THE WORLD IN EAST ARNHEM

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| Miwatj Health Aboriginal Corporation

Artwork by
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| Miwatj Health Aboriginal Corporation
## Health in high vs. low/middle income economies

<table>
<thead>
<tr>
<th>High income countries (OECD)</th>
<th>Low/Middle income countries</th>
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<tbody>
<tr>
<td>• High life expectancy, low infant mortality*</td>
<td>• Low life expectancy, high child and maternal mortality</td>
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<td>• “Advanced” stages in the epidemiologic/demographic transition</td>
<td>• High birth and mortality rates</td>
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<td>• Burden of disease mainly from NCDs / “Lifestyle disease”</td>
<td>• Infection and injury as main burden with CVD and other NCDs creeping up</td>
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<tr>
<td>• Technologically capable &amp; well resourced universal* health care</td>
<td>• Resource poor setting with inadequate health care access often reliant on external aid</td>
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*USA excluded
East Arnhem Land
East Arnhem Land

• 12,000 Indigenous & 3,000 non-Indigenous residents\(^1\)

• 33,000 Sq Km, MMM7, RA5

• Australia’s oldest port:
  • International trade since the 1500s

• 10 Major communities

• 2 mining townships

• Roughly 100 homelands

• Strong political identity

\(^1\)Estimate from ABS 2011, NTDh 2007 and HSDA data
Proportion of Indigenous Residents per SLA in the NT

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<thead>
<tr>
<th></th>
<th>East Arnhem</th>
<th>Nhulunbuy</th>
<th>Australia</th>
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<tbody>
<tr>
<td>89.9% (3rd Highest)</td>
<td>6.7% (Lowest)</td>
<td>2.5%</td>
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</tbody>
</table>

Source: 2011 Census, ABS
## Index of Relative Socio-Economic Disadvantage

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<td>521 – Decile 1</td>
<td>1,080 – Decile 9</td>
<td>1,000</td>
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</tbody>
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*Source: IRSD, SEIFA 2011*
## Median age at death (years) – Oct 2012 to Oct 2014

|           | Indigenous | | | Non-Indigenous | | |
|-----------|------------|---|---|----------------|---|---|---|---|
|           | Male       | Female | | Male       | Female | | | |
| Australia | 55         | 61.3   | | 78.7       | 84.7   | | | |
| NT        | 49.9       | 52.8   | | 67.1       | 74     | | | |
| NE Arnhem | 49         | 55     | | | | | | |

*Source: ABS for Australia and NT, populations estimates for NEA based on service records*
Children Vulnerable in one or more AEDI Domains

Source: Australian Early Development Index Survey 2012, reproduced on NTML PHC Atlas 2014 (emphasis added)
Miwatj Health

- Largest remote ACCHS in Australia
- Founded by the signatories of the Bark Petitions
- Increased size 10 times since 2006
- Clinical service delivery for 6,200 people, public health programs for 10,000
- 60% of the workforce are local Indigenous people (108 of 180)
- 60% of senior management are Indigenous
Strong leaders are attending a ceremony in Galiwin'ku

Mutha Dhurrkay (Manager, Business Support | Galiwin'ku), Beth Wunuŋmurra (Community Worker | Health Promotion), Yuŋirrna Bukuŋatjpi (Community Worker | Baby Hub), Rrapa Dhurrkay (Team Leader, Acute | Galiwin'ku), Irish Riseley (Team Leader | Raypirri Rom, Nhulunbuy), Jeni Stubbs (Director of Clinical Services), Ana Malupo (Clinic Manager | Galiwin'ku)
Yirrkala: Population 1200

Nhulunbuy: (Indigenous) Population 750

Gunyanara: Population 280

Galiwin’ku: Population 2860

Milinjimbi: Population 1350

Gunyaŋara: Population 280
Yirrkala

Episodes of Care

11/12 12/13 13/14 14/15 15/16
Miwatj’s role in the communities

- **Primary Healthcare Provider**: Long-standing relationships in the communities as the PHC provider extending out to remote areas.

- **Social Leader**: Taking a holistic approach, social & emotional wellbeing programs aim to address underlying causes to illness (e.g. Raypirri Rom Wellbeing initiatives, Tackling Indigenous Smoking & Healthy Lifestyle, etc.)

- **Connector**: Facilitates access to healthcare for Yolŋu clients (e.g. referrals to allied health service providers, free transport to clinics, interpreter service in the communities, etc.)

- **Yolŋu Employer**: With a large number of Yolŋu staff, Miwatj is a leader of indigenous employment in East Arnhem Land. Breaking down language and cultural barriers are key to its success in the communities.

- **Advocate**: With its strong presence in Canberra and the NTG, Miwatj takes on an active role in advocating for the importance of a community-controlled healthcare system and strives to ensure all participants receive equal rights to healthcare and justice.
Raypirri Rom | Collaborative Djäma
Dela Munuŋgurr, Rärrtjiwuy Herdman, Fiona Djerrkura & Irish Riseley
We need more of this...

Celebration for the transition of the Milinjimbi clinic from government to community control

14th National Rural Health Conference, Cairns 2017
• Long term
• Community driven
• Reconciled partnership
• Both in domestic and international setting
...and less of this

IMPACT

'Humanitarians Of Tinder' Tumblr Will Make You Want To Drop Yoga And Pick Up Digging Wells

10/04/2014 5:08 AM AEST | Updated 10/04/2014 7:59 AM AEST

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Eleanor Goldberg
The Huffington Post

All you need to do to score a date these days is travel several thousand miles to an impoverished country, pose with a barefoot underserved kid and share said seemingly selfless image with other singles on the Internet.

At least that's the approach the "Humanitarians of Tinder" are taking.

A new Tumblr blog rounds up the squeakiest of clean images from the online dating site to show how some users are making a difference -- and making sure their prospective dates know all about it. Such images include a doctor wrapping his arm around a bandaged child and a young woman tickling a morose-looking kid.

The pictures are caption-less, but they all demonstrate an act of volunteering. And most of those volunteers happen to be young white people helping poor people.
Parting ramblings

- Remote Indigenous Australian contexts offer an unparalleled crossover of settings
- Most challenging and rewarding environment
- Complex needs need complex skills
- Partnership and true (not lip service) community-driven activity makes progress