



the
Lowitja
INSTITUTE

Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

*Incorporating the Cooperative Research Centre
for Aboriginal and Torres Strait Islander Health*

ISSUE ONE / AUGUST 2010

Wangka Pulka

Welcome to Wangka Pulka

Welcome to the first edition of *Wangka Pulka*, which means 'Big Talk' in the Pitjantjatjara Yankunytjatjara language from our patron Lowitja O'Donoghue's traditional lands in northern South Australia. It's an appropriate title, as it is certainly our intention to talk as loudly and clearly as we can about any and all issues as they relate to the health and wellbeing of Australia's First Peoples.

This issue comes out in the immediate aftermath of the 2010 Federal election, and as we go to press there is still no clear indication of which side of politics will win the right to form government in alliance with the crossbench members in the lower house.

It was a historic election for many reasons, not least of which is the election of the first Aboriginal member of the House of Representatives, the Liberals' Ken Wyatt in the Western Australian seat of Hasluck. However, despite the uncertainty, we welcome the fact that all sides of politics strongly support initiatives to improve health outcomes for Aboriginal and Torres Strait Islander people.

As we have in the past, we will work with governments of all political complexions to pursue our research agenda both now and into the future. You will see from this newsletter that we are now established in new offices and already well advanced with implementing our three research programs.

It also gives us great pleasure to welcome aboard our new Chief Executive, Dr Kerry Arabena, who has extensive experience in the area of Aboriginal and Torres Strait Islander

health and who is currently the co-Chair of the National Congress of Australia's First Peoples.

Another key appointment to the Lowitja Institute team is Associate Professor David Thomas, our Associate Director of Research and Innovation and the head of our Northern Australia Health Research Unit in Darwin. We profile him and his continuing research contribution in the area of Aboriginal tobacco control.

Last but not least, we also introduce our *Wangka Pulka* editorial team along with highlights from our communications area, and as usual we provide a round-up of news in the Aboriginal and Torres Strait Islander health sector.

We trust you enjoy this first issue and we welcome any feedback or story suggestions you may have, which should be sent through to us at communications@lowitja.org.au.

02

CONTENTS / LOWITJA
INSTITUTE UPDATE

04

EDITORIAL

06

PROGRAM REPORTS

10

RESEARCH
COMMUNICATIONS

18

NATIONAL
POLICY NEWS

25

WANGKA
PULKA TEAM

INSIDE THIS ISSUE:

**02 CONTENTS / LOWITJA
INSTITUTE UPDATE**

- 02 Kerry Arabena: our new CE
03 Lowitja Institute and CRCATSIH
get settled in Melbourne, Darwin
and Brisbane

04 EDITORIAL

- 04 Welcome aboard David Thomas

06 PROGRAM REPORTS

- 06 Program 1: Healthy Start,
Healthy Life
07 Program 2: Healthy Communities
and Settings
08 Program 3: Enabling Policy
and Systems

10 RESEARCH COMMUNICATIONS

- 10 Knowledge exchange at the
Institute
10 Link people gear up for first
face-to-face
12 Fresh offerings on the Lowitja
Institute website
13 Report prompts action on unmet
transport needs
14 GPs can help Close the Gap
15 Dungala Kaiela Oration
16 New insights into social and
emotional wellbeing
17 ANZJPH devotes entire issue to
Aboriginal health
17 Research suggests Aboriginal
people not such heavy smokers

18 NATIONAL POLICY NEWS

- 18 Sexual health strategy targets
STIs in communities
19 Spotlight on government progress
against COAG targets
20 NHMRC launches *Road Map II*
research guidelines
21 Feds fund IT boost for community
health care providers
21 Future of Batchelor Institute
secured
22 NT race laws reinstated as
constitutional reform gains
new life
22 Tweaking the system to improve
coronary care
23 Blindness, pneumonia blight
Central Australian communities
23 Nurse practitioners are go in
the NT
24 Ah Kit in new advisory role at CDU

25 WANGKA PULKA TEAM

- 25 Meet the editorial team behind
Wangka Pulka



Kerry Arabena, Lowitja O'Donoghue and Pat Anderson stand outside the Lowitja Institute's recently opened Melbourne offices. Our new Chief Executive, Patron and Interim Chair represent three generations of strong women's leadership in Aboriginal and Torres Strait Islander health, with all three women bringing to the Institute a wealth of knowledge, wisdom and experience.

Kerry Arabena: our new Chief Executive

The Lowitja Institute is pleased to announce the appointment of Dr Kerry Arabena as its inaugural Chief Executive. Kerry is a descendant of the Meriam people of the Torres Strait and brings with her a wealth of experience in Aboriginal and Torres Strait Islander health, research, policy, administration and community development.

'We are thrilled to have a person with Kerry's talents accept our offer to join the Institute's team. We had interest from some very well qualified and highly regarded candidates which is a testament to the vital role and importance of the work of the Lowitja Institute in improving overall health outcomes for Aboriginal and Torres Strait Islander peoples,' said Pat Anderson, the Institute's interim Chair.

As the current co-Chair of the National Congress of Australia's First Peoples, Kerry has been

touring the country participating in community sessions about the role of the Congress. 'In all these community information workshops, health and wellbeing was perceived as a real cornerstone for achieving these futures. The investment in a national Institute of Aboriginal and Torres Strait Islander people's health demonstrates a commitment to a visionary and principled research agenda that will help us to realise these futures in a generation,' said Kerry.

Kerry has planned a staged transition from her role as co-Chair of the National Congress to CE of the Lowitja Institute. She will be working part-time for both organisations over the next three months before taking up her role with the Lowitja Institute full-time in December 2010.

Lowitja Institute and CRCATSIH get settled in Melbourne, Darwin and Brisbane

The CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH) operates at a national level and staff and essential participants are located in most Australian States and territories. As the host organisation, the Lowitja Institute has a Corporate Services unit that until recently was temporarily and generously accommodated by the University of Melbourne in the School of Population Health building in Bouverie Street, Carlton South. Again with the generous support of the University of Melbourne, the head office for the Lowitja Institute has now been permanently established at **179 Grattan Street, Carlton**.

Our new head office switch is **+61 3 8341 5555** while our postal address will remain unchanged at **PO Box 650, Carlton South, Vic. 3053**.

The Grattan Street building is ideally located in health research heartland, being on the doorstep of Onemda VicHealth Koori Health Unit, the School of Population Health and the University of Melbourne campus. Additional bonuses to the location are the proximity to the Melbourne CBD, public transport and of course the famous Lygon Street precinct – home of great Italian food and coffee! Next time you are in the neighbourhood drop in for a cuppa and a yarn.

The CRCATSIH and the Lowitja Institute are also pleased to continue to have a presence in the north with the establishment of the Northern Australia Health Research Unit (NAHRU) under the leadership of Associate Professor David Thomas. The four NAHRU staff members – comprising David, Vanessa Harris, Di Walker and Maria Halkitis – recently relocated to office accommodation on the Darwin campus of Charles Darwin University (CDU), which includes access to a small meeting space and a large conference room.

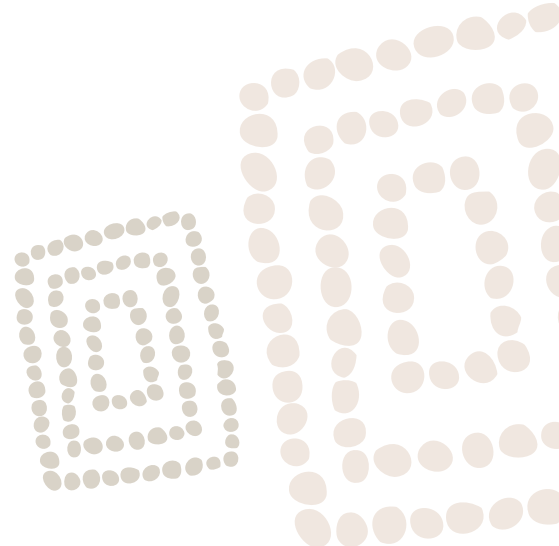
NAHRU's physical location is at Level 4, Building 2 in the Orange section of CDU, while the postal address is now **PO Box U364, Charles Darwin University, NT 0815**. Any general enquiries for NAHRU should be directed to David Thomas on **0459 229 291**, but please note that David is unavailable on Wednesdays.

Our CRCATSIH Program 1 (Healthy Start, Healthy Life) staff are now co-located with the One21seventy National Centre for Quality Improvement in Indigenous Primary Health Care in Brisbane. They can be found at **101 Riverside Drive, West End, Qld 4101**.

