

Director's Communiqué

Issue 18:
November 2018

Director's welcome

Welcome to my final Communiqué for 2018. You won't be surprised that I will invoke the often used (and abused) cliché... but here goes... 'What a year it has been'. 2018 has been a pivotal year in the development of the HealthInfoNet. In May we achieved one of the most important milestones in our recent history; the launch of our responsively designed website. I cannot overstate the importance of this development. It prepares and enables us to meet the challenge of the rapidly evolving knowledge landscape and the needs of our users. The world of the HealthInfoNet has opened to new generations of users who expect, quite rightly, to access our resources on smartphones and tablets without the need for a magnifying glass! And of course our regular and longer term users have many more ways to join us.

While the feedback has been overwhelmingly positive we have not rested on our laurels. This year we have developed an even more exciting suite of knowledge exchange products and resources including short films, podcasts, webinars, interactive pdfs, animations, infographics and much more.

Our understanding of our users' needs and expectations is growing daily. Our new Impact and Evaluation Team has commenced a program of research to explore how we can better develop the knowledge exchange tools and resources our users require. This means developing a deeper understanding of what it means to co-design, co-construct and co-produce resources that are timely, accessible and relevant.

Another major step forward for us this year was the appointment of a

Social Media Coordinator (there is a profile of Emily Lloyd included in this Communiqué). Social media is a crucially important part of the engagement and knowledge exchange equation in a complex knowledge environment and while we have had a social media presence for some time, Emily is refining and focussing our energies to provide more bang for our social media buck.

In August, in recognition of the increasing importance of understanding our knowledge exchange activities I established a Knowledge Products Design Team to oversee the cohesive development of all our knowledge products to ensure they are consistent, useful and fit for purpose. The head of the team Andrea Macrae will mostly be working behind the scenes but I am sure that you will see the benefit of her and her team's work.

This year we have once again enjoyed the support of our Advisory Board. I cannot begin to tell you how much I value and appreciate their advice, guidance and mentorship provided to me personally and to the HealthInfoNet. This year our face to face meeting in Canberra was bittersweet. Longstanding supporter, friend and colleague Janine Mohamed announced that she was leaving her role as CEO of CATSINaM and would therefore be leaving our Advisory Board. Janine has been a staunch supporter of the HealthInfoNet almost since it began and will be sorely missed. Of course we wish her all the very best in all her future endeavours. If her performance as CEO of CATSINaM is anything to go by we will all be hearing much more of her in her future roles as a senior leader in the

sector. The Board resolved to invite new members to join us. Two peak bodies have verbally accepted my invitation and I look forward to announcing this once finalised as their wealth of experience of the sector and workforce support and development will be a valuable addition to the Board. Finally, I can't let reference to our Advisory Board pass without acknowledging and congratulating Professor Lisa Jackson Pulver on her appointment as Pro Vice Chancellor Indigenous Strategy and Services at Sydney University.

As this is my last Communiqué for the year I also want to record my sincere thanks to all our funding partners, partnering organisations, users, honorary consultants... everyone who contributes to making the HealthInfoNet what it is today in our 21st year. I am so proud to be Director of such an iconic, wonderful organisation that works with you all to make a positive and enduring contribution to the health and wellbeing of Aboriginal and Torres Strait Islander people, organisations and communities throughout Australia. On behalf of the outstanding team at the HealthInfoNet I wish you, your families and other loved ones all the very best for the festive season and look forward to seeing you all in the new year.



Professor Neil Drew



Advisory Board meeting

On the 11th September our Advisory Board members gathered at our annual face to face meeting in

Canberra. I was heartened as always by the attendance, interest and strategic advice that our long

serving Advisory Board members provide.



2018 Advisory Board meeting attendees

Cancer review

In September we published a new *Review of cancer among Aboriginal and Torres Strait Islander people*.

The review shows that cultural safety in service provision, increased participation in breast, bowel and cervical screening and reduction in risk factors will improve outcomes for cancer among Aboriginal and Torres Strait Islander people. The good news is that many cancers are preventable. Lung cancer is the most commonly diagnosed cancer among Aboriginal and Torres Strait Islander people, followed by breast cancer, bowel cancer and prostate cancer. Tobacco smoking is still seen as the greatest risk factor for cancer.

