Strategic Directions Report for the Social Determinants of Aboriginal Health Project

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

2010

Report Artwork

Meeting of Girrang (Gum Leaves)
Tribe: Waradjuri
Artist: Kevin Williams

Traditionally, the meeting places of the Waradjuri were our Bora Grounds. These sacred sites are of great cultural and spiritual significance. It is here we would come together to tell our stories and pass on our culture to the next generation.

It is now time for the coming together of community and industry to discuss important issues that affect our future. As our community representatives, the ACCHOs are signified by the green leaf, and the universities and government are signified by the brown leaves. They have decided to come together to meet and discuss the issues that are of most concern.

In the artwork, we can see the ACCHOs, universities and governments as they came together to meet and sit at different Bora Grounds around the State, so that we could have input. These areas are marked with the image of our past, to remind us of our cultural and spiritual link to the land so that we do not forget who we are and where we come from.

As the green leaf touches the image of the hand of our children, it reminds us of our obligation to protect and care for the future generations. That is why we have all come together at the Meeting of Girrang.

The authors dedicate this report to the Victorian Aboriginal community health services, cooperatives and their staff for their important input into this project and continuing tireless work and dedication to the Aboriginal community.

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Foreword from the CEO

Research in and with the Aboriginal community can provide evidence about the social determinants that influence the health of Aboriginal people. Understanding the social determinants of health is one aspect of reducing the 17 year life gap that exists between Aboriginal and non-Aboriginal Australians.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) received funding from the Cooperative Research Centre for Aboriginal Health (CRCAH) in 2008 to undertake this research project. The project was designed to examine the main priorities in the Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria relating to the social determinants of health and research in the community.

The outcomes of this project show a distinct gap between what research is being undertaken by researchers and organisations, and the priorities of the community. The project found that community members are focused on day-to-day living standards and access to services, in addition to the recognised areas of chronic disease and preventive health. Community members prioritised the social determinants of health as important concerns and issues for future research.

This project and draft strategy provide the ACCHOs with a template of research questions and priorities that can be taken to organisations to broker funding and research support for participatory and action-oriented research. Such research will benefit local communities and support and improve the evidence base.

Special thanks go to the VACCHO members, researchers and their staff who provided their valuable time to participate in this project. Above all, I would like to thank and congratulate Karen Adams, Bronwyn Fredericks, Rebecca Watson and Ray Mahoney of the VACCHO Public Health and Research Unit, without whose hard work and dedication this project would not have been possible.

VACCHO supports the ongoing development and refinement of research within the Victorian Aboriginal community. It will continue to support and advocate for the ACCHOs to facilitate their own research directions and agendas whilst still meeting the challenges created by the social determinants and their impact on Aboriginal health.

Jill Gallagher
Chief Executive Officer
Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

A word from the CRCAH

On 16 September 2009, the Cooperative Research Centre for Aboriginal Health (CRCAH) had the pleasure of supporting—and participating in—VACCHO's Social Determinants of Health Forum in Melbourne. The forum provided opportunities to discuss contemporary thinking and approaches to the social determinants that influence the health of Aboriginal people in Australia.

The importance of the social determinants of health has been consistently recognised by the World Health Organisation (WHO) through its *Alma Ata Declaration* (1978), the *Global Health for All by the Year 2000 Strategy* (1981), the *Ottawa Charter for Health Promotion* (1986) and, in 2005, through the formation of a WHO Commission on the Social Determinants of Health. The WHO Commission called for the establishment of an Australian Commission on the Social Determinants.

Public health history demonstrates that improvements in the social and economic determinants of health produce significant gains in life expectancy and quality of life. Clean water, sanitation, education, meaningful employment, good nutrition, appropriate housing, control over life circumstances, supportive communities and networks, peace and freedom from discrimination and racism are significant contributions to improving people's health and wellbeing. Unfortunately, in Australia, Aboriginal people do not have equal access to these basic determinants of health.

The CRCAH, now the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), is committed to carrying out research that will improve Aboriginal health, including its social determinants. To do this, we work to develop strong partnerships between the research community, the Aboriginal health sector, governments, community partners and organisations in the broader community.

Our research is directed towards priorities identified by Aboriginal and Torres Strait Islander people and by those industry partners who make use of the research. We welcome this opportunity to work with VACCHO to inform the research priorities relevant to the role that Aboriginal medical services play in addressing the social determinants of Aboriginal health. Partnerships such as these ensure that Aboriginal voices and perspectives remain central to the CRCATSIH research agenda, as they were in the CRCAH.

The CRCATSIH is currently reviewing what has been learned in the past five years of research into the social determinants of Aboriginal health. This review will support the development of policy and practice tools to improve the inequities between Aboriginal and non-Aboriginal people. It will also provide relevant and meaningful research and support to VACCHO in moving its social determinants agenda forward.

The CRCATSIH congratulates the team at VACCHO for its hard work, and we look forward to supporting VACCHO in addressing this important research area into the future.

Wendy Ah Chin
Deputy CEO
Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

Executive Summary

This project was designed to explore ways to build capacity in Aboriginal and Torres Strait Islander social determinant research. It was funded by the CRCAH and conducted by the VACCHO Public Health Research Unit. The project involved a series of workshops with VACCHO members and university representatives, and a forum with a range of stakeholders.

The project aimed to identify major social determinants of Aboriginal health, explore key partnerships for future social determinants research, set the agenda for future research themes and focus on research processes and implementation issues.

This report reflects the types of issues the VACCHO member services see as social determinants of health and the outcomes of the project can be clustered into seven themes:

- Partnerships and cultural competencies
- Education
- Workforce
- Leadership and management
- Community development and health promotion
- Social and emotional wellbeing
- Comments on research processes

Key outcomes from the project include:

- Current government priorities for Aboriginal health do not reflect the priorities identified by the ACCHOs. For the ACCHOs, priorities go beyond chronic disease management and preventive activities, to include the day-to-day realities of the social determinants of health.
- The over-arching social determinants of health include housing, education, social networks, connection with land, racism, employment and law enforcement. Interacting issues will make some of these more important than others at certain times.
- Education and training are critical – for service provision, the development of the workforce, and for career progression and staff retention.
- Cultural competency is a key priority for training and relationship building.
- Health services need to be part of their community and operate in an environment of community development.
- Health and research priorities should be identified within the community.
- Partnerships are integral for funding and resourcing, and for concrete improvements in health.
- Funding should be linked to the social determinants of health.

Introduction

This report presents the outcomes of a project undertaken by the VACCHO Public Health Research Unit to explore ways to build capacity in Aboriginal and Torres Strait Islander social determinants research. The project was funded by the Cooperative Research Centre for Aboriginal Health.

The project involved a series of four social determinants research workshops conducted in July and August 2009 and a collaborative forum conducted in September 2009. Invitations to participate were extended to the VACCHO membership and the nine universities in Victoria. Three workshops were held with ACCHOs (in Bendigo, Melbourne and Gippsland), and one workshop with universities (in Melbourne).

The workshops aimed to build VACCHOs social determinants research capacity and provide direction for VACCHO on ways to more effectively engage in Aboriginal health research. Through the workshops, VACCHO aimed to work with ACCHOs to identify research processes and issues that are equitable and sustainable, and which address the social determinants of health.

At the workshops, participants explored questions around the priorities for the social determinants of Aboriginal health and considered the key partnerships that might be important to social determinants research.

At the workshops with ACCHOs, participants identified key research priorities and questions in Aboriginal social determinants and health. This focus reflects the need for Aboriginal and Torres Strait Islander community representatives to identify the priorities in health and social determinants research. Identifying these priorities is important if researchers are to respond in a meaningful way and undertake relevant research in the most urgent areas of need. At the university workshop, participants focused on identifying research process and implementation issues in social determinants research.

The final forum brought together ACCHOs, university representatives, invited presenters and participants from justice, education and housing departments, and representatives from non-government funding organisations. The forum aimed to provide an insight into how priorities and funding decisions are made, and how research can help to ensure they are influenced by the priorities of the community. The findings from the workshops were presented at the forum and used to develop pathways for future research.

About VACCHO

VACCHO represents a collective of 24 Aboriginal Community Controlled Health Organisations (ACCHOs) around Victoria. Most members are multi-functional community organisations with health as a key part of their responsibility; some members are groups that offer full health services. Each VACCHO member is independent, and is represented at VACCHO by a nominated spokesperson from their local community. Every state and territory has a similar representative and advocacy organisation, and together we form the National Aboriginal Community Controlled Health Organisation (NACCHO). NACCHO and VACCHO are not direct service providers.

History of health research in Victorian Aboriginal communities

> *Aboriginal research is an opportunity for us to create innovation and change for our people. If we develop an approach to research which is unique and reflects our values and beliefs, we will reflect the spirit of our ancestors, the spirit of our people who are alive today, and the spirit of our Aboriginal children who are yet to be born.*
>
> Carolyn Kenny (2000: 148)

There has been a long history of research conducted on Aboriginal peoples. It is often said that Australia's Indigenous peoples are the most researched people in the world (Aboriginal and Torres Strait Islander Commission 1994), or they are referred to as *the most researched group in the world* (Aboriginal Research Institute (ARI 1993:2). Historically, the vast majority of this research has been carried out by non-Indigenous people. As Dodson describes, research has been part of the colonial project that was *designed to preserve the dead past and to provide future generations with the opportunity to look back at pre-history, safely bound in books and sealed glass doors* (Dodson 1994:11). The research experience has tended to be *exploitive with little of value being accrued by Aboriginal people or their communities* (ARI 1993:2).