And it's business as usual at our Adelaide offices staffed by Barbara Beacham and Arwen Nikoloff. They are physically located at **Suite 11, 15 Fullarton Road, Kent Town, SA 5067**.



Lowitja Institute's Melbourne office





Welcome aboard David Thomas



Long-time Aboriginal health researcher Associate Professor David Thomas is the Lowitja Institute's new Associate Director of Research and Innovation, bringing to the organisation his extensive experience of working for academic and community controlled health services built up over more than two decades. He will head up the Institute's Northern Australia Health Research Unit (NAHRU), which is based at the Darwin campus of Charles Darwin University.

In his first interview with *Wangka Pulka*, David provides an insight into his past working life and his current research in the area of Aboriginal tobacco control, and explains how the Lowitja Institute can contribute to Aboriginal and Torres Strait Islander health research over the coming years in Australia's north.

'The reason for establishing NAHRU is to continue the strong presence in the Northern Territory started by our two predecessor organisations, the CRC for Aboriginal and Tropical Health (CRCATH) and the CRC for Aboriginal Health (CRCAH),' says David.

'Several key personnel, in addition to myself, will remain based in Darwin and will make contributions across the program areas which, for the next four years, will be funded as the CRC for Aboriginal and Torres Strait Islander Health.'

'I will continue working on my various tobacco research projects at the Menzies School of Health Research but will spend substantial time collaborating with Research and Innovation Director Professor Ian Anderson on the Lowitja Institute's research agenda, with a particular focus on research opportunities that will inevitably arise across northern Australia.'

David graduated from the University of Sydney's medical school in 1984 and by 1987 was working as a medical officer with the Nganampa Health Council in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the north of South Australia.

Since then he has worked for the Central Australian Aboriginal Congress in Alice Springs, for Danila Dilba in Darwin, for our predecessor organisation the CRCAH, for the Aboriginal Medical Services Alliance NT (AMSANT), the University of Melbourne and Menzies School of Health Research – and still somehow found time to complete both Masters and Doctoral theses, write a book called *Reading Doctor's Writing* and do volunteer work for refugee organisations.

After some urging from Viki Briggs at the Centre for Excellence in Indigenous Tobacco Control (CEITC) at the University of Melbourne, David decided to focus on research in this area.

'It's fair to say that Indigenous tobacco control was an area that had been neglected by researchers and it's an area which causes great harm and suffering – about one in five deaths among Aboriginal people is directly linked to smoking and it accounts for a large percentage of the health gap between Aboriginal and Torres Strait Islander people and other Australians,' he says.

His tobacco control research received a big boost in 2007 when the CRCAH awarded his team their first research grant for the Monitoring & Evaluating Aboriginal Tobacco Control project, and also helped raise the general profile of tobacco research among Indigenous Australians.

'The involvement of the CRCAH was crucial in the early days of our work and was particularly helpful in allowing us to establish a research team. We have now gone on to receive two large NHMRC grants, two fellowships, we're involved in a collaborative study with New Zealand researchers (funded by the NZ Health Research Council) and we've recently won funding from the Department of Health and Ageing to establish a national research project,' David says.

'Community members are now very aware of the importance of reducing smoking and keep raising it as a priority for research as well as services, and governments now also put a lot of emphasis on this area. The Australian Government has allocated more than \$100 million over the next few years to tobacco control in Aboriginal and Torres Strait Islander communities and our research team now participates in various national

committees and other forums dedicated to reducing smoking prevalence among Australia's First Peoples.

'So that is a very significant change.

'One of the things that has come out of our work so far is not only the importance of family in taking up cigarettes but, more unexpectedly, their role in making the decision to give up smoking. People in the communities we visit now talk about trying to quit to protect the health of their kids, to being good role models for their kids, to reduce the humbug from cigarettes in their families.

'Something else which has come out of our research work is that national Aboriginal smoking rates have not been resiliently static as had previously been thought, but in fact are coming down, far too slowly and from far too high a level, but still heading in the right direction.

'The notion that Aboriginal smoking rates hadn't changed had been leading policy makers and practitioners to say that nothing had worked and everything had to be done entirely differently. What we have said is, no, what you're looking at is a fairly typical tobacco epidemic curve and that things that have worked in other settings are probably likely to work in Aboriginal settings if handled appropriately.'

David's research has also convinced NT authorities to impose mandatory reporting of tobacco wholesale orders on all NT tobacco retail outlets

People in the communities we visit now talk about trying to quit to protect the health of their kids

from 1 July 2010, which will allow researchers to analyse the outcome of control measures on tobacco consumption far

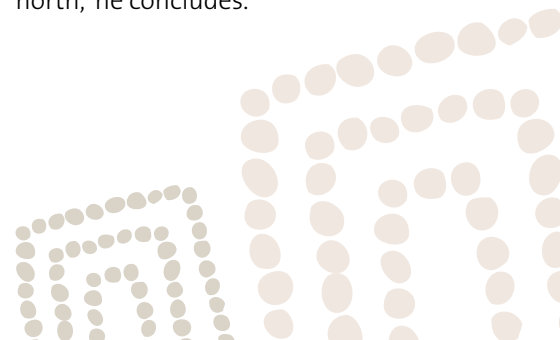
more quickly and accurately than previously when they were reliant on infrequent national surveys from the Australian Bureau of Statistics. Researchers will now be able to

assess the impact of major policy changes – such as plain packaging and increasing the national tax on cigarettes – on tobacco consumption across the whole of the Northern Territory.

Future research work includes a national longitudinal study of Aboriginal and Torres Strait Islander smokers around the country, which will allow the research team to quantify the impact of 'big picture' national control measures.

David says the ability to continue his involvement in vital tobacco research while at the same time contributing to the Lowitja Institute's continued presence in the north was an exciting opportunity.

'There will continue to be enormous opportunities for the Lowitja Institute to build on the work of the previous CRCs with all the stakeholders in the NT and eventually beyond, across all of northern Australia including the Kimberley area of Western Australia and Queensland's far north,' he concludes.



Program 1: Healthy Start, Healthy Life

Healthy Start, Healthy Life is about making sure that primary health care and health-related services are able to access and use innovations that will help them provide the best quality care to Aboriginal and Torres Strait Islander people.

Research carried out by the CRC for Aboriginal Health (CRAH) and others has produced a range of tools, techniques and resources that have been demonstrated to be effective and useful in Aboriginal and Torres Strait Islander health care. For example, the AimHi project developed care plans and resources for talking with Aboriginal clients about mental health and social and emotional wellbeing, and a training program to support the use of these tools. There is strong demand from practitioners for both tools and training.

But the pathway from research product to extensive, sustainable implementation of an innovation in the Aboriginal and Torres Strait Islander primary health care sector is not necessarily straightforward. Healthy Start, Healthy Life aims to find ways to make the transition of an innovation from research into widespread practice as straightforward and rapid as possible.

One21seventy

One of the major pieces of infrastructure that exists to help support the uptake of innovations into practice is the new National Centre for Quality Improvement in Indigenous Primary Health Care, also known as One21seventy. This is a small service provision organisation that has been set up as a spin-off from the CRAH-funded ABCD (Audit and Best Practice for Chronic Disease) Project, which ended in December 2009. The name One21seventy refers to the organisation's aspiration to support increased life expectancy for Aboriginal and Torres Strait Islander people beyond one in infancy, beyond 21 in youth and young adulthood, and beyond 70 in older age.

One21seventy provides a not-for-profit service that supports Aboriginal and Torres Strait Islander primary health care services to use and benefit from continuous quality improvement (CQI) tools and techniques. It is contracted by larger State, Territory or regional health services (and some smaller services) to provide access to up-to-date evidence-based clinical audit tools, training and a web-based information system.

To date, One21seventy has major contracts with Queensland Health (to support up to 100 government and community controlled health centres), a number of the Northern Territory's new health regions, Maari Ma Health Aboriginal Corporation in far west New South Wales, and eight health centres with the South Australian Department of Health. Others are under negotiation.

The rapid success of One21seventy means that the CRCATSIH has already met a number of its contractual obligations under its agreement with the Australian Government's Cooperative Research Centres Program.

OTHER KEY PROJECTS

National appraisal of CQI initiatives

We are about to call for Expressions of Interest for a project leader to carry out a national appraisal of CQI initiatives in Aboriginal and Torres Strait Islander primary health care.