The review, written by University of Western Australia staff (Margaret Haigh, Sandra Thompson and Emma Taylor), in conjunction with HealthInfoNet staff (Jane Burns, Christine Potter, Michelle Elwell, Mikayla Hollows, Juliette Mundy), provides general information on factors that contribute to cancer among Aboriginal and Torres Strait Islander people. It also provides detailed information on the extent of cancer including incidence, prevalence and survival, mortality, burden of disease and health service utilisation.

This review discusses the issues of prevention and management of cancer, and provides information on relevant programs, services, policies and strategies that address cancer among Aboriginal and Torres Strait Islander people. An infographic and HealthInfobyte were also produced.

Link to review <https://healthinfonet.ecu.edu.au/healthinfonet/getContent.php?linkid=611190&title=Review+of+cancer+among+Aboriginal+and+Torres+Strait+Islander+people>



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Review of cancer among Aboriginal and Torres Strait Islander people

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¹University of Western Australia
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Suggested citation

Haigh M, Burns J, Potter C, Elwell M, Hollows M, Mundy J, Taylor E, Thompson S (2018) Review of cancer among Aboriginal and Torres Strait Islander people. *Australian Indigenous HealthBulletin* 18(3)

Introduction

Cancer is a major cause of illness in Australia and has substantial social and economic impacts on individuals, families and the community [1]. Findings from the Australian Burden of Disease Study showed that cancer was the greatest cause of health burden in Australia. Socially disadvantaged groups and Indigenous people are particularly at risk. Aboriginal and Torres Strait Islander people experience nearly twice the cancer burden of non-Indigenous people. The most common cancers diagnosed among Aboriginal and Torres Strait Islander people are lung, breast (females), bowel and prostate (males) [2].

Cancer is the term used for a variety of diseases that cause damage to the DNA (genetic blueprint) of the cells resulting in uncontrolled growth (cells normally grow and multiply in a controlled manner) [3]. If cells spread into surrounding areas or to different parts of the body (metastasis), this invasion is known as malignancy. A benign or metastasising (cancerous) or benign (non-cancerous) abnormal tissue growths may both be referred to as neoplasms. Cancerous cells can arise from almost any cell, so cancer can occur almost anywhere in the body [4]. Different types of cancer are distinguished by the location in the body where the disease began (for example, lung) or by the cell type involved (for example, basal cell carcinoma).

About this review

The purpose of this review is to provide a comprehensive synthesis of key information on cancer among Aboriginal and Torres Strait Islander people in Australia to: (1) inform those involved or interested in Aboriginal and Torres Strait Islander health, and (2) provide evidence for those involved in policy, strategy and program development and delivery. The review provides general information on factors that contribute to cancer among Aboriginal and Torres Strait Islander people. It provides detailed information on the extent of cancer among Aboriginal and Torres Strait Islander people, including: incidence, prevalence and survival data; mortality and burden of disease and health service utilisation. This review discusses the issues of prevention and management of cancer, and provides information on relevant programs, services, policies and strategies that address cancer among Aboriginal and Torres Strait Islander people. It concludes by discussing possible future directions for combatting cancer in Australia.

This review draws mostly on journal publications, government reports, national data collections and national surveys, the majority of which can be accessed through the HealthInfoNet's Australian Indigenous library (<https://healthinfonet.ecu.edu.au/key-resources/publications>).

When referring to Australia's Indigenous people, the HealthInfoNet prefers to use the terms Aboriginal, Torres Strait Islander, or Aboriginal and Torres Strait Islander. However, when referencing information from other sources, authors may use the terms from the original source unless they can obtain clarification from the report authors/copyright holders. As a result, readers may see these terms used interchangeably with the term 'Indigenous' in some instances.

Core funding
is provided by the
Australian Government
Department of Health

Australian Indigenous
HealthInfoNet

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EDITH COWAN

Food security review

In October we launched a new review of programs and services to improve Aboriginal and Torres Strait Islander nutrition and food security. This review is a companion document to the recent *Review of nutrition among Aboriginal and Torres Strait Islander people* published in February 2018. It builds on the broad discussion in that review by capturing a wider sample of evaluated programs and services and providing more detail about successful programs.

Written by Dr Amanda Lee from the Australian Prevention Partnership Centre, The Sax Institute and Kathy Ride from the HealthInfoNet, the review highlights that improving diets, food supply and food security to better

prevent and manage poor nutrition and diet-related disease is vital to the current and future health of Aboriginal and Torres Strait Islander people.

