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Talkin' Strong

KOORI HEALTH RESEARCH

The community newsletter of the VicHealth Koori Health Research and Community Development Unit.

Issue No. 1 July 2000

Welcome

Welcome to the very first newsletter of the VicHealth Koori Health Research and Community Development Unit. We hope as you look through this newsletter that you will find something to interest you.

As you will read, the Unit has only been around for a short time, less than 12 months in fact. During this time we have been quite busy and we have written about some of our activities in this issue.

We will put out a newsletter every few months to let people know what we are doing at the Unit. We look forward to your feedback, and would welcome any thoughts about research or research experiences that you would like to share with us.

Ian Anderson

Launching the VicHealth Koori Health Research and Community Development Unit



Above: Nadja Korajkic and Nikita Tabuteau

The pictures on the first two pages were taken at the launch of the Unit on June 11 1999. This was a very exciting day for the Unit and we were very pleased to have Dr Lowitja O'Donoghue speak to us.

The Unit has been developed in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). As many of our readers will know, VACCHO is the peak community body in Koori health in Victoria. VACCHO has a key role in the development of Koori health policy and strategy in Victoria, and provides links to community organisations throughout the state. Many representatives of the Koori community were at the launch and you may see some familiar faces.

Funding for the Unit has been provided by the Victorian Health Promotion Foundation and by the University of Melbourne through the Centre for the Study of Health and Society where the Unit is located.

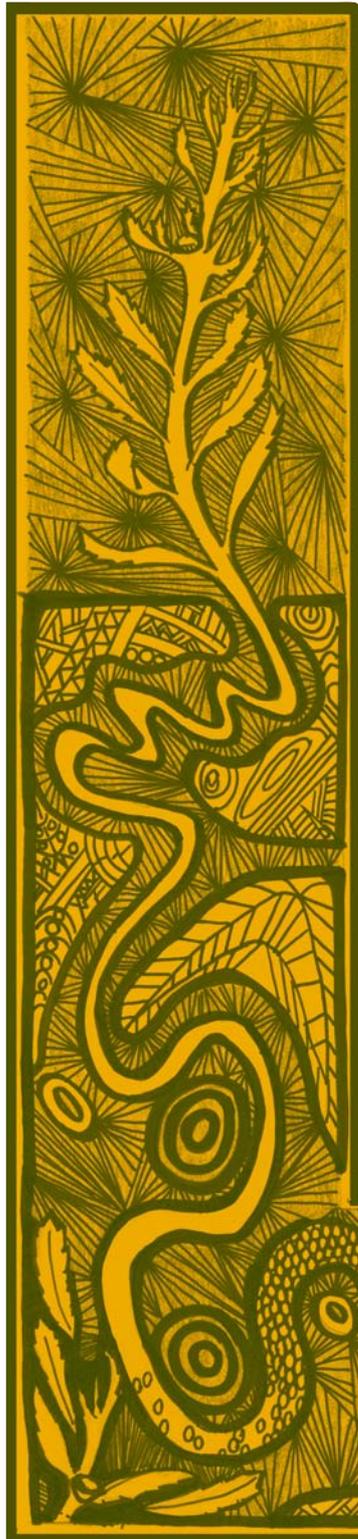


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Our logo was designed by Michelle Smith and Kevin Murray, and other artwork is by Shawana Andrews

Musicians Ilana Atkinson (far right) and Peter Rotumah (below)



Launch *(continued)*



Above: Lyn McInnes, Ian Anderson and Lowitja O'Donoghue

At the core of the Unit's work is a commitment to undertaking, collaborating in and supporting research that directly benefits the Koori community. The Unit, under the guidance of the Advisory Committee, has set its sights on identifying and pursuing better ways to decide what research gets done and better ways to link research with the improvement of health care practices and policy reform.

