

AUSTRALIAN ROTARY HEALTH MESSAGE STICK



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

www.australianrotaryhealth.org.au

July, 2009

ABOUT OUR INDIGENOUS HEALTH SCHOLARS

Volume 1 Number 3



CORPORATE INVOLVEMENT IN INDIGENOUS HEALTH SCHOLARSHIPS

The Pratt Foundation recently advised Australian Rotary Health that they have pledged support for the amount of \$75,000 over three years for the Indigenous Health Scholarship Program. The involvement of the Pratt Foundation will take place beginning in 2010 tertiary year.

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

CLUBS THAT ARE NOW SPONSORING SINCE THE LAST EDITION OF THE 'MESSAGE STICK'

NEW SOUTH WALES

Rotary Club of Tamworth West is now sponsoring Susan Morris, University of Newcastle (Nursing)

WESTERN AUSTRALIA

Rotary Club of Kenwick is now sponsoring Daniel Hunt, University of WA (Medicine and Surgery)

Rotary Club of Thornlie is now sponsoring Mary Lane, Notre Dame University (Nursing)

Rotary Club of Ascot is now sponsoring Chantel Thorn, University of WA (Dentistry)

Thank you for the following Rotary Clubs who made donations to give part scholarships to students:

Rotary Club of Boroondara, Rotary Club of Denman and

a thank you to a philanthropic group of business people in England who held a Trivia Night to raise money towards funding a part scholarship in 2009.

SNIPPETS FROM THE STUDENTS IN 2008 (2009 reports in next Newsletter)

In regards to my employment I am still currently teaching swimming classes for children aged between 3-10 years of age at Blacktown Pool, and at St Anthony's Primary School in Girraween. I find this beneficial to improving my interpersonal skills and communication, especially relevant to my desire to work in paediatric physiotherapy at the conclusion of my degree.

In addition, in order to further integrate the skills and practices I am learning and currently undertaking during my study, I have recently begun operating the reception desk at Active Body Physiotherapy and Rehabilitation Practice in Castle Hill. My brother Luke also maintains a permanent position as a physiotherapist at this practice. In taking on this role I am able to further observe and critically analyse practice and therapies used, and interweave the knowledge I have gained through study into broadening my concept of the roles and responsibilities as a physiotherapist. Furthermore it has supplemented and consolidated the information I have acquired regarding the more administrative and legislative elements in physiotherapy practice.

I am currently undergoing my mentored clinical placement at Westmead Hospital, where I have been mostly located in the hospital orthopaedic gymnasium. During my experience I have primarily been involved with amputees and patients with cardio-pulmonary disorders such as cystic fibrosis. I feel this placement has provided me with greater insight into the differing roles of physiotherapists within the public health sector of a busy public hospital, as compared to a private practice that is mainly concerned with sporting injuries. A hospital placement, along with close mentor guidance, provides me with an opportunity to view a wide range of complex cases and varying levels of disability or immobility, and so this allows me to increase my capacity of knowledge in both a theoretical and functional means.

Tarni Hinton—*Bachelor of Applied Science (Physiotherapy)* - University of Sydney
Sponsored by RC of Gymea

My studies last year I found were a lot of hard work, much harder than the year before but, I guess that was to be expected. I was determined not to give in or let anything get the better of me, I keep persevering and wanting to receive the best results.

I learnt so much from my studies and when I had completed my studies in 2008 I took an opportunity of living and working in a remote community for 5 weeks, managing an aged care facility at Maningrida, NT. The experience was amazing.

My short term goal was to move from SA and undergo my studies here in the NT at Bachelor Institute. To obtain my degree and to be able to work and live in a remote community. Work in an aged care facility as manager and utilize all my lifelong experiences and pass on all that I have learnt to my co-workers. I believe by this experience in Maningrida, I will be able to go to another remote community with some knowledge of what is expected of me as an Aboriginal worker.

The area that I have worked for years and now study in as well, I find very rewarding. The units I have studied last year have enhanced all of my work experiences in the health and aged care area. I feel confident enough to take on this year as a 3rd year student at the degree level.

My long term goal is to manage an aged care facility in the NT.

