Talkin' Strong

KOORI HEALTH RESEARCH

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

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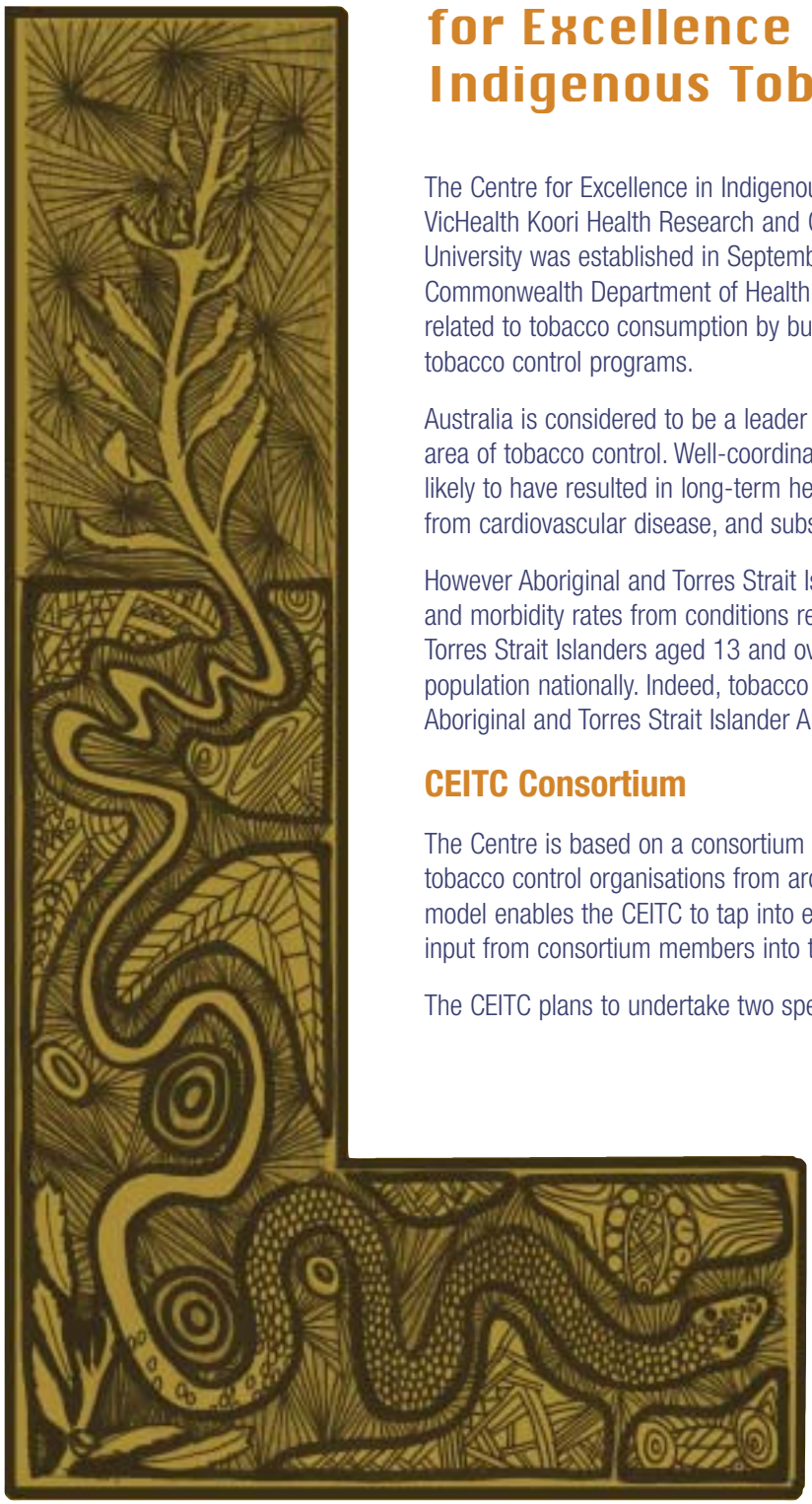
New Centre
for Excellence in Indigenous Tobacco Control



The Centre for Excellence in Indigenous Tobacco Control (CEITC), based within the VicHealth Koori Health Research and Community Development Unit at Melbourne University was established in September 2003. The CEITC is funded over 3 years by the Commonwealth Department of Health and Ageing and seeks to improve health outcomes related to tobacco consumption by building national capacity for effective Indigenous tobacco control programs.

