QAIHC

Queensland Aboriginal and Islander Health Council

NACCHO ARF/RHD National Summit

16 & 17 SEPTEMBER 2025 | GARRAMILLA/DARWIN

Summary Report

Acknowledgement

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities. We recognise their continuing connection to these lands and waters and thank them for protecting this country and its ecosystems since time immemorial. We pay respect to them and to their Elders past, present and emerging.

On behalf of QAIHC, public health registrar Dr Janika Dobbie attended NACCHO's two-day National Summit on ARF and RHD held in Garramilla/Darwin). The purpose of the Summit was to bring together ACCHOs participating in the NACCHO ARF and RHD Program, along with key ARF and RHD stakeholders, to support the sharing of knowledge and ideas for quality improvement. This report highlights some key themes and discussions from the gathering to keep Member services informed. A theme of the summit was co-ordination of care across services to support long-term sustainable progress.

NACCHO's 2nd National Summit on acute rheumatic fever (ARF) and rheumatic heart disease (RHD) was held in Garramilla (Darwin), Larrakia Country, and attended by ACCHO staff working in the rheumatic heart disease (RHD) space across Australia. **Larrakia Elder Joe Raymond** gave a Welcome to Country and Smoking Ceremony to open the two-day Summit.

Dr Dawn Casey, NACCHO Deputy CEO and Tagalaka Traditional Owner, gave the opening address, speaking on how ARF and RHD is an example of how systems not designed for First Nations people invariably fail them. She described the growth of NACCHO's ARF and RHD program from 2023. The program emphasises community-led approaches to addressing ARF and RHD and now funds 29 Aboriginal community-controlled health Organisations (ACCHOs). Over the two days, member services across the Northern Territory, Queensland, Western Australia and South Australia reported on how they were working to care for their communities.

Health promotion and community-driven solutions for RHD prevention

Jessica Speers from **Bidgerdii Health Service** in Central Queensland outlined its comprehensive RHD program, which integrates routine screening, health promotion and education, support for secondary prophylaxis, and ongoing staff training. All RHD patients receive a quarterly check-up that includes a skin assessment for sores and scabies, guided by a structured clinical questionnaire and dedicated examination item within Communicare. The program has a strong focus on staff education, extending beyond clinical teams to include administration and transport staff. As Jessica noted, "When the whole team speaks the same message of prevention, the message becomes stronger."

Shardina Tunkin and **Kristy Lavery** from the **Nganampa Health Council** in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands shared how they integrated their health promotion initiative "Clean Hands for a Healthy Heart" into local school curricula. The program uses the Glitterbug hand hygiene training to teach students hand hygiene and understanding of germ transmission, while also encouraging early presentations to primary health services for throat and skin infections. Following extensive community consultation and school board approvals, the program was piloted in four APY schools as part of their science curricula. The school program has been popular with teachers reporting improvement of health literacy and personal health hygiene behaviours in students.

Community relationships were strengthened including delivering a Healthy Skin Week in May across the Pukatja and Amata communities, promoting skin hygiene, the connection between healthy skin and heart health, early identification of skin sores and scabies, and conducting home visits to support hygiene and household hardware needs. They partnered with the Adelaide Crows Foundation and Deadly Choices to promote community engagement and partnership between programs. The team emphasised a "give and take" approach that builds trust and community engagement. The team also hosted community events that combined health education with practical support, providing free personal hygiene items and offering on-the-spot skin checks.

Ana Malupo, **Kylena Rostron-Smith**, and **Jessica Gatti** from **Mala'la Health Service** in Maningrida, West Arnhem Land presented on a program "Healthy Heart, Healthy Skin, Healthy Homes" delivering a Healthy Skin Week and collaboration between services for environmental health improvements.

Healthy Skin Week (HSW) runs three times a year, delivered by five teams, each with a community worker, nurse, and volunteer GP. The initiative focuses on treating and preventing scabies through ivermectin, now available on the PBS. Teams visit homes offering skin screening for scabies, ivermectin or Lyclear treatment, and environmental assessments. To encourage participation, everyone who receives a skin check is entered into raffle draws for daily prizes such as washing machines or mattresses.

Considerable effort went into early HSW events to establish strong community messaging and brand identity, including a fluorescent green colour scheme that makes the promotion easily recognisable within the community. The week before each HSW, Mala'la coordinates with the local council to promote the week and organise hard rubbish collection, helping residents declutter and prepare their homes for cleaning. Social media promotions and classroom education sessions are also delivered the week before to maximise community engagement and participation.