It is important to note that from all the available evidence reviewed, that the most important factor determining the success of Aboriginal and Torres Strait Islander food and nutrition programs is community involvement in the program initiation, development and implementation, with community members working in partnership across all stages of development.

<https://healthinonet.ecu.edu.au/learn/health-facts/reviews-knowledge-exchange-products/>



New Palliative care portal launched in Canberra

I am delighted that Palliative Care Australia (PCA) and Australian Indigenous HealthInfoNet collaborated to create the new Palliative Care and End-of-Life Resource Portal for the workforce who support Aboriginal and Torres Strait Islander peoples.

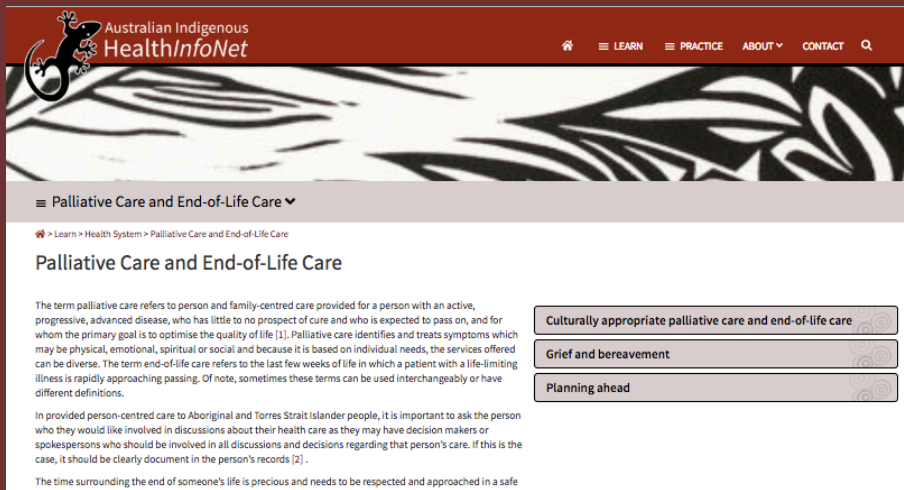
Launched at Parliament House on 16 October by Minister Wyatt, the palliative care and end-of-life portal is designed to assist health professionals who provide care for Aboriginal and Torres Strait Islander people, their families and communities and will make relevant information easily accessible to the workforce to support knowledge-informed decision-making and best-practice care.

The portal seeks to support both clinicians and policy-makers in accessing research and projects on palliative and end-of-life care for Aboriginal and Torres Strait Islander people. The aim of this project is to locate Aboriginal and Torres Strait Islander palliative and end-of-life care resources, curate the resources and make them available all together in the one place for health professionals.

PCA CEO, Liz Callaghan, said Aboriginal



Presenters at the launch



and Torres Strait Islander people have specific care needs at the end of their life which must be recognised and respected. This resource portal responds to the need for a central place to access culturally appropriate and largely community developed resources

regarding palliative care, including grief and bereavement, as identified at the Indigenous Roundtable hosted by PCA in February 2018

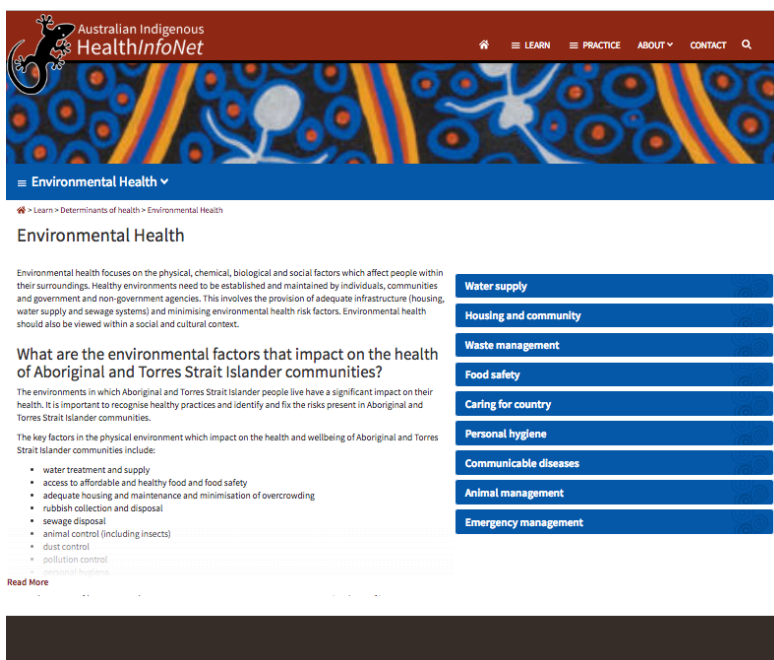
<https://healthinonet.ecu.edu.au/learn/health-system/palliative-care/>