Australia is considered to be a leader among developed nations around the world in the area of tobacco control. Well-coordinated and sustained tobacco control programs are likely to have resulted in long-term health gains, including a decrease in mortality rates from cardiovascular disease, and subsequent increases in life expectancy.

However Aboriginal and Torres Strait Islander peoples continue to suffer high mortality and morbidity rates from conditions related to tobacco use. Over 50% of Aboriginal and Torres Strait Islanders aged 13 and over smoke compared with 21% of the general population nationally. Indeed, tobacco is the main cause of preventable mortality among Aboriginal and Torres Strait Islander Australians.

CEITC Consortium

The Centre is based on a consortium of both Aboriginal and Torres Strait Islander and tobacco control organisations from around the country. This consortium of organisations model enables the CEITC to tap into existing infrastructure and also allows for expert input from consortium members into the work of the CEITC.

The CEITC plans to undertake two specific areas of work.

Health Worker Training

The first will be an Indigenous health worker training program that supports Indigenous health workers to become leaders in the area of tobacco control. The training program will include elements that are directly related to tobacco control practice such as the health effects of tobacco and brief intervention training along with leadership elements that which increase skills in areas such as advocacy,

Continued on page 2

Table of Contents

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

New Centre for Excellence in Indigenous Tobacco Control based *(continued)*

identifying funding sources and attaining funds. Given, that there are many immediate health issues facing Aboriginal and Torres Strait Islander individuals and communities today, one of the major issues in Indigenous tobacco control is its lack of priority within Aboriginal and Torres Strait Islander communities and Organisations. Training existing and potential leaders who will advocate for tobacco control and raise the priority of the this issue within communities will help to alleviate this problem by building community ownership of the issue and supporting community initiated and controlled action.

Resource Development Program

The second area of specific work will focus on the development of health promotion resources for Indigenous tobacco control. The CEITC acknowledges that any resource development must allow for local community input in the development process. Previous attempts to develop single national resources have often not attracted support from Aboriginal and Torres Strait Islander community health services and health care providers because their has been little or no community input into the process. For that reason we plan to develop a kit that is based on a toolbox model so that its components can be adapted for local needs.

These two specific programs will have working parties attached which consist of individuals with expertise in either Aboriginal and Torres Strait Islander health or tobacco control (or both).

Community of Practice

The CEITC also plans to develop and maintain a Community of Practice which will potentially consist of all individuals and organisations throughout Australia who have an interest in Aboriginal and Torres Strait Islander tobacco control. Members of the Community of Practice will be included on the CEITC mailing list and listserve (email group) and will receive the CEITC newsletter.

Contact Us

Over the next two and a half years the Centre will be producing newsletters and discussion papers and will also be conducting regular seminars on Indigenous tobacco control.

If you have any you have any questions about the Centre or how to get involved in the Community of Practice please contact:

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Values and Ethics:

Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research

Following a lengthy consultation process that involved Aboriginal community organisations, public forums and feedback on the draft Guidelines, the National Health and Medical Research Council of Australia has recently released the new ethics guidelines for research with Aboriginal and Torres Strait Islander peoples.

The NHMRC requires all researchers who have received NHMRC funding to abide by these Guidelines. Other researchers working in hospitals, universities and state health departments are also expected to follow the guidelines. Even non-health related researchers will be expected to adopt the Guidelines when working with Aboriginal and Torres Strait Islander communities.

The new Guidelines represent a major shift in the way researchers and Ethics Committees will be required to think about and plan research. Aboriginal values now determine the processes that are to be followed in the development of a research proposal and in the way the research is conducted. The six values that lie at the heart of the new Guidelines are:

- Spirit and Integrity
- Reciprocity
- Respect
- Equality
- Survival and Protection
- Responsibility

The complete Guidelines are available on the NHMRC website at:
http://www.health.gov.au/nhmrc/issues/researchethics.htm

The Guidelines are also available in a booklet that can be obtained from Government Bookshops or by mail:

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Policy Issues in Aboriginal Health:

The need for urban Koori community-controlled health services

The Issue

When Koori health receives specific attention in the media and politicians are invited to make their comments, they almost always bring up an issue about the funding of Aboriginal community controlled health services, particularly urban services. They often argue that there is no need for Aboriginal-specific health services because urban Aboriginal people can access mainstream services; they argue that funding should be integrated back to mainstream state health department programs. Last year, Colin Barnett (the Leader of the Opposition in Western Australia) in The Australian newspaper (14/7/03) described the funding of Aboriginal Community Controlled Services as, "It's expensive, it's discriminatory and money is being misused." These sorts of comments come from a very limited understanding of the complex issues around Aboriginal Health. How can Koori health advocates respond skillfully to educate and change the attitudes of both politicians and the public about service delivery in Aboriginal health? Both the historical record and recent research provide a useful basis upon which to challenge such uninformed comments.

