



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*

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Wangka Pulka

2010: Wrap up

Much has happened since the first edition of *Wangka Pulka* went out at the end of August 2010, both on the national stage and here at the Lowitja Institute. As we went to press last time it was still unclear who would form government following the federal election and the Lowitja Institute was yet to finalise its Board of Directors, though the selection process was well advanced.

Now we know that the Gillard Labor Government has been returned to power, albeit with the help of independents in the House of Representatives. Ken Wyatt has been confirmed as the first ever Aboriginal Member of Parliament, for the Western Australian seat of Hasluck, and all Ministers with responsibility for Aboriginal and Torres Strait Islander health and economic development have been appointed to their portfolios. We

summarise these developments on pages 24–25.

Closer to home, it was with great pleasure that the Lowitja Institute was able to announce its new permanent Board on 17 November 2010. The Board has a majority Aboriginal and Torres Strait Islander membership and brings together an enormous array of skills and experience relevant to the Aboriginal and Torres Strait Islander health sector. Details of the new Board can be found on page 2.

Meanwhile, our Chief Executive, Dr Kerry Arabena, was nominated as one of four ACT finalists for the 2011 Australian of the Year Awards. Although Dr Arabena ultimately missed out on being chosen as the ACT's representative for Australian of the Year, the selection panel lauded her for the 'years of work' which had 'brought

her to the forefront' of Aboriginal and Torres Strait Islander affairs. Congratulations Kerry!

The Lowitja Institute's research agenda continues to gather momentum, with workshops and roundtables taking place in Adelaide and Brisbane in recent weeks. There has also been a flurry of reports emanating from research supported by the Lowitja Institute and our predecessor the CRAH, including final reports for the ACE Prevention project (see p.8), Improving the Culture of Hospitals (see p.11) and, as we go to press, the ABCD Extension project (see p.6).

Finally, we at the Lowitja Institute would like to wish you all a peaceful festive season and a happy and healthy new year. We look forward to sending you our next issue of *Wangka Pulka* in April 2011.

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New permanent Board for The Lowitja Institute

Lowitja Institute independent Chair, **Ms Pat Anderson**, has been confirmed in her role after serving as the interim Chair since the Institute commenced operations at the beginning of 2010, and following on from her position as Chair of the CRC for Aboriginal Health Board of Management from 2003 to 2010.

She is joined by **Ms Stephanie Bell**, a director of the Central Australian Aboriginal Congress and a former CRCAH Board member; **Professor Peter Buckskin**, the Dean and Head of School of the David Unaipon College of Indigenous Education and Research at the University of South Australia; **Professor Lisa Rae Jackson Pulver**, the inaugural Chair of Indigenous Health and Professor of Public Health at the University of New South Wales; **Mr Robin Lonergan**, a corporate lawyer and partner at

Brisbane-based firm Macrossans Lawyers; and **Dr Louise Morauta**, a long-serving senior federal bureaucrat who, following her retirement, was appointed to the Australian Capital Territory (ACT) Human Research Ethics Committee in January 2010.

The Institute is also proud to announce that **Dr Sanchia Shibasaki** has now been appointed as a Torres Strait Islander representative to the Board. Sanchia is Executive Manager of the Population Health Unit at the Kimberley Aboriginal Medical Services Council, and a former CRC for Aboriginal Health Research Fellow.

We would like to welcome all our Board members and invite you to read more about them on our website at www.lowitja.org.au/lowitja-institute-board.

Cheryl joins Adelaide office

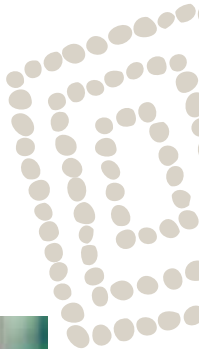
Life just got easier for our management team at Programs 2 and 3, with long-term Territorian Cheryl Cole taking on the role of Administrative Support Officer for both programs from 15 November 2010. Cheryl's new role has seen her move to Adelaide, where she is based at Flinders University.

Prior to taking up her appointment, Cheryl had lived in the Northern Territory for 35 years where she worked in the private sector and for several Aboriginal organisations. These included the Central Australian Aboriginal Legal Aid Service in Alice Springs and, in her last job before leaving the Territory, as the Executive Assistant for the North Australian Aboriginal Justice Agency in Darwin.

Cheryl says she is excited by the opportunity of contributing to the smooth running of the two program areas – Healthy Communities and Settings, and Enabling Policies and Systems. She works Monday to Wednesday and can be contacted on +61 8 8201 7750 or by email at cheryl.cole@flinders.edu.au.



Cheryl Cole, the Lowitja Institute's latest staff member



Ian Anderson leaves Onemda to head up new university-wide initiative

Professor Ian Anderson, the inaugural Chair of Indigenous Health at the University of Melbourne, will resign as Director of the Onemda VicHealth Koori Health Unit and the Centre for Health and Society at the end of February 2011. Ian (pictured) has been Director of Onemda, which is located in the School of Population Health, since its inception in 1999.

Ian will instead be taking up the position of Director at the University's Murrup Barak Melbourne Institute for Indigenous Development, although he will continue his involvement in research projects based at Onemda. He will also remain as the Lowitja Institute's Research and Innovation Director, and work with the Institute's research leadership group to progress our research agenda.

Commenting this week, Ian said that Onemda's 'achievements have only been possible because of the way Onemda does business – guided by consultation with the Koori community in Victoria. In research, we have seen a shift from "we don't like research" to "we need more Kooris with PhDs in Aboriginal health" as community views about the value of research have changed.

'Onemda has a great future: it has an innovative research and teaching agenda, with strong community relationships. Its development has also included growing a new generation of leaders and a transition is a timely, healthy and constructive response to organisational and personal growth.'

We wish Ian all the best with his future endeavours at the Murrup



Ian Anderson, Research and Innovation Director at the Lowitja Institute

Barak Institute and look forward to continued productive partnerships with the University of Melbourne. More information on the Murrup Barak Melbourne Institute for Indigenous Development can be found at www.murrupbarak.unimelb.edu.au.

Our CE keeps the speeches coming

Lowitja Institute Chief Executive Dr Kerry Arabena was kept busy behind the podium during October and November.

Kicking off on 8 October 2010 at the Long Walk Women's Luncheon in Melbourne, Dr Arabena was a keynote speaker along with special guests Ngarra Murray, Sue Long, Kathy Rioli and Her Excellency Quentin Bryce, AC, the Governor General of Australia. The luncheon is an annual event and brings together all women to celebrate Aboriginal and Torres Strait Islander women's leadership. Further details of Dr Arabena's speech is available on the Lowitja Institute website.

Later that month, on 28 October, Dr Arabena delivered the prestigious Charles Perkins Oration at the University of New South Wales. The subject of the oration was the National Congress of Australia's First Peoples, of which Dr Arabena is the Co-Chair. To read and hear what she had to say in her speech, 'Vetting, Vehicles and Vision', go to the University of Sydney's website at <http://ses.library.usyd.edu.au/handle/2123/6765>.

Rounding off her schedule of speaking engagements in Canberra on 12 November, Dr Arabena delivered the 2010 Reconciliation Lecture at the Australian National University in a speech entitled 'Using Science

to Reframe the Reconciliation Agenda'. A transcript of the speech can be accessed via the Reconciliation Australia website at www.reconciliation.org.au/home/media/speeches.



Kerry Arabena speaking at the Long Walk Women's Luncheon.
Photo courtesy Bindi James



Towards a Charter for The Lowitja Institute

The Lowitja Institute intends to formalise its main guiding principles into a public Charter so that our stakeholders can have confidence that our approach to research is consistent with the needs of Aboriginal and Torres Strait Islander peoples, and collaborative in its implementation. In this Editorial our Chair, Ms Pat Anderson, outlines the key themes – based on the principles voiced by Lowitja at the launch of the Institute at Parliament House, Canberra on 24 February 2010 – that will go into the formulation of the Lowitja Institute Charter.

The Lowitja Institute is unique in Australia because it is the only Aboriginal and Torres Strait Islander-led, controlled and managed organisation devoted purely to funding health research.

The Institute is named after our Patron, Lowitja O'Donoghue, AC CBE DSG, a tireless advocate for the rights of Australia's First Peoples and the 1984 Australian of the Year. We at the Lowitja Institute feel privileged that she has agreed to support us in this way.

For Lowitja, gifting her name to the Institute means that her spirit and energy will be embodied within it and, as such, it is important to her that the Institute reflects her values and priorities.

In summary, these principles sit at the core of our ethos as an organisation and on behalf of the Lowitja Institute I give my personal commitment that they will be reflected in all of our activities and actions. We look forward to engaging with organisations and individuals in ways that are guided by these principles, both now and over the long term.

Ms Pat Anderson, Chair



Our Patron, Dr Lowitja O'Donoghue. Photo courtesy T8 Photography



THE LOWITJA INSTITUTE PRINCIPLES

- At the Lowitja Institute, real Aboriginal and Torres Strait Islander leadership is essential. This means all key leadership positions will be held by Aboriginal or Torres Strait Islander people, including the independent Chair, the CEO and the Research Director. The Lowitja Institute Board must also have a majority Aboriginal and Torres Strait Islander membership.
- The Institute will employ a courageous group of people. They will be committed to social justice and equity for Aboriginal and Torres Strait people.
- There will be a match between words and action so that the Institute can achieve real, tangible and immediate outcomes, not rarefied research that will never be applied.
- Aboriginal and Torres Strait Islander individuals and organisations must be fully involved—not just consulted—in the initiation, design and implementation of the research the Institute undertakes. The point of research must always be questioned. Whose interests does it serve? Who will benefit? Who is asking the research questions?
- There needs to be Aboriginal and Torres Strait Islander participation at all levels of the health service—policy, administration and practice. It's about building capacity, empowering communities and individuals to take responsibility for their own health. It's about bottom-up, not top-down decision making: local solutions for local problems.
- We need to fund an increase in the Aboriginal and Torres Strait Islander health workforce. This has been demonstrated to be crucial for improving Indigenous health outcomes in countries like Canada, the United States and New Zealand. Australia lags shamefully behind in this respect.
- We need a vibrant program of mentoring and support initiated to ensure that the energies of Aboriginal and Torres Strait Islander health workers are sustained and replenished.
- The Institute must disseminate its research findings widely—not just to other researchers, but to health practitioners, the corporate sector, governments, politicians of all persuasions, and to the public. Our work must be done... and be seen to be done.
- The Institute must be careful to gain government and private support without compromising its own values and intentions. The Lowitja Institute must be alive and known throughout Australia for its fearless work for change and improvement in the lives of Aboriginal and Torres Strait Islander people.

