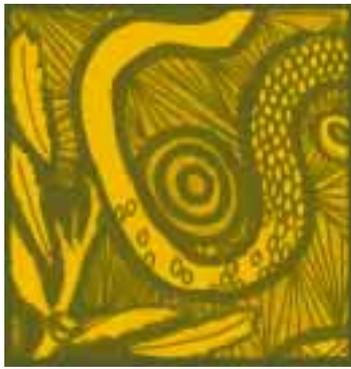




Talkin' Strong

KOORI HEALTH RESEARCH

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



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Introducing our newest staff member

Nicole Waddell

Nicole Waddell is our new Community Programs Assistant. So when you ring the Unit it will probably be Nicole who answers your call. Prior to this Nicole was working with us as an Administrative Assistant employed on a casual basis. Nicole has studied sports administration with the Koori Unit at Preston NMIT and comes to our Unit with extensive experience in office work. She has worked at Yappera, a Koori children's service, as a childcare worker, and at Northland Secondary College, planning educational activities and recreational camps. She then took a break from work to spend time with her daughter Shania, who is now two years old. Nicole has lived in Melbourne for 13 years and was born in Darwin although her family is originally from the Kimberley region in Western Australia.



Looking back over our first year

The year 2000 was a fairly remarkable year. Nationally, Aboriginal issues remained close to front-page headlines. Issues like mandatory sentencing and the Reconciliation process had a focus in the media that became even further highlighted by the international celebrations associated with the Sydney Olympics. On a day to day basis it's not always easy to see change in amongst all the noise. When a quarter of a

million Australians walked across the Sydney Harbour Bridge in May 2000 to demonstrate their public support for Aboriginal Reconciliation you do sit up and take notice. But mostly the achievements are small and easily drowned out by the public debates and dramas played out in the media.

But small achievements can be critical for longer-term change.

At the VicHealth Koori Health Research and Community Development Unit we reached a small milestone last year – we were one year old! Over that time we have taken a number of important steps towards building a program of community development, teaching and research that supports the work that goes on in Koori Communities and organisations in the health area.

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KOORI UNEMPLOYMENT: a report from our seminar series. . . .

Dr Katrina Alford gave the last talk for the year in the Unit's Koori seminar series. We asked Katrina to give us a summary of her talk for the newsletter. Katrina is an economist with the Department of Rural Health at the University of Melbourne. She lives and works in Shepparton, where the Department is located. Katrina has a strong commitment to supporting Indigenous people getting a fair go in the wider community, for example in obtaining better health, education and job opportunities. Katrina and Nancy Gullo, recently published a report that was critical of reforms to Australia's employment assistance policies and practices. Nancy is an accountant in Shepparton.

The report is called: *The Privatisation of Employment Services: has it worked for the most disadvantaged?* by Katrina Alford and Nancy Gullo. *Economic Papers*, 19 (1), 2000.

The report looked at reforms to employment assistance in order to find out if they were of benefit to Indigenous people - in particular, whether Centrelink and the Job Network firms were helping Indigenous people to find jobs, or to be offered vocational training. The report found that they were not, and that unemployment, poor vocational and job training possibilities, and threatened welfare rights, all remain a big problem in Indigenous communities.

Katrina and Nancy estimated that Job Network firms around Australia stand to make a minimum gross profit (before costs) of \$82 million and a maximum of \$251 million from Indigenous people's unemployment situation. The report concludes that the Centrelink/Job Network reforms are very flawed, and that Indigenous people are not being well served in the system.

Here are some of the main findings of the report.

Indigenous Working and Welfare: not helped by the Centrelink/Job Network Bureaucracy

