Management Committee

Ms Cherrie McLennan	Chairperson
Mr Anthony Castro	Deputy Chairperson
Ms Joan Mullins	Treasurer
Ms Erin Lew Fatt	Secretary
Ms Ngaree Ah Kit	Ordinary member
Mr Jason Cubillo	Ordinary member
Ms Barbara Cummings	Ordinary member
Mr Boyd Scully	Ordinary member
Mr Desmond McKenzie	Public Officer
Ms Audrey Tilmouth	Ordinary member-Larrakia Representative



Above (Left to Right): Audrey Tilmouth, Erin Lew Fatt, Desmond McKenzie, Barbara Cummings, Ngaree Ah Kit
Below (Left to Right): Cherrie McLennan (Chairperson), Boyd Scully
Absent from picture: Anthony Castro, Joan Mullins, Jason Cubillo

Chief Executive Officer's Report



The growth of Danila Dilba Health Service over the past year has been astonishing. All service provision areas grew and I can not see this expansion stopping in the near future. But with growth our responsibility to ensure that all of our services meet clinical governance requirements also increases.

During the year a Governance Section was established within the organisation to monitor our clinical and risk management activities as well as to supervise the attainment of organisational wide accreditation. The Governance Section is seen as an essential initiative to ensure the safety and wellbeing of all clients and staff, with its operations funded from self generated income.

The Commonwealth Intervention continued to impact on Danila Dilba Health Service and through the Expanding Health Service Delivery Initiative (EHSDI), we commenced servicing Aboriginal town camps within the Greater Darwin Region. A regional mapping and analysis of community health requirements was completed in order to allow our service delivery teams to concentrate on the key areas of most need.

It is with pleasure I announce that in July 2008, our clinics were reaccredited under AGPAL, with a special commendation for the standard of our emergency room. I would like to thank all staff who were involved in the reaccreditation process.

Danila Dilba Health Service staffing levels increased significantly in the 2008/09 year. While the current economic climate means that more people are applying for most vacant positions that arise, there is still difficulty in recruiting to the two key employment streams of Aboriginal Health Worker and suitably qualified doctors. Special, targeted recruitment campaigns will be undertaken to try and fill the many vacant positions which are placing restrictions on the level of primary health care services we can provide.

In April 2009, I was advised that Danila Dilba Health Service would be granted funding under the Commonwealth Government's *A better Future for Indigenous Australians, Family Centre Primary Health Care* Initiative. This is a very welcomed program as it will allow the development and expansion of multidisciplinary teams to provide on-site and outreach family focused primary health care to our community. I would like to thank the Federal Minister of Health for providing us with this funding.

Much of my time over the past year was spent on lobbying both the Northern Territory and Commonwealth Governments to move forward on the provision of a new, culturally appropriate, purpose built centre to accommodate all of our services. Both Governments recognise that we require the building, but agreement is still to be reached on where it will be located. This building is an essential part of the *Closing the Gap* policy, which everyone supports. Work must commence in the coming year. Our community members and clients can not wait any longer.

Finally, I would like to thank the Board, staff and clients of Danila Dilba Health Service for the support you have given me over the past year. I can see you all working as a team for the betterment of Aboriginal health and this lightens my heart as without your hard work the future will be very bleak indeed for our people. I also pass on my sincere thanks to our funders. We would not be here without your valuable support and recognition that the best way forward is for Aboriginal people to manage the provision of comprehensive primary health care to Aboriginal people through community control.

Paula Arnol
Chief Executive Officer

Corporate Services

The financial year ending 30 June 2009 was both challenging and rewarding for the Corporate Services Division of Danila Dilba Health Service. Challenging as income grew by 25% while expenditure increased by 37%. Rewarding as the increased workload was handled admirably by the team, although there are indications that additional Corporate Services staff are required in the near future.

In March 2009, Corporate Services relocated to new premises in Berrimah. The logistics of the move were supervised by the Administration Manager, Lea Edmonds, and the smooth

transition from Knuckey Street to Berrimah was entirely the result of her expertise in project management. The Berrimah Centre also accommodates the Mobile, Outreach and Health Promotion Teams.

Staffing numbers continued to grow with full time staff increasing to over 80. With staff numbers expected to increase again in 2009/10, more pressure will be placed on our current infrastructure. The Corporate Services challenge for the year ahead is to find suitable accommodation to house Danila Dilba Health Service's increased operational activity.

Health Service Report – Main Clinic

Danila Dilba Health Service clinics provide a wide range of primary health care services to the Aboriginal and Torres Strait Islander Community that resides in the Yilli Rreung Region. We have four clinics, which are located in the following areas:

- Main Clinic – 32-34 Knuckey Street, Darwin
- Palmerston Clinic – 5/6 Woodlake Boulevard, Durack
- Women’s Clinic – 32-34 Knuckey Street, Darwin
- Men’s Clinic – 42 McLachlan Street, Darwin



Kane Ellis

The clinical services we offer to our people have increased in the 2008/09 year and include renal case management service, employment of a maternal health/ midwife and a new mothers and babies program.

Our core services include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Acute care • Chronic disease management • Immunizations • Women’s health • Maternal and Child health | <ul style="list-style-type: none"> • Frail, Aged and Disability • Hearing • Male health • Sexual health • Pharmacy |
|--|---|

Our men’s health centre is a jewel in our crown. With DDHS having, one of, if not the best, running male health medical model in Australia the moment.



Malcolm Darling, Ian Lew-Fatt & Dr Nathan Zweck

Dr Nathan, Male Health Coordinator Malcolm Darling and CSO (Customer Support Officer) Ian Lew-Fatt have worked very hard over the last few years to get this area up and running and with the men’s centre being booked out four weeks in advance that shows that Aboriginal and Torres Strait Islander men are now starting to take notice of the messages being put out there about male health.

Malcolm Darling (Co-ordinator)

Men’s Clinic has been running really well in the past 12 months with (me) Malcolm (AHW), Nathan (DR) and Ian (CSO). Our team works very well together, we believe our clinic is getting more and more popular with our male clients, as we now have a 4 week waiting time to get into the Men’s Clinic where as in past we used to have 1 to 2 week wait. Ian now rings the patients to confirm the day before their appointment giving us a 95% turn up from patients on the day.



A midwife has been employed at DDHS for just over a year now. Midwife managed care is available to DDHS antenatal/ postnatal clients, in line with the DDHS Strategic Plan. Women accessing antenatal/ postnatal care at DDHS are receiving the latest evidence based antenatal/ postnatal screening, continuity of care and one on one education in a culturally appropriate environment.

Family centred care and continuity of care has emerged as a need of women and these philosophies of care have been adopted. Women's adult health checks are being commenced with antenatal checks. Children attending with parents are having their immunization status checked and child health checks are offered to all siblings whether they are present or not. Men are offered appointments at the Men's clinic, for adult health checks and are welcome to attend antenatal appointments with their partners. Other family members, house member's community members are also seen/ referred as appropriate. Women and babies are being followed up with antenatal and postnatal care in the clinic and on an outreach basis. Advocacy on behalf of women attending RDH is an important role, and when possible, if needed, the DDHS midwife has attended RDH with women.

Having access to an Ultrasound machine at DDHS allows pregnancies to be dated at a woman's first presentation at DDHS without the delays experienced with sending women to NT Imaging.

Women's feedback on having access to the ultrasound at DDHS has all been positive, and although it is a diagnostic tool, it is also proving to be an important bonding experience for many women to their baby.

We gave out 10,590 Webster packs and the cost was up around the \$300,000 - \$350,000 mark. This is still not an area funded by the government. We take on this responsibility as some of our clients are not able to afford their medications.



DDHS received a commendation for our emergency room and we were told that it was the best equipped room in the NT for all AMS's. We have also worked very hard in the push for Adult Health Checks and immunisations for all our kids' throughout the year we have over 7,500 individual clients seen and 30,502 service contacts.



Also this past year we passed our Accreditation for AGPL which is done every three years with the hard work of all clinical staff and a special mention to Kenton Winsley, Jackie Scrymgour and Chrystal Bray.

I feel that it has been a good year and we have achieved a lot in the way of delivery of service and we were able to secure a Senior Medical Officer Dr James Steven and he has a lot of valuable knowledge and has worked a lot with the AM'S in the Kimberly region and we have got some really good experienced Aboriginal Health Workers working and we are always looking to employ more.



**Robyn Boyd (Midwife), Louise Brown (RN),
Dr Anjayani Sam, Dr Rebecca Goodman
& Beth Amega (Renal Nurse)**



**Dr Emma Fitzsimmons
& Dr Justine Mayer**



**Elizabeth Hukins (RN)
& Margaret Clayton (AHW)**

**Kane Ellis
Practice Manager**

A MESSAGE FROM THE GPC.