The Lowitja Institute is committed to building a national, strategic research agenda that will produce the knowledge, tools and resources needed to facilitate innovative and positive outcomes for the health of Aboriginal and Torres Strait Islander peoples. This research agenda is built around three program areas.

Program 1: Healthy Start, Healthy Life

Program 2: Healthy Communities and Settings

Program 3: Enabling Policy and Systems.

There have been some important activities and outcomes from several of the projects carried out under the auspices of the Lowitja Institute's research program areas in the past four months, including the following reported on below: Cancer and Genetics roundtables; ACE Prevention and ABCD Extension final reports; Teasdale Corti meeting and workshop; and Improving the Culture of Hospitals report and launch of the online quality improvement toolkit.

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

ABCDE project achievements

A final report on the work and outcomes of the Audit and Best Practice in Chronic Disease (ABCD) Extension project is about to be published, providing a comprehensive analysis of one of the most significant research efforts ever undertaken by our predecessor, the CRC for Aboriginal Health.

The report will be disseminated to participating health centres, government agencies and Lowitja Institute stakeholders, and will shortly be available for download from our website, along with a Policy Brief summarising the report's key findings.

The ABCD Extension project was a primary health care quality improvement intervention that was collaboratively developed and implemented with the community controlled Aboriginal and Torres Strait Islander health sector. With more than 100 health centres around Australia now using ABCD tools and processes, the project has demonstrated that a Continuous Quality Improvement (CQI) intervention can be both acceptable and feasible across a diversity of health centres providing care to Aboriginal and Torres Strait Islander peoples.

It has also shown that given the right kinds of support for such initiatives, substantial improvements in the quality of care and of intermediate health outcomes are attainable. Outcomes already achieved include:

- System and clinical audit tools developed in ABCD have been incorporated into the Australian Government's Healthy for Life program and are used widely by health centres to meet reporting and other requirements.

- Delivery of services to help prevention and early detection of chronic disease, such as diabetes and renal and heart disease, improved by 13 per cent.
- Delivery of services to help patients manage diabetic conditions improved by 6 per cent.
- 64 per cent of health centres that completed three rounds of data collection achieved improvements of 10 per cent or more in delivery of services to prevent chronic diseases.

Overall, larger and better resourced health services and those under the management of a regional health authority were more likely to achieve improvements in quality of health care; however, improvements were also attained in small and remote health services.

Although the ABCD Extension project finished at the end of 2009, it has resulted in the establishment of Brisbane-based organisation One21seventy: the National Centre for Quality Improvement in Indigenous Primary Health Care, which is continuing to provide services and roll out new tools for participating health centres. For more information on One21seventy tools, resources and activities go to www.one21seventy.org.au.





Roundtable prioritises Aboriginal and Torres Strait Islander cancer research

Cancer experts, oncologists and cancer survivors came together at a national roundtable hosted by the Lowitja Institute in Brisbane on 3 December 2010 to ramp up the fight against cancer among Aboriginal and Torres Strait Islander people. Cancer is the second leading cause of death for Aboriginal and Torres Strait Islander Australians. Compared with other Australians, Aboriginal and Torres Strait Islander people diagnosed with cancer are much more likely to die from it (death rates are up to 45% higher).

The National Roundtable on Priorities for Aboriginal and Torres Strait Islander Cancer Research brought together for the first time almost 50 representatives of the national, State and Territory cancer initiatives, major cancer-treating hospitals, cancer survivors and representatives from the Aboriginal community controlled primary health care sector in an effort to maximise the impact of current and future Aboriginal and Torres Strait Islander cancer research.

The meeting urged greater coordination, collaboration and strategic direction from those working on cancer research, and of a research agenda driven by the priorities of Aboriginal and Torres Strait Islander people.

Other research priorities included identifying ways to improve the patient journey, evaluation and the wider adoption of models of care that work, as well as using systems approaches for better cultural safety at all levels of cancer care.

By the close of the roundtable a number of areas for action had been agreed to including:



Gail Garvey at the Cancer Research Roundtable, Brisbane, 3 December 2010

- Holding a bi-annual meeting to share knowledge about cancer and Aboriginal and Torres Strait Islander people across research, service provider and community sectors.
- Establishing a web portal where all sectors can access research already completed, underway or planned.
- Seeking further funding to support the future of this work and increase collaboration.
- Taking work in this area beyond the descriptive and into the development of health systems and intervention studies.

Lowitja Institute Chief Executive, Dr Kerry Arabena, said the roundtable had provided an opportunity to tackle a major health concern for Australia's First Peoples. 'Cancer is a debilitating illness that has profoundly impacted on the lives of many Aboriginal and Torres Strait Islander people and we are pleased to have hosted Australia's best minds for the development of strategies to address these issues,' Dr Arabena said.

Associate Professor Gail Garvey, Head of the Indigenous Health Research Program at Queensland

Institute of Medical Research (QIMR), said: 'Navigating through the health care system can be fraught with uncertainty and fear for any cancer patient. This problem can be exacerbated for an Indigenous person due to social and cultural differences in perception of health, illness and health care. This meeting will identify how we can show where changes are necessary to reduce cancer disparities.'

The roundtable was made possible with support from the QIMR, a Lowitja Institute partner, and was facilitated by National Health and Medical Research Council Chair Professor Michael Good, AO, and QIMR Associate Professor Gail Garvey. The meeting venue was provided by the Queensland Aboriginal and Islander Health Council.

The roundtable followed the release in July 2010 of a major report by the Cancer Council of South Australia, which, among other things, called for a national evaluation strategy to assess the impact on Aboriginal health of all cancer control programs and a comprehensive review of current models of service delivery. The report is available on the Cancer Australia website at www.canceraustralia.gov.au.

Community controlled health sector delivers ‘good health’

The ACE Prevention (Assessing Cost Effectiveness in Prevention) project is one of the largest studies in which the Lowitja Institute and its predecessor, the CRC for Aboriginal Health (CRAH), have been involved. ACE Prevention, funded by the National Health and Medical Research Council with additional support from the CRAH, is the most comprehensive evaluation of health prevention measures ever conducted worldwide, involving input from 130 top health experts.



Researcher Katherine Ong

The overall aim of this five-year undertaking was to provide a comprehensive analysis of the comparative cost-effectiveness of preventive intervention options addressing the non-communicable disease burden in Australia, with one component specifically focusing on Aboriginal and Torres Strait Islander Australians.

*The research team was led by the University of Queensland's Professor Theo Vos and Deakin University's Professor Rob Carter in conjunction with Professor Ian Anderson (The Lowitja Institute/University of Melbourne). Among their team of researchers was former PhD student **Katherine Ong**, who worked on the Aboriginal and Torres Strait Islander component of the project. Here, she outlines to Wangka Pulka why the research was so important in terms of improving the effectiveness of health interventions for Australia's First Peoples.*

It is not news that the health of Australia's First Peoples is worse than that of other Australians. It's also well documented that one key solution lies in the optimal delivery of primary health care services to the Aboriginal and Torres Strait Islander population via Aboriginal Community Controlled Health Services (ACCHSs).

However, there has been uncertainty surrounding the size of the benefit associated with ACCHSs, and the amount of resources needed to adequately fund them. Therefore, ACCHSs continue to receive insufficient funds and more investment is required. This research aimed to contribute to addressing this evidence gap.

Professor Ian Anderson guided the direction of the Aboriginal and Torres Strait Islander component of the project, in conjunction with a Project Steering Committee comprising academics and policy makers with experience in the Aboriginal and Torres Strait Islander health sector. This ensured that the project objectives were consistent with Aboriginal and Torres Strait Islander health needs and that the research was conducted in a culturally sensitive manner.

Due to time constraints, the range of health programs evaluated for the Aboriginal and Torres Strait Islander population was not comprehensive. However, interventions found to have a potentially significant impact on Aboriginal and Torres Strait Islander health included a greater emphasis on screening for pre-diabetes and chronic kidney disease, and the introduction of a 'polypill' for the prevention of cardiovascular disease.

The main finding from this research is that up to 50 per cent more health gain could be achieved if ACCHSs deliver health programs to the Aboriginal and Torres Strait Islander population rather than if the same programs are delivered via mainstream primary care services.

This 50 per cent greater health gain is based on conventional measures of 'good health' that focus on individual health, and does not take into account extra benefits such as community health gain and cultural security that are valued by Aboriginal and Torres Strait Islander peoples. Including these broader aspects of 'good health' would further increase the benefit attributable to interventions delivered via ACCHSs. Yet the comprehensive nature of ACCHSs means that

health service costs are also higher, so greater investments are needed.

Implications for current policy and practice are that ACCHSs themselves need to be seen as an important means to improve Aboriginal and Torres Strait Islander health, rather than purely as a vehicle to deliver health programs. Therefore, funding should shift from the piecemeal approach of individual program grants to a more consolidated model of funding for community controlled health services. Also, at a technical level, caution is required in interpreting economic appraisals applied to disadvantaged groups, where not only 'value for money' but also the additional resources required to address equity must be taken into account.

Ultimately, this research has aimed to contribute to the economic evidence base for resource allocation decision-making within Aboriginal and Torres Strait Islander health. In doing so, it has been important that the context and sensitivities of Aboriginal and Torres Strait Islander peoples are taken into account when using economic methods that are primarily based upon mainstream ways of thinking.

The Lowitja Institute's predecessor the CRCCH provided funding to the Aboriginal and Torres Strait Islander component of ACE Prevention and supported a PhD study of the 'concept of benefit' used in economic evaluations in relation to the Aboriginal and Torres Strait Islander population.

The ACE Prevention final report can be accessed at www.sph.uq.edu.au/bodce-ace-prevention.

Australian leg of Teasdale Corti project nears completion

The Lowitja Institute has been facilitating the finalisation of the Australian component of the Teasdale Corti Revitalising Health for All – International Indigenous Representative Group project, as part of the secretariat role that the Institute inherited from the CRC for Aboriginal Health.

The project is a large, multi-country undertaking that aims to document and highlight the role of Indigenous leadership and representation within a comprehensive primary health care model in the 21st century. The Australian sub-projects comprise:

- Central Australian Aboriginal Congress – a case study of the Male Health Program in Alice Springs.
- Utopia – this project is documenting the history of the Urapuntja Health Service (UHS), its role in delivering primary health care services, and the contribution it makes to the social and physical health and wellbeing of the people of Utopia community.
- Victorian Aboriginal Health Service – a historical analysis of comprehensive primary health care at the Victorian Aboriginal Health Service (VAHS).

