



I have a very fulfilling life as a Health Worker as it does not stop just because I leave work.

Many of my family look up to me for medical advice as does the greater community. We have a lot of chronic disease and I help with the recalls for all the program work we do here. I also assist with interpretation for the doctor and RANS when needed. I also liaise with visiting teams when they are in community helping them find people and assisting them with their work.

I go to school and give talks with the school children around sexual health and talk at meetings if there are any health issues that have presented that the community need to be informed about.

I do all the immunisations in the health centre as I can claim Medi-care for this when RANS cannot, I know this helps with funding.

Teresa Daynawa Ngurruwuthun

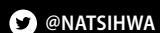
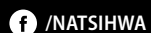
Aboriginal Health Practitioner Gupuwiyak NT

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FREQUENTLY ASKED QUESTIONS

Why do we need Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners?

Aboriginal and Torres Strait Islander people need access to culturally safe preventative health care and treatment services to experience health equity. We are unique among health professionals in that we have not only clinical skills, but can also respond to the social and cultural needs and contexts of Aboriginal and Torres Strait Islander families and communities.

What roles and employment options are there for Health Workers and Health Practitioners?

Like most professions, we work across the health sector, including in specialist roles. We work in generalist primary health care, community health and health promotion/education roles, and in specialty fields such as maternal and child health, alcohol and other drugs, justice health, social and emotional wellbeing, and ear and hearing health.

How can we utilise Health Workers and Health Practitioners in our health service?

We are trained to work autonomously or as a part of a multi-disciplinary team using primary health care principles. Visit our website (www.natsihwa.org.au) for examples of successful models of care.

Can Health Workers and Health Practitioners access Medicare benefits?

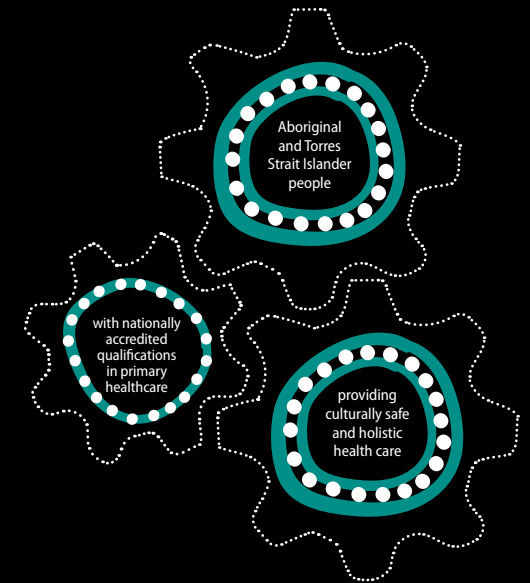
Yes, we have access to a number of primary health care MBS items if working for an eligible employer. Health Workers with a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and all Aboriginal and/or Torres Strait Islander Health Practitioners may be eligible to apply for a Medicare provider number.

Are Hospital Liaison Officers qualified Health Workers?

It depends upon the requirements of the hospital or jurisdiction. For example, South Australia requires all Liaison Officers to have a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care. Some may be Health Workers or Health Practitioners even if their workplace does not specifically require qualifications or registration.



Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners WHO WE ARE AND WHAT WE DO



OUR LANGUAGE

Aboriginal and/or Torres Strait Islander Health Worker

An Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package. We call these health professionals 'Health Workers'.

Aboriginal and/or Torres Strait Islander Health Practitioner

An Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA). We call these health professionals 'Health Practitioners'.

WE WORK WITH

Aboriginal and Torres Strait Islander communities, families, and individuals of all ages. We work autonomously and in teams with other health professionals, including medical doctors, registered nurses and midwives, dentists, psychologists, allied health professionals; and with policy makers, educators and researchers.

WE WORK ACROSS AUSTRALIA

- » Urban, regional, rural and remote settings
- » Aboriginal community controlled health services
- » Public sector health services, including:
 - Primary health care services
 - Community health/ambulatory care services
 - Mental health settings
 - Acute and rehabilitation hospitals
- » Private health services
- » Vocational Education and Training settings
- » Universities and research institutions
- » Not-for-profit organisations
- » Policy and program settings



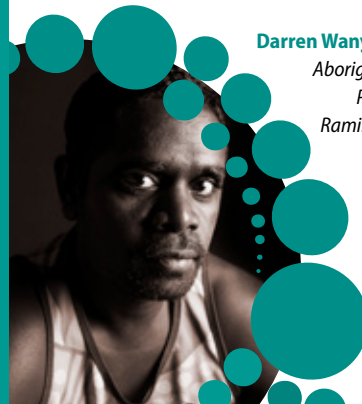
I work within a multi-disciplinary team of psychologists, registered nurses and admin officers and we are a very supportive team. A typical day for me at work would be seeing clients for an AOD [alcohol and other drug] assessment, case management/treatment planning of on-going clients and keeping up with current case load. I value working with people to help work on their goals to change AOD misuse which can help with mental health, relationships, trouble with the law/lore, employment and making better lifestyle choices.

Rod Sabin
Aboriginal Health Worker, Rockhampton, Qld



For me as a health practitioner I learn a lot in the clinic about health. It's important for myself to know how Yolngu people in my community are getting sick these days. I compare two worlds and the issues then I find a better understanding of the issues and use clear strong explanations to my people of the community so they can understand both societies.

Darren Wanyabarrnga
Aboriginal Health Practitioner, Ramingining, NT



WE PROVIDE A RANGE OF HEALTH SERVICES

depending upon our work setting and individual scope of practice. These may include, but are not limited to:

- » clinical services such as:
 - assessment and screening of physical health and social emotional wellbeing:
 - » taking a health and medication history
 - » initiating and interpreting a range of clinical tests, assessments and screening tools
 - » specimen collection (including blood)
 - » identifying a range of common conditions
 - health promotion for risk factors (e.g. tobacco, healthy eating)
 - providing health care in line with care plans and/or treatment protocols
 - administering and supplying medications
 - supporting clients in self-management, including the safe use of traditional and Western medications
- » planning, delivering and evaluating population health programs
- » advocating for clients, including interpreting and translating language
- » providing advice, support and training on providing culturally-safe health services to other health professionals, policy makers, researchers and educators
- » management activities, such as
 - » staff supervision and mentoring
 - » business and financial management
 - » quality improvement
- » education and training of Health Workers and other health professionals.

SNAPSHOT OF OUR HISTORY