- In 1997, a new public agency called Centrelink replaced the former Commonwealth Employment Service (CES). In 1998, most employment services were contracted out (or 'privatised'), to about 300 mainly private firms - called Job Network providers. These firms were awarded contracts after a competitive tender process throughout Australia.
- No Indigenous organisation in either Victoria or Tasmania was awarded a contract, despite the fact that at least two groups (in the Goulburn Valley and Gippsland) had indicated the need for Indigenous agencies to help Indigenous unemployed people.
- Unemployment rates for Indigenous people are very high in all States throughout Australia, especially in rural areas and in privately owned (not public sector) firms. As a result, CDEP (Community Development Employment Projects) work for the dole, and community and public sector jobs remain important to Indigenous people, and CDEP in particular.
- Centrelink classifies unemployed people into 1 of 3 categories - from the least to the most disadvantaged. Most Indigenous unemployed people are classified as the most disadvantaged (this is called Level 3 or Flex 3). This means that they should receive extra support and help, for example in work training, communication skills and so on, before they are ready to succeed in finding work and doing it well.
- Many Indigenous people are said to be put off by the bureaucratic, impersonal environment at Centrelink. This is a great pity, because if people do not register as unemployed at Centrelink, they are not entitled to unemployment benefits.
- The Centrelink-Job Network system is a very complicated one. Registering for employment assistance and welfare benefits at Centrelink involves filling out two very long forms (at the time of writing the report in 1999, the 2 forms amounted to 18 pages, and contained 62 items or questions to be completed).
- Centrelink then refers clients to Job Network firms. It does this in a letter telling unemployed people to report to a firm within 14 days. Job Network firms are paid according to the number of unemployed people on their books, how much assistance these people need to find work, and whether they find regular work, or training for work. Payments to Job Network are scaled upwards according to the level of clients' service needs or disabilities.
- The Federal Government said that these reforms were an improvement on the old (CES) system, and that Job Network firms would be paid 'by results', namely financial incentives to help people, including Indigenous people, get work, or training for work.
- Centrelink claims that people have choices as to which Job Network firm they go to, but in reality there are few. If people do not 'report' to their allotted Job Network firm within 14 days of the letter being sent, they may be penalised.

TEACHING KOORI ISSUES



In October, about 30 Kooris gathered at the Koorie Heritage Trust for a one-day Community workshop on teaching Koori issues to medical students, trainee doctors and other health students. The day was jointly organised by VACCHO, the VicHealth Koori Health Research and Community Development Unit and the Department of Rural Health, Shepparton.

The workshop brought together Kooris from all around the State. Many of those present had significant experience in cultural awareness training and in teaching about Koori issues, whilst others came with an interest in getting more involved with this kind of work in the future.

The main aim of the day was to give people an opportunity to share their teaching experiences, to identify past teaching successes and difficulties, to consider ways of being better supported, and possible future training needs. These issues were discussed in small groups and the main points brought back to the larger group for discussion.

Participants also heard from various speakers. Ian Anderson introduced the workshop and spoke about recent national developments in medical education; Glennys Watts presented an update on VACCHO's approach to teaching; Geraldine Atkinson spoke about VAEAI's various roles in education and Lisa Rasmussen and Janice Chesters spoke about new approaches to teaching at The University of Melbourne and at Monash University respectively. Jim Berg also spoke to the group about the Koorie Heritage Trust and about his views on teaching students about Koori history and culture.

One of the highlights of the day for many of those present was being shown around the Heritage Trust. People really appreciated the opportunity to see the wide range of materials the Trust has in its collection and the resources it has to offer the Community.

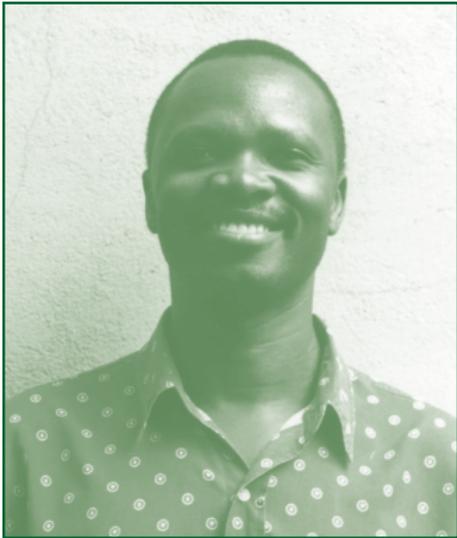
A short Community report is currently being produced and a set of teaching resources will shortly be sent out to participants and others interested. We will also be developing a facilitators' list, identifying people's areas of interest and expertise for those working in this area.

There was overwhelming support at the workshop to organise further training. People suggested future workshops on ways of teaching Koori issues, on what to teach, and on presentation skills. It is planned that at least one workshop will be held this year.

We would like to thank all those who attended the workshop and helped make the day such a success. If anyone is interested in finding out more about the day or would like to be kept in touch about further workshops, please contact Angela Clarke (03 8344 0812/0813).



Health Economics - what it means for Koori Health



Michael Otim

Michael Otim migrated from Uganda, Africa in 1995, where he worked as a hospital policy officer (economist). On arrival in Australia, Michael first settled in Newcastle, NSW before he moved to Melbourne, Sydney, Bendigo and then back to Melbourne where he is now settled with his wife Shiva. In Australia, Michael has worked as a project officer on health economics projects in the NSW Department of Health, the Central Sydney Area Health Service and the Department of Human Services, Bendigo.

Michael joined the VicHealth Koori Health Research and Community Development Unit in October 1999 as a Research Fellow on health economics issues and Indigenous health.

