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AUSTRALIAN ROTARY HEALTH MESSAGE STICK

Supporting healthier minds, bodies and communities through research,
awareness and education

September, 2009

ABOUT OUR INDIGENOUS HEALTH SCHOLARS

Volume 1 Number 4

AUSTRALIAN INDIGENOUS HEALTH STATUS 2008

Full report <http://www.healthinfonet.ecu.edu.au/health-facts/overviews/concluding-comments>

In terms of specific health conditions, substantial improvements have occurred in the overall impact of many infectious diseases (partly due to immunisation programs) including:

- reductions in the impact of respiratory infections in childhood;
- substantial declines in death rates from pneumococcal pneumonia (mostly due to the introduction of vaccination programs);
- reductions in the incidence and severity of trachoma (though inflammatory trachoma remains endemic in some remote communities of central and northern Australia);
- marked reductions in notifications of donovaniasis;
- a substantial reduction in the prevalence of hepatitis B virus infection (since the introduction of vaccination programs);
- reductions in rates of hospitalisation for diarrhoeal disease and gastrointestinal infestations among Indigenous children;
- a rapid decline in the incidence of invasive Haemophilus influenzae type B (Hib) disease in Indigenous children (following the introduction of vaccination); and
- a reduction in the number of new cases of tuberculosis, from 79 in 1984 to an average of around 40 in the early 2000s.

There is no doubt other evidence of improvement in health status, and of deterioration in some areas. **But, clearly, the gap between the health status of Indigenous people and that of other Australians is still very, very wide.**

A recent analysis of national health data for Indigenous populations in Australia, New Zealand, Canada and the United States of America found that **'Australia ranks bottom in the league table of first-world nations working to improve the health and life expectancy of Indigenous people'**. The report noted that the poor health status of Indigenous Australians is related to 'social and economic factors: diseases triggered by poverty; overcrowded housing; poor sanitation; lack of access to education; poor access to medical care for accurate diagnosis and treatment; and poor nutrition' and called for 'Federal, State and Territory leaders from all sides of politics to commit to an agreed time frame for achieving health equality'.

STUDENTS STILL NEEDING SPONSORING FOR 2009

New South Wales

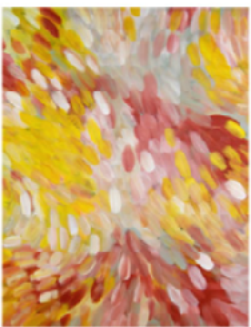
Christine Humphries	University of Sydney	Health Science	SPONSORSHIP AVAILABLE
Albert Torrens	University of Curtin (Based in Sydney)	Indigenous Community Health	SPONSORSHIP AVAILABLE

Northern Territory

Christine Abdulla	Bachelor University	Primary Health	SPONSORSHIP AVAILABLE
Cassandra Dodd	Charles Darwin University	Social Work	SPONSORSHIP AVAILABLE

Queensland

Shelly Fraser	James Cook University	Medicine	SPONSORSHIP AVAILABLE
Melissa Walker	University of Southern Queensland	Masters of Mental Health	SPONSORSHIP AVAILABLE
Gari Watson	James Cook University	Dental Surgery	SPONSORSHIP AVAILABLE



SNIPPETS FROM THE STUDENTS IN 2009

It has come to this time of the year again and although only September, five weeks remain for me in the Bachelor of Nursing at Deakin University. I must say that I have enjoyed my course thoroughly as well as gained valuable lifelong experiences working in both the hospitals and the community.

Personally in 2009 I have found it very rewarding, challenging and surprising. Rewarding as I have received excellent results in my grades, as well as performing at a very high standard on my placements in hospitals. I also have found this year challenging as working in hospitals you do come across patients who pass away and find yourself asking questions about what is life and beyond. I have also challenged myself this year by taking on a role of visiting aboriginal youth at the local Melbourne Youth Centre. I find the role difficult, but in doing so I hope to gain a better understanding of their predicament and offer support as a fellow aboriginal person. It has also been a year of surprises, with the excellent results in nursing I am now embarking on a Graduate Diploma in Mental Health at Flinders University in 2010, before going on to do a 4 year post graduate in medicine. I also had the honour of being invited by DHS to an aboriginal leadership course during June for 1 week at TRARALGON.

What I found alarming in 2009 was the lack of doctors in the bush. While on placement I was hearing stories about doctors charging \$75.00 a visit with a 4 week waiting period. People would comment that they would not even bother going to the doctor even if it meant that they needed antibiotics. I also found that mental illness in particular depression was extremely high in rural communities. My goal is to eventually move into a rural setting as a doctor as well as employ other doctors and allied health professionals who have the same goals, integrity and work ethic.

As I look forward to finishing my Nursing Degree I would like to take this opportunity to thank Mount Martha Rotary Club for their sponsorship and support of myself during 2008 and 2009.