Together, these projects will inform the role that Aboriginal community controlled health services play in improving health outcomes and addressing the social determinants of health relevant to Australia's First Peoples.

A meeting organised by the Lowitja Institute was held at Flinders University in Adelaide on 28 October 2010 with Professor Ronald Labonte, Canada Research Chair, Globalization/Health Equity at the University of Ottawa. This was followed by a workshop on 29 October at which the three Australian projects gave presentations on the progress of their individual projects and discussed the up-and-coming international meeting planned for Ottawa in June 2011.

Both the meeting and workshop were attended by senior Lowitja Institute representatives including Ms Pat Anderson, Ms Stephanie Bell and Mr David Morgan, with research leaders from the UHS, Congress and VAHS also present.

All the projects are currently writing up their findings and finalising a draft report ready for a one-day workshop/meeting in April 2011 in Melbourne, which aims to finalise a regional report ready for the international meeting in Ottawa.

For more information about the Australian projects, visit the CRCCH research archive on our website and look for the 'Revitalising Health for All' projects listed at www.lowitja.org.au/crcah/crcah-research-projects#SDOHRP.

The Lowitja Institute provides ‘safe space’ for genetic research roundtable

Despite concerns about how genetic research has been conducted in Aboriginal and Torres Strait Islander communities in the past, genetics is an important tool for understanding the underlying causes of ill health. This is because we experience health or illness due to a combination of what we are born with – our genes – and what happens to us in our lives – our environment.

For Aboriginal and Torres Strait Islander Australians, historical experiences of colonisation and ongoing racism and marginalisation are major causes of ill-health which play out as chronic diseases. However, understanding health or illness according to genetic resilience factors could tell us important things about how to prevent and treat a range of diseases from diabetes and kidney disease to ear infections and scabies.

Emma Kowal, a doctor and cultural anthropologist from the University of Melbourne, has been looking at the social and political implications of genetic research for Aboriginal and Torres Strait Islander communities.

‘Genetics is at the forefront of medical research, but it is rarely used in Aboriginal and Torres Strait Islander health,’ she explained.

Dr Kowal says this is because many Aboriginal and Torres Strait Islander people and communities associate genetics with the Human Genome Diversity Project from the 1990s, when international researchers attempted to collect DNA from Indigenous people around the world to understand the history of human populations. This project became known as the ‘Vampire’ project as it failed to engage with

Indigenous groups who feared their DNA could be used for purposes with which they did not agree.

‘This project has affected the way that Aboriginal and Torres Strait Islander Australians perceive genetic research and, as a result, they are understandably wary of such research,’ Dr Kowal said. ‘There are a number of ethical issues that are unique to this kind of research, like the possibility of finding out that you are genetically susceptible to a disease. But a big part of the problem is that we have not worked through these issues. We need to find ways to conduct genetic research in a culturally appropriate way.’

The Lowitja Institute played a role in creating a ‘safe space’ for fostering more dialogue about the issues and opportunities in July 2010, when it facilitated a roundtable discussion on the topic of Indigenous Genetic Research. Professor Ian Anderson, Director of Research and Innovation at the Lowitja Institute, facilitated the discussion.

‘These are difficult issues to talk about,’ he said. ‘The Lowitja Institute has a key role in facilitating difficult conversations like this to ensure that Indigenous health research can strategically draw on all the available tools needed to maximise health impact. The goodwill shown by everyone here indicates that we can find common ground. Everyone is committed to achieving the best health outcomes for Aboriginal and Torres Strait Islander Australians.’



Participants at the Genetic Research Roundtable

Resources continue to flow from Improving the Culture of Hospitals project

Twenty-four people from around the country attended the roundtable at the University of Melbourne, including genetic researchers, Aboriginal and Torres Strait Islander researchers, representatives from Aboriginal and Torres Strait Islander ethics committees, and experts in bioethics and in genetic literacy. Participants discussed how to provide short-term benefits to Aboriginal and Torres Strait Islander communities when the potential benefits of genetic research are so long-term; how genetic researchers can sensitively deal with Aboriginal and Torres Strait Islander communities in which people have a mixed ancestry that will be reflected in their genes; and how to control the way genetic research can be misrepresented in the media (such as generalising results from one community to the entire Aboriginal and Torres Strait Islander population).

Strong and effective Aboriginal and Torres Strait Islander leadership and governance of any genetic research project was seen as crucial to ensuring that the priorities of Australia's First Peoples were recognised, and to manage the risks and opportunities associated with genetic research activity.

Dr Kowal says that the July roundtable was the first step on a long journey. 'This is just the beginning. All the stakeholders here need to keep the conversation going if genetics is going to become part of the toolbox of Aboriginal and Torres Strait Islander health research.'

For more information email Dr Emma Kowal at e.kowal@unimelb.edu.au.

The CRCAH-funded Improving the Culture of Hospitals project finished at the end of 2009 but resources continue to flow from the research, including the final project report and an online quality improvement toolkit to help hospital staff improve their delivery of health services to Aboriginal and Torres Strait Islander patients. Both can now be accessed on the Lowitja Institute website at www.lowitja.org.au/crcah/improving-culture-hospitals.

The 167-page final report, published by the Australian Institute for Primary Care at La Trobe University, a Lowitja Institute Essential Participant, details the conceptual underpinnings of the research and how the project unfolded, with a final chapter listing conclusions and recommendations.

The project examined successful Aboriginal programs undertaken by Australian hospitals, within a quality improvement framework, to see how this work could be replicated and sustained across a range of hospital environments. The overall aim of the project was to support a program of cultural reforms to improve cultural sensitivity in acute health care institutions, thereby leading to better health outcomes for Aboriginal and Torres Strait Islander patients.

A range of tools and processes were developed and tested on location to assist hospitals to engage with local Aboriginal

and Torres Strait Islander communities in a collaborative exercise of cultural reform, and several hospitals in a number of States are now using the project resources to inform their practice.

The online toolkit, which can be found on Melbourne's St Vincent's Hospital website at www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx, aims to make these resources more readily available to hospitals throughout Australia. The toolkit has also been linked as a resource in the recently released Australian Council on Healthcare Standards, EQulP5, which includes three Aboriginal and Torres Strait Islander-specific criteria for the first time. This toolkit uses a Continuous Quality Improvement (CQI) process based on a typical CQI 'Plan, Do Study, Act' cycle with some extra steps added in to ensure ongoing engagement with Aboriginal and Torres Strait Islander communities.

The website cautions that it takes time to implement the toolkit and processes, but the payoff is in building the capacity and sustainability of both the hospital and their local communities to make a real difference in Aboriginal and Torres Strait Islander health.

For more information on all Lowitja Institute research programs and individual projects, please go to www.lowitja.org.au/research-programs.

New face at first Link People get together

CRCATSIH Link People have held their first face-to-face meeting since the transition from the CRAH and the launch of the Lowitja Institute earlier this year. The meeting – in September 2010 at the Institute’s new head office in Carlton, Melbourne – was well attended with 10 out of the 12 Link People participating. The day was long, full and dynamic, with Link People having access to the Chief Executive, the Director of Research and Innovation and other key Lowitja Institute staff throughout the day.

One of the attendees was Shaun Tatipata from Darwin’s Danila Dilba Health Service, who is one of the newest Link People. ‘Attending my first Link People’s face-to-face meeting was a great opportunity to meet the other Link People from around Australia. It also helped me to better define my role as well as the role that my organisation has in Aboriginal and Torres Strait Islander health research.’

Shaun has replaced long-standing Danila Dilba Link Person Cyril Oliver, who is currently seconded from Danila Dilba to the Maningrida community where he is the CEO of Malabam Health Board. Reflecting on his time as Link Person, Cyril said that one of the benefits for him was the experience of connecting up with the different areas within the Aboriginal and Torres Strait Islander health sector that he might not otherwise have had the chance to link to. He said that this diversity within the Link group ensured that his understanding and experience expanded, while his capacity to connect and collaborate increased.



Link People outside the Lowitja Institute offices (L-R): Normie Grogan, Shaun Tatipata, Neil McDonald, Megan Williams, Penny Smith (Stakeholder Manager), Gail Garvey, Helen Rankin, Terry Dunbar and Paul Stewart

Shaun said he was aware that by taking over from Cyril he ‘had big shoes to fill’.

‘Cyril has always been very vocal in advocating for the involvement of local community members in any research undertaken in their community,’ Shaun said. ‘So I hope that I can continue to maintain the same level of involvement and actively contribute to building the community’s capacity in much the same way.’

Although his family is originally from Far North Queensland, Shaun is a born and bred Darwinite. He started working in the Aboriginal health field as an Aboriginal Health Worker at Danila Dilba Health Service in 2001. Throughout his

career he has worked for both government and non-government organisations specialising in areas such as eye and sexual health. Shaun is currently studying for his Master in Public Health at Deakin University’s Institute of Koorie Education in Geelong (Victoria) and hopes to further his career in health research and health administration.

The Lowitja Institute staff and the CRCATSIH Advisory Board thank Cyril for his support and welcome Shaun into the Links People family.

*For more information, contact Stakeholder Manager, Ms Penny Smith, at **Penelope. Smith@lowitja.org.au** or on +61 3 8341 5505.*



Healing Our Spirit delegates buoyed by Hawaiian experience

The Lowitja Institute is pleased to have been able to assist 13 Australian representatives to attend the Sixth Gathering of Healing Our Spirit Worldwide (HOSW), which was held in Hawaii from 3 to 10 September 2010.

The Gathering was hosted by the Hawaiian Indigenous health organisation Papa Ola Lokahi and proved a great success, with more than 2000 delegates and 350 presenters attending from countries all over the world. It focused on the successes, best practices and common issues in health, healing and addictions in Indigenous populations, as well as showcasing the extraordinary diversity and vibrancy of traditional cultures.

The biggest news out of the conference, as far as Australia is concerned, is that the Seventh Gathering is to be held in Alice Springs, possibly as early as 2013 but more likely in 2014. Alice Springs was chosen after a unanimous vote on the conference floor.

The Institute is especially proud to have supported the attendance at HOSW of the Australian Youth Ambassador, Gemma Benn, who works as a Policy Officer in the Office of Youth Affairs at the Northern Territory's Department of Health and Families.

