



# DURRI

ABORIGINAL CORPORATION  
MEDICAL SERVICE

ANNUAL  
REPORT  
1999/2000

# CONTENTS

---

	Page
BOARD OF MANAGEMENT	i
OBJECTIVES	ii
PHILOSOPHY	iii
CHAIRPERSON'S REPORT	1
CHIEF EXECUTIVE OFFICER'S REPORT	3
HEALTH WORKERS	5
COMMUNITY FOCUS - CLINICS, OUTPOSTS & PARTNERSHIPS	7
DJULI GALBAN	9
DJULI GALBAN - NATIONAL INFLUENZA & PNEUMOCOCCAL IMMUNISATION PROGRAM	11
YOUTH PROGRAM	12
GOORIE GALBAN	13
REGIONAL EYE PROGRAM	14
ALCOHOL & OTHER DRUGS	15
MEDICAL CLINIC	17
DIABETES	20
MENTAL HEALTH	23
HEARING CLINIC	25
DENTAL	26
ADMINISTRATION	28
TRANSPORT	29
FINANCE	30

This Annual Report has been compiled for Durri Aboriginal Corporation Medical Service by:

**ACHIEVE**  
**Outcomes Australia Pty Ltd**  
*Helping you to get better results*

Ph: (02) 6652 2193  
Mob: 0418 280 604  
Fax: (02) 6657 8244  
achieve@optusnet.com.au

Cover Design: Wayne Smith  
Copyright ©: Artwork may not be reproduced without the written consent of:  
Durri Aboriginal Corporation Medical Service

# BOARD OF MANAGEMENT

---

CHAIRPERSON:	James Stirling	(East Kempsey)
DEPUTY CHAIRPERSON:	Brian Bradshaw	(West Kempsey)
SECRETARY:	Allan Smith	(West Kempsey)
TREASURER:	Karen Rhodes	(South Kempsey)
DIRECTORS:	Diane Bradshaw	(West Kempsey)
	Mary-Lou Buck	(South Kempsey)
	Raymond Clay	(West Kempsey)
	Rodney Cowan	(South Kempsey)
	Anthony Gray	(Wauchope)
	Shirley T. Kelly	(West Kempsey)
	Jeanine Sines	(West Kempsey)
	Thomas Sines	(West Kempsey)

## OBJECTIVES

---

*“The aim of Durri AMS is to provide an holistic approach to health care for the Aboriginal communities of the Macleay Valley. Our goal is to make primary health care and education accessible to all members of the community in a culturally appropriate and spiritually sensitive manner, endeavouring to improve not only the health status but also the well-being of our Aboriginal Community.”*

### OBJECTIVES

- To establish, administer and operate an Aboriginal Medical Service to cater for the health needs of Aboriginal people in the area bounded by Nambucca Heads to Port Macquarie and west to Bellbrook.
- To improve the health status of the Aboriginal communities of Greenhills Aboriginal Community, Burnt Bridge Aboriginal Community, Kempsey and surrounding areas through the implementation of appropriate medical care and disease prevention programs.
- To involve Aboriginal people in the planning and provision of health care for their communities.
- To train Aboriginal people as Field Officers and Health Workers.
- To teach Aboriginal people to better utilise existing health and social services.

Durri Aboriginal Corporation Medical Service also supports and assists Aboriginal communities in neighbouring regions to achieve better access to health care.

Durri is guided by the recommendations, goals, objectives and targets established by the Royal Commission into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy. The information supplied in these reports relates specifically to service provision and service development.

## PHILOSOPHY

---

*Durri's core philosophy is not just to treat ill-health, but to look at a wider picture of inequity. The spirit of an entire people has been badly damaged, most visibly in substance abuse, and the harm exacerbated by inadequate housing and water supply, limited employment opportunities and low income. None of these problems can be fixed by a trip to the doctor*

For Aboriginal people, individual health has long been woven into the fabric of family and community as an important part of its cultural and social well-being. This "whole-of-life" philosophy includes the "life-death-life" cycle. Aboriginal cultural values and social organisation are centred on the extended family so, traditionally, knowledge of cultural practices, social order, health and welfare have always derived from that shared wisdom.

Durri AMS differs from conventional health services because, first and foremost, it is responsible and accountable to the Aboriginal community itself, guaranteeing a significant degree of control by Aboriginal people over their own affairs. This enables changing needs in the community to be addressed independently of policy made elsewhere. Moreover, this independence has allowed Durri to adopt "total health" as a goal rather than "individual treatment" which focuses only on illness after it has developed. In this way, Durri is better equipped to develop health promotion and prevention objectives, as well as integrate treatment into a comprehensive health service for the community.

Beyond the provision of culturally sensitive and high quality medical, nursing and dental treatment to the Aboriginal community of the Macleay Valley, Durri provides ongoing support to genuine efforts at improving Aboriginal housing, access to education, training and employment. It also strives to ensure that Aboriginal issues are prominently on the table at every relevant health and welfare forum. These multiple roles share equal importance in the struggle to improve the well-being of Aboriginal people.

In addition, the Chief Executive Officer represents the Aboriginal community – and indeed the wider Kempsey community – on many peak health committees and has regular access to political decision-makers at both State and Commonwealth levels. Durri likewise cooperates with many local organisations and agencies – such as the Mid North Coast Area Health Service, the local Shire Council, the College of TAFE, Skillshare, Job Network, primary and secondary schools and pre-schools – as partner, adviser and advocate on behalf of the Aboriginal community. These networks ensure an ongoing improvement in the resources and services available for Aboriginal people.

The organisational culture developed at Durri maximises employment opportunities for Aboriginal people in the health team. Multi-skilling is encouraged and invariably there is a shared willingness to step from one role to another when the workload demands. The growth and success of Durri AMS could not have been achieved without this team spirit. Above all, the staff of Durri is willing to "go the extra mile" to ensure community health and well-being. These characteristics only make sense because, as individuals and as an organisation, we respect each person and every community we serve. This culture of respect is apparent in the volume of fieldwork, follow-up, liaison and health surveillance undertaken by Durri.

The format of this report is intended to reflect the overall philosophy of Durri. It stresses the community orientation of service delivery, health promotion, early intervention and prevention measures

*"Even if only one person is sick, the whole community hurts."*

## CHAIRPERSON'S REPORT

---

*"The aims and objectives of Durri are increasingly being met through the efforts and determination of management and staff and it is gratifying to see these endeavours paying dividends in improving health in the Aboriginal community which we serve."*

*Jim Stirling, Chairperson*



I have pleasure in submitting this Annual Report for Durri Aboriginal Corporation Medical Service for the year 1999 – 2000.

Health, for Aboriginal people, means the well-being of the whole community and is not reflected just in the number of visits made to a doctor. For this reason, in this Annual Report, we highlight the invaluable outreach roles of Durri staff, and in particular the role of our Aboriginal Health Workers.

Aboriginal Health Workers ensure that we connect with the community, and enable our professional staff to deliver their service in a way that is meaningful to our people. Beyond performing their many day-to-day tasks, they enable us to tackle many of the underlying causes of ill health. Much of what they do is beyond measure – and therefore risks being undervalued – but my Board is convinced that, in the long run, the dividend of investing in their work will be a greatly strengthened and therefore healthier community. And an enriching and loving environment in which our children can grow and achieve their potential.

These are bold ambitions for a medical service but Durri has set a course that we believe to be right and, with the goodwill and support of many others, we have made a good start. The dedication of our CEO and his staff is widely known and appreciated and this is reflected in the continuing respect in which Durri is held both as a service provider and community builder. This mutual respect and trust will be the key to success.

We now have twenty one programs on the go, covering a wide range of disciplines, and a strong team of committed professionals to carry them out. All this could not have happened without the sustained support of both Commonwealth and NSW Governments. This support was further enhanced in December 1999 with the launch of the Mid North Coast Aboriginal Health Plan, and the signing of a Partnership Agreement between Durri, Biripi and the Mid North Coast Area Health Services, by each of the Board Chairpersons and their CEOs.

The Plan is also intended to recognise the broader partnerships and collaboration needed if we are to make improvements in the health of our community. Much of Durri's work is dependent on these partnerships. We cannot do it ourselves. It is important that we continue to work with the range of agencies, public and private, to ensure access to the best possible health care for our people.

We have achieved a lot, but much remains to be done. The health, or should I say "sickness", of our community remains at an unacceptable level. More resources will need to be invested before we will see the improvements we all want. The Aboriginal Health Plan provides a framework for collaboration, but it means little without the necessary investment to enable it to be properly implemented.

Our staff has carried much of the burden imposed by years of under-investment. Their restraint and patience is to be commended. They have worked tirelessly, both individually and as a team, to provide a high quality service to the community.

While recognising that we still have a long way to go, it is worth pausing for a moment to acknowledge their achievements. Many of these achievements are mentioned in our Chief Executive Officers report, but to the staff I say:

*"Well done! It is a huge challenge that you take on, but an extremely worthwhile one. The community is grateful for your efforts and appreciates the commitment you have made to carry them out."*

This year we have also played a role in assisting our neighbours in the Gumbainggir Nation to establish the Galambila Medical Service. With the support of the Mid North Coast Division of General Practice, the Mid North Coast Health Area Health Service and the local community, the value of Galambila continues to grow.

