Partnerships for Aboriginal Health Research

NSW Aboriginal Health Research Conference 2005

An initiative of the Coalition for Research to Improve Aboriginal Health (CRIAH)

Conference Program and Abstract Book

18 & 19 October 2005
The Sebel Pier One Hotel, Sydney

Supported by:

NSW Health
NSW Ministry for Science & Medical Research
Australian Government
Department of Health and Ageing
THE COALITION FOR RESEARCH TO IMPROVE ABORIGINAL HEALTH

The Coalition for Research to Improve Aboriginal Health (CRIAH) is an unprecedented partnership between Aboriginal communities and researchers, working together to encourage and facilitate research that will improve Aboriginal health. It is developing programs in areas perceived as important by Aboriginal communities and building capacity among Aboriginal health researchers.

The NSW Aboriginal Health Research Conference is an initiative of CRIAH to encourage and promote Aboriginal health research in New South Wales.

ACKNOWLEDGEMENTS

CRIAH is grateful to the following for their support that has made this Conference possible:

- NSW Health
- NSW Ministry for Science & Medical Research
- Office for Aboriginal & Torres Strait Islander Health
- Australian Government Department of Health & Ageing

CRIAH would also like to thank the following people for their contribution to the organisation of this Conference:

CRIAH Steering Group
Mr Frank Vincent (Chair), Aboriginal Health & Medical Research Council
Professor Bruce Armstrong, The University of Sydney
Ms Sandra Bailey, Aboriginal Health & Medical Research Council
Professor John Beard, The University of Sydney
Ms Elizabeth Harris, The University of New South Wales
Dr Naomi Mayers, Aboriginal Medical Service Redfern
Mr John Williams, Aboriginal Health & Medical Research Council

NSW Aboriginal Health Research Conference Scientific Program Sub-Committee
Professor Sandra Eades
Mr Shane Hearn
Dr Lisa Jackson-Pulver
Mr Chris Lawrence
Professor Sally Redman
Ms Jessica Stewart
Mr James Ward

Conference Organising Working Group
Dr Kathie Clapham
Mrs Pat Delaney
Ms Paige Dowd
Prof Sandra Eades (Chair)
Ms Gail Garvey
Mr Shane Hearn
Mr Paul Ishiguchi
Dr Lisa Jackson-Pulver
Ms Wendy Jopson
Mr Chris Lawrence
Mr Dennis McDermott
Ms Jessica Stewart
Mr Hector Terare
Mr James Ward

Event Co-ordination
Ms Elizabeth Doran
Ms Litza Malamoo-jib
Ms Samantha Richardson
Ms Jessica Stewart

CONFERENCE EVENTS

NSW Ministry for Science & Medical Research Excellence Award for Aboriginal Health Research

The NSW Government, through the Ministry for Science and Medical Research, is proud to be a sponsor of the inaugural NSW Aboriginal Health Research Conference 2005 and to provide an award in recognition of the best scientific research leading to improvements in the health of an Aboriginal community.

The MSMR Excellence Award for Aboriginal Health Research will provide financial support to the value of $1,000 for attendance at a relevant conference or research symposium. MSMR Certificates of Merit for Aboriginal Health Research will also be presented to the four finalists for outstanding scientific research during the Conference dinner on the 18 October 2005.

Conference Dinner at the Royal Botanic Gardens, Sydney, 7pm Tuesday 18 October 2005

The Conference Dinner will be held at the Botanic Gardens Restaurant situated in the heart of the Royal Botanic Gardens, Sydney. If you have already booked and paid for the dinner you can pick up your ticket at the Registration Desk. You will also be given detailed instructions on how to get to the venue.

Please note: prior booking and payment for the dinner is essential.

Disclaimer:
At the time of publication all information received was correct and the Conference Organisers reserve the right to change this Program without notice if required. All Abstracts included have not been externally reviewed and are not necessarily the views held by The Sax Institute or the AH&MI.
WELCOME

NSW is home to almost one third of Australia’s Aboriginal and Torres Strait Islander people. However, until recently, we have frequently had to rely on health data and research from other States to understand the needs of Aboriginal communities and to plan programs and services.

This Conference represents an affirmation of what can be achieved in Aboriginal health research in NSW through effective partnership. It demonstrates that the combined expertise of communities, government and researchers is beginning to provide information to improve the health of Aboriginal people in this state. The range and depth of the research shows that NSW is rapidly becoming a national leader in Aboriginal health research.

A major catalyst has been the changes to research funding by NHMRC. In October 2002, NHMRC endorsed its Road Map for Aboriginal Health Research that identified priorities for funding and principles for working with Aboriginal communities. It laid the basis for increased funding for Aboriginal research by NHMRC and its commitment to spend 5% of its budget on indigenous health research.

The Aboriginal Health and Medical Research Council and The Sax Institute established the Coalition for Research to Improve Aboriginal Health (CRIAH). The Coalition, chaired by Mr Frank Vincent, brings together researchers and Aboriginal communities to facilitate research that will improve Aboriginal health. This partnership has already been effective in fostering research focused on priorities for Aboriginal communities and in supporting researchers from Aboriginal backgrounds.

The Conference Partnerships for Aboriginal Health Research, NSW Aboriginal Health Research Conference 2005 is one of the initiatives of CRIAH. The Conference is the first of its kind to showcase research about Aboriginal health in NSW and provides opportunities for communities to describe their health and research priorities. We hope it will also help us to share information and establish collaborations between Aboriginal communities, researchers and policy makers.

In putting together this meeting, it has been very exciting to see the progress that has been made in the past few years. We have received over 50 abstracts for research from community participation research programs through to laboratory science. Many of these programs are led by or involve Aboriginal researchers and will help identify strategies to improve health.

Of course, much remains to be done. We hope that the Conference will provide opportunities for sharing information between communities and researchers and stimulate debate about how we can work more effectively in the future. We look forward to seeing the positive impact of this research in better health outcomes for Aboriginal people.

Sandra Bailey
CEO
Aboriginal Health and Medical Research Council

Sally Redman
CEO
The Sax Institute
## PROGRAM DAY ONE – OCTOBER 18

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>9:00-9:45</td>
<td>Arrival and Registration</td>
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<tr>
<td>9:45-10:00</td>
<td>Descendance – Aboriginal and Torres Strait Islander Theatre</td>
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<td></td>
<td><strong>INTRODUCTION AND WELCOME:</strong> Professor Sally Redman, The Sax Institute</td>
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<tr>
<td>10:00-10:05</td>
<td>Welcome to Country by Mr Frank Vincent, Chair of CRIAH and CEO of</td>
<td>Mr John Delaney, Former member National Health &amp; Medical Research Council / Professor Sandra Eades, The Sax Institute</td>
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<td></td>
<td>Daruk Aboriginal Medical Service</td>
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<tr>
<td>10:05-10:15</td>
<td>Official Opening by the Minister for Health, the Hon. Mr John</td>
<td>Mrs Pat Delaney, Aboriginal Health &amp; Medical Research Council / Professor Beverley Raphael, University of Western Sydney</td>
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<td>Hatzistergos MLC</td>
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<tr>
<td>10:15-11:15</td>
<td><strong>PLENARY SESSION ONE:</strong> Chair Mr Frank Vincent, Chair of CRIAH</td>
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<tr>
<td>10:15-10:30</td>
<td><strong>Keynote Address:</strong> Setting the Conference Scene – Reflections on</td>
<td>Mr John Delaney, Former member National Health &amp; Medical Research Council / Professor Sandra Eades, The Sax Institute</td>
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<td></td>
<td>the Development of the NHMRC Road Map for Aboriginal and Torres Strait</td>
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<td></td>
<td>Islander Health</td>
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<td>10:30-11:15</td>
<td><strong>Keynote Address:</strong> New Ways Forward in Mental Health</td>
<td>Mrs Pat Delaney, Aboriginal Health &amp; Medical Research Council / Professor Beverley Raphael, University of Western Sydney</td>
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<tr>
<td>11:15-11:30</td>
<td>Morning Tea</td>
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<td><strong>PANEL SESSION ONE:</strong> Chair Professor Michael Reid, NSW Ministry for</td>
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<td></td>
<td>Science &amp; Medical Research</td>
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<tr>
<td>11:30-12:30</td>
<td>Sharpening the Impact of Research</td>
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<td></td>
<td>- Ms Sandra Bailey, Aboriginal Health &amp; Medical Research Council</td>
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<td></td>
<td>- Dr Alan Cass, The University of Sydney</td>
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<td>- Dr John Daniels, Aboriginal Medical Service Redfern</td>
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<td>- Mr Chris Lawrence, The University of NSW</td>
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<td></td>
<td>- Ms Joy Savage, Australian Government Department of Health &amp; Ageing</td>
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<td></td>
<td>- Professor Ken Wyatt, NSW Health</td>
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<tr>
<td>12:30-1:20</td>
<td>Lunch</td>
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<td>1:20-2:20</td>
<td><strong>INVITED SPEAKER SESSION ONE:</strong> Chair Mr James Ward, Aboriginal</td>
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<td></td>
<td>Health &amp; Medical Research Council</td>
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<tr>
<td>1:20-1:40</td>
<td>IMPAKT – How might research be translated to improved access and</td>
<td>Dr Alan Cass, The University of Sydney / Ms Cilla Preece, Queensland University of Technology</td>
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<td></td>
<td>health outcomes for Indigenous Australians with end-stage kidney</td>
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<td></td>
<td>disease?</td>
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<td>1:40-2:00</td>
<td>Ethnicity, Cigarette Smoke and Susceptibility to Infection</td>
<td>Professor Caroline Blackwell &amp; Ms Gail Garvey, The University of Newcastle</td>
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<td>2:00-2:20</td>
<td>Aboriginal Health Research and Aboriginal Ageing</td>
<td>Professor Tony Broe, The University of NSW</td>
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<tr>
<td>2:20-2:40</td>
<td>Cancer: An Important Disease for Indigenous Australians</td>
<td>Professor Bruce Armstrong, The University of Sydney</td>
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<td>2:40-3:00</td>
<td>Afternoon tea</td>
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<td>3:00-4:10</td>
<td><strong>PROFFERED PAPERS SESSION ONE</strong></td>
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<td></td>
<td>Concurrent Session 1 (Harbour Watch Room) Chair: Mr Dennis McDermott –</td>
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<td></td>
<td>Addressing well-being and mental health through innovative research</td>
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<td>Concurrent Session 2 (Bridge Room) Chair: Ms Dulcie Flower – Tackling</td>
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<td>heart disease and diabetes in Aboriginal communities</td>
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<td>4:20-5:30</td>
<td><strong>PROFFERED PAPERS SESSION TWO</strong></td>
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<td></td>
<td>Concurrent Session 3 (Harbour Watch Room) Chair: Ms Telphia Joseph –</td>
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<td></td>
<td>Multifaceted research to improve our understanding of chronic diseases</td>
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<td>and specific populations</td>
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<td></td>
<td>Concurrent Session 4 (Bridge Room) Chair: Dr Kathie Clapham – Improving</td>
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<td>the mechanics of research in Aboriginal settings</td>
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<td>7:00</td>
<td>Conference Dinner - Botanic Gardens Restaurant: Mr Frank Vincent, The</td>
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<td>Hon Milton Orkopoulos MP, Professor Fiona Stanley</td>
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<td>Presentation: NSW Ministry of Science &amp; Medical Research Award for</td>
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<td>8:30-9:00</td>
<td>Tea and coffee on arrival</td>
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<td>9:00-9:15</td>
<td>Official Opening by the Minister for Aboriginal Affairs, The Hon. Mr Milton Orkopoulos MP</td>
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<td>9:15-10:00</td>
<td>PLENARY SESSION TWO: Chair Professor Ken Wyatt, NSW Health</td>
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<tr>
<td>9:15-10:00</td>
<td>Keynote Address: A Decade of Aboriginal Health Research in Western Australia: The Highs and Lows</td>
<td>Professor Fiona Stanley &amp; Associate Professor Ted Wilkes, Telethon Institute for Child Health Research</td>
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<td>PANEL SESSION TWO: Chair Professor Bruce Armstrong, The University of Sydney</td>
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<tr>
<td>10:00-11:00</td>
<td>Research Mechanics - Creating an environment for better research</td>
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<td>- Ms Carol Dorn, Daruk Aboriginal Medical Service</td>
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<td>- Ms Gail Garvey, The University of Newcastle</td>
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<td>- Ms Wendy Hermeston, The University of Sydney</td>
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<td></td>
<td>- Professor Fiona Stanley, Telethon Institute for Child Health Research</td>
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<td></td>
<td>- Mr James Ward, Aboriginal Health &amp; Medical Research Council</td>
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<td>- Mr John Williams, Aboriginal Health &amp; Medical Research Council</td>
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<td>11:00-11:15</td>
<td>Morning Tea</td>
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<td>11:15-12:35</td>
<td>INVITED SPEAKER SESSION TWO: Chair Mr Dennis McDermott, The University of NSW</td>
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<td>11:15-11:35</td>
<td>Early Chronic Kidney Disease in Aboriginal and</td>
<td>Professor Jonathan Craig &amp; Dr Leigh Haysom – The University of Sydney</td>
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<td>Non-Aboriginal Australian Children: Remoteness, Socioeconomic Disadvantage or Race?</td>
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<td>11:35-11:55</td>
<td>Sexually Transmitted and Blood Borne Viral Infections: Emerging Issues for Indigenous Adolescents and Young People</td>
<td>Professor John Kaldor, The University of NSW / Mr Maurice Shipp, Aboriginal Medical Service Redfern</td>
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<tr>
<td>11:55-12:15</td>
<td>Immunisation Programs – an Important Means of Achieving Health Equity for Aboriginal People</td>
<td>Professor Peter McIntyre &amp; Ms Telphia Joseph, The University of Sydney</td>
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<tr>
<td>12:15-12:35</td>
<td>SEARCH: Study of Environment, Aboriginal Resilience and Child Health</td>
<td>Professor Sandra Eades, The Sax Institute</td>
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<tr>
<td>12:35-1:30</td>
<td>Lunch</td>
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<tr>
<td>1:30-2:40</td>
<td>PROFFERED PAPER SESSION ONE</td>
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<td></td>
<td>Concurrent Session 1 (Harbour Watch Room) Chair: Ms Gail Garvey – Otitis media and other infectious diseases in childhood</td>
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<tr>
<td>2:50-4:00</td>
<td>PROFFERED PAPER SESSION TWO</td>
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<td></td>
<td>Concurrent Session 2 (Bridge Room) Chair: Mr Chris Lawrence – Pathways to healthy development in Aboriginal communities</td>
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<td>Concurrent Session 3 (Harbour Watch Room) Chair: Mr Maurice Shipp – Infections, environment and the health of Aboriginal adults and children</td>
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<tr>
<td>4:00-4:15</td>
<td>Afternoon tea</td>
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<tr>
<td>4:15-4:30</td>
<td>Closing Session: Chair Professor Sally Redman, The Sax Institute</td>
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<td>4:30</td>
<td>The Sundowner - Sebel Pier One Hotel Bar</td>
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**DAY ONE PROFFERED PAPERS SESSIONS 1 & 2: 18 OCTOBER 3.00-4.10pm**

