



2010 Bunnings Health Renovation Rescue Day

Due to the overwhelming success of the 2008 Bunnings Health Renovation Rescue Day, the Association repeated the event on Saturday 10 July at the Bunnings Warehouse Dandenong.



*Dr Graeme Downe, Dr Roger Smith
and Rowena Mulligan*

Association staff, with the support of Dr Roger Smith, Dr Graeme Downe, Dr Cely Goeltom and nursing staff Chris Scouler, Tina Armitage, Heather Smith and Christine Campbell offered free health checks to customers and Bunnings Staff.

Participants were provided with their height, weight, total cholesterol, BMI, diabetes risk assessment score, waist measurement and valuable advice from our diabetes educator, dietitian and GPs. They also received a showbag filled with information and some healthy treats.

A steady number of customers kept everyone busy. All those involved managed to run a smooth operation, keeping participants at ease and maintaining their privacy where needed. Approximately 65 people were assessed during the five hour session, 49 males and 16 females. Interestingly, 30% of participants indicated that they did not have a regular GP, supporting the rationale of promoting health awareness and the profile of general practice in the local community. Additionally, only 23% of participants identified themselves as a smoker which was surprisingly positive result.

The enthusiasm of all those involved was much appreciated and a big thank you to all who helped out on the day and also to the staff at Bunnings for their support.



Nurses providing a helping hand



*Dr Roger Smith offering health checks
to Bunnings customers*

**Dandenong Casey
General Practice Association**

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Deadline for newsletter articles is 10th of each month. Dandenong Casey General Practice Association reserves the right to accept or reject all material submitted for publication. For further information please call the Association.

DISCLAIMER

The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong Casey General Practice Association.

Enclosures for Members:

Best Practice V 1.7.1.516 issues with Pen CAT

Pen Computer Systems have advised that the July update for Best Practice (BP) – version 1.7.1.516 - means that any version of CAT will no longer work with BP software. The user will get an error message when they attempt to collect data. Pen and Best Practice have now sorted out a fix; it's available on the Best Practice website: <http://www.bpsoftware.com.au/support.php>. It is recommended that practices use this link as it checks which version they have and installs it to the correct folder.

If practices have any issues with Pen as they upgrade to BP v1.7.1.516 onwards, they should contact the Pen support desk (1800 762 993).

Apparently this issue will affect all BP practices going forward as they update to the above version, unless a patch or similar is released by BP in future. At some stage Pen will build in changes to their CAT which will alert practices to the fact that their Best Practice software is at this "key" version and that they will need to apply the fix.



International Sarcoma Awareness Week – July 17- 25

Sarcoma is a disease that has a high rate of mortality and morbidity. Diagnosis is often difficult but early detection is of enormous value.

The community impact is frequently underestimated with an average of 17 life years per patient lost due to sarcoma - three times greater than bowel, breast or lung cancer.

During International Sarcoma Awareness week (July 17-25) Cancer Council Victoria and the Victorian Sarcoma Service were encouraging all GPs to familiarise themselves with the new Department of Health patient management framework for bone and soft tissue sarcoma. Early detection of sarcoma can significantly reduce the need for radical surgery and increase survival.

For more information please view the Peter MacCallum website - www.petermac.com.au, the Cancer Council website - www.cancervic.org.au or call the Cancer Council Helpline on 131120.

To refer a patient contact Peter MacCallum directly on 9656 1111 or fax to 9656 3743. Alternately, contact the Dept of Orthopaedics, St Vincent's Hospital Melbourne on 9288 3980 or fax to 9416 3610.

The patient framework can be downloaded at <http://www.health.vic.gov.au/cancer/docs/pmfs/sarcomapmf.pdf>.



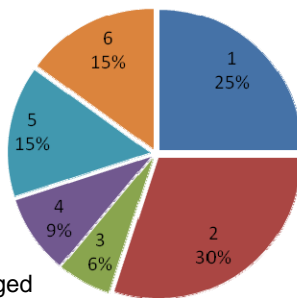
Immunisation Update

Cold Chain

In 2009 Victoria had 578 cold chain breaches reported. A third of these involved a preventable cause. Half of the preventable causes were due to the door having been left open, the power point turned off or plug removed. Many can be due to inappropriate fridge for storage of vaccines and freeze occurs.

