

# NCAHA NEWS

Your monthly communication from the North Coast Allied Health Association



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## Message from the Board

The North Coast Allied Health Association (NCAHA) continues to expand, with new members joining all the time. Plans are underway for more events like the HealtheNet information session taking place in Ballina on 18 June with a special presentation from NSW Health’s representative from Sydney. Visit <http://ow.ly/Ocl6S> to learn more about this exciting event. And keep watching this space for news on more upcoming events and hopefully some big news about something special for the North Coast!

On a strategic level, the Board has recognised the need to engage with regional organisations that will play an important part in the development of NCAHA and will soon be meeting with key people from these organisations.

Don’t forget that we have put out an expression of interest for two additional Directors for the NCAHA Board, with submissions due by 29 June 2015. We are looking for special people and if you think you have the passion and skills to fill these positions, please don’t hesitate to apply. Visit <http://ow.ly/Oclwd> for details.

We hope you enjoy this month’s edition of NCAHA News!

# Clarence Valley Breakfast

Fearless Allied Health professionals braved the first early morning winter chills to attend the fourth Allied Health breakfast in Grafton on 27 May 2015. Almost thirty Allied Health professionals were introduced to NCAHA by Company Director, Ms Luisa Eckhardt. Deborah McPherson from North Coast Medicare Local announced the news of NCML's successful bid to transition to a Primary Health Network.

The group was asked to consider the top five needs of Allied Health professionals and reaffirmed the need for:

- Support for continuing professional development.
- Opportunities to network with other health professionals.
- Increased community awareness of Allied Health professions.
- Education of other health professionals on the expertise of Allied Health.
- Assistance for private Allied Health professionals – quality improvement and accreditation.
- At each presentation, we could have a presentation from an Allied Health professional.
- Needs to improve communication between public and private health networks. People need to improve attitudes towards other disciplines.
- As a health worker, majority of my issues relate to funding – lack of resources and counsellors to meet needs of client group, as well as being a sole worker, lack of support, as opposed to being in a team.
- Good to meet up and begin discussion. Perhaps hold meetings with more time, e.g., in day or evening.
- Enjoyed the vision, keep it going!

Clarence Allied Health professionals also shared their opinions on a number of issues and offered this feedback:

- Great to have the opportunity to network at a local level and hear about the NCAHA. Thanks for organising the meeting.
- Encourage more private providers to engage in these networking opportunities.
- Focus on better integration of current services from all sectors.
- More time for presentations.
- Need some more time to discuss objectives/issues experienced.

Thanks again to those who attended the Clarence breakfast as it is important to have wide involvement across the whole of the North Coast.

# Blood Pressure

According to the Australian Bureau of Statistics, around one in three Australian adults has high blood pressure. It is the most frequently managed chronic condition in general practice, accounting for around one in every ten patient encounters. Pharmacists see these patients on a regular basis and offer blood pressure monitoring in the pharmacy setting.

Medicare Local has partnered with NPS Medicinewise to deliver relevant education to General Practitioners and Pharmacists on a range of topics, most recently in Wollongbar on blood pressure. Seventeen pharmacists and staff participated in the QI Pharmacy Blood Pressure event on 9 June to hear about the latest information on how to measure, manage and monitor blood

pressure through a case scenario. It was encouraging to hear that blood pressure values obtained in a pharmacy setting are a very useful adjunct to blood pressure readings obtained in the general practice.

Lowering blood pressure is an important component in the primary prevention of cardiovascular disease. It is very beneficial to review and encourage patient adherence to lifestyle modifications and prescribed medicines at every opportunity. Undertaking a risk assessment with patients is also helpful. Using a visual aid such as the Australian cardiovascular risk charts (available at <http://ow.ly/O9TZh>) or an interactive tool such as the online calculator may help some people better understand the cumulative effect of their risk factors and how these may be attenuated.

# National Rural Health Conference

## Report on National Rural Health Conference – People, Places and Possibilities, May 2015, Darwin

by Rob Curry

Every two years, the National Rural Health Conference brings a broad range of stakeholders together to discuss the challenges and innovations in rural/remote health care. The 2015 conference was held in beautiful Darwin from 24-27 May and attracted over 1,100 delegates. I was lucky enough to be in their number, back in my old stomping ground, and it was a typically inspiring event with a friendly and open atmosphere and a great multi-disciplinary mix of delegates, including consumers, researchers, policy people and lots of Allied Health professionals.