The History

The original development of Aboriginal Community Controlled Health Services in the early 1970's (Redfern and VAHS) arose from efforts made by Koori volunteers arising from the lack of access by the Koori community to primary health care services. Already, according to Gary Foley, Koori health was a "disaster". Every Koori family is aware of the dangers and risks associated with visits to the doctor during the 1950's and 1960's: cultural ignorance resulting in loss of dignity, belittlement through inability to meet cash upfront demands from GPs, overt racism in hospital settings and collusion between doctors, welfare departments and police in the removal of children. Concern and frustration of local Kooris and their own subsequent efforts built Aboriginal community-controlled services when the government was nowhere in sight. The linking of community-controlled services through a national organisation (now the National Aboriginal Community Controlled Health Organisation - NACCHO) has maintained the pressure on governments to make them accountable in the area of Koori health. Over the past five years in particular, many State governments have recognised their own inability to deliver appropriate services and have contracted Aboriginal community-controlled health services to do the work they do not have the expertise to perform.

The Research

The argument that urban Aboriginal people do not require their own Aboriginal health services due to the widespread availability of mainstream services is not supported by the facts. The health status of urban Kooris is similar to the health status of Aboriginal people across Australia. According to figures from Australian Bureau of Statistics data (2001-2002), the life expectancy of Victorian Kooris (Males 56.8 years; Females 63.8 years) is almost the same as Aboriginal residents in the Northern Territory (Males 55.7 years; Females 62.1 years). The fact that mainstream services exist, does not mean that people will access those services.

In 2004, Koori clients still face overt racism in institutional settings and within some GP clinics. An argument that the health status of urban Kooris is no different to that of "poor whites" is also not supported by the data. Although there hasn't been detailed research from Australia, Indigenous health research published by the New Zealand Ministry of Health shows that while life expectancy declines across all population sectors with decreasing socio-economic status, the decline for Maori populations is far steeper and, at the lowest level, life expectancy is far less than for any other population sector. We would expect similar data to be the case for Aboriginal Australians.

When it is claimed that Aboriginal community-controlled health services (ACCHS) are expensive, we need to ask "expensive compared to what?"

Are ACCHSs expensive compared to the amount of money spent per person in mainstream services?

Aboriginal people have a burden of illness estimated to be approximately 3 - 4 times that of the mainstream population. However, the total expenditure on health services for Aboriginal and Torres Strait Islander people (through both government and private sectors; and through mainstream and Indigenous specific programs) in 1998/99 was, according to the most recent Australian Institute of Health and Welfare (AIHW) report on Aboriginal health, in the ratio of 1 : 1.22. That is, for every dollar spent on a non-Aboriginal person, $1.22 is spent on an Aboriginal Australian. In comparison, the AIHW indicates in a report on the Aged that expenditure for all Australians over 65 years (with a higher level of health related needs) relative to the population under 65 is in the ratio of 4 : 1. Clearly, the higher burden of illness in the Aboriginal and Torres Strait Islander population represents a significant under-expenditure relative to need.

Are ACCHSs expensive compared to the amount of money spent by government health services?

In the same state as the politician who made the comments above, a major teaching hospital over-ran its budget by $16m and was propped up by that State Government. In the same financial year, the State's health department as whole over-ran its operations budget by $140m. Gavin Mooney, a leading health economist suggested that subsequent government health budget cuts meant that Aboriginal health services were made to pay for the inability of teaching hospitals to meet their budgets. Expenditure in Aboriginal health also needs to be seen against what we spend globally in the health system every year which the AIHW suggests is currently over $60 billion.

The Response

Aboriginal community-controlled health services have significant pressure placed upon them to show accountability. Meanwhile private general practitioners have no budgetary limits set over how they spend taxpayers money on uncapped Medicare services. It also appears there are some inadequate budgetary controls within some major teaching hospitals and state health departments. Comments about community-controlled services being expensive and claims that money is being misused do not stand up against these comparisons. Aboriginal community-controlled health services have been set up to deliver services that are specifically for Aboriginal people. The services that the above politician calls discriminatory are appropriate, accessible and effective health care services for Aboriginal Australians. His responses show a worrying lack of awareness of how the public's health care resources are not allocated equitably to address the urgent health needs of Aboriginal Australians.