Although One21seventy has received a high level of uptake from Aboriginal and Torres Strait Islander health services, there are many other CQI initiatives being used as well, such as the Australian Primary Care Collaboratives. This project will look at how the range of CQI initiatives are being used in Aboriginal and Torres Strait Islander health services, how they are supported by funding or other programs, and the sector's priorities and needs from such initiatives.

Quality of care – national research partnership

While One21seventy continues the service provision role that was formerly carried out by the ABCD research project, research to support health centres improve the quality of their care is continuing through a national research partnership.

Program 2: Healthy Communities and Settings

The project is, like the CRCATSIH itself, a partnership between research institutions, government health services and the community controlled health sector. Partners in the project include: the Aboriginal Health Council of SA (AHCSA), Queensland Aboriginal and Islander Health Council (QAIHC), the Aboriginal Medical Services Alliance of the NT (AMSANT), Maari Ma Health Aboriginal Corporation, the Health Departments of Western Australia, Northern Territory, South Australia and Queensland, Menzies School of Health Research, the University of Queensland, Curtin University and the University of South Australia.

Funding for the project has come from the NHMRC, with the South Australian, Western Australian and Queensland health departments funding regional research activity in their respective States. The CRCATSIH is providing supplementary funding to support regional research in the Northern Territory and Victoria.

Healthy Communities and Settings is about addressing health through a community and family focus, and ensuring that health promotion for Aboriginal and Torres Strait Islander people includes innovations at the broader community and social level. As an individual's health and wellbeing is strongly associated with the wellbeing and resilience of the communities in which they live, improvements in individual health are more likely to be sustained over the long term when the social and physical environment is positive and supportive.

The program's aims are:

- To develop tools for auditing and monitoring Aboriginal and Torres Strait Islander health determinants and outcomes, and evaluating interventions across a range of community, service delivery and policy settings.
- To identify and/or develop appropriate indicators for capturing and measuring Aboriginal and Torres Strait Islander health determinants.
- To understand the applicability of relevant measures for Aboriginal and Torres Strait Islander health determinants along the continuum of health: for instance, health promotion, clinical and public health activities, and in policy, planning and practice.
- To develop an accredited Aboriginal and Torres Strait Islander health promotion training module.

Constructs of 'health' within Aboriginal and Torres Strait Islander communities are broader and more holistic than traditional Western biomedical concepts. Over recent years, research has identified a number of determinants of health of specific relevance to Aboriginal and Torres Strait Islander people: social processes, cultural values, histories and contemporary social pressures are distinct from those that dominate the mainstream, just as the social determinants of health also go beyond 'traditional' determinants (employment, income, education, housing).

A body of work has accumulated in the area of (psycho)social determinants of Aboriginal and Torres Strait Islander wellbeing. It suggests that the conventional indicators used in mainstream social determinants research do not necessarily vary with health outcomes in the same way as they do among Aboriginal and Torres Strait Islander populations.

Likewise, at a service level, community controlled health organisations provide holistic services that address an enormous range of issues for their clients, but only a small proportion of these services appear in conventional reporting requirements. Within this program we will more precisely document the range of services provided by these organisations, the ways in which they address the specific and multiple determinants of Aboriginal and Torres Strait Islander health identified above, and the many levels at which they intervene (individual, family, organisational, community and broader society).

Furthermore, Healthy Communities and Settings will address the social determinants of health that influence wellbeing and clinical outcomes across broad disease groups. It will develop knowledge and evaluate tools and resources to strengthen the capacity of community agencies to address the determinants of Aboriginal and Torres Strait Islander health.



Participants at the QA workshop

Current activities

Program 2 is working with Investigators to develop a research project that will provide an Aboriginal and Torres Strait Islander perspective to a broader program of evaluative work, called the Localities Embracing and Accepting Diversity (LEAD) program. Led by Dr Yin Paradies,

this program will focus on ensuring that those components of the LEAD evaluation of concern to Aboriginal and Torres Strait Islander communities are implemented appropriately. A quality assurance (QA) workshop around the proposed Indigenous evaluation project was held in Melbourne on 28 July 2010.

Program 3: Enabling Policy and Systems

Enabling Policy and Systems addresses the fundamental constraints and challenges that contribute to poor performance in Aboriginal and Torres Strait Islander health policy and programs. Its focus is on aspects of health care systems and health policy that are known to be important current barriers against, or potential contributors to, improvements in Aboriginal and Torres Strait Islander health and health care. The aim is to develop knowledge and evaluate tools and resources that will enable our research users to reform health system policy and administration and improve capacity to implement programs effectively.

There is plenty of evidence that policies and programs in Aboriginal and Torres Strait Islander health could be more effective. Problem areas include:

- The complexity of national and State/Territory government responsibilities and of the 'partnership' arrangements that are used for program management and delivery.
- Lack of trust and respect in working relationships between

Aboriginal and Torres Strait Islander organisations and mainstream organisations (arising at least partly from failure by governments and their agents to attend to the need for intercultural methods of working, rather than 'business as usual').

- Inadequate infrastructure for good health care.
- Inadequate and complex funding.
- Competing priorities and fundamental tensions among the many stakeholders about policy goals and program methods.
- A commitment to policy timelines that are incompatible with the nature of the task.

The impact of these problems is seen in stop-start interventions; unacceptable levels of resource usage on complex multi-party program planning and coordination activity; burdensome administrative and reporting requirements; and, paradoxically, a lack of good data and information on which to measure progress and shape policy direction. These problems are not unique to Aboriginal and Torres Strait Islander health policies and systems, and much can be learned from efforts to address similar problems in other areas of the health and social systems, including in Aboriginal and Torres Strait Islander affairs.

Enabling Policy and Systems seeks to develop alternative models that can work in the complex administrative and governance environment within which Aboriginal and Torres Strait Islander health services and programs operate. Research also aims to address gaps in

knowledge that could enable the users of research to work together to implement policy goals and programs in a more timely way and with a greater focus on delivery.

Program 3 will also include research and adoption/adaptation activity, and incorporate a strong focus on implementation research – knowledge for embedding and scaling-up approaches, programs and interventions with demonstrated efficacy.

Research, capacity building and utilisation activities in this program will be undertaken under three main themes:

1. Health policy and program effectiveness – efficiency and effectiveness of decision-making and policy and program planning and implementation by governments.
2. Aboriginal and Torres Strait Islander health workforce – capacity, composition and structure of the workforce
3. Organisational effectiveness in health care for Aboriginal and Torres Strait Islander people – including Aboriginal Community Controlled Health Organisations and other health care providers.

Six key projects, to be achieved over the next four years, have already been identified across these three areas. They will cover a broad cross-section of important policy and systems areas including two related to workforce – an understanding of what works in workforce policy, and an evaluation of effective HR practices in the community controlled health sector and other Aboriginal and Torres Strait Islander health care settings – and one that follows up on the

Overburden Project and assesses approaches to primary health care system funding and the related issues of accountability, structure and governance.

The question of improving the synthesis of evidence and its use in policy and practice will also be investigated, and there will be a study of the planning processes as part of the implementation of the National Partnership Agreements in Indigenous Health.

Last but not least, Program 3 will undertake an investigation of ways to improve the effectiveness of policy and programs in Aboriginal and Torres Strait Islander health from the perspective of stewardship responsibilities.

Current activities

Work has commenced on a project that will investigate the effectiveness of formal partnership agreements in giving expression to Aboriginal and Torres Strait Islander community values and priorities.

We are also working on implementing the outcomes of the CRC for Aboriginal Health project 'Improving the Culture of Hospitals', and intend to develop a national network of participating hospitals for this purpose. To download a copy of the *Improving the Culture of Hospitals Toolkit* emanating from this project, visit <http://www.svhm.org.au/aboutus/community/Pages/Aboriginalhealthcare.aspx>.

For more information on the research programs, please go to www.lowitja.org.au/research-programs.

Knowledge exchange at the Institute

To facilitate the work of the three research program areas, the Lowitja Institute is also developing a suite of initiatives to support communicating relevant research findings – to our key partners and stakeholders as well as to the wider health and policy sectors – and partnering and collaboration, including with the education and workforce sectors. Central to this activity are relationships with Aboriginal and Torres Strait Islander health organisations, researchers and government, and enhancing capacity for engagement with, and use of, research findings.

We are currently developing effective links with our stakeholders – including relevant information clearinghouses – reviewing our approach to research training and capacity development in Aboriginal and Torres Strait Islander health research, producing strategic research publications and other

appropriate resources, including in multimedia, and developing a more dynamic, interactive and user-friendly website. Alongside this activity we will continue our efforts in communicating effectively through marketing and media, as this has always been vital to our work, as has being in touch with and bringing together our partners and stakeholders.