New Climate change section

In November we added to the well established Environmental health Portal, a comprehensive section dedicated to climate change. Launched on 1st November by Research Coordinator Millie Harford Mills, at the 43rd National Environmental Conference in Fremantle, WA, the section will deliver important knowledge to the workforce.

The focus of this portal is to provide comprehensive, plain language information on the environmental factors that impact on the health and wellbeing of Aboriginal and Torres Strait Islander people in Australia.

In this section we note that Aboriginal and Torres Strait Islander people in Australia are especially vulnerable to the impacts of climate change. There is an ongoing need, that we address in this new section, for information about the impact that this will have, especially for people in rural and remote areas.



Primary research news

Senior Research Fellow, Dr Uncle Mick Adams, and Senior Research Officer, Jesse John Fleay, have made successful research field trips to Far North



Conducting an interview

Queensland for the Valuing Aboriginal and Torres Strait Islander Young Men project, funded by the The Lowitja Institute Aboriginal and Torres Strait



Reunion of those who studied at the SAIT Aboriginal Task Force in 1976-77 Alwin Chong, Tom Calma, Sandra Miller and Mick Adams.

Islander Health CRC and undertaken at Australian Indigenous HealthInfoNet.

Jack Bulman, CEO of Mibbinbah Spirit Healing, has also been part of the site visits, where filming and yarning took place with community members. The research will highlight the strengths of Aboriginal and Torres Strait Islander young men and the role they have, and aspire to have, in their relationships, families and communities.

In August, a series of filming workshops with local community members at Apunipima and Wuchopperen in Cairns were conducted coupled with visits with other community members.

In September, there were further workshops in Wuchopperen and Jesse and Jack then visited the remote community of Doomadgee in the Gulf of Carpentaria. There they collected a number of other stories, to provide a voice for the needs of regional Aboriginal and Torres Strait Islander men and their communities, in the final research report. The project will continue into early 2019.

On his travels, Uncle Mick Adams also caught up with some old friends.



Jack Bulman, Mick Adams, Keith Elaisa and Jesse Fleay



Mick Adams and Gail Garvey at a Cancer meeting in Sydney.

Vice Chancellor Inspirational team award

Last year we were awarded for delivering 20 years of high quality research outcomes at ECU, and being recognised world-wide for our

contribution to closing the health gap between Aboriginal and Torres Strait Islander people and other Australians. We spent our prize on a cultural day

out and enjoyed a wonderful day in Nyoongar country led by ECU Elder in Residence Dr Noel Nannup.



Our staff above and below at Walyunga National Park with Elder Noel Nannup



Sampling bush products at Maalinup Aboriginal Gallery



AOD Knowledge Centre news



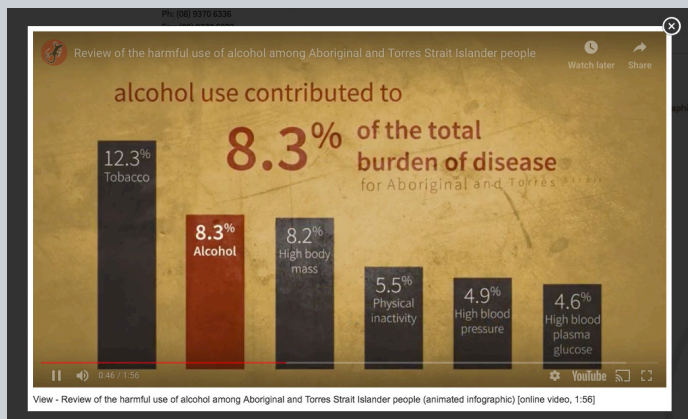
Avinna Trzesinski, Sandy Toussaint, Marley Nelson, Patrick Egan, Jessica Lister, Des Blurton, David Pigram, Glen Hayden, Mandy Wilson.