We are especially looking forward to moving into the York Lane building. When renovations and construction are completed they will provide an excellent opportunity for us to consolidate our services. The new facility will offer our patients:

- a comfortable waiting room, with space for their children to play in safety;
- a tea room/kitchen where they can make themselves a "cuppa";
- a mothers' room where they can breast-feed their babies, change nappies or get their little ones to sleep.

The clinic will be kept separate from administration and other offices, so patients can be assured of complete privacy and confidentiality. Staff will benefit from more space and a much better work environment.

My Board will continue to work hard to obtain the institutional and financial support needed, to enable Durri to continue its work with the community in improving the health of our people.

Our fiscal responsibility continues to be recognised as of the first order. At the end of the 1999 – 2000 financial year, Durri is in an excellent financial position.

Finally, my appreciation and thanks go to my Board of Directors for their contribution to the success of the organisation during the past twelve months.



**James Stirling**  
**Chairperson**

# CHIEF EXECUTIVE OFFICER'S REPORT

---



*"We must continue to develop the best possible service, and access to them, for our community. The development of a well funded transport system remains a priority."*

*Steve Blunden  
Chief Executive Officer*

Health Workers have a pivotal role in ensuring our service works for the community. They understand the context of health issues - including the underlying factors mentioned in the Chairperson's report - and the importance of education, health promotion, early intervention and treatment. Crucially, they also open doors to the community. It is not only Durri and the community which regards them highly. Because of their commitment and hard work, we are well on the way to achieving accreditation under National Aboriginal Health Worker Competency Standards.

During the year we actively participated in the Dughutti Community Working Party which sponsored a major Housing for Health Project with the Mid North Coast Area Health Service and the Lands Councils. This saw an environmental review and repairs to houses in Bellbrook and Greenhills communities. The Working Party also sponsored the development of a sustainable Community Housing Plan that will see an improvement in housing and community infrastructure.

Durri's community orientation is mainly realised through its outreach program and our work continues in Bellbrook and Mirriwinni Gardens, Crescent Head, South West Rocks, Greenhills, South Kempsey, New and Old Burnt Bridge. This year new clinics in Bellbrook and Bowraville were brought on-line - and we will go on cooperating with other agencies to further expand the network.

We all want our children to get a great start in life and Djuli Galban, our neonatal and maternity program, provides a major key. Its reputation continues to grow with the referral rate of Aboriginal women from the hospital going from 87% to 100% and 86% percent of women now

present to Djuli Galban before 20 weeks gestation compared to 66% in the previous year.

As well as providing normal childhood immunisations, the Djuli Galban team has also coordinated the National Influenza and Pneumococcal Immunisation Program. Some 275 people received flu vaccine, and 162 people were given pneumococcal vaccinations, in the first four months of the program.

Our youth program struggles with a single male youth worker, but he has a vision. As well as the sport and recreation activities he currently handles, his dream is to work with other agencies to start a camp, or resort area, perhaps in the mountains, where young people can learn construction and other trades, learn how to grow crops, Koori culture and so on. Ultimately the camp would become part of the Mid North Coast tourism industry. There is no need to spell out the benefits that would accrue to many Aboriginal kids.

Goorie Galban assists women in crisis. It is an important "early intervention" service because many health problems originate in family and social breakdown. Durri auspices the family health component in partnership with DoCS, which funds the program.

During the year, in conjunction with five neighbouring Aboriginal medical services, we also established a Regional Eye Program. The CEOs of these AMS's agreed to pilot the program at Durri. It began in November 1999 and has seen many people experience the immediate benefit of improved sight. What an experience for people who hadn't read a newspaper or book for years!

The abuse of alcohol and other drugs remains one of our biggest concerns. We continue to work with the community to address this major issue, but we must remember that the answer does not lie in treatment. We must strengthen our belief in ourselves and create a positive future for our children.

Good mental health is also a key issue and it is important not to underestimate the impact of the way people feel about themselves. Our mental health team is a crucial link in the process towards good health for many in our community. However, staff turnover is a problem and we need guidance and training from our colleagues in the MNCAHS. Likewise the partnerships between our health workers and carers needs to be clarified and strengthened.

Our medical team does an outstanding job. While prevention is the key to a better future we must address the needs of our people today. Access has been improved during the year by continuing our important outreach program and strengthening the clinic's role. The completion of the new building will provide more space for an improved clinic. In January 2000 Durri was delighted to engage its first Aboriginal doctor, Dr Ray Warner, for an initial twelve month period.

Diabetes remains a major concern. Our screenings are identifying increasing numbers of people at risk but we hope the problem can be addressed as a lifestyle issue before it becomes a medical condition. With that in mind, Durri, together with CDEP, helped get a vegetable garden and Growers' Co-op up and running in Bellbrook. Along with their veggies, they will send a strong message to the community about the value of good nutrition.

Durri continues to coordinate and facilitate the community based dialysis unit in cooperation with Booroongen Djugun Aboriginal Corporation and the Renal Unit at Newcastle University and Warnsley. However, without a properly funded drive for education and early intervention, there will be an increased call for management and treatment. Indeed, unless more resources are put into diabetes management many of our 220 patients may need some form of renal service (dialysis) in the future. Now that the major review of renal services for the area has been completed with the MNCAHS, it needs to be implemented without delay.

Our Hearing and Dental Therapy clinics all perform extensive screenings and dental staff now reach every child in pre-schools and schools in the Macleay, Nambucca and Hastings Valleys. Currently funding for dental therapy ceases at age eighteen but recent efforts by the Deputy Director

General of Health in the NSW Government have resulted in a grant of \$200,000 for adult dental health to be shared between Durri and Biripi.

Unfortunately our Hearing Service had to be cut back while our audiometrist was on maternity leave. The program will shortly be back in full swing but the shortage of qualified staff needs to be addressed.

The provision of transport to patients remains a major problem. Early intervention is critical for the sake of the patient - and timely care is important to minimise the call on hospital beds. Durri believes its transport program is an important component of its medical service and an effective way of keeping costs down. During 99/2000 5,500 transportations were provided, an increase of no less than 22% on the previous year.

We are grateful to Guri Wa Ngundagar for continuing to provide two drivers and pay their wages for two days a week. However, the remaining days' wages - plus the cost of vehicles, maintenance and wages for casual drivers - are subsidised from other Durri programs, which is an unacceptable drain on their resources. Dedicated funding is essential, but this important service continues to be unfunded

Design work on our new premises in York Lane has been completed and we expect to sign a contract with the builder in September. Completion of Stage 1A is expected a year's end, with occupation in January 2001.

In January of this year Durri, as a signatory of the Mid North Coast Aboriginal Health Partnership, signed an agreement with the Commonwealth to explore the development of a Coordinated Care Trial. The Partnership, through the Mid North Coast Area Health Service was awarded funds to develop a detailed proposal for a three year Trial. The proposal will be submitted to the Commonwealth, subject to the Boards agreement at the end of October 2000. The development work has been extremely promising, and if supported by the Commonwealth, the Trial will offer the potential for us to develop a much more comprehensive service which builds on our existing philosophy.



**Steve Blunden**  
**Chief Executive Officer**

# HEALTH WORKERS

## PROVIDING A STRONG LINK TO THE COMMUNITY

*"I really enjoy health education and screening because I can see the good I am doing for my people" (Alison Morris, Health Worker)*

*"Through being part of the community, people often tell us where to find sick people."*

*"Home visits are important because some people don't have the means, or are too ill, to leave home." (Keith Roberts, Senior Health Worker)*



The marginalisation of Aboriginal cultural and social traditions has significantly increased the importance of Aboriginal health workers in the provision of health services to the community. The immediate benefit brought by Aboriginal Health Workers is more effective care for patients and their families. Their potential is to secure earlier interventions and a broader utilisation of services by clients.

### WORKING INDEPENDENTLY

A particularly important role for the Health Worker is the implementation of opportunistic screenings or recall of clients, especially where chronic disease is suspected.

"We believe that, through our personal support and care for patients, Durri has helped Aboriginal people feel more confident and comfortable in the public health system.

"We visit patients, sometimes take them clothes, relay messages to family and even find out important aspects of a patient's history they have not told the doctor.

(Keith Roberts, Senior Health Worker)

### SUPPORTING GPs AND OTHERS

Durri's Health Workers operate both independently, and accompany doctors and others on their community visits. Their day-to-day functions include dressing wounds and infections, and immunisations. They also treat a range of skin problems and parasitic complaints, including sores,

impetigo, boils, head lice and ringworm. On field trips, they check around the community for people who may need medical attention and make appropriate arrangements for treatment.

### DIABETES

Health Workers also assist the Diabetes Educator with blood pressure and blood sugar readings. These screenings often identify people at risk who were not previously recognised. They also provide guidance to insulin-dependent diabetics.

### HEALTH EDUCATION

A vital function of our Health Workers is health education, instilling a knowledge of the body, the value of good health, how to maintain it - and what to do if it goes wrong. Educating our children is the priority, so the focus of the Health Workers' education program is on schools, pre-schools and Colleges of TAFE. Instruction includes personal hygiene, medications, First Aid and how to cope with people who are not well.

During the year the program covered:

- three primary schools;
- one pre-school;
- one high school (Melville - self-esteem program);
- Kempsey College of TAFE;
- the general Aboriginal community.