Gemma's background includes being awarded the prestigious NAIDOC Youth of the Year Award in 2009, and she was one of 10 young people selected to sit on the HOSW Youth Planning Committee. In this role she, along with other members from Canada, Samoa, Aotearoa, Australia and Hawaii,



Gemma Benn receiving her NAIDOC Award in July 2009. *Photo courtesy NAIDOC*

oversaw activities in the Opio (young people's) Program, which offered a series of presentations, workshops, field trips and fun activities aimed at youth between the ages of 13 and 24.

As well as participating in the main conference program, Gemma was able to gain an insight into traditional Hawaiian life through excursions to irrigated terrace gardens, land restoration projects and local fishing villages, as well as through

participation in water-based activities such as canoeing.

'The Gathering was a significant cultural experience which has played an important role in my personal and professional development,' Gemma reports. 'The Opio Program provided a holistic, fun, informative and practical experience for the 200 young people registered.'

'Based on the knowledge and experience gained, it is hoped

that the next HOSW Gathering in Australia will continue to build on the successes of the Youth Program.'

Another delegate supported by the Lowitja Institute to attend HOSW was Flinders University researcher Kim O'Donnell, who presented the findings of the CRC for Aboriginal Health's Overburden project to the Gathering.

'The presentation was well received with interest from Maori health service providers. There were questions about whether the Coalition of Australian Governments (COAG) was aware of our work to inform their thinking about alternative funding models for Aboriginal Community

Controlled Health Services and how we were distributing the findings,' Kim reports.

Kim says she 'came away inspired and re-energised by the stories and experiences of the people I met, mostly between presentations and workshops and cultural excursions'.

'This Gathering has strengthened the movement and networks towards healing Indigenous communities and provided support and a safe place for people to share their challenges and strategies for success and self-determination... I am one and you are I – we are one (as said by Maori youth on the final day of the Gathering).'

Of the other Lowitja Institute-supported delegates, four work at the Institute's partner organisations – Anthony Ah Kit at Menzies School of Health Research, Samia Goudie from the University of Queensland and Paul Stewart and Ngarra Murray from The University of Melbourne – and seven were Aboriginal researchers who had worked on CRCAH projects (Jacqueline Ah Kit, Yvonne Buza, Harry Miller, Leanne Miller, Jody Saxton, Daphne Yarram and Ivy Yarram).

Presentations from Lowitja Institute-supported delegates will shortly be uploaded to the Institute's website, while a full list of conference activities is contained on the HOSW website <www.hosw.com>.

AIMhi team's mental health information sheet

A new information sheet, *Wellbeing Pathways*, has been produced by the Aboriginal Islander Mental Health Initiative (AIMhi) research team as an easy-to-use resource for Aboriginal and Torres Strait Islander people.

The two-page information sheet provides clear advice for those suffering from mental illness, their families and friends, and health practitioners. It also lists a range of contact details for organisations able to help Aboriginal and Torres Strait Islander people afflicted by mental illness.

The information sheet was launched on 19 October 2010 at the Menzies School of Health

Research as part of the 2010 Mental Health Week.

Our predecessor the CRCAH helped fund the Northern Territory component of the AIMhi project from 2003 to 2008. The project produced tools and resources for use by Aboriginal mental health workers and other practitioners to help provide effective services and treatment to people suffering mental illnesses in remote communities.

To obtain copies of the information sheet, contact Menzies School of Health Research on +61 8 8922 6904.

Wellbeing Pathways
Aboriginal Islander Mental Health Initiative

People who have wellbeing concerns might:

- Stop doing things with family
- Stay away from community events
- Sit down alone
- Stop going to school
- Fight with friends and family
- Threaten self harm or suicide
- Hurt themselves or take risks
- Have problems with alcohol or drugs
- Look sad or worried all the time
- Stop sleeping well

Wellbeing Paths Together

If you have wellbeing concerns you might:

- Talk with strong people: friends, family, elders
- Do more of what keeps you strong like fishing, hunting, sport, school, dance, music, art, and cultural activities
- Think about other helpful people: footy coach, church leader, school teacher, work colleague
- Do less of what takes your strength away
- Go to your health centre and see a health worker, AOD worker, youth worker, GP, or nurse
- If you know someone with wellbeing concerns you might support them in the above activities.

Menzies School of Health Research, PO Box 41096, Casuarina NT 0811
John Mathews Building (Bldg 38), Royal Darwin Hospital Campus,
Rocklands Drive, Casuarina NT 0810
Ph: 08 8922 8196 | Fax: 08 8927 5187 | www.menzies.edu.au | info@menzies.edu.au

New resource for training Aboriginal Mental Health Workers



At the launch of *Walk Together, Learn Together, Work Together* (L-R) Nea Harrison, Carol Watson, The Hon. Barbara Perry, Tom Brideson

A practical guide aimed at improving the training of Aboriginal Mental Health Workers was launched at the 2010 New South Wales Aboriginal Mental Health Workers Forum held in the central western NSW regional centre of Orange on 14 October 2010.

Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in New South Wales was developed by the CRC for Aboriginal and Torres Strait Islander Health/The Lowitja Institute in partnership with NSW Health. The guide supports the NSW Health Aboriginal Mental Health Training Program and builds on a manual developed for the Greater Western Area Health Service in 2006 by our predecessor the CRC for Aboriginal Health, as well as on the work of many people throughout NSW Health over a long period of time, but particularly in the past five years.

The project has been a truly collaborative endeavour to produce a resource to meet the needs of those involved in the training and support of Aboriginal

Mental Health Workers as mental health professionals. Its development had the input of 111 stakeholders who attended consultation workshops and meetings held in all Area Health Services to refine its content.

Launching the guide, the NSW Minister Assisting the Minister for Health (Mental Health), the Hon. Barbara Perry, said the guide represented an agreed approach by all NSW Area Health Services for the training of Aboriginal Mental Health Workers.

'The practical guide is specifically designed for mental health staff implementing the training program,' Ms Perry said.

'The sound practices outlined in this guide form the basis for workplace training programs that will lead to the development of competent and confident mental health clinicians who are Aboriginal.

'It is also useful more broadly for those involved in Aboriginal health workforce development.'

The State-wide Coordinator will deliver a series of workshops in each Area Health Service in late 2010 / early 2011 to support consistent implementation of the guide.

Meanwhile, the Aboriginal Mental Health Worker Training Program (AMHWTP) has received a gold achievement award for rural services, with the announcement made at the Australia and New Zealand Mental Health Services conference in September 2010.

Since the program was launched in western NSW in 2002, the number of Aboriginal Mental Health Workers in the region has increased from four to 26, with a number of graduates progressing to more senior roles in the health service. Currently the program has 19 trainees, some of whom have moved from other States to participate.

Walk Together, Learn Together, Work Together is available in hard copy or by download, and can be accessed via the AMHWTP section of the Centre for Rural and Remote Mental Health website at: www.crrmh.com.au/amhwtp/.

Lowitja Institute researchers take it to the world



Indigenous delegates during their visit to the WHO headquarters in Geneva. Photo courtesy Eddie Mulholland, Miwatj Health

Three researchers involved in Lowitja Institute research have attended and contributed to the 20th International Union for Health Promotion and Education (IUHPE) Conference held in Geneva, Switzerland last July.

Megan Williams from the School of Population Health at the University of Queensland, and Nikki Clelland and Lynette O'Donoghue from the Menzies School of Health Research joined Lowitja Institute Research and Innovation Director Ian Anderson at the event, which is a major drawcard for researchers involved in promoting equity in health outcomes around the globe. More than 2200 delegates from 123 countries participated in this year's conference, including other Aboriginal and Torres Strait Islander delegates from around Australia.

Nikki and Lyn delivered two presentations on their research investigating how well the ABCD

approach can be applied to health promotion. In a concurrent session on 'Health Promotion and Primary Health Care' Nikki was joined by New Zealand health professional Nicola Young, who was interested to find out about the health promotion quality improvement tools developed through the ABCD Extension project (the final report from which will soon be available on our website at www.lowitja.org.au/lowitja-institute-publications).

This chance meeting has resulted in an invitation from Nicola – the Manager of Community Health and Health Promotion at ProCare Health in Auckland – to visit primary health care providers in New Zealand in January 2011, both to introduce the tools to a wider audience and to provide some training in their use. It is anticipated that a report on the outcome of Nikki and Lyn's New Zealand trip will be provided in the April 2011 issue of *Wangka Pulka*.

Megan's attendance at the conference arose out of a satellite health workshop she helped organise for the Population Health Congress held in Brisbane in July 2008. The workshop, entitled 'Success Stories: Environmental, Social, Emotional and Spiritual Health of Aboriginal and Torres Strait Islanders', was organised in collaboration with the IUHPE and aimed to consolidate recent success stories and innovations occurring in Aboriginal and Torres Strait Islander health by identifying success factors critical to informing future health service delivery and policy.

'A report was produced out of that by the Australian Health Promotion Association, IUHPE, the CRAH and the Queensland Aboriginal and Islander Health Council which was really well received. From there we were asked to contribute a chapter to an IUHPE monograph (*Global Program on Health Promotion Effectiveness*) which is published

every two years,' she said. 'This is the first time a chapter specifically addressing Aboriginal and Torres Strait Islander issues has been included in the monograph series.

'My collaborators on the monograph include Jan Ritchie and Rosemary Urban. Rosemary put in an abstract to present four workshops at the IUHPE conference using the Population Health Congress workshop model, and we ended up having one-and-a-half-hour sessions on the program every day in a dedicated room.

'About 40 people attended each of the workshops, mainly people from other Indigenous groups around the world including Maori and Canadian First Nations. We focused on strength-based work, with a mix of Powerpoint presentations and interactive sharing of stories. 'We got some great feedback, partly because that type of presentation, while familiar to many of us in Australia, was completely different from sessions generally available at large conferences such as the IUHPE conference. We now hope Indigenous presentations will be a permanent fixture on IUHPE conference programs in the future.'

Megan and other Indigenous delegates were also invited to visit the World Health Organization (WHO) headquarters in Geneva for a lunchtime meeting with the main WHO Indigenous program leaders, which she said 'was a fantastic opportunity to hear first hand about the commitments the WHO has to improving its work on Indigenous health'.

The monograph chapter is due to be finished by the end of 2010 and will be submitted to the IUHPE early next year ahead of publication in July 2011. For more information on the IUHPE and the conference proceedings, visit www.iuhpe.org/.