With the cold chain breaches, 67% were non-preventable and 33% Preventable.

Causes of preventable Cold Chain Breaches in 2009



Legend

1. Unplugged
2. Door open
3. Fluctuating Internal Temperature
4. Poor staff training
5. Poor fridge placement
6. Other

Things to remember when a cold chain breach occurs:

- Do not use vaccines or discard any vaccine.
- Call the immunisation Program on 1300 882 008 for advice.
- Download cold breach forms from <http://www.health.vic.gov.au/immunisation/provider-forms/cold-chain-forms>.

Tips to Remember

- Have one staff member responsible for management of vaccine storage.

- Educate all staff about temperature awareness and fridge monitoring. (necessary for staff leave and when staff change)
- Have a cold chain procedure in place for your clinic.
- Have front of fridge slightly raised to help with door closing.
- Lock the fridge door between use.
- Sign over power point **“VACCINE FRIDGE-DO NOT TURN OFF OR DISCONNECT”**
- Leave vaccines in original packaging and do not expose to light.
- Do not over stock with vaccines, helps with air circulation.
- Fridge needs to be located on a internal wall to reduce external temperature changes affecting the fridge
- Refer to the National Vaccine Storage Guidelines - Strive for 5 at: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/provider-store
- A purpose built fridge with data logging is recommended.
- If using a domestic fridge and min/max thermometers, change battery annually.
- For domestic fridges use bottles of water in the door and other spaces as “cold mass” to reduce fluctuating temperatures.
- Ensure fridge is clean and if not frost free, defrost regularly
- If domestic fridge, record temperature twice daily and have probe in old vaccine box taped to an area in fridge that is the coldest. (fridge mapping will identify this)

If you require fridge mapping, your fridge logged for Continuous Quality Improvement or would like any further assistance in vaccine storage, please contact Anne Nunan at Dandenong Casey General Practice Association on 8792 1900 or email a.nunan@dcgpa.com.au.



GP web portal

The Victorian Department of Health has developed a web portal for GPs that will provide quick and easy access to

Victorian Government websites commonly used by general practice. The site will help GPs and general practice staff to more readily access information and resources relevant to general practice.

The website development and maintenance is a direct outcome of the Victorian Department of Health's ongoing commitment to general practice as documented in the working with general practice position statement. General Practice Victoria (GPV) assisted the Department to trial the site which received very positive feedback from GPs, practice nurses, practice managers and division staff.

The portal was considered well structured, relevant and informative. Of particular importance to GPs the following subject areas were noted:

- Hospital surgery waiting times
- Immunisation information
- Notifications of infectious disease
- Drugs and poisons

The Department of Health welcomes your constructive feedback so that they can continuously improve the site and encourages you to use the feedback tab which is regularly monitored.

The General Practice Links Website can be accessed at: <http://www.health.vic.gov.au/generalpractice/>.

Refugee Health

General Practice Refugee Health Education Series

An education series has been established for GPs, Practice Nurses and Refugee Health Nurses interested in refugee health across Victoria.

The aims of the series are to: improve the management of common and important refugee health conditions, consolidate abilities in health assessments for refugees, develop the use of appropriate practice systems and increase practitioner understanding of relevant referral networks.

The series topics are as follows:

- Wednesday 11th August - Sexual Health and STI's (Foundation House, Brunswick)
- Wednesday 8th September - Paediatrics & Developmental Issues (Dandenong)
- A Saturday in October - Victorian GP Refugee Health Forum (Foundation House, Brunswick)
- Wednesday 10th November - Mental Health (Foundation House, Brunswick)

Each Wednesday session will commence from 6:45pm with registration and light meal, then with presentations and discussion from 7.15pm to 9.15pm.

Category 1 Active Learning Module points have been requested for GPs attending 6 hours of sessions. Category 2 CPD points will be available.

For registration at the Brunswick sessions and enrolment for Category 1 points contact the Northern Division of General Practice, Kay Duffy, 8480 4609. For registration at the Dandenong session contact the GP Association on 8792 1900.

This education series is organised by the Northern Division of General Practice, PivotWest, the Dandenong Casey General Practice Association and Foundation House (the Victorian Foundation for Survivors of Torture).

