

issue 108 | summer/wet season 2017

CRANA *plus* magazine

RRP: \$10.00

the voice of remote health

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.

- support 68
- educate 82
- professional 98
- connect 114

Think Global Act Local

International Conference for Rural & Remote Nurses & Midwives

Leading primary healthcare in a challenging world

36th Annual Conference
Cairns, Queensland, Australia
20th - 22nd September 2018

Register your interest at www.cranaconference.com

CRANAplus
improving
remote health

education | support | professional services

CRANAplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

from the editor

Preserving Indigenous languages, responding to domestic violence, enthusing about life in the Outback and celebrating sunsets: just some of the topics to mull over in this edition of your CRANAplus magazine.

Linguist Dr Luise Hercus is a remarkable woman I had the privilege to meet in the early 1990s, when she was working on the west coast of South Australia. Specialising in Australian Aboriginal languages since 1963, she's managed to pull some from the brink of oblivion. Works authored or co-authored by her are influential primary resource materials: our magazine article summarises excerpts in a book that honours her achievements.

In September we featured a story by a team of community-based researchers from Galiwin'ku (Elcho Island) off the coast of Arnhem Land in the Northern Territory as they prepared their presentations at the World Indigenous Peoples' Conference in Anchorage Alaska. In this edition we hear about their experiences on their first trip overseas.

On a sobering note, Sandra Dann, the Director of the Working Women's Centre SA, asks: 'How does working and living remotely, impact on your ability and capacity, to respond to domestic violence issues as they arise in your workplace?' And a courageous CRANAplus Member shares her powerful, personal experience of DV.

In other sections of the magazine, students wax lyrical about clinical placements in remote Australia and how it has impacted on their career directions; Professional Services gives us a rundown on their achievements, current projects, new CRANAplus Fellows and the newly awarded Life Member; and CRANAplus Bush Support Services have articles to assist navigating into 2018. Remember they are available 24/7 toll free across Australia, to you and to your families on **1800 805 391**

Talking of the New Year, do you intend booking a CRANAplus short course in 2018? Hurry! Since it's release in October, many courses have filled or are close to full. Great Member discounts mean that there's no better time to join CRANAplus.

Everyone loves a sunset and that is well and truly demonstrated by the number of photos we receive from members. We are sharing some of the best with you, all real - no photo-shopping.

Relax and enjoy!

Anne-Marie Borchers
Manager Communications and Marketing
CRANAplus

CRANAplus
improving
remote health



Australian Government
Department of Health

Email: publications@crana.org.au
Phone: (08) 8408 8200 | Fax: (08) 8408 8222
CRANAplus Magazine, PO Box 127, Prospect SA 5082

Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANAplus.

Magazine circulation 15,000.

CRANAplus graciously acknowledges the Australian Government Department of Health for making this magazine possible through grant funding.

CRANAplus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: Silhouette Lombadina - Gaye Shepard.



from the ceo



Dear CRANaplus Members and Stakeholders,

Welcome to the latest edition of the CRANaplus Magazine. One of the many things that I really enjoy reading about within the pages of this dynamic little magazine, are the stories from the students and novice health professionals who, often with financial assistance supplied through CRANaplus, have an opportunity to experience a remote clinical placement.

Their enthusiasm is contagious and they provide so much more to any health service than what they consume. As health professionals, we should individually make it our highest priority to support, mentor and facilitate supportive learning environments for tomorrow's remote health workforce.

Often it's seen as 'just too hard' to facilitate clinical placements in a remote health centre, that there are issues with accommodation, or that we are too busy or that it's too risky for the student. Some universities 'metro-centric' rules are often also a barrier. Yes, there are challenges, but there are some fabulous examples of where it works brilliantly. These are normally driven by passionate individuals who make it happen through hard work, dogged determination and not taking no for an answer.

The summer and wet season across our country creates some pretty tough working conditions; the searing heat, the relentless humidity, and the increased isolation with wet season flooding are things many of us face. Looking after yourself, your family and your colleagues during this time is especially important. The marvellous psychologists in CRANaplus Bush Support Services are always available for a confidential chat. Likewise, they have a range of resources for you to access on their webpage, such as guides on healthy lifestyle and bush survival.

Within the pages of this edition you will find the details of some new and exciting resources and initiatives which I encourage you to consider, especially the Remote Area Nurse certification process. Our Corporate Members and CRANaplus Mates continue to grow, and we are thrilled to have their support to propel the objectives of CRANaplus. One new 'Mate' worthy of special mention, is The Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research.

As we usher in another year, I wish everyone the very best and look forward to a productive and enjoyable 2018.

Cheers

Christopher Cliffe
CEO, CRANaplus



CRANaplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and we pay our respects to their Elders both past and present.

board of directors

At the 2017 Annual General Meeting of CRANaplus Ms Claire Boardman was elected as a Board Member to the CRANaplus Board of Directors.

Claire has worked in both public and private health sectors and in February 2013 was appointed as deputy director, RHD Australia based at Menzies School of Health Research in Darwin. Here Claire works with jurisdictions and Indigenous communities to improve healthcare outcomes for those affected by acute rheumatic fever (ARF) and rheumatic heart disease (RHD). Prior to this appointment Claire was privileged to be working with Aboriginal and Torres Strait island communities in public health and infection prevention and control in the Torres Strait, Far North Queensland.

In her public health capacity Claire has worked in complex disaster and developing nation settings and has a strong ongoing interest in healthcare economics, developing nation and Indigenous health issues.

In her public health capacity Claire has worked in complex disaster and developing nation settings and has a strong ongoing interest in healthcare economics, developing nation and Indigenous health issues. Claire has held a number of State and National appointments including President of the Australasian College for Infection Prevention and Control (ACIPC) and was a member of the Australian Health Protection Principal Committee (AHPPC) Anti-microbial Resistance. She is a senior lecturer at Griffith University.



In 2013 she won one of four prestigious Council of Executive Women scholarships to attend the Australian Graduate School of Management Women in Leadership course at UNSW which has assisted her in developing her leadership skills and executive presence and, in 2014 Claire was a NT finalist for the Australian of the Year Awards.

The CRANaplus Board of Directors

Mr Paul Stephenson – Chair

Ms Fiona Wake – Deputy Chair

Dr. Nicholas Williams – Secretary

Mr John Ryan – Treasurer and Chair of the Audit & Risk Subcommittee

Mr John Wright – Board Member

Ms Lyn Byers – Board Member

Ms Claire Boardman – Board Member

Ms Belinda Gibb – Board Member and Chair of the Governance Subcommittee

For more details about our Board of Directors visit our website: <https://crana.org.au/about/board-of-directors>

engage

from the chair

What a brilliant and informative CRANaplus Conference we had this year, with so many progressive-thinking presentations and fantastic organisation by CRANaplus staff and associates.

The Yawuru people of the Broome region and many of the local people we met provided a warm and welcome setting.

Thank you for the hospitality in a beautiful part of Australia. A very big congratulations to the new CRANaplus Fellows Ann Aitken and Janet Fletcher, and a warm welcome to our new lifetime member Patricia Magee.

A big shout out for Shellie Morris and let me thank Dr Keith Suter for presenting his thinking on our changing and evolving world view, and how the growing 'knowledge economy' will leave us behind if we don't seize it. His optimism and opinion was enjoyed by all.

Practising without threat of violence or abuse has been very much a CRANaplus agenda this last 18 months, and your contribution to the resulting safety and security resources cannot be understated. Further developments at State and National levels indicate the remote area health professions remain highly-valued by society as a whole and your contribution to ensuring safety is being heard and progressed at various levels.

Speaking of safety, we must continue to speak out against domestic and family violence in our communities. Australia continues to see an ugly normative in our society with a shameful statistic of greater than 26% of women in relationships experiencing violence at least once. Don't ask "why doesn't she leave" ask instead, "why does it happen" then do everything in your power to assist, advise and support safety.

Further in that safety space, we cannot ignore national marriage equality, which has been debated on a social justice platform.

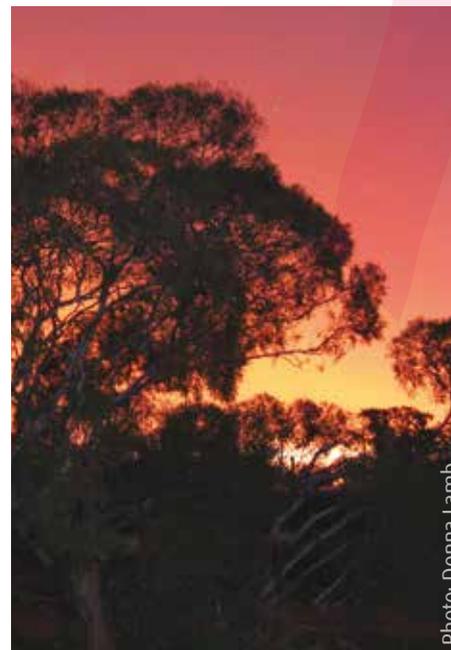


Photo: Donna Lamb.

Many of us will know folk who question their self-worth as a consequence of what we see and hear being suggested in the negative and discriminating debate in media and by some leaders. Reach out and listen as a health professional, regardless of your personal position on the matter, as impacts on people's health are an evident consequence of such a highly emotive public debate.



All professionals need to be open to diversity of opinion, stand up against social injustice and unacceptable behaviour...

On discrimination; let's not ignore racism in our society, another abhorrent and unacceptable norm that still needs us all to call it out every time. Let's enable a resurgence of a collective approach to address racism that exists in our institutions and our workplaces. Call it out every time you hear or see it and make a lasting impact, otherwise it will remain institutionalised and continue to creep into our lives unaddressed.

All professionals need to be open to diversity of opinion, stand up against social injustice and unacceptable behaviour, and most importantly, care for yourself in the process. Thank you for your contribution to your organisation and while the social discourse and our conference often raises more questions, in the spirit of inquisitiveness it keeps us on our toes and aware of social inclusion.

Best regards

Paul Stephenson
Chair, CRANaplus Board of Directors ●

pulling languages back from the brink

In the year when the NAIDOC theme is 'Our language matters', here's an article on Dr Luise Hercus, a leading documenter of Australian Indigenous languages for over 50 years.

Luise was presented on her 90th birthday in 2016 with a book 'Language, land and song. Essays in honour of Luise Hercus'. This article is a selection of excerpts from that book.

Well before others in Australia, linguist Dr Luise Hercus saw the importance of a holistic approach to language documentation. Accumulating more than 1,000 hours of audio tapes with Indigenous speakers, ranging over 56 native languages and dialects, Luise has always been interested in their stories: their individual biographies as well as their collective histories and cultural experiences.



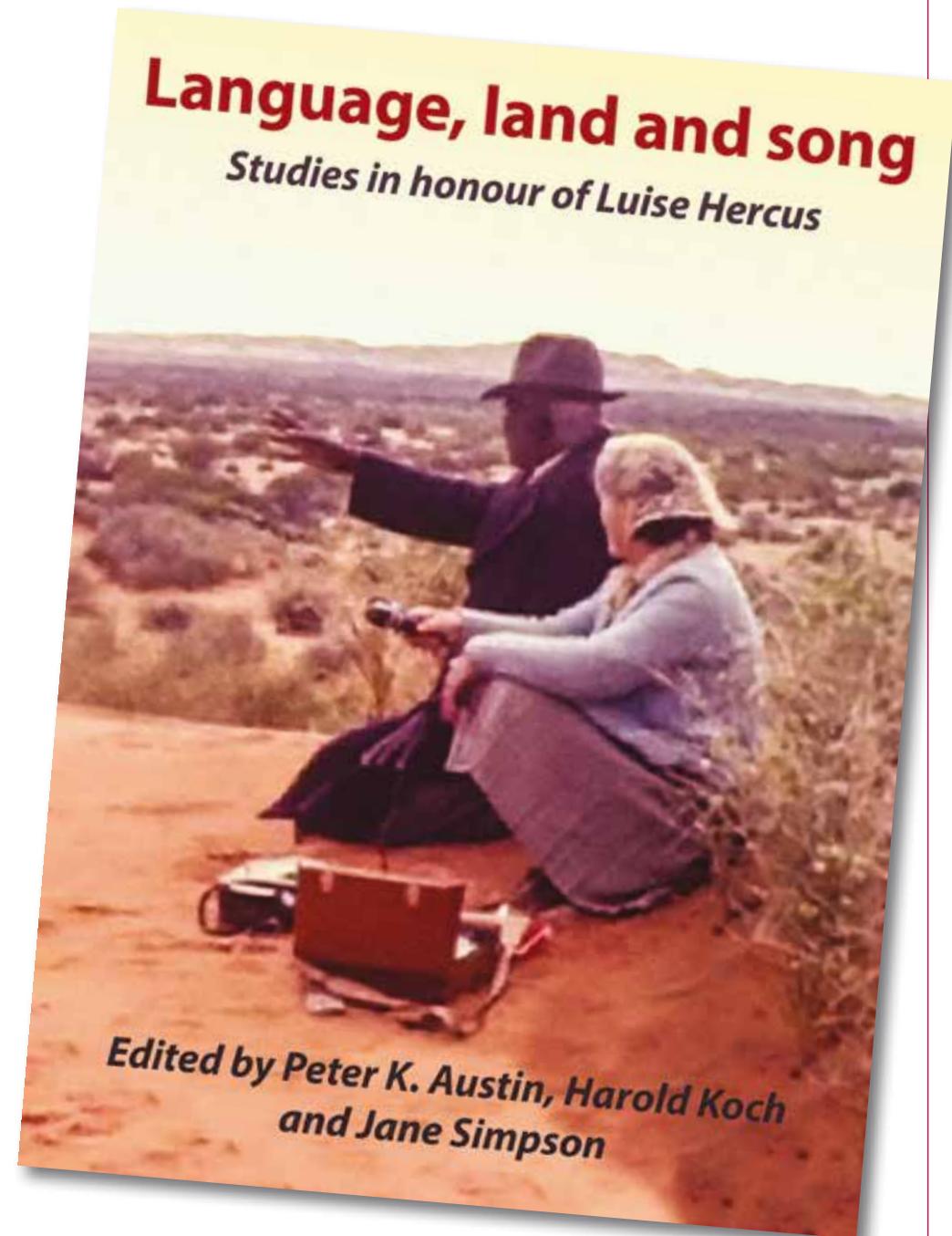
Her own story is also fascinating. Born Luise Anna Schwarzschild in Munich, Germany in 1926, the eldest of three daughters, the Schwarzschild family suffered discrimination and oppression in Nazi Germany, before fleeing to the UK. Luise, who was then aged 12, still remembers watching other Jewish people, taken off the train at Aachen, crying on the platform as the train pulled out.

The only close family member to be left behind was her non-Jewish grandfather Hermann Luttner, who was executed at Dachau concentration camp in 1941 for his persistently expressed anti-Nazi views. ▶▶

Left: Luise Hercus.

Above top: Luise Hercus with Bingee Lowe.

Above below: Dr Luise Hercus is presented a hard drive containing digitised versions of her sound collection by Collection Management Manager (Audio) Kazuko Obata.





► Luise, whose interest in linguistics began at an early age in the UK, met her future husband, Australian physicist Graham Hercus, at Oxford University, and joined him in Melbourne in late 1954. Luise became interested in Australian Aboriginal languages in the early 1960s when she questioned the widely held belief, still prevalent at the time, that languages were totally lost the moment that the last first-language speaker died and that after that one was 'simply too late'. Her salvage work on remnant languages was part of a newer view surfacing that even speakers with lesser knowledge can contribute to the understanding of language, and that language loss and decline in itself is worthy of study.

As stated by SA historian Tom Gara in Chapter 2:

When Luise started working with Aboriginal people in the mid 1960s it soon became obvious to her that

the 'last speakers' were usually also the last singers in a language. This is what particularly worried these older people: they hoped to pass on something of the language to their descendants, but there was no way they could pass on their songs to the next generation who were devoted to country and western music, and still less to grandchildren who were listening to the latest hits on the radio.

To the older generation the songs and oral traditions were what mattered most. Some people were so anxious to record songs that it was hard for Luise to get them to do language work. Because of the emphasis placed on this by the 'last speakers', Luise came to concentrate on songs and oral literature as much as on language, recording and making the linguistic analysis of long song

Above: Luise Hercus recording Mick Lclean
(Photo: Isobel White).

cycles in Arabana and Wangkanguru in particular. The songs of the 'final last speakers' are most moving: they represent the most cherished part of the voice of the past.

Luise travelled extensively, locating people with knowledge of many Aboriginal languages. Her late husband Graham was her driver and moral support on these fieldtrips, and their son Iain accompanied them during school holidays. Since her first trip to Port Augusta in 1965 Luise estimates that she spent a total of about five years travelling throughout the Lake Eyre Basin alone.

As quoted in Gara's paper in the book, Luise writes:

My methodology may seem haphazard and my recordings are unsystematic: I do however have a clear methodology, and this is essentially opportunistic. I realised during my language salvage work in Victoria that there is nothing people hate more than being asked mechanical questions, as happens when a linguist goes through a set list of body parts, natural features, animals, verbs etc. This applies particularly to those Aboriginal people who have only fragmentary knowledge of the language or haven't spoken it for a long time. They feel harassed if they can't think of something straight off, particularly if the linguist then goes on to the next item on the list and then the next.

In language salvage situations it was obvious that in order to make things interesting to speakers of differing linguistic capacities and inclinations, methods had to be entirely flexible... By gradually trying to let people think about the past one could in the end learn much more than by having a

neat list. When I left, people would often say – 'I couldn't think of a whole lot of words just now, but they will come to me and I will tell you next time' – and almost invariably they did tell me next time. ...I am still convinced that this flexible methodology was and is best suited to keeping to the wishes of speakers, and making them happy to contribute more. It is therefore more productive in the long run than a systematic but repetitive approach.

Luise's work ranged from salvage studies of barely remembered languages in Victoria to full grammars and dictionaries of languages of South Australia. Her research includes considerable documentation of the songs, stories, geographical knowledge and biographies of the speakers.

She retired in December 1991 but continued her work recording language; making numerous site-recording trips; and working on land claims and native title claims.

Luise is one of the two largest contributors to AIATSIS's recorded sound collection and her materials are still constantly in demand. Requests come from Indigenous peoples who want to connect or reconnect with their families, languages and songs; organisations working on native title claims; researchers working on language revitalisation projects; and documentary film producers.

Language, land and song: Studies in honour of Luise Hercus with contributions from over 30 scholars, honours her lifelong engagement with aboriginal people and their languages. Edited by Peter K. Austin, Harold Koch & Jane Simpson and published by Endangered Languages Publishing, the whole book and/or the individual chapters can be downloaded for free from <http://www.elpublishing.org/book/language-land-and-song> ●

galiwin'ku researchers' alaska trip highlights global hepatitis problem

It took a trip almost halfway around the world for three Indigenous researchers from Galiwin'ku to be reminded of a sobering, yet comforting truth: all Indigenous peoples are faced with the challenge of viral hepatitis.

Three Menzies School of Health Research community-based researchers – Sarah Bukulatipi, George Gurruwiwi and Roslyn Dhurrkay – travelled almost 40 hours each way to attend the World Indigenous Peoples' Conference on Viral Hepatitis in Anchorage in August.

"We realised it's not just our people in Arnhem Land that have hepatitis health concerns; it's all over the world. We're not alone," said Sarah.

"In Galiwin'ku, people feel shame about hepatitis B. Now I can tell them it's not just them; people all over the world have this problem and people all over the world are working on it."

Hepatitis B virus infection can lead to liver failure and liver cancer. Up to 20 per cent of the Indigenous population of the Northern Territory are infected with hepatitis B.

The conference saw Indigenous community representation from around 13 countries coming together to share their stories of how they diagnose, treat and raise community awareness of viral hepatitis.

For Roslyn, the sharing of stories provided the most insight into how other communities lived and worked to prevent and treat viral hepatitis.

"We felt proud sharing what we do in our community; other countries were impressed by how Yolngu people helped each other," she said.

"We talked about the Hep B story app* (an app developed by Menzies and the Galiwin'ku community that uses graphics and explanations in language to educate people on hepatitis B and its effects) and how we go to peoples' homes to talk to them about hep B."

Paula Binks, hepatitis B program coordinator at Menzies, who was part of the Menzies contingent to Alaska, said attending the

conference reinforced the importance of the community-based researchers' work.

"It reinforced that the work we are doing is right and necessary," said Paula. "When you work in communities, it is a long process, but you need to build trust and consult with them, and use their language to pass on the knowledge to them."

All three researchers presented at the conference. Roslyn's presentation was in the form of a video, of her speaking in Yolngu matha about the women's business aspect and obtaining truly informed consent for research, while George presented on his work going from house-to-house to obtain samples and deliver education.

Meanwhile, Sarah talked about the 'Liver one-stop shop' project running in the community.

Through this initiative, people with hepatitis B receive regular and specialised care from a visiting liver specialist, as well as ultrasounds and a scan to assess the stiffness of the liver.

"We hope to have the one-stop shop in more communities near Galiwin'ku," said Sarah.

"Hepatitis B is a big problem in a lot of communities, and we want to help."

Roslyn's video can be viewed here:

<https://vimeo.com/235684414>



Right: The Menzies School of Health Research team of Paula Binks, Roslyn Dhurrkay, Sarah Bukulatipi, Melita McKinnon and George Gurruwiwi on a glacier ice cruise in Alaska.

drowning in regional and remote australia

Last year 291 people drowned in Australia, an increase on the 10 year average of 281 deaths. Of these, 58% occurred in regional and remote locations. Based on statistical modelling, there were a further 247 people hospitalised due to non-fatal drowning in regional and remote areas last year.

Every year, more people drown in inland waterways than beaches, the ocean or swimming pools. Inland waterways were the leading location for drowning last year, with 68 deaths in rivers and creeks, and 29 deaths in lakes and dams. Males accounted for 84% of all drowning deaths in inland waterways.

To combat this risk, Royal Life Saving's 'Respect the River' campaign aims to increase awareness of the hidden hazards at inland waterways. Rivers might look calm and peaceful from the surface but you cannot see strong currents, submerged objects, ice cold water and slippery banks.