Economics is the study of how societies allocate and manage their limited or scarce resources. Resources are referred to as scarce because human beings have a lot of wants and needs, yet the amount of resources available are limited. Like individuals and families, societies and governments have to make choices about people's competing needs and then decide how to allocate the limited resources to those needs which are considered to be on top of the list or agenda.

Health economics looks at the ways limited resources are allocated in the health sector. There are many ways resources could be used for health - many alternative and competing uses for the money and other resources that a society has available. For example, expensive x-rays and CAT scans used to diagnose illness may be competing with general hospital care for new mothers, or nursing home care for elderly patients with dementia.

Standard health economics is mainly concerned with issues of efficiency. Efficiency implies getting the most out of a program or project at minimum cost. For health, this means maximising the benefits or outcomes from any given health care program at minimum costs possible to society. It is assumed that governments and funding agencies will take care of issues of equity and justice. But in recent times, health economics is shifting its emphasis to include issues of equity and justice, especially in Indigenous health.

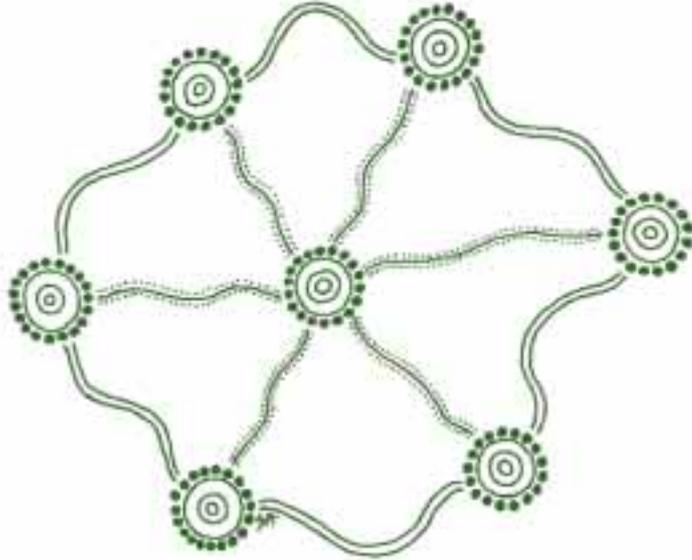
Of course a government or funding agency is interested in the most efficient way that a health program or project is performing. However, there are other important questions that also need to be taken into account. Health economics is not only interested in efficiency in terms of 'value for money' and cost cutting. Nowadays health economics also looks at who is targeted by the program, who has access to it, who benefits from the program, how the costs are spread across society, and where the money comes from.

Health economics is important for Indigenous health because it can find out about equity and efficiency in the financing, distribution and delivery of health services to Indigenous Australians. It can also find out about access and consumption of these services by Indigenous Australians. This can help inform policy makers and people who implement health programs and services.

Michael's work at the Unit involves determining the economic factors which affect Koori people's use of primary health care services in Victoria. He is also involved in preparations for a workshop on Indigenous health economics to be held in Melbourne this year. The aims of this workshop are to:

- provide a critical forum in which to discuss policy relevant to Indigenous health economics research;
- focus on both rural and urban primary health care health issues in Indigenous health economics;
- build a network of researchers, policy makers and practitioners working in Indigenous health economics.

Getting Out and About



Staff within the Unit have made it a priority to visit Community organisations throughout the year. This is to let people in the Community know who works here and what work we are involved in. We haven't been able to do as much travelling as we would like to have done but in a fairly short space of time we have managed to call on or have been invited to several different Communities.

Some of the Communities we have so far been to are Bairnsdale, Warrnambool, Portland,

Heywood, Lake Condah, Healesville, Geelong, Shepparton, and Bendigo.

We certainly have appreciated the hospitality that we have received and thank people for taking the time to talk and listen to us and for showing us around their country and organisations.

We will continue to travel to different Communities throughout the life of the Unit as we see this as an important and valuable part of our work and that is to keep the Community up to date and informed about what we do. It is equally essential to us that the Community is given an opportunity to give us feedback and share views and ideas. We also want to make ourselves available for any questions about research and evaluation that we may be able to assist with.

Of course, we also network and work with Koori organisations within Melbourne. Anyone who is planning a trip to Melbourne or already here who would like to call into the Unit for a visit are most welcome.

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.

Koori Health Seminars

Our first speaker this year will be **Anke van der Sterren** from VAHS. Anke will be talking about the impact of a trial of alcohol restrictions on the health and social wellbeing of a Central Australian Aboriginal Community.

Thursday, 29 March 2001
1pm - 3pm
Seminar Room
209 Grattan Street
Parkville

Are you on our mailing list?



THE UNIVERSITY OF
MELBOURNE



VicHealth

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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:

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.....
.....

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)

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.....

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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