Sourcing sustainable funding and partnerships help to ensure continuity, including a partnership with Orange Sky Australia. Through this partnership, Orange Sky provides a laundry pod at the RHD building in the clinic, and a mobile laundry van operated by two community workers. Residents can also request visits by the mobile van by completing an Orange Sky referral form at the clinic.

RHD screening

RHD is underdiagnosed in many communities.[1] The updated RHD Australia guidelines included updated recommendations on RHD screening, with screening for RHD with echocardiogram recommended as most beneficial for pregnant women and children and young people under 20 years of age living in endemic regions.

In Maningrida, the NEARER SCAN study uses trained health workers to perform screening echocardiography using handheld

[1] Menzies School of Health Research (ARF RHD Guideline Writing Group). (2025, August). *Australian guideline for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* (Edition 3.3) [PDF]. Menzies School of Health Research. https://www.rhdaustralia.org.au/wp-content/uploads/2025/09/Australian-ARF-RHD-Guideline-2025_August_1.pdf

devices with images interpreted by remote cardiologists. The program, run through Menzies, has so far trained six graduates, including community workers and Aboriginal Health Practitioners. Scans are incorporated into routine child and antenatal health checks, with images reviewed immediately by offsite cardiologists and data recorded as a clinical item in Communicare.

The topic of active case finding by systematic RHD screening by echocardiogram was touched upon by **Dr Jason Agostino**, General Practitioner and Senior Medical Advisor at NACCHO. Community leadership for systematic RHD screening was paramount with Dr Agostino stating that screening should only occur if the community itself has requested screening. He further warned that screening should not be conducted if there are insufficient resources to confirm diagnoses or too few staff to provide necessary management or treatment, emphasising that inappropriate screening was harmful to patients and placed additional pressures on already overstretched health services.

Environmental health

Chicky Clements, **Christine Hoy** and **Madeline Lawford** from **Nirrumbuk Environmental Health and Services**, an Aboriginal community-controlled organisation in the Kimberley, WA, presented on how their service works with Aboriginal communities to identify and achieve an understanding of how improved environmental conditions contribute to healthy living.

The team discussed their unique success in training and employing local Aboriginal Environmental Health Officers who — after over a decade of lobbying for changing to regulations — are able to perform a limited number of 'permitted' basic and emergency works in nominated Aboriginal communities.[2]

As part of itswork, Nirrumbuk also conducts Home Health Assessments (HHAs) during which environmental health workers will yarn with tenants to discuss how poor home maintenance and environmental health that show how minor infections can lead to poorer health. The organisation works closely with clinics at KAMS and Cunnamulla, schools and has several outreach programs. Itdistributes hygiene and cleaning packs as part of its outreach, supporting healthy living environments. Nirrumbuk'sapproach emphasises face-to-face engagement, which has proven highly effective in building trust and encouraging behaviour change within communities.

[2] The *Plumbers Licensing and Plumbing Standards Regulations 2000* were amended in December 2016 — and then expanded in 2024 — to allow permitted Aboriginal environmental health workers the ability to carry out emergency minor plumbing repairs, under the WA remote Aboriginal communities plumbing scheme.

Workforce

Ensuring adequate workforce for service delivery is always difficult, particularly in the ACCHO sector. Over the Summit, an afternoon session, was dedicated to discussing and brainstorming what was required to support a community-controlled sustainable ARF and RHD workforce across Australia. There was unanimous support for increased funding and increasing training opportunities for an Indigenous environmental health workforce — particularly Indigenous environmental health workers who live and work in communities and would be able to carry out basic and emergency plumbing repairs similar to work done by the Nirrumbuk team.

The publication of a national professional scope of practice for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, published by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) last year, is a critical step towards addressing the underutilisation and undervaluing of the professions nationally. There was strong agreement that current pay awards for AHWs and AHPs are inadequate and often do not reflect the level of skill and expertise required for their roles. Other priorities included encouraging more men to enter the workforce and supporting Communities of Practice groups, which help build partnerships and enable two-way knowledge sharing.