'Respect the River' promotes four simple safety tips:

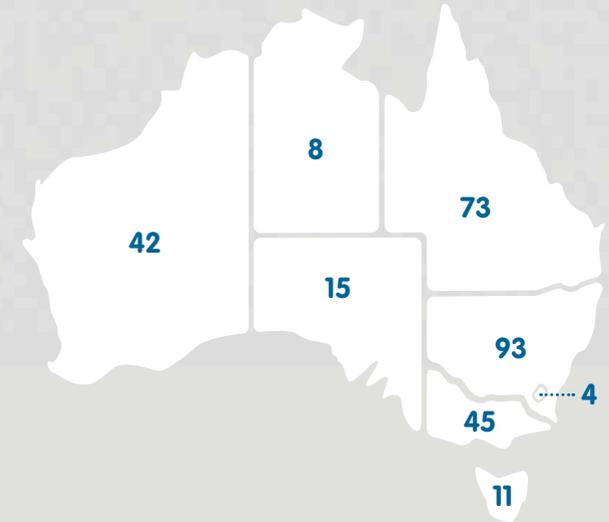
- Wear a lifejacket
- Avoid alcohol around water
- Never swim alone
- Learn how to save a life

For those living in rural areas, Royal Life Saving encourages the use of 'Child Safe Play Areas', as not all rural water bodies can be fenced, posing a drowning risk to young children. ▶▶



1 JULY 2016 TO 30 JUNE 2017

291



PEOPLE DROWNED IN AUSTRALIAN WATERWAYS

TOP 3 LOCATIONS

23%

RIVER/CREEK/STREAM

17%

BEACHES

16%

OCEAN/HARBOUR



74%



26%

TOP 3 ACTIVITIES



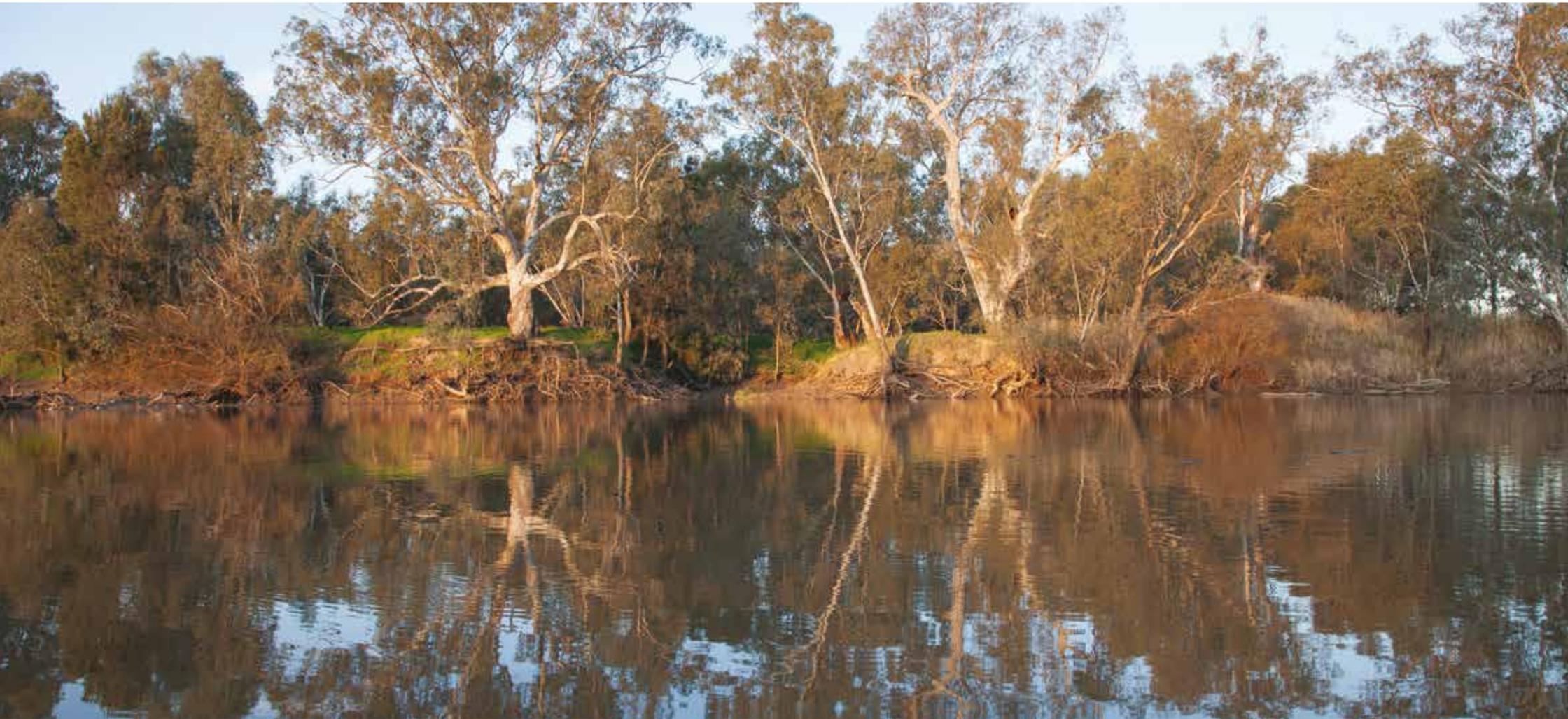
25% SWIMMING & RECREATING



16% FALLS INTO WATER



13% BOATING



▶▶ A 'Child Safe Play Area' is a fenced area in the backyard or home that includes toys or play equipment for children within it. It restricts a child's access to water when nearby water bodies cannot be fenced, such as a farm dam.

Royal Life Saving advocates for all Australians to learn first aid and cardio pulmonary resuscitation (CPR) but this is all the more important in regional and remote areas. The isolation and increased distance to major population centres means significant delays in receiving medical

assistance. Knowing and having the ability to perform CPR in an emergency is vital for people living in country Australia. We encourage people in country areas to enrol in a First Aid course so they have the skills to respond in an emergency.

Promoting an increased awareness of the risk of undertaking aquatic recreation alone in isolated areas is also important, which is why those residing in country Australia are encouraged to never recreate in or around water alone.

Knowing and having the ability to perform CPR in an emergency is vital for people living in country Australia.

Medical conditions are a common risk factor for drowning, with 47 people who drowned last year known to have a pre-existing condition.

The most common medical conditions recorded were cardiac conditions and epilepsy, as well as mental health and behavioural disorders.

Healthcare professionals can help by discussing water safety with patients, particularly those with pre-existing medical conditions, and reminding them to be aware of their physical limitations when they are in or around water.

More for information visit
www.royallifesaving.com.au ●

domestic and family violence – is it a workplace issue?

How does working and living remotely impact on your ability and capacity to respond to domestic violence issues as they arise in your workplace?

What you would do in this scenario?

One day, your employee/colleague, Kim, calls in sick. She admits to you that she has visible bruising from an incident in the family over the weekend and is embarrassed to come to work. She says that she is scared of her husband and she does not know what to do.

- What do you do?
- Is this your business?
- Can you make referrals to the right services?
- Do you know what's available and local to you?

Unknown to you, she then rings her friend and colleague Crystal, who is also your employee, telling her the situation. Crystal comes into your office and explains that she is worried about Kim, and wants to call the police.

What do you do?

Do you call the Police?

What about mandatory reporting (for those of you from the NT)?

Kim comes into work late the next day and is visibly injured and is not herself. She makes numerous mistakes in her work and is unable to focus.

What do you do?

Do you let her work the day?

Do you send her home? Is she safe there?

How do you record her absence?

Do you have Domestic Violence leave?

At the end of the day, Kim's husband arrives at the workplace demanding to see his wife and abusing the front office staff when they tell him she is not there. The receptionist tells you that this has happened before and they are scared for their safety, but they are also annoyed because it is really disrupting everyone's work

What do you do?

Do you have any policies or safety planning in place for this?

Do your front office staff know what to do?

What happens if someone is injured?

Are you responsible?

Do you and your staff know the answers to these questions? If not, it's probably time to do some planning.

So how can you get answers?

The National Network of Working Women's Centres (NT, SA & Qld) are running a program called Domestic and Family Violence Work Aware (DFVWA).

We offer:

1. Employee support: we might be able to help her keep her job.
2. Training:
 - a. We help organisations develop DFV Policies and Procedures.
 - b. We help managers deal with disclosures and with safety planning.
 - c. We equip managers and supervisors to recognise and respond (not to be DFV experts).

We're here to help, so please contact us if you'd like to talk some more.

www.dvwa.org.au

What do we know?

- 2/3 women who experience DFV are in employment.
- 1/2 of those experiencing DFV had difficulty getting to work:
 - Restraint (failure to care for children).
 - With-holding car keys and phones.
 - Injury.
- 1/5 employees who experience DFV continue to experience the violence whilst they are at work:
 - Abusive calls and messages.
 - Perpetrator turning up at work.
- Only 1/10 of survey respondents who disclosed DFV to their employer had a positive response. Most felt less safe after the disclosure, not more safe.
- Women who keep their job and keep their financial independence are far more likely to be able to leave an abusive relationship.
- Women employees who experience DFV are more likely to be in casual work and have short term employment histories.

There's a few things that we know from our clients at Working Women's Centres:

- Women who experience violence and abuse in their relationships are terminated because the employer can no longer manage the leave requirements and irregular attendance at work. Sometimes this is lawful (more than three months in a 12 month period) and sometimes it isn't (a couple of days when an employee has a lot of accrued leave).

- They are terminated as a sort of panic or blaming response 'you brought the organisation into disrepute', 'we can't have you here, you're a liability', 'your partner has been abusive, I have staff and customers to protect'.
- Women obviously don't want to disclose DFV. They may often disclose mental health issues instead, making it hard for an employer to know what's going on.

Increasingly DFV is becoming an industrial issue that employers, industry groups and unions are paying particular attention to:

- Decisions in the Fair Work Commission mainly in relation to women being unfairly terminated from their jobs when they have disclosed DFV.
 - DFV leave is new:
 - nobody had this 10 years ago;
 - now 2 million workers have DFV leave as an entitlement in their enterprise agreement, but that's not everybody; and
 - it leaves another 11 million who don't have it.
 - The ACTU took a case to the FWC for 10 days paid leave as part of the Modern Awards Review which would have given most workers in Australia access to this provision. This application was rejected on this occasion but the Fair Work Commission stated that employees who disclose DFV be granted unpaid leave, rather than be terminated from their jobs. ►►

» Dear Anne-Marie,

I recently sent a thank you note via Christopher to the wonderful CRANaplus staff and he said to put it in an article, well here it is:

Breaking the silence

It had been 20 years since I left a non-physical domestic violent relationship of which only my best friends and family knew the reason for my leaving.

We had been married for 20 years and during that time, like a dripping tap, all aspects of non-physical domestic violence crept into our relationship.

Making money was more important than visiting my family or going out with friends; we were always too busy as work came first. He never wanted children as that would stop the worker, me, from earning an income.

Looking back I believe I put up with his bad behaviour because I loved the Aged Care industry that we had invested a lot of money into and all my time. We had bought a Nursing Home and I threw myself into helping change the face of aged care through leading by example and educating our staff.

We were the first people in Australia to purchase a Government-run Aged Care facility and had one week to change the staffing to Private Enterprise.

I had wonderful, dedicated staff who started to see the cracks in our marriage, but they stayed silent as they needed their job.

Our few social friends were in awe of my husband as publicly he was such a gentleman and "I was so lucky." I felt I had no one to talk to and of course domestic violence "only happens in the lower socio-economic community" or is alcohol-fuelled. We were held in high esteem in our community, being the largest private employer in the city.

Finally I did leave with nothing, due to fear as to where our relationship was heading, as his controlling behaviour had escalated out of control.

So there I was 20 years later, back in the same state that I had fled from, attending a CRANaplus Maternity Emergency Course (MEC). When I did the pre-reading there was a chapter on domestic violence and as I was reading it, I ticked the boxes; financial, sexual, verbal, economic, spiritual and social; my past was there in black and white.

I thoroughly enjoyed the MEC course and the instructors were wonderfully supportive, fun and professional.

When the domestic violence topic was covered I felt uncomfortable, but I was no longer that shattered person of 20 years ago. I summoned the courage and spoke up and to my relief, everyone was so supportive. Thank you to those three lovely women from CRANaplus.

With that monkey off my back, in February this year I spoke at a domestic violence forum in Sydney on non-physical domestic violence.

I received a lot of feedback from participants from all over Australia, one of the main comments being that very few people (women) talk about the non-physical domestic violence aspects, as sadly the physical aspects are too often front page news.

I now feel that finally I can hold my head up high due to the weekend CRANaplus MEC course I attended and can now tell the truth about my past life, living with non-physical domestic violence.

Jane Loxton
RN, Bachelor of Applied Science (Nsg.)
CRANaplus member

Sandra Dann is the Director of the Working Women's Centre SA, a position she has held since 1998. The Centre provides information, support, training and advocacy to women who are not union members but who have workplace issues.

Sandra is accredited by the Safe at Home; Safe at Work Project (University of NSW) to deliver training on domestic and family violence and work in South Australia. She is currently delivering training to government departments, private sector organisations and not for profits to assist with their White Ribbon Workplace Accreditation.

In 2005 Sandra completed the Governor's Leadership Foundation Program and is now a Fellow of the Leadership Institute of South Australia. ●



Photo: Donna Lamb.

life and death in bangladesh camps

Eight-year-old May has a necklace with several keys around her neck. We ask her what they are for. Her eyes cloud over: "It is the keys to our house in Myanmar. My parents asked me to hang onto them for safety when we were separated. I do not know if we will make it back there". Tears are welling in my eyes.

Soon afterwards, an older woman sees my Red Cross T-shirt and comes to ask me for help. Through a translator she tells me her daughter is in labour in the tent nearby and asks me to help. I'm a nutritionist; I am not the right person to be helping with the labour and I nearly faint just thinking about it!

Thankfully our midwife arrives on foot in 30 minutes. During the wait I keep the mum-to-be cool with a fan and offer her clean water to drink. The midwife suspects it is a breech birth and the woman is referred to the nearby Red Cross field hospital for a safe birth.

I arrived at Cox's Bazar, Bangladesh, just days ago. Near the Myanmar border, this is a tourist area that lays claim to the 'third longest beach' in the world. It now also lays claim to the fastest growing humanitarian crisis unfolding in the world. More than 610,000 people from Rakhine State, Myanmar have crossed the border in three months.

Having worked everywhere from Syria to Chad, I thought I would be prepared for what I would see. But these are the worst conditions I have encountered. This is a sentence I hear time and again from the most experienced aid workers here.

We head to nearby Kutapalong camp. Steep hillsides are covered in makeshift homes closely packed together like a jigsaw and built with pride from bamboo and tarpaulins. There is no space left untouched, as far as the eye can see.

There are people everywhere. Three out of four are children and women. Endless streams of people walk in all directions trying to find supplies to build a new temporary shelter to call home. We do our best to help with aid and point people in the right direction to seek what they need.

There are no roads in the camp, but steep muddy tracks, wind precariously up the embankments. We keep climbing and reach one of our mobile health clinics. We now see more than 150 patients a day in each clinic: malnourished children and adults; people suffering from dangerous diarrhoea and respiratory infections.

We now see more than 150 patients a day in each clinic: malnourished children and adults; people suffering from dangerous diarrhoea and respiratory infections.

We hear that thousands more are flooding across the border and we rush to a nearby transit centre to provide health care. A young mother is ushered to the front of the line with two small children under two years of age, both listless in her arms. They are severely dehydrated and nearly dying of thirst. We slowly drop water into their mouths with sugar and watch as they revive. It is heartbreaking to see so many young children and mothers in this state. One child starts screaming and we breathe a sigh of relief: he's okay for now.

The line of people keeps coming and we are working until after dark. The last of the new arrivals is seen and the skies open up with torrential rain. We huddle under tarpaulins in the mud with hundreds of families in the dark waiting for the rain to stop.



Above: Red Cross aid worker Kym Blechynden providing health training to Bangladesh Red Crescent volunteers in the Bangladesh camps (Photo: Angela Hill).

Right: Red Cross aid worker Kym Blechynden providing health care to malnourished people in the Bangladesh camps (Photo: Francis Markus).

Many more wait outside in line to get their tent and food. It is a surreal scene and no-one speaks.

No-one speaks much in the car on the two-hour drive back to base. Between us, we have more than 35 years of experience working in emergency response – these are still the worst conditions any of us have ever seen.

And still we find courage and strength amid the fear and uncertainty. I am in awe of the families we meet and the journey they have survived to be here. The incredible jobs volunteers are doing, taking time to listen to each person, offering support and safe places for women and children to stay and play in incredibly tough conditions. We're providing the essentials for life: industrial-strength tarpaulins so people here have a roof over their heads, food, clean water and access to safe toilets and health care.

As most Australians get ready for their festive season, people here just want to survive with



the basics and some dignity. It really is a matter of life or death.

The sadness, courage and strength of these people will stay with me for a long time. I hope my fellow Australians can open our hearts and stand up for our neighbours.

Kym Blechynden is Regional Emergency Health Coordinator, International Federation of Red Cross and Red Crescent Societies working on the Emergency Health responses in Cox's Bazar, Bangladesh. Donate to the Red Cross Myanmar Crisis Appeal – redcross.org.au/myanmar ●

a huge 'workplace'

In 12 years as a Remote Area Nurse for CQ Nurse, Sue Miller (pictured below) has worked in 50 locations covering the Torres Strait, Cocos Keeling Islands and Alice Springs. Here is her story.

Sue Miller never wanted to be a nurse. For the first 20 years she hated it: every single day was a struggle. "It wasn't until I got into emergency nursing and later into remote area nursing that I actually found my niche," she says. "Now I'm a paid tourist."

Sue is taking some time out after a three-month stint working at Docker River, a remote indigenous community of 300 people, a 10-hour drive from Alice Springs out past Uluru and near the West Australian border. "You're very isolated, the food truck comes out once a fortnight, and the doctor comes once a month," she says.

"When I come back to Cairns it's overstimulation: that's the best way to describe it. There's lights. There's cars. Everyone is going fast. You go to the supermarket and there are nine varieties of apple. I find it really difficult."

Sue, a grandmother and a mother of four, lives these days with her partner of six years Phil, a fly-in fly-out worker, who is also rarely at home. They manage to align their diaries at times.

Sue's 'workplace' covers a huge area, and it's where she finally fell in love with her career and discovered a new hobby, taking photos of the places she visits. Each one is worthy of a postcard and her stories wouldn't be out of place in a movie.

"I have retrieved people from a rollover, got bogged and slept in a riverbed, all on one night," she says. "I have delivered a premature baby on my own in a flood at 2am. There isn't too much I haven't seen or experienced."



Photo: Sue Miller.

"I have retrieved people from a rollover, got bogged and slept in a riverbed, all on one night... I have delivered a premature baby on my own in a flood at 2am. There isn't too much I haven't seen or experienced."

"Within the first 10 minutes of arriving in one community there was a plane crash at the airstrip. The landing gear hadn't come down on the small 6-seater plane. Fortunately no one was seriously hurt but that was my hello to that community."

"I've driven through flooded roads to get insulin to people who would have otherwise become very sick. I'm not talking about a puddle either. I've worked in the clinic all day and been on call for many days in a row and dealt with many sick babies at night."

"Last year at Timber Creek I got a call that a young girl was going to attempt suicide. The other nurse and I drove over an hour to find her and keep her safe till she could be evacuated. That was a long night."

"I have travelled to communities by 4WD, boat, helicopter, mail plane and the Royal Flying Doctor Service."

"There is really no big stand-out: just lots of stories and some of them quite funny. Like the patient I was evacuating who stood on top of the ambulance naked, waving the plane in. Yep that was a funny one, I couldn't imagine what the pilot thought as he landed." ▶▶

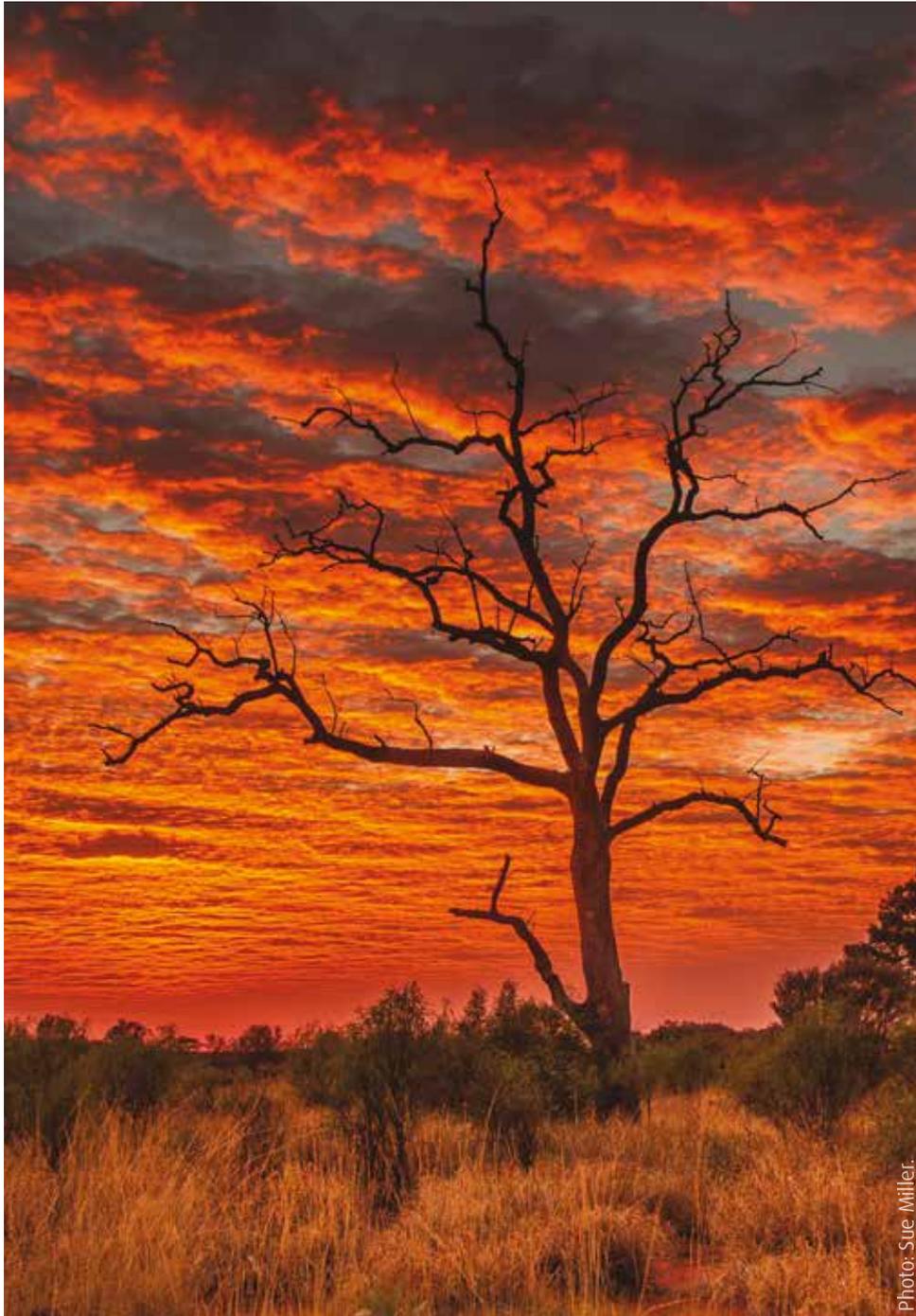


Photo: Sue Miller.

▶ Sue revels in the challenge, autonomy, and the holistic nature of working remotely. She describes herself as a one-woman doctor, pharmacist, pathologist, paramedic, receptionist and cleaner.

As a visitor to these remote indigenous communities she's also come to learn that respecting the local culture is an important survival tool of the job. "I look at things from other people's angles, their values and their culture," she says. "You need to accept that people are doing it their right way. We once had a man come into the clinic with a headache and he told us he'd been eating witchetty grubs to make it go away. We're only there to help, we're not there to judge because, if you do that, they won't come to the clinic.

"I hate that phrase 'non-compliant'," says Sue. "We use it a lot and that's a very judgmental phrase isn't it? It's because we talk about people who are non-compliant with their medication

and they're non-compliant with coming to the clinic to have their health check. So if they come in and they've got red paint all over their faces because they believe it'll help and they've also brought the witchdoctor along with them, then you work with them.

"I look at things from other people's angles, their values and their culture...You need to accept that people are doing it their right way."

"Who says that we're right? Maybe witchetty grubs do get rid of headaches."

To find out about rural and remote nursing opportunities with CQ Nurse, phone 07 4998 5550 or visit www.cqnurse.com.au ●

Pharmacotherapeutics for Remote Area Nurses

An online course in the practical use of medicines in disease management developed specifically for Registered Nurses who work in or are planning to work in remote and isolated practice.

Commencing 15th January 2018

For further information visit the Centre for Remote Health website or contact the Short Course Administrator

www.crh.org.au crh.pharmaco@flinders.edu.au



it's all in the family

Registered Nurse Reg Johnston started working at Benalla Health in 1999. He finished his training in the end of 1995 and enjoyed his rotations around Victoria where he gained great experience and honed his skills. Reg always knew he wanted to be based in Benalla. When he was done with his rotations and felt he had enough experience he started working with Benalla Health in Accident, Emergency and Operating Theatre. In 2001, Reg became the Associate Nurse Unit Manager of Operating Theatre and soon after became the Nurse Unit Manager.