Research - Refugee Health Needs Assessment

The Southern Academic Primary Care Research Unit has been commissioned by the regional Refugee Health Research Consortium to perform a Refugee Health Needs Assessment for the region. The project will assess the overall health care needs of refugees in the Greater Dandenong and Casey region, assess the capacity of local health services to respond to these needs and to see where these needs are or are not being met.

A project report will be available in October outlining results and recommendations with a view to assisting the health sector to improve services to refugees in the region.

Dr. I-Hao Cheng
Refugee Health Program Coordinator
Phone: 8792 1900, Email: i.cheng@dcgpa.com.au



Heart
Foundation

“Will you recognise your heart attack?” campaign 2010

The “Will you recognise your heart attack?” campaign aims to increase awareness and confidence in recognising heart attack warning signs and the need to get treatment fast. For lives to be saved, the Heart Foundation urges all Australians to be able to better identify and know the warning signs of a heart attack and respond appropriately by calling triple zero (000). The campaign targets men and women aged 45-65 years while also engaging the broader population to reappraise their knowledge of heart attacks with respect to their loved ones and to take appropriate action.

The campaign will commence in both metropolitan Melbourne and rural/regional Victoria from 19th July 2010.

- Within metropolitan Melbourne and Geelong the campaign will run through to the end of November 2010.
- For all other rural/regional Victoria the campaign will run for 8 - weeks through to mid September.

The key messages of the campaign are:

- Seek more information about heart attack and

learn the warning signs;

- Call triple zero (000) if you think you're having a heart attack;
- The longer you wait, the more your heart muscle is damaged;
- It's better to call triple zero (000) even if it turns out to be a false alarm; and
- Once triple zero (000) is called, treatment begins in transit

The campaign will encompass TV, radio and print media. Supporting materials and further information about the campaign can be found at heartattack-facts.org.au.

The campaign evaluation will measure awareness and knowledge of heart attack warning signs and intention to call triple zero (000) for heart attack. The campaign will also measure 'symptom onset to hospital presentation time' and 'mode of arrival' for chest pain presentations in selected Emergency Departments.

For further information, please contact Christopher Poulter at Heart Foundation Victoria on 9321 1596 or at christopher.poulter@heartfoundation.org.au.

Quality Use of Medicine News



QUM program to gain a new facilitator(s). Or put another way, our current facilitator has decided to move on.

QUM News joined the DCGPA (“the Division”) in June 2002 and the last eight years have been really great. The GPs, staff, board and management of the DCGPA have been the most wonderful group of people to work with and the professional development that has been provided in order to do the job has been an enormous bonus. (QUM News would like to especially thank Anne Peek our CEO, Dr Nick Demediuk, Dr John Meaney, Dr Andrew Beveridge and Janette Beecroft, community pharmacy member from the DCGPA Program Advisory Group and fellow QUM facilitators Bill Horsfall, Dr Jenny Gowan and Joy Sweet. There are many others who should also be thanked but the newsletter is just not big enough.) It is a role that QUM news will be really sad to leave and I would like to express my heartfelt thanks to all involved for making it such a pleasure.

However life is a journey and it is now time to embark on the next leg of the trip. What this will involve is not totally clear at this time but there will be a lot more family and a lot less drugs (activities will be tapered to avoid withdrawal).

At the time of writing a new facilitator has yet to be appointed however a new NPS contract is in the offing and the QUM program will grow. It is possible that there will be a need for two part time facilitators to meet demand. The NPS will also expand from QUM to add Quality Use of Pathology to its activities. Together with the planned morphing of GP Associations into primary care organisations, this all makes for interesting times ahead.

Quick Quiz

1. The Canadian meta-analysis by Holbrook et al of the effectiveness of benzodiazepines in the treatment of insomnia has not been able to answer the question “whether tolerance to any sleep-promoting effect of benzodiazepines occurs”. Why?
2. The so called “Z drugs” that manufacturers promote as an alternative to benzodiazepines for the treatment of insomnia are more efficacious than benzodiazepines for this purpose. True or false?
3. The so called “Z drugs” that manufacturers promote as an alternative to benzodiazepines for the treatment of insomnia are safer than benzodiazepines. True or false?
4. The so called “Z drugs” that manufacturers promote as an alternative to benzodiazepines for the treatment of insomnia are cheaper or much more expensive than benzodiazepines?
5. Pharmacotherapy for the control of insomnia has

been demonstrated to have a greater duration of effectiveness after the treatment regimen has been completed than psychotherapy. True or false?