Hi all,

I've been at DDHS for 18 months now, 6 months as the General Practitioner Coordinator, and really enjoying myself. Working in such a social and family atmosphere makes the often hard work of doctoring a real pleasure. We have an amazing team of health workers, nurses, doctors and supporting staff right now and the whole organisation seems to be thriving under strong leadership.

We have faced lots of new challenges this year with the swine flu keeping us on our toes and new NT legislation for Under 16's and domestic violence mandatory reporting really stirring things up, but DD has met all of this head on.

So I'd like to congratulate everyone at DD for getting stuck into it, staying professional in the face of adversity and having a laugh and sharing a joke while they are going about it.

Cheers
Jim

Dr James Stephen
General Practitioner Coordinator



Smiles at the Clinic

Family & Community Development

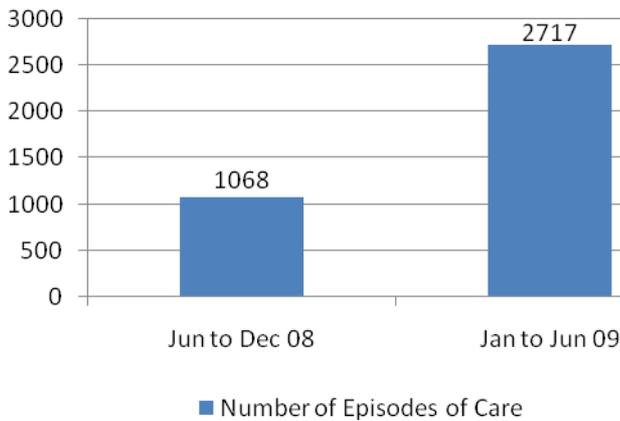
Mobile/Outreach Unit:

Throughout the 2008 / 2009 period the mobile team continued to expand its services to the residents of the Town Camps and to the Indigenous transient / homeless population around Darwin and Palmerston. The regular Community clinics in the Town Camps continued as did the regular service at Mission Australia's Sobering Up Shelter and the provision of home visits to people physically unable to visit one of our PHC Centres. The Mobile Team did an incredible job and provided 3785 episodes of care in the Community.



The Mobile Team
 (back row) Pilar Cubillo, Phillip McGinness, Annabelle - Med Student
 (front row) Peter Boase & Dr Simon Wilding

Mobile Unit Episodes of Care

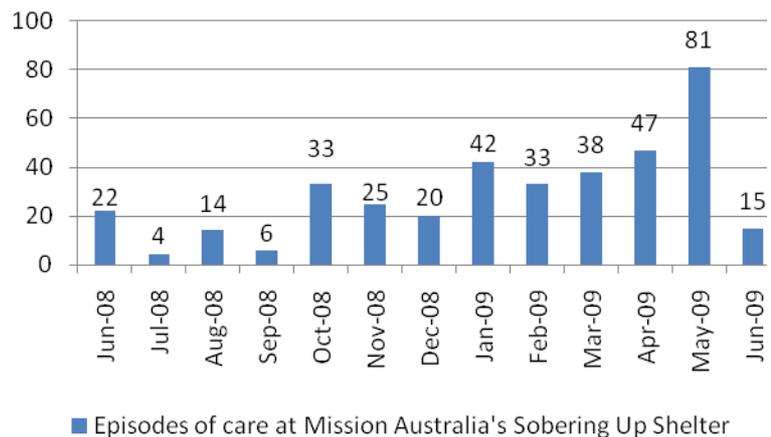


The Mobile Team delivered 3,785 episodes of care throughout 2008/2009.

1,068 episodes of care were delivered from Jun to Dec 2008.

2,717 episodes of care were delivered from Jan to Jun 2009.

Episodes of care at Mission Australia's Sobering Up Shelter



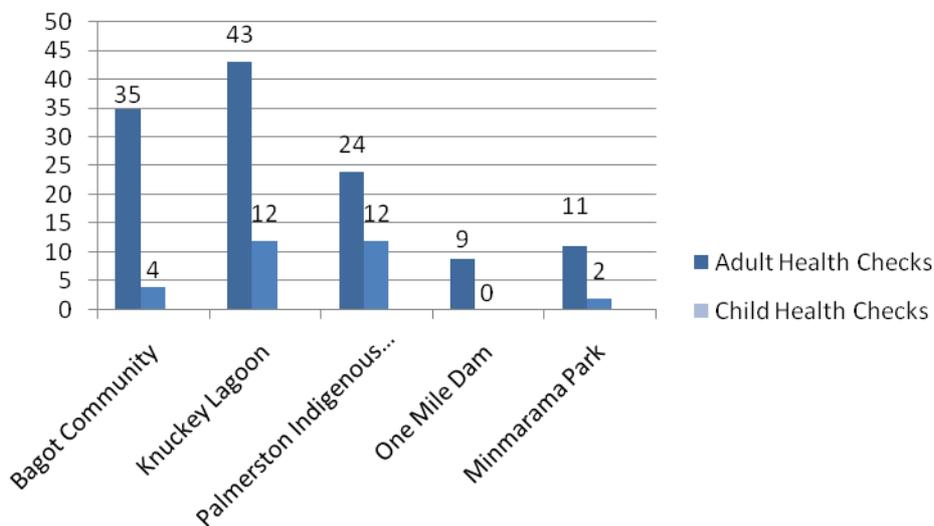
In 2008/ 2009 DDHS' Mobile Team was able to provide 377 episodes of care to itinerant clients at Mission Australia's S.U.S.

Community Events:

The Mobile team has also played an instrumental part in enabling DDHS to undertake regular Community screening activities and Health Promotions targeting different population groups in the Community.

Some of the Community screening activities included:

- Adult and Child Health check blitzes in 5 of the Town Camps;
- Men's and Women's health screening days;
- Child Health days; and
- Environmental Health days in the community.



The Mobile Unit completed 152 Health Checks in a screening Blitz undertaken over a 6 week period in the Town Camps. The above graph is a breakdown of the number of Adult and Child Health Checks in each Community.

Sexual Health Program

This year DDHS has been able to expand its Sexual Health Program with the employment of two Aboriginal Health Workers in an endeavour to enhance the sexual health services provided for the Indigenous population within the Greater Darwin region.

Recent sexually transmitted infection (STI) statistics indicate that Indigenous people continue to have the highest notification rates of STIs in the Northern Territory (NT). In an effort to lower these STI rates DDHS's Sexual Health Team (SHT) has focused on delivering culturally appropriate and effective preventative STI education to the Indigenous people within the region.

In addition to this, the SHT have also implemented a series of sexual health promotional activities within the region in an attempt to encourage Indigenous people to take precautions against STIs.

Other Strategies to help lower the high rates of STI's rates in the Indigenous population include:

- Delivering continuous preventative STI educational sessions to Indigenous people;
- Implement population screening activities within town camps;
- Implement health promotion activities/events;
- Collaborate with relevant stakeholders, including the targeted audience;
- Developing new culturally appropriate resource materials;
- Assisting in public health initiatives such as the provision of free condoms which are dispensed within various public toilets and Aboriginal hostels.



Targeted Population Groups

Indigenous youths and the transient Indigenous population living within the 'long grass' are at high risk of contacting an STI. This is possibly due to lack of knowledge they have regarding what an STI is and how to prevent STIs from occurring; however, limited access to condoms, initially experiencing sexual activities, peer pressure, alcohol and illicit drug abuse, etc, may also be contributing factors.

Partnerships

To assist in improving sexual health services for Indigenous people it is essential that DDHS works in partnership with the relevant key stakeholders. By having a collective approach it enables the delivery of a more effective and efficient service delivery model.

The stakeholders include:

- ✚ SHBBV Unit / *Clinic 34*
- ✚ CAAPS
- ✚ NTAHC
- ✚ St Vincent de Paul Society
- ✚ Darwin Correctional Services
- ✚ Darwin City Council
- ✚ Larrakia Nation
- ✚ Balunu Foundation
- ✚ NT Aboriginal Community Police Officers
- ✚ Radio Larrakia
- ✚ Nungalingya College
- ✚ YilliRreung Housing



Hepatitis Screening

(L to R) Florence Henaway (NT Gov), David Adams (DDHS AHW),
Nikki Hall (NTAHC), Moana Miller (DDHS AHW), Phillip McGinness (DDHS AHW)

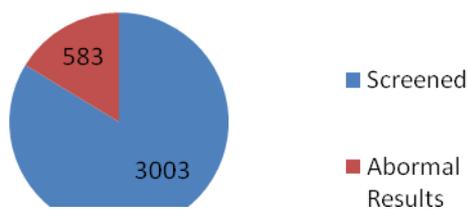
Screening and Follow Up Services

To ensure that DDHS is able to address the high rates of STI's the SHT have ensured that STI screenings have been incorporated into the existing screening activities held within the Darwin region. The SHT also coordinate the follow up treatment required for any abnormalities detected as part of the screening. The team has also been successful at identifying opportunities to implement new screening initiatives in the community and is preparing to hold regular clinics at other Non-Government Organisations. This will provide direct access to STI Screening for Indigenous people that frequent those services.