"The management at Benalla Health have always been supportive of staff. I found a great environment where the leadership team trusted me and I trusted them. I appreciated and valued the responsibilities I was given."

After 11 years Reg retired as the Nurse Unit Manager and with wife Wendy enjoyed a few years travelling in their caravan.

"...I didn't quit because I didn't like my job, I just wanted to travel. I couldn't stay away for long. I am happy to be back here and working with the incredible team at Benalla Health."

"After a few years off I was ready to come back to work on a part-time basis. I didn't quit because I didn't like my job, I just wanted to travel. I couldn't stay away for long. I am happy to be back here and working with the incredible team at Benalla Health."



Premier's Medium Health Service of the Year

Benalla Health in Victoria was been awarded the title of 2017 Premier's Medium Health Service of the Year.

The hospital was also a Finalist in the Whole-of-Hospital Model for Responding to Family Violence.

"This is a direct reflection of the outstanding services that all of our staff provide to our community," says Janine Holland, Chief Executive Officer.

"The achievements of Benalla Health during the 2016/2017 year would not have been possible without the dedicated commitment of all our staff, the medical workforce and our wonderful volunteers."

"Benalla Health has always enjoyed strong support from our community and we value and sincerely appreciate this. This Award doesn't mean that we will rest on our laurels. We will continue to work hard to provide high calibre health services to the community we are privileged to serve." said Janine.

"We have always had some connection with the hospital, it's been good to us. Wendy was the director of nursing in the early 1990s. My daughter Laura was a nurse in the acute care ward and currently my daughter Karlee works in the kitchen and enjoys her role. My third daughter did an internship here while she was still at school and now she is a speech pathologist."

As Reg said, "Benalla Health is in our family!" ●



Left to right: Reg Johnston and friend.

pull of the mountains

“I couldn’t say no,” says CRANAplus Member Registered Nurse Sarah Osborne, when a friend asked her to join his expedition to climb Baruntse in May this year.

She jumped at the chance to achieve her long-term goal to participate in a remote mountaineering expedition in Nepal.

But first came the preparation. “After gaining endurance fitness for an alpine marathon, I spent five extra months training specifically for high altitude,” she says. This involved weights and cardio in an altitude chamber (set around 4000m), four times a week. A challenge to fit the training in around working full time shift work as a Paramedic.

And so, from April 25 to June 11, Sue trekked, climbed and walked through and over the most technical section of the Great Himalayan Trail to access Baruntse. “This was my third time in Nepal and by far the most difficult,” she says.

“...We went to the toilet in a bottle when it was too cold to get up, ate A LOT of chapati and egg, and sung badly to a lot of our favourite songs...”

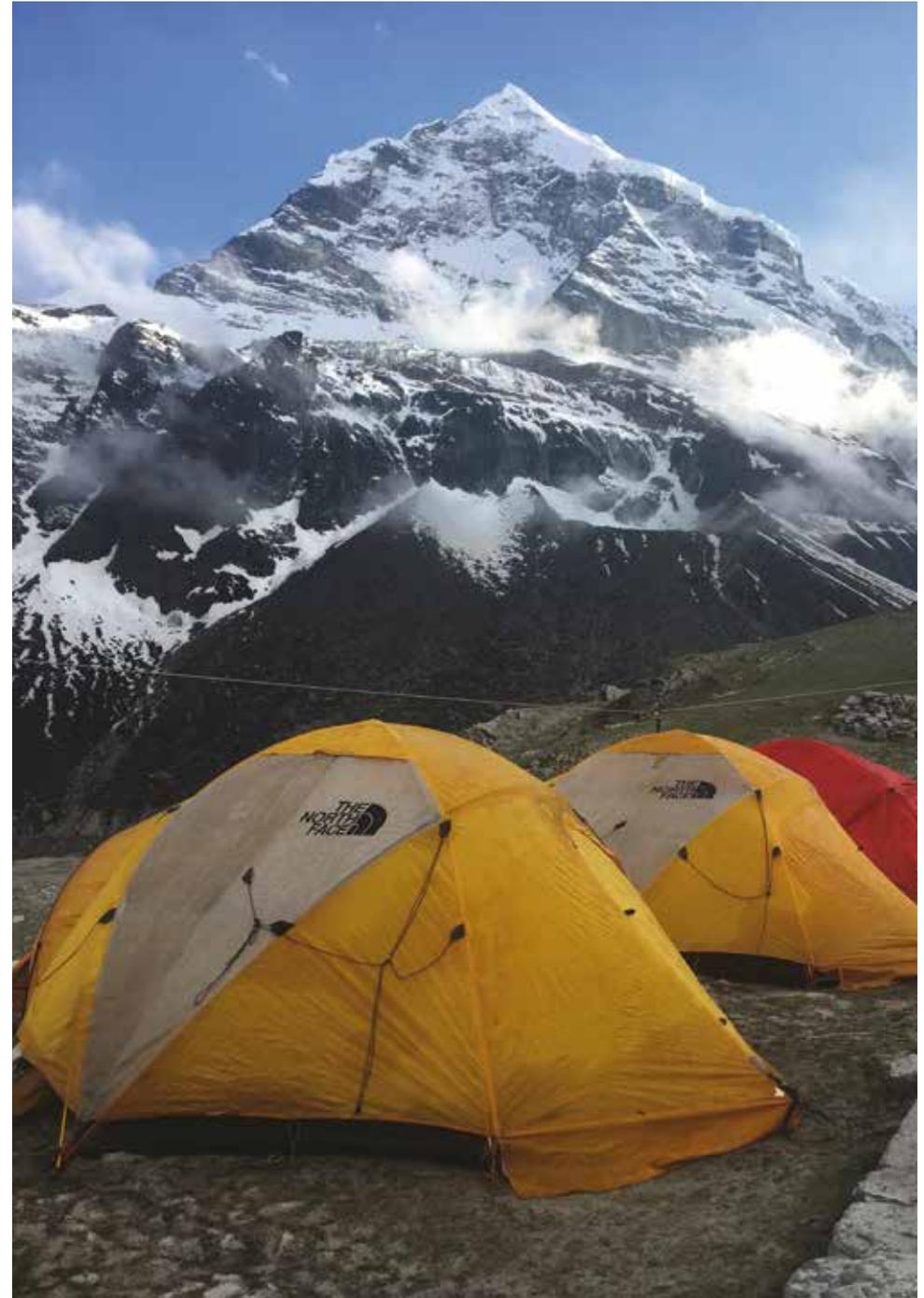
The trek winds its way through the jungle from Seduwa, then crosses the Arun river into the Makalu Barun National Park. From there you climb up and over three technical passes (the highest of which is Sherpani Col at 6200m) and into the high side valleys of the Khumbu. These passes involve steep moraine walking off trail, jumar-assisted ascents of loose mountain passes and 250m abseils using crampons down ice cliffs.



“We were a team of eight westerners (five trekkers/three climbers), 27 porters including five kitchen staff and three Sherpa guides,” she says. “I slept in a small North Face expedition tent with my climbing partner, Alison Bowen, for 26 days and did not shower for 25 of those days. We went to the toilet in a bottle when it was too cold to get up, ate A LOT of chapati and egg, and sung badly to a lot of our favourite songs.”

“Overnight the temperature regularly dropped to minus 15 degrees and we would wake to find the outsides of our sleeping bags frozen with condensation.

“Due to our remote location, I could not speak, text or communicate with anyone at home for almost two and a half weeks. ▶▶



► “The conditions were really tough. After crisp sunny mornings the days would deteriorate into sleet and snow showers, and by the afternoon and evening we would often be walking through ankle-deep or knee-deep snow, pulling into camp, tired, cold and hungry. Our incredible Sherpa team pulled out all the stops on those tough days, even baking me a birthday cake for my 32nd birthday.”

The aim of the expedition was to access Baruntse (7100m) and attempt to summit, then continue out over the Amphu Lapsta (5800m – pass 3) into the Khumbu.

“...Our incredible Sherpa team pulled out all the stops on those tough days, even baking me a birthday cake for my 32nd birthday.”

However, Sue explains: “After making a successful crossing of the East Col (6200m) and the Baruntse plateau we rested at camp 1 for two nights, hoping to recuperate and attempt the summit. My two climbing partners became sick with Acute Mountain Sickness and despite treatment (Diamox, Nurofen, Paracetamol and Maxalon) illness prevailed and we were forced to make the decision to abandon our summit attempt.

“It was one of the most challenging things I have ever done and I have been climbing and mountaineering for 14 years,” says Sue. “It was spectacular ‘take your breath away’ beautiful. It was emotionally and physically draining, yet incredibly fulfilling to be surrounded once again by the high mountains I love and by the charming Nepali and Sherpa people, some of whom I am lucky to call my friends.

“I am not sure what the next challenge will be, but it’s difficult to resist the pull of the mountains for too long.” ●



debunking myths around sarcoptes scabiei var canis as a zoonosis

“My arms were all bitten by the mites after 5 hours of the puppy lying on me... It benefits the health of the children if the dogs don't have skin conditions.”

Quote from Remote Area Health Nurse,
26 September 2017

It has long been a misconception that the canine scabies mite, *Sarcoptes scabiei* var *canis*, does not cause issues to the human skin.

Below: The same 3 dogs before and after a few fortnightly doses of Ivermectin.

On the contrary, Indigenous people are well aware that healthy dogs means healthy communities.

So why the need for debunking?

It all started with the conclusion drawn by Walton et al (1999):

Because of the apparent genetic separation between human scabies and dog scabies, control programs for human scabies in endemic areas do not require resources directed against zoonotic infection from dogs. This was reinforced again by Walton et al (2004).

This is incorrect, as re-analysis of the data using more appropriate methods showed that dog-to-human transmission occurred multiple times and was an important component of scabies control programmes (Morrison, 2005; Smout et al, 2017).

Dog-derived scabies mites have been experimentally shown to burrow, lay eggs and defaecate in human skin initiating papular lesions (Estes, Kummel, & Arlian, 1983). As a result, in humans, an allergic reaction with vesicles, extreme pruritus and pustules can occur. This is called Transient Scabies and can last for hours or several days after each exposure.

In humans the pruritus caused by canine *Sarcoptes scabiei* is the issue. It is important because the resultant trauma to the skin can lead to subsequent bacterial infection. In some Aboriginal communities, scabies has been shown to underlie up to 70% of streptococcal pyoderma (Currie & Carapetis, 2000).

Continual exposure to mangy dogs – by contact, from bedding, etc – can cause repeated strep infections with long term outcomes. *Streptococcus pyogenes* Group A is the main causative agent for Rheumatic heart disease and Poststreptococcal acute glomerulonephritis (autoimmune kidney disease).

Scabies is a debilitating skin condition in Aboriginal communities. The continuing health disparities seen between Indigenous and non-Indigenous Australians are often related to socioeconomic factors and the harsh living conditions experienced within rural and remote Indigenous communities.

The health issues attributed to *Sarcoptes scabiei* var *canis* are easily resolved. Treatment is simple. A few doses of ivermectin as seen in these photos, skins are near normal. New products are now available with a longer lasting effect.

Really a good justification for dog health programs in remote communities!

Some common differential diagnoses in dogs: Lice/Fleas/Ticks, *Demodex* mites, seasonal allergies, atopy, food allergies, contact dermatitis, *Mallassezia*, ringworm, acral lick dermatitis, folliculitis, granulomas.

Check out the AMRRIC Fact Sheet: http://www.amrric.org/sites/default/files/Zoonoses%20Factsheet%20Scabies_0.pdf ●



ambition fulfilled with no regrets

Arriving in Australia from Scotland six years ago, Clinical Midwife Gemma Macmillan knew that working in a remote setting would expand her scope and allow her to make a greater impact as a midwife.

“For some reason Thursday Island was always in my mind, even though I had never been there! I had met and cared for Indigenous mothers and their babies while working in Townsville and I was always interested in the kind of midwifery care they received back in their own communities. I convinced my husband and three young children that this was our next adventure and in January 2017 we arrived in Thursday Island.”

“Rural and remote maternity services are changing dramatically throughout Queensland and it’s an exciting time to be involved in maternity care out here. We are very much aware of the benefits of continuity in maternity care to Indigenous women and primary maternity care is becoming the norm. There are challenges (like in any work environment) but part of what makes this experience so special is how resourceful you become and the relationships you form with the other staff members.”

I convinced my husband and three young children that this was our next adventure and in January 2017 we arrived in Thursday Island.”

“The Torres Straits are a very special place to live and work. The surroundings are magical and each island or community has its own uniqueness. Our children attend the local school and have been welcomed into the community. The work-life balance has been a nice bonus, trying new things that would’ve never been an option before and making memories as a family.”

“Maybe you will join us one day and find out for yourself, I certainly don’t regret my choice for a second.” ●



Photo: Nancy Weatherford

nursing her ticket to travel

Student Nurse Tameka See Kee always liked the idea of traveling. The second eldest of eight children, she believed her place in the family made her naturally want to care for others.

“My indigenous background also influenced my decision to choose nursing as a career, as I wanted to play my part in ‘closing the gap’ between indigenous and non-indigenous people,” says Tameka.

Born and raised on Thursday Island (TI) in the Torres Straits during her childhood and primary school years she lived on Thursday and Horn Islands and Darnley Island which is most north-eastern island in the Torres Strait. After finishing boarding school in Cairns she chose to study nursing believing it would allow her to pursue her dreams to travel. “I felt nursing would help me give back to my community, contribute to closing the gap and be a positive role model, not only for young indigenous people but also for people living in remote areas wanting to study,” she said.

Tameka completed her degree with Deakin University through the Institute of Koori Education (IKE) in Geelong, Victoria, via correspondence. “While studying I lived in Weipa, far north Queensland and several times a year I would travel for study blocks and to complete my practical placements, which I did in Geelong and Melbourne, and I believe broadened my experiences as a student. However I was able to complete my final placement at Weipa Hospital.”

“Whilst in Weipa, I applied for and was offered a position in the Torres and Cape Hospital Health Service (TCHHS) graduate program in 2016. There were four nurses on the program and Fred Tamu and I were the only two indigenous nurses.”

“My graduate program entailed four three-month rotations; Bamaga Hospital, Cooktown emergency

department, Thursday Island Hospital and the Community Wellness Centre on Thursday Island. Each rotation had something different to offer and I am grateful for every opportunity and experience I had while on rotation.

“At Bamaga Hospital I nursed patients from a range of ages, and because of Bamaga’s demographics I developed a new understanding of the distinctive cultural and psychosocial concerns in the northern Cape York Peninsula area.

“I felt nursing would help me give back to my community, contribute to closing the gap and be a positive role model..”

At Cooktown hospital I worked in the emergency department, where I was very well supported and grew as a nurse. I loved working in the emergency environment, more than what I had expected and was sad to leave.

My final two placements were in my hometown, Thursday Island. At the hospital I was able to work day surgery lists, general medical, paediatrics, and palliative care. Here I worked with a small multidisciplinary team to ensure patient care was delivered.

The Community Wellness Centre (CWC) on TI functions as a mix between a primary health care centre and a general practice surgery. I attended to most of the wound care performed in this clinic, which enabled continuity of care and advanced my knowledge of wound care practices and products.

When the graduate program ended I was able to stay on at the CWC for a further five weeks, I loved my time on Thursday Island at both the hospital and CWC. The staff at each location were extremely supportive, knowledgeable



and kind towards me. I hope to be as dedicated and committed as they are one day. The education team especially went above and beyond to make the transition from student to graduate nurse smooth, not only for me, but also for the other graduate nurses. Having the opportunity to work and be involved with my people and assisting them with their health and helping them understand their health concerns also has been very rewarding.

Since finishing my graduate program, I have moved back to Weipa and have been working

at the Weipa Hospital. The transition from graduate to registered nurse in Weipa has felt effortless, thanks to the medical and nursing staff who are very willing to guide and offer support when needed. So far, I have experienced many firsts for my career, such as intubations, snake bite envenomations and full blown anaphylaxis, just to name a few. Each day is new and exciting, and the working environment is different to where I’ve come from. It is a good different and I can’t wait to see what challenges lie ahead.” ●

beyond expectations



“My experience in Central Australia was the most amazing nursing experience I could have ever dreamed of,” says Alise Boehme, 3rd year nursing student at the University of New England – Armidale Campus. Here’s her story.

Before I made my way out bush my emotions were up and down, and I was extremely nervous about what to expect. I had little experience with Indigenous Australians; wondered how I would cope in a world without phone reception and Internet; and worried about being in such a remote area with such little nursing experience.

When I arrived all these thoughts went straight out the window as I drove into the community and the locals waved and all said hello. This was far from what I was expecting: nothing compared to the kind of greetings I would get back in New South Wales. Stepping foot in the clinic was again another experience, so very different to our sterile hospitals with white walls

and floors. I was greeted by two amazing nurses who were possibly the most welcoming friendly people I have come across over my entire student placements.

Then came my first patient. I was now extremely nervous and overwhelmed, as it was brought home to me that they didn’t speak English. I really was going to have to work on my communication skills. My first patient had just been hunting with her family and they had caught a goanna which they had cooked up in a fire! These things definitely don’t occur in New South Wales! I was well and truly in for a great experience here.

As I walked to my accommodation at the end of my first day, I was greeted by five young children who were climbing trees to get ‘bush beans’ to cook and eat. They ran up to me, held my hand and quizzed me about who I was, where I was from and what I was doing here. It is safe to say these children stole my heart: beautiful with their big white smiles!

As the days went on, I became so much more comfortable within the community, to be known as ‘Sister’ became normal, and I was having a blast. Throughout my time in central Australia, I learnt so much more than nursing skills.

The indigenous Australians in Central Australia have so much culture and history. Through the stories they told me, I learnt how amazing our country is and that there is so much culture

about which we do not know and so much more to our country that needs to be told.

I went to the Northern Territory not knowing what to expect. After my first two weeks ‘out bush’ I didn’t want to leave. Thanks CRANaplus for the scholarship which assisted this great experience. It’s definite that this is the nursing career for me and I can’t wait to set foot in the Red Centre again. ●



students sunsets and say no to sugary drinks

Sunsets over the ocean, dancing brolgas and crocodiles sunning themselves on deserted beaches are unforgettable sights, coupled with the strong, rich culture of the people, Cape York is a place that stays with you.

Amanda Cripps and Brendan Keenan, 4th year Nutrition and Dietetics students at QUT, got a taste of living and working in Cape York's remote communities, during their Community and Public Health placement with Apunipima Cape York Health Council.

They joined the social marketing campaign 'Sugary drinks proper no good,' a preventative program aimed at supporting the children and adolescents of Cape York to make healthy drink choices. It may sound simple, but cutting out sugary drinks can have a big impact on your health. Sugary drinks are a key contributor to being overweight or obese which puts you at risk of cancer, heart disease, type 2 diabetes, stroke, and kidney disease.

"We spent three weeks, researching, interviewing Apunipima staff and preparing resources for our community trip to Napranum and Mapoon. We developed an education session around sugary drinks education to deliver to the Police Citizen Youth Clubs (PCYC) in each community targeting children aged 5-11 years old." Brendan said.

Amanda added "Given it was school holidays we had all the learning hidden in games and activities and we had fun discussions with the children before and after each game. We had an absolute blast delivering the sessions to the kids in both these communities and it was particularly rewarding seeing the kids' jaws drop when they learnt how much sugar was in the 1.25L coke."

The opportunity to pilot resources in a remote community provided Amanda and Brendan with valuable cultural learning and was an experience that will positively impact their training. ●



ASANNA

Australian Student And Novice Nurse Association

Empowering Nursing's Future, Today!

ASANNA is an independent, non-government, member-based organisation

Our members are student registered nurses, enrolled in an approved nursing degree, and novice nurses up to five years after graduation.

-  www.facebook.com/AsannaNurses
-  [@AsannaNurses](https://twitter.com/AsannaNurses)
-  info@asanna.com.au
-  www.asanna.com.au

Proudly sponsored by



Community • Advocacy • Support • Empowerment

building relationships for the future

Third year Nursing Student Amy Thompson is a Dunghutti woman from Kempsey New South Wales. As well as studying full time at the University of Newcastle-Port Macquarie campus, Amy is a single mum of two young boys with special needs.

Amy was a successful applicant of a Royal Flying Doctor Scholarship which offered her the opportunity to complete her final two placements in Katherine in the Northern Territory.

This is her story:

My placement lasted nine weeks and during this time I work within an Aboriginal Community Controlled Health Service (ACCHS), Wurli-Wurlinjang.

The experience of attending the clinical placement here was a once in lifetime adventure. I am very privileged to be given the opportunity to have attended my final placement within a remote location and working alongside my people.

Having the knowledge and cultural aspect that was handed down to me as a young girl from my parents and elders in the Dunghutti community, provided me with cultural safety aspects that enabled me to connect comfortably with the Indigenous community of Katherine (Guyaman and Watoman people).

I was welcomed to country by the Wurli-Wurlinjang Elder Aunty May who is a Guyaman woman and English is her 4th language.



During my clinical placement, I was involved in a wide range of experiences including; setting up and attending Diabetes information days, outreach visits, nursing assessments, after hours clinic visits, wound care, RHD (Rheumatic heart disease) consults and follow up assessments, and STI screenings.

I also participated in NAIDOC celebrations.

This variety of clinical areas, support and learning environment, enabled me to competently complete my Clinical placement requirements.

I would like to extend my deepest gratitude and thanks to the Royal Flying Doctor Service (RFDS) and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for this opportunity and organising all that was entailed for this placement to be very successful.

I hope that future students have the same opportunity given to me and that these new relationships continue to build.

In addition I would like to acknowledge the University of Newcastle for approving this placement to go ahead. I hope that future students have the same opportunity given to me and that these new relationships continue to build. ●

Left: Wurli-Wurlinjang Staff (back row) Cheryl, Trevor, Alison and Kenny, and Amy (in front).

Above: Kathy Brown, Amy Thompson and Betty Taylor.

emerald welcomes 44 multidisciplinary health students for the 2017 joint rural health club weekend!

TROHPIQ, BUSHFIRE, HOPE4HEALTH and RHINO are the student-run Rural Health Clubs within Queensland's universities. Health Workforce Queensland, the state's Rural Workforce Agency, provides undergraduate medical, nursing and allied health students the opportunity to experience rural clinical practice and the rural lifestyle.

Each year members from the Rural Health Clubs come together for a weekend of academic and social activities to develop their passion for and interest in working in rural Queensland on completion of their tertiary education. With sharing the same vision, Health Workforce Queensland in conjunction with RDAQ Foundation, have worked with the Clubs for many years to deliver the sought-after Joint Rural Health Club Weekend.



On Friday 13 October, 44 Rural Health Club members from James Cook University, Queensland University of Technology, The University of Queensland, Bond University and Griffith University landed in a warm and sunny Emerald for the 2017 Joint Rural Health Club Weekend.

The weekend kicked off with an introduction to the local agricultural industry – a significant part of any rural Queensland town! Students visited the Queensland Cotton, Emerald Gin and Avondale Farm.

The wealth of information from the Emerald farmers gave students a refreshing reminder of where their jeans, canned chickpeas and movie popcorn actually come from!



Health Workforce Queensland

The Friday night Networking Dinner was a relaxed environment where students have the chance to establish new and maintain current connections with local health professionals (Emerald Medical Group and Belman Medical), key health organisations (RDAQ Foundation, Queensland Rural Generalist Pathway and MIPS) and Rural Health Club members from other universities.