Take the nightmare out of insomnia. The problem is that few patients will book an appointment about their insomnia, mostly it will come up as a troublesome symptom, often mentioned at the end of a consult, in passing, when other problems have been discussed. So a hypnotic is tagged onto the end of a script, with strict instructions for temporary use. Then years later the hypnotic is still being taken and often the original problem has been long resolved. At this stage ceasing the hypnotic may be a nightmare and who will know if it’s actually working anyway?

So if insomnia is mentioned, don’t reach for the script pad, book another consult, get some more details and sort out a more lasting solution to this problem with the patient. The current visiting round from the NPS will discuss proper sleep hygiene together with cognitive therapy, sleep restriction, stimulus control, relaxation therapy and paradoxical intention to aid in the management of insomnia. In addition there are resources that you can use and links to where you can get additional help for your patients. And for those who are on sleeping tablets and want to come off, there are plans and help too. Want to know more, call the Association on 8792 1900 and ask for the QUM facilitator.

Have you had a look at the following website? www.psychology.org.au/ReferralService/About. This is well worth a look. It’s a quick and easy way of finding appropriate psychological services for those who need help and should not have pharmacotherapy.

From Evidence-based Medicine to Marketing-based Medicine: Evidence from Internal Industry Documents. Glen I. Spielmans & Peter I. Parry. Abstract. *While much excitement has been generated surrounding evidence-based medicine, internal documents from the pharmaceutical industry suggest that the publicly available evidence base may not accurately represent the underlying data regarding its products. The industry and its associated medical communication firms state that publications in the medical literature primarily serve marketing interests. Suppression and spinning of negative data and ghostwriting have emerged as tools to help manage medical journal publications to best suit product sales, while disease mongering and market segmentation of physicians are also used to efficiently maximise profits. We propose that while evidence-based medicine is a noble ideal, marketing-based medicine is the current reality.* The full article is available at <http://i.bnet.com/blogs/spielmans-parry-ebm-to-mbm-jbioethicinqu-2010.pdf>.

NPS clinical audits* available for the QPI year: Please note that these qualify for the QPI Practice Incentive Program AND that those GPs who do one audit per year and take part in two visits from the Association QUM facilitator for NPS topics will receive 132 RACGP points per triennium.

1 May 2010 – 30 April 2011 Topics	Updates
Use of benzodiazepines, zolpidem and zopiclone in insomnia	Closed 21 May. Feedback report will be distributed late September 2010.
Management of COPD and smoking cessation	Enrolments are closed. Submission of initial data collection closed on Friday 2 July 2010.
Review of opioid prescribing in chronic pain	Enrolments are now available online at: www.nps.org.au/health_professionals .
Clinical e-Audit: Review of proton pump inhibitor (PPI) prescribing	Online enrolment continues to be available at: www.nps.org.au/health_professionals . To date 1365 GPs enrolled, 523 GPs submitted initial phase data and 467 GPs completed the review phase.
Clinical e-Audit: Optimising management of type 2 diabetes	Online enrolment continues to be available at www.nps.org.au/health_professionals . To date 2507 GPs enrolled, 1027 GPs submitted initial phase data and 957 completed review phase.
Clinical e-Audit: Management of hypertension	Enrolment will be available in September 2010.

These activities have been approved in the 2008 - 2010 triennium for **40 Category 1 RACGP QA&CPD Program points** and 30 ACRRM PD Program (extended skills) points.

Quick Quiz Answers

1. All of the trials eligible for the meta-analyses were of short duration (ie. 14 days or less). This is one of the reasons that the product information for these drugs suggests short term use ie there is actually no reliable evidence that they actually work in the long term.
2. False. There is no trial evidence of a greater efficacy for the "Z drugs" in the treatment of

insomnia. *Management options to maximise sleep*, a presentation by Associate Professor Michael Woodward, Austin Health, March 2010 to NPS facilitators.