Questions have been raised for many years by Aboriginal people about research which has been and continues to be undertaken in their communities. More recently, questions have been raised about inappropriate and offensive research instruments and reports presented in ways that are not useable by the communities they are written about (Fredericks 2006, Rigney 1999). In particular, higher education institutions in Australia have become sites where others have assumed ownership of Aboriginal communities' knowledge, ways of being and doing; other sites where this has occurred include museums, libraries and art galleries.

The emergence of the Aboriginal community controlled sector in the 1970s played an important part in challenging the ways that knowledge and data on Aboriginal people were generated and promoted. Through these organisations, a representative voice for Aboriginal people was available at local, state and national levels. In Victoria, Aboriginal Community Controlled Health Organisations (ACCHOs) began to be established in the early 1970s, with the set up of services in Fitzroy in 1973, Mildura and Echuca in 1974 and Bairnsdale in 1975 (Vickery, Clarke and Adams 2004). The ACCHOs soon began to use research and program evaluation to influence and lobby for increased services in their communities. For instance, as early as 1974, the Victorian Aboriginal Health Service was using data on patient demographics and diagnosis outcomes as a lobbying technique (Australian Department of Health 1974).

The ACCHOs were not only involved in reviewing their own services and data; they also took part in strengthening the available data about Aboriginal health and aimed to improve health service responsiveness. A well-documented example of this occurred in 1979, when the Rumbalara Aboriginal Cooperative partnered with the Victorian State Government to conduct a research project on the growth and development of children less than five years of age in the Shepparton Mooroopna region (Wronski 1980). The findings of the study were reported in an editorial in *The Age*, and led to an enquiry into Victorian Aboriginal Health and substantive health reform.

The Government cannot allow a situation to continue in which frequent illness, poor antenatal care, malnutrition, stunted growth and slow intellectual development caused by frequent absence from school are as common as Dr Wronski claims. But for the longer term, there needs to be a comprehensive revision of the Health Commissions' aims and procedures… The first step should be to involve representatives of the Aboriginal communities more closely in the planning of health services.

The Age Editorial, 1 September 1980

In addition to this activity by the Aboriginal Community Controlled Health sector, Indigenous voices from across Australia joined international voices contesting the ways in which research and knowledge about Indigenous peoples was gathered. The number of documents produced in the 1990s demonstrated that Aboriginal people increasingly wanted to be actively engaged in determining who, what, where, when and how research would take place and the conditions under which it should happen.

In the 1990s, several publications focused on research with Aboriginal communities or included statements about research with and within Aboriginal communities. For example, *The Royal Commission into Deaths in Custody Report* (RCIADIC 1991) included recommendations on research; the *Interim Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Research* (NHMRC 1991) and *the National Statement on Ethical Conduct in Research Involving Humans* (NHMRC 1999) were published. Specific agencies, such as the Aboriginal and Torres Strait Islander Commission (1994), produced guidelines on research. In addition, some Aboriginal and Torres Strait Islander tertiary education centres, research collectives, research units and scholars produced documents discussing preferred research styles and provided ethics statements (ARI 1993, Brady 1992a&b, CATSIPRD (JCU) 1995, Centre for Koori Studies 1995, Koori Centre n.d, Roberts 1994). These publications drew on a range of positions to highlight important questions about the nature of research in Aboriginal and Torres Strait Islander communities.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996 to support the ACCHO membership services and advocate at a state level for Aboriginal health. VACCHO initially conducted a service and needs reviews that culminated in published reports and new programs, such as Aboriginal Health Worker training and the Koori Maternity Services Program (VACCHO 1996, Adams and Spratling 1999, Coade and O'Leary 1999, Campbell 2000). VACCHO also worked to engage with universities in order to support programs being delivered with its member services. In particular, the VACCHO Sexual Heath Program worked with Monash University to develop and evaluate an Adult Health Check project. The Sexual Health Program also worked with the Australian Research Centre for Sex, Health and Society at La Trobe University to analyse data and produce reports on the program's outcomes. At the same time, VACCHO developed a Memorandum of Understanding with specific universities, such as the Onemda VicHealth Koori Health Unit at the University of Melbourne.

Alongside VACCHO's work, from 2000, documents began to outline how Aboriginal people might be involved and engaged in research. For example, Kim Humphrey (2000) provided an analysis of research specific to Indigenous Australian health and showcased a number of examples of good practice to illustrate what can be done in research with Indigenous communities. In 2002 the National Health and Medical Research Council (NHMRC) issued the document mostly commonly referred to as the Road Map, *The NHMRC Road Map: A Strategic Framework for improving Aboriginal and Torres Strait Islander Health Through Research* (NHMRC 2002).

This document sets out the criteria for health and medical research with Aboriginal and Torres Strait Islander Australians which all research proposals and funding applications must address.

These include:

- that research be based on identified need;
- be action oriented;
- contain a skills and knowledge transfer strategy;
- provide proper acknowledgment of and ownership to Aboriginal and Torres Strait Islander peoples;
- include consultation;
- Aboriginal and Torres Strait Islander ways of working; and
- Community control of research.

These are the key criteria that currently set the agenda for Indigenous health research and which we believe were incorporated through the roundtables project and which VACCHO will promote as part of all its projects.

An annotated bibliography was also produced at this time by universities of the international literature on the ethics of Aboriginal health research, which includes a variety of ethics and research guidelines (McCauley, Griew & Anderson 2002).

Along with contributions to the development of national documents and guidelines for research, Aboriginal people throughout Australia were involved in discussions and workshops about what research meant to them and to their regions. A number of key documents were developed in Victoria to reflect Aboriginal views and understandings of research, including those produced by the VicHealth Koori Health Research and Community Development Unit (2000 & 2001) and the Onemda VicHealth Koori Health Unit (Stewart and Pyett 2005, Onemda 2008).

Aboriginal people are increasingly engaged in implementing research as well as setting parameters and conditions for research about and with Aboriginal people. VACCHO is increasingly asked to support university-based research projects and disseminate research findings. However, VACCHO has limited staff capacity and resources to do this.

In some cases, universities exist close to VACCHO member services yet have little or no engagement with them. Other VACCHO member services have developed partnerships with local universities, such as the relationship between Rumbalara Aboriginal Cooperative and the Victorian Aboriginal Health Service with the University of Melbourne. In 2008, the nine Victorian universities signed the Toorong Marnong Accord, committing to improved engagement with the Aboriginal community in Victoria.

As this report shows, Aboriginal people in Victoria are seeking research and research processes that contribute to better outcomes of the social determinants of health as defined and controlled by their communities. VACCHO's role in this is two-fold and is consistent with the organisation's aims:

- To support member services as requested with research; and
- To advocate for research that can strengthen the voice of Aboriginal health in Victoria and utilise research findings to advocate for Aboriginal health.

This is the direction for the future.

What are the Social Determinants of Aboriginal health?

In the National Aboriginal Health Strategy, Aboriginal and Torres Strait Islander people linked their health to having 'control over their physical environment of dignity, of community self-esteem, and of justice.' It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.

Tom Calma (2006)

The definition of the social determinants of health was discussed at length throughout the workshops conducted for this project. Most participants agreed that all the social determinants identified by the World Health Organisation (WHO 2003) apply in this context. Participants also recognised that the situation within and across Aboriginal communities varies, but there still is a definitive gap in the basic rights and service access that most Australians take for granted.

The over-arching social determinants of health include housing, education, social networks, connection with land, racism, employment and law enforcement. In addition, there are a number of issues and examples of 'gaps' that interact across the social determinants, making some more important than others at certain times, and that influence each other with differing levels of pressure and complexity.