## HEALTH PROMOTION ACTIVITIES

Aboriginal Health Workers assisted several health promotion exercises during the year, including:

- "Eye Health"
- "Otitis Awareness Day"
- "Recharge" program (light aerobics);
- The Fruit and Vegetable Co-op (on Fridays);
- "Meals on Wheels" for the elderly;

Diabetes promotions included:

- "Diabetes Week";
- "Heart Health" week;
- "Drug and Alcohol Week"
- "Naidoc Week"

In addition, Health Workers perform voluntary work at sporting functions, taking blood pressure/blood sugar readings and providing immunisations.

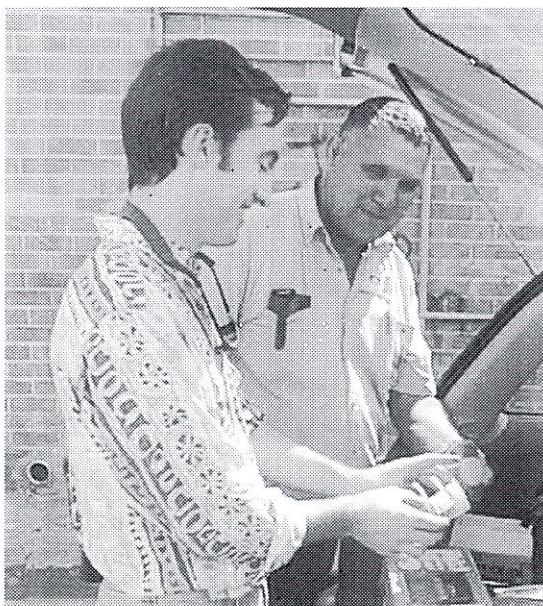
## ADMINISTRATION

Health Workers also assisted with Medicare claims where cards were lost or patients did not possess one.

## SERVICE DEVELOPMENT

### TRANSPORT

The major problem faced by the Health Workers is lack of transport. Vehicles often have to be shared with the Diabetes Clinic, which has commitments of its own. Transport officers are always busy and other cars invariably booked out to their own



programs. Health Workers can generally get lifts to appointments, but sometimes have difficulty getting back again.

### INCREASE SUPPORT TO SCHOOLS

The service provided to schools must continue to be upgraded because they have a number of children in need of attention, often the same ones again and again, indicating neglect. Early intervention should be available to children and their parents to avoid complications later on.

### GURI WA NGUNDAGAR CDEP

There is a need for a clinic at Guri wa Ngundagar. It is an opportunity for Durri to reach people who may not normally access health services. Health Workers refer them to Durri, but it seems certain there are a number of people with high blood pressure and blood sugar readings who remain untreated.

Table 1: Keith Roberts  
Weekly doctor's field trips

<b>Mon</b>	Bellbrook with Dr Brathwaite
<b>Tues am</b>	TAFE
<b>Tues pm</b>	SW Rocks with Dr Fletcher or Crescent Head with Dr Brathwaite
<b>Wed</b>	Burnt Bridge with Dr Fletcher
<b>Thur</b>	Home visits
<b>Fri am</b>	Hospital visits
<b>pm</b>	Admin at Durri

Table 2: Alison Morris Activities:

Health education, screenings and referrals to Durri or specialists:

<b>Pre-school children</b>	287
<b>Primary school children</b>	542
<b>Adults</b>	474
<b>Blood/sugar</b>	471
<b>Blood pressure</b>	415
<b>Dressings</b>	795
<b>Other</b>	138
<b>TOTAL</b>	3,122

In addition Alison assists with doctors' clinics at Greenhill, SKNIP and WKNIP and the Friday afternoon Fruit and Vegetable Co-op.

### STAFF

Keith Roberts Aboriginal Health Worker  
Alison Morris Aboriginal Health Worker  
Karen Thaiy Aboriginal Health Worker (resigned)

# COMMUNITY FOCUS

## CLINICS, OUTPOSTS & PARTNERSHIPS

---

### TAKING HEALTH TO THE COMMUNITY

#### BELLBROOK

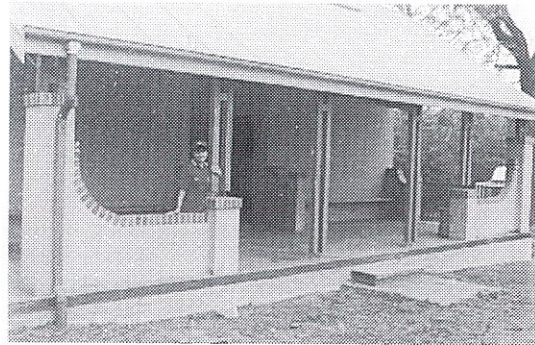


Bellbrook Aboriginal community is one of the more isolated communities in the Macleay Valley, located 60km west of Kempsey. Health services are provided by Durri in conjunction with the Mid North Coast Area Health Service and the local GP, Dr Paul Appleton. The health clinic has now been fully operational for some time. Because of its isolation, transport has been difficult but Durri was recently successful in obtaining \$22,000 from ATSIC for the purchase of a bus, which will be operated and maintained by the community.

Sadly, our coordinator, Doris Cohen, resigned but we are proud that she has accepted a position in Aboriginal Health with the Commonwealth Government in Sydney. She is Project Officer in the area Port Macquarie to the Queensland border and west to Moree, so we look forward to her continued support. The MNCAHS has advertised for a replacement but it is important that the position is filled as soon as possible.

#### MIRRIWINNI GARDENS

Mirriwinni Gardens is an isolated Aboriginal community 20km west of Bellbrook and some 80km away from Kempsey. Bellbrook and Mirriwinni have a combined health committee that provides direction from a community perspective. Dr Appleton continues to provide the Aboriginal and non-indigenous people in the area with a weekly half-day clinic. Durri hopes to extend its services to Mirriwinni Gardens Aboriginal Academy in the near future.



#### RIRIPI/RUNGAN/HASTINGS/PORT MACQUARIE LAND COUNCIL

The Aboriginal community in the Hastings catchment is screaming out for a medical service and the Land Council is asking Durri for help. Even though the Aboriginal population is probably more than 1,200, there is not a single Aboriginal health worker in the entire Hastings Valley. Durri will continue to work closely with Biripi Aboriginal Medical Corporation, and the Lands Councils to address this inequity.

## BOWRAVILLE HEALTH OUTPOST



Originally designed to serve the Bowraville community, the Health Outpost now also services Aboriginal communities in Macksville and Nambucca Heads. A new facility is opening shortly, staffed by Jacqueline Jarrett and Roslyn Darcy. Community visits by Durri doctors and Health Workers continue to be conducted weekly; several dental clinics have been delivered, a diabetes clinic has been initiated and two highly successful immunisation clinics were held during the year, with a great response from a community that had never been targeted before.

## NAMBUCCA VALLEY DARRIMBA MARRAA ABORIGINAL CORPORATION

This organisation is currently completing its Strategic Health Plan and finalising a submission for the development of a Health Outpost. The Board of Durri has given the Corporation its full support and looks forward to working with it in a fruitful partnership.

## GALAMBILA

Galambila is a joint venture with Durri, the Mid North Coast Division of General Practice, the Mid North Coast Area Health Service, the local community and the Yarrowarra Aboriginal Corporation. It has been operating for nearly two years out of Coffs Harbour Primary Health Centre and has some 1,000 patients on its books. It currently sees approximately 300 patients per month.

The clinic is staffed by Aboriginal health workers, a medical team supplied through the Division of general Practice and from the Primary Health Care Centre, and CDEP trainees from Yarrowarra Aboriginal Corporation.

Galambila was awarded the first "Fairer Access" award in 1999 and has been publicly acknowledged to be a "Best Practice" model for the provision of services to the Aboriginal community.

## COMMUNITY VISITS

Table 3: Medical Field Trips  
July 1999 to June 2000

Location	No of visits	Av. no of patients	Total no of patients
BDAC	20	2	40
Burnt Bridge	50	12	600
Crescent Head	25	2	50
Greenhill	50	4	200
* SKNIP	50	6	300
* WKNIP	50	3	150
South West Rocks	25	9	225
TAFE	40	5	200
<b>TOTAL</b>			<b>2,465</b>

\* SKNIP/WKNIP: South/West Kempsey Neighbourhood Incorporated Program.

# DJULI GALBAN



*A healthy mother is a prerequisite for a healthy baby and for her child to get a healthy start in life.*

Djuli Galban is a service for women and children which focuses on the health needs of the family during pregnancy and in early childhood (0 – 5yrs). It was initially developed at Durri in 1992 as a pilot program, when it was known as the Maternal Neo-Natal Program, and formalised in 1996 as Djuli Galban. Djuli meaning child, and Galban meaning woman in the local Dughutti language.