AOD focus groups

A focus group was conducted in September with the AOD sector workforce in Perth. Participants provided important feedback

which will inform the update of the Community Portal on the AOD Knowledge Centre early next year. We were assisted in the session by Dr Mandy Wilson from National

Drug Research Institute one of our collaborating partner centres. More focus groups were held in Adelaide and Sydney in November.



Animated infographic

New digital tools about alcohol

The Alcohol and Other Drugs Knowledge Centre have added a suite of online knowledge exchange resources which are now available on the website. Based on the *Review of harmful alcohol use among Aboriginal and Torres Strait Islander people*, there are three new resources available:

- 🕒 an animated infographic
- 📖 a HealthInfoByte
- 📖 an eBook.

The animated infographic provides an audio visual snapshot of key information found in the review, in an engaging format, while the eBook is an interactive, online version of the review with additional, enhanced features such as embedded videos and illustrations.

The HealthInfoByte is part of a series which promotes HealthInfoNet reviews and provides short, 'byte' sized information.



HealthInfoByte

<https://aodknowledgecentre.ecu.edu.au/about/news/?id=5925&title=New+knowledge+exchange+products+on+alcohol+now+available>

Alcohol Use
Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people
Dennis Gray and Others

This book is available for download with Apple Books on your Mac or iOS device. Books with interactive features require OS X 10.9 or later.

Description
The focus of this review is the harmful use of alcohol among Indigenous people alike the consumption of alcohol, and why levels among non-Indigenous people ('alcoholics'). We are also considering things drinkers do to themselves and to others.

What's New in Vers
Added new introductory material.

Screenshots

Free
Available on iPad, iPhone and Mac.
Category: Health & Fitness
Published: Jun 17, 2018
Publisher: Edith Cowan University
Seller: Emergent Form Pty Ltd
Print Length: 115 Pages
Language: English
Version: 1.1

Requirements: This book can only be viewed on an iOS device with Apple Books on iOS 12 or later, or an iPad with Book 2.0 or later.

Key facts
Alcohol use
among Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are **1.3x more likely to abstain from alcohol** than non-Indigenous people [1]

Aboriginal and Torres Strait Islander people who do drink alcohol are more likely to drink at levels that are dangerous for their health

Health and social impacts: alcohol use can lead to many health and social problems [2]

Physical	Mental	Social
<ul style="list-style-type: none"> organ and brain damage high blood pressure diabetes or cancer infectious liver disease FASD (fetal alcohol spectrum disorder) road accidents 	<ul style="list-style-type: none"> depression and stress suicidal thoughts drug problems suicide 	<ul style="list-style-type: none"> isolation from culture unwanted pregnancies marital problems violence

Hospitalisation
Aboriginal and Torres Strait Islander people were **hospitalised 4x more** than non-Indigenous people in 2013-2015 [3]

Prevention and treatment
Supporting strong communities and families [4]
Increasing the price of alcohol [5]
Effective treatment services need to [5]:

- be community driven
- be culturally safe
- have good ongoing care

eBook

Poster

AOD project

The Knowledge Centre held its annual reference group members meeting in September in Adelaide and while there