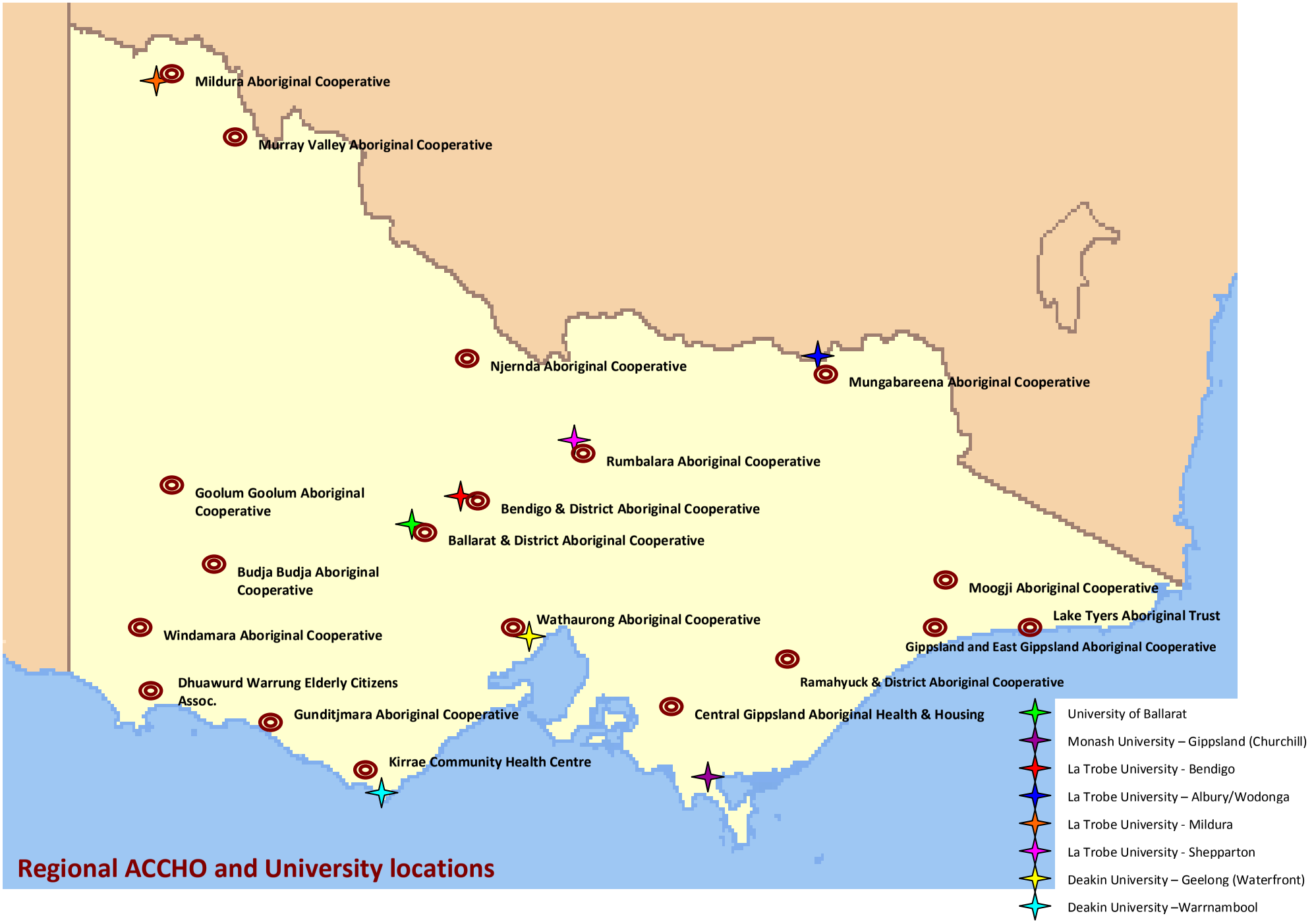
Top left: Barbara Polus and Nereda White
Top right: Rod Jackson, Jason King, Wendy Ah-Chin, Alan Brown
Bottom Left: Timothy Moore, Biswajit Banik, David Legge, Helen McLachlan, Carol Williams, Karen Adams.

Metropolitan ACCHO and University locations

Refer to Appendix 2 (page 19) for University Focus on Courses & Research

Monash University - Frankston
Monash University - Clayton
La Trobe University - Bundoora
Victoria University - Footscray
Swinburne University - Hawthorn
Deakin University - Burwood
RMIT – Melbourne City
University of Melbourne – Carlton
Australian Catholic University - Fitzroy

Bunurong Medical Centre - Dandenong
Victorian Aboriginal Health Service (VAHS) - Fitzroy
Aboriginal Community Elders Services – East Brunswick
Ngwala Willumbong – St Kilda
Western Suburbs Indigenous Gathering Place – Maribynong & Werribee



Regional ACCHO and University locations

Summaries of Outcomes and Research Priorities

In this section, the workshops' outcomes are summarised and clustered into seven core themes. More detailed summaries of the workshops are included in the appendices: the ACCHO workshops are summarised in Appendix 1, and the University workshop is summarised in Appendix 3.

Core theme 1: Partnerships and Cultural Competencies

In equal partnerships, there are those who are more equal than others.

Strong partnerships between the community, ACCHOs, research organisations and researchers are imperative to the sustainability of ongoing, community-driven research on the priorities that affect day-to-day living. We need to build the capacity of the community to sustain and broker research that is relevant and equitable, and provide training to researchers/organisations around working with Aboriginal communities.

Issues around justice, education, housing, mainstream services and allied health provision were some of the top social determinants that the community identified as priorities. Improved training for the existing and potential Aboriginal workforce is fundamental in improving services and health messages within the community. Cultural competency training and its application to mainstream services was identified as a key priority for ongoing improvements in relationship building and improving the ability of the workforce to work with Aboriginal communities. This was across sectors, not just in the health sector.

Core theme 2: Education

Community should be educated to work with community.

Educating the current and future workforce was seen as imperative to improving health service delivery to Aboriginal communities. There is also an opportunity to improve links between educators and training providers to supply specific training for workers to deal with ongoing issues in the community.

Participants identified that the Aboriginal community and its health services require workers to be provided with training that will enable them to increase their skills and gain standard qualifications (such as taking bloods or doing immunisations). This will help to improve workers' positions within health services and provide sustainability within the health service (rather than staff looking elsewhere for development and employment options).

All health services require funding and community support to improve program delivery within culturally-appropriate and space-appropriate training facilities – both for the workers and the community.

Core theme 3: Workforce

We need to get more equitably-trained Aboriginal workers into the services.

A key issue affecting Aboriginal health services and their communities is the training and retention of the Aboriginal workforce. We need to look to the education providers to promote working in the ACCHOs as a career option and encourage students to include an Aboriginal component in their training. This will help to increase the workforce potential for the future.

Participants identified that the current Aboriginal health workforce needs further training to undertake standard health checks (for instance, general and more specific checks such as dental health checks). There is a need for standardisation across models of care and in training. Participants said that cultural competence was lacking in both the Aboriginal and non-Aboriginal workforce. Ongoing training should become a standard process for all workers liaising with the Aboriginal community.

Core theme 4: Leadership and Management

We need Aboriginal community-based leadership and management models.

Leaders within the community are needed for change to occur. These leaders can be more than role models; they can help to change current health behaviours and lifestyle choices, and show the community that change can happen. Promoting good health messages, having community supports and services in place, and providing suitable and recurrent funding to identify areas of need will help to secure a good future for the Aboriginal community.

Top left: Bronwyn Fredericks, Gail Paasse, Jason King
Top right: Megan Kelly, Lauris McCormack, Karen Adams
Bottom: Rod Jackson, Bree Heffernan, Alan Brown, Gillian Fletcher, Wendy Ah-Chin

Core theme 5: Community Development and Health Promotion

We need to empower the community to take ownership of their future.

Participants identified that health services should be part of their community. They should be seen out in the community and not just be an entity that the community goes to for health advice and treatment. Community development should be supported through funding provision for health services to provide the community with classes that have health outcomes (such as cooking classes, exercise and youth programs). Community development programs can facilitate the development of community worker training and become a vehicle to pass on good health messages. The programs could include preventive health activities, improving food access and security, peer support and self-reliance.

Participants discussed a need for the community to understand what good health really means. This includes questions about prioritising the individual and/or family so that better health choices are made in households. Participants said that maybe we need more focus on understanding and generating self-worth, respect for elders and connection to the land, to support ongoing community development and see key health promotion messages become part of everyday life.

Core theme 6: Social and Emotional Wellbeing

We don't want to have Burnt out Blacks (BOBs).

To remain sustainable and resilient, all communities require places, spaces and training to empower and build trust – not only for them, but for the wider society in which they live. The impacts of social exclusion, travel, mental health issues and poor grieving support systems are all evident within the Aboriginal community.

In supporting the community through increased and meaningful employment opportunities, cultural awareness training and access to land, we will start to see a sense of social inclusion and community membership. This, in turn, will lead to improvements in health outcomes.

Core theme 7: Comments on Research Processes

How can we feel confident that research will be beneficial?

Participants argued that the Aboriginal community should identify their health priorities, and educators, researchers, government and organisations should be responsible for providing the resources needed to develop culturally-appropriate programs or assist in meeting identified gaps.

At the University workshop, participants identified issues about processes, and researchers generally focused on capacity building for improving consultation and the delivery of research programs. Universities need to support research in the Aboriginal community by matching students and programs to community priorities, and demonstrating a reciprocal relationship; they should also identify outcomes in both of these areas. Research should be participatory and draw on action research methods, so that the community can feel ownership and see the worth of the research being undertaken.

Ongoing research requires transparent and good practice guidelines on how ACCHOs work with researchers and organisations. More importantly, all research should be about improving the community's view of research and needs to reflect the available organisational resources, and the time and capacity of workers. Funding structures and systems need to be challenged so that research is funded on the basis of being both focused on and supported by the community.

Partnerships in Social Determinants

We need to draw on the best knowledge from Indigenous and Western management systems and improve frameworks and workforce structures to make ACCHOs and health workers more enabled and resilient.

Partnerships are integral, not only for funding and appropriate resourcing, but to also change cultural attitudes, improve communication, form strategic alliances and maintain relationships with and across agencies. Partnerships can also assist the community to strengthen core goals and values, and improve connections to land and people. Over time, partnerships will improve the engagement with mainstream services by the Aboriginal health services, and vice versa.