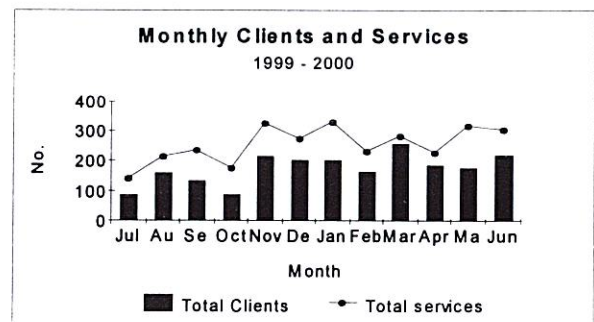
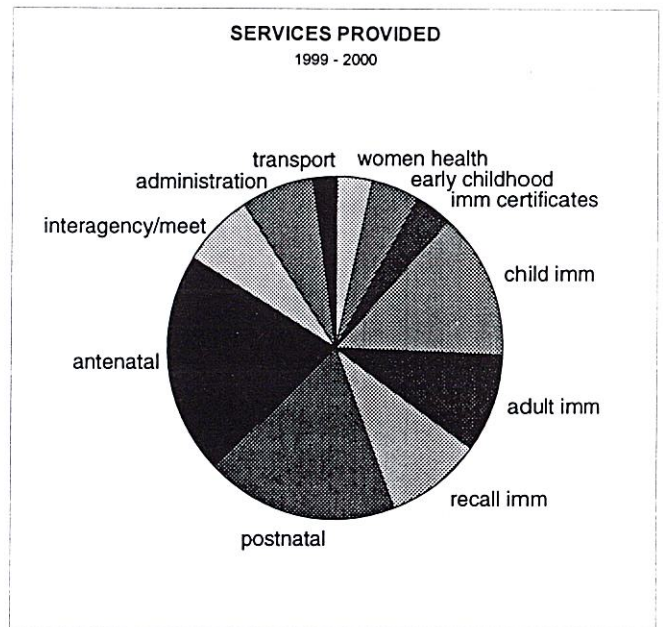
Despite improvements in maternal health services, outcomes for Aboriginal women and their babies have only improved a little with peri-natal morbidity and mortality rates continuing to be very high. One of the major contributors to this is low birth-weight, brought about by poor maternal nutrition and underlying medical conditions such as diabetes, respiratory and cardio-vascular conditions. Teenage pregnancy and premature births are two other major factors.

## HEALTHY MOTHERS

A healthy mother is a fundamental prerequisite for a healthy baby and a healthy start in life. Good maternal nutrition is important, especially for teenage mothers who may still be growing, and there are important health benefits for both mother and child from breast-feeding. Breast-fed babies are at much reduced risk of obesity, cardio-vascular disease and diabetes, and research shows that home-visits supporting breast-feeding significantly increase the rate of breast-feeding.

An important part of the Djuli Galban program is to identify and monitor high-risk pregnancies and provide regular ante-natal care through a weekly clinic, home visits and education, including screening for diabetes. Djuli Galban provides education in nutrition, smoking, alcohol and drug consumption during the ante-natal period. Post-natal domiciliary follow-up for eight weeks or longer is offered to mothers, including those who have delivered elsewhere and returned to the Macleay Valley. Ongoing general health care, including regular women's health checks, are also available to Aboriginal women and children during the infant period (0 – 5yrs) with the aim of reducing morbidity in both mother and child.

## SERVICES PROVIDED



Average no of clients per month: 174

## BIRTH RATE

Of the total of 270 women delivered at Kempsey Hospital, 69 (26%) were Aboriginal. The incidence of teenage pregnancy remains significant.

Table 4: Maternal Age

Age Group (yrs)	No	%
12-19	16	20
20-24	25	31.25
25-29	25	31.25
30-34	7	8.75
35-39	5	6.25
40-44	2	2.5

## POSTNATAL FOLLOW UP

There were 80 Aboriginal women identified who delivered during the year. These include those who delivered elsewhere and returned to the Macleay. Of these, 72 (90%) received post natal follow up.

## GESTATIONAL DIABETES

The incidence of diabetes in the Macleay is high (8.75%) compared with the average for ATSI women in NSW (3.7%). Early detection and management is important to ensure optimal outcomes for both the mother and the baby. Djuli Galban continues to work closely with the Diabetes Educator and the Prince of Wales Diabetes Clinics and Dietitian in response to this major need.

## GESTATIONAL AGE AT FIRST ANTENATAL VISIT

Djuli Galban has continued to increase its awareness and reputation in the community.

Table 5: Presentations and referrals to Djuli Galban

Aboriginal Women	98/99	99/2000
Presenting before 20 weeks gestation	66.3%	86.25%
No referred to Djuli Galban by Hospital	87.3%	100%

## CHILDHOOD IMMUNISATIONS

482 children were immunised during the year.

## INCREASED DEMAND

Whilst the demand remains high for Aboriginal women, there also continues to be an increased demand from non-Aboriginal women for antenatal, early childhood and immunisation services. It is believed that this is a result of the cessation of bulk-billing by medical practices in the Kempsey area. However, due to limited resources, non-Aboriginal women are referred to mainstream services for postnatal follow up. Our priority is to improve the health of mothers and children of Aboriginal families.

## LIAISON AND CONSULTATION

We consult widely with various agencies including:

- Kempsey Women's Refuge;
- Department of Community Services;
- Paediatricians;
- Australian Early Childhood Register;
- NSW Department of Health;
- Port Macquarie Division of General Practice;
- Kempsey Family Support Services.

Djuli Galban plays an active role on the following working groups:

- Cervical Screening Reference Group;
- Area Women's Health Network;
- Families First Implementation Group.

## THE FUTURE

Following a successful review, Djuli Galban has ongoing funding until 2003. However, funding is less secure for specific programs. Current funding from the NSW Alternative Birthing Service is inadequate and is topped up from other programs. The Immunisation Incentive Payment scheme is likely to cease in 2001. In order to continue providing a high quality service, a longer-term commitment from the NSW State Health Department is necessary. On top of the important services already provided, we hope to employ two or three new staff under the Families First program. They will complement existing programs, close existing gaps and allow Durri to extend its care to children beyond the age of five.

Demand is expected to continue to grow because of an increase in the number of people wanting access to a bulk billed service and the impending development of the Kempsey Correctional Facility. This is expected to house up to fifty women, including pregnant women, and women with their children.

# DJULI GALBAN

## NATIONAL INFLUENZA AND PNEUMOCOCCAL IMMUNISATION PROGRAM

*Influenza has been shown to be causative in 80-90 per cent of deaths in people over 65.*

The aim of the program is to improve the health of Aboriginal people in the Macleay Valley by providing access at a primary health-care level to preventative medicine (pneumococcal and influenza vaccines). The program also aims to educate the community about the importance of annual vaccination. The National Health and Medical Research Council recommends that all Aboriginal people aged over 50, and those between 15 and 50 years who are considered at risk, should be vaccinated with a view to reducing the incidence of hospitalisation and chronic debilitating illness.

Immunisation is available on a daily basis for both adults and children at Durri and transport is provided. Each immunisation encounter provides an opportunity for a child's health and development to be assessed. It also provides an opportunity to tell people about the importance of annual vaccination. Adult immunisation services, mainly influenza and pneumococcal vaccinations but also Hepatitis B, have been provided and Aboriginal communities from Nambucca Heads to Port Macquarie have been particular targets.

### EDUCATION METHODS

Attractive flyers and posters have been distributed with a simple message and Aboriginal health workers have been briefed on the importance of the service and the vaccines available. The program utilises existing services at Durri, plus outpost and community visits conducted by a doctor or Aboriginal health worker. The diabetes clinics in Bowraville, the Bulagun health outpost, Bunyah and Biripi Local Aboriginal Land Councils and Djigay Centre TAFE were also targets.

### RESULTS

The program has only been under way for four months but already a total of 437 vaccinations have been given.

Table 6: Immunisations

<b>No of Influenza Vaccinations</b>	275
<b>No. of Pneumococcal Vaccinations</b>	162
<b>Previously Vaccinated</b>	138
<b>Never before Vaccinated</b>	137
<b>Age 50 + years</b>	113
<b>Age 15 – 49 years</b>	162

### DJULI GALBAN STAFF

<b>Clinical Nurse Consultant / Midwife</b>	Karen Beattie (From August 99)
	Wendy Asprey (resigned)
<b>Aboriginal Maternal Health Worker</b>	Delya Smith (from January 2000)
	Jacqueline Jarrett (Bowraville)

### CONFERENCE PRESENTATIONS

- Keynote presentation "Midwives on the Macleay" Conference at Crescent Head
- Keynote presentation at national Indigenous Women's Health Conference, Mermaid Waters, Qld

### PROFESSIONAL DEVELOPMENT

Karen Beattie

- Perinatal Seminar Update in Obstetrics and Neonatology
- Midwifery & Obstetrics Seminar, John Hunter Hospital
- Child Protection Update

Delya Smith

- National Indigenous Women's Health Conference
- Child Protection Update
- In house education sessions

# YOUTH PROGRAM

---

*The youth of today are our leaders and families of the future,  
so it is important that they have role models they can emulate,  
and elders they can learn from and respect.*

*Kids in Kempsey are just like kids everywhere.  
Our job is to help them build confidence and a belief in themselves and,  
as a community, create a future they can look forward to.*

The objective of the Durri youth program is to assist Koori kids, aged eight to 25, with social pursuits and activities that promote a healthy lifestyle, build self-esteem, develop feelings of worth and assist with careers and job creation.

## TARGET

Currently Durri has only a male youth worker, so the youth program primarily targets Aboriginal boys. It operates both in schools and the wider community, with activities often taking place outside school and normal work hours.