During the first few months, we have:

- developed the Lowitja Institute website (www.lowitja.org.au), which includes the archived CRAH website (www.lowitja.org.au/crah/crah), and began scoping redevelopment activity;
- contributed to the sponsorship of 13 Aboriginal and Torres Strait Islander representatives at the 6th Gathering of Healing Our Spirit Worldwide in Hawaii this September, and assisted a further two representatives

to attend international forums (articles about the experiences of some representatives will be included in the next newsletter);

- compiled and disseminated the fortnightly *e-Bulletin*;
- provided support for the Certificate IV Indigenous Research Capacity Building, offered through the Aboriginal Health Council of South Australia; and
- published a research report (see p.14), a community report (see p.13) and a review of Congress Lowitja 2010 (see p.11).

For further information, or to connect into our research program activity, contact Barbara Beacham, Knowledge Exchange Manager, at barbara.beacham@lowitja.org.au or on +61 8 8132 6132.

Link people gear up for first face-to-face

The Cooperative Research Centre for Aboriginal and Torres Strait Islander Health – hosted by the Lowitja Institute – is committed to maintaining and enhancing its network of Link people as the cornerstone of knowledge exchange activities between us and our 12 essential participants. Originally established by our predecessor organisation, the CRC for Aboriginal Health, to act as information conduits between the CRAH and its partners (the previous name for essential participants), Link people have

played an increasingly vital role in ensuring that we reach our aims, particularly around research diffusion.

How it works is that each of the essential participants nominates a representative to participate in the Link network; that representative then becomes the main point of contact with the CRCATSIH. Link people keep each other updated about what is happening within their respective organisations, in the wider world of Aboriginal and Torres

Strait Islander health research and health practice, and provide feedback into research proposals and implementation.

Link people also fly the flag for the CRCATSIH through their own research. Megan Williams, one of our University of Queensland Link members, recently attended the Health Promotion Conference in Geneva with our support and her PhD research is one of our in-kind projects.



Penny Smith (2nd from right) with Link people Inge Kowanko, Megan Williams, Paul Stewart and Normie Grogan

The entire Link network is coordinated by our Stakeholder Management Officer, Penny Smith, who ensures feedback is channelled through to the relevant area of research and / or Lowitja Institute management. Penny, who is studying for a Master of Public Health through the University of Melbourne, has been a Link person since 2006 and was the CRCAH Link Coordinator from June 2008 onwards.

In early September, CRCATSIH will host its first face-to-face meeting of Link people in our new offices in Melbourne. At this meeting, which will be attended by Lowitja Institute staff including Director of Research and Innovation Professor Ian Anderson, we aim to provide Link people with comprehensive details regarding the work of the Lowitja Institute and the CRCATSIH and the role that they will play in this work. It is anticipated that the highlight of the Link get-together will be the reports from Link people about activities in their home institution or organisation. Lowitja Institute staff are looking forward to this session as, at the CRCAH, it is often the basis for generating new projects and facilitating collaborative work.

We are lucky to have a few long-serving Link people carrying over from the CRCAH who bring an amazing amount of knowledge to their roles and to the group: in particular, Inge Kowanko (Flinders University) and Braiden Abala (NT Government – Department of Health and Families). Inge has supported our work since we began as the CRC for Aboriginal and Tropical Health and has been involved in everything from contributions of in-kind projects to assisting with the evaluation of the CRCAH. Braiden has been an active Link person providing valuable connections and advice with regards to the NT Government's role in our work.

We would like to take this opportunity to thank the Link people from our previous associate partner organisations who will not be continuing with us at the Lowitja Institute. They are Karrina DeMasi (Batchelor Institute), Emily Raso (NT Government), Kate Riddell (Telethon Institute), Laurie Rivers (NT Government) and Roslyne Thorne (FaHCSIA). We appreciate the support of these individuals and their predecessors, and we look forward to remaining strongly connected with them

through Congress Lowitja. We also bid a sad farewell to one of our long-standing Link people from Danila Dilba, Cyril Oliver, who brought amazing community knowledge to the table. In his place we welcome Shaun Tatipata, Danila Dilba's Community Development Manager.

And finally, we would like to alert all our readers to the *Congress Lowitja 2010 Report*, which will be available for download on our website <www.lowitja.org.au/congress-lowitja-2010>. The report contains a summary of the proceedings from our inaugural Congress Lowitja held last March at the AHMRC College in Little Bay, Sydney, along with loads of photos of participants and presenters.

For more information about the Link program, contact Penny at <Penelope.Smith@lowitja.org.au>. A full list of our essential participants can be found at <<http://www.lowitja.org.au/crcatsih-participants>>.

Fresh offerings on the Lowitja Institute website

The Lowitja Institute website continues to develop new content to ensure all our information is as up to date and useful as possible. Over the past week we have posted a new page on the upcoming 6th Gathering of Healing Our Spirit Worldwide, added speeches by our interim Chair Pat Anderson and updated our contacts to keep up with the recent moves to new offices (see p. 3).

Pat has also asked us to upload speeches that she made in her capacity as Chair of the CRC for Aboriginal Health in 2009. We have uploaded these in our collection of speeches and presentations in the CRCAH Archive. Go to www.lowitja.org.au/crcah/speeches to read these speeches:

- Keynote Address to the Annual Conference of the Australian Health Insurance Association (11 November 2009)
- 'The Intervention': Some Reflections Two Years On, Social Justice Lecture, University of Melbourne (24 June 2009)
- Empowerment and Closing the Gap: Australian Health Inequities Program – Beyond Evidence on Health Inequities: What Works, Why and How? (28 April 2009)



- Address to the International Women's Day Dinner, Darwin (7 March 2009).

With the Lowitja Institute continuing to support participants to attend Healing Our Spirit Worldwide, we now have a page to reflect this involvement and to provide a space for reporting back after the Sixth Gathering in September 2010. Go to www.lowitja.org.au/healing-our-spirit-worldwide for more about Healing Our Spirit Worldwide.

If you are looking for our new addresses and phone numbers in Melbourne and Darwin, they are now available at www.lowitja.org.au/contact.

To keep up with news from the Lowitja Institute, and the sector in general, check out our News and Events section, which is regularly updated at www.lowitja.org.au/announcements, and/or subscribe to *Wangka Pulka* and the *e-Bulletin* at www.lowitja.org.au/node/add/profile.

The Lowitja Institute e-Bulletin

The *e-Bulletin* is a fortnightly electronic publication that lists conferences, jobs, media releases and news, publications, resources, scholarships and other funding opportunities, as well as courses and seminars that might be of interest to people working in Aboriginal and Torres Strait Islander health.

The focus is on health research, particularly primary health care and health-related services; addressing health through community and family; and addressing health through policy and systems. The *e-Bulletin* goes out to 3000 plus subscribers every second Monday.

If you would like to be added as a subscriber, please go to www.lowitja.org.au/node/add/profile or write to us at admin@lowitja.org.au.

Report prompts action on unmet transport needs

A community report highlighting how the unmet transport needs of Aboriginal and Torres Strait Islander people living in urban, regional and remote areas significantly contribute to poor health and psycho-social outcomes has just been published by the Lowitja Institute.

Entitled *Aboriginal People Travelling Well*, the community report distils the outcomes of five years' work by a dedicated team of researchers led by Yvonne Helps in a collaborative effort backed by the CRC for Aboriginal Health and the Flinders Aboriginal Health Research Unit.

The Australian Transport Safety Bureau provided original project funding.

It also showcases how the research effort translated directly into policy changes on the ground, with the South Australian Government beginning the rollout of new measures designed to improve the ability of Aboriginal and Torres Strait Islander people to gain their drivers' licences.

The starting point for the research is that mobility is a basic human need, and that safe and sufficient transport should be accessible to everyone. The research focused on the interaction between access to safe transport and the health and wellbeing of people in several distinct South Australian Aboriginal communities – in metropolitan Adelaide, in the regional centre of Ceduna and the remote community of Yalata on SA's far west coast.

Researchers drew on the fragmented literature and, through interviews and focus groups with Aboriginal people and their service providers, began to develop a coherent view of the issues and possible responses.