At the workshops, key partners in all the social determinant areas were identified by participants. Both the ACCHO and university participants demonstrated that they were willing to partner with government, non-government and community organisations. They agreed that these partnerships should extend beyond requiring funding. Participants were keen to improve their knowledge and experience base with partnerships.

Participants recognised that a central organisation was needed to provide support and information to the health services and the community, and to broker between ACCHOs, external organisations and government if required.

In the workshops, the ACCHOs identified several local level stakeholder groups (such as Koori Health Liaison Officers, Aboriginal Educators, local council, local housing representatives, and so on). This links well with the outcomes of research which shows that researchers and funders working in the social determinants area should work with local groups and draw on their experience (Tynan, Atkinson, Bourke and Atkinson 2004). Participants in the University workshop tended to identify national or state-level government departments and organisations as potential stakeholders.

The outcomes for Indigenous health depend on key partnerships and collaborations, and on building on successes and positive messages rather than focusing on past history. This does not mean that past history is not acknowledged.

Melbourne ACCHO Workshop – (left to right)
Back: Helen Kennedy, Scott Davis, Ray Mahoney, Rod Jackson, Timothy Moore, Denis Rose
Front: Reg Thorpe, Bronwyn Fredericks, Rebecca Watson, Katie Hall, Liz Hall

Conclusions and Next Steps

Changes in government funding and an increased focus on Indigenous health are leading to a reorientation of the important issues that need to be tackled to close the ever-burgeoning health gap between non-Indigenous and Indigenous Australians. The social determinants of health often require partnerships between the health sector and non health sector e.g. justice, education or employment sector. The VACCHO member service responses indicate some partnerships in this area at the local level that could be strengthened and built upon. Similar findings have been found at localised levels and described The ACCHOs' priorities go beyond chronic disease management and preventive activities, and include the day-to-day realities of working in the community to achieve better health outcomes. It is the day-to-day realities – the social determinants of health – that influence their ability as ACCHOs to support, implement and address chronic disease management and prevention.

We collectively need to challenge funding providers, including all levels of government, academic institutions and non-government organisations, to refocus their priorities and fund knowledge exchange. Researchers are encouraged to draw on their circles of influence and advocate in decision-making arenas. Researchers need to be made aware of the ongoing issues within the Aboriginal community, so that they can more ably advocate and encourage the careful allocation of research and resources. The forum conducted at the end of this project sought the support of researchers to broker this change within university and research structures.

The recommendations from this project can be summarised into the following areas:

- VACCHO will advocate for members' research needs;
- Researchers should be guided by the research needs voiced by VACCHO members;
- Research funds should be available for VACCHO members' research needs (such as scholarships for PhDs and Masters by Research, project funding and evaluation funding);
- Research funding should link social determinant areas for VACCHO members and researchers;
- Training is needed for researchers in Aboriginal community engagement, reciprocal relationships and research design;
- Training and opportunities are needed for VACCHO members to conduct their own research with support from universities (for example, Aboriginal Health Worker and Project Worker/Officer training and research scholarships);
- Training is needed for VACCHO members and their staff in how to better utilise Patient Information Systems and collect data; and
- Links are needed between social determinant areas and potential partners, with appropriate partners being sought to fund and/or collaborate on research priority areas.

While the focus of these workshops was on formal research with funding arrangements in place, there is an enormous amount of research activity undertaken within Aboriginal health organisations and cooperatives that is not recognised as 'true research'. This may include the collection of data for materials and information resources, reports for government and non-government agencies, or data entry and evaluation of client information within health organisations. Some health organisations would benefit from learning more about the data they collect.

Participants agreed that the ongoing improvement in equitable and ethical research will require research to be driven by community priorities and support from researchers and organisations that have the capacity to undertake research activities and projects.

References

Aboriginal and Torres Strait Islander Commission. 1994. *Draft Discussion Paper – Research Ethics for Undertaking Economic Development Research relating to, involving and about Aboriginal and Torres Strait Islander peoples.* Aboriginal and Torres Strait Islander Commission, Canberra.

Aboriginal Research Institute (ARI). 1993. *Ethics in Aboriginal Research.* Aboriginal Research Institute, University of Adelaide, Adelaide.

Adams K and Spratling S. 1999. *Future directions in Aboriginal Health Worker training in Victoria*. Victorian Aboriginal Community Controlled Health Organisations, Fitzroy.

Australian Department of Health. 1974. *Workshop on Aboriginal medical services*. Albury, New South Wales, 5-7 July 1974. Australian Department of Health, Canberra.

Brady W. 1992a. *Indigenous control of Aboriginal and Torres Strait Islander research*. Aboriginal Studies Association Conference, 2:311-15.

Brady W. 1992b. *Beam Me Up Scotty! Communicating across world views on knowledge principles and procedures for the conduct of Aboriginal and Torres Strait Islander Research.* In: White C (ed.) *National Aboriginal and Torres Strait Islander Higher Education Conference Proceedings*. University of Southern Queensland, Toowoomba, pp. 104-15.

Calma T. 2006. *Creating Futures – Influencing Social Determinants of Mental Health and Well-Being in Rural, Indigenous and Island Peoples*. Presentation at the Australian Human Rights Commission, 5 September 2006. http://www.hreoc.gov.au/about/media/speeches/social_justice/social_determinants_and_mental_health.html (Accessed 12 February 2010).

Campbell S. 2000. *From here to maternity: a report to VACCHO members and the Victorian DHS about maternity services for Victorian Aboriginal women.* Victorian Aboriginal Community Controlled Health Organisation, Fitzroy.

Centre for Aboriginal and Torres Strait Islander Participation, Research and Development (CATSIPRD). 1995. *Guidelines on Research Ethics regarding Aboriginal and Torres Strait Islander Cultural, Social, Intellectual and Spiritual Property Discussion Paper.* James Cook University, Townsville.

Centre for Koori Studies. 1995. *Research*. Monash University, Melbourne.

Coade S and O'Leary P. 1999. *Purro birik (healthy spirit) Koori mental health policy project: discussion paper*. Victorian Aboriginal Community Controlled Health Organisation, Fitzroy.

Cooperative Research Centre for Aboriginal Health (CRCAH). 2007. *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health*. http://www.crcah.orga.au/publications/downloads/BeyondBandaidsText.pdf

Dodson M. 1994. *The end in the beginning: re (de) fining Aboriginality. The Wentworth Lecture.* Aboriginal Studies Journal of the Australian Institute of Aboriginal Studies; 1: 2-13.

Fredericks B. 2006. *Aboriginal and Torres Strait Islander lead and governed research: A sign of social change*. Proceedings Social Change in the 21st Century Conference 2006. 27 October 2006. Queensland University of Technology, Brisbane, Queensland. http://eprints.qut.edu.au/6093/ (Accessed 10 July 2009).

Humphrey K. 2000. *Indigenous Health and Western Research.* Discussion Paper No.2. VicHealth Koori Research and Community Development Unit, University of Melbourne, Parkville.

Kenny C. 2000. *A Sense of Place: Aboriginal Research as Ritual Practice*. In R. Neil (Ed.) *Voice of the Drum: Indigenous Education and Culture* (pp.139-150). Kingfisher Publications, Brandon, Manitoba.

Koori Centre (Aboriginal Education). N.D. *Policies and Procedures for the Conduct of Research*. University of Sydney, Sydney.

McAullay D, Griew R, Anderson I. 2002. *Ethics of Aboriginal Health Research: An Annotated Bibliography*. Koori Health Research and Community Development Unit, The University of Melbourne, Melbourne.

National Health and Medical Research Council (NHMRC). 1991. *Interim Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*. National Health and Medical Research Council, Canberra.

National Health and Medical Research Council (NHMRC). 1999. *National Statement on Ethical Conduct in Research Involving Humans*. Australian Health Ethics Committee, National Health and Medical Research Council, Canberra.

National Health and Medical Research Council (NHMRC) Aboriginal and Torres Strait Island Research Agenda Working Group. 2002. *The NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research.* National Health and Medical Research Council (NHMRC), Canberra.

Onemda VicHealth Koori Health Unit. 2005. *Victorian Aboriginal Ethics Project Report, November*. The University of Melbourne, Melbourne.

Onemda VicHealth Koori Health Unit. 2008. *We can like research… in Koori health hands: A Community Report on Onemda VicHealth Koori Health Units Research Workshops in 2007*. The University of Melbourne, Melbourne.

Rigney L. 1999. *The First Perspective: Culturally Safe Research Practices on or with Indigenous Peoples*. 1999 Chacmool Conference. University of Calgary, Canada. (Unpublished Paper).

Roberts D. 1994. *Changing the hierarchy of power in Aboriginal research: Towards a more collaborative approach.* Kaurna Higher Education Journal, 5:36.

Royal Commission into Aboriginal Deaths in Custody (RCIADIC). 1991. *National Report*. Australian Government Publishing Service, Canberra.

Stewart P and Pyett P. 2005. *Victorian Aboriginal Ethics Project Report*. Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Onemda VicHealth Koori Health Unit, Melbourne.

Tynan M, Atkinson P, Bourke L and Atkinson V. 2004. *If you don't have health, what's the use of living? - Koori voices from the Goulburn-Murray Rivers region on health and its determinants*. In: Anderson I, Baum F and Bentley M (eds.) *Beyond Bandaids: exploring the underlying social determinants of Aboriginal health: papers from the Social Determinants of Aboriginal Health Workshop*, *Adelaide, July 2004*. CRCAH, Casuarina.