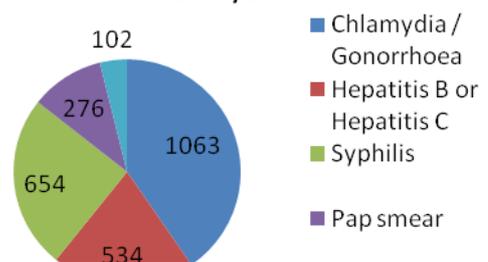
2008 / 2009 Sexual Health Statistics:

Total number of STI Tests performed in 2008/2009



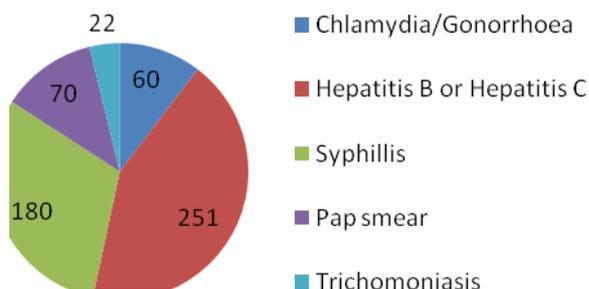
In 2008/09 DDHS performed 3,003 STI tests. Of the 3,003 tests performed 583 returned an abnormal result.

Total Number of STI Tests performed in 2008/2009



In 2008/09 3,003 STI tests were performed. Of the 3,003 tests performed 1,063 were for Chlamydia / Gonorrhoea, 534 were for Hep B or Hep C, 654 were for Syphilis, 276 were Pap Smears and 102 were for Trichomoniasis.

Breakdown of Abnormal Results for STI's 2008/2009



In 2008/09, 583 STI tests returned an abnormal result. Of the 583 abnormal results received, 60 returned positive for Chlamydia / Gonorrhoea, 251 returned positive for Hepatitis B or Hepatitis C, 180 returned positive RPR results for Syphilis, 70 had an abnormal Pap smear and 22 were positive for Trichomoniasis.

These results highlight the elevated levels of Hepatitis B &/or Hepatitis C amongst DDHS clients as well as the high rates of Syphilis amongst the urban Aboriginal and Torres Strait Islander population.

Education

Regular preventative STI education sessions are delivered to participants within organisations that provided services for Indigenous people.

The organisations include:

- FOWAARD;
- CAAPS;
- Darwin Prison;
- Nungalinga College; and
- St Vincent de Paul Society.



The SHT also deliver regular preventative STI education to residents of Aboriginal communities in the Darwin area.

Sexual Health Promotion

The SHT have also continued their involvement in DDHS Community Health Promotional activities / events throughout the region. Some Key Health Promotional activities that the SHT have been involved in include:

- Hepatitis Day;
- The Indigenous Well Men's Day;
- Sexual Health Week;
- World AIDS Day; and
- National Condom Day.

Health Promotion / Community Health Engagement

The Danila Dilba Health Services Health Promotion / Community Health Engagement Program aims to increase access to a range of health information, education and activities that encourage and promote healthy lifestyle choices. Throughout the 2008 / 09 period the Health Promotion / Community Health Engagement Program has engaged in a number of activities ranging from the prevention of specific diseases and illnesses, information about access to Danila Dilba Health Services, promoting the adult and child health checks through the Expanding Health Service Delivery Initiative and the development of appropriate health information.

Some of the events the Health Promotion / Community Health Engagement Team have been involved in include:

The NAIDOC Celebrations:

As part of NAIDOC celebrations for 2009, Health Promotion and Outreach team members provided support and assistance at the NAIDOC Family Fun Day by providing a healthy lunch for approximately 150 people at the Jingli Water gardens. The health promotion program also encouraged the organization staff members to participate in the annual NAIDOC March for 2009. For this event, health promotion sourced and provided NAIDOC shirts for all staff and donated 100 water bottles to Garden Point Association's 20th Anniversary to encourage and promote the need to drink water.

The Influenza – FLUVAX Campaign

This year Health Promotion Program delivered a Fluvax Campaign in an attempt promote and encourage at risk people to be vaccinated against the flu. The Campaign was delivered over a 2 week period and involved designing and distributing “Don’t Let the Flu Bug U” posters and flyers throughout the wider community. A Flu Vaccination “Blitz” was also undertaken in locations where at risk people frequented and resulted in an increase in the annual number of people being vaccinated.



**Pilar Cubillo (AHW) & Dr Simon Wilding
administering FluVax to Barbara Cummings**

Hoops for Health

DDHS was a major sponsor of this year’s Annual Hoops 4 Health Challenge and in recognition of the Organisation’s ongoing support this year’s Women’s Challenge was officially named the Danila Dilba Women’s Challenge. The Health Promotion team also provided additional support through the coordination and attendance of approximately 30 young people at the Hoops for Health Challenge.

VIBE 3

The Health Promotion Program actively supported and encouraged the need to drink water when playing sport by donating 100 water bottles to young people who played in the Vibe 3 on 3 Challenge at Palmerston High School.

Health Promotion Trailer & Materials

The completion of the specially fitted Health Promotional Trailer has enabled the team to increase its presence in the Community. With this new resource we are confident that the Program will be able to increase the use of technology to deliver appropriate health messages and information to a wider audience.

EHSDI – “Getting Health to Our Mob”

The Health Promotion Program assisted with promoting the need to have regular Adult and Child Health Checks through the Expanding Health Service Delivery Initiative which was delivered in the 6 town camps throughout Darwin and Palmerston. This involved arranging and putting together flyers, undertaking door knocks to promote and encourage people to have a health check. Health Promotion also sourced, assembled and distributed ‘Healthy House Pack’ and tickets to the AFL match between the Western Bulldogs and Port Adelaide in June 2009 to those who undertook the health check. The Health Promotion Program also assisted and encouraging people to eat healthy food options provided by Danila Dilba Health Service in the 6 town camp areas during this initiative.



Resources

Since the expansion of the SHT, DDHS has begun exploring alternative methods to assist in the delivery of education to ‘at risk’ population groups. In partnership with the SHBBV Unit we are currently trialling the use of the Health Interactive Technology Network (HITnet). The HITnet Kiosk is an interactive touch screen computer, which allows individuals to gain instant access to health information including information on Sexual Health and STI’s. The trial will last for a 12 month period and will be located at the Danila Dilba Youth Centre at Palmerston.

Nutrition Program

The recently established nutrition program aims to address some of the nutritional issues faced by our clients. Using a combination of clinical nutrition and public health, the program focuses on one of the cornerstones of a healthy lifestyle – including the food we eat. Nutrition plays a fundamental role in chronic disease prevention and management. The management and prevention of Diabetes, CVD and Renal disease relies on an understanding of nutrition and exercise. Through targeting individual’s behaviour and changing the cultural habit around food consumption, we hope to see a reduction in lifestyle related diseases.

Secondly, the nutrition program aims to address failure to thrive and nutritional deficiencies such as anaemia, which impact the health status of our younger generation. Strong and fit children become strong and healthy adults which increases their chances of living a long and healthy life. Food habits are largely dictated during our childhood, if we can alter the younger mobs food and exercise related behaviours we can hope to see a generation of stronger, fitter adults in the years to come.



Alcohol, Tobacco and Other Drugs Program

The Alcohol, Tobacco and Other Drugs (ATOD) teams aim is to improve health outcomes by reducing the harmful drinking levels among Aboriginal and Torres Strait Islander people throughout the Greater Darwin region.

Strategies used to do this are to implement a sustainable program that provides service, support, advocacy, diversion, education and referral for individuals, families and the wider community whom are impacted by issues surrounding ATOD.

The ATOD program offers screening and assessment for ATOD issues to priority population groups and facilitates access to appropriate ATOD treatment and rehabilitation services such as CAAPS or FORWAARD. In addition to this the ATOD team also provides referrals to external agencies such as Larrakia Nation and Mission Australia as well as ongoing support to DDHS clients with ATOD issues to ensure that the appropriate services are accessed easily.

Other partnerships include:

- AMITY Community Services
- Indigenous Coordination Centre (ICC)
- Department of Health and Ageing (DOHA) or Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Department of Health and Families (DHF)
- Top End Mental Health Services
- TEAM Health

Throughout the 2008 / 2009 period the program continued to deliver culturally appropriate community health days in partnership and collaboration with community residents, AMITY Community Services and the ICC with a specific focus on abstaining from ATOD use.