CRCAH graduate's key role in Closing the Gap project



Former CRC for Aboriginal Health scholarship student Dr Mark Lock (pictured) is now one of the principal researchers in an Australia Research Council project, part-funded by the Lowitja Institute, that is examining the crucial role played by State and Territory health fora (forums) in planning and implementing the National Partnership Agreement (NPA) to Closing the Gap in Aboriginal and Torres Strait Islander health.

'The Role of State and Territory Planning Fora in Health Reform in Indigenous Health: Planning, Implementation and Effectiveness (PIE)' aims to address the dearth of evidence about what constitutes an appropriate process either in terms of the satisfaction of participants or of program implementation. The project is led by Associate Professor Margaret Kelaher, whose long-term involvement with the CRCAH and the Lowitja Institute includes the recently released final report *Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream*

General Practice (available on our website at www.lowitja.org.au/lowitja-institute-publications).

Mark is based at the University of Melbourne, where he graduated with a PhD in 2009 following acceptance of his thesis, which investigated the participation of Aboriginal and Torres Strait Islander people in national Indigenous policy processes. A descendant of the Wongaibon people of New South Wales, Mark has worked in Aboriginal health since 1994 in a variety of roles.

'My motivation comes from my grandmother, Marjorie Woodrow, a stolen child whose sheer determination inspired me to research and make changes to Aboriginal health policy,' Mark said. 'There are many challenges in making our health system work better for Aboriginal and Torres Strait Islander people but it gives me great satisfaction to be involved in finding solutions.

'My primary research method is social network analysis, which is a mathematical way to make invisible patterns of relationships both visible and quantifiable. In the PIE study I advise on the theoretical and practical aspects of the patterns of relationships between the planning fora and numerous organisations and committees, and what the pattern of relationships imply for planning processes in Indigenous health – particularly in relation to Indigenous participation.

'Under the NPA, tripartite committees in every State and Territory made up of Commonwealth and State

government representatives and representatives from the community controlled sector play a crucial role in planning and implementing Closing the Gap initiatives. The PIE study aims to build a better understanding of the committees' decision-making processes, their relationships and the values of different stakeholders in order to inform future planning processes.'

Mark says the first phase of the project aims to develop a theoretical framework for effective agreements and planning processes in Aboriginal and Torres Strait Islander health, particularly in relation to how they operate as mechanisms for supporting community participation in higher level policy. In particular, the first phase aims to determine how:

1. State and Territory fora engage Aboriginal and Torres Strait Islander people in the planning of policy and programs.
2. Organisations within State and Territory planning fora work with each other to progress NPA priority areas.
3. State and Territory planning fora and their member organisations engage with regional planning processes.
4. Effective State and Territory fora are in ensuring progress towards the NPA priority areas.

The first phase of the project is due to finish by the end of 2011, being the basis for a larger, four-year study which is due for completion in 2014. For more information on the project, contact Project Leader Associate Professor Margaret Kelaher at mkelaher@unimelb.edu.au.

AHCSA's Certificate IV in research capacity building makes a difference



AHCSA Certificate IV graduating class, 2010. Photo courtesy AHCSA

A research training course for budding Aboriginal and Torres Strait Islander researchers run by the Aboriginal Health Council of South Australia (AHCSA), with financial support from the Lowitja Institute, continues to gather strength, with a further 13 Aboriginal Health Workers from around Australia graduating at a ceremony in Adelaide in November 2010.

Each of the graduates received a Certificate IV in Indigenous Research Capacity Building, a nationally recognised VET qualification that offers significant advantages both in building career paths and enhancing opportunities in existing workplaces.

Beyond the professional advantages, however, the course also yields personal benefits for graduates by developing increased confidence, motivation and a sense of competency. These are important qualities for building capacity in the Aboriginal and

Torres Strait Islander research workforce, as the following comments from graduates demonstrate:

'This [award] makes me feel empowered...'

'Now [that I have this certificate] I feel like I can have a say...'

'[The knowledge I have gained] will help me lead research in my own community...'

'Research is something we must encourage our young people to do...'

The AHCSA course coordinator explains: 'The course attracts people who are really passionate about working to improve the health and wellbeing of their communities, and it unlocks the 'secrets' of research and how it can facilitate those improvements. By the end of the year, the graduates are a tightly connected group fervently united by the resolve to make a difference in their own communities and services.'

AHCSA has been delivering the course for the past three years with 43 graduates, and of those:

- 4 have enrolled in undergraduate university courses;
- 2 have enrolled in postgraduate university courses;
- and 9 are, or have been, employed on funded research projects in Adelaide, Brisbane, Port Augusta, Tamworth, Orange and Alice Springs.

In 2008 graduates of a short version of the course, most of whom had never attended a conference, presented at the Australasian Evaluation Society annual conference in Perth, at which the organisers commended them on the quality of their presentations.

The combined personal and professional impact of the course has also been documented in an external evaluation done after its first year of delivery, which stated:

Students reported a marked increase in both their confidence and skills to be involved in research and evaluation, including conducting their own projects. In fact, close to half of the students interviewed were actively implementing their learning in their workplaces, including continuing their research projects or undertaking more regular and rigorous evaluation (Stacey, Bromley & Kambouris, 2008:1).

The evaluation quoted graduates as saying that the course had opened their eyes to the role that research can play in their own peoples' lives, including 'tangible benefits to their organisations and communities in terms of

funding for services, improved services and career pathways' (p.12).

The evaluation concluded:

The Certificate 4 Indigenous Research Capacity Building course is based on acknowledging and extending the existing skills and knowledge of health, children's and family support services staff and Aboriginal community members in research and evaluation. It honours and builds on their experience and resilience, and enables services and other stakeholders to learn from each other directly while focusing on a practical and meaningful area in which they can improve their organisations, gain valuable knowledge to clarify community needs and guide their service delivery. Further, it facilitates their active involvement in research and evaluation activity that external groups wish to undertake in their communities and organisations, placing them in a better position to direct and control such projects to ensure that there is an accountable process that fits with local priorities (p. 28).

AHCSA gets PHAA gong for students' racism poster

A poster on the topic of racism by students as part of the Certificate IV in Indigenous Research Capacity Building course has seen the Aboriginal Health Council of South Australia take out the 2010 Public Health Association of Australia (PHAA) Annual Conference poster prize.

The poster, pictured below, was a collaborative effort between the students and a health promotion student from Flinders University. With no graphic design background, but with a great concept and dedication, their efforts won over the PHAA judges.

The research underlying the poster was conducted by the class of 18 Aboriginal Health Workers and Aboriginal research assistants under the guidance of lecturers Merridy Malin, Jerry Moller and Amanda Mitchell. The project found that of the 28 Aboriginal people participating in the research, 90 per cent reported that they had been subjected to racism.

For further information about the Certificate IV course email Merridy Malin at merridy.malin@ahcsa.org.au.



The winning anti-racism poster

Master of Public Health graduates at Institute of Koorie Education

The Lowitja Institute celebrates the graduation of four more Aboriginal and Torres Strait Islander health students from the Institute of Koorie Education at Deakin University this year.

The four – Karl Briscoe, Sharon Busby, Michelle Elwell and Carolyn Pennefather – graduated with Master of Public Health (MPH) degrees, while a Graduate Diploma in Public Health was awarded posthumously to Aunty Jean Cavanagh who passed away in September 2010.

Born in far north Queensland and living for many years in Robinvale,

Victoria, Aunty Jean Cavanagh completed an undergraduate course at The Institute in 1993 and a Graduate Diploma of Natural and Cultural Heritage Interpretation in 1997. Passionate and committed to improving the health situation for Aboriginal and Torres Strait Islander peoples in Robinvale, Aunty Jean was a highly motivated student who applied what she learnt in her studies to her work in the community. Her particular passion was around issues of nutrition and ways to encourage more physical activity in her people. Aunty Jean brought a wealth of knowledge and experience to the program and is

sadly missed by her Institute of Koorie Education colleagues, staff and students.

Sharon Busby is a Noongar woman from Perth who, prior to undertaking the MPH, worked as a diabetes educator. Since completing her studies she has taken up a position as Manager of the Workforce Development Unit at the NACCHO State affiliate in Western Australia. Sharon believes the MPH has assisted her in analysing policy and reports, given her the confidence to participate in the wider debates about Aboriginal health, and helped her to network with other



Recent Institute of Koorie Education graduates and staff (L–R): Professor Wendy Brabham (Director of the Institute), Sharon Busby, Karl Briscoe, Michelle Elwell, Uncle Brian Cavanagh (receiving award for Aunty Jean Cavanagh, posthumously), Carolyn Pennefather and Wendy Anders (MPH lecturer). *Photo courtesy Institute of Koorie Education*

health professionals throughout Australia.

Karl Briscoe lives in far north Queensland and is a descendant of the eastern Kuku (Gugu) Yalanji clan. Prior to commencing his studies he was employed as an (acting) senior health worker at Queensland Health. During his MPH Karl ventured into the health policy arena, which saw him gain a position as senior policy officer within Queensland's Northern Area Health Service.

Carolyn Pennefather also lives in far north Queensland and is a member of the Stolen Generations. Throughout her MPH studies Carolyn focused on investigating health and social wellbeing issues for Aboriginal and Torres Strait Islander Stolen Generations.

Michelle Elwell is an Arranda woman from Alice Springs. When Michelle commenced the course she was working in public health nutrition for Queensland Health. She has since relocated to Victoria where she secured a team leader position at West Gippsland Health Care. Michelle feels that undertaking the MPH has broadened her understanding of public health and enabled her to branch out into other areas.

Enrolments are currently open for Master of Public Health studies at IKE in 2011. For further details please go to www.deakin.edu.au/iike, or alternatively telephone Janice Jessen on +61 3 5227 2346 or Wendy Anders on +61 3 5227 2724.

Kalinda's award highlights value of capacity building

Kalinda Griffiths, former CRC for Aboriginal Health trainee, was named Northern Territory Young Australian of the Year for 2011. The award highlights Kalinda's high level of academic achievement, a commitment to serve disadvantaged communities, and her strong sense of social justice.

Kalinda is currently working on a Menzies School of Health Research project that uses complex statistical techniques to analyse large sets of data to determine the differences in rates of cancer survival between Aboriginal and Torres Strait Islander and other Australians.

Normie Grogan, the CRCATSIH's Link Person at Menzies, congratulated Kalinda on her achievement.

'Kalinda has come a long way since her traineeship back in 2003,' he said. 'This is a great example of why capacity building programs are so important in developing a strong Aboriginal and Torres Strait Islander health research workforce.'