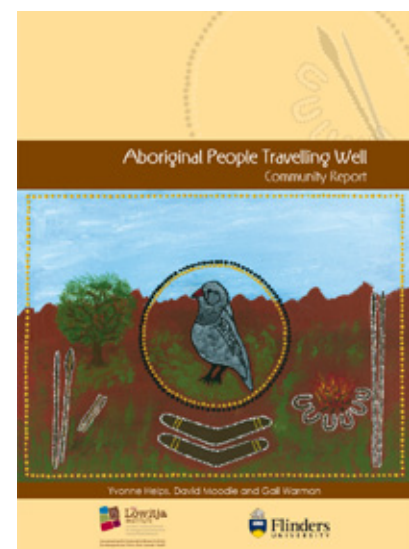
Among the key issues identified are that people often travel unsafely when there is a health crisis in their family, and that reluctance to travel away from family and community supports contributes to under-servicing of health needs and continuing poor health among Aboriginal and Torres Strait Islander populations.

mobility is a basic human need... safe and sufficient transport should be accessible to everyone

Added to this are difficulties encountered by Aboriginal and Torres Strait Islander people in qualifying for drivers' licences, in being able to afford the purchase and servicing of mechanically sound vehicles, and in accessing public transport when such services are either expensive or non-existent in many regional and remote areas.

A final project report was released in 2008 (available for download from <http://aboriginalhealth.flinders.edu.au/>) which recommended a range of measures to improve people's ability to access transport – ranging from improved access to driver training for Aboriginal and Torres Strait Islander people, to more funding for relatives to travel with sick family members seeking treatment far from home.

Some of these recommendations have since been acted upon by the SA Government, which has developed new policies to improve and expand the options for Aboriginal and Torres Strait Islander people who wish to gain their drivers' licences. With extra input from the SA Thinkers in Residence program and government departments, State Cabinet recently approved a program to implement the new licensing initiatives, with preliminary work set to commence in the second half of 2010.



The *Aboriginal People Travelling Well* community report is available for download from the Lowitja Institute's website www.lowitja.org.au/. Printed copies will soon be available for order on-line.

GPs can help Close the Gap

Better identification of Aboriginal and Torres Strait Islander patients in Australian general practices would improve their access to Medicare benefits, such as health checks, that would in turn help Close the Gap – yet many GPs don't consider that people's choice of identity is relevant to quality of care, according to a new study.

The study, commissioned by the Australian Primary Health Care Research Institute (APCHRI) at the Australian National University and conducted and published under the auspices of the Lowitja Institute, reviewed the effectiveness of strategies that aim to improve the identification of Aboriginal and Torres Strait Islander people.

National data and research evidence indicate that less than one-third of general practices routinely collect information on the background of patients. Improved identification of Aboriginal and Torres Strait Islander patients would support new 'Closing the Gap' initiatives to extend the delivery of routine health checks and chronic disease management services.

Extensive consultations and interviews with Aboriginal and Torres Strait Islander people, general practice staff and other stakeholders were undertaken as part of the study. Case studies of 10 general practice networks, constituent practices and partners showed examples of promising strategies to improve identification that could be further developed. Aboriginal and Torres Strait Islander stakeholders

recommended that the key principles of 'respect' and 'cultural safety' needed to be incorporated into strategies for supporting self-identification.

The study's key recommendations to improve identification of Aboriginal and Torres Strait Islander patients were to:

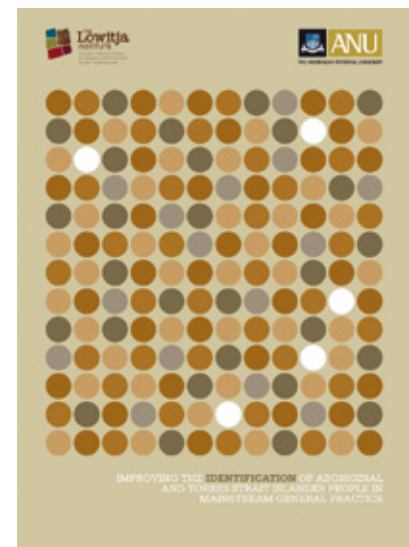
- promote community awareness of the link between identification and quality of care so that Aboriginal and Torres Strait Islander people better understand why self-identification is important
- strengthen national accreditation standards for identification and link them to cultural safety training for practice staff
- modify medical information management software to ensure that standard questions are being asked, and to remind staff to record Aboriginal and Torres Strait Islander status
- develop practice guidelines on identification and provide training support for staff.

Project leader Associate Professor Margaret Kelaher, from the University of Melbourne, said supporting voluntary self-identification would improve Aboriginal and Torres Strait Islander people's quality of care.

'Identification processes require the development of culturally appropriate approaches and general practices need to provide culturally safe opportunities

for people to identify,' she said. 'Helping practice staff and the community to understand the link between identification and quality of care is a critical part of this process.'

APHCRI Director Robert Wells said the study was an 'important first step' towards providing better health care for Aboriginal and Torres Strait Islander people and to assist with the prevention of chronic disease.



To access *Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice*, visit www.lowitja.org.au/.

Dungala Kaiela Oration

The Lowitja Institute is pleased to sponsor the annual Dungala Kaiela Oration, this year held on Wednesday 30 June in Shepparton, which celebrates Aboriginal cultural identity, creates a shared vision for the people of the greater Goulburn Valley region, and promotes Aboriginal cultural and socio-economic development. The focus of this year's oration was on social and economic inclusion.

Justin Mohamed, Director of the University of Melbourne's Goulburn Valley Partnerships and Chair of the National Aboriginal Community Controlled Health Organisation, was MC for the night. After a performance by the Dhungala Children's Choir,

including a song from *Pecan Summer* by Deborah Cheetham – in which they were joined by Yorta Yorta bass baritone Tiriki Onus – Uncle Colin Walker welcomed the audience to Yorta Yorta country. Uncle Colin spoke of the long struggle his people have had since colonisation to practise their expertise as businesspeople, thus providing the historical context for the evening.

Paul Briggs, Chair of the Kaiela Planning Council, Founding President of the Rumbalara Football Netball Club and Fellow of the University of Melbourne's Council, stated that inclusion of Aboriginal people in mainstream society will be closely linked to participation, but he also

emphasised the need to respect an Aboriginal person's worldview. 'To protect Aboriginality we need that economic base,' Mr Briggs said.

The Oration was delivered by Richard Goyder, Managing Director and CEO of Wesfarmers Limited, Australia's largest employer, which includes businesses such as Coles, Target, Kmart, Bunnings and Officeworks. He told the audience that, while business does not necessarily have the answers, it must be part of the solution. 'It is a matter of improving our community engagement and increasing our workforce capacity... It's a question of matching the largest private sector employer [Wesfarmers]



Richard Goyder giving the Dungala Kaiela Oration in Shepparton

and the greatest social issue in Australia,' Mr Goyder said. 'Why Shepparton? Because it has strong Aboriginal leadership and a history of leading national change.'

Professor Marcia Langton responded to Mr Goyder's address, thanking him for sharing his personal views and his business vision. She highlighted the real multiplier effect of Aboriginal employment, stating that sometimes the solution is simple, such as setting targets of numbers of employees X by date Y. 'Aboriginal people want to create their own participation,' Professor Langton said.

Justin Mohamed concluded the evening by stating that Aboriginal people are strong, innovative and resilient businesspeople, who understand that work creates an immediate difference: work creates choices.



Lowitja Institute Interim Chair Pat Anderson with grandson Reuben at the Dungala Kaiela Oration

New insights into social and emotional wellbeing

An important new contribution in the area of social and emotional wellbeing among Aboriginal and Torres Strait Islander people has recently been published as a book. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* emerged from a collaboration between the Australian Council for Education Research (ACER) and the Perth-based Telethon Institute for Child Health Research's Kulunga Research Network funded through the Commonwealth Department of Health and Ageing.

Edited by Nola Purdie, Pat Dudgeon and Roz Walker, *Working Together* offers new approaches to Indigenous mental health that acknowledge the importance of cultural identity and resilience as well as the pervasive effects of racism, and the disempowerment of colonisation and assimilationist policies. The book incorporates culturally specific clinical mental health assessment processes and culturally appropriate treatment interventions.

Working Together offers a high-quality, comprehensive examination of issues and

strategies influencing Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, and is intended for use by researchers, students and all practitioners working in areas that support mental health and wellbeing.

Working Together is being offered free of charge. Please go to the Kulunga website at <www.ichr.uwa.edu.au/kulunga/working_together> to view the electronic version of the book and to access order forms for printed copies. You can also email your contact details to <enquiry@ichr.uwa.edu.au> specifying the number of copies you would like for your organisation, staff and/or students.