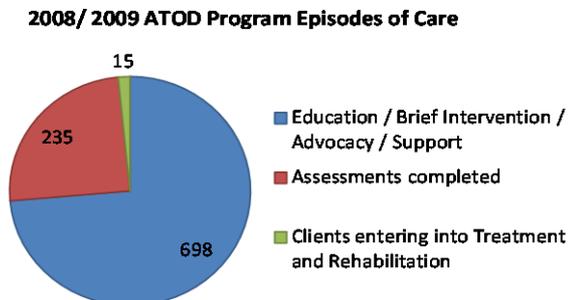
Some of the successful events over the past year have included:

- Cultural activities such as hunting, gathering and storytelling.
- Weekly Art therapy groups held at Knuckey Lagoon Community and Palmerston Indigenous Village (PIV).
- Weekly Community Breakfast Program activities / meetings held at PIV.
- Indigenous Health Expo as part of Drug Awareness Week.
- Weekly sessions at Mission Australia's Sobering Up Shelter.
- ATOD Day 'What makes us stronger'.
- Ongoing ATOD in-services to DDHS staff.
- Co- Facilitation of the CAAPS AOD and Mental Health Workshop.
- Community Clean Up Days / Environmental Health Days at Knuckey Lagoon and PIV.
- Monthly Community AOD 'Cook Up's' with clients.
- Dual Diagnosis Workshop / Menzies Aim High 'Stay Strong' Launch at PIV & Knuckey Lagoon.



Elizabeth Hukins - ATOD RN

The ATOD Community activities held throughout the 2008 / 2009 period have recorded 866 participants.



In 2008 / 2009 the ATOD Program recorded 948 episodes of care. Of the 948 episodes of care, 698 were for Education, Brief Intervention, advocacy or support. In addition to this 235 ATOD Assessments were also completed and 15 clients successfully entered and completed the treatment or rehabilitation program.

One of the major components of ensuring that the ATOD program produces positive outcomes for DDHS clients is to establish mechanisms to ensure Community members are able to provide input into program planning and service delivery.

The mechanisms used include:

- Supporting the establishment of Community Leadership Groups.
- Establishing Community Input at Diversionary activities.
- Holding regular meetings with Community Leaders.
- Undertaking Community surveys and health needs analysis which contributes to the development of Community Health Profiles.

Eye Health Program

This year the DDHS Eye Health Program was able to increase its Primary eye care services to the Community thanks to the generosity of the International Centre of Eye care Education (ICEE). ICEE has kindly donated the services of its Darwin based Optometrist, Anna Morse, for up to 2 days a week. Although throughout 2008 / 2009 Anna and the Eye Health AHW, Patrick May, also provided regional community visits we endeavour to provide at least 2 clinical days per week for DDHS clients.

The Program has also been actively involved in the development of culturally appropriate eye health promotional resources and material that contributes to raising awareness of eye disease among our people.



The Kidney Health Program

The program is now in its second year and continues to provide quality Case Management and support services to 31 clients throughout the Greater Darwin area that suffer from stage 4 and stage 5 chronic kidney disease.

These services are provided by the Kidney Health Team (1 Renal Public Health Nurse and 1 part time AHW) in partnership with the DHF Renal Services and Territory Palliative Care.

Although a major focus of the program is to prevent the onset of end stage renal failure among our clients, occasionally their renal function continues to deteriorate despite the best efforts from program staff and the supporting health professionals. Of the clients that unfortunately reach end stage renal failure, approximately 50% choose not to undertake any form of renal dialysis. These decisions are made by the clients and their families after DDHS has spent considerable time explaining their treatment and management options however DDHS will continue to respects the wishes of our clients.



Beth Omega with Jessica Mauboy

Once a client has made their decision the Kidney Health Program team, the DHF Renal services and palliative care staff works with the clients and their families to ensure the best management and ongoing support is provided. This includes ensuring that there is an opportunity to return to their home community or homelands and that remote clinic staff are equipped to continue the management of the client's care.



As part of Kidney Health week, held from 25th - 29th May, the Kidney Health Team worked with the Health Promotions Team to design and develop Danila Dilba Health Services – “Keeping Kidneys Healthy” and “Blood Pressure and Kidney Disease” promotional Posters and brochures. The teams also held Promotional displays at local Shopping Centers focusing on keeping Kidneys healthy and offering free Blood Pressure checks targeting Aboriginal and Torres Strait Islander People.

In addition to the Case Management Services the Kidney Health Program contributes to the prevention of Renal Disease by;

- Educating clients and staff of the harmful effects of excessive salt in their diet;
- Developing culturally appropriate promotional material aimed at raising awareness of the causes of Kidney Disease; and
- Early detection and intensive follow up of clients with Hypertension (High Blood Pressure).

Aged Care Facility Visiting Team:

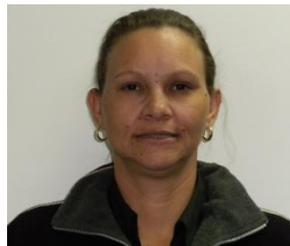
This year the team provided 477 episodes of care to DDHS clients residing in Aged Care Facilities throughout the Darwin and Palmerston area. The team, consisting of a Dr Emma Fitzsimmons / Dr Joanne Wood and Phillip McGuinness, provided a weekly visiting service to clients residing at:

- The Juninga Centre
- Tiwi Gardens Lodge
- Terrace Gardens
- Tracy Aged Care Centre

The Outreach Team



Shaun Tatipata
Family & Community
Development Manager



Sharon Manhire
Family & Community
Development Officer



James Manhire & Elizabeth Hukins
Alcohol, Tobacco & Other Drugs
Support Worker Registered Nurse



Bruce Davies
AHW



Peter Boase
AHW



Pilar Cubillo
AHW



Belinda Meggitt
Public Health Nutritionist



David Adams
Sexual Health Educator



Natasha Tatipata
Sexual Health Educator

Shaun Tatipata
Family & Community Development Manager

Emotional and Social Wellbeing Centre

Community Services

The Emotional and Social Wellbeing Centre is located on comfortable premises at Malak and it has been a very exciting time developing this space over the past 12 months. There has been the furnishing and subsequent opening of the Stolen Generations Wellbeing and Healing Room together with the development of the Northern Suburbs Drop-In Games Room for young people. Both spaces are proving very popular.

The Danila Dilba Community Services has now been successfully operating under a new structure for over 12 months, with four programs under its umbrella. The two programs that are operating from the Emotional and Social Wellbeing Centre in Malak are -

Bringing Them Home

Stolen Generation Groups

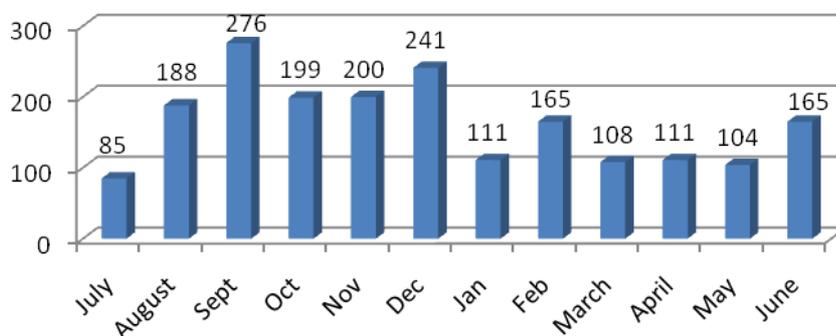
Since the opening of the Danila Dilba Stolen Generations' Wellbeing and Healing Room in February 2009, there has been an average of 3 Stolen Generation gatherings of the Garden Point, Retta Dixon and Northern Territory Stolen Generation groups per fortnight. As well as the Crocker Island group using the Stolen Generation (SG) room for two occasions. The SG Room has enabled



Garden Point Reunion

those stolen generation groups and other individual groups to come together and feel comfortable enough to organise their own individual programs, which are reflective of their needs in their wellbeing and healing pathways.

Bringing Them Home - Occasions of Service



The BTH program staff consists of 1 full-time Coordinator and 2 full-time counsellors. In June, a new part-time SG bus driver position was advertised and filled. This position is to assist the SG groups that access ESWB/BTH with transport and they also assist with other duties such as SG involved events.

3 BTH counsellors have been assessed to do Alcohol and Other Drug diversion work for Indigenous clients referred by the Courts. This is under the NTG Alcohol and Other Drug Program and will generate income for the ESWB program. Currently 3 BTH counsellors have been trained and are approved to do Medicare billing for psychological services.

Dare to Dream Program

The Dare to Dream program is dedicated to providing mental health assessment, counselling, support and educational services to the local Indigenous community. The program is designed to provide support and counselling for carers/ families that are exposed to people that are experiencing mental health conditions. Similar services are also provided for youth who are manifesting early signs of mental health concerns or established mental health conditions. This is to ensure that Indigenous youth have open access to appropriate early intervention mental health care and community support services.