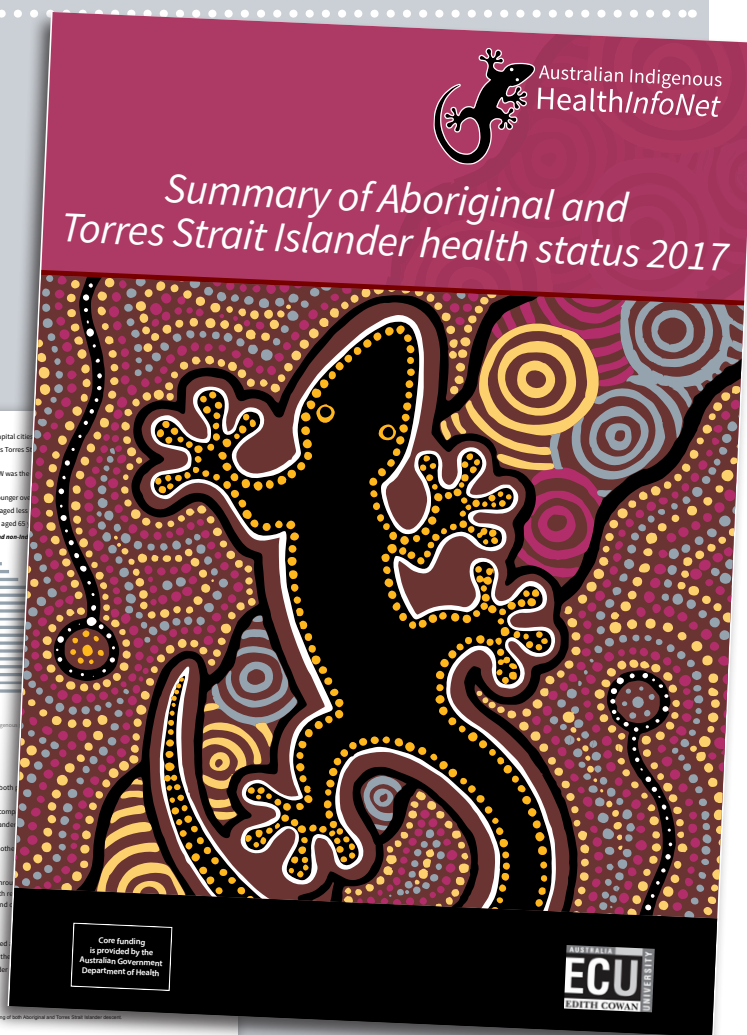
team member Avinna Trzesinski also visited the South Australian Health and Medical Research Institute.



Shane D'Angelo, Douglas Clinch, Kimberley Taylor, Avinna Trzesinski, Tirritpa Ritchie, Anna Dowling, Roxanne Sambo, Adriana Parella.

Summary of Aboriginal and Torres Strait Islander health status

The plain language version of the more comprehensive *Overview of Aboriginal and Torres Strait Islander health status 2017*, our annual Summary is one of our most popular publications. In it we present the latest facts and evidence to provide the workforce with the tools to keep up to date on the health of Aboriginal and Torres Strait Islander people.



Glossary of statistical terms

Incidence is the number of new cases of a disease or condition that occur during a given period in a population.
Prevalence is the number or proportion of cases of a disease or condition in a population at a given time.
Age-standardised rates enable comparisons of rates of a disease or condition between populations that have different age structures. Age-standardisation is often used when comparing Aboriginal and Torres Strait Islander people and non-Indigenous people because the Aboriginal and Torres Strait Islander population has a younger age structure than the non-Indigenous population.
Burden of disease measures the impact of a disease or injury on a population, using the disability-adjusted life years (DALY) measure.
Hospitalisation - expressed as hospital separations.
 • Hospital separation refers to a period of care for someone admitted to hospital. There are two types of hospital separation:
 • a complete hospital stay from admission through to discharge, transfer or death
 • a portion of a hospital stay ending in a change of type of care (e.g. from acute to rehabilitation).
 • Separation rate is calculated as the total number of periods of care for admitted patients divided by the total number of members of the population. The rate is usually written per 1,000 or per 10,000 members of the population.
 • Separation rate ratio is the separation rate for one population divided by the separation rate for another population.
Mortality - death.
 • Age-specific death rate is the number of deaths per 1,000 people, at each age group.
 • Age-standardised death rates for Aboriginal and Torres Strait Islander people are generally calculated only for NSW, QLD, WA, SA and the NT as these are the states and territories (jurisdictions) that collect reliable data on indigenous status.
 • Avoidable mortality refers to deaths that could have been prevented with timely and effective health care, such as early detection, effective treatment, and appropriate lifestyle or behaviour changes (such as quitting smoking).
 • Infant mortality rate (IMR) is the number of babies under the age of one who die per 1,000 live births in a calendar year.
 • Maternal deaths are the number of women who die during pregnancy or up to 42 days (6 weeks) after delivery from causes linked to the pregnancy.
 • Median age at death is the age below which half the people die. This calculation will vary a lot depending on the population being assessed. If the population is young, the median age at death will be young (as with the Aboriginal and Torres Strait Islander population). Median age at death is not recommended for comparing different populations.

How many Aboriginal and Torres Strait Islander people are there?

Based on information from the 2016 Australian Census, the total Aboriginal and Torres Strait Islander population in Australia in 2016 was 649,371 people (Table 1) which is 2.8% of the total population [16]. The Aboriginal and Torres Strait Islander population is highest in NSW (216,176 people), followed by QLD (136,482). The NT has the highest percentage of Aboriginal and Torres Strait Islander people (25%) and Vic has the lowest (0.8%).