These are the current members of the Unit's Advisory Committee:

- Dr Rob Moodie (VicHealth)
- Ms Lyn McInnes (VACCHO)
- Ms Raelene Fennell (Dja Dja Wrung Aboriginal Co-op)
- Ms Wendy Brabham, Ms Esme Saunders (Institute of Koori Education, Deakin University)
- Mr Tony McCartney (Victorian Aboriginal Health Service)
- Ms Lillian Holt (Centre for Indigenous Education, University of Melbourne)
- Associate Professor Warwick Anderson (Centre for the Study of Health and Society, University of Melbourne)

In the Unit we are unusual in having a community development program that is linked closely with our research activities. The Unit will provide forums – like community workshops and seminars – to get the community talking about some of the research issues, such as ethics, protocols and memorandums of understanding. This newsletter is one way of keeping the community informed of what the Unit is doing. We will also be putting out discussion papers and community reports about our research and community activities.



Above: Tony McCartney, Luke Murray, Doug Smith and Paul Briggs

The Unit in collaboration with Rumbalara Aboriginal Co-op, Rumbalara Football/Netball Club and Melbourne University's Department of Rural Health held its first Koori Community workshop in November 1999 at the Rumbalara Co-op in Shepparton. The workshop was titled 'We Don't Like Research ... but in Koori Hands it could make a difference'. The workshop began with a welcome from Auntie Elizabeth Hoffman. Ian Anderson then spoke about the Unit and introduced the staff.

As the workshop title suggests not all Kooris are comfortable with or trusting of research. We were privileged to have at the workshop Elders who were able to speak from their own experiences, about how this situation arose and why it



Above: Angela Clarke, Sandy Hall, Jan Muir and Alma Thorpe

'We Don't Like Research ... but in Koori Hands it could make a difference'

continues to be an issue today. We journeyed with them through the 1960s, 70s, 80s to the present and heard inspirational stories of the Community's struggles and triumphs that included the setting up of the first Koori organisations.

During the day several Koori speakers spoke about projects that they have been working on in their Communities. Raelene Fennell from the Dja Dja Wrung Aboriginal Co-op in Bendigo told us of the Health Outcomes Agreement. This partnership agreement gives emphasis to collaboration between the Victorian public health system and Aboriginal Community controlled health organisations within a context of Aboriginal self-determination. Raelene outlined

the initial processes involved in setting up the agreement that included a needs analysis, data collection, establishment of a working group, and approaching appropriate agencies.

Paul Stewart of the Victorian Aboriginal Health Service gave a presentation about the Young People's Health Study. This study, which aims to track the health of a group of young Kooris through time, has been set up with strong community development principles. Koori youth have been involved in setting both the project's direction and study methods. Although the study is not completed it has focussed discussion within Koori organisations, such as the Victorian Aboriginal Health Service, on the needs of Koori youth.

Bev Greet represented and spoke about the Well Person's Health Check Program. This pilot project is being conducted by VACCHO. It evolved from the National Indigenous Sexual Health Strategy as a partnership between Victorian Aboriginal community controlled organisations and mainstream sexual health agencies. In line with the National Strategy, the proposed Victorian Sexual Health Strategy aims to reduce the infection rate of sexually transmitted diseases within the Aboriginal Community. It also aims to increase the access to detection, treatment and care of blood borne viruses such as HIV/Hep C and STDs. Bev spoke about how the project aims to strengthen the capacity of local communities to conduct Well Person's Health Checks. She also explained the way in which health data, identifying major health issues in the Community, will be used to develop services in the future.

Finally, the Chairperson of the Victorian Aboriginal Health Service Ethics Committee, Salina Bernard, spoke of the need to establish such a Koori committee in response to the many approaches from external researchers to do Koori research as well as to have input into community initiated projects. The Committee was set up four years ago following NH&MRC structures, although permission was sought and approved to change the minister of religion position to a Koori Elder.

The Unit has prepared a community report from this workshop, which will be available in June.



Above: Anke van der Sterren, Paul Stewart, Alister Thorpe and other workshop participants

KOORI RESEARCHERS AT WORK

Paul Stewart *(continued)*

They would always want to know where the data was going, because of the sensitive nature of the information we were collecting.

Has it changed your perception about research?

It's funny you say that, because I still hate people researching me, even though I'm a researcher myself. It sounds so odd, but I just hate it myself, you know. At the end of the day, the question I always ask, when someone is researching on me is 'how are they going to benefit?' and 'how is this going to benefit me?' If it is going to benefit me, will it benefit my family and my community?