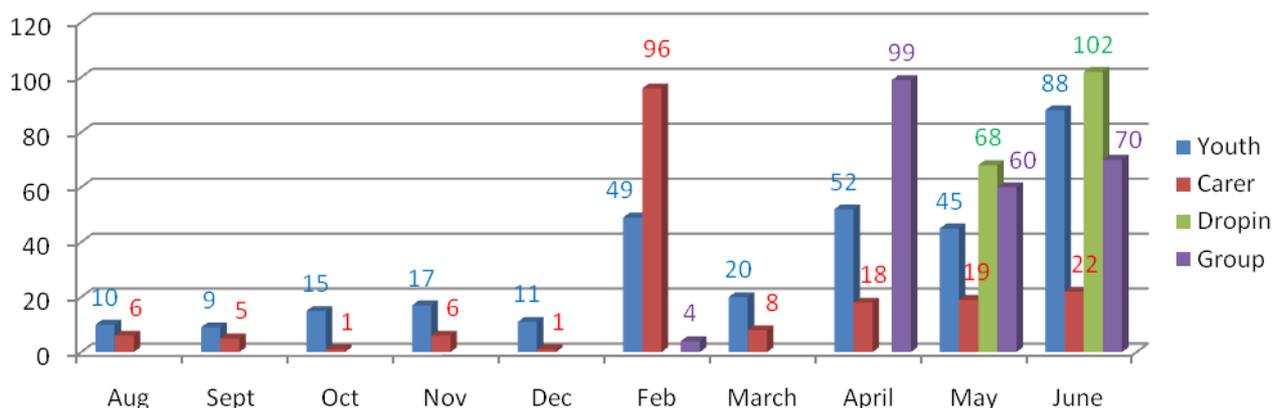
Staff on the Dare to Dream Program, have undergone the appropriate training for the Drumbeat Program and work is consistently being carried out in working closely with external agencies such as Balanu, Youth Diversion Program, Kormilda College, Darwin Middle School, Casey House, Malaluka, Family and Children Services and Danila Dilba Youth Service toward participant recruitment for these programs.



**Rebecca Orr
Community Services Manager
& Rosalie Highfold
Indigenous Regional Centre Co-ordinator**

The program is taught to groups of 8 – 10 participants across ten, one hour sessions over the period of ten weeks and finishes with a performance. Although developed originally for young Aboriginal men, the program now is being used with a wide range of population groups including adults in prisons and mental health facilities. DRUMBEAT is a relationship program, and for most people relationships are central to their life's meaning and happiness. The first 6 of the 10 DRUMBEAT sessions have a theme – The Rhythm of Life, Relationships, Harmony, Identity, Emotions, Feelings, and Teamwork. The last four weeks work towards the performance. The performance provides recognition of their efforts and a positive link to the community. These programs are primary conducted at Emotional and Social Well-Being Unit at Malak.

Dare to Dream Occasions of Service



An open day for the Dare to Dream Youth Drop-In Program took place on the 5 June 2009. A number of participants from various external agencies, including the Minister of Justice (Delia Lawrie) and Danila Dilba's Duty Director David Morgan attended the opening. Since the opening of the Dare to Dream Program, staff have been heavily involved in promoting our new service to other internal branches of Danila Dilba Health Service and external community agencies.

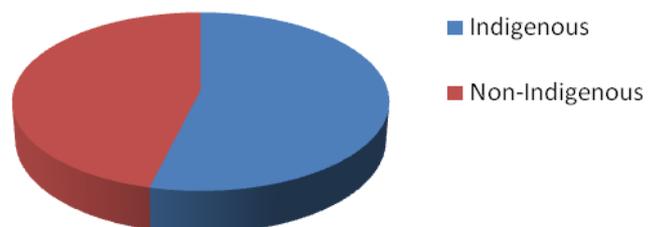


Kris @ the headspace Graffiti Project

The Dare to Dream staff have also been involved in presenting forums to youths and carers such as Youth Information Sessions run by Headspace, Top End Mental Health and various local schools. These presentations are based on a psycho-educational approach regarding the prevalence, onset, presentation and treatment of various mental illnesses.

Staffing

Community Services has a total of 14 staff. As at 30 June 2009, 12 positions were filled with a staff ratio of 8 Indigenous to 6 non Indigenous with 4 Indigenous staff involved in/ or applying for further education. An Accreditation for a Court Diversion Program has been gained and 4 staff have Medicare approved counselling qualifications. Clinical staff are receiving outsourced or internal professional supervision.



In the last 12 months there has been nearly a 60% change over in staff with 100% change in the 'Dare to Dream' Team's first year of operation. Consequently, staffing recruitment and selection have continued to be a major priority for the current Community Services Manager. Also included in the duties of the Community Services Manager is supervision and support for the Palmerston Youth Centre and the Indigenous Regional Centre.

Workforce strategies have been employed to ensure staff members are informed of roles and responsibilities as well as having clear policies and procedures in place. A good understanding of team work and ensuring staff feel part of the decision making processes has also been identified as being an important staff retention issue. Also clear, open and transparent staff salary schedules for the Community Services area have been developed.

Danila Dilba's Emotional & Social Wellbeing Centre, in association with Charles Darwin University (CDU), is in the planning stage for implementing the Let's Start With A Helping Hand Program. Let's Start With A Helping Hand is the Exploring Together Preschool Program in the Northern Territory. It is a 10 week early intervention program for children 3-7 years old and their carers, where the children show emotional and socialisation difficulties.

So far the program has run successfully with Indigenous families in remote areas such as Palumpa and Pirlangimpi. Children's social skills, self-control, confidence and co-operation are addressed. Parents and teachers have noticed improvement in the children's behaviour. In addition, parents share stories, get ideas and support from each other and the group. The whole community benefits! Danila Dilba is looking forward to offering the program to our clients.



Indigenous Regional Centre (IRC)

The IRC Trainer has been providing personal and professional support to Danila Dilba's workforce and developing appropriate cross sector linkages and interagency co-operation between organisations in the Darwin and wider Top End Community.

Bullying awareness training has been developed and delivered to all DD staff and a draft Bullying Policy has been implemented. Our Trainer is ensuring all staff have completed mandatory training in Cultural Awareness, Fire Warden and First Aid.



**Michelle Hewitt
IRC Trainer**

The IRC Trainer and an AOD outreach worker attended an IRIS workshop in QLD, completing the requirements for the 'Train the Trainer'. Also the IRC Trainer and an Indigenous Counsellor have completed the 'Train the Trainer for Mental Health First Aid'. These courses will be offered throughout the remainder of the year both internally and externally.

Marumali workshop for Counsellors of the stolen generations has been organised by the IRC for July. These will include ESWB Counsellors from DD and other services like Wirrli Wirrli. Arrangements have been made to ensure that all DD staff are able to attend the ASSIST workshops (suicide prevention).

The management of our well-stocked library is continuing with books and CDs in subjects such as project management, dealing with difficult people, meeting goals, engaging staff, managing people, managing a NGO, etc.

An exciting new development for up-skilling staff. DD purchased an e-learning software package which can be used for many applications, but initially will be used to ensure all staff have exposure to the standardised Orientation Package.

The IRC Trainer has initiated a meeting of all Trainers in the Top End (TENT) to discuss the sharing of resources and training information.

The Men's Group has been developed in partnership with Dare to Dream and Darwin Indigenous Men's Counselling Service (DAIWS). The main aim is to provide a space for Indigenous men to come, talk and share with each other. Whether it be parental concerns, relationships issues or other social and emotional issues, it serves as a carer support group. We meet every second Friday from 10am to 1pm.



Two Graffiti groups also have been established, which focuses on teaching the youth positive street art and to show respect for public property. This project is done in collaboration with Darwin Community Arts and Headspace. It is generally a 7 week workshop for Indigenous youth, where they learn graffiti art and at the end of the project, they perform their graffiti art on a public wall. Both of the programs run to date have been a success, both for the clients and the organisations involved.

The Carer Program is currently being focused on and work has started with Mental Health Carers NT to develop a Carer Group Program and support group. This is still in negotiation with Mental Health Carers NT in terms of program modification and delivery.

During the 2008/09 financial year there has been the reinstatement of the rostered 'On Call' system as well as daily intake meetings for all new referrals. This process has improved access issues which were identified by some service providers.

A Community Service In-Service Program has been developed to complement the clinic in-services. Systematic meetings with referral agents over the past 6 months have enabled the ESWB to re-engage with organisations like Forward, Larrakia Nation, NTSG, Centrecare, NTG and CAAPS.

Rebecca Orr
ESWB – Malak

Palmerston Youth Service

It's been another busy year at the Youth Service with many highlights and achievements to celebrate.

Located in the suburb of Gray, the Youth Service's target group are Indigenous youth aged from 10-20 years that live in the Palmerston region. The service is activities-focused, has a Drop-In facility and is staffed by Co-ordinator, Mark Munnich, Senior Youth Worker, Delsey Tamiano and Youth Workers, Peter Detourbet, Kerrina Tamiano (casual) and Chrystal Bray (casual).