During the four days there were a number of excellent keynote presentations, including:

- Dr Stephanie Trust, Medical Director at the Kimberley Aboriginal Medical Services (KAMS) Council in Broome, gave an inspirational account of her life growing up in impoverished circumstances in Wyndham, following in her mother's footsteps to become an Aboriginal Health Worker in the service of her community, and, ultimately, after years of effort and study, undertaking medical training and eventually becoming

the Medical Director at KAMS. She quite rightly asserts that anything is possible if you commit yourself.

- Professor Ian Wronski, Deputy Vice Chancellor at James Cook University, highlighted that we are on the cusp of globalisation of the health workforce. Demographic changes in Asia and the Pacific, with increasing population age and a changing picture of disease, mean that the health workforce should be an export industry for Australia, with the concept of generalist specialists and greater provision of Allied Health services coming into demand. To this end, Professor Wronski argued that we need a better coordinated national approach to student clinical placements, proper financing of placements, and enhanced mutual recognition of qualifications to facilitate movement of health professionals between countries.
- Bruce Bonyhady, the Chair of the National Disability Insurance Agency, spoke about the first trial of the NDIS in a remote area in the Barkly region of the Northern Territory. The trial is occurring in a region with limited historical disability services and remoteness from service centres. Fifty people are now signed on to the NDIS in the Barkly region. Nationally there are now 13,000 registered clients

and it is anticipated this number will grow to around 460,000 when fully subscribed. He advised that the focus in remote areas will be on families as well as clients, and efforts will be made to employ local community people in support roles.

There were a multitude of papers presented throughout the conference via ten concurrent sessions. An excellent paper was delivered by Diane Penberthy and Jane Newman from Port Macquarie which looked at healthy lifestyles: a collaboration between council, health providers and consumers.

As ever, this National Rural Health Conference was an outstanding event with a great atmosphere, excellent presentations, plenty of music and arts integrated into the program, and culminating in the development of strong recommendations for the improvement of health services for rural Australia. But, for me, the best aspects were the opportunities for networking with old friends and work colleagues who I've been wanting to catch up with to share information and swap ideas. I highly recommend that you consider attendance at the next Conference in 2017.

## Conference Submissions

The call for submissions to the 11th National Allied Health Conference (NAHC) close at midnight Sunday 28 June 2015, AEST.

Submissions are sought for oral and ePoster presentations and can be made via the NAHC Online Presentation Portal.

Please visit <http://ow.ly/OjIX7> for further details on the abstract submission process.

## Medicare Newsletter

Health professionals can now subscribe to receive a monthly email from Medicare with the latest health news and information.

Visit <http://ow.ly/O9LnG> to subscribe.

# Healthy Eating Pyramid Updated

Nutrition Australia has updated its Healthy Eating Pyramid for the first time in 15 years. The new pyramid provides clearer advice on the five core food groups people should aim to eat every day for a healthy balanced diet, consistent with the latest Australian Dietary Guidelines.

The previous pyramid grouped all foods in three layers: The 'Eat Most' layer, containing plant-based foods (fruit, vegetables, grains, nuts and legumes); the 'Eat Moderately' layer, containing dairy foods (and dairy alternatives) and meat (and meat alternatives); and a small top layer with added fats and sugars.

The new pyramid separates each layer into the five specific food groups, to provide clearer information about how much each

one contributes to a balanced diet. Plant-based foods still take up the largest amount of space, with fruit, vegetables and legumes emphasised in the bottom layer, followed by grain foods, then moderate amounts of dairy and protein (lean meat, poultry, fish, eggs, nuts, seeds and legumes) and, finally, small amounts of healthy fats.

The new pyramid also encourages drinking water, limiting salt and added sugar, and to enjoy herbs and spices to flavour foods without using salt.

Australia's changing dietary patterns and cultural diversity are also reflected in the new pyramid, with a wider range of foods included within each group.