Michael Debono—Bachelor of Nursing—Deakin University (Vic)

Sponsoring Rotary Club—Mt Martha

2009 has seen great change in me. A quieter change than last year's leap into the deep end. Being in second year medicine means that I have passed all of our exams thus far (something I never thought I could do) and it means that now I am expected to know how to interact with patients comfortably and professionally.

I have more knowledge about the humanity, but most of all, I have more knowledge about myself. Medicine forces you to see every aspect of life – even the ones you would prefer to forget about. We have to interact with sick and injured people, those with drug and alcohol addictions, families of children who are terminally ill and elderly patients alone in hospital with no family to visit them.

Living at Shalom College on Campus again this year, I am privileged to be able to spend time with other Indigenous students also studying medicine at UNSW. We share meals together, discuss and they occasionally drag me to football games where I pretend to understand what's going on.

Each day I wake at 6:30am to do some yoga. Our classes start every morning at 9 (at the very top of a very big hill) and with a couple of breaks here and there for a bite to eat (especially after anatomy labs – the formalin used to preserve the bodies makes you very hungry!) the day progresses with an increasing amount of information to learn. We have about 140 hours of class each course (8 weeks) and the exam at the end could be on any one thing out of the lot. And it's worth 100%.

So you can imagine the tension that builds towards the end of each block. Thank goodness for my mother. She is always on hand for an inspirational pep talk, and I rely on her steadfast faith in my abilities.

Haylee Solomons—Bachelor of Medicine—University of NSW

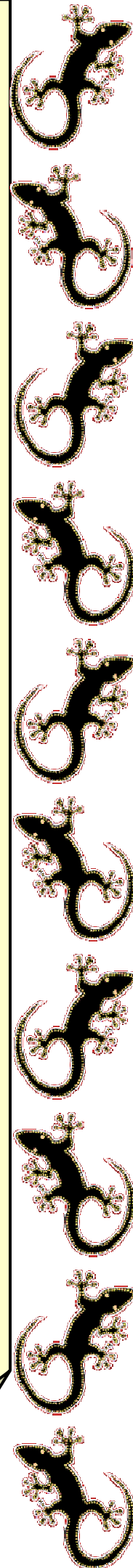
Sponsoring Rotary Club—Fairy Meadow

Last Semester was fantastic. I am finally feeling like a Doctor and not just an academic learning about anatomy and physiology. Last semester we began to learn and utilise our prior learning as clinicians. We are now interviewing patients and examining them to come up with differential diagnoses and to suggest what tests and procedures are required and what treatment modalities that patient should receive for their condition/disease.

We don't have any exams for semester 1 this year as it is all about learning the body systems like a clinician and we have major exams at the end of the year. We do have certain tasks that we must complete throughout the year and several assignments, however our marks are not release until the end of the year. I am doing well though and I look forward to sharing with you soon.

Shelly Fraser—Bachelor of Medicine & Surgery—James Cook University

Awaiting sponsoring club



Project Ilypa to help children suffering from Otitis Media

<http://www.usyd.edu.au/news/fhs/607.html?newsstoryid=3505>



Help us tackle Hearing Loss in the Classroom

Help the estimated 35-75% of Aboriginal children in remote communities who suffer from Otitis Media.

A prevalent problem in Indigenous communities

Otitis Media is a middle ear infection that leads to hearing loss. In children it may lead to problems with language development, communication, and social interaction. This in turn leads to poor educational and vocational outcomes, social and emotional wellbeing, and various behavioural problems.

Project Ilypa

By facilitating links between the student body, Health Sciences faculty, Rotary clubs, health professionals and various Aboriginal communities we aim to address the issue of Otitis media.

Giving the gift of hearing

After consultation with various health and education professionals, we feel the most immediate and effective difference we can make in these children's lives would be to provide them with classroom amplification systems. These systems would enable them to hear, learn and participate in class

Different from the average amplification system

These systems feature technology that emphasises the frequencies in human speech most likely to be missed by individuals with hearing loss, and provide a broad even amplification of the teacher's voice throughout the classroom. It is recommended by the World Health Organization and the National Aboriginal Community Controlled Health Organization as an effective measure in reducing the impact of hearing loss in classrooms, increasing attention span, listening skills and student/teacher interaction.

How you can help

We are currently raising funds to purchase a number of sound systems for schools in the Northern Territory. Your donation is a step toward providing these children with hearing loss an opportunity to learn in the classroom.

Who is behind Project Ilypa?

Project Ilypa is the motivation and energy of four 4th year Occupational Therapy students: Erin Lowie, Pei Yuan Lum, Kate Lyons and Alex Croak.

Recent achievements: Project Ilypa was recently presented at the Rotary District 9680 Conference in Newcastle and is currently supported by the Rotary Club of Dee Why Warringah, Rotary Club of Epping and the Rotary Club of Tennant Creek. In the last month Erin Lowie was awarded the Rotary Indigenous Health Scholarship. This scholarship will enable Erin to further her work in the Northern Territory.