Mark Munnich, Kerrina Tamiano, Delsey Tamiano and Peter Detourbet

The overall aim of the service is to empower Indigenous youth to make good lifestyle choices through education and awareness. This involves encouraging Indigenous youths to become actively involved in identifying and addressing their needs on a personal, as well as a community level. Programs and activities are developed based on these identified needs and include the input of the Indigenous Youth Advisory Committee (IYAC), which is made up of 10 local, Indigenous youth. A well developed network also ensures that Youth Service staff are well informed on what is happening in the youth sector, so as to assist in a more co-ordinated approach to filling gaps in service delivery.



Blood Brothaz Young Men's Group

One of this year's many highlights was the work done with the Blood Brothaz Young Men's Group (self-named). In a joint effort by the Youth Service and ESWB staff, consultations were held (separately) between Indigenous young men from both Palmerston and Malak to see if they might be willing to come together for a series of workshops and other activities. A positive response from both groups resulted in the young men coming together in a safe and supported environment for activities and information awareness. Blood Brothaz have led by example in terms of making a difference through their willingness to be involved in the program.

Another highlight was the Indigenous Cultural Exchange Project – 1 Mob, Different *Wurk Wurk** – held between the Youth Service and the Woolum Bellum Koorie College of Education in Victoria. IYAC members and Youth Service staff hosted a group of twelve Woolum Bellum Indigenous students and staff which included visits to a number of popular tourist attractions in Darwin, Kakadu and Litchfield as well as local Indigenous organisations including Larrakia Nation Aboriginal Corporation, Group Training NT, Radio Larrakia and Batchelor Institute. The group were also treated to a talk and private tour of Parliament House by the then NT Deputy Chief Minister, Ms Marion Scrymgour. The project was a huge success with lots of positive feedback from the young people about the fantastic experience they had and as such has resulted in interest from another school wanting to be part of the next cultural exchange. (* *Wurk Wurk* means land in Kurnai/Gunai language)



1 Mob, Different *Wurk Wurk* - Ubirr Rock

The Mek-Im-Mubi Project produced some outstanding results in developing skills and resources. The services of Corrugated Iron Youth Arts were engaged to assist the IYAC to produce a short, youth-friendly DVD on drink driving. The finished product has received lots of positive feedback from the youth sector and has resulted in funding being allocated by *headspace* for the IYAC to produce another DVD on the topic of mental health.

The VIBE Indigenous 3 on 3 Basketball & Hip Hop Challenge held at Palmerston High School was a great event. VIBE Australia holds these events all around the country and this was the first time it was held in the Top End. It proved to be the biggest event they'd held in the year, which was largely due to the Youth Service's co-ordinating role at the local level. Over 150 people enjoyed the day playing basketball and participating in the art, rap and dance workshops.

Still in its early stages, Project Pay Check (PPC) is fast becoming one of the Youth Service's more popular programs. PPC targets Indigenous young people aged 15-24yrs who are not studying or working. Its overall aim is to assist participants to explore and prepare for study or employment. Using a holistic approach, PPC looks at everything young people may need in order to do this including resumes and job skills as well as their general health and wellbeing. The program's versatility provides many opportunities for young people to work toward their desired goals and caters to both individual and group needs.

The following is a snapshot of many other types of activities the Youth Service has been involved in over the past year:

July 2008

- Holiday Activity Program – including pool, basketball, table tennis, karaoke and other console game comps, cinemas, rap, cooking, dance and art workshops, swimming at Lakes Resort, Ylympics at Palmerston YMCA, Go Karts and attendance to local NAIDOC events.
- Attended the Morning Star Indigenous In-Service on Cultural Awareness held at the LHMU building (all Danila Dilba staff).
- Co-facilitated the Back 2 School Pool Party held at Palmerston Pool (150+ participants).

August 2008

- Organised and facilitated the first Young Men's Group session (later to be known as Blood Brothaz). Participants were from Palmerston and Malak and continued to meet on a fortnightly basis until the end of the year.
- Attended the NAIDOC Day celebrations held at Moulden School (Peter and Kerrina) (350+ participants).

September 2008

- Attended and conducted an activity at the Culture Day at Palmerston High School (250+ students) (Mark, Peter, Delsey and Kerrina).
- Selected to be the NT's Representative on the Australian Youth Forum Steering Committee (which advises the Federal Minister for Youth Affairs, Ms Kate Ellis) (Kerrina).
- Attended the National Launch of the Australian Youth Forum Steering Committee held in Adelaide (Kerrina).



Shem Rotumah of P-Town Crew
Back to School Party



Competition Winners
Back to School Party

October 2008

- Gave a presentation on the Youth Service and other Danila Dilba services to Indigenous youth from Maningrida. (7 participants).
- Hosted a group of twelve Indigenous students and staff from the Woolum Bellum Koorie College of Education in Victoria (20 participants).
- Attended the Bullying and Harassment in the Workplace workshop held at the LHMU building (all Danila Dilba staff).

November 2008

- Took 6 youths to the Strengthening Strengths workshop held at Group Training NT (Delsey, Peter and Kerrina).

December 2008

- Attended the *headspace* morning tea and update session (Mark, Peter and Kerrina).
- Attended the YWCA Brothers Program Launch held at Chambers Theatre, Malak (Mark, Peter and Kerrina).

January 2009

- Holiday Activity Program – including pool, basketball, table tennis and console game comps, cinemas, swimming at Berry Springs, cooking, dance and art workshops.

February 2009

- Completed the Applied Suicide Intervention Skills Training (ASIST) (Delsey and Kerrina).
- Took 6 youths to the Australian Youth Forum held at CMAX Cinemas. Forums were held simultaneously in all capital cities and included an address by the Federal Minister for Youth Affairs, Kate Ellis by live broadcast to all forum locations (Delsey, Peter and Kerrina).
- Attended the Mindwise Engaging Self-Harmers workshop held at the Darwin Human Resource & Computer Academy (Delsey, Peter and Kerrina).



Colin & John-Ross @ the Drop-In Centre



Youth visit Parliament House

March 2009

- Took part in the organisation's planning workshop held at Admin (all Danila Dilba staff).
- Gave a presentation on the Youth Service and other Danila Dilba services to Indigenous young women from Jabiru at the Tamarind Centre. (12 participants) (Delsey and Kerrina).
- Organised Corrugated Iron Youth Arts to facilitate the development of a youth issues DVD on the dangers of drink driving as part of the Youth Service Mek-Im-Mubi project (8 participants).
- Provided activities and a video booth as part of the National Youth Week event organised by City of Palmerston and *headspace* (300+ participants).

April 2009

- Holiday Activity Program – including a 3 on 3 basketball comp, a pool comp, screen printing and a swimming excursion to Buley Rock Hole which included ESWB, Dare 2 Dream, *headspace* and Anglicare.
- Took 2 youths to the Well Womens Camp Get Together at Lake Leanyer (12 participants) (Delsey and Kerrina).
- Gave a presentation on the Youth Service and other Danila Dilba services to Indigenous students from remote area schools (7 students).

May 2009

- Attended the Australian Youth Forum Steering Committee meeting held in Melbourne (Kerrina).
- Took 4 youths to the Well Womens Camp held at Litchfield (Kerrina).
- Attended the We Grow Them Up Festival held at the Airport Resort (Peter and Chrystal).

June 2009

- Attended the AMSANT Sexual Health for Youth Workshop held at Mirambeena (Delsey, Peter, Kerrina, Chrystal and an IYAC member).
- Assisted in co-ordinating the VIBE Indigenous 3 on 3 Basketball & Hip Hop Challenge held at Palmerston High School (150+ participants).
- Organised and co-facilitated a youth consultation on mental health in partnership with the Menzies School of Health Research (14 participants).
- Attended and conducted an activity at the Culture Day at Palmerston High School (250+ students).
- Holiday Activity Program.
- Completed the Applied Suicide Intervention Skills Training (ASIST) (Peter and Chrystal).

The Youth Service continues to lead the way in delivering culturally appropriate, innovative, Indigenous youth-specific programs to the Indigenous youth of the Palmerston region. The team's combined skills, knowledge, experiences and commitment to youth issues ensure that clients are given the highest quality of service to assist them in continuing to make positive changes in their lives.

Delsey Tamiano
Youth Services

Clinical Compliance

Clinical Compliance is forging ahead with areas of responsibility including – Continuous Quality Improvement, Health Systems, Medicare, AGPAL, Data Analysis and Information Technology. The main task of this area is to improve quality and compliance in all areas of the organisation, providing a platform for improved reporting processes and communication across the organisation.

Continuous Quality Improvement

Danila Dilba Health Service is an active participant in the Menzies School of Health Audit Programs and has completed clinical audits in the areas of Preventable Chronic Disease, Child and Maternal Health and Renal. This audit process helps to identify strengths and weaknesses within our clinical areas and gives our organisation a framework within which to improve care provided to our clients.