Thanks to Emerald Mayor, Councillor Kerry Hayes, for opening the Networking Dinner and warmly welcoming students to the electorate.

This night is always a massive hit for all involved!

The weekend kicked off with an introduction to the local agricultural industry – a significant part of any rural Queensland town!

The Emerald Hospital was the host for the weekend's skill sessions, which were a highlight and a one-of-a-kind learning opportunity.

Students rotated through eight skill sessions over Saturday and Sunday; facilitated by health professionals from Emerald and surrounding regions. ▶▶



► The skill sessions were a mix of practical and theoretical learning and covered multidisciplinary topics, including:

- Mental Health
- Farm Health Scenario
- Emergency Department Scenario
- Domestic and Family Violence

- Suturing
- Emergency Paediatrics
- Diabetes, and
- Vascular Access

After the Saturday skills sessions, many students took themselves track side to experience a country race day, the renowned Emerald 100,

and the unique social atmosphere of a rural community! After an engaging, eventful and enjoyable weekend, students finished their time in Emerald by the picturesque Fairbairn Dam before they boarded the plane back to their hometowns. The countdown is on to the 2018 Joint Rural Health Club Weekend!

On behalf of the Rural Health Clubs, Health Workforce Queensland would like to thank CRANaplus for sponsoring the 2017 Joint Rural Health Club Weekend. For more information on the Joint Rural Health Club Weekend, please visit: www.healthworkforce.com.au/joint-rural-health-club ●

mates of CRANAplus

CRANAplus' new category of membership describes a relationship of mutual benefit between entities who each support the behaviours, values and activities of the other. 'Mates of CRANAplus' formally acknowledges the links between CRANAplus and these organisations, businesses or consultancies.

Membership as a Mate of CRANAplus will raise your organisational profile through access to wide networks within the remote and isolated health industry. Your logo will be displayed on the CRANAplus website and in this specially designated section of this quarterly magazine,

which enjoys a wide circulation throughout Australia and internationally.

You will also have (conditional) use of the special 'CRANA mates' logo to display your support for the remote and isolated health industry.

To learn more about the benefits afforded Mates of CRANAplus go to our website: <https://crana.org.au/membership/mates-of-cranaplu>



AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities. www.amrric.org Ph: 08 8948 1768



The **Australian Indigenous HealthInfoNet** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. The HealthInfoNet is headed up by Professor Neil Drew. <http://www.healthinonet.ecu.edu.au>



The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources, support education and professional development. We also contribute to the governance of the Remote Primary Health Care Manuals suite. <http://www.carpa.com.au>



Heart Support Australia is the national not-for-profit heart patient support organisation. Through peer support, information and encouragement we help Australians affected by heart conditions achieve excellent health outcomes.



HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at hesta.com.au



The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.



The **Nurses' Memorial Foundation of SA Inc** has its beginnings in one of the world's first official Registration bodies for Nurses; The British Nurses' Association established in London in 1887. <http://www.nmfsa.net/>

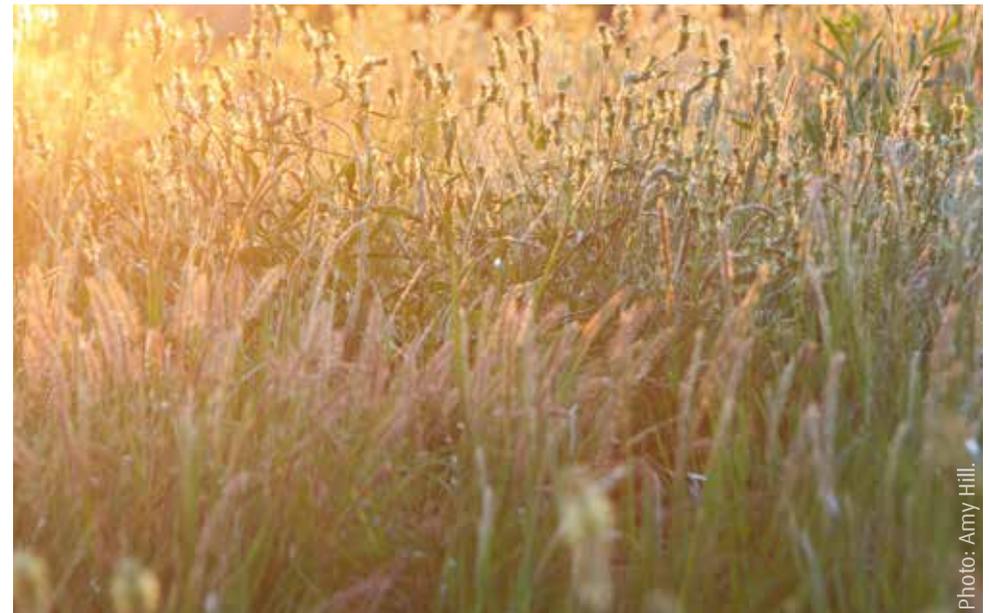


Photo: Amy Hill.

CRANaplus corporate members



Working with our many partners, **Abt** implements bold, innovative solutions to improve the lives of the community and deliver valued outcomes for our clients. We provide a comprehensive range of services from policy to service delivery in the public and private sectors contributing to long term benefits for clients and communities.



NSW Air Ambulance located in Sydney is currently recruiting. If you are a dual Registered Nurse and Registered Midwife with additional critical care experience, contact the Senior Flight Nurse Margaret Tabone on 0413 019 783.



Apunipima Cape York Health Council is a community controlled health service, providing primary healthcare to the people of Cape York across eleven remote communities.



The **Australasian Foundation for Plastic Surgery** (the Foundation) is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities. The Foundation's activities are focused on Innovation, Education and Research to support its Outreach programs. One of the Foundation's cornerstone Outreach programs is to relieve the needs of persons suffering from burns, wounds, trauma, disfigurement, sickness, disease or other medical conditions. This is done by harnessing the philanthropic nature of Specialist Plastic Surgeons to deliver medical care in remote communities. The Foundation also educates workers in remote communities to identify and/or appropriately triage persons in need of specialist medical assistance. Email: info@plasticsurgeryfoundation.org.au PH: 02 9437 9200 <http://www.plasticsurgeryfoundation.org.au/>



Belmore Nurses Bureau specialises in placing all categories of nurses and care staff in a range of acute care, aged care, corporate health, primary health care and mental health settings facilities throughout Australia. Ph: 1300 884 686 Email: ruralnursing@belmorenurses.com.au <http://belmorenurses.com.au>



Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



The **Central Australia Health Service** encompasses Alice Springs Hospital, Tennant Creek Hospital, Primary Health Care, Mental Health and Alcohol and Other Drugs services. The Central Australia region covers 64.7% (872,861 km²) of the total Northern Territory geographical area and includes Alice Springs, Tennant Creek and many other communities. PH: (08) 8951 5294 <https://health.nt.gov.au/health-governance/central-australia-health-service/about-us>



The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



CQ Nurse is Australia's premier nursing agency, specialising in servicing remote, rural and regional areas. Proudly Australian owned and operated, we service facilities nationwide.

Ph: (07) 4998 5550 Email: nurses@cqnurse.com.au www.cqnurse.com.au



NT Dept Health – Top End Health Service Primary Health Care Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



Tasmania Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



WA Country Health Services – Kimberley Population Health Unit – working together for a healthier country WA.



First Choice Care was established In 2005 using the knowledge gained from 40 years experience in the healthcare sector. Our aim to provide healthcare facilities with a reliable and trusted service that provides nurses who are expertly matched to each nursing position.
<http://www.firstchoicecare.com.au/>



Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



Healthcare Australia is the leading healthcare recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



With more than 10 years' experience of placing nurses into aged care facilities across the country, **HealthX** is the aged care sector staffing specialist for rural, regional and remote Australia.
Ph: 1800 380 823
<http://www.healthx.com.au/>



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km² in remote East Arnhem Land. 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



The **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)** is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiative. Ph: 1800 983 984 www.natsihwa.org.au



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



Northern Territory PHN (NTPHN) leads the development and coordination of an equitable, comprehensive primary health care system and an engaged health workforce driven by community need.



The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



On Island Health Service Accreditation and Nursing provides recruitment and accreditation services to assist remote, usually island-based, health services. The experienced and qualified Remote Area Nurses working with On Island can hit the ground running in any remote setting. Ph: 0459 518 280/ (08) 86261807 Email: rebecca@onisland.com.au <https://www.facebook.com/On-Island-Health-Service-Accreditation-and-Nursing-Pty-Ltd-368633760011342/>



Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary health care services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals. Email: info@ruralhealthwest.com.au Ph: (08) 6389 4500 www.ruralhealthwest.com.au



Otway Health is one of seven Multi-Purpose Services (MPS) in Victoria, providing health care and community care programs to a diverse coastal and rural community of approximately 3500 people, with a focus on providing quality care that enables the well being of all clients to be enhanced. Email: otwayhealth@swarh.vic.gov.au Ph: (03) 5237 8500 <http://www.otwayhealth.org.au/>



Rural Locum Assistance Programme (Rural LAP) combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP). Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au <http://www.rurallap.com.au/>



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



Silver Chain is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to *build community capacity to optimise health and wellbeing.*



At **RNS Nursing**, we focus on employing and supplying quality nursing staff, compliant to industry and our clients' requirements, throughout QLD, NSW and the Northern Territory. Ph: 1300 761 351 Email: ruralnursing@rnsnursing.com.au <http://www.rnsnursing.com.au>



The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680 km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



The **Royal Flying Doctor Service Central Operation** provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



The **Torres and Cape Hospital and Health Service** provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



Your Nursing Agency (YNA) are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



“Making our families well” Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the **Western Desert Dialysis Appeal**. Their aim was to support renal patients and their families and return them to their country and families where they belong.



Photo: Anni Kerr.

why advertise with CRANAplus?

CRANAplus is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRANAplus is uniquely placed to reach Australia's remote health professionals.

The CRANAplus Magazine – The voice of remote health

“I read it cover to cover” is a statement we hear again and again from our readers.

Currently our quarterly publication enjoys a circulation of 15,000 copies each quarter (and growing). It reaches those who are passionate about remote health in Australia.

Our beautiful design provides a quality environment for your ad. We are a content-rich publication, so yours will not get lost in a sea of other ads.

See below for more information. ●

advertising rates

Black & White rates

		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	600	1,080	1,530	1,920
Double page		3,040	5,472	7,752	9,728

Colour rates

		One issue	2 issues (- 10%)*	3 Issues (- 15%)*	4 Issues (- 20%)*
Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619

Magazine colour insert

		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

*Corporate members receive further discount on these rates. Contact membership@crana.org.au for further information.

Publication Dates: March, June, September, and December

Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date.

Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

35TH ANNUAL CONFERENCE
**THE FUTURE OF REMOTE HEALTH
AND THE INFLUENCE OF TECHNOLOGY**

Broome Western Australia
October 18-20 2017

www.crana.org.au



CRANAplus
improving remote health
education | support | professional services





good investments don't cost the earth

HESTA Eco Pool. Australia's first socially responsible investment option. Now ranked number one for performance by SuperRatings.*

hesta.com.au

* SuperRatings Sustainable Fund Credit Ratings Survey, year ended 30 June 2017, found HESTA Eco Pool was top performing balanced SRI option over 1, 5 and 10 year timeframe. Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL 235249, the Trustee of Health Employees Superannuation Trust Australia ABN 64 971 749 321 (HESTA). Product ratings are only one factor to be considered when making a decision. Past performance is not a reliable indicator of future performance. Before making a decision about HESTA products you should read the relevant Product Disclosure Statement (call 1800 813 327 or visit hesta.com.au for a copy).



CRANaplus award winners

Outstanding Novice/Encouragement Award

Winner: Isabel Pearce
Sponsor: Aussiewide Economy Transport

Isabel Pearce has demonstrated an absolute commitment to remote and isolated healthcare.

Isabel is an outstanding clinician which can be observed by her clinical knowledge and application of this knowledge to practice. Enthusiastic with a positive contagious attitude that demonstrates admirable persistence and a yearning to increase knowledge and skills.

Isabel has taken every opportunity offered to engage in learning and actively seeks feedback from colleagues, management and patients as a measure for their practice, while demonstrating a desire to always improve.

A great patient advocate with a maturity beyond their years of experience.



Left to right: Chair Paul Stephenson and Isabel Pearce.



Aaron Richardson, RAHC (left) and Steve Brown.

Excellence in Mentoring in Remote and Isolated Health Award

Winner: Steve Brown
Sponsor: Remote Area Health Corp (RAHC)

Steve Brown working with the Kimberley Aboriginal Medical Service is a long-term remote area nurse who has made significant improvements and changes as a Senior Remote Area Manager which include:

- implementation of new safety structures for nurses on call outs;
- ensuring that pay scales are meeting awards;
- implementing Professional Development opportunities for all staff; and
- ensuring that policies and guidelines are in place and adhered to in all aspects of care.

Time spent as a remote area nurse and diabetic educator saw changes implemented in medication management across the health service and support for closer association between all the clinics, which has resulted in improved communication and consistency of care.

Excellence in Remote and Isolated Health Practice Award

Winner: Kathy Arthurs
Sponsor: Mt Isa Centre for Rural & Remote Health

Kathy Arthurs worked in the emergency department and as a hospital co-ordinator and clinical educator at Bowral Hospital for many years, but has since moved to Alice Springs to



Chair Paul Stephenson and Kathy Arthurs.

work with the RFDS as a Flight Nurse, and has been the Senior Flight Nurse for the past 5 years.

Since her appointment as the Senior Flight Nurse, she has established systems which support the safe, efficient and effective delivery of aeromedical services out of Alice Springs.

Kathy has built effective working relationships with colleagues and many external stakeholders, and is respected by her staff as a leader and mentor. In addition to her management role, she continues to work operationally as required and is a facilitator for the Central Australian Retrieval Training course.

She is the joint Secretary of Flight Nurses Australasia, and regularly instructs REC courses for CRANaplus. Her most recent achievement is the successful introduction of nursing student placements within RFDS NT operations.



Left to right: Chair Paul Stephenson, Martha Horgan, TCHHS and Ross Carter, CRH.

Excellence in Education and/or Research Award

Winner: Nursing Education Team Torres and Cape Hospital and Health Service
Sponsor: Centre for Remote Health

The Excellence in Education and/or Research Award is presented to the Nursing Education Team Torres and Cape Hospital and Health Service.

A dynamic team who deliver education to nursing staff across a geographically challenging and diverse settings in a culturally appropriate manner.

They go above and beyond to ensure that nursing staff receive the latest and evidenced-based education.

They are always available to help and mentor staff at all levels from students to senior staff. ►►

Centre for Remote Health 2017 Awards

Centre for Remote Health Prize – Outstanding Masters Graduate – Master of Remote & Indigenous Health 2017 **Winner: Beth Hummerston**

Healthcare Australia Prize – The most outstanding student in the topic – Remote Advanced Nursing Practice 2017 **Winner: Kristy Butler**

Chronic Disease Prize – The highest achiever in the topic Chronic Disease in Remote & Indigenous Primary Health Care – Sponsored by Therapeutics Guidelines 2017 **Winner: Melanie McFarlane**

► Collaborative Team Award

Winner: Mookai Rosie Bi-Bayan
Sponsor: Bellette NT Creative Agency

After 30 years of service, Mookai Rosie Bi-Bayan, or 'Auntie Rosie's Place', has grown from humble beginnings to being a leader in Maternal Health Support for Indigenous women, providing both Primary and Wellbeing services.

This team has expanded it's breadth of services to provide a comprehensive health support service including:

- social and emotional wellbeing support via a dedicated team
- an after-hours nurse
- bus transport to medical and social venues six times per day
- modern home-style accommodation and meals with 24hr Health Workers

- and, importantly, playing an integral role in the training of future Indigenous health practitioners by accepting work placements from Health students from a variety of education institutions.

A major statistical indicator of success is that Mookai Rosie Bi-Bayan has worked closely with Qld Health Nurse Navigators to achieve a 97% attendance rate for remote community clients with medical/surgical appointments in Cairns.

Coupled with the organisations progression into assisting families, with a particular focus on behaviour change and empowerment of men, Mookai Rosie Bi-Bayan has broadened its services so that it can be a strong link in the chain which aims to address present health issues for Aboriginal and Torres Strait Islander people whilst also contributing to positive change and the betterment of future generations of Indigenous Australians.



Presentation Graduates, left to right: Ann Aitken, Sue Colquhoun, Prof Sue Lenthall, Sarah Barlas, Susan Jones and Karen Collas.

Aurora Award

Winner: Professor Sue Lenthall

Professor Sue Lenthall is a Veteran remote area nurse with three decades of unbroken experience as an educator, researcher and in leadership roles, with a visionary approach supporting the remote health workforce.

Sue has been involved in most of the critical projects that have shaped the profession today.

Demonstrating a high level of commitment to the nursing profession and an outstanding commitment to remote health, the profession of remote area nursing, and to Aboriginal and

Torres Strait Islander health workers, doctors and allied health through various leadership roles.

Sue has overseen the development of nationally acclaimed remote health education, led innovation, and been central to critical research as well as contributing to the evidence base on which health service and workforce policy is developed.

She is held in the highest regard by peers, respected by students, graduates, colleagues and health services, and through innovation, mentoring and encouragement for other remote practitioners has had a significant impact on many current and emerging leaders and remains engaged in looking to a brighter future for remote Australia. ●



Photo: Tanya Rinaudo.

support

lifestyle changes

Senior Clinical Psychologist with CRANaplus Bush Support Services, Dr Annmaree Wilson, shares some thoughts on making lifestyle changes.

We all reach times in our lives when we want to change something in our lifestyle. It may be that we want to lose weight, exercise more, drink less alcohol or socialise more. Change, even small change, is never easy. Changing something that has become a lifestyle habit involves a lot of will power – and the ability to not lose heart when it appears that we are going backwards with our desired goal.

Understanding the change process is helpful in setting realistic goals, maintaining motivation and dealing with relapse. The key is to accept that it is not usually a linear progression. Change vacillates backwards and forwards because behaviour is so connected to thoughts and feelings.

Becoming aware of the thoughts that drive feelings and actions is an important step to take

in the change process. The bottom line is if you don't, you won't change. One of the biggest obstacles to making meaningful changes in your life is thinking that, really deep down inside, you are not capable of it. The voice in our head can be so unhelpful; "I'm too tired" or "I have always done this... this is how I cope" are common mantras that can be so sneaky, rigid and ultimately self-defeating when you are trying to do something positive and different.

How you think about yourself is central. Without wanting to sound 'new-agey' or sentimental, it is important to connect the idea of positive change to a sense that you are worthwhile enough to make the change. Keeping a daily change diary allows you to challenge irrational beliefs and assumptions you may have in regard to your self-worth. You deserve the health benefits that your planned change will give you.

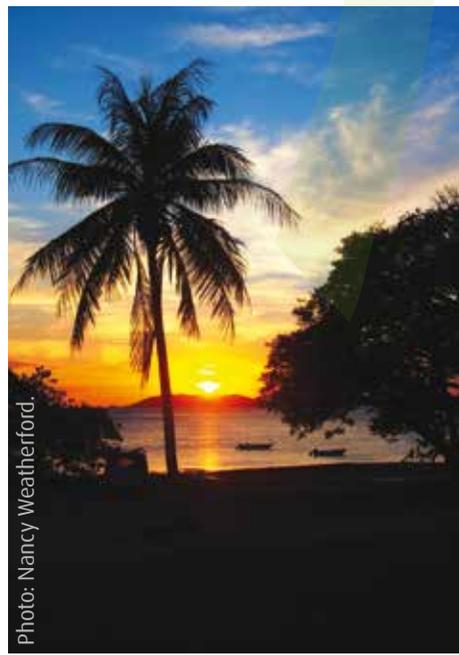


Photo: Nancy Weatherford.

Once you start thinking about your thinking and how it impacts on behaviour, then the fact that change will be slow at times, and up-and-down, becomes easier to deal with. For example, the self-critical little voice in your head that whips you when you sleep in instead of going for your new-found daily walk will just be a gentle reminder rather than a crippling banishment that takes you back to never exercising.



The other benefit of keeping a change diary is that it allows you to have explicit negative feelings, such as anger and frustration. These feelings, if not examined, often lead to unhelpful habitual behaviours such as comfort eating. Once the feelings are out in the open, its easier to find more creative and healthier ways of dealing with them. Punching a pillow, for example, is a more beneficial way of dealing with anger than eating a box of chocolates.

Apart from keeping a change diary, there are two other helpful tools to consider in making lifestyle changes. Daily meditation and practicing mindfulness allow us to centre ourselves and to switch off the inner critical voice. Letting mindfulness become a habit counters the thinking that says you have no control over what you think. The other tool is positivity. Keeping a clear image in your head of a healthier, stronger you is an important way of reaching a lifestyle change goal. Working towards a dream reward that embraces the change – such as a walking holiday if your goal has been to get fitter – is a great way of maintaining motivation. ●

decisions, decisions...

By Amanda Akers, Psychologist,
CRANaplus Bush Support Services

“To be, or not to be: that is the question: Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune, or to take arms against a sea of troubles, and by opposing end them?” (Shakespeare, from the play Hamlet)

We all have times in our lives when we have to make a difficult decision. Do I come or do I go? Is it “yes” or is it “no”? And whilst these questions may not be as dramatic as Shakespeare’s Hamlet contemplating life or death, we are all faced with difficult decisions about work, money, place of abode, friends, family, or career at some stage of our lives.

At these challenging times, we may consult our friends or colleagues who usually tell us to write out a pros and cons list, to see which list is longer or stronger, to help you decide. But if you’re like me, you may make those lists, using all your effortful thoughts, and the lists end up being the same length and the same strength, and you still don’t know what to do. In other words, the pros and cons lists just don’t seem to work. So, what do you do next?

Some of the typical questions the CRANaplus Bush Support Services team hear from callers working remote are:

- Should I stay in this remote setting or should I go home?
- Should I go back to working remote after being at home (or on holidays)?
- Should I take up an offer to work elsewhere (another remote setting, metropolitan setting or even an overseas setting)?
- Should I change my career altogether?
- Should I retire?

These questions are usually difficult to answer as they involve major change for the person involved and may also involve change for the person’s family, friends, and patients. Often the concern is that the community will suffer if the health worker leaves after establishing health care, positive procedural changes, networks, contacts and relationships.

All too often, remote workers become involved in the community and feel a sense of belonging, loyalty and commitment, and this can be hard to break for fear of disappointing, or failing others, or for fear that the positive work they’ve commenced will not be sustained if they leave, and people and communities will suffer as a result.

These are very real fears and concerns, and as health workers, the responsibility to address these concerns can feel tantamount, and does not necessarily get addressed in a pros and cons decision list.

When a health worker is in a state of indecision, it can be useful to ask the following questions:

- What brought you to this community in the first place?
- What did you hope to achieve, for yourself and for others?
- Have you achieved it?
- How long have you contributed to this community?
- Have you helped to make a positive change?
- What have you achieved?
- Are there others who can continue doing the work you’ve started? If not, what can you do about it?
- Who did the work before you started working in this community?
- Are you feeling symptoms of burnout?
- Is there a risk involved with you continuing in your current position?
- If so, what can you do about it?
- What can others do about it?
- Is it safe for you to continue?
- Who would miss you if you left?
- Who would you miss if you left?
- What would you miss if you left?
- What would life be like for you if you no longer did what you’re doing?
- Where are your supports if you stay?
- Would you feel differently after a holiday, during which you relaxed?

When we experience burnout from working long hours on-call, or not taking regular annual leave, we can become ‘black and white’ in our thinking. For example, people may think, “I can never go back”, “I can’t continue”, “I will never be able to do this again”. However, after a period of leave we can re-charge our batteries, relax and regain our energy and resilience, and we can go back to our workplace position with renewed vigour, enthusiasm and creativity to continue the work we are so well-trained and suited to doing.