**DAY ONE SESSION 1 – CHAIR: MR DENNIS MCDERMOTT, THE UNIVERSITY OF NSW**

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<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter/Institution</th>
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<tbody>
<tr>
<td>3.05-3.15pm</td>
<td>Development and validation of the Edinburgh postnatal depression scale for women from Aboriginal communities</td>
<td>Ms Chryne Griffiths, Sydney South West Area Health Service</td>
</tr>
<tr>
<td>3.15-3.25pm</td>
<td>Exploring gambling and harm minimisation: responses of Aboriginal communities in NSW</td>
<td>Mr James Ward, AH&amp;MRC &amp; Dr Jenny Hunt, AH&amp;MRC and AMS Redfern</td>
</tr>
<tr>
<td>3.25-3.35pm</td>
<td>An evaluation of services for prevention and treatment of substance misuse for Aboriginal communities in a Sydney Area Health Service</td>
<td>Associate Professor Kate Conigrave, Royal Prince Alfred Hospital</td>
</tr>
<tr>
<td>3.35-3.45pm</td>
<td>‘Working the Business of Life’ for healing mental illness and empowering people living with intellectual disability</td>
<td>Mr Robbie Lloyd, University of Western Sydney</td>
</tr>
<tr>
<td>3.45-3.55pm</td>
<td>They givin’ us headaches and makin’ us cry: Aboriginal education and the future health and wellbeing of Toomelah and Boggabilla communities</td>
<td>Ms Serene Fernando, The University of Queensland</td>
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**DAY ONE SESSION 2 – CHAIR: MS DULCIE FLOWER, AMS REDFERN**

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<tr>
<th>Time</th>
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<th>Presenter/Institution</th>
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<tbody>
<tr>
<td>3.05-3.15pm</td>
<td>The Many Rivers Diabetes Prevention Program</td>
<td>Ms Josephine Gwynn, The University of Newcastle</td>
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<tr>
<td>3.15-3.25pm</td>
<td>The Heart Health Project</td>
<td>Ms Joyce Doyle, Rumbalara Aboriginal Co-op, Dr Kevin Rowley, University of Melbourne</td>
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<tr>
<td>3.25-3.35pm</td>
<td>Aboriginal STRIDE (Study to Reduce the Incidence of Diabetes through Early intervention)</td>
<td>Professor Sandra Eades, The Sax Institute</td>
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<tr>
<td>3.35-3.45pm</td>
<td>‘Move with Friends’ Outcomes of the needs assessment of physical activities for Aboriginal and Torres Strait Islander women</td>
<td>Ms Sharon Minniecon, Sydney South West Area Health Service</td>
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<tr>
<td>3.45-3.55pm</td>
<td>Towards a model for self-management in chronic disease for Aboriginal Australians</td>
<td>Ms Vicki Wade, NSW Health</td>
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**DAY ONE PROFFERED PAPERS SESSIONS 3 & 4: 18 OCTOBER 4.20-5.30pm**

**DAY ONE SESSION 3 – CHAIR: MS TELPHIA JOSEPH, THE UNIVERSITY OF SYDNEY**

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<tr>
<th>Time</th>
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<th>Presenter/Institution</th>
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<tbody>
<tr>
<td>4.25-4.35pm</td>
<td>Using research networks effectively</td>
<td>Ms Joy Savage, Office for Aboriginal &amp; Torres Strait Islander Health Australian Government Department of Health &amp; Ageing</td>
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<tr>
<td>4.35-4.45pm</td>
<td>Tharanban-Connecting academia with aboriginal communities and connecting Aboriginal communities with academia</td>
<td>Mr Troy Combo, AH&amp;MRC</td>
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<tr>
<td>4.45-4.55pm</td>
<td>What’s in it for us?! A tool for communities to use when deciding about participating in or approving Aboriginal and Torres Strait Islander health research</td>
<td>Ms Wendy Hermeston, The University of Sydney</td>
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<tr>
<td>4.55-5.15pm</td>
<td>Using data to guide policy for practice</td>
<td>Dr Jane Freemantle, Telethon Institute for Child Health Research</td>
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**DAY ONE SESSION 4 – CHAIR: DR KATHIE CLAPHAM, THE UNIVERSITY OF SYDNEY**

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<th>Time</th>
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<th>Presenter/Institution</th>
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<tbody>
<tr>
<td>4.25-4.35pm</td>
<td>Queensland survey of Aboriginal and Torres Strait Islander men who have sex with men</td>
<td>Mr Chris Lawrence, The University of NSW</td>
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<tr>
<td>4.35-4.45pm</td>
<td>Aboriginal men and boys health project in NSW</td>
<td>Mr Hector Terare, AH&amp;MRC</td>
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<tr>
<td>4.45-4.55pm</td>
<td>Cancer in Aboriginal and Torres Strait Islander Peoples in Queensland</td>
<td>Ms Janelle Stirling, The Queensland Institute of Medical Research</td>
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<tr>
<td>4.55-5.05pm</td>
<td>Cancer in Indigenous people in NSW 1994-2002: A growing problem</td>
<td>Mr Rajah Supramaniam, The Cancer Council NSW</td>
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<tr>
<td>5.05-5.15pm</td>
<td>Asthma 3+ Visit Plan policy - how beneficial was it for the Aboriginal and Torres Strait Islander population</td>
<td>Dr Sophie Couzos &amp; Mr Scott Davies, National Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>5.15-5.25pm</td>
<td>A collaborative research partnership for sexual health and blood borne viruses</td>
<td>Ms Sarina Solar, AH&amp;MRC</td>
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**KEY** - AH&MRC: Aboriginal Health & Medical Research Council
AMS: Aboriginal Medical Service
### DAY TWO: SESSION 1 – CHAIR: MS GAIL GARVEY, THE UNIVERSITY OF NEWCASTLE

**OTITIS MEDIA AND OTHER INFECTIOUS DISEASES IN CHILDHOOD**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1.35-1.45pm</td>
<td>The role of <em>alloiococcus otitidis</em> in otitis media with effusion</td>
<td>Mr Christopher Ashhurst-Smith, Hunter Area Pathology Service</td>
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<tr>
<td>1.45-1.55pm</td>
<td>Investigating otitis media with effusion in Aboriginal children</td>
<td>Dr John Stuart, New England Area Pathology Service</td>
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<td>1.55-2.05pm</td>
<td>The impact of swimming pools on the health of Aboriginal children in two remote communities in WA</td>
<td>Ms Jacinta Johnston, Telethon Institute for Child Health Research</td>
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<tr>
<td>2.05-2.15pm</td>
<td>Causal pathways to otitis media</td>
<td>Associate Professor Deborah Lehmann, Telethon Institute for Child Health Research</td>
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<tr>
<td>2.15-2.25pm</td>
<td>Why are WA Aboriginal children admitted to hospital</td>
<td>Ms Kylie Carville, Murdoch Childrens’ Research Institute</td>
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<tr>
<td>2.25-2.35pm</td>
<td>Healthy Skin work in our Marthakal Homelands in the East Arnhem Land, NT</td>
<td>Mrs Loyla Leysley, Menzies School of Health Research</td>
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### DAY TWO: SESSION 2 – CHAIR: MR CHRIS LAWRENCE, THE UNIVERSITY OF NSW

**PATHWAYS TO HEALTHY DEVELOPMENT IN ABORIGINAL COMMUNITIES**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1.35-1.45pm</td>
<td>Dental needs of Aboriginal children: building the research capacity of Aboriginal Health Workers</td>
<td>Mr Daniel McAullay, Office of Aboriginal Health, WA Health Department</td>
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<tr>
<td>1.45-1.55pm</td>
<td>Health status and development among Aboriginal infants in an urban community</td>
<td>Dr Elizabeth Comino, The University of NSW</td>
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<tr>
<td>1.55-2.05pm</td>
<td>Women's and providers’ perspectives on an outreach antenatal program for rural Aboriginal Communities</td>
<td>Dr Megan Passey, The University of Sydney</td>
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<td>2.05-2.15pm</td>
<td>Perinatal emotional health and well-being amongst Australian Indigenous women: outline of a major research proposal</td>
<td>Dr Susan Priest, The University of NSW / Ms Chryne Griffiths, Sydney South West Area Health Service</td>
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<tr>
<td>2.15-2.25pm</td>
<td>The growth of young Aboriginal and Torres Strait Islander children in Central Queensland</td>
<td>Ms Peta Picton, Queensland Health</td>
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<tr>
<td>2.25-2.35pm</td>
<td>Fighting disease with fruit</td>
<td>Dr Raymond Jones, Bulgarr Ngaru AMS</td>
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### DAY TWO: SESSION 3 & 4: 19 OCTOBER 2.50-4.00pm

**WORKFORCE DEVELOPMENT IN ABORIGINAL HEALTH SERVICE DELIVERY**

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<tr>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>2.55-3.05pm</td>
<td>Survey of health professionals in Western Australia about foetal alcohol syndrome</td>
<td>Ms Heather D’Antoine, Telethon Institute for Child Health Research</td>
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<tr>
<td>3.05-3.15pm</td>
<td>Mangroves in salty mud - Aboriginal students in medicine</td>
<td>Ms Janelle Trees, The University of Sydney</td>
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<tr>
<td>3.15-3.25pm</td>
<td>What can some recent publications in international community health offer for Australian Indigenous health?</td>
<td>Dr Paul Freeman, University of New South Wales</td>
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<td>3.25-3.35pm</td>
<td>Indigenous health? I’d rather learn how to insert an IV</td>
<td>Ms Robyn Williams, University of Wollongong</td>
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<tr>
<td>3.35-3.45pm</td>
<td>The Aboriginal Asthma Action Project</td>
<td>Dr Smita Shah, Sydney West Area Health Service</td>
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<td>3.45-3.55pm</td>
<td>Signing on the dotted line</td>
<td>Mr Chris Lawrence, The University of NSW</td>
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**INFECTIONS, ENVIRONMENT AND THE HEALTH OF ABORIGINAL ADULTS AND CHILDREN**

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<th>Time</th>
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<tr>
<td>2.55-3.05pm</td>
<td>Improving Aboriginal clients’ access to a primary health service in inner-city Sydney</td>
<td>Ms Christine Kerr, Kirketon Road Centre</td>
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<tr>
<td>3.05-3.15pm</td>
<td>Creating ‘Healthy Bubs’: A culturally appropriate, positive parenting project and resource development with Aboriginal and/or Torres Strait Islander communities in Western Sydney</td>
<td>Ms Jackie Ruddock, Streetwize Communications</td>
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<tr>
<td>3.15-3.25pm</td>
<td>How effective is the National Indigenous Adult Immunisation Program</td>
<td>Mr Robert Menzies, The University of Sydney</td>
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<tr>
<td>3.25-3.35pm</td>
<td>A randomised trial of a culturally specific smoking intervention for pregnant Aboriginal and Torres Strait Islander women attending north Queensland Aboriginal health services</td>
<td>Professor Sandra Eades, The Sax Institute</td>
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<tr>
<td>3.35-3.45pm</td>
<td>Immune gene variations in Aboriginal and non-Aboriginal Australians</td>
<td>Ms Sophia Moscovis, The University of Newcastle</td>
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<tr>
<td>3.45-3.55pm</td>
<td>Vaccination of indigenous adults in the community controlled sector-successful implementation models</td>
<td>Ms Telphia Joseph, The University of Sydney</td>
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Mr John Delaney
Mr John Delaney is the former Health Commissioner of the Aboriginal and Torres Strait Islander Commission (ATSIC) and a member of the NHMRC Council. Mr Delaney has also been the Regional Councillor and Chairperson of the ATSIC Sydney Regional Council. In 1997, Mr Delaney chaired the Aboriginal and Torres Strait Islander Research Agenda Working Group that was established as a joint working group between the NHMRC and OATSIH. In 2001/2002 this Group developed a ‘Road Map’ that identified six major themes for strategic research in Aboriginal and Torres Strait Islander populations. Mr Delaney has also been on the board of many community organisations including the Aboriginal Housing Office.

Professor Fiona Stanley AC
Professor Stanley has dedicated her life to improving the health of Australian children through her research into the causes of major childhood illnesses and birth defects. Professor Stanley established population data and record linkage to monitor maternal and child health in WA, with a specific focus on accurate and complete data relating to the Aboriginal people. She has conducted maternal and child health research in partnership with Aboriginal researchers and communities. Professor Stanley was Australian of the Year in 2003 and is also the Founding Director of the Telethon Institute for Child Health Research; Executive Director of the Australian Research Alliance for Children and Youth; and Professor, School of Paediatrics and Child Health at the University of Western Australia.

Associate Professor Ted Wilkes
Associate Professor Wilkes is a Nyungar Man and Fellow of Curtin University. He has been involved in Aboriginal affairs all of his working life and as a prominent Aboriginal leader has endeavoured to facilitate positive health and social outcomes for Aboriginal communities. From 1986 he spent sixteen years as the Director of the Derbarl Yerrigan Health Service. Associate Professor Wilkes currently holds the position of Professorial Fellow in Aboriginal Health with the Centre for Developmental Health at Curtin University, in conjunction with the Telethon Institute for Child Health Research.