In 2007, Kalinda presented at the National Indigenous Community Leadership Program 'Strong Women, Strong Leaders' and in 2009 was selected to attend the Oxfam Aboriginal and Torres Strait Islander Women's Summit.



Kalinda Griffiths with her NT Young Australian of the Year Award 2011.
Photo courtesy media opps pty ltd

Narrm Oration sets seal on multiple milestones

On the evening of 11 November 2010, a packed audience gathered at the University of Melbourne to hear visiting Native American scholar and internationally recognised researcher and writer, Dr Manley Begay of the University of Arizona and Harvard University, deliver the second annual Narrm Oration.

The Narrm Oration (from the Woiwurung word for the area around Port Phillip Bay) is hosted by the University's Murrup Barak Institute for Indigenous Development to offer leading international Indigenous thinkers an opportunity to enrich the conversation around possible futures for Australia's First Peoples.

Drawing from the North American context, Dr Begay's speech, 'Indigenous Nation Re-Building Renaissance', provided valuable insights for his Australian

audience on issues of Indigenous leadership, governance and resiliency.

'After hundreds of years of control by government, Native nations in the United States and Canada are experiencing a political resurgence,' Dr Begay said.

'For Indigenous North Americans, it's a wonderful time to be alive. I never thought in my lifetime I'd see a resurgence of this magnitude, where Indigenous people and Native nations are calling the shots. In turn, wonderful things are happening.

'In Native nations, the per capita income is growing three times faster than that of the nation generally.'

The evening was also an occasion for multiple celebrations at

the University. In addition to the Narrm Oration, it also marked the first anniversary of the establishment of the Murrup Barak Institute, the announcement of the Murrup Barak Foundation's corporate partnership with Rio Tinto Australia, and the graduation of the first recipients of the Professional Certificate in Indigenous Research Training Practices (pictured).

The Professional Certificate is offered to Aboriginal and Torres Strait Islander postgraduate students attending the annual Summer School organised by the University's Trinity College, and supported by the Lowitja Institute.

*by Gabrielle Murphy
The University of Melbourne*



(Top row, L-R): The Hon. Alex Chernov, Professor Marcia Langton, Mr Scott Winch, Mr Christopher Wilson, A/Professor Jane Freemantle, Professor Christine Asmar, Ms Simone Brotherton
(Bottom row, L-R): Ms Leanne Pilkington, Mr Kerry Mudge, Ms Terry James, Ms Ann-Maree Hammond, Ms Val Close.

Photo courtesy Casamento Photography

AIHW report backs up concerns over road transport risks

The risks associated with car travel for Aboriginal and Torres Strait Islander people, already highlighted in a recently released Lowitja Institute publication, have been thrown into stark relief by new figures. These show that Aboriginal and Torres Strait Islander Australians are three times more likely to die in vehicle accidents than other Australians, with crashes causing more deaths among Aboriginal and Torres Strait Islander people than any other type of injury apart from suicide.

The figures from a just-published Australian Institute of Health and Welfare (AIHW) report, *Injury of Aboriginal and Torres Strait Islander People due to Transport, 2003–04 to 2007–08* (released 11 November 2010), also revealed that for every 100,000 Aboriginal and Torres Strait Islander people, 135 are seriously injured in transport incidents each year. This compared with a rate for other Australians of 85 deaths per 100,000 people.

Flinders University researchers Geoff Henley and James Harrison, who wrote the report for the AIHW, presented their data and findings at the Indigenous Road Safety Forum held in New South Wales in November 2010.

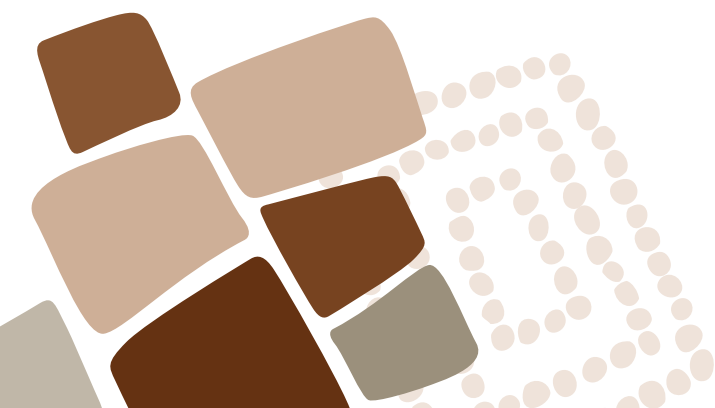
Fellow Flinders University researcher Yvonne Helps led the research team that produced the *Aboriginal People Travelling Well* community report, which was published in August 2010 with support from the Lowitja Institute and which we reported on in the last edition of *Wangka Pulka*.

Responding to the AIHW report, Ms Helps said her research showed that several factors contributed to the high death and injury rate, including the distance to the nearest medical centre and the fact that people driving on private property, including native title land, did not have to wear seatbelts, be licensed, adhere to basic road rules or observe speed limits.

Ms Helps told media outlets that drivers on private land often travelled much faster and were required to cover vast distances. 'Fatigue can be an issue,' she said.

'There is a lot of pressure, particularly from Elders on young people to drive to funerals, even if a driver might not be licensed or know how to drive.'

To download a copy of the AIHW report, go to www.aihw.gov.au/publications/index.cfm/title/12265. A copy of *Aboriginal People Travelling Well* can be accessed on our website www.lowitja.org.au/lowitja-institute-publications.



Tears and cheers for Wyatt's maiden speech

There were tears and cheers from all sides of the house when Ken Wyatt, Australia's first Aboriginal member of the House of Representatives, made his maiden speech in Parliament on 29 September 2010.

Mr Wyatt, a former senior Western Australian public servant and an expert on Aboriginal health and education, drew a larger crowd for his speech than most other newcomers to Parliament.

Wearing a kangaroo skin coat that signified the mantle of leadership, Mr Wyatt lamented that nothing had significantly changed since two Aboriginal senators, Neville Bonner (in 1971) and Aden Ridgeway (in 1999) had outlined their aspirations for Aboriginal and Torres Strait Islander Australians in their maiden speeches.

He called on all MPs to be 'pathfinders' to accelerate change and described education as 'the great engine' of personal development. Mr Wyatt said the support of his parents in pursuing an education was ultimately responsible for putting him into parliament.

'I hope that all Australian governments continue to embrace new solutions to enduring problems where old approaches have failed,' he said.

The Liberal member for the Western Australian seat of Hasluck made a point of acknowledging the apology to the Stolen Generations by the former Labor Prime Minister Kevin Rudd



The Hon. Ken Wyatt delivering his maiden speech, Parliament House, 29 September 2010. Photo courtesy Hasluck Electorate Office.

'When the former prime minister delivered the apology on the 13th of February, 2008, in this chamber, I shed tears for my mother and her siblings,' Mr Wyatt said.

Mr Wyatt is the oldest of Don and Mona Wyatt's 10 children. His mother was a member of the Stolen Generations who spent her childhood on the Roelands Mission near Bunbury: growing up, he had listened to her stories.

'I often wondered about the experiences locked up in their memories and not often talked about,' he said. 'My mother and her siblings along with many others did not live to hear the words delivered in the apology, which would have meant a great deal to them.'

'I got a sense of relief that the pain of the past had been acknowledged and the healing could begin.'

There in Parliament to watch him from the upper galleries were our Patron, Dr Lowitja O'Donoghue, and our Chair, Ms Pat Anderson. When he was done, they joined in as both sides of politics stood and clapped.

Meanwhile, following on from his maiden speech, Mr Wyatt has backed Prime Minister Gillard's proposal for an expert panel to canvass constitutional reform options to recognise Australia's First Peoples (see next page), but has said his preference is for 'measured change' limited to the Constitution's preamble.

In an interview with The Australian Online, Mr Wyatt said the proposal needed 'to be thoroughly worked through to gain majority support', and that if this could not be achieved by the next election 'then continue the process'.

'Political expediency is not to be the time factor, but engaging Australians in the formation of the preamble is critical for any change to be accepted,' he said.



Government moves on recognising First Peoples in Constitution

The Australian Government has moved to establish an expert panel to consider ways to amend the Australian Constitution in order to recognise Aboriginal and Torres Strait Islander people.

In a joint statement with the Minister for Indigenous Affairs Jenny Macklin and the Attorney General Robert McClelland, Prime Minister Julia Gillard said on 8 November 2010 that the announcement of an expert panel was the 'first step' in a process that would result in a national referendum.

The move is also in line with a Government commitment to pursue constitutional reform, which was made in the lead-up to the recent Federal election (as discussed in the August edition of *Wangka Pulka*).

'The expert panel will include Indigenous and community leaders, constitutional experts and parliamentary members,' Prime Minister Gillard said. 'It will lead a national discussion and broad consultation during 2011 to build consensus on the recognition of Indigenous people in the Constitution.'

'It will work closely with organisations with expertise and a history of engagement on this issue, including the Australian Human Rights Commission, the National Congress of Australia's First Peoples and Reconciliation Australia.'

Ms Gillard said achieving a nation-wide consensus would be 'a challenge' given there has only been eight successful referenda out of the 44 since Federation.

'The panel will therefore be asked to develop options for constitutional change which will attract broad support from the Australian community,' she said.

The Prime Minister has already invited representatives from the Coalition (see p.24 for Liberal MP Ken Wyatt's views), the Australian Greens, the Independent members of Parliament and Senators to join the expert panel, and people are encouraged to make their own nominations for representatives on the expert panel by emailing to constitutional.recognition@fahcsia.gov.au.

Fact sheets with more information on the Government's proposal for constitutional reform are available at www.fahcsia.gov.au.

Gillard opts for continuity in key Aboriginal portfolios

Despite speculation of major change to the Labor Government's ministry following the cliff-hanger August federal election, Prime Minister Julia Gillard ended up opting for continuity in key portfolios with responsibility for Aboriginal and Torres Strait Islander programs.

Nicola Roxon remains the Minister for Health and Ageing and has retained her Cabinet post, and she will continue to be supported by non-Cabinet Minister Warren Snowdon in his capacity as Minister for Indigenous Health.

Jenny Macklin also retained her Cabinet position as Minister for Indigenous Affairs.

Another Cabinet member, Simon Crean, has taken on the new portfolio of Regional Australia and Regional Development, while NSW powerbroker Mark Arbib has been awarded the new non-Cabinet portfolio of Indigenous Employment and Economic Development.