## WHAT WE DO

The Youth Program promotes a healthy lifestyle mostly through sports, such as soccer, swimming and athletics, as these are the outdoor pursuits preferred by most boys. However, a variety of social activities are open to them as well, including outings to the cinema, hobbies, arts and crafts.

Workshops and discussion groups about parenting and family, conflict resolution and other social skills are also encouraged. Education is another important topic, together with careers and job-search.

## WHAT ARE WE WORKING TOWARDS

While the Youth Program concentrates on sport and recreation, the philosophy of a more holistic approach to youth development continues to evolve. The concept has important ramifications in building self-esteem in our young people, providing opportunities for business development and job creation and, most important, cultivate a tangible pride in Koori culture.

There is a plan in its early conceptual stage to help our young people build a camp, or resort area, in the mountains of the Macleay region, or the Crescent Head area, for them to learn construction

trades, how to grow fruit and vegetables and find bush tucker. They would also learn Koori culture (stories, music and dance) and Koori practices, such as food gathering and the use of medicinal herbs. At the same time, participants would be trained in hospitality, after which the camp would seek to become an integral part of the Mid North Coast tourism industry.

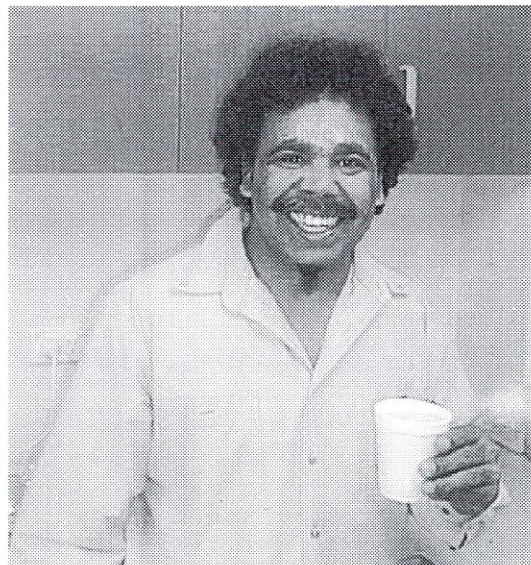
## CONSEQUENCES

It is believed that such a camp would:

- instil discipline through education and business management;
- provide a heightened sense of worth;
- offer a regular source of income, a career and a future.

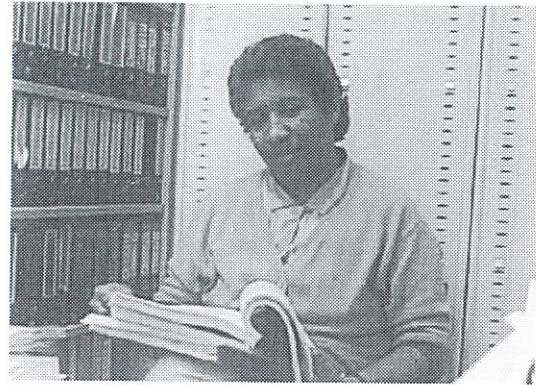
## STAFF

Jack Griffen, Youth Worker



# GOORIE GALBAN

*A safe and strong community, a loving environment for children and a better life for all.*



Goorie Galban was set up to assist Aboriginal women to strengthen family life, create a loving environment for their children and build a safe and healthy community in which they can grow. The program seeks to encourage the participation of Aboriginal women in the wider community and reinforce their sense of belonging. Durri considers it an important “early intervention” program as many health problems originate in family and social breakdown.

## WHAT WE DO

Durri assists women with family, housing, financial or legal problems, as well as any medical conditions, which may lead to family breakdown. It also seeks to involve women in social activities, including hobbies and pastimes, and education to improve their employment potential.

## COUNSELLING & SUPPORT

Goorie Galban counsels women who are subject to domestic violence and, in cooperation with the Women’s Legal Resources Service in Sydney, supports women seeking legal redress. It also provides comfort and guidance to women whose partner has a history of drug or alcohol abuse and, likewise, assists women who, themselves, may have a drug or alcohol problem, helping them escape the cycle of abuse (“get away from the party house”) through temporary relocation..

## SUBSTITUTE FOSTER CARE

Substitute foster care is a new program for Goorie Galban. Its purpose is to train carers from the local Aboriginal community to look after neglected children who might otherwise be taken into (professional) care and sent outside the area. Goorie Galban works closely with other community and charitable organisations where they can provide more appropriate assistance.

## YOUNG MOTHERS

A new group for young mothers has recently been started in South Kempsey. It teaches sewing and nutrition, helps build confidence and assists young women who want to get back into the workforce. It also runs a playgroup and helps place children in pre-schools or day-care centres.

*A young mother came to Goorie Galban for help. She was a heavy drinker and her kids had been badly neglected, so the Court ordered them taken into care. Goorie Galban helped get the woman placed in an addiction clinic and gave her ongoing counselling. Several months later she has stopped drinking and, if she can keep it up, may soon get her kids back. She is now trying to get her partner into the program.*

Table 1: Activities Jan – June 2000

	D.V.	Health	Housing	Legal	Centrelink	Financial	DoCS	Other
January	1	6	5	1	5	9		9
February	3	3	3	3	5	2	3	5
March	1	2	3	6	3	4	2	4
April	2	6	1	2	4	4	2	9
May	3	6	4	6	4	4	7	14
June	2	3	1	2	4	5	4	7
<b>TOTAL</b>	<b>12</b>	<b>26</b>	<b>17</b>	<b>20</b>	<b>25</b>	<b>28</b>	<b>18</b>	<b>48</b>

# REGIONAL EYE PROGRAM

---

*"The eye health program offers instant reward to people with poor sight.*

*They receive glasses, and the change is immediate. They can see!"*

*(Robyn Scott Blunden, Program Coordinator)*



Regional Eye Health Programs, funded by the Commonwealth Department of Health, were recently started across the country. Originally intended to address diabetic retinopathy, their scope has been broadened to include a primary prevention focus. Durri AMS has been selected to auspice the program in north east NSW, an area that runs from Tweed Heads to Newcastle and inland to Tamworth, and includes five Aboriginal medical services: Armidale, Awabakal, Biripi, Bulgar Ngaru and Durri.

The revised objectives of the program are to create awareness in the Aboriginal community of the importance of eye care and to increase their access to eye services. It is believed this will primarily be achieved through the inclusion of Aboriginal health workers, doctors and clinical nurses in the education process. In turn this will require training and education of front-line health workers and the creation of linkages with other regional eye health and eye care service providers.

The program commenced in November 1999 and has been running for only seven months.

## CREATING AWARENESS

Schools in the Kempsey/Greenhills and Aldavilla areas have been visited. Eye health was discussed with pupils and reading material sent home with the children for their parents. While the response from the community was positive, we believe the content of the program, and the hand-outs, need to be further developed.

An overview of the eye health program was also given to Kempsey Rotary and the Aboriginal Education Consultative Group and information about eye health for diabetics was provided to the Durri Aboriginal diabetes camp.

Brief overviews have also been provided to health workers at Durri and the CEOs of the other four Aboriginal medical services.

## TRAINING

In the meantime, Durri staff and Aboriginal Health Education Officers of the Area Health Service have been shown how to conduct elementary eye examinations. This instruction was organised through the International Centre on Eyecare Education.

## INFORMATION SHARING/LINKAGES

Names of service providers in the area of eye health are being collated for a resource manual that will become available to front-line service providers. The manual will identify the various services available, schedules and billing procedures. Methods of improving presentation rates of Aboriginal people to specialists are being discussed.

## INCREASED ACCESS

The Community Optometrist of the International Centre for Eyecare Education has visited two Aboriginal pre-schools and screened a number of children. The Optometrist also saw 15 patients who presented at Durri.

Vincent Ang, an accredited mobile optometrist with Vision Care has also made a number of visits to the Kempsey area and provided a service to Benelong's Haven, Bellbrook, Mirriwinni Gardens and Durri AMS. He tested 80 people in the area. A significant number of people needed glasses which were provided free of charge, through Vision Care, or at reduced cost.

# ALCOHOL & OTHER DRUGS

---

*We need to encourage your kids to look after each other when they're out in a group. They'll follow your example, so let them see it's possible to have fun without alcohol or drugs.*

Substance abuse destroys families and is the cause of many social problems, including self-inflicted injuries, violence and motor vehicle accidents, as well as severe health problems such as liver damage.

The fundamental reasons for substance abuse may include racism, social disadvantage and discrimination. Their consequences - social disintegration, poor education and unemployment (plus accompanying feelings of alienation, anger and depression) are the ingredients that contribute to substance abuse in the Aboriginal community. Family violence and other social ills follow. Children may be taken into care. Possession or use of illegal drugs leads to trouble with the police, possible imprisonment and a criminal record. Once in place, a culture of abuse is difficult to break.

Substance abuse includes legal and illegal drugs, including tobacco, alcohol and so-called "recreational drugs". In addition to their narcotic effects, there are wider health concerns. Sharing needles and injecting equipment may lead to blood poisoning, Hepatitis B and C or HIV/AIDS. Even low alcohol consumption during pregnancy may lead to miscarriage and/or damage to a baby's health and smoking can leave children susceptible to respiratory infections.