This area is also responsible for the Healthy for Life Program which we received Phase 1 funding for during this year. This funding gives Danila Dilba Health Service an opportunity to strengthen and improve our services in Chronic Disease, Men's Health and Child and Maternal Health.

March Planning Week

During March Danila Dilba Health Service closed its doors for a week to provide an opportunity for staff to take part in organisational planning and information sessions. The week included Service Area overviews, updates on EHSDI, in-services from Build-Up Design, Menzies, Unna Liddy – CQI, Medicare, AIM High and NTGPE. During the in-service the organisations patient journey was reviewed and clinical pathways for Chronic Disease and Acute Care were decided upon for implementation in the 09/10 Financial Year.

Danila Dilba is also participating in the OATSIH EQHS program and has engaged the services of 20/20 Integrated Solutions and particularly Unna Liddy to support the organisation in the development and implementation of Continuous Quality Improvement processes within the organisation, as well as the preparation for additional accreditation within either the QIC or ISO frameworks.



Health Systems

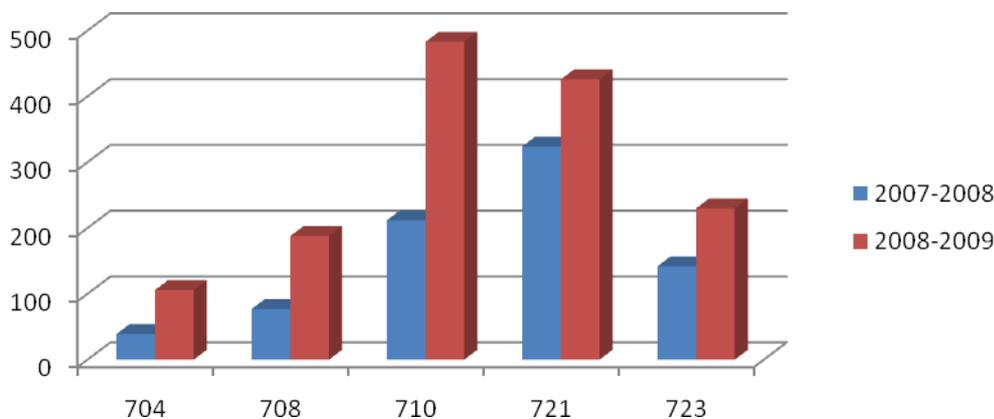
Medicare

Danila Dilba Health Service has re-evaluated Medicare procedures and processes over the past 12 months and has implemented the following:

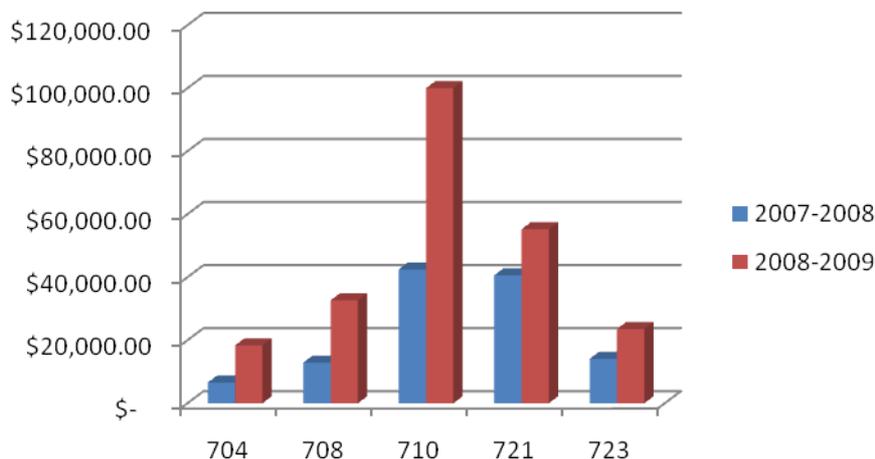
- ✚ AHW and RN Billing in accordance with Medicare rulings;
- ✚ Undertaken an extensive review of the past 2 years billings and corrected any errors and re-billed all outstanding claims;
- ✚ Employed a dedicated Medicare Officer to ensure rejected claims are reviewed and re-billed where possible; and
- ✚ Provided on-going staff training and support to improve and streamline billing within the organisation.

The work undertaken has resulted in Medicare recovery of over \$50,000 and has taken many hours of manual processing of claims. This work has also resulted in a national change in the Communicare billing section to enable computerized back billing for 2 years in accordance with national changes to the Medicare billing processes. Below is a comparison of Medicare billing in the areas of health checks and care planning between 07/08 and 08/09:

ITEM NUMBER COUNT COMPARISONS



ITEM NUMBER CLAIMS COMPARISONS

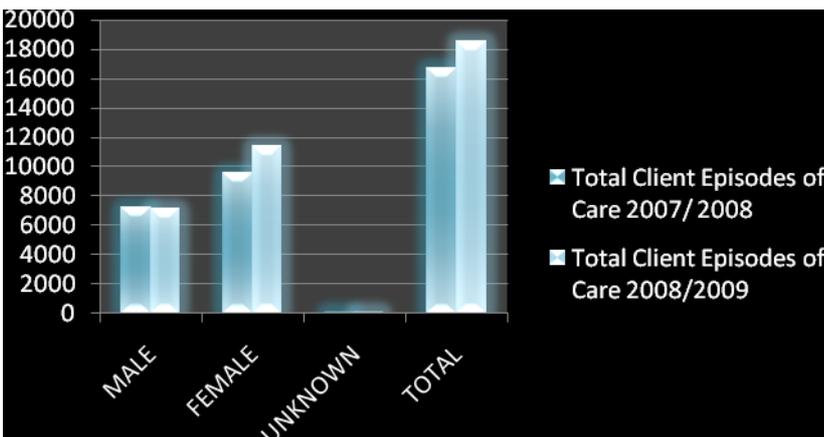
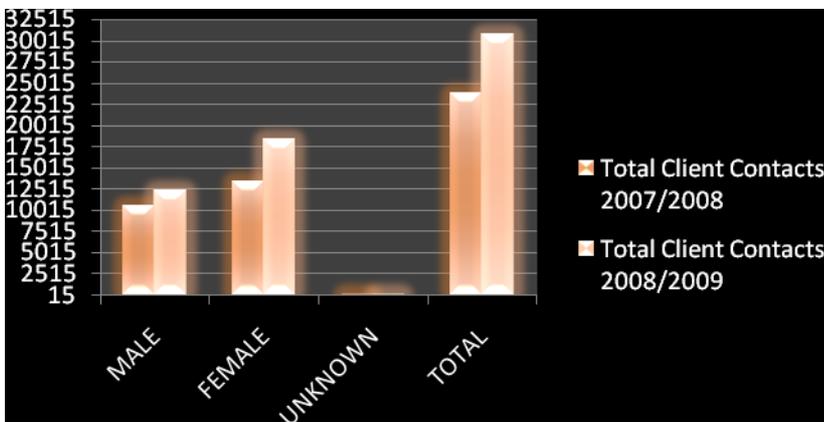


AGPAL

Danila Dilba Health Service achieved re-accreditation with AGPAL in October 2008. The organisation has also implemented an on-going cycle of annual AGPAL audits conducted internally to ensure absolute compliance year round.

Data Analysis

This area of Danila Dilba is currently unfunded, but has been identified as an important part of our review and evaluation process. The ability to analyse data from year to year helps to set priority areas of improvement, but more importantly allows the organisation to recognise our strengths. Below are comparison data graphs for client contacts during 6 month reporting periods for 08/09 in the clinical areas. As you can see the ability to compare this data allows for staff planning and to evaluate any changes to staffing levels or clinical pathways.



Information Technology

The Clinical Compliance area has undertaken 2 special projects in the Information Technology area of the organisation, these are a Communicare Data Cleansing Project, expected to end in September 2009 and the production of a specialised Integrated Reporting Tool. The Integrated Reporting Tool is in a concept production phase and it is expected to be in Phase 1 operation in December 2009. The tool has been designed to provide pre-populated reports to all management areas of the service in order to streamline the reporting processes required by the NT Department of Health and OATSIH.

MAJOR PARTNERS

Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)

Danila Dilba Health Service is a member of the Northern Territory peak body the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

AMSANT consists of 13 full member organisations and several associate members, usually represented by either the Chairperson or Chief Executive Officer of each member Health Service.

The Chief Executive Officer of DDHS is the current Chairperson of AMSANT.

Some of the identified areas for development during the past year are:

- Continuing to advocate and lobby for funding for the provision of a Danila Dilba Health Service facility in the Palmerston area.
- Participation and feedback relating to the new national competencies in Aboriginal Health Worker certificates and workforce issues in general.
- Lobbying Commonwealth Government to fully rollout Primary Health Care Access Program funding across the Northern Territory.