Victorian Aboriginal Community Controlled Health Organisation. 1996. *Going Forward in Emotional and Spiritual Health Workshop Report - September 1996*. VACCHO, Melbourne.

Vickery J, Clarke C and Adams K. 2004. *Nyernila kila degaia: listen up to Koories talk about health*. Koorie Heritage Trust, Melbourne.

VicHealth Koori Health Research and Community Development Unit. 2000. *We don't like research…But in Koori hands we could make a difference.* Melbourne.

VicHealth Koori Health Research and Community Development Unit. 2001. *Research – Understanding Ethics*. Melbourne.

World Health Organization (WHO). 2003. *Social Determinants of Health: The solid facts*. 2nd edition. Editors Wilkinson R and Marmot M. http://www.euro.who.int/document/E81384.pdf

Wronski I. 1980. *The growth and development of under 5 Aboriginal children in Shepparton/Mooroopna*. Aboriginal Health Section, Health Commission of Victoria, Melbourne.

Glossary of Terms

ACCHOs – Aboriginal Community Controlled Health Organisations
CRCAH – Cooperative Research Centre in Aboriginal Health
GEGAC – Gippsland & East Gippsland Aboriginal Cooperative
LAECGs – Local Aboriginal Education Consultative Groups
NHMRC – National Health and Medical Research Council
RMIT – Royal Melbourne Institute of Technology
VACCHO – Victorian Aboriginal Community Controlled Health Organisation
VAHS – Victorian Aboriginal Health Service
VAIEA – Victorian Aboriginal Education Association Inc.
VU – Victoria University

Appendix 1: Summary of the ACCHOs workshops

The section summarises the research questions and priority outcomes generated during the three workshops with ACCHOs. The workshops were held in Bendigo, Melbourne and Gippsland during August and September 2009.

Partnerships and Cultural Competencies

- How do we improve access to juvenile systems and other services to partner and improve overall outcomes?
- How do we improve access to allied health services and partnerships to move to more open service access for Aboriginal clients? (for example, moving past allocated days/times for services.)
- How do we build the capacity of Aboriginal community organisations to partner and work more closely with mainstream services?
- How do we improve the sharing of knowledge and information? (for example, mainstream services should be providing information back to Aboriginal health services about clients and their health outcomes; how do we get the information back to the right person's desk and in-tray?)
- How can we draw on other partnerships and collaborations such as unions, nursing or professional councils and organisations to improve remuneration and worker outcomes for Aboriginal health services?
- How do we improve training to the Aboriginal health services on how to liaise with bureaucrats, government and non-government organisations so that they are self-sufficient and confident? Should it be a brokerage or central liaison role?
- What improvements need to be made to cultural awareness training or its application? This involves using culturally appropriate language and questioning how mainstream services deal with Aboriginal clients.
- What other models can we compare to make health messages and interventions more culturally and socially appropriate? (for example, prison services and how they differ from other community services.)
- How do we make this work more efficient and have some continuity of care for clients in improving links with government-appointed liaison officers? Aboriginal clients should be given priority by these health services.
- How do we draw on successful partnership stories, and apply them across the sector? (for example, men's groups that link with justice groups and police, mums and bubs programs, dental health programs.)

Education

- How do we improve access to funding opportunities for workers to gain formal qualifications rather than relying on on-the-job training?
- How do we link services with educators and other training providers to supply specific training for workers in issues such as smoking cessation? (for example, through the Quit program.)
- What methods can be used to improve the marketing of identified Indigenous education positions in public health, nursing or medicine?
- How can we provide more opportunities for on-the-job training so that current health workers can gain standard qualifications or improve their position within the health service? (for example, taking bloods, doing immunisations, and so on.)
- How do we gain funding and community support to provide culturally appropriate and space appropriate educational training facilities – both for workers and the community?

Workforce

- What standard checks can health workers do to identify/prevent problems before it is too late? (for example, in dental health, setting a standard in models for care, health checks and getting kids and adults alike to the dentist.)
- How do we encourage students to include an Aboriginal component as part of their course, or to undertake placements with a view to working on an ongoing basis with the services?
- What can be done to improve and encourage the retention of workers in the Aboriginal health services/sector?
- How can we partner with education providers to promote the health services as a potential career?
- How can training in cultural competency be provided to all workers in Aboriginal health, including education providers? How can this become an ongoing process?

Leadership and Management

- How can the health services be effective in taking a leadership role and improving the health messages within health services? (for example, removing vending machines for unhealthy foods.)
- How can we walk the talk? How can health service staff show leadership in the community to promote good health messages and encourage people to be clients of the service?
- How can current knowledge be best partnered? How can we draw on the best knowledge from Indigenous and Western management systems and improve frameworks and workforce structures to make ACCHOs and health workers more enabled and resilient?
- How can we improve the models of debriefing and supervision in the workplace?
- How can we improve data collection and have the identification of culture at all services? Discharge services and the identification of Aboriginal and Torres Strait Islander people is currently not working. There is a lack of understanding about how people access healthcare (such as referrals from clinician or self-referral.)
- How can we improve the interaction between workers and clinicians to provide better models of care? There are issues around dual diagnosis and also drug and alcohol use. Clients may go to Melbourne for treatment, but returning to the community may not encourage them to be 'dried out' for the long term. We need community support and services in place.
- How can funding be managed so that workers' positions in communities are equitably funded? (for example, sports programs.)
- How can the community increase its voice for improved funding that goes directly to service delivery, rather than losing funds to administrative cuts and other organisational funding?
- Looking at funding and expenditure in health services and how much is going back into the community, what is being funded by the government or the health service? What is actually needed and how is this communicated to the funding bodies to help them make appropriate allocations?
- How can VACCHO work across the mainstream and Aboriginal health services to improve client health outcomes and service delivery?
- What is required to institute an Australian and community-based Aboriginal model for leadership and management rather than relying on Western or international models of 'best practice'?

Community Development and Health Promotion

- How can the health services be better promoted and be part of their community? It's not about having the community always going to the service; the service should also be out in the community.
- How can education and training for the community be improved? (for example, cooking classes, exercise programs and youth programs or activities need funding to continue and qualified workers/volunteers to assist and pass these good health messages on.)
- What methods can the community use to draw on its experience for peer support and encourage better health choices amongst elders and parents and their influence on the youth?
- What methods can we use to train the community to be more self-reliant? (for example, with mental health issues, food access and security.)
- How can we educate the community about complex health conditions and how to manage them?
- How do we educate the community about the environmental impacts on health? (such as passive smoking and children living with asthma – using preventive health promotion activities rather than choosing medication.)
- What is good health to the community? Is it about priorities that people make, such as family over individual choices for good health?
- How can we work with the community to improve food access and security? (for example, looking at community gardens and ways to improve access to fresh food.)
- How do we encourage our kids manage their health better? (for example, teaching workers and schools to teach the children about better health management and basic health skills.)
- How do we better manage and provide transport services for clients and health services?

Social and Emotional Wellbeing

- How do we provide places, ceremony and spaces for grieving in the community? (for example, at cemeteries and churches the provision of chairs and places for community to grieve on an ongoing basis.)
- How do we build trust and empower the community through grieving support systems? We need to have counselling services available and also social networks outside the family as there might be personal issues that need to be resolved.
- How do we maintain a strong, healthy and resilient workforce and address the issue of improving mental health outcomes for Aboriginal health workers? How do we address worker burn-out due to lack of support services and shortage of workers in the sector?
- How do we as a community support and provide meaningful employment and provision of other services for those with Acquired Brain Injury or general mental health issues?
- What technologies or other models can be used to reduce travel impacts on workers having isolated and remote communities to visit for outreach?
- Social inclusion and feeling part of the community – what does this mean and how is it achieved?
- How do we use the land as a way to improve health outcomes? (including taking the community back to the land, land management, cultural awareness training for youth, elders and community.)
- How can individuals understand and connect with their family history? They need to be able to speak to their community and have this link on an ongoing basis (particularly with the prison system and moving back into the community after incarceration.)
- Why are there more kids in special schools or special education classes?
- How can we make decision makers and providers realise the potential and opportunities for employment and services for Kooris in racist country towns? Forms of racism in cities?

Comments on Research Processes

- The community has the option to say 'no' to research.
- Link students with services with appropriate research topics, so that there is a reciprocal relationship and outcomes for both.
- Have good practice guides on how ACCHOs work with researchers.
- How much is it actually costing ACCHOs to deal with research in the community and through the health services? What are the implications in terms of time, money and capacity of workers?
- Improve the outlook of the community to research, and ensure that it reflects organisational resources and community need.
- Conduct research into information resources and how to make them acceptable and in the language of the community.
- Improve community information. What is actually happening in the community, and what does the reporting that is done actually mean to the community? We need to try and figure out what the problem is and then ask for the right information and consider the best way to undertake the analysis. How do we make sense of the figures?
- Improve engagement with the community. How do we identify partnerships and then partner the community with the researchers and be confident of having a beneficial outcome?