ANZJPH devotes entire issue to Aboriginal health

The work of some of Australia's foremost Aboriginal and Torres Strait Islander health researchers is covered in the July 2010 edition of the *Australian and New Zealand Journal of Public Health*, a special issue devoted to the health of Australia's First Peoples.

The Federal Minister for Indigenous, Rural and Regional Health, the Hon. Warren Snowdon, introduces the issue with a general overview of the burden of disease and chronic conditions borne by Aboriginal and Torres Strait Islander people and some of the main initiatives the Australian Government is taking to reduce the level of health disadvantage.

Following that are papers on maternal and infant health, chronic illnesses, alcohol-related

conditions, health behaviours (including tobacco consumption and sexually transmitted infections), and opportunities for change. One of the papers relating to tobacco consumption patterns is co-authored by Lowitja Institute Associate Research and Innovation Director David Thomas (see below).

While the challenges confronting those working to improve the health of Australia's First Peoples are large, the papers in this issue are peppered with plenty of positive research outcomes. For instance, Zhiqiang Wang and Wendy Hoy provide evidence for a new way of predicting cardiovascular disease among Aboriginal Australians, opening up the possibility of more effective and targeted early intervention.

Meanwhile, Josephine Gwynn and colleagues present findings that Aboriginal and Torres Strait Islander children are more active than other Australian children, an encouraging sign given the importance of physical activity to good health.

Research by Yuejen Zhao and colleagues also provides strong evidence that Aboriginal mortality rates in the Northern Territory have declined over time, with the sobering rider that people are living longer but with a greater burden of disease. The authors raise the issue of how best to continue monitoring not only mortality rates but also the burden of disease.

For more information about this Special Issue, or to download stories, visit <http://www.phaa.net.au/journal.php>.

Research suggests Aboriginal people not such heavy smokers

Our Associate Director of Research and Innovation David Thomas's research focus on Aboriginal tobacco consumption continues to reveal the unexpected, with a just-published research paper showing that smokers in one remote area of Australia may burn through only half as many cigarettes as those in the broader community – despite far higher rates of smoking.

In a paper published in the July Special Indigenous Edition of the *Australian New Zealand Journal of Public Health* (ANZJPH), David

assisted Rosalind Barker and Paul Torzillo from Nganampa Health Council and Simon Chapman from the University of Sydney to analyse sales records of all cigarettes sold in 2007 in six stores in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north-west of South Australia.

By auditing cigarette purchases, they estimated the number of cigarettes smoked daily by the area's adult population, numbering about 1000. They found smokers consumed between six and eight cigarettes

a day, while smokers in the wider Australian community smoked an average of 14 cigarettes a day – a figure that jumps to 17 for the lowest income group.

'Our data suggest that daily smoking frequency by Aboriginal residents of APY lands is much less than that in Australian society at large, including that by the lowest socio-economic group, which has the highest smoking prevalence and daily smoking frequency,' the authors say. 'This finding is notable and runs counter to the negative stereotype

that Aboriginal people are heavy smokers. It may further suggest that many central Australian Aboriginal smokers do not have patterns of consumption which suggest nicotine addiction.

‘While some have called for NRT [nicotine replacement therapy] subsidisation for Aboriginal smokers, persistent patterns of low daily smoking challenge

aspects of nicotine addiction theory and should require those working in smoking cessation to consider how appropriate cessation methods based on assumptions of addiction, such as nicotine replacement therapy are for at least some Aboriginal groups.

‘(However), while the daily smoking rates that we report are encouragingly lower than those

in both the wider community and in low income groups, the rates are certainly cause for concern. A prospective study of over 42,000 Norwegians found that those smoking just 1–4 cigarettes per day had elevated rates of tobacco caused disease.’

For more information or to download the full paper, visit <http://www.phaa.net.au/journal.php>.

Sexual health strategy targets STIs in communities

A suite of new measures to tackle sexually transmitted infections (STIs) among Aboriginal and Torres Strait Islander people aims to improve testing, treatment, prevention and monitoring in a collaborative effort between federal and State governments.

The Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy was launched on 10 June 2010 and includes a commitment to eliminate syphilis in Indigenous communities. It also aims to reduce morbidity and mortality related to other blood-borne viruses and STIs including gonorrhoea, Chlamydia, HIV and viral hepatitis.

According to government figures, gonorrhoea is 36 times more prevalent in Aboriginal and Torres Strait Islander communities than elsewhere in Australia and Chlamydia is six times more common.

However, there are fewer than 200 notifications of infectious syphilis a year reported from mostly Aboriginal communities, leading to cautious optimism that it can be eliminated.

‘Now is the right time to achieve this target. It’s the right public health measure to be striving towards,’ says the principal author of the new strategy, James Ward, program head of the Aboriginal and Torres Strait Islander Health Program at the University of New South Wales’ National Centre in HIV Epidemiology and Clinical Research.

The new strategy was welcomed by Justin Mohamed, Chair of the National Aboriginal Community Controlled Health Organisation.

‘The strategy is an important step forward and was developed with significant input by our health workers along with researchers and other experts in the field,’

he said. ‘However, we know from over 30 years’ experience in delivering primary health care in Aboriginal communities that any strategy is only as good as its implementation.’

‘An expanded and fully resourced workforce in Aboriginal Community Controlled Health Services, and across all jurisdictions, will go a long way to ensuring that the goals and aims of this strategy will be met.’

The strategy is one of five that aim to reduce the transmission of STIs and blood-borne viruses in Australia from 2010 to 2013. All the strategies are available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010>.

Spotlight on government progress against COAG targets

The first independent reports assessing the performance of all nine Australian governments against 2008 National Agreements in healthcare, housing, Indigenous reform and disability were released in June 2010 by the Council of Australian Governments (COAG) Reform Council.

Chairman of the COAG Reform Council, Mr Paul McClintock, AO, said the four reports present some stark findings that governments must address – particularly in relation to Aboriginal and Torres Strait Islander disadvantage.

‘The overwhelming disadvantage of Indigenous Australians is an alarming theme that runs through all of the National Agreement reports,’ Mr McClintock said. ‘While Australians have one of the highest life expectancy rates in the world, for Indigenous Australians the rate is the same now as it was for other Australians in the 1950s.’

The national Indigenous Reform Targets are to:

- Close the life expectancy gap within a generation.
- Halve the gap in mortality rates for Indigenous children under five within a decade.
- Ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years.
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade.
- Halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020.
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.
- Nationally, Indigenous Australians reported high rates of sedentary lifestyle (50.9 per cent), smoking (44.8 per cent) and obesity (33.6 per cent), compared to those for non-Indigenous Australians (33.2 per cent, 18.9 per cent and 17.7 per cent respectively).

The four reports found that:

- Nationally, the Indigenous mortality rate for children under five was 2.3 deaths per 1000 – twice the rate of other children.
- Large rate differences were also recorded for diabetes (seven times more likely to be the cause of death for Indigenous Australians compared to non-Indigenous Australians), kidney disease and digestive diseases (both 4.3 times more likely to be the cause of death for Indigenous people). For kidney disease, this difference was 12-fold in the Northern Territory.
- Indigenous Australians are more likely to live in unacceptable conditions. In 2008, almost 26,000 Indigenous households across Australia were overcrowded.
- The unemployment rate was four times higher for Indigenous Australians in 2008.

A common thread running through each of the reports is the lack of quality data available to measure progress against the performance indicators, which is also a key concern of the Lowitja Institute. The council has recommended COAG address the gaps in data so it can properly report on progress in the future.

‘At present there are significant limitations in the availability of data across all four areas. It is either outdated or simply not available,’ Mr McClintock said. ‘We’ve urged COAG to address these gaps so that we can accurately compare and assess year-on-year changes.’

‘Despite these data limitations, the reports are significant because they are a comprehensive snapshot of the performance of each government in these areas.’

‘The public release of these reports is critical to make all governments accountable for their results under these National Agreements – accountable for achieving the targets they set for themselves.’

To download copies of the four reports, visit <http://www.coag.gov.au/crc/reports.cfm>.

NHMRC launches *Road Map II* research guidelines

An emphasis on more thorough consultation and greater involvement of Aboriginal and Torres Strait Islander people at the start of research projects are among the key changes in the National Health and Medical Research Council's (NHMRC) revamped guidelines for funding research into Aboriginal and Torres Strait Islander health.

Road Map II: A Strategic Framework for Improving the Health of Aboriginal and Torres Strait Islander People through Research is the result of a two-year evaluation of the original *Road Map I*, which was released in 2002. It replaces the previous thematic approach to evaluating research proposals with seven new 'action areas', and introduces a triennial Action Plan for improving the health of Aboriginal and Torres Strait Islander people.