## Introducing Rob Curry, Director, NCAHA



NCAHA Board member Rob Curry is a relatively new NSW resident, having moved to Ellenborough (near Wauchope) in 2013 after 30 years in the Northern Territory (NT). Rob graduated in Physiotherapy from Lincoln Institute in Melbourne in 1980, but he always knew he was a country boy at heart, soon finding himself in physio roles on the Eyre Peninsula (SA) and the Atherton Tablelands (QLD) before eventually arriving in Darwin in 1984. With the Top End, it was love at first sight.

In the NT, Rob spent more than two decades in the field of Aboriginal health. Half of this time was spent as the 'flying physio' servicing remote Aboriginal communities in the Top End. In this work he soon found his priority clients were children with developmental delay and disabilities, adults with head injuries,

and older people who suffer from stroke and limb loss. The role was focused on supporting independent living at home and advocacy for services – these clients and their families had precious little access to health services, especially allied health care of all types. They would often fail to reach their rehabilitation potential, wind up in hospital or institutional care in Darwin, or die prematurely of related illnesses.

The deficiency of services for remote Aboriginal communities pulled Rob into the fields of health service advocacy and Aboriginal community controlled approaches. He spent three years with the Tiwi Health Board managing health promotion programs on Bathurst and Melville Island. This was followed by ten years with the Aboriginal Medical Services Alliance of the NT, the peak body for Aboriginal community controlled health services in the Territory. In this role he led programs in workforce support, public health programs and quality and accreditation in the sector. He remains committed to improvements in Aboriginal health services, despite having left his beloved NT for a new life on the beautiful

Mid North Coast of NSW.

Rob brings significant governance experiences to the NCAHA, having undertaken a number of not-for-profit board directorships over the last ten years, including with the Australian Physiotherapy Association, the National Rural Health Alliance, and Services for Australian Rural & Remote Allied Health (SARRAH). He currently holds the deputy Chair position with SARRAH. In 2013, Rob successfully completed the Australian Institute of Company Director's course in governance for directors. He holds a master's degree in Primary Health Care from Flinders University.

Rob is committed to improvements in multi-disciplinary primary care level services and the effective articulation of these with hospital level care. In particular he is focused on the progressive development of allied health to ensure equity in health care for rural Australians and better health outcomes for rural residents. Rob argues such advances are required on the NSW North Coast as much as they are anywhere else on Australia.

## Profile: Audiometry



by Kate Francis, Audiometrist

Audiometry is the 'measurement of the range and sensitivity of a person's sense of hearing.'

However, as an Audiometrist this is only one aspect of my work. Of course I need to know how to test hearing, how to interpret a hearing loss and know which hearing device will best suit an individual... but the most important part of my job is to actually *LISTEN!*

When a person has decided to come for a hearing test, studies show that on average they have waited seven years before they have acted on the realisation that they are not hearing as well as they once were. So when they sit down in my office, they are often anxious and sometimes defensive. They know that I

am either going to tell them their hearing is fine or they have a hearing impairment, a disability, something that says to the world they are getting old.

This is not easy for anyone to hear, and it is something most people are not wanting to hear. More often than not, it is the person's partner or family that has 'made' them come in to have the hearing test. So they don't even want to be there, let alone be told they need hearing aids.

This is where my training in counselling and an empathetic, caring manner come in to play. Sometimes I don't even get to test the person's hearing, I just listen. This is what I enjoy most as an Audiometrist: getting to know my clients, their lives, their families and how I can help.

Once I have gained a person's trust, it is much easier for them to understand that they need hearing devices and how the aids will help them in their everyday lives.

In addition to these skills, the 'must-haves' to be an Audiometrist come from years of training and supervision. It starts with a Certificate 4 in Audiometry, followed by a Diploma in Hearing

Aid Dispensing, all the while working within the clinic with a supervisor. The journey from student to fully-qualified Audiometrist took me four years of simultaneous work and study.

I became an Audiometrist through working in administration at a hearing clinic, where I was generously offered audiometry training and supervision. It takes a massive commitment from an employer and supervisor to support an employee to become fully qualified, and I am very grateful to have been given the opportunity as now very few organisations offer this kind of support.