3. False. There is no trial evidence of greater safety for the "Z drugs" and in fact there may be evidence of an even worse adverse effect profile. *Management options to maximise sleep*, a presentation by Associate Professor Michael Woodward, Austin Health, March 2010 to NPS facilitators.
4. The "Z drugs" are much more expensive.
5. False.



Pen Tip:

Pen Clinical Audit Tool and Cardiovascular Disease



The Pen Clinical Audit Tool can be used to help identify patients with risk factors for developing cardiovascular disease in order to facilitate the initiative of preventative activities and patient education. According to the "Guidelines for the assessment of absolute cardiovascular disease risk" (found on the Diabetes Australia website) there are a number of aspects to consider when assessing cardiovascular risk. These consist of modifiable risk factors including smoking status, blood pressure, lipids, BMI and alcohol intake; non-modifiable risk factors including age (35+ for Aboriginal and Torres Strait Islanders, 45+ for non-Aboriginal and Torres Strait Islanders), gender, ethnicity and mental health; and related conditions including diabetes and kidney function.

All of these fields are available on the Pen CAT, however it is important to be mindful that some additional risk factors stated in the document were not applicable to Pen CAT searches and therefore have not been listed in this article. Once you have generated your at-risk patient lists using the Pen CAT, further discussion with each patient is required to properly assess all risk factors.

In the filter you can search on age range, gender, ATSI status, diabetes, renal impairment, mental health conditions and patients who are currently on heart medications of various varieties. The filter also has a section for cardiovascular conditions; it is important to tick 'no' for this section to accurately search only for those who are at risk by excluding those patients with CVD.

Information such as smoking status, alcohol status, BMI (including separate tab for waist measurements), blood pressure, lipids (broken down into cholesterol, HDL, LDL and triglycerides), microalbumin, microalbumin creatinine ratio, estimated glomerular filtration rate, fasting blood glucose and HbA1c can all be viewed in your Pen graphs. There is also a tab assessing patients' five year risk of a cardiovascular event, with a supplementary tab which itemises incomplete data values for patients unable to be calculated thus making it easier to complete those fields.

If you have any questions regarding the Pen Clinical Audit Tool, or if you are interested in a **FREE** installation, contact the Association on 8792 1900.

More Patient's Now Eligible to Access Lifestyle Modification Programs (LMPs)

Sending your patients who are at high risk of developing Type 2 Diabetes to an LMP has been shown to prevent more than half of those people progressing to Type 2 Diabetes.

The classification of high risk (using the AUDRISK tool) has now been **reduced**, meaning **even more patients are eligible** to participate in the program. Eligibility now includes persons who:

- Are 50 years and over with a score of 12 or more on the AUSDRISK
- Are 40-49 years with a score of 12 or more on the AUSDRISK and have completed a health assessment with their GP
- Have a past history of Ischemic Heart Disease (18 years and above)
- Have a past history of Gestational Diabetes (18 years and above)
- Have completed a WorkHealth assessment and scored 12 or more on the AUSDRISK (18 years and above)
- Are 18 years of over of ATSI descent who score 12 or more on the AUSDRISK

Anyone found to be at high risk should be screened for Type 2 Diabetes. Once this has been excluded, patients are eligible to participate in an LMP.

DCGPA will be running 10 LMPs over the next 6 months. To get your patients enrolled, follow the referral instructions below or contact Candice Crellin on 8792 1922 for further information. See the experience of one of our previous participants on page 8.

Don't forget practices are still eligible to receive funding for case finding of those participants 50 years and over who may be eligible to take part in an LMP. Contact Candice Crellin on 8792 1922 for further information.

Send referrals to:



DCAS

using the Victorian Statewide Referral Tool
http://www.dcgpa.com.au/resources/Health_Programs/Diabetes/

Referrals can either be faxed: 9793 9052 or
E-referred via Argus: dddgp_arguspgrf@dddgp.com.au
Contact DCAS on 8792 1922 for further information.

Closing the Gap: Script Annotation for PBS Co-Payment

For practices signed up for the PIP Indigenous Health Incentive, if you are offering patients the PBS Co-Payment Measure to enable access to no cost or low cost medications for Aboriginal people from July 1st and have not yet had your prescribing software updated for software generated annotations, you will need to manually annotate prescriptions to the right hand side of the patients name and address details. The correct format is CTG and your initials. We are informed that Best Practice is up to date, and Medical Director is working on the update.