Road Map II also makes explicit its main objective, which is to 'close the gap between the life expectancy of Aboriginal and Torres Strait Islander people and the overall Australian population'.

The NHMRC has committed a minimum of 5 per cent of research funding to Aboriginal and Torres Strait Islander health and wellbeing.

The seven action areas were developed in consultation with peak national Aboriginal and Torres Strait Islander bodies, including the former CRC for Aboriginal Health, and are as follows:

- Improving the participation of Aboriginal and Torres Strait Islander people in NHMRC programs.
- Capacity exchange.
- Promotion of the NHMRC's role in Aboriginal and Torres Strait Islander health.
- Close the Gap.
- Evaluation research.
- Intervention research.
- Priority-driven research.

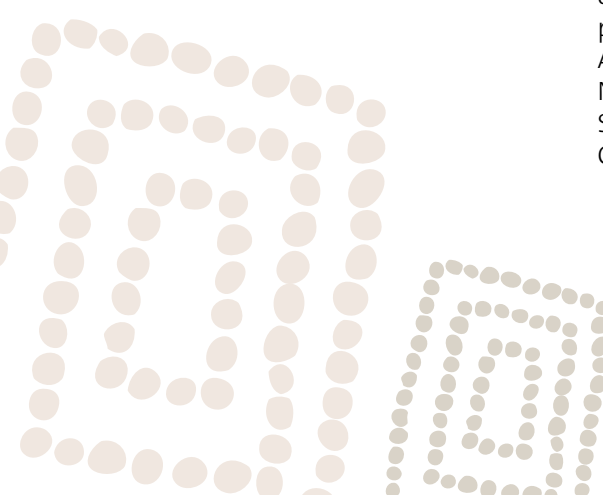
The action areas will be implemented through regular consultations with stakeholders, direct linkages of research projects to the NHMRC's triennial Action Plan and advice from the NHMRC's Aboriginal and Torres Strait Islander Health Advisory Committee.

In essence, research funded under *Road Map II* will be required to have an action-oriented purpose and/or be linked to the community capacity-building goals of existing primary health care service delivery agencies. This means:

- Research proposals need to support the employment of Aboriginal and Torres Strait Islander people.
- Community consultation needs to occur earlier in the research process.
- Funding applications need to outline the demographic features of the population groups to be researched, so as to ensure that research is appropriate for its setting.
- Existing commitments of community members need to be identified to make sure that they have the time and ability to participate in research.

Researchers also need to ensure data analysis activities are aligned with the Council of Australian Governments' Close the Gap initiatives, and that capacity exchange programs are in place to support Aboriginal and Torres Strait Islander researchers to present their research findings.

For more information, or to download *Road Map II*, visit http://www.nhmrc.gov.au/_files_nhmrc/file/your_health/.



Feds fund IT boost for community health care providers

Some 50 Aboriginal health services across the Northern Territory, Queensland, Victoria and South Australia will benefit from new funding of \$4 million, allowing them to improve and upgrade their information technology (IT) capability.

The funding, announced by the Australian Government on 10 June 2010, will be provided through four umbrella Aboriginal health organisations: the Aboriginal Medical Services Alliance of the NT (AMSANT); the Queensland Aboriginal and Islander Health Council (QAIHC); the Nganampa Health Council (SA); and the Mildura Aboriginal Corporation (Vic.).

It is expected the funding will lead to IT enhancements in the following areas:

- Improved networking, both within and between services.
- Better access to the Internet.
- More reliable systems and better equipment.

The funding will complement the Australian Government's \$466.7 million investment in a national e-Health records system, which will be brought in progressively over the next two years.

Through its 'Removing the Regulatory Overburden' research project, our predecessor organisation, the CRC for Aboriginal Health, pinpointed antiquated and inadequate IT systems as one of the issues impacting on the ability of community-based health care providers to service their clients.

The Minister for Indigenous, Rural and Regional Health, the Hon. Warren Snowdon, said the funding boost would 'improve the capacity [of Aboriginal health bodies] to measure whether their services are closing the gap in health outcomes between Indigenous and non-Indigenous Australians'.

Future of Batchelor Institute secured

The future of Northern Territory's Batchelor Institute of Indigenous Tertiary Education has been secured following a new partnership announced with Charles Darwin University (CDU) and backed up by extra government funding.

Batchelor Institute, a supporting partner of the previous CRC for Aboriginal Health, went into financial administration in August 2009 and was only able to continue operating with emergency funding from both the Australian and Northern Territory governments.

A major provider of tertiary and vocational education to Aboriginal and Torres Strait

Islander people not just in the Northern Territory but also across the north of Australia, Batchelor Institute's main campus is in the township of Batchelor south of Darwin. It also has a Central Australian campus in Alice Springs along with annexes in Darwin, Katherine, Nhulunbuy and Tennant Creek.

An organisational restructure is currently under way at Batchelor Institute and CDU will take on the responsibility of providing student administration, IT and human resources services as part of its partnership arrangement with the Institute. Government will provide up to \$8.9 million to support the new arrangement.

While Batchelor Institute will retain its status as an independent education provider, the partnership with CDU will enable it to devote more resources to improving the quality of the education it provides. Operational aspects of the education model are currently being finalised to ensure the Institute provides courses that address existing and emerging skills shortages in the Northern Territory.

The new operating arrangements are expected to be in place for the 2011 academic year.

For more information on Batchelor Institute and the courses it offers, visit: <http://www.batchelor.edu.au>.

NT race laws reinstated as constitutional reform gains new life

The Northern Territory's *Racial Discrimination Act* has been reinstated three years after being suspended as part of the measures commonly referred to as the NT Intervention, while constitutional reform to recognise the status of Australia's first peoples is back on the political agenda.

Both developments were welcomed by Aboriginal groups across Australia in the lead-up to the Federal election held on 21 August 2010.

Several of the measures taken as part of the Intervention, such as welfare quarantining and penalties for Aboriginal parents

whose children do not attend school, have now been extended within and beyond the NT to non-Indigenous welfare recipients as part of a 'trial scheme' ahead of a possible national rollout in 2012.

When it reinstated the *Racial Discrimination Act* in June, the Australian Government said the Intervention's measures had been overhauled to comply with the Act and reflect 'special measures that help Indigenous people in the Northern Territory achieve equal human rights'.

Meanwhile, speaking at north-east Arnhem Land's Garma Festival in August, Indigenous Affairs Minister Jenny Macklin

said it was the Australian Government's intention to pursue bipartisan constitutional recognition of Aboriginal and Torres Strait Islander people.

'We are optimistic that this reform can happen,' the Minister said. 'Former Prime Minister John Howard supported formal acknowledgement and recognition of Indigenous Australians in Australia's Constitution. Opposition Leader Tony Abbott has said that he would support a reasonable proposition. 'We are hopeful that this is an issue that can unite Australians and be above partisan political interests.'

Tweaking the system to improve coronary care

Health data show that Aboriginal and Torres Strait Islander people are disproportionately affected by heart disease, suffering major coronary events such as heart attacks at three times the rate of other Australians and being more likely to die from them whether in or out of hospital.

A report prepared by the National Heart Foundation of Australia and the Australian Healthcare and Hospitals Association (AHHA) aims to address this by highlighting the disparities faced by Indigenous heart patients when in hospital, and the policy options to improve care and outcomes.

The report, *Better hospital care for Aboriginal and Torres Strait Islander people experiencing heart attack*, makes some 15 recommendations, covering:

- Better coordinated care.
- Improved hospital systems and culture.
- Better pre-hospital diagnosis and evacuation for rural and remote areas.
- Better access to post-hospital care.
- Better data to support quality improvement.
- Better awareness of issues relating to disparities in hospital care for Indigenous Australians.

Heart Foundation CEO Dr Lyn Roberts said that reducing disparities in care for Indigenous patients 'will greatly contribute to the national effort to help close the life-expectancy gap between Indigenous and non-Indigenous Australians'.

The report's recommendations mirror the focus of substantial research work undertaken both by the Lowitja Institute and its predecessor the CRC for Aboriginal Health, in particular through its 'Improving the Patient Journey' and 'Improving the Culture of Hospitals' projects.

The full NHF report can be downloaded from http://www.heartfoundation.org.au/Professional_Information/Indigenous_Health/Resources/Pages/default.aspx.