If this is not the case for you, and you do feel you may have to move on, then it’s important to look at the other options.

You could ask yourself:

- What are my other options?
- What other work opportunities are there for me?
- What other locations would I consider?
- How much do I enjoy the work I’m doing now?
- Can I do the same work in a different location?
- Can I do a different job in the same location?
- Can I expand my options/locations/jobs?
- Do I need a period of leave before deciding what to do?
- Is there someone I trust who will help me decide?
- What’s my back-up plan?
- What is getting in the way of making a choice or a decision?
- What are the barriers to deciding?
- How will I feel when I have decided what to do?

It can be extremely beneficial to take a minimum of two weeks leave: one week to relax, and then one week to have a relaxing break.

Change is often difficult. If you choose to make a change it will require planning and implementing. When the change is made, your life will change and this will hopefully be for the better. Sometimes it is hard to make a small change such as taking annual leave. It can be extremely beneficial to take a minimum of two weeks leave: one week to relax, and then one week to have a relaxing break. When we’re relaxed, having had time away from work, we generally have a better ability to be creative with our problem-solving abilities such as decision-making. Sometimes we can decide that we do want to stay in our current workplace position. ▶▶



Photo: Steve Batten.



Photo: Rosey Boehm.

►► When is the last time you had annual leave? When is the last time you discussed your options with friends or significant others? When is the last time you felt creative in your problem-solving abilities?

Speaking of creativity, when is the last time you did something creative? Drawing, painting, photography, creating music, playing an instrument, doing craft, singing, dancing, observing, engaging in physical activity, or being mindful? After a period of being creative our mind can relax and we can then tap into the creative side of our brain to help us make constructive decisions and solve work-place, or life, dilemmas.

Having a back-up plan is always a good idea. If we make a decision and it doesn't work, the back-up plan gives us something else to focus on other than negative thoughts. For example, if you choose to continue in a difficult situation the back-up plan may be your next move (time off at home or with family).

If you choose to move on and this doesn't work your back-up plan could be as simple as being able to say that you managed to experience a new situation, location and meet new people, even if only for a short period of time.

When we can't decide what to do it can help to talk with a friend or colleague with whom you trust and can bounce off ideas, someone who respects your creative side. If you don't feel that

you have someone who can be objective and non-judgemental, you can call the Bush Support Services and talk through your indecision in a confidential phone call.

After a period of being creative our mind can relax and we can then tap into the creative side of our brain to help us make constructive decisions...

Bush Support Services psychologists will not tell you what to do; they won't make the decision for you. But they are highly likely to help you find the space to move towards your own decision-making in a positive way. How will you "take arms against a sea of troubles" (to quote Shakespeare)? When we're in a good space to make decisions, we are more likely to make good decisions. When we've looked at our options we are more likely to see how we can create a back-up plan, alternative options, and reduce our risks. It might help to assess your options, share your thoughts, take time out, and get creative. Your remote work is important and your skills are appreciated by your patients and the community. Bush Support Services is available 24 hours a day, 7 days a week and is ready to take your call if you'd like to talk through your options. ●

maintaining and nurturing friendships in the remote workplace

By Christine Martins, Psychologist, CRANaplus Bush Support Services

Maintaining personal relationships requires commitment and effort at the best of times, but in the change and general busyness of remote life it takes on a whole new set of challenges. How can we best adapt our personal friendships and nurture relationships while living and working in remote areas?

Close friends are frequently our major support network and they allow us to share our experiences, our fears and our joys with someone who will understand. They are there at the difficult times in our lives, when we experience loss or grief, or are confused and

fearful. Friends ease our burden at such times. They are also there to share our successes, and celebrate our achievements. What would we do without friends?

But when we live and work in a remote area, so often we leave good friends behind in our home community, and we form fresh relationships in the new environment. One of the challenges in the remote context is that so often, those new friends move on. They leave to take up a new position elsewhere, or they simply move because their life journey takes them to new places. And then we are left to form new friendships afresh.

The shifting sands of impermanent relationships in remote work locations creates difficulties for many people and it can feel unsettling. ►►

Mindfulness Monday messages

Want to be a bit more mindful? Start now on one of the best self-care skills you will ever learn.

Like any skill, mindfulness requires practice and discipline. So sign up for our Mindfulness Monday messages for a weekly reminder of the importance of being more present and less judgemental in your own life.

Mindfulness is a skill of self-awareness and being mindful is about a state of being in the present and observing, accepting things for what they are without judgement or criticism. Research has shown that practising mindfulness has overall health benefits and is especially useful in the treatment of anxiety and depression.

CRANaplus Bush Support Services' Mindfulness Monday messages aim to encourage you to see mindfulness as a way of being rather than a way of doing. If you are interested in receiving Mindfulness Monday messages please register to subscribe on line at:

<https://crana.org.au/support/mindfulness>

CRANAplus
improving
remote health

Bush Support Services

►► We all have differing needs from our friendships and work relationships. Depending on our personalities, some of us are able to have all our needs met by the various professional contacts we make among our work colleagues. Others need a deeper level of engagement with others in the community.

Clearly, it is important to maintain our friendships from our home communities. Although these connections are not an active presence in our daily lives in a remote workplace, these relationships nurture us and provide an underlying structure of support.

All relationships require work and effort, and it can be easy to neglect those absent friends who are not a visible part of the daily routine.

How can we best accommodate the loss of colleagues and friends who move on, which can be a highly likely feature of living and working in outback and bush settings?

All relationships require work and effort, and it can be easy to neglect those absent friends who are not a visible part of the daily routine.

Keep in contact. Good friends make sure they don't let too much time go by without connecting with each other, and these conversations can be interspersed with quick texts, phone check-ins, and emails. Contact with friends can be woven into the fabric of our lives in a regular way. A friend wants to know how we are and wants to have opportunities to share in our life when it's possible. Yes, there are some friends who lose touch for decades and pick up right where they left off. But in the meantime, they lost all those years of each other's company and all those opportunities to grow the relationship.

Share the good and the not so good. It can be easy to only share the positive experiences in our lives and to mask our disappointments or failures. This narrows the understanding and connections between us. The best human relationships have great communication at their hearts, whether they're personal, communal or commercial, allowing us to explore the things we share in common: interests, values and needs. The better our connection, the better we are positioned to be able to add value to the relationship by offering something new: information, inspiration and suggestion.

Respond to change. Absent friends, although valuable, are not a present feature of our working life in a remote community. We find we have our needs for engagement with others met in a very different way in a workplace and bush community. And these relationships can present challenges as well as being of benefit.

It would be a rare remote practitioner who has not experienced tensions or conflicts with work colleagues, often after establishing what was thought to be a trusting friendship.

If we recognise at the outset that these tensions are highly likely to occur and to accept this feature of living and working in the tight boundaries of a remote workplace, we can put some preventive measures in place.

Each of us will have differing approaches which have proven to be effective in defusing tensions or preventing them from occurring in the first place. But let us consider some additional ways to approach the issue of remote area relationships.

Professional versus social friendships. The nature of working with a group of colleagues and socialising with the same people brings some particular challenges. If we restrict ourselves to only interacting with the same people socially, a 'hothouse' effect can develop. The only topics of conversation tend to be work-related, and that can feel restricting.

I have been in remote communities where teachers have only socialised with other

teachers, police with other police members, and health practitioners with their colleagues. Although it is understandable for such closed networks to develop 'in-house', there are dangers in limiting social engagements in this way. When conflict occurs at work, as it inevitably will, it is very difficult to escape the tension if the social network is made up of the same people who are part of the problem. Conflict is an inevitable part of all relationships, but it is what we do about it which makes the difference. If it is impossible to escape the system of conflict, it is harder to achieve an objective and fresh take on the issues.

Ensure that the widest possible social environment is accessed. Step outside the work relationships to engage with others in the community. If you are holding a function or party, invite all community members. If you attend such functions on a regular basis you will benefit from the wider perspectives and social networks.

Outsiders may also have different ways to deal with the challenges of working and living in remote; not better or worse ways, just different. We can learn from the experiences of others!

In small communities, what is said to one person is highly likely to be repeated and known publicly very quickly.

Maintain Boundaries. This is an important issue and one we are all aware of when we arrive in remote. Being aware is one thing but managing to set the boundaries around our relationships is another thing entirely. An example of poor boundary setting is when we disclose our closest secrets too early in a friendship and the confidentiality is not maintained. Most of us have perhaps made the mistake of trusting unwisely where to share personal information. Take the time to assess the quality of the relationship, and only disclose appropriately

when you are confident of the information being respected as confidential.

Friendships in a small isolated setting can become pressured and tense. When, inevitably, conflict develops, information shared in confidence can be misused. In small communities, what is said to one person is highly likely to be repeated and known publicly very quickly.

Learn to be cautious and only share what you are happy to have made public.

Two people are friends, but jealousy develops when a third person becomes close to one of the friends.

Third Parties in the Friendship. How often have we seen a situation where friendships are compromised by others being welcomed into the circle of the relationship? Two people are friends, but jealousy develops when a third person becomes close to one of the friends. It is quite normal for remote area workers to rely more on each other for support and to debrief with out of work hours than those in larger towns and workplaces. If you have a friend and a third party intrudes on the friendship, recognise this is legitimate and normal. It is easy to feel slighted when a friend develops other attachments, but resist the temptation to feel hurt. This is a normal part and parcel of remote life.

Develop a Structure of Support. Ensure you have a variety of support networks both locally at the professional level as well as at the social level, and elsewhere. Try not to rely too much on one support but rather have a variety of emotional resources. When all our eggs are put in one basket we can be vulnerable. Professional support can be sourced by a regular scheduled contact by phone or email with contacts elsewhere, so there can be a widening of the support resources available. ►►

▶ Although we depend on colleagues and our social contacts within the remote community, there is a wide variety of resources we can call on to support us in remote.

Clearly, professional development gives us an opportunity to make friends and contacts from elsewhere. Attending workshops or seminars can broaden our horizons and introduces new opportunities to share our experiences.

Attending workshops or seminars can broaden our horizons and introduces new opportunities to share our experiences.

Engaging in professional activities such as professional associations also provides similar opportunities. Consider nominating for committees or associations which can

deliver expanded networks and contacts in the mainstream community.

In summary... The astute among us will realise that the key to successful maintenance of friendships and networks while in the remote workplace setting is a matter of widening our support base and being careful in setting the boundaries around those relationships. Not being too “precious” about our attachments also helps.

Additional Resources. An additional resource which can help to deal with the effects of isolation is the CRANaplus Bush Support Services Line team. This resource was set up to provide support to remote area practitioners through a telephone counselling service.

The free and confidential CRANaplus Bush Support Services Line can be accessed by ringing **1800 805 391**, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is a great resource. ●

surviving remote health: pets and mental health



By Dr Annmaree Wilson,
Senior Clinical Psychologist,
CRANaplus Bush Support Services

One of the topics that creates the most conversation amongst CRANaplus members is the mention of pets and how they facilitate positive mental health. This makes so much sense as historically, humans’ relationship with animals is well-documented. In terms of the origins and treatment of mental illness and disease it is clear that animals, particularly domesticated animals, have always played an important role.

The most ancient of beliefs, particularly in hunting and foraging societies, concerns ‘animism’ the concept that all living creatures have a soul, spirit or “essence”.

The animist worldview argues that all misfortune or disease is a result of an assault on ones soul by malevolent spirits.

Offended animal spirits were often the most important sources of maligned animal influence. The way to counter these spirits was through treating animals with kindness and respect. As one Inuit informant said in 1929:

The greatest peril in life lies in the fact that human food consists entirely of souls. All the creatures we have to kill and eat, all those that we have to strike down and destroy to make clothes for ourselves, have souls, like we have souls that do not perish with the body, and which must therefore be propiated lest they should avenge themselves on us for taking their bodies.

(Rasmussen, 1929: 56, cited in Fine, 2006).▶▶

Learn Hypnosis



A New Career – Helping Others
Courses for those entering the profession and existing health professionals

- Certificate in Hypnosis
- Certificate in Clinical Hypnotherapy
- Diploma of Clinical Hypnotherapy
- Advanced Diploma of Clinical Hypnotherapy

Online training designed for regional, rural and remote areas

Recognition of prior learning available
Practical application workshops in-house

Free online course – Introduction to Hypnosis available from www.aah.edu.au/student-centre

Consultations and supervision available

Dr Leon W. Cowen
AdvDipCH, PhD (Clinical Hypnotherapy)
Executive Director

02 9415 6500
admin@aah.edu.au
www.aah.edu.au



Dr Cowen's PhD in Clinical Hypnotherapy Education is from School of Medicine, University of Western Sydney










“The true specialists in clinical hypnotherapy training”

►► As well, many Aboriginal peoples, including Australian, believed in the concept of animal spirits. In preclassical period the connection with animism was well known and included dogs and cats who acted as mediators between this world and the next. The earliest Christian saints, such as St Francis, were known for their special affinity with animals.

It seems then that the importance of animals to humans has been recognised almost since time began. Psychotherapy has also long recognised the connection, in particular, psychoanalytic ideas that explore the connection with mental illness and human's alienation from nature.

...many Aboriginal peoples, including Australian, believed in the concept of animal spirits. In preclassical period the connection with animism was well known and included dogs and cats who acted as mediators between this world and the next.

Research today strongly supports the idea of the therapeutic benefit of animal companionship. Domestic pets, such as cats and dogs serve many important functions including reducing stress, providing companionship and the very human need for touch. All of these issues are so important for health workers working in isolated and remote areas to survive well. Pets provide an important sense of purpose and consistency. They require organisation and routine. As well, dogs in particular, give you an excuse to interact socially and to exercise regularly.

Owning your own pet is a wonderful self-care thing to do, especially if the animal is adopted

from a shelter. However, it is not always possible to own a pet when you work remote. Apart from the rules and regulations of the workplace, what to do when you are on holiday needs to be considered. Expenses, such as food and vet bills are also an important factor. Don't give up though! If you can't take on a pet consider offering to spend time walking a pet that belongs to someone else. Another possibility is volunteering at an animal shelter or offer to pet sit for friends when they go on holidays.

Research today strongly supports the idea of the therapeutic benefit of animal companionship.

If you are living and working remote it is worthwhile becoming familiar with AMRICC. Animal Management in Rural and Remote Indigenous Communities (AMRICC) is a not-for-profit organisation that coordinates veterinary and educational programmes in rural and remote Australian Aboriginal and Torres Strait Islander communities. It is an example of the recognition of the link between humans and animals and aims to improve the health and welfare of companion animals in communities.

Pet ownership builds individual resilience in most people. It has both physical and mental health benefits.

Pet ownership builds individual resilience in most people. It has both physical and mental health benefits. But more than that, the joy of owning a pet and sharing your life with a creature that loves you unconditionally is beyond words.

Reference

Fine, Aubrey H (2006) *Handbook on Animal-assisted Therapy*, Academic Press: California. ●

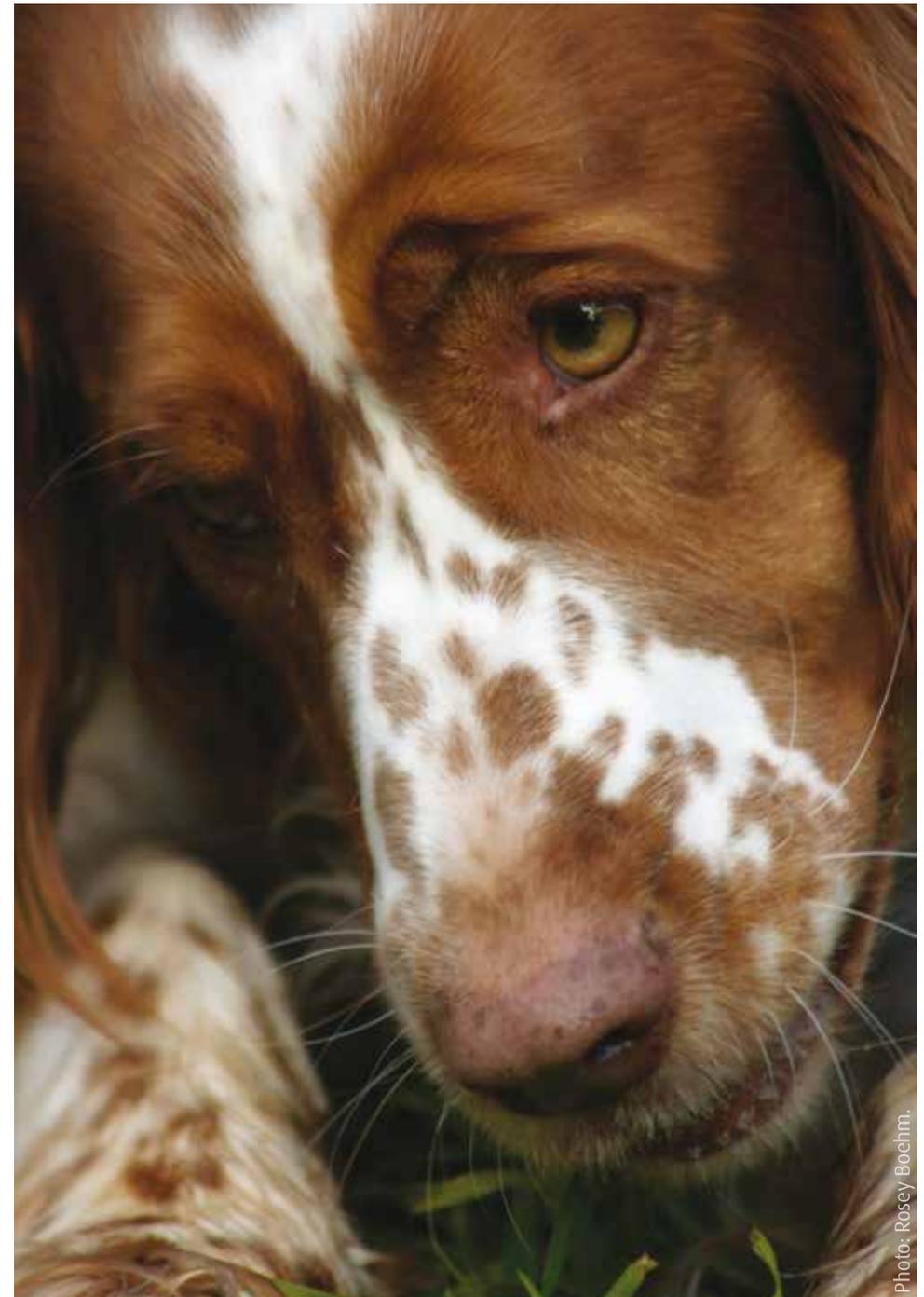


Photo: Rosey Boehm.

the 'a' team

Karen Clarke is the CRANaplus Director of Administration Services and here she reflects back on the challenges her Team meet on a daily basis.

Sitting on a camel against a backdrop of a legendary Broome sunset, after our Annual Conference, I reflect about what a privilege and the opportunities afforded me doing this job. A far cry from my days working in a corporate legal environment.

Administration Services cover a range of logistics to support the 100 courses held annually by CRANaplus Education Services. Sourcing venues and catering options, around 1000+ travel and accommodation bookings, the freighting and restocking of more than two dozen sets of training equipment, (with an average weight of 350kg per set) and all the while ensuring course

deliveries are seamless and on time throughout all States and Territories – generally.

This is achieved through the support and commitment of a dedicated team, some of whom started back in 2009 when CRANaplus was successful in receiving additional funding to develop and deliver more courses.

Some days it doesn't feel that long ago that participants received their course pre-reading materials, wrapped in brown paper and posted to remote locations – we were captives to the vagaries of Australia Post. Now its all on-line. A huge map of Australia on the office wall is used as a reference to determine which part of this vast continent our caller is located, often triggering stories from them about where they live and work. You will have read them in this publication.



Administration Services run a sophisticated, timely operation out of a spacious warehouse and office facilities in Adelaide, supported by suppliers who understand the uniqueness and complexities involved in running business operations throughout some of the most remote areas of Australia.

We sometimes reminisce about the days when an old house served as our office. We were called on to drag training equipment out of our small store room to the footpath and then assist the truck driver to load equipment onto the back of a truck, sometimes in the middle of the road. We'd cross our fingers and toes, wishing the equipment and the driver a safe and timely passage to the designated location.

Susan St Clair is the Customer Services Officer and in a former life ran a thriving bed and breakfast business in Whitecliffs, rural New South Wales. Susan provides individualized customer services as she assists callers with their enquiries about CRANaplus training products.

Claire Prophet is our Travel Coordinator and previously worked as a clerk with Medstaff. She remains calm under pressure as she responds to the many tricky challenges coordinating the flying of teams from multiple locations into remote sites for course delivery. She puts this down to having travelled the globe for many years with her husband and 4 small daughters and not misplacing a suitcase or child in all that time.

Marilyn Jenkins is Course Logistics Officer and still makes a great coffee from her days as a Barista and Café Manager. Marilyn can be found knee deep in the warehouse where time management and equipment scheduling are key components of her role.

Helen Phipps is the Membership Officer with previous experience working for Australia's largest nursing recruitment agency, in their Education arm. Helen works closely with members, exploring their needs, advising about member benefits, along with being the knowledgeable voice for Scholarship enquiries.



The Adelaide Warehouse, left to right: Back row: Karen, Jenny, Helen and Liesel. Front row: Susan, Claire and Marilyn.

Liesel Higgins is the RTO officer and previously worked for a community nursing organisation, also a registered training organisation, and has a keen eye for detail, a methodical and timely approach to her job, and is well suited to her role in supporting CRANaplus as a registered training organisation.

Jenny Morton, Receptionist with a varied background across advertising, finance and logistics, has a family member who is a remote area nurse. Jenny is the calm, welcoming voice on the end of the phone, with a keen listening ear, always ready to assist members with their enquiries.

The Admin Team have a diverse background and have come a long way. All have expanded their knowledge of geographical locations and medical equipment. They now know the difference between a trachea tube and a toothbrush, understand that their sense of urgency doesn't always equate with that of others when dealing with airlines, suppliers and those operating in different time zones and accept that just sometimes, to get your mobile phone to work out remote, you have to stand on one leg, point due west and hold your arm up... really high! ●

educate

keeping the wheels turning

The CRANaplus eRemote team comprises Amy Hill, eRemote Technical Support Officer and Chris Mazloomi, CRANaplus eLearning Developer. Together they are responsible for the support and maintenance of current education resources and to ensure the ongoing maintenance of the learning management system that houses eRemote.

The current CRANaplus eRemote courses are a rich body of contents made available to students through our online platform.

Though comprehensive, the contents of courses are presented in a variety of mostly passive formats, such as documents, slide packs or videos.

“Our goal is to create and develop active and engaging learning resources by staying up to date with the latest eLearning design innovations,” says Chris.



Photo: Nancy Weatherford.

“We provide ongoing support to students to make sure they can access courses, resources and required assessments, in order to complete the requirements of the courses in which they are enrolled. Importantly too we support the CRANaplus Clinical Educators by ensuring they can access student study and assessment data and respond to various ad-hoc queries. We also liaise with third party vendors to ensure timely and efficient delivery of required services,” says Amy.



Amy Hill is known to many members and has been with CRANaplus since 2005. Based in the Alice Springs office Amy commenced with CRANaplus working after school. She has held many roles within the organisation from working in reception, course administration and as Executive Assistant.

Chris Mazloomi, based in Melbourne, joined CRANaplus in July 2017. Chris graduated from the University of Tasmania with a Bachelor of Science majoring in Medicinal Chemistry and Computer Science in 1994. Since then, he has worked in various IT roles in government, private corporate and not for profit organisations.