Justin Mohamed, the Chair of the National Aboriginal Community Controlled Health Organisation

(NACCHO), particularly welcomed the retention of Minister Snowdon.

'Having another advocate for Aboriginal health in the Government with the reappointment of Warren Snowdon as Indigenous Health Minister should help to maintain the drive to improve our people's health and services,' Mr Mohamed said.

'Mr Snowdon is well respected within Aboriginal Community Controlled Health Services across the nation and we look forward to again working with him.'

High levels of distress, but most First Australians happy: ABS

Although nearly one in every three Aboriginal and Torres Strait Islander adults experienced high levels of psychological distress, more than twice the rate for other Australians, the majority of adults (72%) reported being happy all or most of the time.

That's according to figures from the Australian Bureau of Statistics (ABS), contained in *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, and in a Social Trends report, *The City and the Bush: Indigenous Wellbeing across Remoteness Areas*.

In 2008, high levels of psychological distress, which includes feelings of depression and anxiety, were experienced by 31 per cent of Aboriginal and

Torres Strait Islander adults. Rates were particularly high among victims of violence (46%), people with a disability or long-term health condition (43%), and those who had experienced discrimination (44%) or removal from their natural family (39%).

But despite high rates of psychological distress, most (72%) adults reported being happy all or most of the time. Rates of happiness were higher among those in remote areas (78%) than in non-remote areas (71%).

The Social Trends report showed Aboriginal and Torres Strait Islander people make up just 3 per cent of Australia's population but are 12 times more likely to live remotely. In remote areas, 79 per

cent of Aborigines aged 15 years or older reported feeling happy, some or most of the time. In the major cities, 68 per cent were happy and in regional areas 73 per cent were happy at least some of the time.

The increased happiness of people living in remote areas came despite another Social Trends report finding that income and housing disparity between Aboriginal and Torres Strait Islander and other Australians was most apparent in remote areas, more than 50 per cent were at the bottom end of the scale in income distribution.

To download the six-monthly reports, visit the ABS website <www.abs.gov.au> and search by the publication title.

AMA backs ACCHOs, slams govt service delivery in NT

The Australian Medical Association (AMA) has called for more Federal Government support for the Aboriginal community controlled concept of health service delivery, while criticising the bureaucratic wastage and red tape associated with government health programs in the Northern Territory.

During a recent tour of NT health services AMA President Andrew Pesce said the make-up of the new Parliament presented 'a unique opportunity' for politicians of all persuasions to work together to make real improvements in the health outcomes and living conditions of Australia's First Peoples.

'There is a health reform process currently underway and we must use it to improve the health and

living conditions of Indigenous Australians, and not just those who live in the remote communities of the Territory and northern Australia,' Dr Pesce said.

'First, we must ensure that the transfer of 100 per cent of primary health care funding to the Commonwealth does not disadvantage Aboriginal health care services at the local level.

'The Aboriginal Health Care Worker workforce must be properly supported, including a commitment for at least some of their training to be at the community level.

'The new Government must (also) engage seriously with the community controlled concept

of health service delivery to incorporate evaluation of program development to make sure there is ongoing improvement in services.'

However, the AMA has complained that doctors and health workers in remote communities were increasingly frustrated at the over-governance of remote programs, saying that huge teams of distant public servants created policies that often had no connection with the reality on the ground.

Speaking to *The Australian* newspaper, Paul Bauert, president of the NT branch of the AMA, said: 'It's been the position of the AMA in the NT that the bureaucracy... really should be spending one or two days in a fortnight in a remote community.'

Macklin considers penalising States for poor remote service delivery

Indigenous Affairs Minister Jenny Macklin is considering a call by Remote Indigenous Services Coordinator Brian Gleeson to take Commonwealth money away from States and Territories underachieving in Aboriginal and Torres Strait Islander education and health, and to boost payments to those improving outcomes and retention rates.

Minister Macklin has already brought in a competitive system where States compete with each other for funds to build remote Aboriginal and Torres Strait Islander housing, with the most efficient jurisdictions getting the most money. She told *The Australian* newspaper in October 2010 that she would look at expanding that system to address the other areas of concern, including health.

In his second six monthly report to the Federal Government, Mr Gleeson said it was taking

governments too long to provide adequate facilities in remote Aboriginal and Torres Strait Islander communities. His report looked at health, housing, schooling, safety in communities and job creation.

Mr Gleeson said that while some progress was being made in addressing entrenched disadvantage in these communities, 'in my mind, it still takes far too long and there are too many excuses'.

'Governments still confront cynicism from community members who will need to see evidence that this is indeed a new way of working, rather than just a different way to describe what governments have always done,' he said.

Mr Gleeson was appointed to his role in 2009 and oversees all government activity relating to the delivery of services to 29 Aboriginal communities under the Remote Service Delivery

National Partnership, as part of the nationally agreed Closing the Gap initiative.

His report shows a total of 136 new homes had been completed, with 89 under construction in priority communities as at mid-year 2010. As well, 668 jobs had been created in the 29 priority communities while schools in 24 communities had received 402 of 512 computers.

Health services under the Indigenous Chronic Disease Package Medical Specialist Outreach Assistance Program have been approved for six communities while early childhood access to antenatal care, pre-pregnancy and teenage sexual and reproductive health is available in 26 communities.

To download the Remote Indigenous Services Coordinator's reports, go to <http://cgris.gov.au/site/publications.asp>.

Study suggests deaths from heart disease 'hugely underestimated'

The latest research findings suggest that death rates from heart disease among Aboriginal and Torres Strait Islander people may have been hugely underestimated.

The research, by a Western Australian team and published in the December 2010 edition of the journal *Heart, Lung and Circulation*, shows Aboriginal and Torres Strait Islander people in their mid to late 20s are suffering heart attacks at up to 30 times the rate in the general population.

It also found that Aboriginal and Torres Strait Islander women are much more affected by heart disease than those in the mainstream community.

An accompanying editorial says the research, which analysed data from more than 7500 heart attack reports between 2000 and 2004 for people aged 25–74, found 208 deaths in Aboriginal people in Western Australia – just 16 fewer deaths than recorded in the official figures (from 2000–05) for Queensland, Western Australia,

South Australia and the Northern Territory combined.

Research chief investigator Sandra Thompson, director of the Combined Universities Centre for Rural Health in Geraldton, WA, said it appeared that 'the whole burden of heart disease has shifted down to a much earlier age among Aboriginal and Torres Strait Islander people'.

To view the journal article and editorial, go to www.heartlungcirc.org/home and select the December 2010 edition.

Climate change to hit hard in remote communities, study finds

Aboriginal and Torres Strait Islander people living in northern Australia will be among the Australians hardest hit by climate change, according to a new study funded by the Australian, Northern Territory and Western Australian governments.

The study – *Risks from Climate Change to Indigenous Communities in the Tropical North of Australia*, co-authored by academics Donna Green from the University of NSW and Sue Jackson from CSIRO, and prominent northern Australian Aboriginal land activist Joe Morrison – surveyed the effects of climate change on ecosystems, health, infrastructure and livelihoods.

‘Indigenous people in northern Australia face many existing challenges including remoteness, poor health, inadequate infrastructure and low incomes. Climate change will exacerbate

many of these pre-existing challenges,’ the study says.

The study region covered an area home to 87,000 Aboriginal and Torres Strait Islander people, about a quarter of all Australia’s First Peoples. While researchers admitted it was hard to measure the effects of climate change, they found that impacts would most likely include rising sea levels posing threats to low-lying settlements and ocean acidification, which endangers coral reefs and food chains.

They also found that increasing temperatures would be likely, with the number of days over 35 degrees Celsius expected to rise. This would lead to more cases of heat stress, dehydration, respiratory illnesses and increases transferability of diseases such as melioidosis.

The effects of climate change on infrastructure were also

examined, with particular attention given to ensuring transportation networks remained in working condition.

‘With more cases of extreme weather, such as heavy rain and flooding expected, many of the remote communities find themselves increasingly cut off which exacerbates the vulnerability of these communities to further health risks,’ Dr Green said.

Joe Morrison, CEO of the Northern Australian Indigenous Land and Sea Management Alliance, said that it was of ‘vital importance that Indigenous people aren’t marginalised in discussions of this nature’.

To download a copy of the report, go to www.climatechange.gov.au/publications/adaptation/risks-from-climate-change-to-indigenous-communities.aspx.

Cholera outbreak closes Torres Strait border

Australia has closed the Torres Strait border with Papua New Guinea (PNG) after a cholera epidemic reached the PNG island of Daru, which lies just off the PNG mainland and close to Australian islands in the Torres Strait.

Normally, traditional visits by Indigenous PNG and Australian inhabitants are allowed under free-movement provisions of the Torres Strait Treaty. The latest restrictions, which came into force on 10 November 2010, do not apply to other travellers, including those holding passports and visas.

Cholera is a stomach infection that causes diarrhoea and vomiting, leading to rapid dehydration. Although preventable, it kills up to 130,000 people a year worldwide.

Queensland health officials have sent more medical supplies to Australia’s islands in the Torres Strait in case the disease spreads to them, which they say is unlikely. Public health meetings have been held on most of the islands in recent weeks.

Cholera cases have been reported in several Papua New Guinea

provinces, including the capital city Port Moresby, since 2009, and in a travel advisory the Australian Department of Foreign Affairs and Trade (DFAT) said the epidemic was expanding.

Media reports at the end of November 2010 said the outbreak had so far killed 32 people, mostly children, in Daru alone and almost 1000 people had been treated for the disease in recent weeks.

To view DFAT’s Travel Advisory about the cholera outbreak, go to www.smartraveller.gov.au/zw-cgi/view/Advice/Papua_New_Guinea.

National awards recognise doctors and health services

The past few months have been raining awards for Aboriginal and Torres Strait Islander health professionals and services. Here is a brief review of some of the individuals and organisations who have recently been recognised for their outstanding contribution to the sector.

Associate Professor Noel Hayman, Queensland's first Indigenous doctor and the director of the Inala Indigenous Health Service, was chosen as Queensland's nominee for the 2011 Australian of the Year at a ceremony in Brisbane on 18 November 2010. He was honoured for his enormous contribution to the health of Australia's First Peoples, including his work improving the control of diabetes and immunisation rates, and for recruiting more Aboriginal and Torres Strait Islander doctors. The national award will be announced on 26 January 2011 (Australia Day).

