

The background is a vibrant, abstract composition of warm colors including reds, oranges, yellows, and browns. It features various organic shapes such as circles, ovals, and flowing lines, some in solid colors and others as outlines. The overall effect is dynamic and textured, reminiscent of traditional indigenous art or modern graphic design.

**With Respect
and
Without Barriers.**

**I wish to acknowledge the
Aboriginal people of
Tasmania their Elders and
Ancestors.**

**I am here in the spirit of
goodwill.**

Nunkuwarrin Yunti

Aboriginal Community Controlled Health Centre in Adelaide, providing medical care and community support services to people of all cultures.

The name Nunkuwarrin Yunti was chosen from the Ngarrindjeri and Narungga languages to represent the service and the spirit in which they are provided.

The name means 'Working Together' and proclaims our belief of one community sharing a united vision for the future.

Services provided

- **Medical Centre- Aboriginal Health Workers, Nurses, Doctors and visiting specialists.**
- **NUHIT- Clean Needle Program-Mobile Outreach**
- **Link Up -Reuniting people with their birth families.**
- **No Pulgi- Homeless Primary Health Service-outreach.**
- **SOS – Substitution Option Service- Outreach**
- **On the Outside.**
- **Stronger families- safer children.**
- **Counselling and mental health team.**
- **Regional Education Centre.**
- **Transport to attend appointments.**

Healthy Liver Program Aims

- To provide a model of service that encourages self determination. People are provided with information and clinical opinion and then supported in making decisions which may have long term positive effects on their own health outcomes.**
- To provide seamless access to Hepatitis treatment and support for people in a culturally defined, safe and familiar environment.**

Aims

- **To promote this model of care as a viable, culturally safe, option to mainstream tertiary facilities and advocate for this model to be considered in other community settings across Australia.**
- **To provide Rapid Virological Response (RVR) based treatment algorithms, where clinically appropriate, to people who may have barriers of access or difficulty in completing lengthy treatments.**

Principles

Location Location Location!!

LISTEN AND LAUGH!

Embrace the 'Why Not?' philosophy*

**Acknowledge both positives and negatives – learn
equally from both.**

Use ONLY inclusive language

Model the desired behavior.

Challenge and avoid language which affords blame.

Integrated staffing = seamless continuity

Promote Inclusion criteria.

LISTEN AND LAUGH!

***JR**

Practice.

Encourage people to self refer

Acknowledge attendance at appointments

Establish communication parameters ASAP

Allocate adequate time

Request permission - Offer respect

Nurture pride and integrity- social justice.

**Challenge the established elitism in the
medical system which perpetuates the
marginalisation of vulnerable people.**

Quantitative Evaluation of HCV treatment component.

Since July 2007 – Clinical statistics are daunting!

- 78 people assessed, managed or referred with Hep/Gastro conditions.
- 14 people commenced on HCV treatment.
- 1 person currently being treated with co-infection.
- 1 person recovering from a liver transplant- HBV.
- 2 people ‘transferred’ interstate- both reported SVR.
- 2 people ceased the medication as it did not induce the desired clinical response.
- 7 people completed- 7 ETVR;4 SVR.
- Very few significant side effects reported.
- People who are G1 are assessed for RVR based shortened treatment algorithms.
- 1 person has a ‘true’ new infection- awaiting 6 mth PCR.

Qualitative Evaluation

Why did you choose this place for your treatment?

Because- “I had hepatitis C for 15yrs and wanted to get rid of it. I started treatment in jail and wanted to finish it at Nunkuwarrin Yunti when I got out because it’s a safe place”.

Because – “I am confident of confidentiality and the personal support is wonderful”.

Because – “1. Non- hospital and
2. As its an Aboriginal organisation I knew there would be good people here”.

Because – “Its more personal and comfortable here, everything is under 1 roof, much better than lots of appointments all over the map”

Because- “ You told me I was welcome at this clinic, I never thought I deserved to be treated”.

Case study 1.

- 28yr Aboriginal male - No fixed abode.**
- HCV PCR positive - Genotype 3**
- IDU history for 17yrs currently injecting.**
- Commenced HCV treatment Aug 06-**
- Accommodation obtained.**
- Joined 'Yerli Birko' Group for males and attended ceremonial weekend.**
- Access to son granted.**

Continued....

- **Supported in his decision to address drug use.**
- **Commenced volunteering program.**
- **Successful in obtaining a small business grant.**
- **Supported by S.A .Link Up to find his birth Father.**
- **Completed Treatment Feb 07. ETVR**
- **SVR due Feb 08- “Too busy..... will try to pop in soon”**
- **SVR done Sept 08- No virus detected.**

Case Study 2.

- 39yr old Aboriginal man – Married with 3 children- Employed fulltime.**
- NO history of IDU- ever!**
- History of non-professional tattoo at 15 yrs of age– done by his older brother who was HCV positive.**
- PCR positive Genotype 1- pre-treatment viral load 228,000**

Continued....

- **Commenced HCV treatment March 07**
- **Joined ‘Yerli Birko’ Group for males.**
- **Supported by “SA Link Up” to be re-united with his entire ‘birth family’.**
- **Attended counselling sessions addressing anger and alcohol issues.**
- **PCR at 4 weeks and 12 weeks – NO virus detected-offered RVR based shortened therapy of 24 weeks.**
- **No side effects reported**
- **ETVR- NO virus detected**
- **Treatment completed Sept 07.**
- **SVR Sept 08-NO virus detected.**

Clinic details

Clinic every 2nd Wednesday afternoon on alternate months and 2nd Thursday mornings on other month.

**Nunkuwarrin Yunti Health Service
Wakefield Street, Adelaide.**

Ring 82235217 – medical reception for an appointment.

Future directions

- **To host a 'Treatment Buddy Program'.**
- **In partnership with ASHM, we hope to continue to provide S100 HCV maintenance prescribing training and accreditation for GP's providing people with another model of service option for HCV treatment.**
- **To develop a nationally accredited Aboriginal Health Worker training package, in Blood Borne Virus prevention and treatment, which acknowledges the vital role AHW's have in the delivery of specialised health services to their communities.**
- **To strongly advocate for the removal of Liver Biopsy as a mandatory prerequisite for access to Hep B treatment.**
- **Provide support services and develop culturally appropriate resources for people who struggle with co-morbidities for instance Diabetes and Hepatitis C or other chronic disease.**
- **To support and encourage registrars in Hepatology and ID training programs to consider clinical placements at Community Health Services.**

Acknowledgements

- Nunkuwarrin Yunti of SA Inc.
- Drs John Ring, Lloyd Einseidel and Darren Mounkley.
- Kay Wilson Senior Aboriginal Health Worker.
- Tony Rankine Aboriginal Health Worker.
- Members of the H.O.P.E. team.
- Wayne Daniell and staff of ROCHE Australia.
- Vicki, Jackie and staff City East Chemplus - Hutt Street.
- Staff and volunteers of the Hepatitis C Council of SA.
- To all of you out there who continue to encourage us!