Gambling is becoming an increasing cause for concern.

## WORKING TOGETHER

Alcohol and drugs are community problems and the whole community must work together if we are to overcome them. In attempting to address the issue, Durri works closely with a range of allied agencies including Rehabilitation Centres (such as Benelong's Haven), the Area Health Service and the police and judicial system. In addition, the AOD worker is well supported by parallel Durri programs, including Goorie Galban, the Health Workers and medical clinics. The AOD program is an holistic service which assists clients to reduce or



control their dependence and provides counselling and support to those with a drug or alcohol problem.

## ADDICTION CLINIC

The Addiction Clinic began in January and its first six months have been a great success. Medication has been prescribed for a number of clients and we have done urine screens, group work, follow-ups, referrals for rehabilitation, GPS, mental health, controlled drinking and detoxification. Clients are referred through the parole and probation system and the Courts, or by GPs and community health workers. Gamblers are likely candidates for the addiction clinic in the near future.

No of clients:	78*
No of attendances:	162*

- since January 2000 only.

Money was allocated to the MNCAHS by the Drug Summit and it is hoped that some of that funding will enable Durri to keep the clinic going.

## HOME VISITS

Although clients visit the Durri building to discuss drug and alcohol issues, there is a reluctance to do so because of the lack of private space which, in turn, leads to a loss of confidentiality. Home visits are much preferred. They allow the client to feel more relaxed and that leads to a better interaction with the AOD worker. Topics that arise include AA meetings, rehabilitation, detoxification and Court appearances.

## DETOX

Through the clinic, a Home Detox Program will be starting towards the end of the year 2000, which will be run in conjunction with Port Macquarie and Kempsey community health centres. It will help reduce the pressure on beds at Kempsey District Hospital.

## REHABILITATION

A number of clients have been referred to drug and alcohol rehabilitation centres in New South Wales and the AOD program has developed an excellent relationship with these centres over the years. Rehabilitation centres provide in-house (hostel-style) programs for individuals and family groups. Durri would like to see clients from the Macleay Valley and elsewhere go through a similar "discharge planning process" to Benelong Haven's, where clients are helped to settle back into the community, the healing process with the family unit begun and the cycle of abuse broken.

## LEGAL

Durri also works closely with law-enforcement agencies and the judicial system to provide counselling and education to young people on probation or parole. We also provide support to clients attending Court. Counselling sessions via video have proved valuable and video-conferencing has enabled clients to talk to their families when they are far from home or in the prison system.

## EDUCATION

Education for adults and youth is also critical, with a number of presentations given to adults and school groups during the year. It is the intention of the AOD program to be operating in all schools in the Macleay Valley within three years. In 1999-2000 the AOD worker visited several schools to talk about the misuse of legal and illegal drugs and the dangers of used syringes. In addition the AOD

worker met young people on parole or probation on five occasions to discuss drug and alcohol abuse. AA meetings continued at Port Macquarie prior to the opening of Durri's addiction clinic when the program was transferred to Kempsey.

## HEALTH PROMOTION

The AOD program also aims to provide a wider awareness of issues surrounding drug and alcohol misuse, encouraging abstinence by supporting media campaigns such as "World No Tobacco Day". A Men's Group in South Kempsey and the Youth Crest Program offer a range of activities, including outings and general men's issues.

## STAFF

Raymond Nean, Alcohol and Other Drug Worker  
Dr Faris Samara (Tuesday's addiction clinic)

Table 7: AOD Worker's activities 1999 - 2000

	Home Visits	Durri Visits	Detox at Kempsey Hospital	Client follow-up in hospitals	Court Support
Adult male	192	86	6	21	22
Adult female	113	52	5	13	13
Juvenile male	26	19	-	-	-
Juvenile female	-	5	-	-	-
<b>TOTAL</b>	<b>331</b>	<b>162</b>	<b>11</b>	<b>34</b>	<b>35</b>

Table 8: Drug and Alcohol Education

Location	Age	No of Sessions	Total No Attending
Parole & Probation	17+	5	61
Mirriwinni School	6 - 17	1	40
Kempsey High	12 - 17	2	115
Sth Kempsey Prim.	6 - 12	3	76
Guranglua Camp	14 - 16	1	33

Table 9: Rehabilitation Centres

Centre	MALE			FEMALE		
	Inquiries	Referred	Attended	Inquiries	Referred	Attended
Benelong's Haven	5	4	3	5	4	3
Freeman House Armidale		1		6	2	1
Tamira Farm Central Coast				6	2	2
Roy Thorn House, Moree	4	2				
Kedesh House, Berkeley Vale				5	1	1
<b>TOTAL</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>22</b>	<b>9</b>	<b>7</b>

# MEDICAL CLINIC

---

*The health of an individual is underpinned by principles of empowerment, self-awareness, family and community cohesion.*

## MEDICAL TEAM

The function of the medical team is to deliver culturally sensitive and effective health services and health education programs to the Aboriginal community of the Macleay Valley and to promote healthy lifestyles. The medical team works in collaboration with a wide range of parallel services including:

- Durri health-workers clinic
- doctors clinic ("general practice")
- community visits ("field trips")
- special service clinics
  - antenatal care
  - diabetes
  - drug and alcohol/addiction
  - early childhood
  - general medicine
  - hearing/otitis media
  - immunisation
  - mental health
  - ophthalmology/eye health
  - paediatrics
  - renal medicine
  - women's health

In addition, Durri's doctors provide weekly practical and theoretical in-house training for Health Workers and other staff.

The total number of patient consultations in the doctors clinics and field trips in 1999-2000 was around 12,000, with the nurses clinic seeing more than 8,000. The ongoing demand for services includes an increasing number of non-Aboriginal patients, with consequent increased waiting times for all. This year, 38 per cent of the patients seen in the GP clinics at Durri were non-Aboriginal (although how many of them were members of Aboriginal families is unknown).

The expansion of the field trip program has significantly improved access to services for Aboriginal clients. Ninety to ninety five percent (90



– 95%) of patients seen on community visits are Aboriginal people or members of indigenous families.

The doctors' clinics have been well-staffed in general, although locums to cover periods of leave remain difficult to find. The use of locums as a means of attracting potential new recruits should continue to be encouraged and funded. The ongoing high level of demand underscores the need to maintain the current level of staffing. There is a need to formalise the after-hours provision of care for Durri patients with Kempsey District Hospital.

## COMMUNITY VISITS

Expansion of the field trip program to include Bowraville, the West Kempsey Neighbourhood Incorporated Program (WKNIP), SKNIP and Greenhills has improved access to services for Aboriginal people in these areas. Further expansion will depend on community demand and availability of staff. Community visits by the Aboriginal health workers, accompanied by one of the doctors, have continued to TAFE, South West Rocks, Burnt Bridge, BDAC and Kempsey Hospital, as well as to Crescent Head. However, the excellent medical service provided by Bellbrook's resident GP has allowed Durri to suspend field visits to that community.

## PAEDIATRIC CLINIC

The Durri AMS provides paediatric services to the Aboriginal community, with a clinic held twice monthly. Our Paediatrician is Dr Kathy Davis and referrals to her have to be made by one of Durri's doctors. The high demand from the Aboriginal community for Paediatric services has resulted in a

full appointments book and recently a recall system was initiated to meet parents' requirements.

Total number of Aboriginal children seen 1999 – 2000: 92

**WOMEN'S CLINIC**

In the past Aboriginal women were often reluctant to go to a male doctor because they felt uncomfortable discussing "women's business", such as pap smears, mammograms and the like, with a man. So a clinic which is uniquely theirs, together with a female doctor, has proved invaluable in providing better health care, education about health issues, encouragement to attend for regular check-ups and general awareness of health issues. Attendance at the Aboriginal Women's Clinic continues to grow and many clients comment that they are increasingly comfortable with the medical procedures undertaken. Currently Durri AMS provides a twice weekly clinic, presently conducted by Dr Sally Cleworth.

Total no of patients 1999 – 2000: 149

**NURSING TEAM**



The Nursing Team conducts preliminary screening, assesses the urgency of each case and triages patients prior to them seeing the doctor, or arranges transport to a hospital or specialist. Nursing staff also assist the doctor where necessary and provide support and comfort for child patients. Nursing staff services include urinalysis, ear syringing, pap smears and ECGs, and nurses also deal with minor ailments, removing sutures, applying dressings and the like. While they are at the clinic, patients are encouraged to utilise other services that are

available, such as having blood pressure and blood sugar levels checked. Currently the clinic is something of a "walk-through" from Reception to the rear of the building. Patients' privacy will be enhanced by the move to the new building next year.

**DOCTOR AND NURSES' TRAINING**

Durri continues to host medical students, mostly from Newcastle and Sydney Universities, plus ongoing involvement with the John Flynn Scholarship Scheme, and 'assistant-in-nursing' students from BDAC. Durri also continues its close association with the RACGPTP Training Program, hosting two GP Registrars – Dr Gillian Hynd and Dr Ray Warner, our first Aboriginal doctor. It is anticipated that further registrars will join Durri shortly, requiring that we apply for GP accreditation by January 2001. Jacqueline Jarrett also continued teaching Aboriginal health to RACGPTP doctors in Sydney.