STAFF NEWS

Gregory on holiday

Shania and Chloe

Jan, Ian and Rebecca

The end of summer bought with it the sad departure of Tara from the Unit. Tara's help whilst Nicole was on maternity leave was invaluable, not only when in Melbourne, but she also assisted in two National workshops, in Brisbane and in Adelaide. We wish Tara all the best wishes as she pursues other avenues, and hope to see her visit from time to time. Nicole returned with gusto from maternity leave, and has wasted no time in organizing everyone at the unit. It is great to have her back! There is a photo of Nicole's gorgeous girls at left.

Paul and Gregory have renamed their office "The Departure Lounge" as they have both been preparing to go away on travels of their own for well earned holidays.

Bill also took a small break and has returned with a lot of mojo, and obviously had a relaxing time. We miss all our colleagues while they are away, and the place feels a bit empty without them.

Late last year we had lunch and a community day for our newish locations at 207 Bouverie Street. Thanks to those that managed to come along, and we encourage people to drop in from time to time to see where we are, and have a yarn.

The Unit also hosted a visit from Dr Jan Hammill and her associate Rebecca Hassett. Jan is an Aboriginal woman from western NSW who did her PhD in a rural Aboriginal Community in south east Queensland.

Her study was on domestic violence and women's and children's health. Jan has also contributed to the Aboriginal and Torres Strait Islander Women's task Force a Violence report in Queensland.

Jan and Rebecca spent time at the Unit pursuing their 'Red-heads' project, and giving a seminar. The 'red-heads' project saw Jan and Rebecca bring Aboriginal youth with foetal alcohol syndrome down to Melbourne for career and personal development. If you would like to contact Jan, you can do so at j.hammill@qut.edu.au.

Scenes from the Community Day

NEW STAFF

Viki Briggs is a Yorta Yorta woman who has worked in Aboriginal health for the past 15 years. Viki previously worked as Aboriginal Project Coordinator at The Cancer Council Victoria for 11 years and has a particular interest in tobacco smoking and related issues in Aboriginal and Torres Strait Islander communities around Australia. Viki is now the Manager for the Centre for Excellence in Indigenous Tobacco Control based within the university.

Judy Pryor joined the Unit last November as Ian Anderson's Executive Assistant. Judy was born in Ballarat and has family still living in the area. She grew up in Horsham and Benalla and has lived and worked in Melbourne, Sydney and country NSW. Before coming to the Unit, Judy worked at the Royal Australasian College of Surgeons where she administered an outreach program aimed at improving the skills of surgeons working in Aboriginal communities in the NT. She has also been involved in conference and events planning, has studied Women's Studies and Aboriginal policy, and has lived and worked overseas. Somewhere along the way she found time to marry and have three children who are aged between 11 and 17 years (and of whom she is very proud).

Judy Pryor

Johanna Monk is the Research Development Officer for the Cooperative Research Centre in Aboriginal Health. Her position is based at the Unit, where she acts as the Link Person between the CRC and the University of Melbourne. Her work also involves supporting the Research Development Group of the CRC. Johanna has previously written a history of a welfare group in Melbourne and has worked in a wide range of jobs from bottle-washing and kitchen-hand to working for the Australian Physiotherapy Association, the Edinburgh Council and for the BBC website. Johanna lives with her husband in Collingwood and enjoys cooking, swimming, films and folk music.

Johanna Monk

Koori History and Health: Learning package

Recently, the Unit received $30000 of in-kind support from the Department of Teaching, Learning and Research Support at the university to develop a multi-media training package in Aboriginal health. The purpose of the training package is to expand the understanding and awareness of health professionals about the impacts of history on Koori heath. The training package will be used for the training of medical students, public health students and for the further professional development of health professionals already working in the field of Koori health.

Using specific historical situations, the package will enable learners to adopt a particular historical role (Koori client, policeman, mission manager, priest, colonial doctor or nurse) and engage in an interactive, on-line role play with other on-line learners in the other roles to discuss, reflect upon and attempt to resolve a specific Koori health problem in a particular context. Students will be learn about the values, attitudes and possible actions of the various characters through a range of actual historical materials including old letters, old newspaper articles, old missionary newsletters, old photographs, historical legislation and policies and possibly oral histories. Each situation will foreground the relevant local factors (including geography, climate, nutrition, living conditions, social structures, public policy and programs, and available health services).The aim of this educational approach/ learning strategy is to provide public health workers with both a holistic perspective on Aboriginal health and the capacity for negotiating key partnerships central to appropriate health service delivery.