Potential Partners

The community identified partners at a local level, including community members, elders, local government and agencies that can assist with day-to-day issues, information provision and assistance. For larger projects or issues, they identified the non-government organisations and agencies that are able to provide assistance relating to specific health issues (such as Diabetes Victoria, National Heart Foundation or the Victorian Health Promotion Foundation (VicHealth)). The ACCHOs had no difficulty identifying potential partners.

Appendix 2: University Focus – Courses and Research

The section summarises the relevant courses and research programs offered at Victorian universities.

Australian Catholic University (Melbourne, *Ballarat*)

Programs/Courses:
Offer Undergraduate, Postgraduate, TAFE and Short Course programs including:

- Indigenous Studies
- Education/Teaching/Educational Leadership
- Health Care Professional
- Human Services
- Midwifery
- Nursing
- Paramedicine
- Physiotherapy
- Psychology
- Social Science
- Social Work
- Youth Work

http://www.acu.edu.au/courses/

Research Strengths:

- Common good and social justice
- Health
- Education
- Theology and Philosophy

www.acu.edu.au/about_acu/research/our_research/research_strengths/

Jim-Baa-Yer
Jim-baa-yer Indigenous Support Unit, which is co-located at the Melbourne and Ballarat campuses, employs an Aboriginal Liaison Officer to work with current and prospective Aboriginal and Torres Strait Islander students. It also provides support in relation to Indigenous issues to faculties and schools within ACU National.
http://www.acu.edu.au/student_resources/student_support/personal_support/indigenous_units/jim-baa-yer/

Deakin University (Burwood, Warrnambool, Geelong)

Programs/Courses:
Offer Undergraduate, Postgraduate and Short Course programs including:

- Behavioural Sciences
- Exercise Science
- Food Science
- Government and Community
- Health
- Medicine
- Nursing
- Nutrition and Dietetics
- Psychology
- Science
- Sport

http://www.deakin.edu.au/courses/search

Research Strengths:

- Advanced Materials
- Biotechnology
- Globalisation
- Public Health
- Sustainability
- Learning
- Built Environment
- Organising Success

http://www.deakin.edu.au/research/documents/DeakinResearch.pdf

Institute of Koorie Education (IKE)
The Institute prides itself on being able to develop a customised curriculum, appropriate teaching styles and community responsive timetabling arrangements, together with the incorporation of Koorie cultural knowledge and perspectives in the curriculum, which can then be negotiated between the Institute of Koorie Education and Faculty Academic Staff.
http://www.deakin.edu.au/ike/

La Trobe University (Bendigo, Bundoora, Albury/Wodonga, Mildura, Shepparton)

Programs/Courses:
Offer Undergraduate, Postgraduate and Short Course programs including:

- Community Planning and Development
- Health Sciences/Nursing/Public Health
- Human Nutrition
- Pastoral Care
- Physical Education/Outdoor Education
- Social Sciences/Social Work

www.latrobe.edu.au/coursefinder/local/

Research Strengths:

- Agribioscience and Environment
- Health and Society
- Human Behaviour and Thought
- Human Communication
- Human Society and Organisation
- Molecular Science
- Studies of the Past

http://www.latrobe.edu.au/research/strengths

Indigenous Education
The goal of the Indigenous Education group is to exemplify and promote best practice in relation to Indigenous Australian Student Services, Indigenous Australian Studies Teaching and Research, and Indigenous Australian Employment in the tertiary education sector.
http://www.latrobe.edu.au/indigenous/

Monash University (Clayton, Frankston, Gippsland, *Berwick, Parkville*)

Programs/Courses:
Offer Undergraduate, Postgraduate and Short Course programs including:

- Arts, Humanities, Social Sciences
- Pharmacy, Health Sciences, Medicine
  - Biological and Life Sciences
  - Biotechnology
  - Health and Biomedical Sciences
  - Health Professional Education
  - Medical Ultrasound
  - Medicine, Surgery
  - Nursing
  - Nutrition and Dietetics
  - Pharmacy and Pharmaceutical Science
  - Psychology, Behavioural Studies
  - Radiation, Radiation Therapy and Radiotherapy
  - Radiography, Medical Imaging

http://www.monash.edu.au/study/coursefinder/

Research Strengths:

- Art and Design
- Arts
- Business and Economics
- Education
- Engineering
- Information Technology
- Law
- Medicine, Nursing and Health Sciences
- Pharmacy
- Science

http://www.monash.edu.au/study/research/areas.html

Centre for Australian Indigenous Studies (CAIS)
The Centre for Australian Indigenous Studies is a multi-purpose centre engaged in research and teaching of Australian Indigenous Studies and support of Indigenous students. The Centre promotes interdisciplinary approaches to improve understandings of Australian Indigenous cultures, history, colonialism, reconciliation and post-colonialism.
http://arts.monash.edu.au/cais/about/index.php

Monash University Department of Rural and Indigenous Health (MURDRHI)
MUDRIH is involved in education, research and consultancies across rural Victoria, nationally and internationally. It has a special focus on Indigenous health, mental health, interprofessional education and workforce issues associated with rural nursing and allied health professions.
http://www.med.monash.edu.au/srh/mudrih/

RMIT (Melbourne)

Programs/Courses:
Offer Undergraduate, Postgraduate, TAFE and Short Course programs including:

- Community Services and Social Sciences
- Health and Medical Sciences
  - Acupuncture
  - Chinese Medicine
  - Chiropractic
  - Nursing
  - Laboratory Medicine
  - Osteopathy
  - Psychology
  - Biotechnology
  - Community Services and Social Science
  - Education and Training
  - Business

http://www.rmit.edu.au/browse;ID=i3q55l3dpwik

Research Strengths:

- Business
- Design and Social Context
- Science, Engineering and Health

http://www.rmit.edu.au/browse/Our%20Organisation%2FResearch/

Ngarara Willim Centre
The Ngarara Willim Centre is a friendly environment for study and cultural interaction, committed to encouraging Aboriginal and Torres Strait Islanders to access programs at RMIT and continuing that encouragement throughout their studies.
http://www.rmit.edu.au/browse;ID=5hmzpruj21ly

Swinburne (Hawthorn, *Lilydale, Croydon, Prahran, Wantirna*)

Programs/Courses:
Offer Undergraduate, Postgraduate, TAFE and Short Course programs including:

- Arts, Psychology and Social Sciences
  - Community Health
  - Psychology
  - Social Science/Sociology
- Health and Community Services
  - Aged Care/Home and Community Care
  - Alcohol and Other Drugs Work
  - Allied Health Assistance
  - Biomedical Sciences
  - Children's Services/ Community Development
  - Disability Work
  - Emergency Medical Service
  - Fitness/Lifestyle and Leisure/Outdoor Recreation/Sport
  - Health Service Assistance
  - Occupational Health and Safety
  - Parent Education Leadership Training
  - Population Health/Public and Environmental Health
  - Remedial Massage
  - Protective Care/Youth Work/Welfare Work

http://courses.swinburne.edu.au/Courses/BrowseCourseIntl.aspx

Research Strengths:

- Business and Enterprise
- Design
- Engineering
- Information and Communication Technologies
- Life and Health Sciences
- Physical and Chemical Sciences
- Social Sciences

http://www.research.swinburne.edu.au/our-research/memberships/

Oonah & Balluk Yillam Learning Centres
http://www.swinburne.edu.au/indigenous/centres

University of Ballarat (Ballarat)

Programs/Courses:
Offer Undergraduate, Postgraduate, TAFE and Short Course programs including:

- Human Movement, Sport Sciences, Fitness and Outdoor Recreation
- Nursing and Health Sciences
- Occupational Health and Safety
- Social Sciences, Community Studies, Psychology and Humanities

http://www.ballarat.edu.au/coursefinder/menu.php?enquiry=D

Research Strengths:

- Enable a greater understanding of ourselves and of all that surrounds us
- Foster the economic health of the region and the nation
- Foster the social, physical and mental health of society
- Contribute to the economic, social and environmental sustainability of the region

http://www.ballarat.edu.au/ard/ubresearch/

Aboriginal Education Centre
The Aboriginal Education Centre provides support to prospective and current Aboriginal and Torres Strait Islander students. The centre has a range of support for both higher education and TAFE students at Mt Helen, SMB and Horsham which any student is welcome to use. Students are able to receive a broad range of educational and community support at all campuses. The staff, who include TAFE Aboriginal Liaison Officers (ALOs) and an Aboriginal Education Officer, are available to provide personalised support.
http://www.ballarat.edu.au/vfed/aec/

University of Melbourne (Carlton)

Programs/Courses:
Offer Undergraduate and Postgraduate programs including:

- Language, Literature and Cultural Studies
- Medicine, Dentistry, Health and Welfare
  - Social Health (Aboriginal Health)
  - Public Health
  - Health Sciences

https://app.portal.unimelb.edu.au/CSCApplication/faces/htdocs/user/search/SimpleSearch.jsp

Research Strengths:

- Agricultural, Veterinary and Environmental Sciences
- Architecture, Urban Environment and Building
- Behavioural and Cognitive Sciences
- Biological Sciences
- Chemical Sciences
- Commerce, Management, Tourism and Services
- Earth Sciences
- Economics
- Education
- Engineering and Technology
- History and Archaeology
- Information, Computing and Communication Sciences
- Journalism, Librarianship and Curatorial Studies
- Language and Culture
- Law, Justice and Law Enforcement
- Mathematical Sciences
- Medical and Health Sciences
- Philosophy and Religion
- Policy and Political Science
- Science
- Social Sciences, Humanities and Arts
- Studies in Human Society
- The Arts

http://www.findanexpert.unimelb.edu.au/rfcd/

Centre for Indigenous Education (CIE)
The Centre for Indigenous Education provides support services to Aboriginal and Torres Strait Islander students currently undertaking undergraduate and postgraduate courses at the University of Melbourne and its affiliated institutions.
http://www.services.unimelb.edu.au/cie/index.html

Onemda VicHealth Koori Health Unit
Onemda VicHealth Koori Health Unit is committed to research and teaching that is underpinned by principles of Indigenous community development and will lead to long-term improvements in Aboriginal health.
http://www.onemda.unimelb.edu.au/index.html

Victoria University (Footscray)

Programs/Courses:
Offer Undergraduate, Postgraduate, Short Courses and TAFE programs including:

- Health
  - Allied Health Services
  - BioScience
  - Emergency Health Services
  - Food Science and Nutrition
  - Nursing
  - Personal Services – Beauty therapy
- Human Services
- Sports and Recreation

http://www.vu.edu.au/sites/default/files/mcd/pdfs/UGCourseGuide2010.pdf
http://www.vu.edu.au/sites/default/files/mcd/pdfs/PGCourseGuide2010.pdf

Research Strengths:

- Applied Informatics
- Communication and Sensor Technologies
- Diversity and Wellbeing
- Education, Access and Transition
- Logistics and Transportation
- Sport Performance, Exercise Science and Active Living
- Strategic Economics
- Sustainable Environmental Technologies
- Tourism

http://www.vu.edu.au/research/research-strengths

Moondani Balluk Academic Unit
Bachelor of Arts (Kyinandoo)
Opportunities include:

- Marketing your artistic or cultural heritage skills through a tourism venture
- Establishing and managing an aged care, youth, child care or community-based organisation
- Managing a sport and recreation facility or establishing your own Institute of Sport for Indigenous players
- Performing on the stage
- Working in the UN or in global Indigenous organisations

http://www.vu.edu.au/courses/bachelor-of-arts-indigenous-studies

Appendix 3: Summary of the University workshop

The section summarises the research process issues identified at the workshop held with the nine Victorian Universities and researchers.

- Defining and analysing the identified social determinants for the Aboriginal community – who is responsible for this?
- Why do health differences exist? Why is there a discrepancy in reporting and better health outcomes?
- Using existing knowledge in all sectors rather than reinventing the wheel – we need better allocation and identification of resources. We need to be flexible in research and move with community attitudes, political environments and resource allocation.
- We need better use and translation of research and data – particularly improving the available data for regional, rural and urban populations.
- Research needs to focus on all the social determinants which are led by the community and focus on evaluation of the interventions. We have to maintain cross-sectoral approaches and include other sectors outside of health (such as justice, education and so on). Research also needs to focus on resilience not vulnerabilities.
- We need to improve cultural competency training for Aboriginal and non-Aboriginal researchers and make it compulsory. Researchers need to understand the community that is being researched.
- Evaluation needs to be undertaken across boundaries and we need to stop the current 'silo' approach to research and funding. Evaluation should also be about accountability and a process of growing and moving responsibilities into the community for feedback.
- We need broader contextualisation, framing of questions, and grounding research in reality. Communities can work out their own solutions.

Potential partners in research
Universities identified with top down partners from government (state and federal) and other potential funding partners such as:

- VACCHO, VAIEA, LAECGs, Aboriginal Services and Cooperatives
- Department of Housing
- Federal, State and Local governments
- Consumer Affairs
- Aboriginal Elders.

Appendix 4: Summary of the Research Forum

The section summarises the three priority themes of the social determinants of health identified during a final workshop session at the forum.

- Men's health
  Identified issues:
  - Look at chronic disease and, more importantly, mental health, spiritual wellbeing and depression
  - Access to appropriate services
  - Link to services and encourage females in the community to support men to go to the health services for essential health checks
  - Most health services were started by women (for example, GEGAC was first started in 1972 by 15 women and one man)

- Early childhood – focus on oral health care (0-5 year olds)
  Identified issues:
  - Increasing good oral health among the 0-5 year olds – what is the prevalence of dental caries and community knowledge of good oral health?
  - Encouraging community driven and controlled research at all levels – improving partnerships

- Workforce in relation to training and retention of health workers
  Identified issues:
  - Increasing and improving current training, including cultural competency
  - Indentifying training needs for all current and future workers, particularly youth
  - Having education/training providers being more formally involved in providing services

Appendix 5: Workshop Participants

Member Services workshops

Bendigo (3 August 2009)

- Lauris McCormack – Mildura
- Megan Kelly – Mildura
- Charlie Knight – Bendigo
- Darren McDonald – Mungabareena
- Natalie Clark – Mungabareena
- Karen Adams – VACCHO
- Bronwyn Fredericks – VACCHO
- Rebecca Watson – VACCHO
- Deborah Barrow – Facilitator

Melbourne (5 August 2009)

- Denis Rose – Windamara
- Liz Hill – Western Gathering Place
- Katie Hall – Western Gathering Place
- Rod Jackson – VAHS
- Helen Kennedy – VAHS
- Reg Thorpe – VAHS
- Timothy Moore – VACCHO
- Ray Mahoney – VACCHO
- Karen Adams – VACCHO
- Bronwyn Fredericks – VACCHO
- Rebecca Watson – VACCHO
- Deborah Barrow – Facilitator

Gippsland (7-8 September 2009)

- Barry Sellings – Lake Tyers
- Christine H – Lake Tyers
- Michelle Smith – Moogji
- Jason King – GEGAC
- Jeff Browning – GEGAC
- Ali Khan – Ramahyuck
- Karen Adams – VACCHO
- Rebecca Watson - VACCHO

University workshop (21 August 2009)

- Robert Hall – Monash
- Rose Gilby – Monash
- Priscilla Pyett – Monash
- Fred Cahir – Uni of Ballarat
- Nereda White – ACU
- David Legge – La Trobe
- Jon Willis – La Trobe
- Helen McLachlan – La Trobe
- Gillian Fletcher – La Trobe
- Alister Thorpe – Uni of Melbourne
- Jane Freemantle – Uni of Melbourne
- Bree Heffernan – Uni of Melbourne
- Scott Winch – Uni of Melbourne
- Rachel Reilly – Uni of Melbourne
- Paul Stewart – Uni of Melbourne
- Nicole Waddell – Uni of Melbourne
- Angela Clarke – Uni of Melbourne
- Biswajit Banik – Uni of Melbourne
- Joanne Luke – Uni of Melbourne
- Barbara Polus – RMIT
- Dein Vindigni – RMIT
- Richard Young – RMIT
- Anna Liebzeit – ACCD
- Kristine Martin-McDonald – VU
- Timothy Moore – VACCHO
- Ray Mahoney – VACCHO
- Karen Adams – VACCHO
- Bronwyn Fredericks – VACCHO
- Deborah Barrow – Facilitator

Research Forum (16 September 2009)

- Colin Hunter Jr – Wurundjeri Tribe
- Jason King – GEGAC
- Rod Jackson – VAHS
- Alan Brown – VAHS
- John Fitzgerald – VicHealth
- Sharon Goldfield – Dept of Education & Early Childhood
- Timothy Fitzgerald – Dept of Education
- Gail Paasse – VU
- Dein Vindigni – RMIT
- Gillian Fletcher – La Trobe
- David Legge – La Trobe
- Helen McLachlan – La Trobe
- Jane Freemantle – Uni of Melbourne
- Bree Heffernan – Uni of Melbourne
- Keith Rowley – Uni of Melbourne
- Biswajit Banik – Uni of Melbourne
- Wendy Ah-Chin – CRCAH
- Scott Davis – CRCAH
- Carol Williams – VACCHO
- Timothy Moore – VACCHO
- Ray Mahoney – VACCHO
- Karen Adams – VACCHO
- Bronwyn Fredericks – VACCHO
- Rebecca Watson – VACCHO

Appendix 6: Information Materials

Background Discussion Paper

Social Determinants Research Workshop
Background Discussion Paper

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) seeks assistance from member organisation along with researchers and decision-makers in universities to build its research capacity. VACCHO would like to more effectively engage in Aboriginal health research and work in ways that are equitable, sustainable and which address the social determinants of health.

The purpose of this workshop is to create an understanding of how best VACCHO can facilitate Aboriginal health research in Victoria. It also seeks to develop direction as to how best to foster and promote sustainable health research which includes research not just about individual health issues but issues that impact n broader primary health care, health services and health systems (social determinants).

Four workshops will be held: three workshops (2 regional and 1 in Melbourne) with the ACCHOs followed by a workshop with Victorian universities. A summary of the workshops will be produced which will include draft recommendations. A forum will then be held and all Victorian ACCHOs and universities will be invited to discuss the summary and have input into a pathway forward.

What do we mean by Social Determinants?