Blindness, pneumonia blight Central Australian communities

Central Australian Aboriginal populations experience visual impairment at up to seven times the rate of other Australians, while Aboriginal infants in the Centre aged less than one year old have the highest rates of pneumonia in the world, according to just-released research.

The study into visual impairment, published by the *British Journal of Ophthalmology* in its online edition <<http://bj.o.bmj.com/content/early/recent>> on 7 June 2010, used data from a survey of 1900 people in Central Australia – the first such comprehensive eye study since the 1970s. It also found that bilateral visual impairment affects a quarter of Aboriginal and Torres Strait Islander people aged over 40, compared with just 7 per cent of other Australians.

However, the study found some ground for optimism with rates of blindness halving since 1980, excluding refractive error.

Although trachoma was the leading cause of blindness, the greatest contributor to falling rates of blindness was in the proportion of trachoma-related blindness.

The study into rates of childhood pneumonia was authored by Dr Kerry-Ann O'Grady, from Lowitja essential participant the Menzies School of Health Research, and published in the *Medical Journal of Australia* on 17 May 2010. Dr O'Grady's research was based on an analysis of all Northern Territory pneumonia-related hospital admissions for children aged less than five between 1997 and March 2005, which revealed that Aboriginal infants in Central Australia aged less than one year old suffered from pneumonia at a rate of up to 57.5 cases per 1000 children annually.

'Differences in study design, case ascertainment, and populations complicate direct comparisons;

however, rates of WHO-defined endpoint consolidation in NT children are between three and 25 times higher than found elsewhere,' Dr O'Grady says. 'The rates in children aged less than 12 months in the Central Australian region of the NT are the highest reported in the world.'

Hospitalisation rates for serious chest infections in NT Aboriginal and Torres Strait Islander babies are also about four times higher than among Native American infants, at 427 per 1000 babies annually compared with 116.

Dr O'Grady said the findings were 'unacceptable in a wealthy country like Australia' and getting the disease burden down should be 'a national health priority'.

Dr O'Grady's study can be found at <http://www.mja.com.au/public/issues/192_10_170510/ogr10852_fm.html>.

Nurse practitioners are go in the NT

A nurse practitioner program developed collaboratively by Flinders University and the Council of Remote Area Nurses of Australia (CRANA Plus) has received full accreditation from the Northern Territory Nursing and Midwifery Board for five years.

The accreditation for the Centre for Remote Health's (CRH) Master of Remote Health Practice: Nurse Practitioner Program opens the door for speciality nurse practitioners to work in remote and Aboriginal and Torres Strait Islander health throughout Australia.

'The further you go from cities and regional areas, the fewer the health professionals and the higher the health need,' CRH Associate Professor Sabina Knight said. 'People in remote and outback areas of Australia depend heavily on nurses for their health care and nurse practitioners will play a vital leadership role into the future.'

‘Legislation is currently before Parliament to enable Medicare to reimburse nurse practitioner services – a vital reform in improving equity for people accessing or relying on nurse practitioner services. Western Australia has designated every remote town and community nurse practitioner sites; we expect the Northern Territory to similarly utilise nurse practitioners.’

The Centre for Remote Health is a joint venture between Flinders University and Charles Darwin University. CRH academics

already travel to regional centres in northern Australia providing education for remote practitioners, including sites in Broome, Darwin and Alice Springs, with short courses also offered in Katherine, Umuwa in South Australia and Warburton in Western Australia.

The Centre for Remote Health began postgraduate programs for remote health practitioners when it was established just over 10 years ago.

‘This is a major milestone in our contribution to improving remote health outcomes and preparing the professionals who provide services in remote Australia,’ CRH Director Professor John Wakerman said. ‘This program has been carefully designed for our context in collaboration with CRANA, and will be delivered by leading academics and professionals in remote health and nurse practitioner practice.’



Jack Ah Kit

Ah Kit in new advisory role at CDU

A prominent Aboriginal leader and former senior Northern Territory politician, Jack Ah Kit, has been appointed to head up a new group to advise Charles Darwin University (CDU) on matters relating to Aboriginal and Torres Strait Islander people and tertiary education.

Dr Ah Kit, who was the first Aboriginal government minister in the NT, will chair the 10-member Vice-Chancellor’s Indigenous Advisory Council whose role it is to provide high-level advice to Professor Barney Glover. CDU is one of 12 essential participants in the CRC for Aboriginal and Torres Strait Islander Health.

Professor Glover said the advisory group will have a wide-ranging brief that would include: contributing to an improvement in Aboriginal and Torres Strait Islander participation in vocational education training

and higher education; increasing the numbers of Aboriginal and Torres Strait Islander staff across the university; and strengthening CDU’s engagement with Aboriginal and Torres Strait Islander groups and organisations.

‘CDU has an important role in assisting Australia to address both Indigenous disadvantage as well as advancement, and this advisory group will ensure that our activities make a real difference,’ Professor Glover said.

Dr Ah Kit was awarded an Honorary Doctorate from CDU in 2009 for his contribution to the lives of Aboriginal and Torres Strait Islander people throughout the NT. He is a former director of the Northern Land Council, a former director of the Katherine-based Jawoyn Association and held the seat of Arnhem in the NT’s Legislative Assembly from 1995 until he retired in 2005.

Meet the editorial team behind Wangka Pulka

Now that we've launched the first issue of *Wangka Pulka*, it's time to introduce the people in the editorial team who will be your main points of contact in all matters regarding the newsletter and for communications at the Lowitja Institute more generally.

The Editor of *Wangka Pulka* is **Dave Moodie**, our specialist writer. Dave has worked in the print media since 1983 as a journalist, editor and sub-editor, including stints at the *Adelaide Advertiser*, *The Age*, Australian Consolidated Press and the Financial Times Group in London. He holds a BA from the University of Adelaide and has spent the past decade working for Aboriginal organisations including as Media Manager for the Northern Land Council. In 2008 Dave was long-listed for a Walkley Award in the non-fiction category for his work editing the photographic essay *Tiwi Footy*.

Dave began working for our predecessor organisation the CRAH in 2006 and since then has been involved in the production of a wide variety of communications materials, including community reports, annual reports, policy briefs, fact sheets and website copy.

'Although the newsletter is focused on the research and other activities being undertaken by

the CRCATSIH and the Lowitja Institute, we also want to cover important national stories relating to Aboriginal and Torres Strait Islander health more generally,' Dave says. 'So if there's anything that you feel we could be covering as a newsletter story, please let us know.'

Dave can be contacted at dave.moodie@lowitja.org.au and on +61 2 6624 3501 (Mondays, Tuesdays and Fridays)

Jane Yule is the Research Communications Manager at the Lowitja Institute. Jane's role is to oversee the production of all our research publications and resources, and to provide general advice for our researchers and students on writing, editing and publishing options. She is also responsible for coordinating the dissemination of our research to communities, policy-makers, researchers and others interested in our work.

Jane has worked for many years with the Onemda VicHealth Koori Health Unit at the University of Melbourne as Senior Communications Manager, and from 2006 was also the Publications Manager at the CRAH. She has a BA and MA in History, and has been an editor for more than two decades, including a stint in London back in the 1980s. She is also an experienced historical researcher and interviewer who specialises in oral history.

'We're thrilled to be bringing you this first newsletter from the Lowitja Institute,' Jane says.

'The name *Wangka Pulka* – or *Big Talk* – has been given to us by our Patron Lowitja O'Donoghue, and that is what we plan to do: talk up Aboriginal and Torres Strait Islander health research.'

Jane can be contacted at janesy@unimelb.edu.au and on +61 3 8344 0829.

We also welcome our new Media and Marketing Manager, **Tracey Johnston**, who is based in the Lowitja Institute's head office in Melbourne. The main focus of Tracey's role is to raise the profile of the Institute and promote its research activities through proactive media, brand management and strategic marketing communications.

Tracey holds a BA (Hons) in Aboriginal Studies and her employment history includes eight years as the Senior Communications Officer at BreastScreen Victoria and as a Project Officer at the Koorie Heritage Trust Inc. Included in Tracey's areas of expertise are media liaison, branding, online and print corporate communications and strategic planning.

'I feel honoured to have been selected for this role and to be here at such a significant time in the establishment phase of the Institute,' Tracey says.

Tracey can be contacted at tracey.johnston@lowitja.org.au and on +61 3 8341 5503 or on 0428 347 573.



the
Lowitja
INSTITUTE

Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

PO Box 650, Carlton South
Victoria 3053 AUSTRALIA
T: +61 3 8341 5500
F: +61 3 8341 5599
E: communications@lowitja.org.au
W: www.lowitja.org.au