Table 1. Estimated Aboriginal and Torres Strait Islander (Indigenous) population, by jurisdiction, Australia, 2016

Jurisdiction	Indigenous population (number)	Proportion of Australian indigenous population (%)	Proportion of jurisdiction population (%)
NSW	216,176	33	2.9
Vic	47,788	7.4	0.8
QLD	136,482	20	4.0
WA	73,078	11	3.1
SA	34,338	5.3	2.0
Tas	13,572	2.1	4.6
ACT	4,588	0.7	1.6
NT	16,248	2.5	26
Australia	649,371	100	2.8

Note: Australian population includes Santa Barbara Territory, the Cook's Country Islands, Christmas Island and Norfolk Island.
 Source: Australian Bureau of Statistics (2017) [16].

According to the 2016 Census:

- 30% of Aboriginal and Torres Strait Islander people lived in capital cities
- 91% of Indigenous people were identified as Aboriginal, 5% as Torres Strait Islander descent [16]
- around 63% of Torres Strait Islander people¹ lived in QLD, NSW was the next highest [16]
- the Aboriginal and Torres Strait Islander population is much younger than the non-Indigenous population
 - 34% of Aboriginal and Torres Strait Islander people were aged less than 15 years
 - 4.8% of Aboriginal and Torres Strait Islander people were aged 65 years and over

Figure 2. Population pyramid of Aboriginal and Torres Strait Islander and non-Indigenous people, Australia, 2016



Note: Excludes 40 years and older age group.
 Source: Australian Bureau of Statistics (2017) [16].

Births and pregnancy

- In 2015 (20):
 • there were 18,560 births registered in Australia where one or both parents were Aboriginal and Torres Strait Islander (8.0% of all births registered)
 • Aboriginal and Torres Strait Islander women had more babies compared to non-Indigenous women
 • 13% of the babies born to Aboriginal and Torres Strait Islander women were born to teenage mothers in the total population
 • the median age of Aboriginal and Torres Strait Islander mothers at birth was 20.5 years

Care during pregnancy

- Care during pregnancy (antenatal care) helps pregnant women through providing information and support [21]. The Department of Health is providing information and support [21]. The Department of Health is providing information and support [21]. The Department of Health is providing information and support [21].
- In 2015 (22):
 • pregnant Aboriginal and Torres Strait Islander women attended antenatal care more often than non-Indigenous women
 • 57% of these women attended the first antenatal visit during the pregnancy
 • the proportion of pregnant Aboriginal and Torres Strait Islander women who attended antenatal care during pregnancy was 41% in 2012 to 57% in 2015.

Core funding is provided by the Australian Government Department of Health



Visitors to the HealthInfoNet



Neil Drew, Suzie Clews and Sharika Couchy



Paul Arthur (ECU), Beate Neumeier, Neil Drew and Alfred Hornung

Throughout 2018 we had the great pleasure of hosting a number of very welcome guests to our offices. These visits are a lovely opportunity to learn about each other's work in a relaxed and informal setting.

- ☉ Suzie Clews, Aboriginal Health Promotion Officer and Sharika Couchy, Aboriginal Health worker, from WA Health



Donna Murray, Rob Etherington and Anomie

Child and Adolescent services.

- ☉ Professor Rhonda Marriott, Centre Director, Ngangk Yira Research Centre for Aboriginal Health and Social Equity, Murdoch University.
- ☉ Caroline Finch the new PVC of Research (who I featured in my last Communiqué).
- ☉ Professors Beate Neumeier and Alfred Hornung from Cologne as part of their Human Journeys in the Global Era workshop series.
- ☉ Donna Murray, CEO of IAHA who visited us for two days to work with our multi media team to finalise the film project collaboration between IAHA and the HealthInfoNet.

Farewell to Professor Colleen Hayward



Colleen Hayward

Late November we held a special morning tea to acknowledge the wonderful support of our Head of Centre who retires in January next year.

We presented Colleen with a specially commissioned artwork painted by Dr Uncle Mick Adams our Senior Research Fellow. The artwork features a female spirit people (long white hair with different figures) looking out for a mother and her daughter while they gather food (berries and yam) for their family.

I wish her every happiness in her well-deserved retirement.