"Social isolation doubles the possibility of sickness or death." - Dr Daniel Goleman, Psychologist

It could be said that regular human contact is as important to our health as giving up smoking, controlling our blood pressure, or lowering our cholesterol.

There are many in our local community who experience social isolation that would relish the opportunity for regular human interaction and support. Their situation, however, may go undetected until they engage assistance for a totally unrelated issue.

The City of Greater Dandenong Community Care provides assistance to those who find themselves in need of social support.

This may be a friendly face that visits on a regular

basis for a cuppa and a chat – or better yet take them out for one. Perhaps, if the person is frail and has a fear of falling, it's someone to escort them whilst they do their shopping. For those with mental health issues it could be about helping them to feel comfortable in social situations – such as at the local plaza; to reengage in community activity; or to simply leave their own home for a time.

These services may be provided on a short or longer term basis following a review by one of our Assessment Officers.

For further information, or to simply discuss a particular situation, please contact our Information and Referral Officers on 8558 7902.



Does your patient suffer from recurrent headaches/migraines and co-morbid depression?

Please consider referring them to the HeaD-ON project, a randomised control trial of CBT designed for individuals suffering from chronic headache/migraine and co-morbid depression, to demonstrate the efficacy of this approach.

We are seeking participants aged 18+ who have been diagnosed with frequent or chronic tension type headache and/or migraine (with or without aura). Participants will be randomised in one of two groups.

Treatment condition - Individuals will receive CBT for chronic headache and co-morbid depression across 12 weekly, 50-minute sessions by a registered

clinical psychologist who has received specialised training in the delivery of CBT for headaches and depression.

Control condition - Participants will be managed by their nominated GP as they would in the absence of the study, with small variations. After 12-weeks those individuals in the control condition can receive treatment if they still suffer from chronic headaches and co-morbid depression.

For further information or to refer a patient, please contact the HeaD-ON team: Dr Rachele Aiello on 9594 1483 or Maria Lawlor on 9594 1465.

A Lifestyle Modification Program Participants Experience:

"In March this year I completed 5 sessions of the Life! program. One of the reasons I decided to take part in the program was because my family was concerned that I was at risk of developing type 2 diabetes and headed for serious health problems.

I enthusiastically participated in the program. It really motivated me and certainly helped in turning my life around. The program is informative and comprehensive, and the goals are achievable. It is also very practical and relevant to everyday life, and I'm sure many people would be helped and be able to relate to it in their own lives.

I have joined a local women's gym for the first time, and am enjoying it and seeing results. I walk 6-7 days a week. I feel and look better, have lots of energy and I'm losing weight. By combining healthy eating with increased physical activity, I'm on the way to achieving my goals.

All of this has come about because I am applying what I've learned since attending the Life! program.

I highly recommend it to others whose health may be at risk, so they may benefit from the program as I have. Prevention is much better than cure!"

Life Participant, March 2010



Aboriginal and Torres Strait Islander Health NAIDOC WEEK: 4th-11th July 2010



NAIDOC is a celebration of Aboriginal and Torres Strait Islander history, culture and is an opportunity to recognise their contributions in various fields. NAIDOC originally stood for 'National Aborigines and Islanders Day Observance Committee'. This committee was once responsible for organising national activities during NAIDOC Week and its acronym has since become the name of the week itself. NAIDOC is celebrated not only in the Aboriginal and Torres Strait islander community, but by Australians.

This year's theme was "Unsung Heroes – Closing the Gap by Leading Their Way". The 2010 national winners will shortly be published on the NAIDOC website www.naidoc.org.au

General practices within DCGPA are doing their bit to 'Close the Gap' by participating in the Aboriginal and Torres Strait Islander PIP initiative, including asking patients whether they are Aboriginal; conducting health assessments; annotating PBS scripts; and linking patients to culturally respectful services.

If you require any more information or would like to arrange a practice visit, please contact Amali at DCGPA on 87921900 or Amali@dcgpa.com.au – we are here to assist.



Flag raising at the Dandenong & District Aboriginals Cooperative, to kick off NAIDOC week