Professor Beverley Raphael
Professor Raphael is an internationally recognised expert in mental health response and disasters, and in mental health prevention in child, adolescent and women’s health. She currently holds the positions of Professor at the Centre for Scientific and Collaborative Investigation of Mental Health Adversities (SCIMHA), University of Western Sydney and Emeritus Professor in Psychiatry at the University of Queensland. Professor Raphael has been instrumental in the development of Aboriginal and national mental health policies and has a long term interest in and commitment to family/consumer issues associated with the mental health care system. From 1996 until May 2005 Professor Raphael was responsible for mental health policy and program development in NSW that included implementation of a population mental health service model and related information systems.

Mrs Pat Delaney
Mrs Delaney has made an enormous contribution to the cause of mental health in Australia over the past forty years. She has worked in the mental health sector since the 1960’s and has led the development of our understanding and knowledge in the areas of Aboriginal health, mental health and social and emotional wellbeing. Her writing and teaching on these subjects have contributed significantly to the way in which we respond to the health needs of Aboriginal and Torres Strait Islander communities at local, regional, state and national levels. In 2005 Mrs Delaney was awarded the Mark Sheldon prize by the Royal Australian and New Zealand College of Psychiatrists for dedicated commitment and service provision to improve Indigenous mental health and was inducted into the NSW Health Hall of Fame for Aboriginal Health. Mrs Delaney is currently employed at the AH&MRC.

Professor Sandra Eades
Professor Eades is a Senior Research Fellow in Aboriginal Health at The Sax Institute, Sydney and holds a conjoint appointment in the Faculty of Health, The University of Newcastle. She is a medical epidemiologist with a special interest in paediatric and perinatal epidemiology and in the use of randomised controlled trials to test public health interventions in Aboriginal communities. She is a Principal Investigator on the WA Aboriginal Child Health Survey and was instrumental in engaging WA Aboriginal community linkages for this Study and in refining survey instruments in its developmental phase. Professor Eades is a member of Research Committee for the 2003-2005 NHMRC triennium and co-Chairs the Aboriginal and Torres Strait Islander Health Working Committee. In 2005, Professor Eades was awarded a Deadly Award for outstanding achievement in Aboriginal and Torres Strait Islander Health.
PLENARY SESSION ONE

Setting the Conference Scene - Reflections on the Development of the NHMRC Road Map for Aboriginal and Torres Strait Islander Health

At its 144th Session in October 2002, the Council agreed to adopt Indigenous health research as a strategic priority, and also agreed to establish an Aboriginal and Torres Strait Islander Health Forum. The Minister for Health and Ageing endorsed this approach and the NHMRC 2003 - 2006 Strategic Plan reflects the priority NHMRC gives to Indigenous health.

The NHMRC has identified a range of strategic priorities to improve Indigenous health through community engagement, research, and development of guidelines, all within a sensitive cultural and ethical framework. The priorities identified through the Aboriginal and Torres Strait Islander Research Agenda Working Group (RAWG) are outlined in the NHMRC’s Road Map for Improved Aboriginal and Torres Strait Islander Health. Other documents provide further information on the NHMRC’s work in this area, including the Final Report of Community Consultations on the NHMRC Roadmap.

To complement the objectives of the Road Map consultations, applicants for NHMRC funding that propose research involving Aboriginal and Torres Strait Islander people must demonstrate their application fulfils the Criteria for Health and Medical Research of Indigenous Australians.

Mr John Delaney and Dr Sandra Eades were integrally involved in the development of the NHMRC Roadmap for Improved Aboriginal and Torres Strait Islander Health and will discuss their experiences in leading the process.

New Ways Forward in Mental Health

The presentation will review some of the major developments relevant to Aboriginal Mental Health that have occurred in the decade since the release of the National report “Ways Forward”, (Swan and Raphael 1995). It will deal with the achievements, changes and emerging needs, as well as the research implications of these in terms of Aboriginal Health and Mental Health / Social and Emotional Well-Being. It will deal with a number of themes linked to the original framework and recommendations, including those of: education, training and workforce development; information, research and evaluation; adversity including trauma and loss, resilience and mental health impacts and outcomes; cultural and social issues and mental health; effective collaborative mechanisms, methodologies and systems to promote improved outcomes. The presentation will present conclusions for new research directions and learnings for the future.

PANEL SESSION ONE

Sharpening the Impact of Research

Chair: Professor Michael Reid, NSW Ministry for Science & Medical Research

Panel Members

Ms Sandra Bailey
CEO
Aboriginal Health & Medical Research Council

Dr Alan Cass
Head Renal Program
The George Institute for International Health

Dr John Daniels
Medical Director
Aboriginal Medical Service Redfern

Mr Chris Lawrence
Masters of Applied Epidemiology Scholar
National Centre in HIV Epidemiology and Clinical Research
The University of NSW

Ms Joy Savage
Assistant Secretary
Office for Aboriginal and Torres Strait Islander Health
Australian Government Department of Health and Ageing

Professor Ken Wyatt
Director
Aboriginal Health Branch
NSW Health
INVITED SPEAKER SESSION ONE

Chair: Mr James Ward, Aboriginal Health & Medical Research Council

TUESDAY October 18, 2005

1.20-1.40pm: Cass, A.¹

1. The George Institute for International Health, University of Sydney

IMPAKT - How might research be translated to improved access and health outcomes for Indigenous Australians with end-stage kidney disease?

Indigenous Australians account for 8 to 10% of new patients commencing dialysis for end-stage kidney disease (ESKD). Kidney transplantation is the optimal treatment for many ESKD patients. Compared with long-term dialysis, it results in better quality of life, longer life expectancy and lower costs of health care. Indigenous Australians with ESKD receive transplants at approximately one-third the rate of non-Indigenous patients and have a longer time on dialysis while waiting for a transplant. There are similar disparities in access to kidney transplants for Native Americans, Aboriginal Canadians and New Zealander Maori.

A patient must negotiate a series of complex steps to receive a transplant. Especially for Indigenous patients, each of these steps can become a barrier. In partnership with renal units, AMSs and ESKD patients in urban, rural and remote areas, the IMPAKT (Improving Indigenous Patient Access to Kidney Transplantation) research team is systematically examining each of these steps. We aim to identify and better understand the reasons for, and subsequently to work with key stakeholders to minimise, the barriers to Indigenous Australians’ accessing kidney transplantation.

I will discuss the background and rationale for the study, the methods used to examine each step and the processes of community engagement. I will present results from a national survey of nephrologists’ attitudes and practices and preliminary results from in-depth interviews with patients and staff. I will also discuss how this research might be translated into improved access to appropriate care and therefore better health outcomes.

1.40-2.00pm: Blackwell, C. ¹ and Garvey, G. ²

Co-authors: Busuttil, A., Gleeson, M., Gordon, A., Hall, S., Roberts-Thomson, J., Moscovis, S., Scott, R., Weir, D.

1 & 2. The University of Newcastle

Ethnicity, Cigarette Smoke and Susceptibility to Infection

Indigenous Australian children have higher incidences of respiratory and ear infections, bacterial meningitis and Sudden Infant Death Syndrome (SIDS) than Non-Indigenous children. In adults, there are higher incidences of heart and kidney diseases for which infections are thought to be important triggers. While these differences are attributed mainly to socio-economic disadvantage, new evidence indicates interactions between genetic background and cigarette smoke might contribute to susceptibility to infections. Exposure to cigarette smoke is a major risk factor for SIDS and many childhood infections; it affects the child at two stages: 1) colonisation by potentially pathogenic bacteria; 2) the body’s inflammatory responses to infection.

Fatal outcome of infection is correlated with high levels of the body’s defensive responses to micro-organisms or their toxic products. The usually protective responses of white blood cells (WBC), called cytokines, are sometimes dangerously over-reactive. Some variants of genes responsible for production or control of important cytokines are present in higher proportions among ethnic groups at greatest risk of SIDS and serious infections - Indigenous Australians, Native Americans, Black Americans. Our studies found cigarette smoke can greatly affect cytokine responses, particularly for individuals with the gene variants predominant in these ethnic groups.

The term “passive” smoking is misleading. Cotinine, a breakdown product of nicotine in the body, is a readily measurable marker for exposure to cigarette smoke. Some infants have as much cotinine in their body fluids as active smokers. The interactions between cytokine genes and cigarette smoke appear to be important factors for susceptibility to infections. In all countries, smoking is much more common among mothers of groups at increased risk of SIDS and serious chest infections compared with low risk groups. It is, therefore, important to develop appropriate, community based programmes to reduce the harmful effects of cigarette smoke for all members of the family.

2.00-2.20pm: Broe, G.¹ & Jackson-Pulver, L.

1. Ageing Research Centre, Prince of Wales Hospital, University of Sydney

Aboriginal Health Research and Aboriginal Ageing

We set out to examine the meaning of Aboriginal Ageing in relation to adverse health outcomes for Aboriginal people, research in Aboriginal Health and longevity in the Aboriginal community.

A markedly delayed demographic transition in patterns of infectious diseases and the rise of fatal systemic diseases, comparable to disadvantaged third world communities, is responsible for early mortality and high disability rates in Aboriginal Communities where statistics are available and Aboriginality is identified. At the same time, the Aboriginal population is entering a third demographic transition with infant mortality falling and the Aboriginal population increasing in absolute numbers, as well as growing younger, rather than ageing or becoming “prematurely aged”.

The research focus needs to be on parents, children and young people. Medical paradigms used in non-indigenous research, e.g. organ system disease rates (heart disease, lung disease, diabetes, cancer) are useful in measuring adverse health outcomes in
Aboriginal populations (and in measuring equal access to mainstream health services); however they are poor and late targets for Aboriginal Health research. Public health research needs to address social and cultural issues relevant to maternal and infant health, family and child health, education at all levels, employment, nutrition and housing.

Moreover, older Aboriginal people are likely to be “healthy survivors” rather than suffer “premature ageing”, with survival rates for the over 75s comparable to those in non-indigenous people. Their needs are for a better quality of independent living and better care within their own communities for age related disorders of cognition and mobility.

Cancer: An important disease for Indigenous Australians

There are few data on cancer in Indigenous Australians; it is difficult to accurately identify them in Australian cancer registries. We have completed studies of cancer in Indigenous residents of the Northern Territory. While for commoner cancers, such as cancers of the large bowel, breast and prostate, incidence was less in Indigenous than non-Indigenous people, for some, particularly cancers of the liver, cervix and lungs, it was higher. Incidence is also rising quite rapidly for some cancers. While cancer incidence overall is less in Indigenous than non-Indigenous Territorians, mortality is higher. This suggests that survival after a diagnosis of cancer is shorter in Indigenous patients. This is true and is so for all cancers except liver cancer. A detailed analysis of cancer survival in Indigenous Territorians was done for cancers of the colon and rectum, lung, breast and cervix and for non-Hodgkin lymphoma. Indigenous people were more likely to be diagnosed with these cancers at an advanced stage than were non-Indigenous. After statistical adjustment for stage differences, survival was still less in Indigenous people. This suggests that differences in treatment between Indigenous and non-Indigenous patients with cancer contributed to former’s poorer survival. There were important differences in treatment between these two groups. Indigenous patients were more likely to wait for >30 days before treatment and to refuse all treatment and less likely to have potentially curative treatment recommended. Statistical adjustment for treatment related variables reduced the excess fatality in Indigenous patients thus indicating that they contributed to the poorer survival.

Aboriginal Health Research needs to address social and cultural issues relevant to maternal and infant health, family and child health, education at all levels, employment, nutrition and housing.

PROFFERED PAPERS DAY ONE

Concurrent Session 1: Chair Mr Dennis McDermott, The University of NSW

Addressing Well-being and Mental Health Through Innovative Research

Time: 3.00-4.10pm

Development and validation of the Edinburgh Postnatal Depression Scale for women from Aboriginal Communities

Why are we doing the research?: to develop, trial, evaluate and validate a version of the Edinburgh Postnatal Depression Scale that is culturally and linguistically appropriate for women from the Aboriginal community.

What we found and what we learned: Research has shown the detrimental effects that maternal stress, anxiety and depression can have on both infants and mothers, and has pointed to the need for early identification, support and intervention for these women.

Feedback from the Aboriginal Home Visiting Team, Campbelltown Community Health Centre has identified that the EDS is not appropriate for Aboriginal Women. The current version is sometimes unable to be sensitive to the experiences of ongoing grief, separation of family and loss of culture, common to most Aboriginal women. In addition current wording often leads to confusion and misinterpretation, in particular question 10 (self harm question.)

How will the Aboriginal community involved?: We will be consulting with Tharawal (Aboriginal Medical Service) Aboriginal workers, Aboriginal focus groups throughout SWSAHS over a period of twelve months.


How will this information be used to inform policy and practice: This research will enable health workers to identify clients at risk of or suffering from perinatal mood disorders at the earliest possible stage (because of the implementation of the Aboriginal EPDS). The community will benefit directly as the health workers will be providing care to the mother, her infant and the family. Feedback will be provided at all stages of the research to the Community and the findings will be published and distributed to the Aboriginal communities.
Exploring gambling and harm minimisation responses with Aboriginal communities in NSW

Gambling activity in Australia has undergone a dramatic expansion over the last 15 years. Fifty percent of the Australian population participate in gambling weekly or more often; the average individual expenditure on gambling is more than $1,000 per adult per year; the net annual expenditure in Australia currently exceeds $15 billion; and in NSW more than 10% of the State government’s total income comes from gambling revenue. While gambling is an important source of pleasure, relaxation and social interaction for many people, there is increasing concern about the range, frequency and severity of the negative consequences of gambling, for individuals who gamble, their families and the broader community.

The gambling experiences of Aboriginal people and the impacts of gambling on individuals and communities have not often been studied. Information that is available suggests that various forms of gambling are popular amongst Aboriginal people, and that gambling activities have a wide range of financial, social and other impacts on individuals, families and communities.