For the past nine years he has focussed on developing eLearning resources at World Vision International and the University of Melbourne.

“I consider myself very fortunate to be in such a position serving those who provide healthcare to those in remote areas.” ●

an essential study partner



Kathleen Mulders, is a registered Nurse and Midwife, and commences at Alice Springs Hospital in 2018 after working in General Practice in urban middle class, Adelaide. This is her journey so far to remote health practice.

As a Registered Nurse and Midwife, I have worked in General practice for 7 years. I have been fortunate to able to practice with a team of doctors and support staff who have a solid belief in client centred primary health care and provided me with the time and resources to create meaningful therapeutic relationships. My primary focus was woman's health including antenatal, post-natal and mothercraft skills,

immunisation, wound care and chronic disease management. I enjoyed having the follow through with my Clients creating professional relationships that promoted client centred participation in their own health care.

When did an interest in Remote Health start? In the 1988 I commenced my Undergraduate studies at the then Northern Territory Institute of Technology (Now CDU). However as is with life, a husband and six children later my career ended up firmly based in CBD Adelaide. As part of my CPD over the last several years I have attended several multidiscipline conferences that focused on the psychosocial effects of various health interventions, education and physical treatments have on clients.

After attending the CRANaplus Conference in 2016 in Tasmania, I remember being impressed with the multidisciplinary content, the other attendees were a wealth of information, networking was comfortable and easy.

In Darwin in 2014 the Australian Society for Psychosocial Obstetrics and Gynaecology (ASPOG) held an amazing conference which highlighted many reproductive health issues facing Aboriginal and Torres Straight Islanders and I was impressed with the research and programs being developed, especially those

focusing on client and community centred care. In 2015 I attended the National Australian Practice Nurse Conference on the Gold Coast... Titled "Brave to be Bold". I don't really recall thinking I needed a change to my career, but by the end of that conference talking to various agencies especially the Remote Area Health Corps (RAHC) a germ of an idea sprung into my head.

Could I be Brave to be Bold and would I have what it takes to work remote? I investigated my options, over the next year; would I be able to pack my life up and cope with challenges? Would I have the necessary skill set for a more autonomous way of practising? Would I be able to maintain my Midwifery and incorporate it into remote practice?

After attending the CRANaplus Conference in 2016 in Tasmania, I remember being impressed with the multidisciplinary content, the other attendees were a wealth of information, networking was comfortable and easy.▶▶

POSTGRADUATE COURSES IN REMOTE HEALTH

For further information contact the Student Administrator
Ph: (08) 8951 4790
Email: crh.studentadmin@flinders.edu.au
www.crh.org.au

Flinders University
Graduate Certificate in Remote Health Practice
Graduate Diploma in Remote Health Practice
Master of Remote & Indigenous Health
www.flinders.edu.au/courses/postgrad/rhp

Charles Darwin University
Master of Nursing (Nurse Practitioner)

APPLY NOW FOR SEMESTER ONE 2018

CHARLES DARWIN UNIVERSITY
CRANAplus improving remote health
Flinders UNIVERSITY
Centre for Remote Health



photo: Steve Batten.

► I learnt so much, it was an awesome conference and I was sold! Yes, the call of remote was very real, and as my youngest son would finish school at the end of 2017 this would give me a chance to up-skill ready to move at the end of 2017.

I enrolled in the Graduate Diploma of Remote Health (CRH, Flinders and CDU) in 2017. CRANaplus became my essential study partner, and I commenced with their on-line core competency topics. I was able to fulfil medication, fire and emergency, aggression training, and infection control modules as part of the Advanced Nursing Topic for the Graduate Diploma. The CRANaplus Remote Emergency Course (REC) was a compulsory incorporation into the course. This course developed the many emergency skills required in the remote setting including a basic life support certificate.

The standard of the course was excellent and is obviously professionally recognised and supported by its incorporation into Post Grad studies. The lecturers were fantastic and approachable and the other participants provided wonderful networking and personal insight into many of the scenarios. The pre-course workbook was an outstanding easy to use resource, with the modules having learning goals and quizzes to enhance skill development. I was so impressed with the REC I went on to attend the Paediatric Emergency and Triage Emergency courses in Tennant Creek and

the Midwifery Upskilling (MIDUS) course for Midwives, in Darwin. Again the networking and friendships made illustrates the collegial support that the remote Health workforce fosters.

CRANaplus became my essential study partner, and I commenced with their on-line core competency topics.

I would recommend the MIDUS course to all Midwives not currently working in a birth environment, it was reassuring to refresh and practice important skills. After the MIDUS Course and a placement at Titjikala in the Northern Territory, I decided that working in a Hospital Birthing unit would be a great preparation for working remote and I commence in Alice Spring in 2018. I am looking forward to working with the Central Australian Aboriginal women and adapting my existing skills to culturally appropriate and sensitive communication skills. Understanding the referral pathways and the challenges that the women and their families face when birthing away from community and managing the complexities of chronic disease and their potential complications within labouring women. Having this sound practical base will hopefully help me provide excellent support in the communities. Watch this space! ●

VIOLENCE, THREATS & VERBAL ABUSE IS NEVER OK.

Health staff are here to care for you, your family and your community.

CRANAplus
improving
remote health

www.crana.org.au

2018 EDUCATION SCHEDULE



COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



Maternity Emergency Care

WESTERN AUSTRALIA
BUNBURY, 27-29 JULY
BROOME, 5-7 OCT

QUEENSLAND
CAIRNS, 1-3 JUNE, 17-19 SEPT
BRISBANE, 15-17 JULY
TOWNSVILLE, 18-20 MAY

NORTHERN TERRITORY
KATHERINE, 31 AUG - 1 SEPT
DARWIN, 27-29 APR

ALICE SPRINGS, 10-12 AUG

NEW SOUTH WALES
LENNOX HEAD, 8-10 APRIL

TASMANIA
BURNIE, 23-25 NOV



Advanced Life Support

WESTERN AUSTRALIA
BROOME, 15 OCT
BUNBURY, 12 NOV

QUEENSLAND
CAIRNS, 26 MAR
TOOWOOMBA, 28 MAY
TOWNSVILLE, 30 JUL

NORTHERN TERRITORY
DARWIN, 13 AUG
ALICE SPRINGS, 27 AUG

VICTORIA
BALLARAT, 26 NOV
SOUTH AUSTRALIA
ADELAIDE, 24 FEB



Midwifery Upskilling

WESTERN AUSTRALIA
PERTH, 24-26 AUG

QUEENSLAND
CAIRNS, 15-17 JUNE

NORTHERN TERRITORY
DARWIN, 26-28 OCT

NEW SOUTH WALES
LENNOX HEAD, 13-16 APRIL

TASMANIA
HOBART, 29 SEPT - 1 OCT



Remote Emergency Care

WESTERN AUSTRALIA
BROOME, 12-14 OCT
BUNBURY, 9-11 NOV

QUEENSLAND
TOOWOOMBA, 25-27 MAR
CAIRNS, 23-26 MAR, 17-19 SEPT
TOWNSVILLE, 27-29 JUL
LONGREACH, 7-9 SEPT

NORTHERN TERRITORY
ALICE SPRINGS, 16-18 MAR, 15-17 JUNE & 24-26 AUG, 28-30 SEPT

DARWIN, 18-20 MAY & 10-12 AUG

KATHERINE, 1-3 JUN

NEW SOUTH WALES
BATEMANS BAY, 27-29 APR,
TAMWORTH, 4-6 MAY,

VICTORIA
TORQUAY, 6-8 APR
BALLARAT, 23-25 NOV

TASMANIA
GEORGETOWN, 12-4 MAR
HOBART, 26-28 NOV

“ As usual, an excellent CRANAplus course, run by practitioners with an obvious passion for high standards of rural and remote health.”



Advanced Remote Emergency care

WESTERN AUSTRALIA
PERTH, 31 AUG - 1 SEPT

QUEENSLAND
CAIRNS, 13-16 JUL

NORTHERN TERRITORY
DARWIN, 16-18 NOV

NEW SOUTH WALES
DUBBO, 23-25 FEB

VICTORIA
GEELONG, 20-22 APR



Paediatric Emergency Care

WESTERN AUSTRALIA
PERTH, 3-4 NOV

QUEENSLAND
CAIRNS, 24-25 MAR

NORTHERN TERRITORY
DARWIN, 14-15 APRIL

NEW SOUTH WALES
COFFS HARBOUR, 6-7 OCT

VICTORIA
GEELONG, 12-13 MAY



Triage Emergency Care

WESTERN AUSTRALIA
BUNBURY, 13 NOV

QUEENSLAND
CAIRNS, 1 SEPT

NORTHERN TERRITORY
ALICE SPRINGS, 23 JUNE

SOUTH AUSTRALIA
ADELAIDE, 25 FEB



Practical Skills

QUEENSLAND
CAIRNS, 2 SEPT

NORTHERN TERRITORY
ALICE SPRINGS, 24 JUNE

VICTORIA
LEONGATHA, 21 FEB
LORNE, 12 MAY

CRANAplus 36th Annual Conference CAIRNS, QLD 20-22nd September 2018

Think Global, Act Local -Leading primary healthcare in a challenging world

CRANAplus Bush Support Services

1800 805 391

24/7 toll free counselling service

Aspiring to a career in remote practice?

Check out the Pathways to Remote Professional Practice publication on our website

CRANAplus Pathways to Remote Professional Practice



CRANAplus Education Services

To register for a course, visit www.crana.org.au/education

or call **08 8408 8200**

CAIRNS
07 4047 6400

ALICE SPRINGS
08 8955 5675

ADELAIDE
08 8408 8200

assessment made clear with the RAN model of consultation cards

Registered Nurse, Robin Hill, thought the idea of an independent consult as a new remote nurse could be daunting. Here Robin talks about how the RAN Model of Consultation quick reference cards have proven to be an invaluable tool.

"I came from a hospital background where nurses were encouraged to think critically about patient observation and condition to prompt intervention and care, but investigation, pathology and diagnosis was led by doctors.

In January 2016, I began the transition from a hospital nurse to a remote area nurse, completing the Transition to Remote Area Nursing (TRAN) course facilitated by the Centre for Remote Health. This transition was

completed over a period of 12 months, working in the health clinic on Bathurst Island north of Darwin, where I was supported by the other RANs and GPs in the clinic. The transition program involved specific training to enable practice as a RAN and part of this training was the week-long, face-to-face course on Remote Advanced Nursing Practice, focusing specifically on the RAN Model of Consult and Rapid Screening Assessment.

Using the RAN Model of Consultation enables the Nurse to complete a comprehensive assessment and puts the patient at the centre of care. The Model also moderates risk to the patient, the RAN and the health service because it allows for a systematic, investigative and considered approach. Using the RAN Model of Consultation

made my practice more concise and more focused. A patient may come to the clinic because they have a cough, but often there are several other health issues going on. The RAN Model of Consultation means the other health issues aren't missed and the patient is treated holistically. Furthermore, it allows for culturally safe care, by incorporating rapport building, negotiation with the patient about a plan for their health, and reflection by the RAN post-consultation.

Following the transition year, I continued on Bathurst Island and consolidated my practice by completing the Graduate Certificate in Remote Health Practice. This course, offered by the Centre for Remote Health and Flinders University, is thought provoking and comprehensive, asking the student to think historically and critically about the unique and challenging environment that remote health encompasses. I would thoroughly recommend it to anyone interested in the field of remote health." ●





Transition from RN to Remote Area Nurse 2018

ABOUT THE SHORT COURSE

A face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses. Content includes Framing Indigenous Health, Primary Health Care, Self Care and Remote Advanced Nursing Practice.*

To be held
Alice Springs, Monday 18th June – Friday 29th June 2018
Alice Springs, Monday 1st October – Friday 12th October 2018

Cost: \$2,250

 * To satisfy all the requirements of the program, participants will be required to complete Pharmacotherapeutics for RANS (online) and the CRANaplus Remote Emergency Care (REC) course. Send your registration no later than 4 weeks prior to course start date.

For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health
E: crh.shortcourse@flinders.edu.au W: <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 F: +61 8 8951 4777



lorne community hospital's jason phieler has been awarded the victorian healthcare association excellence in leadership award

As Acute Nurse Unit Manager at Lorne Community Hospital, Jason Phieler oversees the operation of both the Urgent Care Unit (UCU) and the acute ward as well as After Hours Coordination. Both these roles are challenging in their own right but Jason does so much more.

Due to location and environmental factors Lorne Community Hospital has experienced a number of emergency management situations. For example the 2015 bushfires, land-slips, and incidents at the Falls Festival being the most recent. Jason is always at the forefront of ensuring staff are well prepared to deal with such incidents. He has successfully led the clinical team in these emergency situations and been an integral part of the incident management team.

Jason is always at the forefront of ensuring staff are well prepared to deal with such incidents. He has successfully led the clinical team in these emergency situations and been an integral part of the incident management team.

The Hospital nominated Jason for this prestigious award for his outstanding leadership not only at LCH but also for his state and national leaderships for RIPERN (Rural & Isolated Practice Registered Nurse).

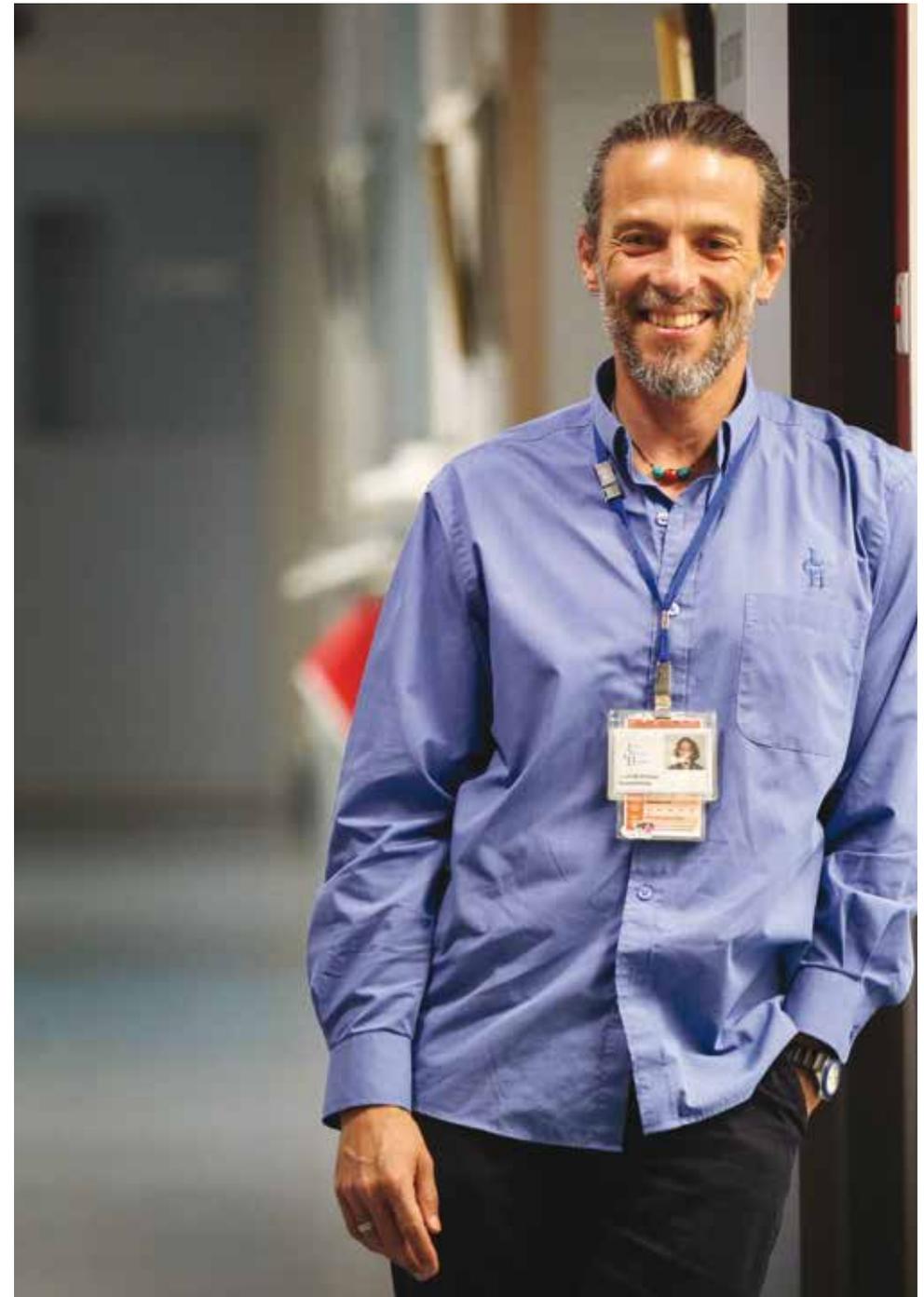
Jason has also been a strong advocate for access to Telehealth advice in urgent care situations.

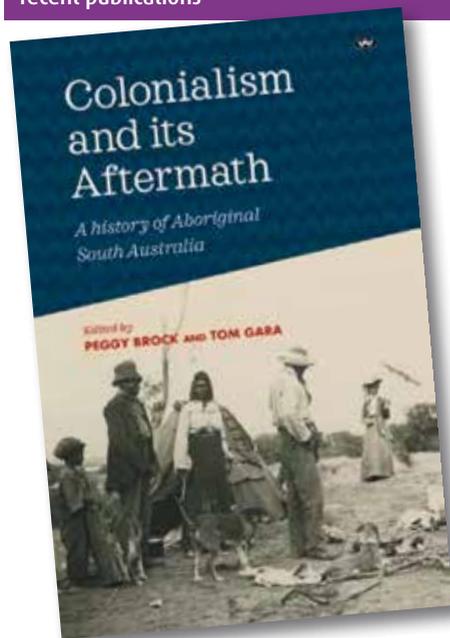
Jason is highly skilled and trained in Emergency Management and provides training at a state level for other health workers.

Jason is highly skilled and trained in Emergency Management and provides training at a state level for other health workers.

LCH CEO Kate Gillan said, "Jason is a clear leader within the organisation, region and state and is highly respected for his commitment to safe, quality care in the rural setting. His leadership in workforce innovations such as the RIPERN and nurse led X-ray services has enhanced the rural workforce sustainability, quality and staff satisfaction. His commitment to continual service improvement through education and training has created an outstanding team here at Lorne Community Hospital for the overall benefit of the community and our patients." ●

CRANaplus would like to congratulate Jason on his Award and is privileged to count him among the highly skilled Volunteer Facilitators who give generously of their time to support our Education Team.





Colonialism and its Aftermath

Edited by Peggy Brock and Tom Gara

A history of Aboriginal South Australia

RRP \$45.00

Publication date: September 2017

The state of South Australia was a British imperial construct, its borders determined by three straight lines, with no reference to the Aboriginal presence. The colonial process in South Australia began decades before formal annexation with unregulated interactions between coastal Aboriginal people and European sealers and whalers. Colonial theorists in Britain envisaged a process that would recognise preexisting Aboriginal rights, but colonisation on the ground was no more sensitive than elsewhere in Australia.

Despite catastrophic interventions in the lives of Aboriginal people during and following colonisation, many communities retain strong identities and cultural and linguistic knowledge, rooted in a deep connection to the land.

Colonialism and its Aftermath traces the ongoing impact of colonialism on Aboriginal individuals, communities and cultures. It is the first major history of Aboriginal South Australia to be published since the advent of Native Title in 1993 and reflects an important and often overlooked aspect of the history of the state.

The book includes contributions from some of Australia's foremost historians, anthropologists and linguists, including Diane Bell and Robert Foster. These are joined by powerful personal stories of disruption and displacement, and Aboriginal responses to these challenges.

"A comprehensive, inclusive and broad-ranging history of South Australia."

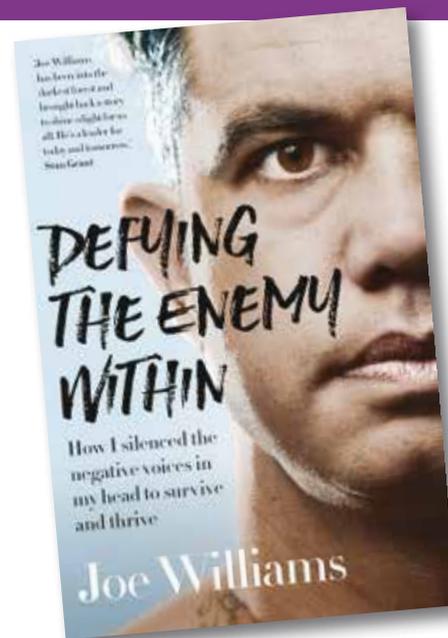
– Jennifer Caruso, University of Adelaide and South Australia Stolen Generations Aboriginal Corporation (Inc. 2017)

Peggy Brock is Emeritus Professor of History at Edith Cowan University, Visiting Research Fellow at the University of Adelaide and Fellow of the Academy of Social Sciences in Australia.

Tom Gara has been a professional historian for over 25 years specialising in Aboriginal history.

Contributors Diane Bell, Peggy Brock, Jennifer Caruso, Deane Fergie, Robert Foster, Mary-Anne Gale, Tom Gara, Des Hartman, Luise Hercus, Rani Kerin, Skye Krichauff, Christine Lockwood, Rod Lucas, Ingereth Macfarlane, Paul Monaghan, Amanda Nettelbeck, Chris Nobbs, Carol Pybus, Lester-Irabinna Rigney, Tikari Rigney and Phyllis Williams

www.wakefieldpress.com.au



Defying the Enemy Within

Joe Williams

How I silenced the negative voices in my head to survive and thrive

Defying the Enemy Within is both Joe's story and the steps he took to get well. Williams tells of his struggles with mental illness, later diagnosed as Bipolar Disorder, and the constant dialogue in his head telling him he was worthless and should die. In addition to sharing his experiences, Joe shares his wellness plan – the ordinary steps that helped him achieve the extraordinary.

Former NRL player, world boxing title holder and proud Wiradjuri First Nations man **Joe Williams** was always plagued by negative voices in his head, and the pressures of elite sport took their toll. Joe eventually turned to drugs and alcohol to silence the voices, before attempting to take his own life in 2012. In the aftermath, determined to rebuild his life, Joe took up professional boxing and got clean.

"Joe Williams has been into the darkest forest and brought back a story to shine a light for us all. He's a leader for today and tomorrow."

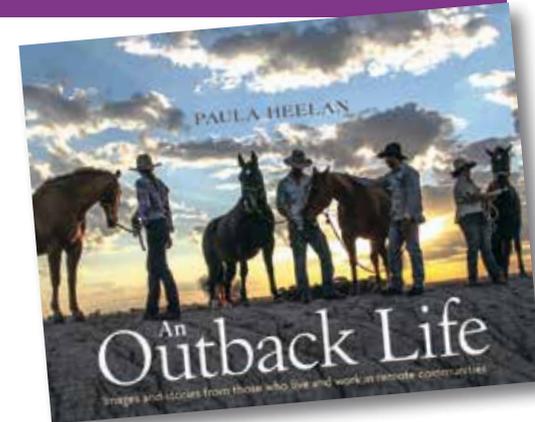
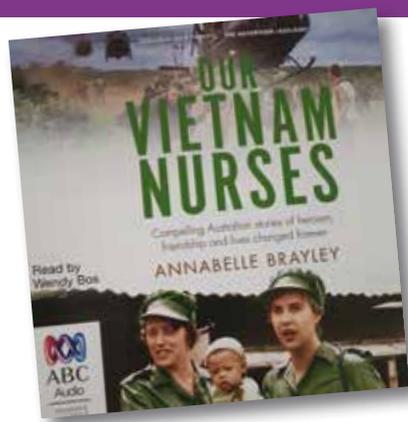
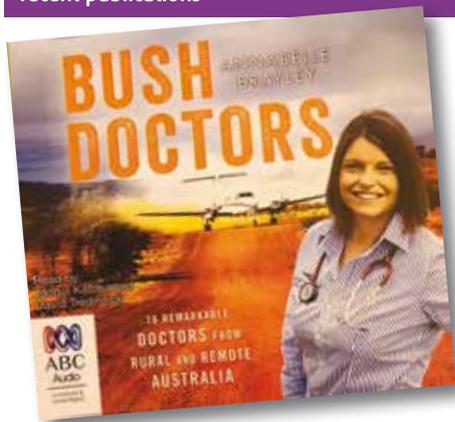
– Stan Grant

"In telling his powerful story, Joe Williams is helping to dismantle the stigma associated with mental illness. His courage and resilience have inspired many, and this book will only add to the great work he's doing."