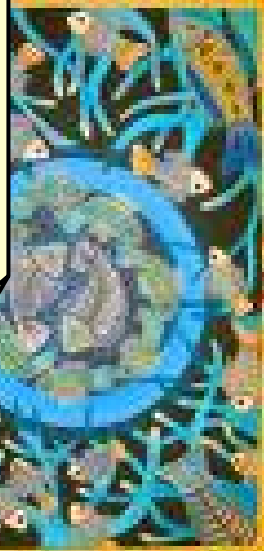
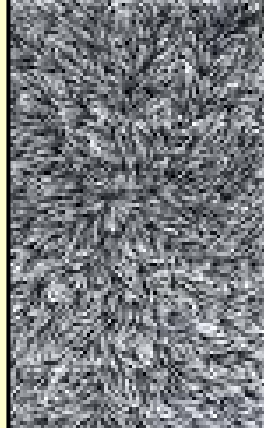
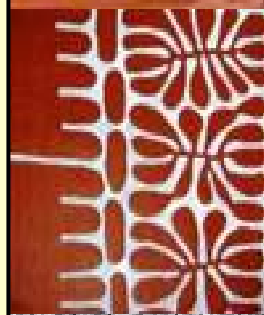
Christine Abdulla—*Bachelor of Primary Health Care*—Batchelor University
Awaiting a sponsoring Rotary Club

The year passed by very quickly, completing the 4th year of my medical degree. I'm currently living in Perth, Western Australia, studying at the University of Western Australia. 4th year was my first venture into the clinical realm of medicine, having already completed the first three years of pre-clinical work. 4th year turned out to be very exciting, and at times a baptism of fire, spending a majority of my clinical time walking the wards of Perth's teaching hospitals and getting a taste of what my future maybe would look like.

During the year we covered topics including psychiatry, surgery, general medicine, rheumatology and orthopaedics and geriatric medicine, each very rewarding in their own ways. These rewards included interacting with the patients who may have had a stroke or recovering from a heart attack, and being involved in the private and personal parts of their lives. But the most fundamental thing that snagged my interest this year were the patients. Whilst in medical school we spend weeks, months and years learning physiological, anatomy, pathology, microbiology etc, it is easy to lose focus on the fact that these patients who are being treated, are people as well. That each and every patient, whilst being treated for their own individual illness or disease, encompass these bubbles that includes husbands, wives, children, grandchildren, friends and even pets – so that treating one person, will affect many more people.

During my vacation, I spent time at the Derbal Yerrigan Health Service, which is the Aboriginal medical service in Perth. This has been a very fulfilling experience, being involved in Aboriginal health programs, ear health programs and the general practitioners. I have found Aboriginal health and wellbeing to be an important factor in my life, as I am of Jaru descent, the health and wellbeing of Aboriginal people does not only affect the community, it can have primary impact on myself and my family.

Daniel Hunt—*Bachelor of Medicine & Surgery*—University of Western Australia
Sponsored by RC of Kenwick



Extract from

'The Raven'

17th June 2009

Weekly Bulletin of the
Rotary Club of Woden



Marion Bateup spoke about her training and future plans. She is now in the 3rd year of her nurses training course at the University of Canberra, and is also undertaking a counselling course. During her course, she had the opportunity to spend time at Winnunga Aboriginal Health Centre, as a clinical placement. Other placements have included time at Canberra Hospital, as well as other clinical settings. After she completes her training and graduates at the end of this year, she will work at Queanbeyan Hospital to complete her Graduate Program. Where she works after completion of the year at Queanbeyan Hospital will depend on the health of her husband.

She would like to spend time working out west in an aboriginal health centre.

Marion Bateup

Batchelor of Nursing—University of Canberra

Marion has spoken about her scholarship at District Conferences for D9710 and D9750

How to make hospitals work for Indigenous people

For many Aboriginal people being in a sterile hospital environment conjures up memories of racism and mistreatment. Many members of the Stolen Generation choose not to see a white doctor or only when their condition has severely deteriorated. For a medical environment to work for Aboriginal people it must

- employ **Indigenous staff**;
- have an **Indigenous-friendly feel**, for example by displaying Aboriginal artworks. Indigenous artwork on the outside of an ambulance also helps Indigenous communities develop a sense of pride and ownership in the vehicle;
- ensure that Aboriginal patients **understand their disease**. Many are uncertain about what has caused their condition;
- ensure **informed consent**. For traditional Indigenous people 'informed consent' for medical procedures must come from the 'right' person within the network of kinship and community relationships, not necessarily solely the patient. Disrespect for such a process might lead to payback for the ill person;
- ensure Aboriginal patients are **fully informed in their own language** about potential harms or benefits of the procedures offered.

From Associate Professor Noel Hayman, Inala Health Clinic in Brisbane, Queensland (He was one of the first Aborigines to complete a degree in medicine at University of Queensland— he is well respected Australia wide for his work in indigenous health)



RENAE GETS BOOST

Koori Mail Wednesday 1/7/2009

When University of the Sunshine Coast student Renae Silver was growing up in a south-east Queensland indigenous community, she felt her life was ordinary. It wasn't until years later, when the 24-year-old's relatives were suffering health issues such as diabetes, heart attacks and kidney problems, that she realised the impact of alcoholism, domestic violence and other problems.