Farewell to retiring ECU Elder in residence



Dr Noel Nannup accepting gift painted by Dr Uncle Mick Adams

We also said farewell and thank you to Dr Noel Nannup at a special morning tea at our offices. Dr Nannup is a well-respected Noongar Elder. He is a known story teller and cultural guide, instructor and mentor. I wish him all the very best. Noel will continue to run his cultural tours and we look forward to our paths crossing again.

HealthInfoNet Cafes

As always we ran cafes at many conferences around the country promoting the website and new resources.



AIDA conference delegates, Paris and Kristy



NIDAC conference delegates and HealthInfoNet staff

Staff support Foodbank WA

In October, 15 of our staff volunteered their time working in the kitchen and warehouse of Foodbank WA's operation. The staff volunteer day was a great way to practice our teamwork skills and to spend time together contributing to a worthy cause.

Foodbank report that Hunger is a hidden crisis in Australia, with over 3.6 million people experiencing food insecurity at some point every year and 27% of which are children. The face of hunger in Australia is diverse – males, females, children, the elderly, single people and families, students, employed, unemployed and retired people. Some of the common reasons why people find themselves seeking food relief include a lack of funds to pay rent and bills, and unexpected expenses such as car repairs or medical bills.



The Kitchen volunteers who made 1400 pizzas



The Warehouse team who packaged close to 26,000 fish fingers

HealthInfoNet comes of digital age

In September we celebrated 21 years. Not only do we continue to provide up to date relevant evidence based content and knowledge exchange tools, but deliver this in multiple ways and formats. Watch a short summary <https://youtu.be/6-BKk7B-B5w>



Australian Indigenous
HealthInfoNet
CELEBRATING
21 YEARS IN 2018

Cultural PDs for staff

Kurongkurl Katitjin at ECU recently offered fully sponsored Cultural Immersion Experiences for ECU staff

and students to join ECU Elder, Dr Noel Nannup on Country (day tours and extended tours) via an expression

of interest. Several of our staff were successful and participated in both the day and extended tours.



Dr Noel Nannup



HealthInfoNet staff Donna McFetridge and Jo Hoareau



Spring wildflowers in Wireless Hill



Critically endangered blue tinsel lily

Welcome: new Social Media Coordinator



Emily Lloyd

As part of our knowledge exchange focus, we now have a dedicated Social Media Coordinator, Emily Lloyd. Emily joined us in August and has conducted a thorough review of the social media channels used in the sector as well as evaluating the channels we currently use. For some years now we have been using LinkedIn, Twitter, YouTube and Facebook. We now have a targeted social media strategy that is designed to deliver the most effective knowledge exchange outcome for our users. Emily will also be responsible for designing and implementing a new social media platform that will best serve our yarning place members.

HealthInfoNet takes part in the Global Challenge

We had two teams of staff sign up for the 100 day virtual walk your way round the world challenge which started in September and is designed to increase the daily step rate.

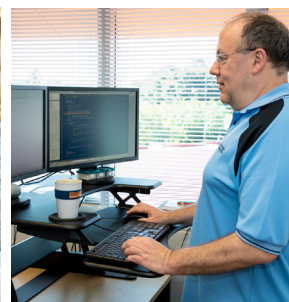


10 year milestones



It's extraordinary in any organisation to have eight staff celebrate 10 year work anniversaries. This year we acknowledged the valued 10 year contribution made by eight of our staff. These are: Pauline Shanley (Business Manager), Christine Potter (Research Coordinator), Lawrence Rutherford (Senior Library Technician), Tara Hoyne (Development & Marketing Manager), Kathy Ride (Research Team Leader), Sandra Rogers (Admin Assistant), Sam Burrow (Research Coordinator), and Graham Barker (Library Technician).

HealthInfoNet supports healthy workplace



As part of our commitment to encourage and support healthy workplace practices, we gave our staff the option to use a standing desk. The standing desks can be easily lowered to a sitting position as the combination of alternating standing and sitting

time each hour is beneficial. Results of an Australian-first, Deakin University economic evaluation of sit-stand desks show they are good value for money resulting in fitter, healthier and more productive employees.

Webinars - recordings on our website



We continued to deliver and expand our webinar series. Previous webinars can be viewed on our YouTube channel or on the respective websites.

https://www.youtube.com/channel/UCftVbk_1fVQz2i_9TyQ1E2Q/videos?disable_polymer=1