In 2005, the Aboriginal Health & Medical Research Council Consultancy Service began a project to find out more about the gambling experiences of Aboriginal people in NSW, and to explore their views about a range of possible responses to minimise the harms associated with gambling. The project is funded by the Casino Community Benefit Fund.

The presentation will describe the general approaches used to develop and plan the project, as well as the specific methods currently being implemented.

An evaluation of services for prevention and treatment of substance misuse for Aboriginal communities in a Sydney Area Health Service

Aims: Substance misuse among Aboriginal Australians can be a symptom of disadvantage and suffering. However it can also cause or exacerbate major health and social concerns. Little data are available on how mainstream services for alcohol and drug problems can better meet the needs of Aboriginal Australians. Here we report on an evaluation of Sydney South West Area Health Service, Eastern Division (SSWAHS-E).

Methods: The evaluation was overseen by a working group with representation from the Aboriginal Medical Services Co-op Ltd, Redfern (AMS) and Aboriginal and non-Aboriginal staff from the SSWAHS-E. Literature was reviewed and service attendance data examined. Feedback was sought through patient focus groups, and interviews with staff of AMS and the Area Health Service, and with local Aboriginal community members and organisations.

Results: Aboriginal people comprise 0.9% of the SSWAHS-E population, but 26% of patients receiving methadone or buprenorphine and 18% of babies born to substance using mothers at one hospital. Aboriginal patients stated a desire for increased Aboriginal staffing, and for formation of a women’s support group. Negative community attitudes to methadone caused concern to patients. Service initiatives reported as useful included rapid assessment after referral, and collaboration with the AMS. The importance of integrated care and flexibility was stressed.

Discussion: A three year plan for improvements has now been developed. An Aboriginal women’s support group has been established and methods for increasing recruitment and training opportunities for Aboriginal staff are being examined. The evaluation process resulted in increased awareness of the needs of Aboriginal clients.

‘Working the Business of Life’ for healing mental illness and empowering people living with intellectual disability

This paper describes Interpretive Ethnography and Participatory Action Research being applied in community, as tools for participatory rehabilitation reform and community empowerment, among young adults living with intellectual disability and/or mental illness. It shares participants’ perspectives from a UWS Action Research project involving 30 pairs of buddies, keeping a fortnightly journal of their feelings and experiences for one year (2004-5). The project includes clustered peer support groups, an overseeing ‘consumer’ advisory group, documentary film and photographic essay, and an ‘in community’, on-going conversation. The philosophy grounding this work values inter-subjectivity and diversity in consciousness. These translate into a project designed to nurture a community of belonging, and practical empowerment over prejudice. Through voicing feelings and experiences, and sharing perspectives to achieve balanced self and group awareness, participants learn from and grow with one another.

Theory advocates relationship, and practice illustrates that ‘in relationship’, growth, healing and development can occur. The Going Walkabout Together Through The Suburbs - Life Journaling with Volunteer Buddies (GW3TS) project aims to achieve change in the lives of its participants, while modeling cost-effective, local community, self-help approaches to rehabilitation.
Partnerships for Aboriginal Health Research NSW ABORIGINAL HEALTH RESEARCH CONFERENCE 2005

3.55-4.05pm: Fernando, S.
1. Centre for Indigenous Health, School of Public Health, The University of Queensland

‘They givin’ us headaches and makin’ us cry’: Aboriginal education and the future health and wellbeing of Toomelah and Boggabilla communities

The title of this thesis, ‘They givin’ us headaches and makin’ us cry’ is true not only for the Aboriginal teacher who said it when referring to the high school students, but also the students describe teachers in a similar fashion. This mutual frustration also underlies the Aboriginal community’s perception of the school and the school’s perception of the Aboriginal community. This dissertation describes the challenges of improving educational outcomes for Aboriginal students from a multi-sided analysis of students, teacher’s and community perceptions. This thesis will describe the differing viewpoints that emerged from the consultation process of the research. These perspectives show the impact of history on current day circumstances. It highlights the underlying reasons for resistance between the Aboriginal community, the young people and the non-Aboriginal people living in and servicing the community. The report also describes the resistance to authority in the community, firstly by the students towards the parents and teachers, and then by community to the school administration.

Using a combination of participatory action research and ethnographic methods this project responded to a community driven research question. Aboriginal people in the community sought my assistance to describe the reasons behind poor educational outcomes for young people in Boggabilla and Toomelah. The low educational achievements of their young people threatened the future well-being of these two communities. Although there is a common concern by students, their families and their teachers about educational outcomes, there is no common ground on which to construct a shared and productive set of solutions. What this dissertation suggest that there is an urgent need to develop a deeper dialogue between these three groups.

Concurrent Session 2: Chair Ms Dulcie Flower, Aboriginal Medical Service Redfern

Tackling Heart Disease and Diabetes in Aboriginal Communities

Time: 3.00-4.10pm

3.05-3.15pm: Gwynn, J.
1. The University of Newcastle

The Many Rivers Diabetes Prevention Program

The Many Rivers Diabetes Prevention Program is an initiative of Durri ACMS, Kempsey N.S.W, and now a collaboration between Durri, Biripi ACMS, Awabakal AMS, University of Newcastle and Centre of Overweight and Obesity.

The project aims to develop a Type 2 Diabetes Prevention Program for Aboriginal and non-Aboriginal Rural Children. This is a multi-phase project. The first phase Lifestyle Risk Factors for Type 2 Diabetes in Indigenous and non-Indigenous rural children - a qualitative exploration, has been completed and involved conducting focus groups with children from Kempsey, Taree and the Lower Hunter, their parents and community members. 47 focus groups were conducted with 230 children, 40% of whom were Aboriginal. Children were asked to talk about foods they ate and physical activities that they did. Parents were asked to talk about the same things. The data from these groups and interviews will be used to inform the development of culturally-appropriate measures of food habits and physical activity to be used in this, and other, research and is the first substantial step in developing intervention strategies. The results of these groups and interviews will be presented.

The second phase Development of measures of physical activity and food habits for use among Indigenous and non-Indigenous rural children, is currently underway and will be described. The third and fourth phases The development of a multi-component health promotion program directed towards improved physical activity and food habits among Indigenous and non-Indigenous rural children, is subject to funding availability. Planning undertaken to date will be presented.

1. Rumbaara Aboriginal Co-op 2. Department of Medicine, University of Melbourne

The Heart Health Project

Community concern about high rates of heart disease in the Aboriginal and Torres Strait Islander population of the Goulburn-Murray region led Koori community and mainstream academic organisations to come together to develop the Heart Health Project. The community wanted to know about heart health, its risk factors, the size of the problem they are facing and how to deal with it. Several years were spent gaining funding and deciding on project governance, including how to gather information for the community under community control. The first stage of the project involved screening community members and the report on this stage highlighted a need for addressing risk factors through Indigenous programs run by the organisations. This initial work was funded from research grants. The project is now moving into a stage of finding ways to manage these risk factor issues through clinical management, health checks and primary prevention. As always, achieving this in a sustainable way without relying on research grants is difficult. We are looking at ways of including heart health screening and follow up in primary health care, and heart disease prevention through programs at the community organisations.

The Heart Health Project is community controlled and community owned, conducted in partnership with University Departments...
3.25-3.35pm: Eades, S.

1. The Sax Institute

Aboriginal STRIDE (Study to Reduce the Incidence of Diabetes through Early intervention)

In international studies, there is compelling evidence that type 2 diabetes can be prevented or delayed in onset by the implementation of supported nutritional and physical exercise lifestyle changes. Three independent randomised controlled trials have shown that maintenance of modest weight loss (3 to 5 kg) through sustained lifestyle interventions that include diet and physical activity reduce the incidence of type 2 diabetes in high risk persons by 40% to 60% over 3 to 4 years. These studies also showed a strong correlation between success in modification of diet and physical activity and the reduction in risk of developing diabetes. Aboriginal Australians have a significantly shorter life expectancy than other Australians and between the ages of 25 and 55 year have a 10 fold higher risk of developing type 2 diabetes. There have been no studies which have tested the extent to which progression from IGT to diabetes can be prevented or delayed among Australian Aboriginals. Aboriginal Medical Services provide a community controlled infrastructure through which to develop and deliver culturally appropriate programs to prevent type 2 diabetes. This presentation will examine the feasibility of conducting a similar early intervention study for the prevention of diabetes among NSW Aboriginal communities and outline pilot work necessary for advancing the proposal.

3.35-3.45pm: Minniecon, S., Luisi, B. & Myna Hua

1. Sydney South West Area Health Service

‘Move with Friends’ Outcomes of the needs assessment of physical activities for Aboriginal and Torres Strait Islander women

Issues: Seventy percent of Indigenous Australian adults living in non-remote areas report doing none or very little exercise for recreation, sport, or fitness. Obesity is 7% higher in Aboriginal men and 11% higher in Aboriginal women compared to the non-indigenous population. Evidences indicated that both diabetes and obesity can be prevented by participation in regular physical activity, as well as by good nutrition.

Methods: Four focus groups were conducted in November 2003. Twenty-five women ranging in age from late teens to over seventy were recruited from Indigenous services and organisations in Redfern, Marrickville and Glebe to participate in the focus groups. The themes of the discussion were to gauge awareness of physical activities messages, to discuss physical activity levels and explore options to increase the physical activities opportunities available to local Indigenous women.

Results: Focus groups discussions revealed that women were aware of physical activities. They would prefer programs to be conducted cultural way and ensure activities are free or at low cost and can be done with friends and family and take place in the local area such as schools, local council sport centre. The participants identified television, Indigenous radio and word of mouth (aunties in the community) as the usual mechanisms to promote the projects.

3.45-3.55pm: Wade, V.

1. NSW Health

Towards a model for self-management in chronic disease for Aboriginal Australians

Chronic illness is a major challenge for the Australian health care industry with over three million Australians, or nearly one in seven, suffering from a chronic condition. Chronic illness has also highlighted the inequalities in health between various groups within Australia; amongst these are the Aboriginal communities. Aboriginal Australians suffer a number of chronic illnesses, all which contribute to a life expectancy twenty year less than non Aboriginal Australians.

There are a number of models addressing chronic illness; however these appear to be limited in the populations they address. A reoccurring component of chronic care is self-management, what self-management means to Australia’s culturally and linguistically diverse population has not been fully explored. Whilst there is a strong evidence base to support self management in chronic conditions, relatively little research has focused on self-management in Aboriginal communities. What self-management means to Aboriginal people remains fertile terrain for further research.

Personal beliefs and cultural identity are critical factors in the development of chronic care interventions in Aboriginal communities. To date the construct of personal control and its influence on an Aboriginal person’s ability to self manage their chronic illness has not been studied. By revealing health belief patterns a greater understanding of the specific needs of Aboriginal people and their communities in relation to chronic conditions can be used to inform a model of chronic disease care for Aboriginal people.

My PhD study seeks to explore the impact of Coronary Heart Disease in the Aboriginal communities of New South Wales, Australia from a cultural perspective. It further explores self-management as a culturally and accepted ideology from which positive outcomes may be achieved in Aboriginal communities. My presentation will give an overview of research to date.
Concurrent Session 3: Chair Dr Kathie Clapham, The University of Sydney

Improving the Mechanics of Research in Aboriginal Settings

Time: 4.20-5.30pm

4.25-4.35pm: Savage, J.  
1. Office for Aboriginal and Torres Strait Islander Health, Australian Government Department for Health and Ageing

Using research networks effectively

A presentation about the effectiveness of research networks in strategically focusing industry responses to health priorities in the Aboriginal and Torres Strait Islander health sector.

The Office for Aboriginal and Torres Strait Islander Health is pursuing a three-pronged approach to improving access by Aboriginal and Torres Strait Islander peoples to effective primary health care, and substance uses services, and population health programs. The three areas of focus are:

- measures to improve access to, and the responsiveness of, the mainstream health system and services;
- indigenous-specific primary health care and substance use services and population health programs; and
- measures requiring collaboration across governments and the health sector to improve service delivery and outcomes.

Although many initiatives are co-ordinated through the Office for Aboriginal and Torres Strait Islander Health, all programs within the Department have a responsibility to ensure effective and accessible health programs for Indigenous Australians.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health will guide much of this effort.

OATSIIH representatives are part of research networks of interest for research programs about chronic disease, and the social determinants of health.

Utilisation of these networks by researchers and practitioners, is a fundamental way of influencing, and progressing, responses to issues that are sensitive to, and incorporate, the particular needs of Aboriginal and Torres Strait Islander peoples.

4.35-4.45pm: Combo, T.  

1. Aboriginal Health & Medical Research Council

Tharanban – Connecting academia with Aboriginal communities and connecting Aboriginal communities with academia

The Aboriginal Health & Medical Research Council (AH&MRC) is the peak Aboriginal health organisation in NSW representing Aboriginal Community Controlled Health Services. The AH&MRC and the Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases are working collaboratively on a unique research program titled Tharanban (Tharanban-Gamilaroi Language Northern NSW – meaning connecting/pathways) that aims to increase the amount of culturally appropriate sexual health research in NSW.

It is well documented that:

- Aboriginal and Torres Strait Islander communities experience a disproportionate burden of morbidity associated with sexual health.
- Aboriginal research should be conducted within a community controlled health model ensuring Aboriginal custodianship and stewardship of research.

Tharanban will exemplify how community-based research can be used as a tool for empowerment and advocacy for communities and researchers. The overall aims of the project are to:

- build capacity of the Aboriginal sexual health workforce in NSW regarding research models and practices both from western and Aboriginal community perspectives.
- ensure that the collection, use, dissemination and publication of sexual health data is consistent with appropriate cultural and ethical principles and standards as enunciated within relevant Aboriginal Health Information and Research Guidelines.
- develop a research project in NSW driven by the Aboriginal community that may be applied to other settings across Australia.
- foster working relationships between NCHSR and Aboriginal Community in NSW
- develop a better understanding of Aboriginal Sexual Health in NSW both epidemiologically and socially and apply this understanding to the development of sexual health policy.