What do you see as the benefits of health research to the Koori community? If any?

Probably information would be the big benefit, because it gives us the power to - you know - maybe lobby the government, but also to paint the picture of our young people today. So we can develop some sort of understanding about trends and patterns of young people. The biggest thing is to understand what young people do go through. Because at the end of the day, you see kids with these smiling happy faces, but in some instances they are just putting on a brave smile.

It also creates a whole new direction which the Health Service can take up. This research helped get an adolescent mental health program off the ground. When I first started, there were only five of us young people working at the Health Service, now you can count about ten young people working there. Everyone has got a mate or a cousin, so there's ten, then there's twenty new visitors. The peer interviewers used to drag the people they were interviewing into the Health Service as well. Before, all you would see is the parents and young kids. There was a gap. Now you see young fellas, there's plenty of them around now. It creates a whole new pattern of young people visiting the Health Service.

What's been the easiest thing about the research?

I don't know. It's never easy. I've got to keep track of 174 people, you know, its like being a dad! Where are they, where can I find them, that kind of thing. I'm constantly on their back and you've got to maintain your registers and your data, it just never ends. It's no easy thing.

What have been some of the more difficult aspects of the work you've had to overcome?

I think the jargon has been terrible, learning it all, knowing what people are talking about. You don't know what language they are talking. It's easy to feel intimidated about what academics and doctors are saying.

Isn't it funny that once you're in there you realise you don't have to be frightened of people like that? You acknowledge your own expertise, skills and things that they have got no idea about.

I think it has been a good learning experience for some of the researchers and professionals. It's been a two-way street: it's about me as Koori listening to what the academic world is saying, you could say, and it's about them listening to how realistically things can be done, in regards to research in the Koori community.

You talked about how you became involved in this research. Do you have any ideas how Kooris can become involved in research or start their own research projects?

I don't know, that's quite a tough one. I often think about this myself. My understanding is that I would never have taken up this research project, it just fell on my lap. There was an opportunity and I just took it with both hands. I think the main thing is to be interested, it doesn't matter if it's research or just your general health.

How do you get the ball rolling? I don't know. I was never part of the submission writing. You need to gain ethical approval, attract funds and design the research. You've got to consult with various health organisations, and obviously consult with the community. You need to make sure you've got the right people to work with. I think these are the hardest things. Some people in the Health Service are very good at it, and some of us are still learning.

We are planning to have a workshop soon and we are hoping that it will start to create a network of people who can answer these questions and support community based Koori health research. Of course it won't happen from one workshop or seminar, but we're getting started.

Thanks for your time, Paul.

Genevieve Grieves talks about the Koorie Oral History Program



I am a Koorie woman from the north coast of New South Wales. My family are the McClymonts and we are Worimi-Kattang people. I have been living in Sydney completing a Bachelor of Arts in Communications at the University of Technology. I recently moved to Melbourne to start as the new Oral Historian in the Koorie Oral History Program.

The Program began in 1987 and was based at the State Library of Victoria as part of the Victorian Koorie Cultural Heritage Program. In 1997 it moved to the Koorie Heritage Trust.

The Koorie Heritage Trust Inc. was established to protect, preserve and promote the living culture of Indigenous people in the south-east of Australia. The Koorie Oral History Program is an essential part of this. Oral history is how knowledge and culture are passed on through the generations. As Oral Historian I am responsible for the recording of stories from all over Victoria and southern New South Wales to ensure the histories of Koorie people are preserved. We now have a

collection of over one thousand audio and video tapes ranging from oral histories to recordings of cultural events.

The VicHealth Koorie Health Research and Community Development Unit, the Koorie Heritage Trust and Aboriginal Affairs Victoria have formed a partnership to continue the success of the Program. This partnership has enabled me to undertake a Graduate Diploma in Health Care History with the Centre for the Study of Health and Society, at the University of Melbourne. Studying for the Graduate Diploma will complement the work I am doing as Oral Historian. So I will be learning from Elders and the community as well as learning through the University.

The Koorie Oral History Program has been developed for Koorie communities of Victoria so please contact me if you would like your story recorded or the story of a member of your family.