Louise Lawrie and **Melinda Pascoe** from **Wuchopperen Health Service** in Gimuy Walubara Yidinji country (Far North Queensland) presented on how they are working to upskill their Aboriginal and Torres Strait Islander Health Worker (AHW) and Health Practitioner (AHPs) workforce, creating practice plans[3,4] and training that allow their RHD team to work to their scope through the Extended Practice Authority regulation by the Qld Government. They described a two-way mentorship model between nurses/nurse practitioners and Aboriginal Health Practitioners. The model facilitates supervision support for capacity building in clinical skills, such as BPG and immunisation administration, and strengthens clinical yarning between both parties. This approach aims to promote health equity and deliver culturally safe, community-centred care, while building workforce capacity and supporting succession planning. The flexibility of AHW and AHP positions is a key component of this model, supporting both in-reach and outreach care and providing essential patient cultural support and advocacy.

[3] Queensland Health. (n.d.). *Aboriginal and Torres Strait Islander Health Worker practice plan* (Version 1.0). https://www.health.qld.gov.au/__data/assets/pdf_file/0032/1267529/Practice-Plan,-Aboriginal-and-Torres-Strait-Islander-Health-Worker,-Version-1.0-MPMR-SCH3PT1A-online-form.pdf

[4] Queensland Health. (n.d.). *Aboriginal and Torres Strait Islander Health Practitioner practice plan*. https://www.health.qld.gov.au/__data/assets/pdf_file/0018/731250/ATSIHP-practice-plan-template.pdf

Optimising RHD patient management

BPG administration

In her keynote, Dr Casey emphasised the need for sustainable and reliable sources of benzathine penicillin G (BPG). BPG is one of the World Health Organisation's Essential Medicines and a vital medicine used as RHD secondary prophylaxis, and treatment of superficial streptococcal infections and syphilis in Australia. Global medication shortages of Bicillin-LA (the BPG product listed under the Pharmaceutical Benefits Scheme) have repeatedly disrupted RHD prevention and management, with at least seven national shortages of BPG in 20 years. To mitigate these shortages, NACCHO works with the Therapeutic Goods Administration (TGA), manufacturers, governments, member services and pharmacy groups, advocating for rapid PBS listing of alternative BPG products and pursuing long-term reforms through the Health Technology Assessment (HTA) process to reduce the impacts of further shortages and improve system resilience. However, experts have suggested that sovereign manufacture of BPG is the only sustainable solution to this problem.[5,6]

Many of the patients receiving secondary prophylaxis for RHD with BPG are children, and skilful administration to ensure optimal patient comfort and minimise pain and distress is essential. Multi-faceted approaches incorporating patient choices with distraction techniques and analgesia, as required, are recommended.[7]

Jackie Gowers from the **Katherine West Health Board** presented a pain minimisation toolkit developed in partnership with Miwatj Health and the Menzies School of Health Research to support comfort and confidence for clients receiving long-acting BPG injections for the management of rheumatic heart disease (RHD). The "Boss of my Body" checklist empowers patients to communicate their preferences for receiving BPG injections, promoting cultural safety, personal autonomy, and comfort, while helping to reduce pain and anxiety during the procedure.

[5] Wyber, R., Pearson, G., & Manning, L. (2025). Shortages of benzathine benzylpenicillin G in Australia highlight the need for new sovereign manufacturing capability. *Medical Journal of Australia,* 222(5). https://doi.org/10.5694/mja2.52590

[6] Queensland Aboriginal and Islander Health Council. (2024, June). Position statement on medication shortages [PDF]. https://www.qaihc.com.au/media/38425/0775-medication-shortages-position-statement.pdf

[7] Menzies School of Health Research (ARF/RHD Writing Group). (2025, August). *Australian guideline for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* (Edition 3.3) [PDF]. RHDAustralia. https://rhdaustralia.org.au/wp-content/uploads/2025/09/Australian-ARF-RHD-Guideline-2025_August_1.pdf

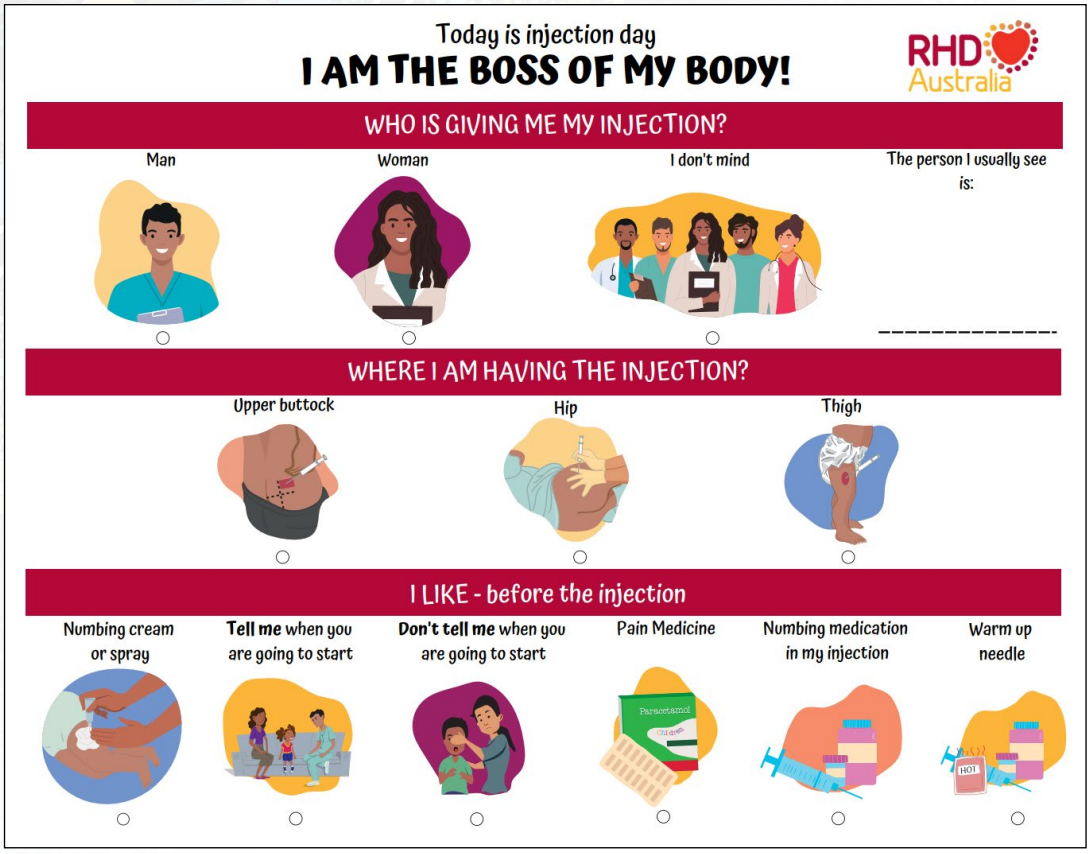

Figure 1: *Part of the 'Boss of my Body' checklist (RHD Australia)*

Continuity of care across systems

Care coordination between the community clinic, specialist services and other supports are essential to ensure patient safety. Management of patients with ARF/RHD becomes more complex in remote locations with smaller workforce working across greater distances.

Dr Manjit Sekhon and **Amo Wineera** from **Gidgee Healing** in North-West Queensland highlighted the challenges of ensuring appropriate RHD care across a vast geographical area with clunky and inefficient public health systems. Gidgee depends on specialist cardiology outreach services from Townsville University Hospital, located more than 900 km away to support their care.

Although Gidgee supports about 900 patients requiring specialist cardiology review, the current Queensland Health outreach clinics to the region can accommodate only about 720 patients per year, even when operating at full capacity.

Difficulties with care coordination are compounded by the poor communication between Queensland Health facilities and community health systems. Electronic medical records that operate in isolation from other services compromise continuity of care and pose a risk to patient safety. Limited patient record sharing can also lead to duplicated care, such as unnecessary repeat echocardiograms, because providers cannot

access records from other services to verify what has already been done. As Dr Manjit explained, the problem is "not always the lack of services or resources, but how they're used and the lack of connection between systems."

Conclusion

The RHD Endgame Strategy aims to eliminate RHD in Australia by 2031. Underpinning the strategy are five key recommendations: Aboriginal and Torres Strait Islander leadership, community-based programs, healthy environments, early prevention, and care and support. ACCHOs are uniquely positioned to drive this work, with discussions captured in this communique demonstrate the commitment, innovation, and cultural strength within the sector. The National Summit reinforced the importance of these priorities while also providing a forum for two-way knowledge sharing, collaboration, and collective problem-solving.

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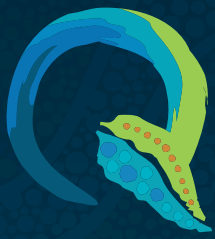

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