"When I was a child running around and playing I didn't pay attention to it," said Renae, who now lives at Marcoola.

"But when I started studying I realised how dire indigenous health problems are. I can't believe it's happening to this day."

Renae said her dream of working to help people, particularly in indigenous communities, was coming true.

"I only ever wanted to be a social worker and now I'm in the second year of my degree at USC," she said.

She has just received a \$5,000 indigenous health access scholarship from the Australian Rotary Health Research Fund.

Ten of the scholarships were announced across Queensland, with four going to USC students including Renae, Nicole Ellis (Biomedical Science), Nicole Willmott (Psychology and Exercise Science) and Judith Whitfield (Social Work).

The four sponsoring Rotary clubs for USC recipients are Mooloolaba, Aspley, Nambour and Redlands Bayside. It is the seventh year the scholarships have been issued nationwide, in conjunction with the Commonwealth Government.



A Fund spokesperson said the scholarships could make all the difference to students who were struggling financially, especially since indigenous students were often of mature age and with families to support.

Renae, who has a two-year-old child, said she was the first among four siblings to attend university. She already has a Diploma of Community Welfare from TAFE.

"I love my USC degree and the support and friendship I've received from the Buranga Centre. I wouldn't want to study anywhere else," she said.

USC's Buranga Centre provides study support and social networking for Aboriginal and Torres Strait Islander students.

Renae said the scholarship would go towards travel expenses to and from the Sippy Downs campus as well as a computer and textbooks.

As part of the scholarship, Renae will speak at a Rotary meeting and visit a rural indigenous community.

Renae Silver is sponsored by RC of Aspley



Using traditional Indigenous art to explain good health

Doctors in Australia's Northern Territory have found an amazingly obvious way to teach Aboriginal people about diseases and good health.

They use paintings produced by local Aboriginal people in Oenpelli's Health Clinic, near Kakadu National Park (about 300km east of Darwin). The paintings

encourage patients to participate in discussions about body systems, especially when patients realise that the paintings have been produced by their uncles and cousins.

Aboriginal people are able to identify immediately that the paintings were from the area and painted by people they know. Due to a life's experience of hunting animals for food many Aboriginal artists have a better knowledge of anatomy than mainstream doctors.

Health paintings are a perfect starting point to build the doctor-patient relationship.

—Hugh Heggie, GP, Oenpelli Health Clinic

An Aboriginal painting shows the digestive system of the human body. Aboriginal people relate immediately to this kind of 'medical art' which builds a bridge to the doctor.



Aboriginal Nurse Wins Praise at Awards

Koori Mail Wednesday 20/5/2009

An Aboriginal nurse was a finalist in the HESTA Australian Nursing Awards, while a midwife working with Aboriginal and Torres Strait Islander women took out the top honour.

David Copley, of Kurna descent, was recognised in the Graduate Nurse of the Year section for developing a groundbreaking approach to Aboriginal mental health services and a mental health awareness program for Aboriginal teenagers.

And that recognition came in the year after he received his Bachelor of Nursing degree from Flinders University in South Australia.

"I worked in the disability field for 18 years, starting off as a nursing attendant then doing a Diploma of Applied Science in Developmental Disability," Mr Copley said.

"The illness amongst my people seemed to be getting worse and worse and nothing was happening. I thought this is crazy; I want to participate in changing this. So I decided to become a nurse."

For his undergraduate research project, Mr Copley investigated Aboriginal mental health. After completing his Bachelor of Nursing he continued studying, becoming the first Aboriginal nurse in South Australia to complete a Graduate Diploma – Mental Health Nursing.

"We talk about one in five people having a mental health issue, but for Aboriginal people, depending on where you are



or which community you are looking at, it's more like one in three, or even one in two," he said.

"General Practice Network South had a position for an Aboriginal mental health shared care clinician, they had faith in my ideas, dreams and concepts for mental health services for Aboriginal people (even though I was only a new graduate).

"We set up the service, using a combination of cultural concepts combined with modern mental health techniques, and with their support we have established a service that is having positive outcomes."

Today the service provides mental health services to patients through two Aboriginal family clinics in Adelaide's southern suburbs.

During his graduate year, Mr Copley also helped develop a mental health awareness program specifically aimed at Aboriginal youth aged 12 -17.

Mr Copley is also now a casual teacher at Flinders University's School of Nursing and Midwifery in the subject of Indigenous Health Issues for Nurses and Midwives.



David Copley was sponsored by RC of Blackwood

If your club would like to help a student become an indigenous health worker-

Please contact Cheryl Deguara—Programs Co-ordinator

Phone: 02 8837 1900

Fax: 02 9635 5042

Email: cheryldeguara@australianrotaryhealth.org.au

Scholarships value to students are \$5,000 per year

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