Erin's Rotary Report

Since January 2009 I completed my last course contend on campus. I completed 3 professional electives. These were Community based rehabilitation, Upper Limb therapy and my own independent project, Project Ilypa. Within Project Iypa, I am the project manager so I was very busy organising everyone else and trying to do my own course work at the same time. It was a very interesting experience as I have never been involved in project work before. I did really well in these subjects as I got two distinctions and one high distraction for the semester.

My project has been going well. The fundraising has been slow, but I a getting there. I was lucky to meet another indigenous woman who was interested in what I was doing, and has been guiding me in terms of PR and getting corporate sponsorship. So I have been busy applying for grants to support the project so I can purchase the sound systems for the school in Amplitawatja, NT.

In June, I was lucky enough to be interviewed by Alan Jones on his 2GB radio show. Alan was very interested in my project and what my team were try8ing to do, that he decide to help support the project by interviewing myself and suggesting his audience donate to a great cause. I was beside myself of course, mostly because we were able to get so much publicity around the issue at hand (Otitis Media). This was my main priority.

Next week I am going to Alice Springs to complete my final clinical placement before I graduate. I am so excited to experience the way of life in remote Australia and learn many occupational therapy skills for indigenous school children. I believe I will carry these skills and experiences and me throughout my professional experiences.

Erin Lowrie—Bachelor of Occupational Therapy
University of Sydney

Sponsoring Rotary Club—Miranda

Otitis Media—middle ear infections



This year at Curtin University, each student studying in their second year of Indigenous Community Health, was asked to carry out a project within their own community, relating to health promotion. My project, which I have already implemented, is called **'Health Checks for the Homeless'**. As the Aboriginal and Torres Strait Islander Outreach worker for Mission Australia, Michael Project, I have accessed a nurse to work with me on a regular basis. <http://www.missionaustralia.com.au/news/media-releases/671-mission-australias-michael-project-for-the-homeless>

My target groups, to do health checks on, are Indigenous men who sleep on the streets around Sydney's CBD and do not access services available to them. These men will only see a doctor in the case of an emergency or when taken to hospital and will very rarely attend any follow up appointments.

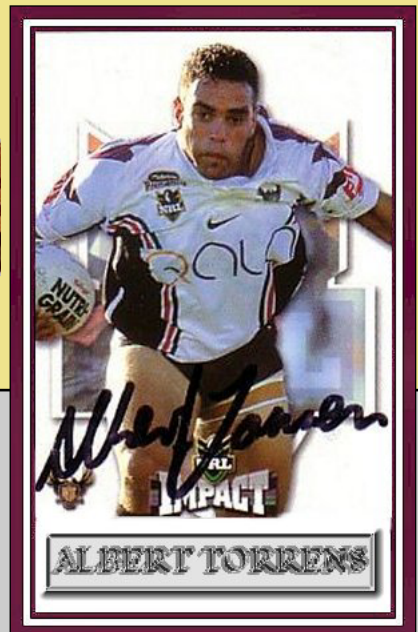
Over a month we targeted eight Indigenous men and carried out the health checks in their environment, where they felt comfortable. The health checks included blood pressure, pulse rate, oxygen saturations, blood glucose level monitoring and education. During these health checks they were asked questions about their current health situation, medications, drug and alcohol use, diet and social and emotional well-being. The Australian Government diabetes risk questionnaire was also carried out.

Some of the positive outcomes from my project include getting one particular client to various appointments at the Redfern Aboriginal Medical Service and other health specialist. This same client also received glasses from the AMS optometrist and the last time he had seen a doctor before this health project was six years. Five of the clients who took part in the health check didn't have Medicare cards. I helped them fill in the required forms and they will receive their cards shortly. I am also in the process of organising eye checks for another two clients with an optometrist.

The nurse has agreed to work with me to make my project, **'Health Checks for the Homeless'** an ongoing event.



Albert Torrens (born in Casino, New South Wales) is an Australian former rugby league footballer of the 1990s and 2000s. He played for the Manly-Warringah Sea Eagles, Northern Eagles and St. George Illawarra Dragons in the NRL and in England for the Huddersfield Giants of Super League as a centre and on the wing. Albert Torrens is currently studying Indigenous Community Health at Curtin University in Western Australia.



I want to help improve the health issues of Indigenous People. Before I can do this I need to educate myself about the issues involved, gain awareness through research and education, and learn about the policies and community management. Through my studies at Curtin University, I have gained the necessary skills and knowledge to develop a project, apply for funding, negotiate with sponsors and stakeholders, risk management, health promotion, human resources, how to implement the project and manage it. Without studying at Curtin University, I would not have gained these skills and been able to implement my project.

Through the help of Australian Rotary Health, and its scholarship program, I am able to educate myself and reach my goals for the improvement of Indigenous Health.

Thank you, **Albert Torrens**

**If your club would like to help
a student become
an indigenous health worker
Scholarships value to students are
\$5,000 per year**

**\$2,500 from Rotary Clubs
and
\$2,500 from Commonwealth or
State Governments**



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