Previous research at the VKHRCDU indicates that largely many young people entering the health professions are ignorant of the impacts of historical government actions on Koori people and the inter-generational effects on Koori health today. This ignorance extends to many practicing health professionals. By developing this project we hope to expose many more health professionals to the impact of history as a social determinant of Koori health.

Cooperative Research Centre for Aboriginal Health

On August 14th 2003 the Cooperative Research Centre for Aboriginal Health was officially launched. This newly funded program was built on the success of the previous Cooperative Research Centre for Aboriginal and Tropical Health and includes a number of new partners (such as the University of Melbourne). In principle, the Cooperative Research Centre for Aboriginal Health is a partnership between Aboriginal people, communities and organisations, health policy makers, planners and service delivery organisations, education and research institutions. It supports research that will improve Aboriginal health outcomes. Like all CRCs, the CRCAH seeks to make links between industry and research and promotes research transfer - getting research findings into policy, practice and service delivery.

The CRC for Aboriginal and Tropical Health operated between 1997 and 2003 and produced a substantial body of work on Aboriginal health. Based in Darwin, the CRCATH was a partnership between users and providers of research with six Core Partners: Central Australian Aboriginal Congress (Alice Springs), Danila Dilba Aboriginal Health Service (Darwin), the Northern Territory Department of Health and Community Services, Charles Darwin University (Darwin), Flinders University (Adelaide) and the Menzies School of Health Research (Darwin).

A major achievement of CRCATH was overcoming a history of poor relationships between Aboriginal people, researchers and Government and forging a productive new partnership. The CRCATH's focus was as much on how research should be done as what needed to be done. What also made it different was that it promoted new methodologies and approaches that were consistent with the emerging Indigenous Research Reform Agenda, involving Indigenous people at all stages of the research process in:

- Setting the agenda
- Ethical approval
- Research activities
- Capacity exchange
- Research transfer

Funded for seven years from July 2003, the CRCAH has added a further six Core Partners and six Associate Partners to the six who made up the CRCATH to give it more of a national focus, although it remains based in Darwin. The new partners are: the Australian Institute of Aboriginal and Torres Strait Islander Studies, the Commonwealth Department of Health and Ageing, Latrobe, Melbourne and Queensland Universities and the Queensland Institute of Medical Research.

The Associate Partners are Aboriginal and Torres Strait Islander Services (ATSIS), Batchelor Institute of Indigenous Tertiary Education, the NT Departments of Community Development, Sport and Cultural Affairs, and Education, Employment and Training, the Commonwealth Department of Family and Community Services and the Telethon Institute of Child Health Research.

From left: Vivian Lin from La Trobe University, Pat Anderson, Chair of the CRC for Aboriginal Health, and Michael Tynan, School of Rural Health, University of Melbourne at a CRCAH workshop, February 2004

The research program for the new CRC Aboriginal Health is divided into four broad themes, but these themes are not to be seen as 'silos' and researchers are encouraged to think outside boundaries:

1. Health Systems and Processes research focuses on achieving substantial changes in many aspects of primary health care delivery and in the nature of Indigenous health research.

2. Social Determinants: Individuals, Families and Communities research focuses on the determinants of health and wellbeing across the life course at the individual, family and community level with a view to improving health interventions and outcomes.

3. Social Determinants: Macro-Level Change research focuses on underlying causes of ill-health at the 'big picture' level, monitoring and exploring the impact of demographic changes and the potential for improving health through changes in domains such as education, housing, welfare, transport and the legal system.

4. Chronic and Infectious Diseases research will investigate early diagnosis, critical intervention points and effective treatments and will include both fundamental and more applied research.

As one of the key aims of the CRCAH is to build a more effective Aboriginal health research workforce, the Education and Training program focuses on Indigenous professional development. Unlike other CRCs whose education programs focus solely on postgraduate and generally PhD level scholars, the CRCAH offers Indigenous people VET traineeships, cadetships and postgraduate scholarships. Non-Indigenous scholars may also apply for postgraduate scholarships.

Research transfer depends heavily on planning for transfer in the development stages of their projects and, in the process, planning for stakeholder involvement in the development, conduct and dissemination of research. The CRCAH Knowledge Transfer Consultant and the Dissemination and Communications team advise researchers on how to plan for effective transfer.

As the CRCAH is a 'virtual' organisation, good communications between all areas of activity is vital and investigations are underway into how to communicate more efficiently and effectively, such as the website (http://www.crcah.org.au), e-mail listserves and various forms of electronic conferencing.

If the new CRC for Aboriginal Health is to 'make a difference' it will need to do research in a different way. That is its fundamental challenge.

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)

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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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