Associate Professor Peter O'Mara, a Wiradjuri man from central New South Wales who has worked as a general practitioner in an Aboriginal community controlled health service for nearly 10 years, was awarded a community Deadly Award for Achievement in Aboriginal and Torres Strait Islander Health at the 2010 Deadlys Awards night in October 2010. Dr O'Mara plays a pivotal role as Associate Professor of Indigenous Medical Education and head of the discipline of Indigenous Health at the University of Newcastle, which has produced almost half

of Australia's Aboriginal and Torres Strait Islander doctors.

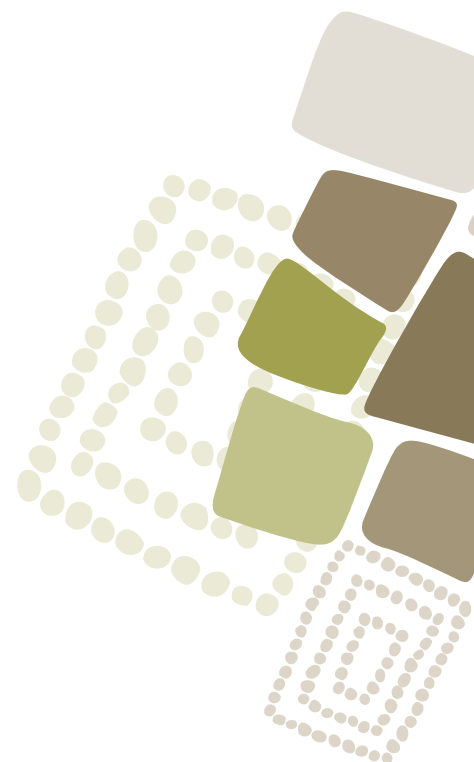
Dr Sarah McEwan, a Wiradjuri woman and GP Registrar in Port Hedland, Western Australia, has been awarded the Westpac RDAA-ACRRM Rural Registrar of the Year Award for 2010. This is in recognition of her commitment to rural practice and her dedication to providing high-quality medical care to the remote communities in her region. Dr McEwan received the award at a gala dinner at Rural Medicine Australia 2010, the national conference of the Rural Doctors Association of Australia (RDAA) and the Australian College of Rural and Remote Medicine (ACRRM) held in Hobart in October 2010.

The **Victorian Aboriginal Community Controlled Health Organisation (VACCHO)** has taken out the Gold for Reducing Inequalities Award at the 2010 Victorian Public Healthcare Awards held in Melbourne in early October 2010. The award, which was won jointly with Diabetes Australia - Vic., is in recognition of their Feltman initiative, which is an educational tool for diabetes prevention and management developed through the service's Aboriginal and Torres Strait Islander program. VACCHO and Diabetes Australia - Vic. were also runners up for the Tackling Chronic Disease and Improving Public Health Award.

The **Pintupi Homelands Health Service**, one of the NT's most remote bush health clinics, was

commended in the Australian General Practice Accreditation Limited annual report. That means patients accessing the one-doctor bush clinic have been deemed to be receiving the same treatment as they would in a capital city, something the Aboriginal Medical Service Alliance of the NT (AMSANT) described as an 'amazing' achievement.

The **North Coast Aboriginal Corporation for Community Health**, based in Maroochydore, Queensland, has been highly commended in the 2010 Indigenous Governance Awards in the judging section for organisations more than 10 years old. The awards celebrate strong leadership, good management and effective partnerships, and are sponsored by Reconciliation Australia and BHP Billiton.



Towards a Suicide Prevention Strategy

The Federal Government has responded to a report prepared by the Senate Community Affairs Reference Committee, *The Hidden Toll: Suicide In Australia*, which recommended the establishment of a national suicide prevention strategy for Aboriginal and Torres Strait Islander people. The Government welcomed the report and said that of the 42 recommendations, it had already actioned six, set in place initiatives to meet a further 20 and would progress or consider the other 16 in consultation with relevant stakeholders. The proportion of Aboriginal and Torres Strait Islander people taking their own lives is around three times higher than in the general population, and even higher again among young men. The committee report can be found at www.aph.gov.au/senate/committee/clac_ctte/suicide/report/index.htm and the Government's response at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-c-commresp-suicide.

SA vows to close health gap by 2030

Labor and Liberal politicians in South Australia have signed a statement of intent for the State to close the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians by 2030. Aboriginal groups and health associations are also key signatories to the statement, which commits both sides of politics to work with Aboriginal and Torres Strait Islander people to achieve equality in health status and life expectancy by the year 2030. The document says they will develop a comprehensive, long-term plan of action that is targeted to need, evidence-based and capable of addressing the existing inequities in health services. It also ensures the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

Menzies kicks up its heels for 25th anniversary

Throughout 2010 the Darwin-based Menzies School of Health Research, a Lowitja Institute partner and long-term supporter of research into Aboriginal and Torres Strait Islander health, has been celebrating its 25th anniversary. Activities around the anniversary were set to reach a crescendo, with the 25th Anniversary Scientific Colloquium on 9 December. Some of the nation's leading medical researchers will present a series of lectures reflecting on 25 years of health research in the Northern Territory, with guest speakers including Menzies Director Jonathan

Carapetis, John Mathews, Ngiare Brown, Ross Bailie, Joan Cunningham, Anne Chang, Bart Currie, Nick Anstey and Michael Good. A 25th Anniversary Raffle was also drawn on 9 December, with first prize being a \$25,000 Paspaley Pearl necklace. For more details, go to <http://menzies.edu.au/get-involved/menzies-25th-anniversary>.

Report urges home dialysis to reduce kidney treatment cost

A new report has urged State and Territory governments to improve access to home-based dialysis for people suffering from end-stage kidney disease, which could result in savings of up to \$430 million over the next 10 years. The report, *The Economic Impact of End-Stage Kidney Disease in Australia*, was commissioned by Kidney Health Australia and conducted by the George Institute for Global Health. It found the incidence of kidney disease was projected to increase by more than 54 per cent by 2020, with the cost of treatment likely to be around \$12 billion during the next decade if the current approach remained unchanged. Home dialysis also avoids some of the psychosocial, financial and vocational pressures for patients and their families that are associated with less flexible treatment schedules and repeated travel to and from dialysis units, in particular for Aboriginal and Torres Strait Islander people living in remote areas. To view the full report, go to www.kidney.org.au.

In praise of NT community controlled organisations

Australians for Native Title and Reconciliation (ANTaR) recently released *A Better Way: Success Stories in Aboriginal Community-Control in the Northern Territory*, which calls on governments to empower Aboriginal organisations and communities to drive solutions to the challenges they face. It showcases 13 successful Aboriginal community controlled organisations in the NT that are working across a diverse range of sectors. Individually, they are tackling petrol sniffing, delivering health care, ensuring access to healthy foods, building self-reliance in times of financial crisis, supporting people to budget and eat well and delivering banking services to remote areas. Together, they offer an alternative response to the challenges facing Aboriginal and Torres Strait Islander communities based on community participation and leadership. To download the booklet, go to www.antar.org.au/abetterway.

Link between negative childhood experiences and dementia

Early findings from a study into the long-term effects of negative early life experiences and lack of educational opportunities on the brains of Aboriginal and Torres Strait Islander children suggest these can lead to a range of health and socio-economic problems later in life, including dementia. The Koori Growing Old Well study, which is the largest investigation of its kind ever undertaken in Australia, is collecting data from 500 people aged 60+ in six urban and regional NSW communities. The study is based at the Prince of Wales Medical Research Institute and is being conducted with Aboriginal researchers and in collaboration with community controlled organisations. It will be completed in early 2012. For more information, go to <http://www.neura.edu.au/health/aboriginal-ageing>.

New golden staph strain a threat to communities

A potentially lethal antibiotic-resistant strain of golden staph bacteria is becoming a serious threat to the health of Aboriginal and Torres Strait Islander Australians living in remote locations, according to research by PhD candidate Steven Tong. Dr Tong, a Research Fellow with the Menzies School of Health Research, said the annual incidence of golden staph bloodstream infections was six times higher in the Aboriginal communities he studied compared with the mainstream population and was reaching epidemic proportions. He said that overcrowded houses, poor hygiene and high rates of skin infections were the most likely reason for the emergence of antibiotic-resistant strains.

Feds lodge UN human rights report

The Federal Government has highlighted its work towards closing the gap between Australia's First Peoples and other Australians in its first human rights report to the United Nations Human Rights Council under the new Universal Periodic Review (UPR) process. Australia's national report points to the government's apology to the Stolen Generation, its efforts to close the life expectancy gap and the current set of Council of Australia Government initiatives to improve health and education for Aboriginal and Torres Strait Islander people. Australia is due to make its first appearance before the UPR in Geneva on 27 January 2011. Australia's national report is available at www.ag.gov.au/upr.

Qld partnership to deliver Triple P program in communities

Aboriginal and Torres Strait Islander child protection workers will be trained to deliver the University of Queensland's (UQ) Triple P (Positive Parenting Program) in Queensland communities, courtesy of a partnership between the Queensland Aboriginal and Torres Strait Islander Child Protection Peak and UQ. The scheme is funded by the Queensland Government and will train an initial 60 workers from the State's 11 Aboriginal and Torres Strait Islander Family Support Services to deliver the program. The Triple P program aims to support parents and build their skills and confidence, thereby preventing family violence and reducing children's behavioural and emotional problems. UQ researchers will monitor outcomes for parents and children.

Melbourne University medical teaching program takes in 3 AMSs

The University of Melbourne, Lowitja Institute Essential Participant, has been awarded \$1.9 million from the Federal Government to build teaching facilities for medical students in GP clinics and Community Health Services in Melbourne's rapidly growing northern and western suburbs, including at three Aboriginal Medical Services. The initiative is part of a strategy to address a critical shortage of doctors in these areas, and will give the medical students a greater opportunity to engage in direct patient care under the supervision of qualified doctors. The grants awarded to the clinics range from \$5000 to \$250,000, depending on the capacity of the clinic to take students. The program will be piloted in 2011.

CRE wins \$2.5m for research into skin integrity, anxiety and pain

The National Health and Medical Research Council has awarded a \$2.5 million grant over five years to the Griffith Health Institute at Griffith University to fund a new Centre for Research Excellence (CRE), which will conduct research into skin integrity, and pain and anxiety, among hospitalised patients. The CRE in Nursing Interventions for Hospitalised Patients will provide evidence to policymakers and clinicians to ensure that patients receive the highest quality of hospital nursing care and that such care is cost-effective. The CRE said that it had chosen to focus on these two particular strands of nursing care 'because of their high risk of occurrence as complications for patients on top of their initial disease or injury'.



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