I have now been fully qualified for two years and continue to enjoy my work. It is very satisfying to have a client go from being almost reclusive and not being able to understand conversations around them to being a happy, confident person who tells you how great it is to hear their grandchildren or have whispered conversations with their friends. I hope over time people will change their view on hearing aids being 'something old people need' to something that will allow them to have a more fulfilled and enjoyable life.

## Sex and Disability Fact Sheets

Family Planning NSW has produced a series of fact sheets for people with intellectual disability and the people who support them.

The fact sheets are easy to read and include illustrations to help people with intellectual disability learn about sexuality and relationships. They cover a range of topics including bodies, relationships, sex, pregnancy and reproduction, sexual health and sexual assault.

Some people with intellectual disability will be able to read the fact sheets independently, while others will need the support of a family member, teacher, support worker or advocate.

The fact sheets have been designed to make it easier for support people to have conversations and provide information about sexuality and relationships.

The fact sheets are available for free download as a Word document or PDF at <http://ow.ly/O9M0f>.

The fact sheets are also contained within a 108-page book, *All About Sex*, which is available from the Family Planning NSW online bookshop for \$22 plus postage. Visit <http://ow.ly/O9KHU> to order a copy.

The following HealthPathways have recently been published on the Mid and North Coast HealthPathways site:

- Deactivation of Implantable Cardiac Defibrillators (ICDs)
- Early Childhood Caries and Oral Checks in Children
- Combined Hormonal Contraceptives (CHCs)
- Toothache
- Notifiable Diseases
- Medication Review Services
- Intra-uterine System or Device (IUD) Insertion
- Sub-fertility
- Sterilisation
- Post Menopausal Bleeding
- Polycystic Ovarian Syndrome

The following HealthPathways are currently under development:

- Cognitive Impairment and Dementia
- Psychosis
- Haematuria in Adults
- Alcohol Intervention
- Acute Asthma in Adults

The HealthPathways team would appreciate your feedback/comments which can be forwarded by using the 'send feedback' button located on the top right hand section of the pathway.

We encourage you to log into the HealthPathways Website via your LHD Desktop Icon or by using the following link:

<http://manc.healthpathways.org.au>

**Username: manchealth**

**Password: conn3ct3d**

To obtain further information or suggest improvements, contact Kerrie Keyte, Project Officer, on (07) 5523 5507 or email [kkeyte@ncml.org.au](mailto:kkeyte@ncml.org.au).

## Upcoming Events

Click the event titles to learn more.

### 16 June

Quitting Cannabis – Clinical Intervention, Port Macquarie

### 16 June

Working with Young People – Self Harm / Self Injury Behaviours, Ballina

### 17 June

Webinar: Managing Back Pain in Primary Care

### 17-18 June

Mental Health First Aid, Goonellabah

### 18 June

HealthNet information session, Ballina

### 19 June

Building Resilience to Mood Disorders, Tweed Heads

### 19-20 June

Explain Pain, Port Macquarie

### 20 June

Suicide Risk & Substance Use, Coffs Harbour

### 23 June

LGBTI Aged Care Training, Grafton

### 25 June

Richmond Valley Clinical Society

### 25 June

Cultural Awareness Training, Alstonville

### 25-26 June

Core of Life Facilitator Training, Ballina

### 27 June

Provide First Aid, Kempsey

### 2 July

North Coast Aged Care Symposium, Ballina

### 13-14 July

The Body Remembers: Integrating Body and Mind for Trauma Recovery, Brisbane

### 14 July

Aboriginal & Torres Strait Islander Cultural Awareness Training, Mullumbimby

### 16-17 July

The Body Remembers: Integrating Body and Mind for Trauma Recovery, Sydney

### 20 July

Webinar: Understanding Common Sleep Problems

### 31 July

Working with Young People, Port Macquarie

### 31 July

Pedorthic Footwear Modifications, Gold Coast

### 25-28 August

2015 TheMHS Conference, Canberra

### 9-11 November

National Allied Health Conference, Melbourne

### More Events

Visit [www.healthynorthcoast.org.au/events](http://www.healthynorthcoast.org.au/events) to view the Healthy North Coast Practitioner Calendar.

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