

Healthy under five program
[HU5K]
TIWI Islands

Wurrumiyanga

Milikapiti

Pirlangimpi

Demographics

- 1 Child health nurse [CHN]
- 3 Aboriginal Health practitioners [AHP]
- Wurrumiyanga clinic has 2 Doctor's [Dr] Monday to Friday and 2 GP registrars
- Milikapiti and Pirlangimpi have Dr 1 day per week

WURRUMIYANGA

- Population of children under five **111**
- Immunisation rates **100%**
- Anaemia **5 children**
- Growth faltering **4 children**

➤ *MILIKAPITI*

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|-------------------------------------|------------|
| ➤ Population of children under five | 31 |
| ➤ Immunisation rates | 100% |
| ➤ Anaemia rates | 1 child |
| ➤ Growth faltering | 6 children |

PIRLANGIMPI

- Population of children under five **22**
- Immunisation rates **100%**
- Anaemia rates **1 child**
- Growth faltering **3 children**

Improvements

- Immunisation rates have stayed high with a slight improvement in Wurrumiyanga to 100%
- Numbers of children tested for anaemia has improved
- Rates of anaemia have improved dramatically across all 3 communities
- Growth faltering rates have dropped

Changes to the program

- Coordination between Child Health [CH] Team, Dr and skin team increased
- CHN now based in the largest town and seeing acutely unwell children as well as delivering the HU5K program (previous fly in fly out)
- Regular visits to both smaller community's
- Focus on clinical education and support to AHP by CHN
- Change to promoting IM anaemia treatment from oral anaemia treatment

Changes to the program cont.

- Customize letters to clients with a CH logo
- Monthly recall reports for the programs for AHP to work from with daily recalls added
- fast track through the wait room for CH clients to the “baby room” with child friendly waiting area, toys for children to play with and consistent staff to deal with

Changes to the program cont.

- Families wait in the baby room to see the Dr for the well child Dr check's which decreases wait times keeps them in a child friendly environment
- Large follow up component of the HU5K program offered in the community (HB testing, weight checks, ear checks follow up with skin issues)
- Close coordination with the Menzies research team, audiology
- Dietician is now assessing the charts with abnormal growth identified

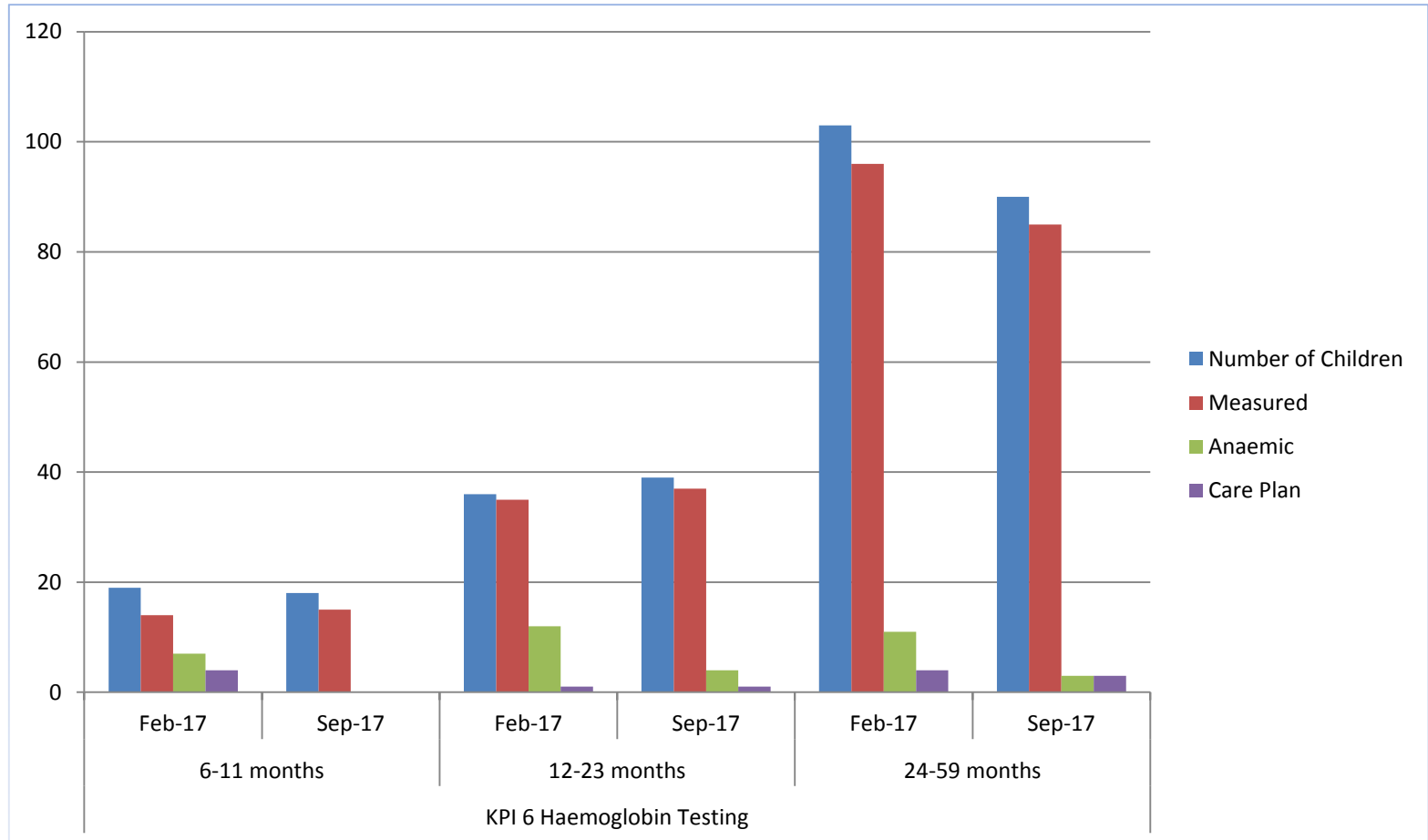
Why were changes made?

- Increase the relationship between Child Health Team and the community
- One stop shop for child health issues
- Child friendly environment for families and shorter wait times to see CHN or AHP
- Normalise the HU5K checks as prevention of issues before they arise (anaemia, growth faltering etc.).

Things to bring

- Scabies resources
- Child health letters
- Laminated graphs anaemia rates growth faltering
- Picture of your Baby Room

Anaemia rates



Growth faltering