– Dr Timothy Sharp, The Happiness Institute

"It is through his struggles that Joe Williams has found direction and purpose. Now Joe gives himself to others who walk the path he has."

– Linda Burney MP



Bush Doctors

Following on from the recent release of the book, **Bush Doctors** is now out on audio as a CD or MP3 released by Bolinda Publishing. Brought to life with narration by David Tredinnick and Jacqui Katona, the stories are intended as a reflection and celebration of the wonderful work done by all of our rural and remote doctors.

Wrapped around the lives they lead and their experiences as rural/remote doctors, these sixteen stories document the pathways these particular people took to get into medicine and the career choices they've made since.

They work in some of the most spectacular locations in Australia—from the splendid isolation of the Kimberley and the wide open spaces of outback Queensland to the glorious surfing beaches of eastern Victoria and the freezing icecaps of Antarctica – but as you CRANaplus members know better than most, their profession demands long hours, extensive medical knowledge and, sometimes, courage beyond their experience.

Our Vietnam Nurses

As did the Vietnam War for most of the Australian nurses who volunteered to go there as civilian nurses or who went with the Army or RAAF. **Our Vietnam Nurses**, read by Wendy Bos, was also released on audio as a CD or MP3 by Bolinda earlier this year.

Fascinatingly, thirty-two of the RAAF nurses who were based at Butterworth RAAF Base in Malaysia who flew medevacs into South Vietnam to retrieve wounded Australian

serviceman, were seconded to USAF for 60 day tours. They transferred to Clark Air Field in the Philippines and flew into South Vietnam retrieving American and South Korean servicemen. At least one of them also helped evacuate American servicemen back to the United States.

While the Army nurses, who were based at the 8th Field Ambulance and later the 1st Field Hospital, in Vung Tau, generally worked within the Australian Logistic Support Group complex, between 1964 and 1972, about 200 civilian nurses who volunteered to go to South Vietnam with Australian Civilian Surgical teams, worked in provincial hospitals caring for Vietnamese. Their collective stories are varyingly grim, tough, happy, tragic, sad, adventurous and, for them, life-changing. Nearly fifty years after they returned from Vietnam, most of them still bears the scars. The stories include one from a Red Cross officer and three from medics including the Medic of Long Tan.

For the benefit of all of you who are based in rural/remote areas, both titles are available as eBooks, books, CDs or MP3s from Booktopia via this link: <http://bit.ly/2z1qDcn>

An Outback Life

Paula Heelan

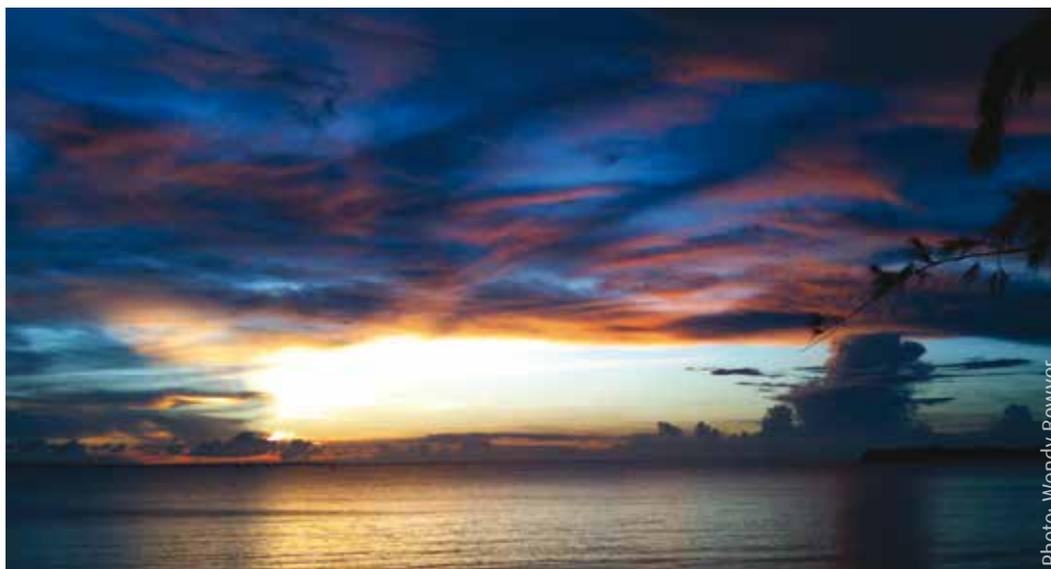
From the high plains to the bush, heart-warming stories and stunning photography of rural Australia, and the extraordinary people who live there.

**RRP \$45.00 HB
Publication date: 15 November 2016**

An award-winning photographer, Paula Heelan captures the beauty, drama and romance of the outback in this stunning book, as she takes a look at what life is like for those who live and work in remote communities and stations. From agricultural shows to rodeos, campdrafting to country races, livestock to life in the wet, more than 200 photographs, anecdotes and stories capture the joys, trials and tribulations of everyday life as well as the grandeur and unforgiving nature of the Australia landscape.

Paula Heelan lives on a station in Queensland. She brings her deep understanding of life in a remote community to this investigation of the importance of the land, the animals and people who inhabit it.

www.wakefieldpress.com.au



professional

professional services activity update

The consultation for the *Codes of Conduct for Nurses & Midwives* has been finalised. The codes now reflect current nursing and midwifery practice in all contexts and are up to date, relevant and useful.

Changes to the Codes has incorporated professional boundaries into the Code and not as a separate guideline. The Nursing and Midwifery Board of Australia (NMBA) has been thorough in the integration of professional boundaries into the Codes, ensuring that all aspects of expected conduct and behaviour can be accessed in one document.

The *Code of Conduct for Nurses (2017)* and *Code of Conduct for Midwives (2017)* take effect on 1 March 2018. This allows time for nurses and midwives to familiarise themselves with the new codes and for the NMBA to communicate with nurses, midwives and stakeholders in preparation for the codes to take effect.

<http://www.nursingmidwiferyboard.gov.au/Codes-GuidelinesStatements/Professional-standards.aspx>

Midwife Standards for Practice

The Nursing and Midwifery Board of Australia (NMBA) released for public consultation the draft Midwife Standards for Practice, which were developed by Deakin University and were distributed for consultation throughout the year

The NMBA is collating feedback received and will publish it as soon as practical.

<http://www.nursingmidwiferyboard.gov.au/News/Past-Consultations.aspx>

Registered nurse and midwife prescribing – discussion paper

In Australia, under the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law), the Nursing and Midwifery Board of Australia (NMBA)

endorses the registration of registered nurses (RN) and midwives as qualified to administer, obtain, possess, prescribe, supply or use scheduled medicines if they meet the requirements of the respective registration standards.

<http://www.nursingmidwiferyboard.gov.au/News/Current-Consultations.aspx>

The Nursing and Midwifery Board of Australia and the Australian and New Zealand Council of Chief Nursing and Midwifery Officers are working together to facilitate the development of potential future models of prescribing by Registered Nurses and Midwives. The Discussion paper has been developed to seek the views of the nursing and midwifery professions, other health professionals and the public about potential models of registered nurse and midwife prescribing.

<http://www.nursingmidwiferyboard.gov.au/News/Current-Consultations.aspx>

Aged Care

CRANaplus was invited to participate in a Think Tank convened by Minister Ken Wyatt on Aged Care Services, specifically looking at Indigenous older Australians and the challenges for aged care in rural and remote areas. It was a small forum, predominantly of Not for Profit providers from a range of rural and remote locations and also professional peak bodies in rural and remote. It provided an opportunity to describe and discuss the issues for consumers.

There has been a lot of activity during the year and to keep up to date with Commonwealth Department of Health activity follow this link: <https://agedcare.health.gov.au/>

There have been several reports published including the legislative review, quality regulation process and the formation of a new Aged Care workforce taskforce, to focus on safety and quality.

Rural Nursing project

The rural nursing project is progressing with the main activities focusing on the finalizing of the definition of a 'rural generalist nurse' and development of the proposed pilot workshops: Fundamentals for Rural Generalist Nurses.

The agreed definition of the Rural Nurse role in the context of the smaller health service in delivering a very generalist service, was endorsed by the Expert Advisory Group and will be uploaded to our website.

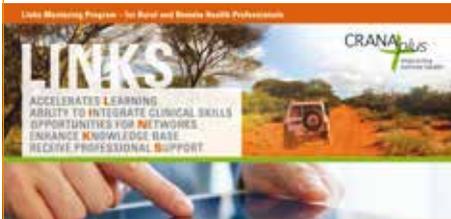
The *Fundamentals for Rural Generalist Nurses* workshop is in the final stages of planning for dates, venues and locations. Thank you to those sites who have assisted in supporting the project. More information can be found on our website: <https://crana.org.au/professional> ▶▶



LINKS Mentoring rural and remote program

Are you a health undergraduate student, recently qualified, or newly employed health professional in rural or remote Australia? Join our LINKS Mentoring program. Participants report they have gained a great deal both personally and professionally from the experience of being either a mentee or mentor.

For more information visit our website: <https://crana.org.au/professional/students/mentoring-program> or contact Professional Services professional@crana.org.au



National Birthing on Country Project

CRANaplus is very pleased to be a member of the National Steering committee for The Birthing on Country (BoC) Project. This project is a joint partnership between lead partners the Australian College of Midwives (ACM), Congress of Aboriginal and Torres Strait Island Nurses and Midwives (CATSINaM), the University of Queensland and the University of Sydney.

Cherisse Buzzacott is the Project Officer based at the ACM.

The main focus of BOC is to improve birth outcomes for Aboriginal and Torres Strait Islander mothers and babies, bringing together community members and health services with a goal to establish Aboriginal Birthing on Country models of maternity care whether it be Aboriginal Midwifery Group Practices, birthing in hospital with a known Midwife or stand-alone Aboriginal birth centres. This is in collaboration with Community members, support of health services, health professionals and State and National Government. To read further on the project information can be accessed at <https://www.midwives.org.au/birthing-country-project>



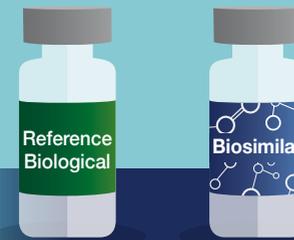
Biosimilar MEDICINES



Australian Government
Department of Health



Biological medicines, including biosimilars, come from living cells



Biosimilar medicines are highly similar



The effects are the same



What are they?

- A biosimilar medicine is a highly similar version of a reference biological medicine. The reference biological medicine is the first brand to market.
- The processes that produce biological medicines are naturally variable. No two batches of a biological medicine, including biosimilar medicines, are ever exactly the same (even from the same manufacturer). Biosimilar medicines can be used to treat the same diseases, in the same way, as the reference biological medicines.
- Biosimilar medicines have been tested and shown to be as safe and effective as the reference biological medicines.

Research and other information available at: www.health.gov.au/biosimilars



RAN certification – its live

The RAN Certification – Nursing in Remote and Isolated Practice was officially launched in October 2017 at the CRANaplus Conference in Cable Beach, Broome. There has been a great deal of interest with a number of CRANaplus members commencing work on their Applications.

The RAN Certification process can be accessed from the dashboard on the CRANaplus website.

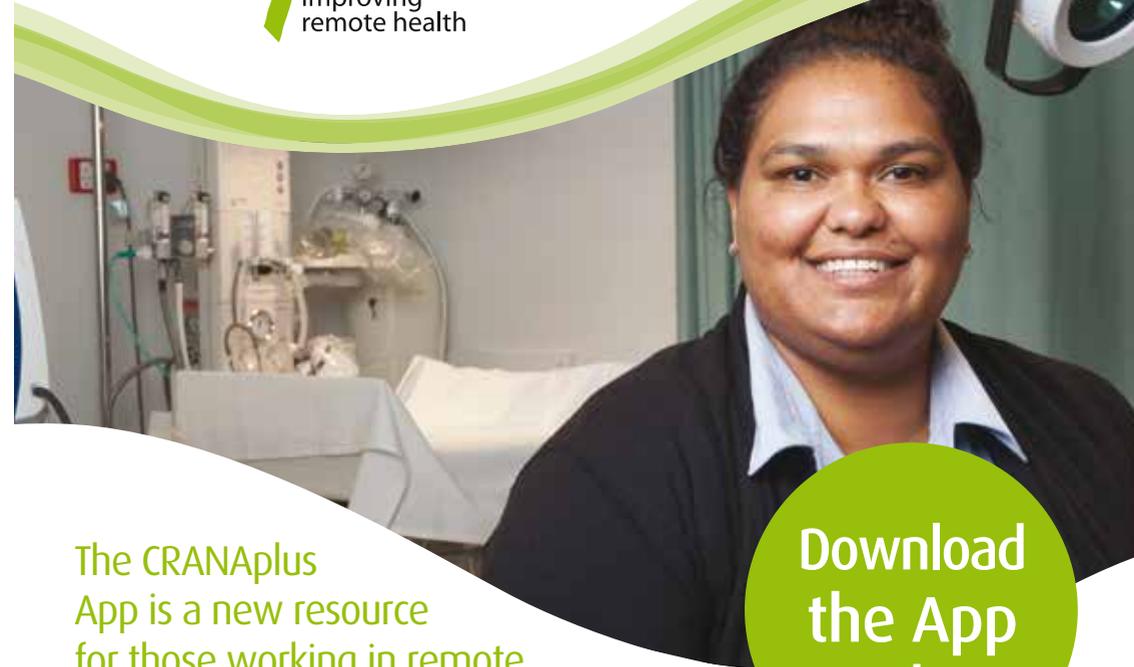
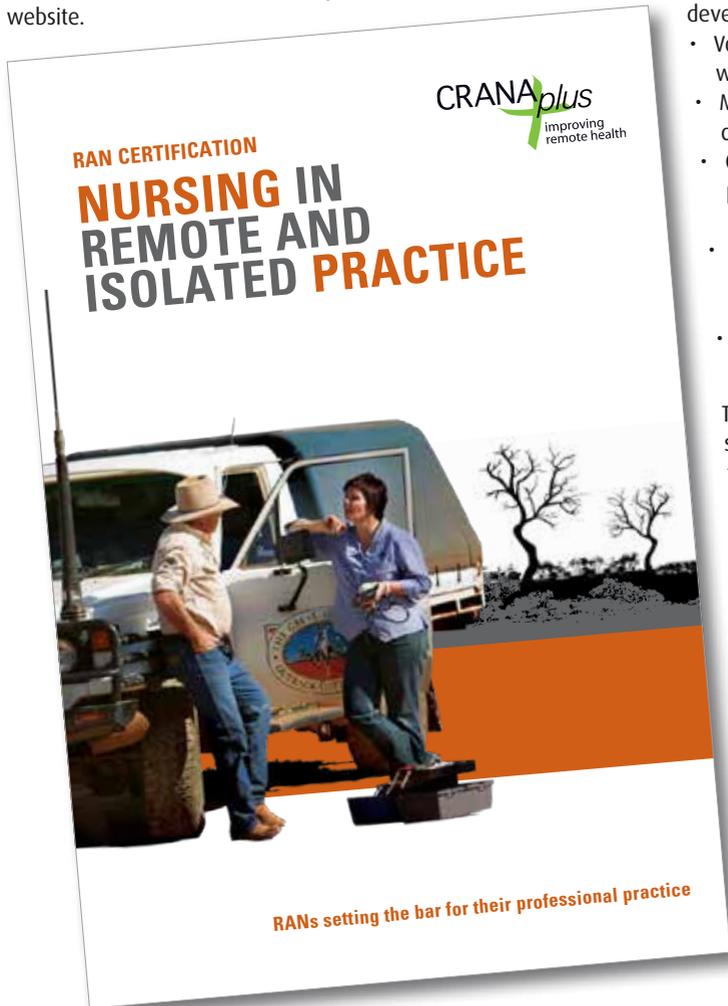
RAN Certification is available at no cost to CRANaplus Members

Certification is self-directed and voluntary, giving nurses and midwives the ability to evidence their ability to meet the minimum professional standards of remote practice and/or a work plan to help achieve it.

The important principles that have informed the RAN Certification development include:

- Voluntary self-assessment with a peer review
- Minimum standard of care for consumers
- Consistent and recognised professional speciality for RANs
- Removing duplication and overcoming jurisdictional barriers
- Supportive clear pathway for new or novice RANs.

Together let's celebrate this significant step forward in the recognition of remote and isolated nurses and midwives professional practice through RAN Certification. ●



Download the App today

The CRANaplus App is a new resource for those working in remote and isolated Australia

- Learn how to recognise bullying in the workplace and how to manage it
- Complete a safety and security audit
- Call Bush Support Services 24/7 direct from the app
- Complete a safety and security Rapid Risk Assessment

Download FREE from the App Store



For more information visit www.crana.org.au

remote management program: one year on and still going strong

"The course was relevant to both Health Centre Coordinators and Managers. It provided information on how to develop skills and Leadership Styles at different stages"

Participant, Remote Management Program (Broome 2017)

In October this year, 13 remote managers attended the two-day workshop in Broome as part of 12-week Remote Management Program. They came from as far away as Tasmania, Queensland, Northern Territory and Australia's island territories, as well as some Kimberley and Broome locals.

This was the third program CRANaplus has conducted since 2016 in partnership with Australian College of Health Service Management (ACHSM). The Remote Management Program has been tailored to the needs of remote health managers. The uniqueness of this course is the mentoring component, registered members of ACHSM mentor health managers of varying degrees of expertise and experience participating in the program for a duration of 6-8 months. This provides participants with a wonderful opportunity to develop professional relationships and learn from the experience of ACHSM members who have diverse and varied management experience.

The uniqueness of this course is the mentoring component, registered members of ACHSM mentor health managers of varying degrees of expertise and experience...

The workshop is the face-to-face component of the Remote Management Program and its design fostered a sense of collegiality amongst the managers, which enabled the enthusiasm of the group to guide learning activities, information sharing and engagement in interactive discussions.

Below: Remote Management Course participants, Broome.

The main focus of the workshop is to plan and commence development of a Continuous Quality Improvement (CQI) project, which is one of the key learning outcomes for the remote management program. This focus on management skills for the implementation of the CQI project in the workplace is supported for the duration of the Remote Management Program through one-on-one professional education support, provided through CRANaplus' Professional Services Manager.

CRANaplus and ACHSM are working with Dr. Leigh-Ann Onnis from James Cook University, under the auspice of the Centre for Excellence in Integrative Quality Improvement (CRE-IQI) in examining the feasibility of evaluating the CQI approach for the Remote Management Program's impact.

Participants reflections on the workshop, included:

"A very good workshop, high volume of useful information and resources."

"Interested in working with a mentor as have not participated in this before."

Other insights included how future workshops can be improved to meet the needs of remote managers.

The main focus of the workshop is to plan and commence development of a Continuous Quality Improvement (CQI) project...

In 2018, we anticipate holding two (2-day workshop) courses. The first course in Adelaide in June and the second course in Cairns in September, which will coincide with the CRANaplus Conference.

For more information visit our website: <https://crana.org.au/professional/pilot-course>



remote clinic visit

In early November the CRANaplus Professional Services team undertook a site visit to the remote community of Oak Valley on Maralinga Tjarutja land, at the request of the Management team supported by community and the health staff.

The Maralinga Tjarutja is the corporation representing the traditional Anangu owners of the remote western areas of South Australia.

The purpose of the visit was to undertake a review of their Health Service.

The essence of the review was to work with the Managers of Maralinga Tjarutja and the health staff to assess the effectiveness, reach and quality impact of the services delivered and ensuring the provision of a safe work environment for the staff of the Oak Valley Health Service

The Oak valley community is situated in the far west region of South Australia approximately 516km northwest of Ceduna and approximately 320km north of Yalata by 4WD track.



The Maralinga Tjarutja land was handed back to the Maralinga people in 1985 and the people resettled on the land in 1995, naming the place Oak Valley Community in tribute to the native Desert Oak.

The two-day visit was concluded with the submission of a report to management outlining recommendations for consideration.

Our thanks to the Oak Valley Community for their permission to visit, the management team for the invitation and to Clinic staff Annie, Jason and Angela, for their openness and patience in responding to our million questions. ●

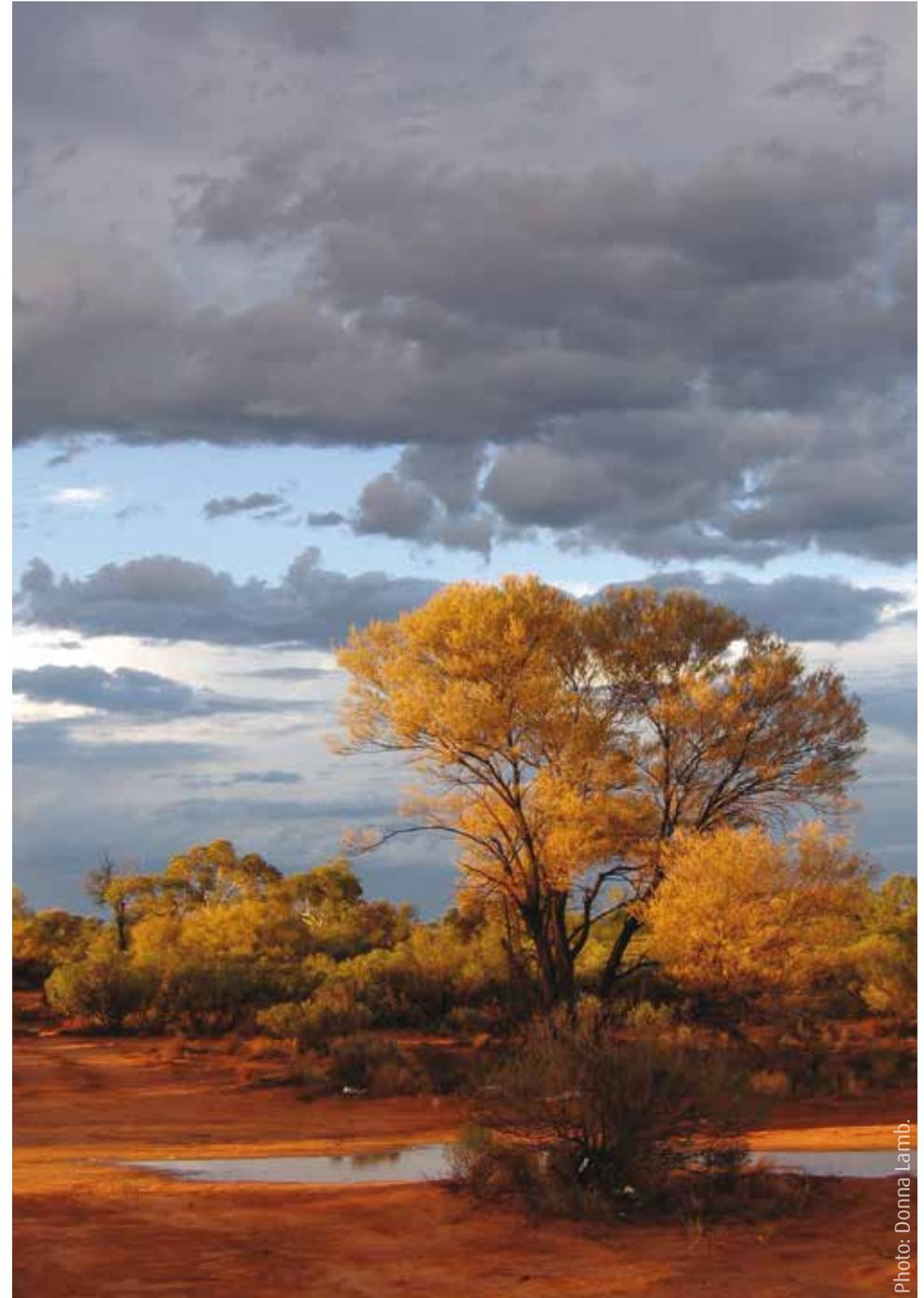


Photo: Donna Lamb.

scholarships

The CRANaplus Undergraduate Clinical Placement Scholarships

These scholarships offer financial assistance (to a maximum of \$1000) to support undergraduate students of a health discipline to experience a remote health setting first hand.