CORPORATE RESEARCH CENTRE FOR ABORIGINAL HEALTH (CRCAH)

Danila Dilba Health Service is one the core partners of the Cooperative Research Centre for Aboriginal Health (CRCAH).

Together with Central Australian Aboriginal Congress (CAAC), Danila Dilba Health Service represents the Aboriginal community-based health service providers in determining the collaborative research agenda of the CRCAH.

Some key objectives of the CRCAH include:

- Working with Indigenous partners & communities to identify research priorities;
- Building partnerships to work on these priorities;
Increasing Indigenous research capacity through education (e.g. scholarships, traineeships, cadetships)
- Working towards changing the 'traditional culture' of Indigenous health research.

Danila Dilba Health Service's Chief Executive Officer is a representative on the Board of Directors. The Board supports the increased research capacity of Aboriginal Medical Services. One of our key contributions on this board has been to ensure the transfer of knowledge gained by research into practical support and assistance in our Health Services that benefit our clients.

NORTHERN TERRITORY ABORIGINAL HEALTH FORUM

The aim of this forum is to better improve health outcomes for Aboriginal and Torres Strait Islander people, with the Commonwealth and Northern Territory Governments and AMSANT working collaboratively together.

This agreement allows all parties to contribute to:

- The improvement of access for Aboriginal and Torres Strait Islander people to both mainstream and Indigenous specific health and health related programs;
- Increase the level of resources allocated to reflect the higher level of Indigenous need;
- To jointly plan for full and formal Aboriginal and Torres Strait Islander participation in decision making and determining priorities, improving cooperation and coordination of service delivery, increasing clarity on the roles and responsibilities of stakeholders and enhancing effectiveness and efficiency of health service delivery.

The forum plays a pivotal role in the distribution of funding and resource allocations in the Northern Territory. Through our partnership work with AMSANT, Danila Dilba Health Service continues to provide information that contributes to the decision making as well as staying in touch with emerging priorities in the Aboriginal Health Sector. The DDHS Chief Executive Officer is the Chair of the NT Aboriginal Health Forum.

DANILA DILBA HEALTH SERVICES

ADMINISTRATION

Location: 2/56 Pruen Road
Berrimah NT 0828
Postal: GPO Box 2125
Darwin, NT 0801
Phone: (08) 8943 5100
Fax: (08) 8943 5101
Email: info@daniladilba.org.au

HEALTH SERVICES

Main Clinic-Women's Clinic-Mobile Clinic

Location: 32-34 Knuckey Street
Darwin, NT 0800
Phone: (08) 8942 5444
Fax: (08) 8941 3452

Male Health Programs

Location: 42 McLachlan Street
Darwin NT 0800
Phone: (08) 8942 2186
Fax: (08) 8941 8269

Palmerston Clinic

Location: 5/6 Woodlake Boulevard
Durack NT 0830
Phone: (08) 8931 1501
Fax: (08) 8932 2162

Emotional and Social Wellbeing Centre

(Incorporating Bringing Them Home/Dare to Dream/Indigenous Regional Centre)

Located at: Unit 3/1 Malak Crescent
Malak NT 0810
Phone: (08) 8927 9335
Fax: (08) 8947 9002

Youth Services

Located at: Shops 9 & 10 Gray Shopping Complex
Essington Ave, Palmerston NT 0830
Phone: (08) 8932 3166
Fax: (08) 8932 9762

Outreach

(EHSDI, Sexual Health, Health Promotions, Mobile Team, AOD, Nutrition, Eye & Ear Health)

Location: 2/56 Pruen Road
Berrimah NT 0828
Postal: GPO Box 2125
Darwin, NT 0801
Phone: (08) 8943 5100
Fax: (08) 8943 5101

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2008 Aboriginal Health Worker Awards

Aboriginal Health Worker Excellence Award Winner - Cheryl Patullo



Minister Dr. Chris Burns MLA, Cheryl Patullo from Danila Dilba Health Service and Gwena Lawton-Gless

Urban Award



Wendy Mackay and Cheryl Patullo

Cheryl has been working the health arena for 20 years. She has spent 16 of these years in the East Arnhem District. She commenced her training while working on Groote Eylandt and continued to work there in a variety of positions including health promotion, clinical and management of three health centres.

During her professional career, Cheryl has held many positions both clinical and managerial and has contributed to the quality of health care in both East Arnhem and urban areas of Darwin and Palmerston. Cheryl has professionally extended her practice and holds numerous qualifications in health and management areas of practice including an Aboriginal Health Worker Medicare provider card. Cheryl is currently working as the Coordinator of the Danila Dilba Health Service Palmerston clinic.

21 November 2008

2008 Aboriginal Health Worker Named

A woman with more than 20 years experience in the Northern Territory health sector has been named the 2008 Aboriginal Health Worker of the Year.

Cheryl Patullo from the Palmerston clinic of Danila Dilba Health Service beat 12 other finalists to take out the top award at a ceremony at Parliament House this evening.

The Health Minister Chris Burns said Ms Patullo was a deserving winner.

“Cheryl began her training on Groote Eylandt and continued to work there in a variety of positions including the management of three health centres.

“She has held many positions in both clinical and management areas and has contributed to the quality of health care in East Arnhem and the urban areas of Darwin and Palmerston.

“Cheryl has professionally extended her practice and holds numerous qualifications in health and management areas of practice.

“She is a true role model for Aboriginal people.”

Dr Burns said there were 76 nominations for the four categories in this year’s award – remote, urban, specialised and new practitioner.

“In the Territory, we have about 300 registered Aboriginal Health Workers. To have a quarter of those practitioners nominated for an award highlights the high regard Aboriginal Health Workers are held in the community.

I congratulate Cheryl and all the finalists for their outstanding work in filling such an important role in the delivery of health services in the Territory.

I’d also like to acknowledge the ongoing support of the Rotary Club of Darwin Sunrise and their sponsorship of these awards again this year.

Service above self is the motto of Rotary, and I certainly believe our Aboriginal Health Workers live up to that ideal.”

The category winners were:

Remote

Tony McMasters – Apatula Health Centre, Central Australia Remote Health

Tony began his training as an Aboriginal Health Worker in 1992 at Central Australian Aboriginal Congress. In addition to clinical employment in Alice Springs, Groote Eylandt, Belyuen and Apatula, Tony has worked as research assistant with Menzies on a renal study.

Tony has been based in Apatula or Finke for the past 4 years and is currently the acting health centre manager.

During his career, he has maintained and expanded his clinical skills by attending and completing numerous courses and training. He has initiated the Jump Rope for Heart program in the community of Apatula.

Tony was granted a scholarship for 2009 to assist him to complete his graduate diploma in health management through the Centre for Remote Health.

Specialised

Patrick Ah Kit – Anyinginyi Health Aboriginal Corporation

Patrick has been an Aboriginal Health Worker for 26 years. He trained at Central Australian Aboriginal Congress where he worked as an Aboriginal Health Worker Manager and Educator.

For the past 7 years, Patrick has chosen public health as his area of employment. He is currently working at Anyinginyi Health Centre in the area of men's health.

Patrick's main motivation in his work is to give health promotion as much emphasis as direct clinical care.

New Practitioner

Katherine Coultard – Ti Tree Health Centre, Central Australia Remote Health

Katherine began her Aboriginal Health Worker training in 2006 and graduated from Central Australian Aboriginal Congress education branch at the beginning of 2007.

Before graduating, Katherine had been working with Congress medical centre on the bush mobile program. She continued in that position for a few months before moving to Central Australia Remote Health where she was been employed at Finke Health Centre for 10 months. Katherine has recently moved to Ti Tree where she is currently employed.

Being a single mother of 2 daughters, Katherine found it hard to study but had a large amount of support from work colleagues, family and friends to encourage her to complete her studies.

Urban

Cheryl Patullo – Danila Dilba Health Service, Palmerston

As well as winning this category, Cheryl was named the overall 2008 Aboriginal Health Worker of the Year.

Remote finalists

- Lisa Ngurruwuthun – Gapuwiyak Health Centre
- Anthony McMasters - Apatula Health Centre
- Jeffery Oliver - Santa Teresa - Ityentye Apurte Community Health Centre
- Anne Murrungun - Numbulwar Community Health Centre
(Anne was also highly commended)

Specialised finalists

- Patrick Ah Kit - Anyinginyi Health Services
- Elaine Campbell - Congress Alice Springs
- Margaret Lankin - Helping Hands
- Ross Cole - Remote Health Alice Springs
(Ross was also highly commended)

New Practitioner finalists

- Katherine Coultard - Ti Tree Health Centre
- Alison Williams - Wurli Wurlinjang Health Service

Urban finalists

- Ronald Ogilvie - Wurli Wurlinjang Health Service
- Cheryl Patullo - Danila Dilba Health Service
- Natalie Newman - Clinical Learning
(Natalie was also highly commended)