Genevieve Grieves

Phone: 03 9639 6864

Email: khtstaff@vicnet.net.au

Teaching Koori health to medical students

Until this year, very little attention has been paid to teaching Koori health issues to medical students at the University of Melbourne. At the Unit we are working to make sure that new ways of learning about Koori health are included in the course. Recently staff from the Koorie Heritage Trust worked with us to develop material for teaching Koori history and health. Jim Berg gave an opening lecture to 220 first-year students. Staff from the Trust then worked with small groups of the students and their tutors. The feedback we received from the students was very positive. We believe this introduction to Koori health and history is a good basis to build on as the students go through medical school.

One of the students made this comment:

We are just so ignorant and we make our decisions about Aboriginal Australia on the basis of this ignorance. This is the first time I have heard this history. Our decisions would be so different if we based them on knowledge rather than on ignorance.

Koori community members have been involved in the Unit's teaching program in a number of other ways. Community field visits were organised for medical students who were interested in learning more about Koori health. We were very fortunate that a number of Koori hospital liaison officers and Kooris working in community organisations were able to spend some time with small groups of these students. Again feedback was very positive. Earlier this year we were privileged to have Joy Murphy, Daphne Millwood, Jan

Chessells, Shaun Coade, and Russell Smith come together as a panel to share their valuable experience and insights with second-year students.

We have also set up an Education Reference Group together with VACCHO and the University's Department of Rural Health in Shepparton. This group is made up of people from community organisations involved in health, community services and education. The purpose of this group is to provide advice and input into the further development of teaching materials and new approaches to teaching about Koori health.

Our plans for the rest of the year include organising new six-month and twelve-month subjects in Koori health for medical students who would like to develop their knowledge further. We are also developing a project with Glen Shea from the Indigenous Education Centre, to employ Koori actors to act as patients in training medical students. Later this year (12 September) we are planning a Community Facilitators' Workshop. This will be an all-day workshop for people interested in being involved in teaching.

Improving the teaching that medical students receive about Koori issues will hopefully mean that future doctors will have a greater understanding of the issues facing the Koori community and will begin to provide more accessible and appropriate services for the community.

Lisa Rasmussen



Dr. Lisa Rasmussen is working with the Unit and the Department of Rural Health, Shepparton, to develop and improve approaches to teaching Koori health in the new course for medical students at the University of Melbourne.

Lisa has worked for a number of years as a GP at the Victorian Aboriginal Health Service (VAHS) and has also worked as part of the Adult Mental Health Team. More recently, she has been involved with helping to develop and coordinate an Aboriginal Health Worker Learning Program at VAHS. Lisa grew up around Melbourne and has one son, Evan who is three.

Events.....

At the Unit, we aim to help researchers work together to improve Koori Health. Talks, seminars, and workshops are some of the ways we hope to do this.

If you have any ideas for our newsletter, or if you want to know more about any of the items in this issue, please contact us at the address listed on the back page.

Community Facilitators' Workshop

12 September 2000

An all-day workshop for Kooris interested in being involved in teaching sessions with VACCHO and this Unit

To be held in Melbourne (*venue to be announced*)

Are you on our mailing list?



THE UNIVERSITY OF
MELBOURNE



VicHealth

Where you will find us

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If you would like to receive our newsletters, and to be informed about workshops, seminars and courses that we run at the Unit, please fill in this form and mail or fax it to the address below. All questions are optional but it would help us to know what aspects of our work you might be most interested in.

PLEASE PRINT

Name.....

Organisation.....

.....

Address.....

.....

.....Postcode.....

Phone(.....).....Fax(.....).....

Email.....

Are you Koori? Yes No

Do you currently work in a Koori
community organisation?
 Yes No

Are you a student? Yes No

How would you describe your current
area of work or study:

.....
.....
.....
.....

Does your work/study involve any of the
following: (Please as many as apply)

Health service delivery

Health policy

Health research

Other research

Koori education

Other education

Koori community service

Other (please specify)

.....
.....
.....

Do you have any particular interests that
we might be able to help you with? (eg.
children's health, evaluation, research
methods, Koori history)

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