The second round of this scholarship closed at the end of October and seven scholarships were awarded. As has been the trend, these scholarships are always over subscribed with 28 applications received and unfortunately we are only able to award a limited number.

Placement locations included Alice Springs, Central Australian remote clinics and Carnarvon, Weipa and Bourke with Students from health disciplines of Nursing, Speech Pathology and Dentistry.

Stories of their experiences will continue to be featured in the CRANaplus Magazine and on our website.

Have you or your organisation considered sponsorship of an Undergraduate Clinical Placement Scholarship? You will have naming rights of the Scholarship or can choose to remain anonymous and any donations over \$2 are tax deductible. It is a great way to demonstrate your support for the remote health workforce of the future.

For more information contact us at scholarships@crana.org.au

Country Womens' Association of Australia (CWA) Scholarship

CRANaplus is pleased to support the CWA Rural & Remote Nursing & Midwifery scholarships through assistance with the assessment of applications. This year CWA allocated a total

of \$20,000 to be awarded either in individual amounts up to \$5,000.00 or smaller amounts to cover costs of the courses.

The intent is to support Nurses (Registered and Enrolled) and Midwives to undertake Professional Development that will ultimately enhance health services in their communities.

We received 68 applications, from across all States and Territories indicative of the need and also the gaps that exist to support Professional Development for remote and rural Nurses and Midwives.

We will include details of the recipients in Magazine editions throughout 2018.

Gayle Woodford Scholarship

The second year of the Gayle Woodford Memorial Scholarship attracted 19 applications, which presented a challenging task for the selection committee.

This scholarship is jointly sponsored by CRANaplus and the Centre for Remote Health and is open to registered nurses, Indigenous health practitioners, allied health practitioners and medical officers and covers all course fees for the Graduate Certificate in Remote Health Practice (RHP)

The 2018 Scholarship was awarded to Emma Bugden from Alice Springs.

Emma is a Registered Nurse and works between Alice Springs Hospital and the Menzies School of Health Research.

An aspiring Nurse Leader Emma is recognised by her inclusion in the Australian College of Nursing (ACN) Emerging Nurse Leaders Program and will commence her Graduate Certificate in Remote Health in 2018. It is her intent to consolidate her clinical practice whilst undertaking the Remote Health Practice course with the eventual aim to work as a Remote Area Nurse. ●

life membership award

Patricia (Pat) Magee was awarded the prestigious CRANaplus Life Membership Award at the CRANaplus annual Conference in October 2017.

Pat has had a long and impressive history with remote health, and is a strong supporter of CRANaplus. She is an exemplary role model for many nurses and doctors with a profile that is well respected and known within the remote sector of Northern Territory.

As a regular attendee at CRANaplus Conferences and longtime CRANaplus member, joining when she started remote work in 2002, Pat has a long and impressive history in remote health.

Pat came to the Northern Territory in 1970 when the population of Darwin was 45,000. After two years she took off overseas travelling throughout India, Afghanistan, Turkey and Greece then on through Europe and to London where she worked as a Staff Nurse.

As a regular attendee at CRANaplus Conferences and longtime CRANaplus member, joining when she started remote work in 2002, Pat has a long and impressive history in remote health.

Not content to stay still Pat continued her travels through Europe in her blue van. During that time she spent time working on a Kibbutz in Israel and as an Au Pair in France. She then moved to Canada where she worked as a Nurse in the North West Territories.

Returning to Australia in 1977 she says the only place she wanted to live was Darwin. In 2002



she began her remote career in the Northern Territory, which spanned the next 12 years until 2014 where she retired from full time Nursing.

During her time in remote health, Pat was well known for her support and mentoring of remote health workers and was a strong client and community advocate. Well known for being a constant presence and as well respected by colleagues, peers and the community alike.

In 2009, Pat received the 'Living Legend Award for Northern Territory Nursing' and held the role of Teaching Fellow (Nursing) for two years from 1998 to 2000 at the Northern Territory University (now Charles Darwin University).

A statement on her career summation says it all:

"So here I am today in a different work role in Robertson's Barracks. All over the world people of different nations when they are ill, they want to know someone is there to care for them, answer their questions, help remove the fear of the unknown and help them feel safe in the hands of people they hardly know. As health workers we are in such a privileged position." ●

two CRANaplus members inducted as fellows of CRANaplus

Janet Fletcher and Dr Ann Aitken were honoured during the CRANaplus Conference when they were inducted as Fellows of CRANaplus

Janet Fletcher (pictured below) is a strong advocate and supporter of CRANaplus with a lifetime commitment to remote health. As a young nurse of 22 years, she commenced her remote nursing career at the Australian Inland Mission at Birdsville before moving to the Northern Territory, where she has worked for the past 30 years.

In 2004 & 2005, Janet was awarded a Masters in Remote Health Practice, along with National and State recognition for community and nursing excellence. Janet was awarded the Northern Territory Remote Nurse of the Year (2005), Barnardos Mother of Year Northern Territory and Australian finalist, Northern Territory 'Local Hero' in the 'Australian of the Year Awards' (2005). Janet has recently written her autobiography "Outback Calling".



Dr Ann Aitken (pictured right) is the Director of Nursing and Midwifery for the Atherton Hospital and Hinterland Health Service. She recently completed her PhD – Palliative Care "Too Close to Home: the lived experience of rural Queensland nurses who have cared for people with cancer who have died".

Ann has worked in rural and remote areas of Queensland since 1992. Over the past 25 years she has held a number of leadership positions most recently as Director of Nursing and Midwifery and Facility Manager at Atherton Hospital which she has held since 2005. Ann is also responsible for a number of small remote Primary Health Clinics in Far North Queensland.

Here Ann shares her reflections on the Broome Conference as a newly awarded CRANaplus Fellow.

Reflections on the Broome Conference by a new CRANaplus Fellow

It has been a couple of weeks now since my return from the Broome Conference and over the past couple of days I have found myself reflecting on my time away. The Conference provided a few sources of excitement. It was my first trip to Broome, and I was thrilled and honoured to be made a Fellow of CRANaplus during the Welcome Ceremony.

I was touched by how special I felt to be acknowledged by my peers when my Fellowship was announced...

The Welcome Ceremony was a great celebration and lovely to be immersed in the vibe of the event. I was touched by how special I felt to be acknowledged by my peers when my Fellowship



was announced and also delighted to be part of the organisations acknowledgement of those amongst us who have completed further studies in the past 12 months. It was obvious that everyone at the event understood the extra challenges faced by CRANaplus members who are working and studying in rural and remote areas of the country, often thousands of kilometres away from their tertiary facility.

Celebrating the achievement of completion together made the victory so much sweeter! I have to say that CRANaplus does this process of acknowledgement very well. The peer review process to be considered for Fellowship is rigorous and for me this makes the appointment to Fellow so much more meaningful.

I have not been to a CRANaplus Conference for many years. I have clearly been missing something. The event was powerful in getting such a great mix of health professionals together for two days of learning, sharing and support.

The program was interesting and reinforced that we are standing on the brink of great opportunities for our patients and communities if we can continue to harness the potential and be in the driving seat to influence the development of software and devices to enhance care provision in rural and remote areas of our vast country.

High-tech aside, key messages that I have taken away from the conference are those relating to the incidence and impact of incivility, bullying and harassment on our rural and remote nurses.

I am committed to doing more work in the area of incivility, and am already sharing some concepts with my own teams at Atherton Hospital in North Queensland.

The learning opportunities were excellent but so were the social events during the Conference. The food was great; the dinner was amazing so close to Cable Beach and under the stars. Congratulations to the "stars" on the ground with us as well who were awarded a diverse range of awards during the dinner proceedings.

The Conference was well organised and fun. Congratulations to all involved!

The learning opportunities were excellent but so were the social events during the Conference. The food was great; the dinner was amazing so close to Cable Beach and under the stars.

I travelled through three states and three time zones to get to Broome, and in contrast I am already planning my time away for the Cairns Conference in 2018. Next year I will be able to drive down the hill for an hour to attend the Conference events.

Dr Ann Aitken ●

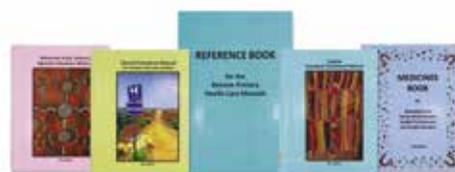
launch of the remote primary health care manuals (RPHCM) 2017 editions

A highlight at the CRANaplus 35th Annual Conference in Broome was the launch of the Remote Primary Health Care Manuals (RPHCM) 2017 editions. Chair of the Editorial Committee, Lyn Byers a Remote Area Nurse and Midwife, gave an overview of the development of the manuals and thanked the 400+ volunteers that contribute to the process.

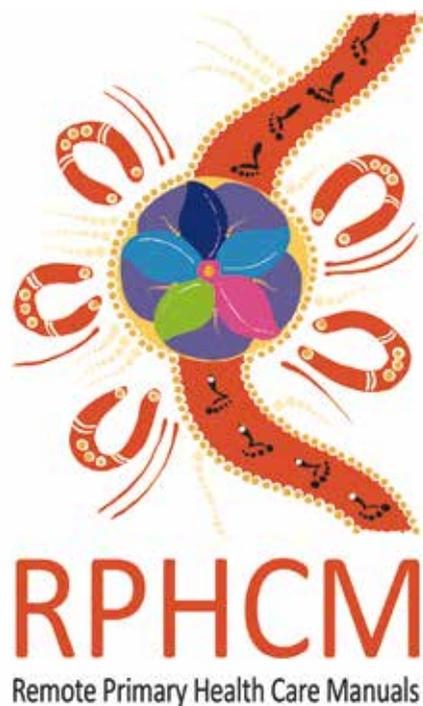
The RPHCM are a suite of manuals made up of the CARPA Standard Treatment Manual, the Women's Business Manual (*Minymaku Kutju Tjukurpa*), Clinical Procedures Manual and the Medicines Book. These manuals provide evidence based, best practice protocols tailored to the needs of clinicians, patients and remote Indigenous communities providing primary health care. They are unique in that they incorporate both best practice evidence and the practice wisdom of remote practitioners. A short video explaining and orientating practitioners to the RPHCM is available via <https://vimeo.com/218416028>

Cover designs on two of the Manuals were painted by local Aboriginal Artists. The painting on the cover of the CARPA Standard Treatment Manual came from Dinny Tjampitjimpa Nolan, a practising Ngangkari (traditional healer) from Papunya in Central Australia.

The artwork tells the story of some women who are unwell from having their kurrunpa or "soul" displaced. It depicts the Ngangkari restoring their kurrunpa to them. The concept of kurrunpa is central to Western Desert people's understanding of health and well-being. Mr Nolan was commissioned to provide a painting to adorn the cover of the CARPA Standard Treatment Manual, where it has remained since the first printed edition in 1992.



Mrs Yangkuwi Yakiti, from Pukatja (Ernabella), in SA, allowed her painting to be used for the cover of the Women's Business Manual. This is the paintings story: "They dance the songs to protect their country. This painting is about traditional music. Many traditional songs are represented from our grandmother's and our grandfather's country. Women sing these to maintain their continuity. They dance the songs to protect their country and keep the land safe. They dance out of sight, men never see them.



RPHCM Launch, left to right: Tobias Speare, Chris Cliffe, Glenda Gleeson and Lyn Byers.

It's women who keep their tradition, and today they dance and dance. Here are the women, right here in this painting, traditional owners looking after their country and maintaining their ancestor's land. This is Yangkuwi's." This story, focusing on women's matters, encapsulates the philosophy behind the women's business manual and its creators desire to ensure women have good quality health care, both preventative and curative.

The Clinical Procedure Manual and the Medicines book are included in Margie Lankins painting of the logo for the manuals suite. By 2012 the manuals were seen as complementary to each other, best used as a suite rather than in isolation. Margie, an Aboriginal Health Practitioner and artist from Central Australia, designed the RPHCM logo. This is its story: "The people out remote, where they use the manuals, are coming into their health service. They are being seen from one of the manuals (desert rose in the centre of the logo, one color of each petals for each manual: light blue – Standard Treatment

Manual; pink – Women's Business Manual; green – Clinical Procedures Manual; purple – Medicines book; light blue – References). The people sitting around are people who use the manuals, men and women. People who are working for Indigenous health, doctors, nurses and health workers. Messages are being sent out to the community from the clinic, for the people to come in to the clinic to be seen. Messages about better health outcomes. People are walking out with better plans, better health, better health outcomes."

Many CRANaplus members have contributed to these editions and we look forward to your feedback about them. Please tell us what you like about them, anything else you would like included, what you think is redundant.

We welcome offers to contribute to the next edition. Email: remotephcmmanuals@flinders.edu.au

The manuals themselves are available in hard copy or downloadable from the website: www.remotephcmmanuals.com.au

connect

thumbs up for GOOD TUCKER app

A free healthy food app designed to help people living in remote Aboriginal and Torres Strait Islander communities make healthier food and beverage choices at the local store was launched in Darwin in November.

The GOOD TUCKER app was launched at the Michael Long Learning and Leadership Centre and attended by newly-sworn in Northern Territory Administrator, Mrs Vicki O'Halloran, local members Tony Sievers and Kate Worden, and Logie award-winning Territory actor Rob Collins as well as students from Galiwin'ku.

"The app is a free and easy way to make healthier food choices. It's not just for consumers in remote communities; it can help all consumers make healthier choices," Associate Professor Julie Brimblecombe from Menzies School of Health Research (Menzies) said.



The app, developed by Menzies with the University of South Australia (UniSA) and Uncle Jimmy Thumbs Up! built upon work promoting healthy diets to Indigenous children for more than a decade.

The app is a first for remote communities and anyone trying to find the healthiest tucker. The Thumbs rating is derived from a combination of the products' Health Star Rating and Australian Bureau of Statistics' discretionary food classification.

It works by scanning a products barcode and shows at a glance how healthy or unhealthy a product is with a simple thumbs up, sideways or down message.

The app is available for download from the Apple or Google Play Store. Visit <http://thumbsup.org.au/good-tucker/> for more information. ●

Left: Actor Rob Collins and NT Administrator Vicki O'Halloran with the Michael Long Learning & Leadership Centre students from Galiwin'ku at the Darwin launch of the GOOD TUCKER app.

Above: Actor Rob Collins with Michael Long Learning & Leadership Centre students from Galiwin'ku giving the thumbs up to good tucker.

new review explores the harmful effects of alcohol use in the aboriginal and torres strait islander context

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre) has published a new *Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people*. The review explores the harmful effects of alcohol use in the Aboriginal and Torres Strait Islander context examining: patterns of use; health impacts; underlying causal factors; policies and interventions to address these impacts; and ways to further reduce harm.

HealthInfoNet Director, Professor Neil Drew says "The latest review, written by Professor Dennis Gray and colleagues from the National Drug Research Institute (NDRI) in Western Australia, is a vital new addition to our suite of knowledge exchange resources. It makes the large body of evidence available in a succinct, evidence-based summary prepared by world renowned experts. This delivers considerable time savings to a time poor workforce striving to keep up to date in a world where the sheer weight of new information can often seem overwhelming. I am delighted to release this important new resource to support the Aboriginal and Torres Strait Islander alcohol and other drug (AOD) sector."

The review highlights that alcohol use among Aboriginal and Torres Strait Islander people needs to be understood within the social and historical context of colonisation, dispossession of land and culture, and economic exclusion. While Aboriginal and Torres Strait Islander people are around 1.3 times more likely to abstain from alcohol than non-Indigenous people, those who do drink alcohol are more

likely to experience health-related harms than their non-Indigenous counterparts. Furthermore, the evidence presented in this review suggests that effective strategies to address the problem of harmful alcohol use include: alternative activities, brief interventions, treatment and ongoing care; taxation and price controls and other restrictions on availability; and community patrols and sobering up shelters.

This review will help to inform, support and educate those working in Aboriginal and Torres Strait Islander health in Australia.

Link: <http://aodknowledgecentre.net.au/aodkc/alcohol/reviews/alcohol-review>



AIDA

SAVE THE DATE

AIDA Conference 2018

Crown Perth
Wednesday, 26 to Saturday, 29 September

conference@aida.org.au
www.aida.org.au/events

the implementation of the roadmap to close the gap for vision

Indigenous Eye Health's 2017 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision (the Roadmap) was launched by the Hon. Fred Chaney AO during the RANZCO Annual Congress in Perth on Monday 30 October.

This event marked the sixth update of the Roadmap and provided an opportunity to acknowledge the great work being undertaken by all the organisations operating in Indigenous eye health. The National Eye Health Survey 2016, reported blindness rates have been reduced from six times to three times as common for Indigenous adults as compared with non-Indigenous.

A number of significant milestones have been reached through the collective efforts of all involved. Sixty-seven per cent of 138 activities outlined in the Roadmap recommendations have now been completed and 16 out of 42 recommendations have been fully implemented.

The Roadmap was released in 2012 following extensive consultation with Aboriginal community and the broad range of key sector stakeholders. The Roadmap is a sector-endorsed, evidence-based policy framework that is being translated into practice to deliver equity in eye care between Indigenous and mainstream Australians. Implementation of the Roadmap is currently being undertaken in 37 regions across Australia, covering an estimated 60% of the Indigenous population.



Sharon Manhire and Shaun Tatipata from The Fred Hollows Foundation with Philip Roberts and Rosamond Gilden from Indigenous Eye Health, The University of Melbourne.



Professor Hugh Taylor, The Hon. Fred Chaney AO and Associate Professor Mark Daniell.

Although several key initiatives have been implemented, there still remains important work to be done. Many policy recommendations require ongoing implementation. The Commonwealth government has provided longer term funding to the eye health sector for a range of activities including oversight, coordination, eye surgery support initiatives and the provision of retinal cameras for Aboriginal Medical Services. However, new funding is still urgently required to establish regional service coordination in all regions.

Melbourne Laureate Professor Hugh R Taylor AC of Indigenous Eye Health said that real progress is being made to improve Indigenous eye health outcomes across Australia but we need to maintain progress to reach parity in eye health outcomes with the rest of the Australian population by 2020.

The prevalence of Trachoma has reduced but may be plateauing and more work is urgently required to deliver safe bathrooms to facilitate face washing. "We are the only developed nation with endemic trachoma. It is only found in Indigenous communities. We need more timely reporting of data to allow more intense targeted intervention in the hot spots," Professor Taylor says.

"There is also a need for cross-portfolio activity orchestrated by the Department of Prime Minister and Cabinet to ensure functional and safe bathrooms in these communities."

Weblinks

Annual Update and Roadmap to Close the Gap for Vision reports: http://mspgh.unimelb.edu.au/__data/assets/pdf_file/0009/2537667/2017-AnnualUpdate.pdf ●

add your voice to the campaign

The Climate and Health Alliance (CAHA) has recently extended its thanks to CRANaplus, as a much-appreciated CAHA member for its support of the collaborative Our Climate, Our Health campaign.

This campaign acknowledges that as health professionals, we are already seeing the devastating effects of climate change on our community every day – from worsening extreme weather events to increased spread of infectious diseases. As respected and trusted community members, we also have the opportunity to encourage our members of Parliament to act on climate change now, through implementing a National Strategy for Climate, Health and Well-being for Australia.

CRANaplus has been a valuable part of creating and launching a Framework for a National Strategy on Climate, Health and Well-being for Australia.

CRANaplus has been a valuable part of creating and launching a Framework for a National Strategy on Climate, Health and Well-being for Australia. This campaign has prompted the Australian Labor Party to announce that, in government, they will create and implement a national climate-health plan based on this Framework. This is a big win, and there is still much work to do to make this national strategy a reality. That's where you as a CRANaplus member can help!

Opposite top: Kevin Andrews MP.

Opposite below: Jane Prentice MP.

As part of building political support for a national climate-health strategy, campaign supporters have been meeting with Members of Parliament as well as Ministers and bureaucrats to introduce them to the Framework and seek their support for its adoption and implementation.

CRANaplus Members are encouraged to join other healthcare professionals and students in engaging with their Member of Parliament or Senator on this issue.

CRANaplus Members are encouraged to join other healthcare professionals and students in engaging with their Member of Parliament or Senator on this issue.

The campaign team at CAHA can provide assistance in setting up these meetings, and help you prepare – perhaps even find a colleague to accompany you.

If you would like to get involved, you can:

1. **Sign-up to support the campaign**
<http://www.ourclimate-ourhealth.org.au/>
2. **Email your MP**
<https://climateandhealth.good.do/act-on-climate-to-protect-health/email-your-local-mp-and-senators/>
3. **Meet with your MP or Senator to discuss the importance of acting on climate change for health's sake. You can learn more about meeting with your MP.**
<http://www.ourclimate-ourhealth.org.au/petition> ▶▶



► Together we can encourage our politicians to protect the health of our communities now and for future generations.

- There have been 13 meetings by individual health professionals with MPs/Senators to date, with more locked in and many more being planned.
- Out of these meetings, 10 MPs have declared their support for a National Strategy!
- At the time of writing, 211 emails have been sent to MPs calling for a National Strategy on Climate, Health and Well-being.

Below: Sue Lines MP.

Opposite top: Cameron Dick MP.

Opposite below: Adam Bandt and Danielle Phoebe.

Health professionals are trusted and respected members of the community. By meeting with your MP or Senator to express your concerns, and asking them to commit to a national strategy, you can lend your voice, and your professional status, to bring about change on this very important issue. ►





▶▶ Health professionals are trusted and respected members of the community. By meeting with your MP or Senator to express your concerns, and asking them to commit to a national strategy, you can lend your voice, and your professional status, to bring about change on this very important issue.

Please consider getting involved by following the links above.

The organisations whose logos appear below are all supporting the Our Climate Our Health campaign – www.ourclimate-ourhealth.org.au

Above: Josh Wilson MP.



BUSH SUPPORT SERVICES

CRANAplus
improving
remote health

Bush Support Services

1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service available 24 hours every day of the year

for multi-disciplinary remote health practitioners and their families

staffed by registered psychologists with remote and cross-cultural experience

Aboriginal/Torres Strait Islander Psychologists available on request

available from anywhere in Australia

Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

Phone: 07 4047 6404 Email: bss@crana.org.au Web: www.crana.org.au/support



Myanmar Crisis Appeal

The fastest growing refugee crisis in the world is happening right now.

Over 600,000 people have fled violence in Myanmar and need the basics to survive.

Please **DONATE** to Australian Red Cross now – together we can help.

redcross.org.au/myanmar

follow us



the
power of
humanity