Furthermore, Tharanban will assist in building an evidence base in regards to HIV, Hepatitis C and related diseases in NSW. This presentation will explore the processes of developing such a project, the dichotomy and tension of health workers becoming researchers, the outcomes to date and the future directions for this project so that it can be modelled in other states and territories.
What’s in it for us?! A tool for communities to use when deciding about participating in or approving Aboriginal and Torres Strait Islander health research

The Northern Rivers University Department of Rural Health (NRUDRH) is currently compiling Aboriginal and Torres Strait Islander health research protocols to guide researchers to do the right thing by communities, when undertaking health related research in the NSW North Coast.

A practical tool will also be created for local communities to use, aimed at empowering them to make informed decisions about research in their communities. Based on the protocols, the community checklist will be a guide for Elders or Aboriginal community controlled organisations to use when approached by researchers, asking to do health related research in their communities.

These protocols and the community checklist could help pinpoint issues like:

- Has the community and/or workers asked for this research?
- Are there Aboriginal researchers on board?
- Will the researchers train community members/workers to do research?
- How will the researchers protect confidentiality?
- How will the research benefit the community?
- Is the research culturally safe?

The end outcomes would be:

- Indigenous health research protocols for the North Coast region, to be used by researchers.
- An Aboriginal and Torres Strait Islander health research community checklist.

Local Indigenous community representatives and other stakeholders will be consulted extensively. Existing protocols and policies, including those from the local community (with proper permission), AHMRC and NSW Health, will also be used as a guide to ensure cohesion. This paper discusses the process of compiling the protocols and community checklist and the outcomes we are aiming for.

Using data to guide policy for practice

In WA in the 1970s, the Maternal and Child Health Research Database (MCHRDB) was established as a concept by Professor Stanley and Professor Hobbs and formally implemented in 1980\(^1\). The MCHRDB includes linked total WA population birth, death and hospital discharge data. In the late 1990s this database was used to construct a total population mortality database\(^2\) and was analysed to describe the circumstances, geographical location and cause of death of every child born in WA between 1980 - 1997. Patterns and trends of mortality and the increasing trend in cause-specific mortality among Aboriginal infants, children and young people (compared with non-Aboriginal) were reported in a PhD completed in 2002\(^3\).

The death of a young Aboriginal girl in Perth in the late 1990s resulted in the Gordon Inquiry. One of the recommendations was a commitment to establish an process capable of examining trends in child deaths and specific issues across the entire spectrum of child deaths in WA. The Advisory Council on the Prevention of Deaths of Children and Young People Council (ACPDCYP) was subsequently established as an advisory body to the Minister for Community Development. The Council commissioned Dr Freemantle to extend the WA Mortality Database to 2003 and to analyse patterns and trends of mortality over the past 23 years. The analysis of these data formed the basis of The First Research Report: patterns and trends in mortality of WA infants, children and young people 1980-2002\(^4\). This Report was presented to the Standing Committee for Social Justice of Premier and Cabinet in May 2005 and was tabled in Parliament. Parliament accepted the report and all the recommendations emerging from the report. This provides a powerful platform from which the ACPDCYP can translate the data into policies aimed at preventing deaths in WA infants, children and young people.

The construction of this comprehensive database and the subsequent analyses has also provided a powerful tool to inform evidence based policy and strategies aimed at improving child health. The data have already been used by Health Departments throughout WA to inform the development of child health strategies and funding proposals. Most recently the database has been used to inform the development and implementation of an education program, for the prevention of SIDS among Aboriginal infants including defining the geographical location where the rate of SIDS is exceptionally high.

Partnerships for Aboriginal Health Research NSW ABORIGINAL HEALTH RESEARCH CONFERENCE 2005

Concurrent Session 4: Chair Ms Telphia Joseph, The University of Sydney

Multifaceted Research to Improve Our Understanding of Chronic Diseases and Specific Populations

Time: 4.20-5.30pm

1. 4.25-4.35pm: Lawrence, C.*, Prestage, G., Rawstorne, P. & Grulich, A.

Queensland survey of Aboriginal and Torres Strait Islander men who have sex with men

Information about sexual behaviours, HIV testing and recreational drug use among Aboriginal or Torres Strait Islander (ATSI) background men who have sex with men (MSM) is limited. To explore some of these issues, we conducted a survey among this population in Queensland during 2004.

160 ATSI MSM, including fifteen sistergirls (Transgender), completed short self-administered questionnaires at gay events and venues and at ATSI community events, services and networks throughout Queensland.

These 160 respondents had a mean age of 33yrs. Half (51.9%) lived in Brisbane and about as many (52.5%) did not complete high school. While most were gay identified and had many gay friends, 53.8% indicated some experience of racial discrimination from other gay men.

One quarter (25.7%) indicated they had not been tested for HIV and 43.5% had been tested in the previous year; 8.1% reported being HIV-positive, a similar rate to that found in the Queensland Gay Community Periodic Surveys. 41.3% indicated they had been tested for a sexually transmissible infection in the previous year.

18.1% reported alcohol consumption at levels determined to be high risk by the National Heart Foundation. While illicit drug use was high (61.9% in previous six months), it was comparable with other populations of MSM. 8.8% had injected drugs in the previous six months.

Among the 145 non-transgendered (sistergirls) MSM, 44.1% reported having a regular partner in the previous six months, while 73.8% had sex with casual partners. 29 (45.3%) of those with a regular partner had engaged in unprotected anal intercourse (UAI) with that partner, and only fourteen of these were known to be seroconcordant. 46.7% of those who had sex with casual partners, reported engaging in UAI with any of those partners.

This survey suggests that ATSI MSM in Queensland are tested for HIV and other STIs relatively infrequently, despite engaging in sexual behaviour that indicates increased risk. They also use legal and non-legal drugs at high rates. Further investigation is required to identify possible reasons why ATSI MSM are at increased risk.

2. 4.35-4.45pm: Terare, H.1

Aboriginal Men and Boys Health Project in NSW

Practice Stream National Aboriginal and Torres Strait Islander Male Health Convention 13th-14th October 2005

This paper will provide an update on the Aboriginal Men and Boys Health Project in NSW as a follow up to Phase one of the project that was presented at the 2003 National Men's Health Conference in Cairns.

The aim of this paper is to provide an update on the Aboriginal Men and Boys Health Project and will focus on the work outcomes achieved to date, including

- aggregated data regarding Aboriginal Men's and Boys health in NSW;
- a comprehensive handbook that has been developed listing Aboriginal Men's Health Groups in NSW;
- the development of an Aboriginal men and boys health web page and work that has contributed to the establishment of Aboriginal Men's Health Groups including evaluation and sustainability support mechanisms.

This Project also aims to facilitate collaboration between different agencies concerned with the health of Aboriginal men and boys. One example of an emerging partnership is that between the Aboriginal Health and Medical Research Council and The Centre for Rural and Remote Mental Health which aims to increase the amount of culturally appropriate research regarding Aboriginal men’s and boys’ mental health status.

The overall aim of the Aboriginal Men’s and Boys project is to enhance the availability of services for Aboriginal men & boys in Aboriginal Community Controlled Health Services.

3. 4.45-4.55pm: Stirling, J.*, P., Coory, M., Moore, S. & Green, A.

Cancer in Aboriginal and Torres Strait Islander peoples in Queensland

Detailed data on cancer in Indigenous people have only been published for SA, WA and NT. Data on cancer in Qld are only available for selected rural and remote Indigenous communities. There is little information on stage of cancer at diagnosis and how Indigenous cancer patients are affected by co-morbidities. We have undertaken the first population-based comparative study of cancer in Indigenous and non-Indigenous patients in Qld, in particular exploring cancer stage at diagnosis and co-morbidities.

We included 1721 eligible cancer patients in the study; 897 were non-Indigenous and 824 were Indigenous (616 Aboriginal, 160 Torres Strait Islanders, 45 Aboriginal and Torres Strait Islanders, and 3 other Indigenous). Overall, Indigenous cases were just as likely to have localised, regional or distant disease as the non-Indigenous counterparts (p-value = 0.663 for comparison of all cancers combined also adjusted for cancer site). For both the male or the female comparisons, summary staging were similar in both groups after taking into account sex, age, year of diagnosis and remoteness of residence.
The comparability of these results to other Indigenous groups in Australia is not clear. It has been reported that Indigenous Australians are disadvantaged in cancer diagnosis; this is not true in Queensland. Co-morbidities were however more common in Indigenous cancer patients. Further interventions aiming at prevention and treatment of common diseases such as diabetes mellitus and hypertension on Indigenous people are needed if we want to decrease the health gap.

4.55-5.05pm: Supramaniam, R.¹, Grindley, H. & Jackson Pulver, L.

1. The Cancer Council NSW


Background: Indigenous peoples of Australia have a much lower life expectancy than non-Indigenous people in New South Wales (NSW) and other Indigenous people around the world. Cancer is the second largest killer of Indigenous Australians. Until recently, little was known about cancer incidence in Indigenous populations due to low rates of Indigenous identification on hospital and disease registers.

Methods: We vastly improved the rate of Indigenous identification on the New South Wales Central Cancer Registry using information from death certificates. We then compared cancer incidence and mortality among Indigenous Australians in NSW to that of the non-Indigenous NSW population, using indirect standardisation.

Results: Both Indigenous males and females from NSW had a 20% lower incidence of all cancers combined, although rates for lung cancer were significantly higher in both sexes. However, standardised mortality ratios for all cancers combined were 66% and 58% higher for males and females respectively. Lung cancer incidence and mortality was more than 50% higher than the NSW population for both male and females. Indigenous males had 98% (1.1-3.1) higher incidence rate of oesophageal cancer than non-Indigenous males. Cervical cancer incidence was 59% (1.1-1.2) higher in Indigenous than in non-Indigenous women, and mortality was three-times (SMR 3.7, 95% CI 1.9-6.2) greater than in non-indigenous women.

Conclusions: Cancer is an important, but often overlooked, cause of morbidity and mortality in Indigenous peoples in NSW South Wales and Australia. More work needs to be done to improve Indigenous identification on hospital and disease registers using already collected information.

5.05-5.15pm: Couzos, S.¹, Davies, S.²

1 & 2 National Aboriginal Community Controlled Health Organisation

Asthma 3+ Visit Plan policy - how beneficial was it for the Aboriginal and Torres Strait Islander population

Objectives: to examine the uptake of the Asthma 3+ Visit Plan among Aboriginal peoples and Torres Strait Islanders, examine barriers, and culturally appropriate models of systematic asthma care.

Methods: National survey of 50 Aboriginal community-controlled health services (ACCHSs) employing at least one full time equivalent general practitioner (GP) across Australia. Three Aboriginal and Torres Strait Islander consumers focus groups in urban, rural and remote locations, GP, Divisional and Medicare uptake data.

Findings: PIP accreditation is a structural barrier to asthma management, with only 60% of services being accredited. Client Compliance with the conditions of Asthma 3+ Visit plan was problematic, due to access, location and general awareness. Access medication was a barrier (50%). Access to spacers devices was a barrier (80%). Limited support through GP division with 47% of services indicating no support to establish program. Need to have Health promotion programs to improve knowledge and community awareness and to compliment clinical activities.

Discussion: The management of a chronic condition requires a combination of community awareness program, with structural and systems support and resources to ensure that the impact of asthma on the daily lives of people is manageable.

Implications for policy, delivery or practice: Asthma management incentives delivered through PIP are inequitable as they exclude a significant proportion of the Aboriginal and Torres Strait Islander population. The extension of S100 should improve pharmaceutical and product access to Aboriginal peoples. Asthma 3+ Visit Plan MBS and PIP requirements should be modified to allow for one GP visit with a follow-up visit by an allied health professional such as an Aboriginal Health worker (under supervision of the GP) or a GP. A community education program should be supported specifically, targeting the Aboriginal and Torres Strait Islanders population, in order to generate awareness of asthma as a key health issues, while recognising local differences.

5.15-5.25pm: Solar, S.¹

1. Aboriginal Health & Medical Research Council

A collaborative research partnership for sexual health and blood borne viruses

Despite Aboriginal people being identified as a priority population in almost every national and state sexual health strategy very little research is conducted to improve sexual health outcomes for the Aboriginal community. The Aboriginal Health & Medical Research Council and the National Centre for HIV Social Research have entered into a collaborative research partnership focusing on Aboriginal sexual health and blood borne viruses in NSW. The development of this partnership is based on the need for the Aboriginal Community Controlled Health Sector to be involved with National Centres of Research in evidence based practice which is built upon trust and conducted within an ethical framework. An Aboriginal research officer has been employed to facilitate this research.

This presentation will provide an overview of this partnership, the processes involved and the intended outcomes including the following:

• involvement of the Indigenous community at all levels through community consultation,
• the completion of a comprehensive literature review regarding Sexually Transmitted infections and BBV's and Aboriginal communities both nationally and internationally,
• identify research models appropriate for Aboriginal communities.
• the establishment of a reference group with major stakeholders.
A Decade of Aboriginal Child Health Research in Western Australia: the Highs and Lows

Ground breaking research called the West Australian Aboriginal Child Health Survey (WAACHS) and a quality partnership has given Western Australia a unique opportunity to improve health and enhance the quality of life for some of its most disadvantaged citizens. An opportunity that must not be lost.

Senior staff at the Telethon Institute for Child Health Research (TICHR) in Western Australia and the West Australian Aboriginal Community Controlled Health Organisation (WAACCHO) commenced discussions in the early 1990s to improve the quality of research in Aboriginal Health in Western Australia. For Aboriginal people to live healthier lives in Western Australia it was recognised as necessary to provide the West Australian and Australian governments with reliable information and data. Recognising this and having traversed the tightrope of Aboriginal and public health activism, one of the presenters, Ted Wilkes, believes it is truly a great opportunity.

Governments are running out of excuses as to why Aboriginal Australians quality of life is not improving as it should. In partnership these senior staff developed the concept of an Aboriginal health research unit that would be accountable to the WAACCHO and TICHR. This unit is called the Kulunga (Nyungar word for children) research unit. Since Kulunga was established things have started to happen. Aboriginal people are now a conspicuous part of the staff of TICHR, research and advocacy has seen the development of strategies and interventions that are having a greater impact. Influential people within and outside of government want to buy in and support this partnership.

Ted Wilkes and Fiona Stanley two of the protagonists that helped form the partnership have strong commitments to public health reform and both want Aboriginal Australians to enjoy good health and a quality of life that is so very apparent for other Australians. Ted for his part will explore the Aboriginal connectedness to the partnership. Fiona will outline and explore the gains that have been made. Both presenters will also talk about the pitfalls and potential drawbacks. It hasn’t all been a bed of roses.

Research Mechanics – How to create an environment for better research

Panel Members

Ms Carol Dorn
Team Leader
Child and Family Health
Daruk Aboriginal Medical Service

Ms Gail Garvey
Assistant Dean, Indigenous Health and Education
The University of Newcastle

Ms Wendy Hermeston
Aboriginal Health Research Academic
Northern Rivers University Department of Rural Health
The University of Sydney

Professor Fiona Stanley
Director
Telethon Institute for Child Health Research
The University of Western Australia

Mr James Ward
Senior Project Officer
Aboriginal Health & Medical Research Council

Mr John Williams
Senior Policy Officer
Aboriginal Health & Medical Research Council
INVITED SPEAKER SESSION TWO

WEDNESDAY October 19, 2005 11.15am-12.35pm

Chair: Mr Dennis McDermott, The University of NSW

DAY TWO – INVITED SPEAKER SESSION TWO


Early Chronic Kidney Disease in Aboriginal and Non-Aboriginal Australian Children: Remoteness, Socioeconomic Disadvantage or Race?

**Background:** End-stage kidney disease (ESKD) is more prevalent in Indigenous minorities worldwide, with Australian Aboriginals eight-times more likely to develop ESKD than non-Aboriginals. Previous work has suggested a causal pathway beginning early in life, but no previous studies have determined the prevalence of early markers of chronic kidney disease (CKD) in both Aboriginal and non-Aboriginal children.

**Objective:** To determine the prevalence of markers of CKD (haematuria, proteinuria, albuminuria) in Aboriginal and non-Aboriginal children, and whether increased risk may be mediated by geographic remoteness and socioeconomic disadvantage.

**Methods:** Height, weight, blood pressure and urinary dipstick abnormalities were measured in age and gender matched Aboriginal and non-Aboriginal children from primary schools in urban, coastal, rural and remote areas of New South Wales, Australia. Haematuria was defined as >1+ (>25 RBC/ul), proteinuria >1+ (>0.30g/L), and albuminuria (ACR) >3.4mg/mmol. Remoteness of locality and SES were assigned using the Accessibility and Remoteness Index of Australia (ARIA++) and Socio-Economic Indexes For Areas (SEIFA) using postcode data.

**Results:** From 2002 to 2004, 2266 children (55% Aboriginal, mean age 8.9 years) were enrolled from 37 primary schools. Overall prevalence of haematuria was 5.4%, proteinuria 7.1% and albuminuria 6.9%. Of the CKD markers only haematuria was more common in Aboriginal children (7.1 versus 3.6%; p = 0.002). Socioeconomic disadvantage and geographical isolation were not found to be significant and consistent risk factors for any marker of CKD.

**Conclusions:** Aboriginal children have double the prevalence of haematuria than non-Aboriginal children but no increase in albuminuria or proteinuria which are more important traditional risk factors for CKD. Geographical isolation and socioeconomic disadvantage are not risk factors for markers of CKD in children. These data suggest the causal pathways for ESKD in Aboriginal people are not established by childhood and are preventable.

11.35-11.55am: Kaldor, J. & Shipp, M.

Sexually Transmitted and Blood Borne Viral Infections: Emerging Issues for Indigenous Adolescents and Young People

The national endorsement of the Indigenous Australians Sexual Health Strategy in 1997, and its successor that incorporated blood borne viral infections as well as sexual health in 2005, has placed these challenging health issues firmly on the Indigenous health agenda. Although there are other chronic diseases that currently represent much more substantial causes of ill health and premature death, the potential for the sexually transmitted and blood borne viral infection to cause harm to individuals and communities remains very strong. These infections are difficult to track, for several reasons. For one thing, they do not necessarily cause symptoms, and may be diagnosed late or not at all. Furthermore, because they are associated with personal practices such as sexual contacts or drug use, people do not always feel comfortable to seek diagnosis and treatment from their regular health service providers. Younger people particularly may not feel confident to consult a clinical practitioner either in or beyond their community when they suspect having a sexually transmitted or blood borne viral infection. The few surveys that have been conducted nevertheless show that these infections are present in young Aboriginal and Torres Strait Islander people. The National Needle and Syringe Survey, conducted each year across the country, routinely recruits around 200 participants who identify as Indigenous, and of these, some 20-30% have been under 25. These young people have low rates of HIV but high prevalence of hepatitis C infection. In other urban surveys of young Aboriginal people, genital chlamydial infection has also been found at a high level. Recognised strategies for sexual health promotion and minimisation of drug-related harm have been implemented in a number of communities. Access to such treatment and prevention services provides the best available means of reducing the impact of these infections in young Indigenous people, but needs to be complemented by a better understanding of the barriers and incentives that they perceive in making use of the services.

11.55-12.15pm: McIntyre, P.

Immunisation Programs – an Important Means of Achieving Health Equity for Aboriginal People

Indigenous people in Australia have historically had high rates of communicable diseases, including vaccine-preventable disease (VPDs), largely related to adverse environmental factors. Vaccination programs have made an important contribution to improved health for Indigenous people despite persisting adverse environmental factors, but there are important differences between the types of diseases prevented (bacterial vs viral), age (infants vs older children and adults) and type of program (universal vs targeted). Challenges and opportunities remain.
As reported in Vaccine Preventable Diseases and Immunisation Coverage in Australia 2004, universal immunisation programs have been very successful with Indigenous children having similar rates of the viral diseases measles, mumps, rubella and polio to non-Indigenous children. However, for whooping cough (pertussis), although overall rates are similar, Indigenous infant disease rates are much higher, in part due to delayed receipt of pertussis vaccines. Another VPD with high rates among the youngest Indigenous infants, Hib meningitis, has dramatically decreased, but Indigenous infants remain over-represented among the small number of cases still occurring. Programs targeted at Indigenous children against pneumococcal disease and Hepatitis A, have also been successful, with flow-on benefits to adults, but impact to date is not as great as for universal programs.

Immunisation programs are also important for Indigenous adults, including those against influenza, pneumococcal disease and hepatitis B. Hepatitis B vaccination has been very successful in reducing disease in young children, but less so for adolescents and young adults, for whom only targeted programs were in place. Similarly, delivery of influenza and pneumococcal vaccine has been more successful for Indigenous adults over 50 years than 18-49 years, where only those with specific diseases are targeted for vaccination, except in the Northern Territory. In summary, vaccination programs have made important contributions to reducing health inequities for Indigenous people of all ages. Efforts must now focus on maximising these benefits by more timely vaccination and reducing barriers to access.

12.15-12.35pm: Eades, S.

1. The Sax Institute, SEARCH Steering Group

SEARCH: Study of Environment, Aboriginal Resilience and Child Health

The SEARCH program addresses priorities identified by Aboriginal communities in NSW with a particular focus on previously under-researched Aboriginal people who live in major cities and other urban areas.

The aims of the SEARCH program are to:
- describe and investigate the causes of health and illness in approximately 2000 Aboriginal children aged 0 - 17 with a focus on healthy environments and selected child health problems by:
  - cross sectional study of 800 families in urban and large regional centres
  - prospective cohort study of the 800 families over 5 years
  - prospective cohort study of the 800 families over 20 years
- determine whether a community appointed health broker in (i) a randomised trial focussed on otitis media involving 480 families and (ii) a feasibility trial of housing improvement in 50 households is an effective, sustainable agent for improving the environment and health of aboriginal children and their families. These two studies will form the basis of a urban Aboriginal cohort study spanning 20 years with funding from alternates sources.

A healthy environment is defined as one which: has quality housing; is safe; has access to appropriate health and community services; has care providers who are physically and mentally healthy; has adequate resilience both within the family and within the wider community; has an adequate level of income. The child health problems are: injury; otitis media; vaccinations; mental health; asthma; risk factors for later chronic disease. Families will be recruited through the six participating AMSs (Redfern; Tharrawal; Daruk; Awabakal; Illawarra; and Riverina) and will complete an initial survey of about 45 minutes in a private room.

PROFFERED PAPERS DAY TWO

Concurrent Session 1: Chair Ms Gail Garvey, The University of Newcastle

OTITIS MEDIA AND OTHER INFECTIOUS DISEASES IN CHILDHOOD

Time: 1.30-2.40pm


1.Hunter Area Pathology Service

The role of *Alloiococcus otitidis* in Otitis Media with effusion

Otitis media results from inflammatory responses to bacterial infections leading to fluid accumulation in the middle ear. Repeated infections can lead to permanent hearing loss resulting in speech and learning difficulties. The problem of otitis media with effusion (OME) is known to be widespread in Australian Aboriginal communities.

The three main pathogens currently implicated in (OME) are *Strep. pneumoniae, Haemophilus influenzae* and *Moraxella catarrhalis*. Another organism, *Alloiococcus otitidis*, has emerged during the last ten years as a possible pathogen in OME. As this organism is difficult to grow by conventional culture techniques, its true incidence has probably been under-reported. A study of Aboriginal and non-Aboriginal children who were undergoing surgery for grommet insertion showed a carriage rate of 33% (14/42) for this organism. Of the 14 patients, 42 were Aboriginal children.

The role of *Alloiococcus otitidis* is unclear but at least one report has likened it to the other pathogens in its potential as an agent of infection and inflammation. This is an important finding with regard to treatment for OME because the majority of isolates from the study, though sensitive to penicillin, were resistant to erythromycin. A new study has been established to determine the significance of this organism in the inflammatory process involved in OME.
Investigating Otitis Media with effusion in Aboriginal children

Aboriginal children in Australia are known to have a higher incidence and prevalence of otitis media with effusion (OME) than their non-Aboriginal counterparts. Paediatric ear, nose and throat (ENT) clinics have been established at Aboriginal Medical Services in the Hunter and mid-north coast regions of NSW to allow children access to appropriate medical care. A research protocol was devised to investigate possible risk factors associated with OME in Aboriginal children, focusing on the immune system, genetic inheritance and exposure to cigarette smoke. The parents of children with OME, who were undergoing surgery to have grommets inserted, were invited to participate. There was a 100% consent rate from parents of Aboriginal children and a similarly high rate from non-Aboriginal parents. Ear swabs and aspirates were collected while children were under anaesthetic and microbiological culture techniques were developed to analyse the aspirate. Along with the common upper respiratory species of microorganisms found, a relatively unknown bacterium was isolated from approximately 33% of study participants. This species, *Alloiococcus otitidis*, is now the subject of further investigation to determine the importance of its role in OME in this population.

The impact of swimming pools on the health of Aboriginal children in two remote communities in WA

**Background:** Indigenous populations suffer the greatest burden of ill health in Australia. The WA government built swimming pools in 2000 in order to provide social and recreational opportunities for children as well as reducing the burden of disease.

**Objective:** To evaluate the impact of swimming pools introduced in 2 remote communities in Western Australia with the aim of improving quality of life and reducing high rates of ear and skin disease.

**Methods:** We examined all the children in the communities before the pools were built and at regular intervals for 5 years after. This presentation will focus on how we did a research study in 2 very remote communities over a 6-year period and the relationship that was developed between community members and researchers.

**Conclusion:** Swimming pools in remote communities have been associated with reduction in prevalence of tympanic membrane perforations and skin sores, which could result in long term benefits through reduction in chronic disease burden and improved educational and social outcomes.

If Aboriginal people are to benefit from research studies done in their communities it is important that residents are aware, understand and are actively involved in the research process.

Causal pathways to Otitis Media - a multidisciplinary study in young children in the Kalgoorlie-Boulder area of Western Australia

**Background:** A complex set of factors contributes to the enormous burden of otitis media (OM). We aimed to describe causal pathways to OM in order to develop effective interventions.

**Methods:** 100 Aboriginal and 180 non-Aboriginal children born in Kalgoorlie Hospital were followed 7 times to age 2 years. We collected demographic, socioeconomic and environmental data, breastmilk once, and nasopharyngeal aspirates (to identify bacteria and viruses) and saliva (for mucosal immune function) at every visit. Ear health was assessed by clinical examination, tympanometry and audiometry.

**Results:** Forty-seven percent of Aboriginal children had OM before age 3 months; prevalence of OM was 72% at age 5-9 months, 29% had at least one perforated eardrum, and 65% had impaired hearing at age 12-17 months. Aboriginal children exposed to environmental tobacco smoke were 3.8 times more likely to develop OM than unexposed children, and >3 times more likely to develop OM if living with other children in the household. In Aboriginal children, *Streptococcus pneumoniae*, *Moraxella catarrhalis* and *Haemophilus influenzae* (bacteria causing OM) were isolated respectively from 37%, 36% and 26% of nasopharyngeal samples before age 2 months; 38% carried all 3 bacteria at age 5-9 months.

**Discussion:** It is possible to undertake a study with intensive follow up and specimen collection if the local community is concerned about the disease, if the research team includes a respected member of the community and if the study is developed in close collaboration with local Aboriginal organisations. A range of interventions is needed to reduce the burden of OM.

Why are Western Australian Aboriginal children admitted to hospital?

**Background:** Studies in Western Australia (WA) have previously examined the burden of specific illnesses, such as gastroenteritis or otitis media, in Aboriginal children. However, comprehensive studies of the overall burden of childhood disease are essential to prioritise research and policy directions.

Results: Aboriginal children comprised 6% of the cohort of 270068 live births, 9% of hospitalised children, and 15% of children hospitalised with infection. In both urban and rural areas, infections (predominantly respiratory and gastroenteritis) were the most common reason for hospitalisation, with an admission rate of 1114/1000 live births (4.6 times higher than non-Aboriginal children). This was followed by perinatal conditions (255/1000; similar), social admissions (223/1000; 6.4 times higher) and non-infectious respiratory problems (216/1000; 5.7 times higher). One in 2 Aboriginal children were admitted with an infection at least once, with a mean hospital stay of 10 days. Admission rates for Aboriginal children were 14 and 12 times higher for pneumonia and skin infections, respectively, than for non-Aboriginal children.

Discussion: Linked birth and hospitalisation data provide valuable population-based information which form an evidence base on which to set research priorities and develop appropriate public health policies and interventions for Aboriginal children. The methodology could be applied elsewhere in Australia. Interventions to reduce the burden of childhood infections clearly warrant a high priority.

2.25-2.35pm: Leysley, L.
1. School of Public Health, Menzies School of Health Research

Healthy skin work in our Marthakal Homelands in the East Arnhem Land, NT

Two Senior Aboriginal Health Workers from Marthakal Homelands Resource Centre, Elcho Island, would like to share their experiences about successful healthy skin outcomes from their traditional homelands in the North East Arnhem land Region, Northern Territory.

These two ladies have been workers for thirty years, having had training in Darwin, and Nhulunbuy.

Marthakal Health resource Centre services the very remote homelands of Elcho Island and some of their homelands that are locate on the mainland too. To access these areas means traveling by small aircraft or a four wheel drive vehicle. Recognised skin conditions are scabies, skin sores and tinea. The two ladies, Wanamula and Stephanie, have the knowledge of traditional bush medicines as well as current therapeutic medicines. Communities on the homelands are encouraged to use traditional bush medicines first, as the plants and trees are growing around their homes. These can be gathered and used fresh or if only seasonal can be stored in glass jars. Supplies of other medicines are kept in first aid boxes in peoples houses, and are encouraged to be used if the problem is not resolving.

Because the Aboriginal population moves about constantly for funerals and ceremonies, some visitors who come from other communities may bring with them some uninvited guests and the scabies mites for example can then be transferred to other members in the community. Stable communities are able to keep their skin healthy by vigilant treatment. True stories are told so that they have an understanding of why treatment needs to be implemented immediately and fully.

Wanamula will give insight into traditional bush medicines and Stephanie will tell of the therapeutic medicines used to treat children and families.

Concurrent Session 2: Chair Mr Chris Lawrence, The University of NSW

Pathways to Healthy Development in Aboriginal Communities

Time: 1.30-2.40pm

1.35-1.45pm: McCullay, D., Slack-Smith, L., Henry, S., Butler, K. & Johnston, J.
1. Office of Aboriginal Health, Western Australian Health Department

Dental needs of Aboriginal children: building the research capacity of Aboriginal Health Workers

Background: Aboriginal children are often disadvantaged in terms of access to dental services and oral health outcomes. The overall aim of the study was to determine the oral health and dental service needs of Aboriginal children, youth and families serviced by the South West Aboriginal Medical Service (SWAMS) using a research capability building process whereby control of the research was maintained by the Aboriginal Health Workers (AHWs) throughout the duration of the project.

Methods: Following training in focus group methods and participating in a focus group themselves, the AHWs from the service conducted five further focus group sessions which included three with parents and guardians and two with dental health professionals (dental therapists and dentists).

Results: Overall, focus group results indicated that provision of culturally relevant dental health information and dental health services was inadequate and that good dental hygiene practices taught early in life was seen to prevent poor dental health in adulthood. Although positive aspects of both public dental health services and school dental clinics were identified, participants considered aspects of both could be improved.

Conclusions: Dental health in the target group was acknowledged as a priority by all involved in the project. There were many positive issues raised, reinforcing this view. There were also many negative issues raised which have indicated areas where appropriate action needs to be taken to increase knowledge and consequent behaviour relating to dental health and access to dental care services. The success of this project was largely due to the inclusion of Aboriginal people in all stages of the research process.
Partnerships for Aboriginal Health Research NSW ABORIGINAL HEALTH RESEARCH CONFERENCE 2005

1.45-1.55pm: Comino, E., Craig, P., Jalaludin, B., Harris, H., Harris, M., Henry, H., Jackson-Pulver, L. Kelaher, B., MeDermott, D., McDonald, J., Nicholson, S. & Wright, D.

Health status and development among Aboriginal infants in an urban community

**Background:** CHETRE has worked closely with the Aboriginal community in South Western Sydney to identify the community’s health needs and provide support and advocacy for development and implementation of services, such as the Aboriginal Home Visiting Team, specifically to work with Aboriginal families, in collaboration with the local Aboriginal community. This research has developed from and is building on these relationships.

**Aims:**
- To describe the health status, use of health services and growth and development of Aboriginal infants
- To identify issues that mothers of Aboriginal infants would like addressed to provide opportunities for themselves and their children to improve their health and well being

**Methods:** A prospective cohort study will follow up all Aboriginal infants delivered at Campbelltown Hospital to mothers resident in Macarthur for 12 months.

**Involvement of the Aboriginal community:** We are consolidating our links with the Aboriginal community through involvement of Aboriginal workers and researchers as key members of the research team and engagement of the community.

**How will this information be used to inform policy and practice:** The results will support development of services for Aboriginal families at a local, regional and national level.

**Implications for stakeholders:** Researchers will work closely with Aboriginal Health workers in the region to and will provide opportunities for research skills training through active involvement with the research. The Aboriginal community will be invited to comment on the implications of the research findings for the development of services in the region.

1.55-2.05pm: Passey, M., Sheldrake, M. & Young, M.

1. Northern Rivers Department of Rural Health, The University of Sydney

Women’s and providers’ perspectives on an outreach antenatal program for rural Aboriginal communities

**Objective:** To evaluate an outreach antenatal program for rural Aboriginal communities, against stated objectives, by eliciting the experiences of women and service providers.

**Methods:** Structured individual interviews and focus groups with women from both the program and the broader community. Individual interviews and group discussions with service providers; in-depth discussions with project team. Areas of focus: awareness of the program; women’s experiences; observed benefits; interface between the program, community and mainstream services; continuity of care.

**Findings:** The program improved access to and quality of antenatal care, with those in the program receiving all recommended elements, and increased continuity between antenatal, hospital and postnatal care. The team developed excellent rapport with women, who greatly valued the program. All service providers supported the program and confirmed women’s perceptions regarding quality and coordination of care. Critical elements included: provision of transport for appointments; home visits; regular physical presence in communities; attending appointments with women; development of strong partnerships with other service providers; provision of early postnatal services; coordination of care; negotiation of bulk-billing for participants; and the personal attributes of the team. Threats to the program were: staff burnout and turnover; and distance of the project base from some communities, necessitating long travel times and reducing engagement with those communities.

**Discussion:** Improving access to and quality of antenatal care for rural Aboriginal women is possible, but requires attention to factors that support the program, and particularly support for the staff involved.

2.05-2.15pm: Priest, S., Griffiths, C., Barnett, B., Geia, L., Hayes, B., Matthey, S. & Whelan, A.

1. The University of NSW 2. Sydney South West Area Health Service

Perinatal emotional health and well-being amongst Australian Indigenous women: outline of a major research proposal

**Background:** There is a dearth of robust data concerning needs in relation to level of services that address perinatal emotional health and wellbeing amongst indigenous women. This presentation aims to inform conference participants and invite feedback about a major research proposal that has been submitted for funding. The research will investigate the emotional health and well-being of Australian Indigenous women in their childbearing years during the interval from conception through childbirth into the first two postnatal years. The focus is on links between maternal health and well-being, the health and development of infants and young children, and the stability of the family. The project has been developed by a multidisciplinary team that includes indigenous health care workers in NSW and QLD. Recommendations from the national inquiry “Ways Forward” and from the NH&MRC that prioritise holistic approaches and community consultation as paramount for research into mental health in indigenous people have been followed.
Aims:
1. To add to the knowledge base about current levels of emotional health and wellbeing, and areas of unmet need amongst childbearing indigenous women.
2. To use community collaboration and consultation processes to develop interventions that will strengthen the perinatal health and wellbeing of indigenous women.

Sites: Health care service providers from five indigenous communities have demonstrated their interest in taking part in this project. These are located in Sydney South West Region (Macarthur); Mackay, Mt Isa; Alice Springs; Palm Island.

Methods: Links have already been established between indigenous community members, health care service providers, and members of the research team on the basis of past projects. These will be strengthened to evaluate needs, develop educational programs, improve services where indicated, and devise new interventions perceived as relevant at a local level in each community. At each site an indigenous health worker will be employed to act as a community consultant and liaison person for the research team and the community. Additional training will be provided in perinatal mental health, prevention, early intervention and treatment strategies suited to the needs identified in each of the indigenous communities. Professional networks and support systems will be strengthened for health care workers in these communities.

Funding: This has been sought through NH&MRC for 2006 to 2008 inclusive for the first stage of this project. Further stages are proposed that will focus more on the implementation and evaluation of community-based interventions.

2.15-2.25pm: Picton, P,1, Wellings, S., Bright, M. & Toolis, R.
1. Central Public Health Network, Queensland Health

The growth of young Aboriginal and Torres Strait Islander children in Central Queensland

Background: Before birth and the first few years of life represents a time limited opportunity to improve the health status of Aboriginal and Torres Strait Islander peoples.

Objective: To review the growth status of Indigenous children aged 0-5 years who attended five urban or regional Aboriginal and Torres Strait Islander health services and determine factors linked to growth impairment.

Results: Considering the whole study population, 21% of infants were premature, 13.8% of children had a low birth weight and 24.9% of mothers were teenagers. Of children aged 0-2 years, 10% (CI: 7.3-13.1) were low weight for age and 8.6% (CI: 6.2-11.6) were high weight for age. For children aged 2-5 years, 15.2% (CI: 9.4-22.7) were underweight, 11.2% were overweight (CI: 6.3-18.1) and 9.6% were obese (CI: 5.1-16.2). Short duration of breastfeeding and very early introduction of solid foods were noted. Most health services expressed feeling understaffed for work in maternal and child health. Antenatal and post natal care services were mainly provided through one to one clinics. Substance abuse, low incomes, lack of budgeting skills, teenage pregnancies, lack of knowledge, specifically regarding nutrition; unhealthy eating practices and overcrowding of houses were identified as contributing to poor nutrition and growth during pregnancy and early life.

Conclusions: Growth impairment is a significant issue amongst children aged 0-5 years in these communities. Staffing levels impact on service provision in many of these health services.

2.25-2.35pm: Jones, R,1, Smith, F.
1. Bulgarr Ngaru Aboriginal Medical Service

Fighting disease with fruit

Otitis media and skin infections are common in Aboriginal communities. We wish to report our experience treating students from a rural NSW Aboriginal community with these conditions. Antibiotics were essentially ineffective in decreasing incidence.

Pathology was collected from all 15 students attending the local primary school that day, which has a totally Aboriginal population. Results revealed nutritional deficiencies. All students had low serum vitamin C concentrations and iron deficiency was common. Therefore students were provided with vitamin C supplements. However the supplements were disliked, so this was replaced with fruit, since the students rarely brought fruit to school.

Audiometry was conducted prior to introducing fruit and six months after its instigation, then classified according to the American Speech Language Hearing Association. Twelve students completed pre and post hearing tests. Five (42%) had improved hearing at follow-up indicated by a decrease in either one or two classification levels; the remaining seven (58%) stayed at the same classification.

During fortnightly outreach clinics, rates of skin infections and the prescription of antibiotics for otitis media and skin infections were compared before and after improving nutrition. Prior to the introduction of the nutritional program 3 to 4 prescriptions for skin infections were written each fortnight. This has subsequently decreased to 1 per month.

While it is possible that other factors may have contributed to these improvements, the results are promising for a pilot investigation and the program will continue as an extension to the regular general practice services.
Survey of health professionals in Western Australia about fetal alcohol syndrome

The Telethon Institute for Child Health Research in partnership with the Australian Paediatric Surveillance Unit conducted a survey of a representative sample of health professionals in Western Australia with the aim of establishing what health professionals know and do about fetal alcohol syndrome (FAS) and want to know and do about FAS. Health professionals (HP) included allied health, Aboriginal health workers, community nurses, general practitioners and obstetricians. The survey was supported by a grant from the WA Health Promotion Foundation.

Ethical approval was obtained from the Western Australian Aboriginal Health and Information Committee and institutional ethics committee. Consent was obtained from employers for health professionals working in Aboriginal Community Controlled Health Organisation and Government Health Services. The postal survey achieved a 79% response rate.

The results indicate that only 12% of HP identified the four essential features of FAS, 92% of HP have never made the diagnosis of FAS (although 50% have seen a child with FAS), 84% of HP though resources such as materials for HP would help them deal with FAS, 95% of HP agreed that education/information about the effect of alcohol may have on the fetus should be available to women of childbearing age, only 45% of HP routinely ask about alcohol use in pregnancy, only 25% routinely provide information about the consequences of alcohol use in pregnancy, only 12% of HP gave advice that incorporated all of the four components of NHMRC guideline for women who are pregnant or might soon become pregnant.

Partnerships with the community, researchers, policy-makers and service providers will be required to develop and implement strategies to address the findings from this survey.

Mangroves in salty mud – Aboriginal students in medicine

Earning respect as a teacher or an elder in Aboriginal communities involves a process of judgement of every aspect of a persons’ life – social, political, personal as well as public - over time. Those treated with respect earn it by their survival, their resilience and their ability to teach with grace and patience. It can be hard to translate these values to an academic arena where progression to seniority is by a process opaque to most Indigenous undergraduates. Under stress in what can seem to be an extreme expression of an alien and oppressive culture, Aboriginal and Islander students of medicine are simultaneously under pressure to be the answers to the problems of Indigenous health – just as Indigenous people are themselves blamed for problems often generated by those who are blaming. Well-meaning non-Indigenous colleagues ask for free lessons in Aboriginality as a lame substitute for adequate teaching and training. These are examples of ways in which medical cultures still current can be hostile to students’ struggles to maintain ourselves as Indigenous people of integrity.

This presentation relates research findings and narratives which arose in the course of writing an honours thesis in medicine. The topic was Aboriginal students in Medicine, with the Koori author using herself as a case study. It is a response to the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework (Gregory Phillips, 2004). Given that numbers of Indigenous doctors and medical students are still very much below representative levels (quite apart from the much higher number of doctors we would need trained to begin to redress past and present injustice), discussion of these issues among researchers and workers in Aboriginal health will be very welcome. Such people are often themselves potential trainee doctors, and at the same time subject to the challenges of the dominant medical paradigm by constant interaction with it. This presentation will stimulate such discussion.

What can some recent publications in international community health offer for Australian indigenous health?

Recent publications in international health have provided evidence supporting the efficacy of community-based primary health care programs with a strong element of community participation, similar to community control, in improving development and health outcomes. Such innovations as Affirmative Inquiry or strength-based approaches to research and organisational development approaches focusing on building learning organisations also offer promise towards building sustainable community capacity. It is proposed to present an overview of a few key developments and findings from community projects visited by the author in these areas. The presentation may offer Aboriginal communities alternatives to follow in deciding on what approaches to research and development they may wish to use or to support approaches which they are already using.
**3.25-3.35pm; Williams, R.**

1. University of Wollongong

**Indigenous health? I’d rather learn how to insert an IV**

In this paper the author discusses her PhD research on the issue of how (if at all) cultural safety and Indigenous health is addressed within the university sector and in the wider academy?

**Aims:**

1. to critically examine the overall issue of cultural safety and curriculum delivery for health professionals, specifically in undergraduate nursing and medical programs;
2. to establish a model for the development of delivery, implementation and evaluation of sustainable strategies for addressing cultural safety within the university and in the wider academy;
3. to contribute to the debate on cultural safety and identify the benefits of doing this research;
4. to analyse associated terminology, specifically the meaning, relevance and location of cultural competence in relation to the training of health professionals.

What is the first thing that comes to mind when the term ‘cultural safety’ is mentioned? Many people’s responses relate to people feeling ‘physically safe’ or non-Indigenous people learning in ten easy steps how ‘to deal with’ Indigenous people.

Within the university sector there is an emerging debate in regards to cultural awareness (and a host of related terms) and the training of health professionals. It is essential that universities evaluate the effectiveness of curriculum delivery about Indigenous health in undergraduate and postgraduate health science programs. The challenge is to do this in the face of changing student demographics, reduction in government funding, and an increasing focus on vocational skill acquisition rather than broad based understandings.

**3.35-3.45pm: Shah, S.**

1. Sydney West Area Health Service

**The Aboriginal Asthma Action Project**

The aim of this action research project was to enable Aboriginal Health Workers (AHW) to educate their community about asthma and its management, based on evidence-based practice.

The objectives of the project were to:

- Identify barriers and enabling factors related to asthma management in Aboriginal people living in urban communities
- Maximise capacity of the Aboriginal Asthma Health Workers to educate their community about asthma, utilising an empowerment education approach
- Increase community knowledge and awareness about asthma, its management and risk factors such as smoking and environmental tobacco smoke
- Develop processes to sustain the asthma education program amongst Aboriginal people in Western Sydney
- Identify appropriate indicators and instruments to monitor asthma health outcomes in Aboriginal people living in Western Sydney

We will tell the story of the AAAN project and of the successful Asthma Club at Daruk AMS. We will share our experience with this action research project and the lessons learnt. The results will be presented by staff and community members sharing their stories about their participation in the project and in the Asthma Club.

**3.45-3.55pm: Lawrence, C.**

1. National Centre in HIV Epidemiology and Clinical Research, The University of NSW

**Signing on the dotted line**

Each year research units within University settings benefit enormously from the appointment of Aboriginal Research fellows and/or students. Depending on the qualification, contracts can be up to 4 years. These positions are often designed to provide capacity building on the scholars existing knowledge base and skills and contribution in the area of either research or public policy.

These positions provide great opportunities for the Aboriginal scholar as they are often accompanied with generous stipends and resources including travel to conferences. They can also assist in research endeavours, including graduate supervision and research. There are also a number of lessons for the non-Aboriginal researcher that will facilitate collaborative research, including gaining access to Aboriginal communities, organisations and individuals.

The presenter argues that a range of concerns and issues need to be considered by both the Aboriginal scholar, the non-Aboriginal academic and the University before embarking on such research projects and publications that involve Aboriginal populations, and more over before signing up to ethical and funding applications to conduct these research studies.
Improving Aboriginal clients’ access to a primary health service in inner-city Sydney

Aboriginal people have difficulty accessing mainstream health care services. This is even more difficult if they are further marginalised by factors such as injecting drug use, sex work and homelessness in the Kings Cross area.

The Kirketon Road Centre (KRC) is a primary health care centre in Kings Cross involved in the prevention, treatment and care of HIV/AIDS and other transmissible infections in “at risk” young people, sex workers and injecting drug users. The centre offers medical, nursing, psycho-social services, a methadone access program, outreach and needle syringe programs.

Currently, eight percent (8%) of new clients to KRC are Aboriginal. Aboriginal clients make up 17% of all visits over the past five years. A survey (April 2005), undertaken at KRC’s shop-front needle syringe program in the heart of Kings Cross, showed that 22% (n=90) of respondents identified as Aboriginal. Approximately 40% of KRC’s Methadone Access Program clients are Aboriginal.

In an attempt to engage this client group, an Aboriginal Health Educator Officer (AHEO) was appointed to provide culturally specific support and education.

Further strategies adopted by KRC to encourage Aboriginal clients to access available services include: establishing the Itha Mari Aboriginal Health and Healing Group, enabling clients to have direct input into a program that meets their health priorities; regular staff training on cultural awareness issues: and stronger links with Aboriginal health workers within the local community and throughout the Area Health Service.

Since the first meeting of the Itha Mari group, an average of 9 Aboriginal clients attend the group each week. These clients are increasingly accessing KRC’s services - on average three times more often than before the commencement of the Itha Mari Group.

Creating ‘Healthy Bubs’: A culturally appropriate, positive parenting project and resource development with Aboriginal and/or Torres Strait Islander communities in Western Sydney

Streetwise Communications is engaged in the development of the ‘Healthy Bubs’ Project, which is the creation of a resource that promotes culturally appropriate, positive parenting information for Aboriginal and/or Torres Strait Islander communities in a baby’s first year. As with projects that are designed to continually work with communities in a stage-by-stage consultation process, this project provides an effective case study of resources created which demonstrate effective research techniques in culturally appropriate ways.

Our resource - the development of creative playing cards - highlight a project that has effectively utilised the expertise and experiences of Indigenous parents (both mothers and fathers), carers, communities, and health workers.

This presentation will critically examine the role resources can play in assisting Indigenous parents and carers, as well as community workers, to work effectively on issues that impact the lives of Aboriginal and/or Torres Strait Islander parents and carers. Furthermore, this presentation is designed to outline, and then discuss, the methods of working with Indigenous communities within flexible research-based methodologies that utilise respectful and engaging frameworks.

Streetwise is a leading Australian not for profit social communications agency specialising in communicating social, health and legal issues to hard to reach groups across Australia. For 21 years, Streetwise has produced accessible, entertaining and relevant comics, Education Kits, posters, capacity-building workshops and innovative resources on issues such as employment, law, health, violence and discrimination. Thousands of people access Streetwise resources through an established network of youth, community, educational, and Indigenous organisations.
Partnerships for Aboriginal Health Research

NSW ABORIGINAL HEALTH RESEARCH CONFERENCE 2005

3.15-3.25pm: **Menzies, R.**
1. The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, The Children’s Hospital at Westmead, The University of Sydney

How effective is the National Indigenous Adult Immunisation Program?

**Background:** The National Indigenous Pneumococcal and Influenza Immunisation (NIPII) program started in 1999. It provides vaccine for all Indigenous adults aged 50 years or more and all aged 15-49 years with risk factors for more serious disease.

**Aims:** This study aimed to provide an estimate of the impact of the program on vaccination coverage and morbidity.

**Methods:** A literature search was conducted of all published data. Supplementary data on vaccination coverage were obtained from the 2001 National Health Survey. Notifications of invasive pneumococcal disease were analysed from the National Notifiable Disease Surveillance System. Hospitalisations for influenza, pneumococcal disease and pneumonia were analysed from the National Hospital Morbidity Database.

**Results:** National vaccination coverage in 2001 for Indigenous adults aged 50 or more years was 51% for influenza and 25% for pneumococcal vaccine. Indigenous adults had higher rates of hospitalisation for influenza, invasive pneumococcal disease and pneumonia, than non-Indigenous adults. However, the difference in rates (Indigenous: non-Indigenous hospitalisation rate ratio) was greater in those aged 15-49 years, where vaccination is recommended only for Indigenous adults with risk factors. The rate ratio was lower in those aged 50 or more years, where vaccination is for all Indigenous adults.

**Conclusions:** Vaccination coverage in 2001 was modest, with room for improvement, particularly for pneumococcal vaccine. There appears to have been a greater impact on morbidity in the 50+ year age group. Universal Indigenous adult vaccination may increase the impact of the program in the 15-49 years age group.

1. The Sax Institute

A randomised trial of a culturally specific smoking intervention for pregnant Aboriginal and Torres Strait Islander women attending north Queensland Aboriginal health services

The rates of smoking in pregnancy for Indigenous women and passive smoke exposure in Indigenous households are unacceptably high with 65% of women smoking during pregnancy. In contrast only about 20% of other Australian women are reported to smoke during pregnancy.

**Aims:**
- To estimate the sensitivity and specificity of self report of smoking during pregnancy among Indigenous women compared to gold standard of urine cotinine measures <50ng/mL.
- To determine the effectiveness of a high intensity pregnancy smoking intervention on validated smoking cessation rates at 35-37 weeks gestation and 6 months post partum among Indigenous women randomised to receive a behavioural intervention, support from their partner and ‘close confidante’ and nicotine replacement therapy if required for failed attempts to quit.

**Background:** Maternal smoking during pregnancy increases the risk of spontaneous abortion, pre-term birth, perinatal mortality, neonatal mortality and postneonatal mortality. Women who smoke during pregnancy have a 25-50% higher rate of fetal and infant deaths compared to those who do not smoke. Eight trials with validated smoking cessation and a high intensity intervention and a high quality score reduced the likelihood of women smoking during pregnancy with an odds ratio of 0.53 (95% confidence interval 0.44 to 0.63) and an absolute difference between the groups in the proportion of women who continued to smoke of 8.1%.

**Design:** A randomised block controlled trial. Allocation to the intervention or control groups will be determined by time period, with women randomised in four week blocks. This block design will help decrease the probability that contamination between groups occurs. It also increases the likelihood that the providers will adhere to the necessary components of the proposed intervention protocol. **Subjects** - All women aged 16 years or more who attend for antenatal care at or before 16 week gestation and who do not intend to move out of the area served by Community Controlled Health Services located in Townsville and Cairns will be approached and invited to participate in this study when attending for their first antenatal visit.

1. The University of Newcastle

Immune gene variations in Aboriginal and non-Aboriginal Australians

Rates of cardiovascular disease, respiratory illness, diabetes, and infectious disease in Aboriginal Australians are significantly higher than non-Aboriginal Australians. Evidence has shown that common variations found in genes that control the immune response are associated with increased susceptibility of these diseases. Our research study has analysed the immune genes of two Aboriginal Australian populations: healthy adults from Central Australia; and coastal NSW children recruited with ear infection. Two non-Aboriginal populations were compared to the study group that were comprised of: coastal NSW children recruited with ear infection; and healthy adults from Australia and UK. Analysis of the Central Australian population has shown that the immune genes of the Aboriginal population are very unique and differ significantly from the European ethnic groups. The coastal Aboriginal population shows significant differences in their immune genes, when compared to the Central Australian population. This is probably due to a European influence in the coastal Aboriginal populations. The coastal Aboriginal population, nevertheless have an increased proportion of the immune gene variations found in the Central Australian population, when compared to the European populations, although differences are not significant. We propose that immune gene variation between the Aboriginal and non-Aboriginal populations might explain differences in the prevalence of a variety of disorders that are likely to be associated with these variations.
3.45-3.55pm: Joseph, T’, Menzies, R. & McIntyre, P.

1. The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, The Children’s Hospital at Westmead, The University of Sydney

**Vaccination of Indigenous adults in the community controlled sector-successful implementation models**

The National Indigenous Pneumococcal and Influenza Immunisation Program (NIPII) commenced in 1999 with the aim of improving vaccination coverage in Indigenous adults. The NIPII program provides free pneumococcal and influenza vaccine for Indigenous Elders 50 years and over and those aged 15-49 who are at risk due to chronic disease. While influenza is provided free for mainstream Australians 65 years and over the NIPII program was introduced to address the much higher rates of hospitalisation and death due to pneumonia in Aboriginal and Torres Strait Islander people.

An evaluation of this program was conducted in 2003-2004 by the National Centre for Immunisation Research. The gathering of data for this evaluation came via questionnaires that were mailed out to all Aboriginal Community Controlled Health Services (ACCHS) who received funding for the NIPII program. Face-to-face interviews were also conducted with stakeholders from each State and Territory. During these interviews various organisations were highlighted due to their innovated ways to engage the community within adult immunisation and the places and ways that they deliver this service.

Five impressive areas of ‘best practice’ were identified that ‘drove’ the implementation of different aspects of the NIPII program.

- Collaboration – between Division of General Practice, Community Heath Services and ACCHS
- Registers – Indigenous Adult influenza and pneumococcal data being incorporated into State Immunisation Registers
- Outreach – approach differs in various environments
- Patient Information Health Management (PIHM) – using computing systems to track/flag an individuals health
- PIRS – Patient information recall system which complement PIHM

Our aim for the presentation is to provide an outline of the NIPII program, methodologies of data collected and presentation of the ‘best practice’ strategies and how they are implemented on a State and National level. The presentation shall conclude with recommendations for the ‘next steps’ to implement these ‘best practice’ strategies on a wider scale.
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