Medical staff represent Durri AMS on several committees and education forums, including:

- KDH VMO Staff Council;
- MNCAHS Aboriginal Advisory Committee;
- Hospital Liaison Committee;
- Coordinated Care Steering Committee;
- RACGPTP Registrars;
- KDH antenatal classes.

The Durri computer group is examining methods of facilitating increased utilisation of IT and it is hoped to convene a regional AMS doctors group (phone link) as a means of information exchange and support.

Medical staff also assisted with the organisation and staffing of the Nambucca Heads Football Medical Tent Service in Dubbo in October.

Table 10: Durri Clinic Numbers July 1999 – June 2000

Clinic	Av / Clinic	Total Patient Consultations
<b>General Practice (Durri)</b>		8,410
Physician	2	50
Women's health		150
Paediatrics	5	100
Antenatal	9	450
Addiction (D & A)	12	300
<b>TOTAL</b>		9,460

Table 11: Durri Field Trips  
July 1999 – June 2000

Site	Average patient no/trip	Total patient consultation
BDAC	2	40
Bowraville	20	715
Burnt Bridge	12	585
Crescent Head	2	48
Greenhill	4	202
SKNIP	6	309
South West Rocks	9	216
TAFE	5	190
WKNIP	3	160
<b>TOTAL</b>		<b>2,465</b>

Total doctor consultations: 11,925



Table 12: Medical/Health Workers Clinic  
July 1999 – June 2000  
Patient Numbers:

Month	Male	Female	Total
July	286	349	635
August	226	354	580
September	200	378	578
October	299	327	626
November	246	433	679
December	193	329	522
January	281	353	634
February	387	576	963
March	327	513	840
April	274	358	632
May	382	639	1021
June	305	408	713
<b>TOTAL</b>	<b>3,406</b>	<b>5,017</b>	<b>8,423</b>

### FUTURE DEVELOPMENTS

The clinic staff have been actively participating in the development of the Coordinated Care proposal with Biripi AMS and MNCAHS. It is hoped that this project will enhance our ability to provide better care for people with complex needs.

### NON MEDICAL SUPPORT BY NURSING TEAM

An important in-house function performed by nursing staff is to maintain patients' medical records. Ongoing vigilance is important to ensure confidentiality and continuity of care. Nursing staff also order all medical and other supplies for Durri

### STAFF

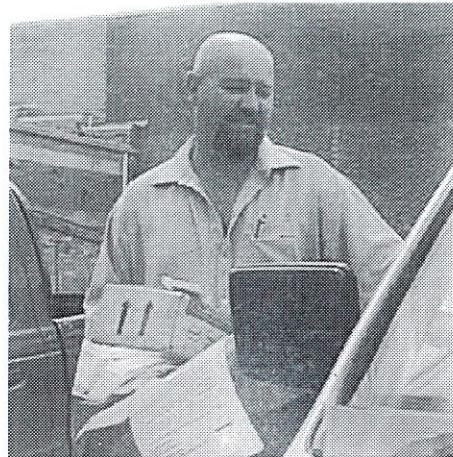
<b>General Practitioners</b>	Dr Andrew Brathwaite	
	Dr Peter Fletcher	
	Dr Ray Warner	
<b>Aboriginal Women's Clinic</b>	Dr Sally Cleworth	2 mornings per wk
<b>Paediatrician</b>	Dr Kathy Davis	Twice per month
<b>Addiction Clinic</b>	Dr Fares Samara	Tuesdays (GP, Bowraville, Thursdays)
<b>Coffs Harbour</b>	Dr J Deegan	
	Dr D Kennedy	
	Dr H Palmer	
	Dr C Yelf	
<b>Nursing staff</b>	Beverley Trindall, RN	
	Gail Blanch, EN	
	Ellis Bradshaw, EN	
<b>Physician</b>	Dr Laurie Bates	Resigned
<b>Physiotherapist</b>	Paul Ekman	"
<b>General Practitioner</b>	Dr Gillian Hynd	"

AMS and community-based services. This involves stock checks, sourcing equipment and supplies, placing orders and checking goods upon arrival.

They also handle linen supplies.

# DIABETES

*For Aboriginal people to conquer diabetes, we must embrace our past and draw strength and direction from it.*



The holistic approach to diabetes developed at Durri continues to reap rewards in diabetes education, early detection and management, but much still remains to be done to diminish the incidence of diabetes in the Aboriginal population and to adequately deal with its consequences.

## MANAGEMENT

### HEALTH PROMOTION AND EDUCATION

Table 13: Diabetes Management

Durri's programs seek to improve and enhance diabetes education, and increase knowledge of its causes and consequences, in the wider community through community participation in workshops, screenings and health promotion. It also assists with programs aimed at reducing alcohol intake and smoking, and encouraging weight reduction, diet modification and physical activity. In the course of the year, the Diabetes Educator has regularly given lectures and talks to community groups and schools about indigenous diabetes, prevention and awareness.

	Male	Female	Total
Home visits	47	29	76
Recalls	307	223	530
Follow-ups	72	84	156
Education	80	93	173

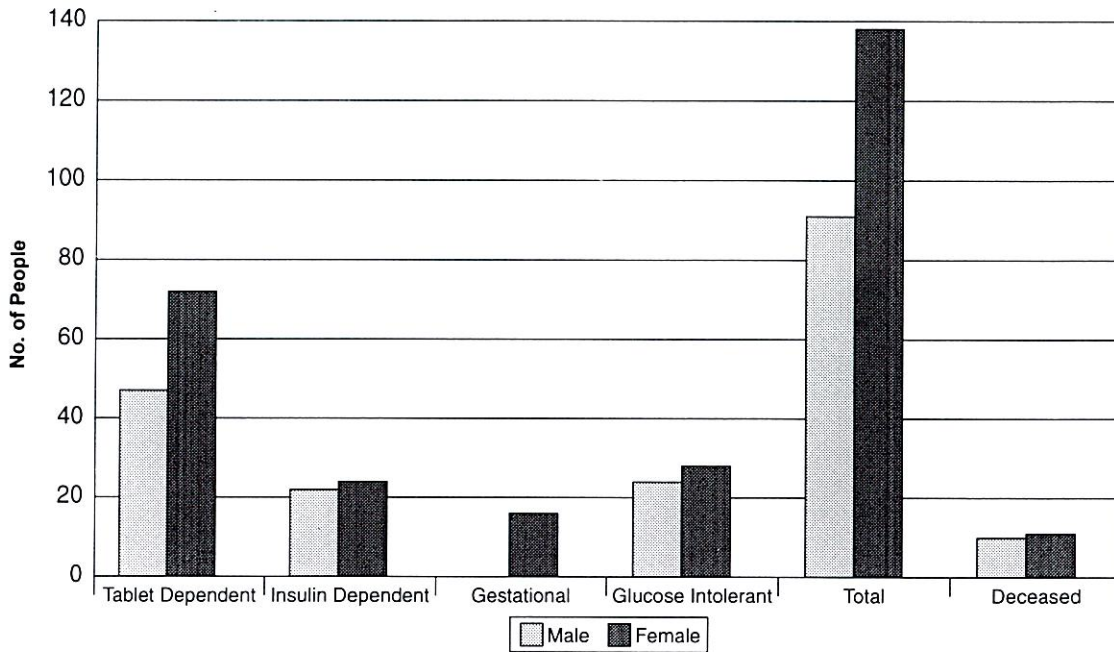
### EARLY DETECTION

It is a standard procedure for Aboriginal Health Workers to take blood/sugar and blood pressure readings during home visits and their weekly visits to clinics and outposts. Clients visiting the base clinic are, likewise, encouraged to have their blood/sugar and blood pressure levels checked by Nursing Staff on top of any procedures they have presented for. Screening of Aboriginal people at risk of hypertension and diabetes has broadened over the year to include CDEP and community projects in South Kempsey and West Kempsey. Diabetes clinics have also been initiated at Bellbrook and Bowraville outposts and Health Workers visit Kempsey TAFE weekly because of the increased incidence of diabetes found there. A lot of valuable data has been collected through the monthly diabetes clinics and outreach programs.

Durri continues to assist the improvement of diabetes management in Aboriginal people with gestational diabetes and helps them control and normalise their blood/sugar levels to prevent hypoglycemia. Management and support of diabetic patients is available through medical services at base clinic and outreach health posts. A culture of support for patients has been fostered and they are encouraged to have input into the service provided and participate in individual and group education. Self-management at home, and the involvement of families in diabetic care, has resulted in fewer complications, reduced admission rates and bed-stays in local hospitals and less time with specialists. Indeed, hospital admissions have remained at a low level since the completion of the Integrated Diabetes Pilot.

On a day-to-day basis, Aboriginal Health Workers offer diabetics advice on stress management to reduce blood pressure, counselling on nutrition to stabilise blood/sugar levels and generally assist with preventative measures to obviate hospital admissions.

### Year 2000 Diabetes Data



### DIALYSIS

Durri coordinates and facilitates a community-based haemodialysis unit at BDAC staffed by Durri's renal nurse. The three AK59 renal machines are assigned on a single-patient basis and each patient spends 4hrs dialysing three times a week. All are diabetic, two require insulin and have suffered cerebral vascular accidents. One has had a heart attack and one a bilateral amputation below the knees. Prior to the installation of these machines, patients had to travel to Newcastle or Sydney for dialysis. In the past, a number of patients have permanently relocated because of the cost and inconvenience of so much travel.

It is feared that unless they are treated appropriately, no less than 60 per cent of Durri's 220 diabetic patients could need some form of renal treatment (dialysis). So we are glad that a plan to establish a fully funded Renal Service for the Macleay Valley was included in the Partnership Agreement between Durri, the Mid North Coast Area Health Service and Biripi. The service is badly needed and we look forward to its early implementation.

### DCA2000 PILOT

The DCA 2000 is a new machine to Durri. It can monitor the compliance of Aboriginal diabetics to the clinical guidelines they are set and assess their ability to control and manage their diabetes. The pilot program is designed to measure the adherence of diabetic patients to the routines prescribed for them. During the year we arranged a one day workshop, facilitated by Bayer Health Care and funded by the Commonwealth Dept of Health and OATIS, to train staff at other AMSs, as well as its own Aboriginal Health Workers and clinical nurses, in both how the machine operates and how to interpret the results.

### ACCREDITATION AND FUNDING

Durri is now an accredited Diabetes Educator under the Australian Diabetics Education Association (ADEA). However, there is no further funding since the cessation of the Integrated Diabetes Pilot. Moreover, a review concluded there were insufficient numbers of diabetics in the Aboriginal population to warrant special consideration. However, more data have been made available to the Commonwealth Dept of Health, OATIS, NSW Dept of Health, Diabetes Australia and to seven commercial companies involved in diabetes. A



# MENTAL HEALTH

---



Racism, social disadvantage and discrimination contribute to poor mental health in Aboriginal people. Substance abuse – often the result of poor education, unemployment, low income and boredom – has been identified as an additional risk that impacts on the mental health of the Aboriginal community. Moreover there is evidence that Aboriginal people with mental health disorders tend not to access mainstream psychiatric services.

## EDUCATION

Durri's commitment to public awareness of mental health issues, and promotion of positive community attitudes to people with mental disabilities, are critical to the success of our programs. We teach our patients living and social skills, encourage their independence, help them find appropriate employment and offer respite to their families and carers.

## PARTNERSHIPS

Durri is unable to provide a comprehensive service to its clients, so its partnerships with mainstream services are especially important. Organisations we work with include:

- Dept of Community Services
- Kempsey District Hospital
- The Jordan Centre (Coffs Harbour Hospital Psychiatric Unit)
- James Fletcher Psychiatric Hospital, Newcastle
- Goorie Galbans Aboriginal Corporation
- Many Rivers Violence Prevention Unit

- Kempsey Women's Accommodation Services
- NSW Police Department and the judicial system

## REMEDIAL

Remedial treatment for Aboriginal people with mental disabilities includes assessment, measurement and evaluation, supervision of medications, occupational therapy and rehabilitation into the community, especially taking the interests of the family into account.

## EARLY INTERVENTION

Various strategies for early intervention and crisis management are employed in partnership with Kempsey Community Mental Health Team and others. Durri also works with the law-enforcement and judicial systems, case-managing clients referred to us under Community Treatment Orders (CTOs) and maintaining links with the Court mental health worker.

## LONG-TERM CLIENTS

Long-term mental health clients are assisted through daily intake meetings, liaison and participation with the Kempsey Community Mental Health Team at Kempsey Base Hospital. In addition our team arranges appointments with psychiatrists and accompanies patients to their hospital and other appointments. We also try to offer clients a choice of accommodation to keep them out of institutions and group care and to maximise their independence.

The mental health team's daily tasks include:

- supervision of a schizophrenic support group;
- ensuring patients take their medication;
- running living skills programs, a day group and car wash scheme;
- recreational pursuits, eg movies, sports and education programs;

Durri also conducts regular home-visits to clients with family difficulties or individuals with psychosocial problems, and provides counselling and support to families and carers. Stress, grief and loss are commonly raised as issues.

## MENTAL HEALTH EDUCATION

Durri is at the forefront of many programs dedicated to mental health education, early intervention and public understanding.

"Girls' Talk", which was held at Bulagun Health Post in Bellbrook, was an idea developed by Dana Clarke (Aboriginal Mental Health Worker) and Gail Missen (Social Welfare Worker) from Kempsey Community Health and was given a trial at Bellbrook. Seven girls aged 10 – 14yrs attended the sessions over several weeks. They selected the topics of conversation and the subjects they chose included communication skills, self-esteem, relationships, alcohol and other drugs and violence. Personal development and sexuality were also discussed. "Girls' Talk" was so successful that Durri has been asked to offer a similar program in other communities.

"Healthy Mind, Healthy Body" was a program initiated by Kempsey High School. Year 10 students were asked to complete a genogram to demonstrate the complexity of family structures. Eight separate groups then discussed how family relationships could be strengthened and improved.

"Resourceful Adolescent Program" (RAP), developed by Griffith University to address youth suicide, was modified to suit the circumstances of our local Aboriginal young people and five sessions were conducted with Aboriginal Year 8 students at Kempsey High School. Feedback was positive.

## CONFERENCES AND WORKSHOPS

Durri has also participated in several important conferences and workshops including:

- Rural Responses to Aboriginal Family Violence
- NSW Dept of Health Rural Mental Health Conference
- Mental Illness and the Criminal Justice System



Most importantly Durri was also part of the organising committee of the annual NSW Dept of Health Rural Mental Health Conference which was held in Port Macquarie in March. Elizabeth Miller, our Senior Mental Health Nurse, also assisted with the day-to-day operation and chaired some of the sessions.

## TRAINING COURSES

Programs attended include:

- Currently completing Master of Nursing (Mental Health) at University of Western Sydney – Nepean
- "Rural Responses to Aboriginal Family Violence" (workshop conducted by NSW Education Centre Against Violence)
- "Resourceful Adolescent Project – Parenting" (course to support parents of Aboriginal youth dealing with issues in RAP program)

Training provided by our staff includes:

- "Bridging the Gap" Cultural awareness program (adapted program to suit local needs)

All our programs are conducted in the context of the Mid North Coast Aboriginal Health Plan, the Second National Mental Health Plan 1998 from the National Mental Health Strategy and Emotional and Social Well-being Mental Health objectives.

## STAFF

Aboriginal Mental Health Worker	Elizabeth Miller RN,
Aboriginal Mental Health Worker	Wayne Smith Lance Moran Craig Smith (resigned)

Staff turn-over remains at an unacceptable level and we need the help of the MNCAHS to train our staff and upgrade the quality of our service.

*One day an Aboriginal client was referred to Durri. He was obviously mentally disturbed and had been treated, as a schizophrenic. However, when he came to Durri it was discovered that his jaw had been broken six years before. He had not received any treatment for the break and, because of the pain, he had been consuming any kind of drug he could lay his hands on. The cocktail of pain-killers was a major contributor to the schizophrenia. Durri sent him to a specialist for an operation on his jaw. The pain is now gone, he is slowly healing and his schizophrenia continues to abate.*

# HEARING CLINIC

---

*Hearing loss in children can create severe language and communication difficulties which adversely affect their social development, education and employment prospects.*

Hearing impairment can have a detrimental effect on the development of Aboriginal children, especially during the language-learning years, causing educational delay and behavioural problems.

As they age, people's hearing tends to deteriorate, limiting the quality of their lives. They often withdraw from social activities and become increasingly isolated. Aboriginal men are particularly prone to hearing loss because, in the past, they have tended to get jobs using noisy machinery without adequate ear protection.

Nerve deafness is fortunately quite rare but otitis media, usually a middle ear infection, is very common. 40 per cent of all children up to the age of six may have otitis media, or conductive hearing loss, at any given time. Aboriginal children are even more prone.

The key issue is early recognition and treatment to prevent permanent hearing loss and the parallel loss of speech, language and listening skills. Otitis media is largely preventable. Therefore assessment for middle ear infection and hearing impairment should be a standard health-care procedure for Aboriginal pre-school children.

Parallel health promotion and education are also important, especially where children are involved. In addition to screening, parents and teachers should be able to recognise the symptoms of hearing loss and understand the factors that may contribute to middle ear problems.

## CLINICAL SERVICES

Durri's clinical service includes otoscopy, tympanometry and audiometry. After assessment, patients are referred to GPs, ENT specialists, speech therapists etc according to need.



## SCREENING/EDUCATION

The Hearing Health Program also conducts screening of pre-school children (0 – 5yrs) for hearing impairment, an education program for parents, schools and health workers. In addition to audiometry at ages 4 – 5 yrs, the program also assesses language, speech and learning skills prior to school entry and beyond. Increasingly, hearing tests are being integrated with other primary health care procedures.

## HEARS

HEARS (Hearing, Ears and Related Services) began to meet monthly to discuss a "hit-list" of kids at particular risk. Members of the group include Ro-Anne Stirling, a speech therapist and a special hearing teacher.

## STAFF

Ro-Anne Stirling-Kelly, audiometrist

Staffing note:

During most of the financial year, Ro-Anne Stirling was on maternity leave, leaving Ellis Bradshaw, one of the clinic staff, to undertake simple procedures, such as syringing, ear wash-out etc, on his own. All other patients were necessarily referred to practitioners elsewhere.