Social determinants of health are the economic and social conditions that shape the health of individuals, communities and jurisdictions as a whole (Raphael 2008, p.2)

The World Health Organization (WHO) defines the social determinants of health as those that include housing, education, social networks, connection with land, racism, employment and law enforcement and the legal and custodial system. Improving the social determinants of health can lead to gains in improving life expectancy and in the quality of life. Although we can build the fundamentals of health on these determinants, how this translates into Aboriginal health and indeed research is a challenge.

In the National Aboriginal Health Strategy, Aboriginal and Torres Strait Islander people linked their health to 'control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity (Human Rights and Equal Opportunity Commission 2005:26).

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Picture Sources: Cubitis Disc-Vol 1.

continued

So having those community stakeholders at the table when you're generating your research ideas and your research questions is such an important part of developing and carrying out research protocols and research agendas that really make a difference... (Kogan JN 2008)

Stakeholders & Community

For any community to be owners of research and its outcomes, they need to be engaged and be consulted as part of the ongoing process of decision making about their health. It is also important that for the process to be maintained, there needs to be an ongoing commitment and support from stakeholders that are external to the medical/clinical sector, but for them to collaborate and link with this sector.

Key Readings

CRCAH (2007) *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health* http://www.crcah.org.au/publications/downloads/BeyondBandaidsText.pdf

WHO (2003) *Social Determinants of Health: The solid facts.* 2nd edition. Editors Wilkinson R and Marmot M http://www.euro.who.int/DOCUMENT/E81384.PDF

WHO (2008) *Closing the gap in a generation.* http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf

Other References

Kogan JN (2008). *Importance of Community* Stakeholders. http://www.4researchers.org/articles/3145 (accessed 23/6/09)

Raphael, D. (2007a). Addressing health inequalities in Canada: Little attention, inadequate action, limited success. In A. Pederson, I. Rootman, M. O'Neill & S. Dupere (Eds.), Health Promotion in Canada: Critical Perspectives. (2nd ed., pp. 106-122). Toronto: Canadian Scholars' Press.

Bendigo & Melbourne Workshop Event Program

Program

9.30am	*Arrival with tea and coffee*
10.00am	*Introduction to Workshop* **Deb Barrow - Facilitator** *History of health research in Aboriginal communities* *What are the social determinants of health?* **Bronwyn Fredericks & Karen Adams - VACCHO**
10.40am	***Morning Tea***
11.00am	**Workshop session** *- What are the issues for social determinants of health in the community?* *- Who are the key partners related to these issues – how do we initiate engagement?*
12.30pm	***Lunch***
	- Improving engagement and maintaining relationships *- Final feedback session and outcomes* *- Where to from here?*
2.00pm	***After noon Tea***

University Workshop Event Program

University Research Workshop

Program

Social Determinants & Research in Aboriginal Health

Date: 21st August 2009

Time: 9.30am – 2.30pm
(morning/afternoon tea and lunch provided)

Location: Mantra on Little Bourke Conference Centre
Level 3, 451 Little Bourke St, Melbourne

What are the social determinants of Aboriginal health?

How do these impact on the Aboriginal community?

How do we improve engagement with the Aboriginal community in research?

For more information:

Email: rebeccaW@vaccho.com.au

Website: www.vaccho.com.au

Supported by:

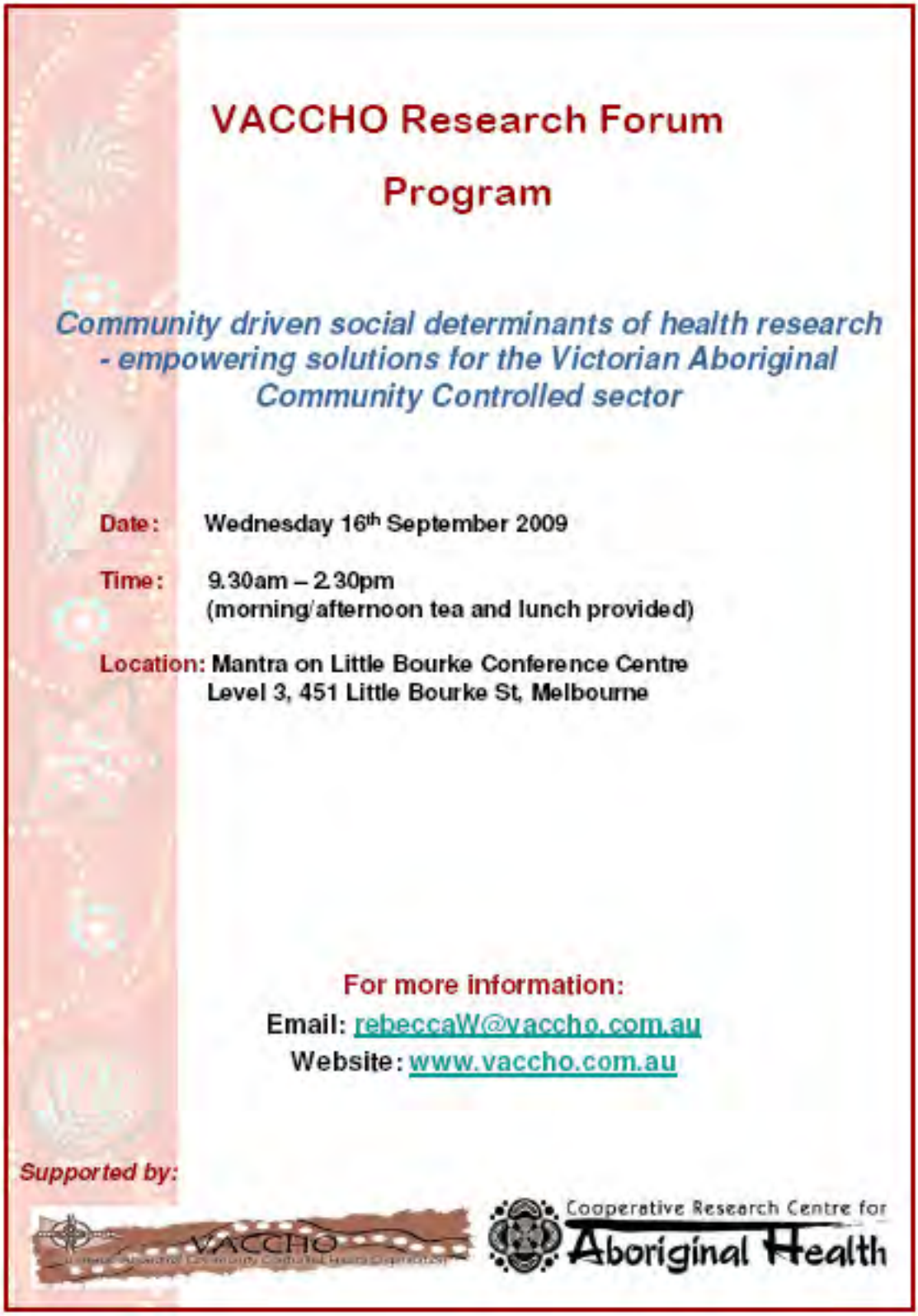
VACCHO

Cooperative Research Centre for Aboriginal Health

Program

9.30am	*Arrival (with tea/coffee)*
9.45am	*Opening* Mr Justin Mohamed, Chairperson, VACCHO
9.55am	*Introduction to Workshop* Ms Deborah Barrow, Facilitator
10.00am	*History of health research in Aboriginal communities* *What are the social determinants of health?* Dr Bronwyn Fredericks & Dr Karen Adams, VACCHO
10.45am	*Morning Tea*
11.00am	*What are the priorities for health research in the Aboriginal community?* Facilitated workshop session
12.00noon	*Feedback session*
12.30pm	*Lunch*
1.00pm	- *Who are the key partners related to these priorities – how do we initiate engagement with the Aboriginal community?* - *How do we improve engagement and maintain relationships?* Facilitated workshop session
1.45pm	*Feedback session*
2.15pm	*Where to from here?* Dr Bronwyn Fredericks & Dr Karen Adams, VACCHO
2.30pm	*Close of event* **Afternoon Tea**

Research Forum Event Program



VACCHO Research Forum

Program

Community driven social determinants of health research - empowering solutions for the Victorian Aboriginal Community Controlled sector

Date: Wednesday 16th September 2009

Time: 9.30am – 2.30pm
(morning/afternoon tea and lunch provided)

Location: Mantra on Little Bourke Conference Centre
Level 3, 451 Little Bourke St, Melbourne

For more information:

Email: rebeccaW@vaccho.com.au

Website: www.vaccho.com.au

Supported by:

VACCHO

Cooperative Research Centre for Aboriginal Health

Program

9.30am	*Arrival (with tea/coffee)*
9.45am	*Opening*
9.50am	*Introduction to Workshop*
10.00am	*Social Determinants Research Workshops - Outcomes* *- What did the Aboriginal community say?* *- What did the Universities say?* *- What was different or the same?* *- Where are the priorities?*
10.30am	*Research and Social Determinants – a funders perspective* Panel presentation & discussion
11:30am	*Morning Tea*
11.45am	*Research and Social Determinants – thinking outside the square* Panel presentation & discussion
12.45pm	*Lunch*
1.15pm	*Community driven and owned research– how is this achieved?* Facilitated Workshop session
2.15pm	*Where to from here?*
2.30pm	*Close of event*

Notes: