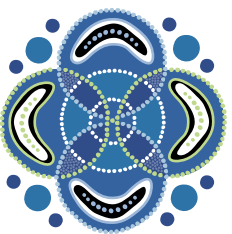


The Main Committee Room
Parliament House, Canberra



program

- 9.30 Registration
- 10.00 Welcome to Country
Ngunnawal nation representative
- 10.10 Welcome to participants and introduce the
the Hon. Nicola Roxon, Minister for Health and Ageing to formally
open showcase
CRAH Chair, Ms Pat Anderson
- 10.30 The CRAH and its future
CRAH CEO, Mr Mick Gooda
- 11.15 Why is evidence so important to closing the gap?
CRAH Research Director, Professor Ian Anderson
- 11.45 Supporting Indigenous primary health care quality improvement
Professor Ross Bailie, Ms Michelle Dowden
- 12.15 Management of Aboriginal and Torres Strait Islander health services
Learning from action
Professor Judith Dwyer, Professor Cindy Shannon
- 12.45 Lunch break
Launch of *The Impact of Racism on Indigenous Health in Australia and
Aotearoa: Towards a Research Agenda* by Yin Paradies, Ricci Harris and
Professor Ian Anderson
- 1.30 Parenting support for Indigenous families: Let's Start
Associate Professor Gary Robinson, Ms Yomei Brown, Ms Carmel Cubillo
- 2.00 Reduce smoking reduce the gap: The Centre for Excellence in
Indigenous Tobacco Control
Ms Viki Briggs
- 2.30 Wrap up and afternoon tea
- 3.30 Close

abstracts

THE CRCAH AND ITS FUTURE



Mck Gooda

The Cooperative Research Centre for Aboriginal Health (CRCAH) has revolutionised the way that Aboriginal health research is done in Australia. Instead of the traditional 'top-down' model in which researchers set the agenda, the CRCAH puts Aboriginal people and other users of research (such as governments and service providers) into the driver's seat. Its collaborative approach is producing research that can be used to guide government decision-making, help health

providers offer better services, and support Aboriginal communities, governments and others to work together to tackle the problems confronting Aboriginal health. The CRCAH is funded under the Commonwealth Cooperative Research Centres Programme, and is funded until 2010. Our stakeholders say we can't afford to let this important work lapse. CRCAH CEO Mck Gooda will outline the CRCAH Board's vision for the future.

MCK GOODA (Chief Executive Officer)

Mr Mck Gooda is the Chief Executive Officer of the CRC for Aboriginal Health. A descendent of the Gangulu people of central Queensland, he is a senior executive with 25 years experience and a record of attaining high-level goals and leading multi-million dollar service programs and organisational reform.

Mck's extensive work history in the public and community sectors has involved the delivery of

policy and program development and advocacy in Indigenous affairs throughout Australia. He possesses comprehensive experience of working and delivering results in remote, rural and urban environments based on an extensive knowledge of the diversity of circumstance and cultural nuances of Aboriginal and Torres Strait Islander peoples throughout Australia.

WHY IS EVIDENCE SO IMPORTANT TO CLOSING THE GAP?



Ian Anderson

Debate in Aboriginal health policy is too frequently hijacked by ideology and political philosophy. Well-focused, rigorous research and evaluation underpins an approach to Aboriginal health policy that is evidence based. This provides a significant corrective for uninformed rhetoric and 'policy by anecdote'. A non-politicised approach to Aboriginal health policy informed by evidence, has the potential for generating

the insights fundamental to innovation and the intellectual alliances necessary for sustained commitment to action.

This presentation will also outline the CRCAH's major bodies of work, highlighting significant projects and outcomes from that work.

IAN ANDERSON (Research Director)

Professor Ian Anderson has worked in Aboriginal (Koori) health for 22 years. During this time he has been involved in a number of job contexts: as an Aboriginal Health Worker, in health education and as a general practitioner. He was the Chief Executive Officer of the Victorian Aboriginal Health Service, and the Medical Adviser to the Office for Aboriginal and Torres Strait Islander Health in the Commonwealth Department of Health and Aged Care.

Ian has been involved in Aboriginal health policy development for a number of years. Ian is Koori and has a professional background in medicine and social sciences. He has written widely on issues related to Aboriginal health, identity and culture. He is also the Director of Onemda VicHealth Koori Health Unit at The University of Melbourne.

SUPPORTING INDIGENOUS PRIMARY HEALTH CARE QUALITY IMPROVEMENT: THE ABCD PROJECT



Ross Bailie

Quality improvement (QI) processes are increasingly being implemented in health care internationally. Uptake of QI processes in Indigenous primary health care settings in Australia has been shown to have a positive impact on health care service quality, viability and long-term sustainability - and is gaining momentum. This presentation, based on our experience with Indigenous quality improvement and related initiatives over the past ten years (including performance monitoring, development of best practice guidelines, the Coordinated Care Trials, the Continuous Improvement Projects, the ABCD Project and the Healthy for Life Program), outlines what is needed to embed the successful features of these efforts into long-term sustainable practice.

- a focus on system improvement, and
- the congruence of modern QI principles with Indigenous health research values and ethics

The research/ service/ policy partnership established through the CRCAH has been critical to the success of the ABCD Project in developing appropriate QI processes and tools, in achieving engagement of Indigenous primary care services, and in demonstrating the benefit of a national initiative to support development and implementation of QI systems.

Critical success features of the ABCD approach have included active engagement of practitioners, service managers, policy makers and researchers; flexibility to meet local needs and system capacity; provision of a selection of tools that cover priority aspects of primary health care; and a web-based data entry, analysis, and reporting system that provides timely and meaningful information (and the capacity for more detailed analysis) for local and regional planning purposes.

The ABCD Project has demonstrated the value of specific support for resource development and for services to implement QI processes. Sustaining the success of quality improvement initiatives in the Indigenous primary health care sector will require ongoing support, monitoring and responsiveness to new evidence.



Michelle Dowden

Success in implementing QI related initiatives has been supported by a number of factors:

- more consultative approach to performance measurement and monitoring
- the increasingly wide acceptance of practitioner-led best practice guidelines
- recognition of the potential to use QI as a strategy for guideline implementation
- external facilitation support
- a focus on recognised priorities
- flexibility in implementation

ROSS BAILIE

Ross Bailie is a Senior Principal Research Fellow at the Menzies School of Health Research in Darwin and a Program Leader for the CRCAH Comprehensive Primary Care, Health Systems and Workforce Program. His research interests are environmental health, health-related infrastructure and health services research in disadvantaged communities. He trained in medicine and in public health at the University of Cape Town and spent several years in general and hospital-based medical practice in New Zealand and South Africa before taking

up an academic career in public health in Australia. His work is strongly oriented to using a range of public health research methods to improve policy and planning for health. Ross has made a significant contribution to the development of the CRCAH's new approach to research

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MICHELLE DOWDEN

Michelle Dowden is a registered nurse and midwife with extensive remote area nurse experience both as a manager and in leading community health education programs. She has a Graduate Certificate in Public Health and is currently enrolled in a Master of Public Health. Michelle is currently working on the ABCD Audit Best Practice Chronic Disease Project. The strengths she brings to the project are both her clinical knowledge and a broad understanding of the context of remote area health services and Indigenous communities.

There are now more than 51 Indigenous primary care services nationally participating in the ABCD project, and the project has already made, and continues to make, a substantial contribution to national developments in Indigenous primary care. Michelle's ability to seek out relevant international and local research evidence, to critically apply the lessons from this evidence to research and to work effectively with Aboriginal Health Workers, health service staff at the coal face of remote community health centres, service managers, researchers, clinicians and policy people at State/ Territory and Commonwealth levels have contributed to the success of the ABCD project to date.

MANAGEMENT OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES: LEARNING FROM ACTION



Judith Dwyer

Management of Aboriginal and Torres Strait Islander Health Services is vested in community-controlled organisations that occupy contested ground in the health system. This study documented the challenges faced by managers in this context, and the strengths and strategies they use to address them, while also providing a direct substantive benefit to participants and communities.



Cindy Shannon

The project team worked in partnership with the Queensland Aboriginal and Islander Health Council, with a group of senior managers in community-controlled organisations in Queensland. The project used an integrated action learning and research method, in which participants were engaged as co-researchers with a small project team. They participated in a year-long learning program (with an option for academic credit), which included using 'learning set method' to present and discuss the managers' current management challenges. The main elements of the participants' stories (challenges, strategies, enablers, barriers and underlying factors), and the reports back at subsequent workshops on action taken and results constitute the data. Data gathered from a concurrent

mainstream learning set were used for comparison. The learning set method worked well for the participants. Workforce and people management issues, along with managing the roles of communities and boards and limits on organisational capacity were the most widespread challenges they raised. There was much in common with the mainstream learning set, but the Aboriginal managers seem to have faced additional challenges (and drawn additional resources) arising from the closeness of their relationships with boards and communities.

This project demonstrated that action learning methods can be effective for managers in Aboriginal health services. It showed that managers benefit from opportunities for professional development that are responsive to their contexts and challenges. It also demonstrated the Aboriginal health sector would benefit from continuing effort to develop supportive infrastructure for good management and governance practice, appropriate to the range of size, resources and geographic location of the organisations.

JUDITH DWYER

Professor Judith Dwyer is Head of the Department of Health Management in the School of Medicine at Flinders University in South Australia, and was formerly the head of the Department of Health Policy and Management at the La Trobe School of Public Health. She is a former CEO of Southern Health Care Network in Melbourne, and of Flinders Medical Centre in Adelaide, and worked in the Australian health system for more than 20 years in a broad range of community, hospital and government settings.

Judith's research and consulting work is focused on leadership and governance of the health care system, and on primary health care services for Aboriginal and Torres Strait Islander communities. Her recent consulting engagements include leadership development for Queensland Health (in partnership with the Hay Group), an evaluation for ACT Health (access to acute care), advising

on primary care arrangements for Tasmania, and on new governance arrangements for the health system in South Australia.

She was listed as one of Australia's 'Smart 100' by *The Bulletin* in 2003, and was awarded the inaugural Women's Health Award by the Australian Medical Association. She has published widely in academic and professional journals and, with colleagues, is the author of the popular book *Project Management in Health and Community Services: Getting Good Ideas to Work*.

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CINDY SHANNON

Professor Cindy Shannon is a descendant of the Ngugi people from Mbreton Island. She has more than 20 years' experience in Aboriginal and Torres Strait Islander affairs, the past 15 specialising in health. She holds a Bachelor of Arts degree, a Graduate Diploma in Education, an MBA and a Doctorate in Social Science. Cindy has recently been appointed Director of the Centre for Indigenous Health at the University of Queensland. She also has an ongoing affiliation with the Queensland peak body for Aboriginal community controlled health services,

the Queensland Aboriginal and Islander Health Council,

and is currently the Director of its centre for clinical research excellence.

Cindy is a member of the Ministerial Council on AIDS, Sexual Health and Hepatitis and chairs its Indigenous Australians' Sexual Health sub-committee. She is also a member of the NHMRC and chairs its Aboriginal and Torres Strait Islander Research Advisory Committee. Cindy is a Director of the Queensland Centre for Rural and Remote Mental Health and of the Abused Child Trust.

PARENTING SUPPORT FOR INDIGENOUS FAMILIES: LET'S START



Yomei Jones

Parenting is now recognised as a major focus for early intervention strategies aiming to support children's development, foster strengths, prevent later difficulties and improve long-term social outcomes. This project is currently investigating the impacts of the Let's Start Program (funded by the Australian Government's Stronger Families and Communities Strategy) as a parenting intervention on the Tiwi Islands, in Darwin and in Jabiru. The aims are to develop an effective intervention for children at risk, along with appropriate assessments and measures of effective parenting for Indigenous people, and to develop resources and strategies to support early intervention work for Aboriginal children and parents more generally.



Carmen Cubillo

YOMEI JONES

Yomei Jones is a Program Leader for the Let's Start Program. Her role is to promote, plan and develop the Let's Start Program within Indigenous communities of Darwin and the Tiwi Islands, and to liaise with schools, community organisations and families, while



Gary Robinson

CARMEN CUBILLO

Carmen is a Larakia woman born in Darwin but raised in Canberra. A fully registered psychologist, with memberships of the Australian college of Clinical Psychologists and the Australian Psychological Society (APS), Carmen is the co-convenor of the APS special interest group – Aboriginal and Torres Strait Islander Peoples and Psychology. Carmen is currently

GARY ROBINSON

Associate Professor Gary Robinson leads Let's Start. He has more than 20 years' experience in research among Aboriginal communities of northern Australia, in particular among the Tiwi of Bathurst and Melville Islands. His research focus has been on social and emotional wellbeing, social and social psychological determinants of violence and youth suicide and intergenerational relationships within Aboriginal families, parenting and early learning for Aboriginal children and parents, Aboriginal community control and its relationship to capacity building and the formation of social capital.

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Let's Start has proved to be an important source of insight into effective family and parenting support for children's early social and emotional learning. Initial indications are that the program can be beneficial for Aboriginal children and parents, including where children have been in care.

Parenting Support Interventions for Indigenous Families is funded by the CRC for Aboriginal Health, the Northern Territory's Department of Health and Community Services, and conducted by the School for Social and Policy Research at Charles Darwin University.

coordinating the development of training and resources for the program. Her background is in education and in 2005 she was selected to participate in the Indigenous Leader Network Program established by NT Department of Employment, Education and Training.

undertaking a PhD studying the impact of the Let's Start Program on the parent-child relationship. Carmen hopes her past and present research will shed light on the underlying issues of Aboriginal mental health and wellbeing, and contribute to improving practice and research with Aboriginal communities.

REDUCE SMOKING, REDUCE THE GAP



Viki Briggs

Aboriginal and Torres Strait Islander people suffer from tobacco-related health conditions in numbers disproportionate to the broader Australian population, and are nearly three times more likely to be daily smokers. Generally, Indigenous people take up smoking at an earlier age, smoke for longer and make fewer quitting attempts than non-Indigenous Australians. There is evidence that tobacco use is one of the major contributors to the burden of disease of Indigenous Australians, and that reducing smoking rates would lead to improvements in both life expectancy and birth weights.

Tobacco control organisations in Australia are continually evolving new strategies targeting smoking prevention and cessation through a combination of legislation, health promotion and practical assistance to quit. Yet, while the smoking rates of the general population are declining, Indigenous Australians are still smoking at disproportionate rates. Strategies used to date have not had the impact they have had on Australians in general and it is vital to understand why and what can be done to effect change. Strategies that are implemented need to be culturally relevant, properly resourced and freely available.

The Centre for Excellence in Indigenous Tobacco Control (CEITC), which is funded by the Australian

Government Department of Health and Ageing until 2010, aims to increase knowledge about Indigenous tobacco control. CEITC began in September 2003 and is based within the Onemda VicHealth Koori Health Unit at The University of Melbourne. CEITC consults widely to ensure that the community has an opportunity to inform Indigenous tobacco control policy. It also endeavours to take a leading role in policy reform.

Some of this work serves as a clearing-house function where the Centre brings together knowledge from Aboriginal and Torres Strait Islander and tobacco control organisations from around the country and ensures that such knowledge is processed and disseminated appropriately. Good work has been carried out by individuals and organisations around Australia to help Indigenous people quit smoking. Because this work is spread out, opportunities for others to learn from this experience can be limited. CEITC's aim is to encourage the sharing of knowledge and resources and to provide networks through which this learning can be achieved.

In April 2008 CEITC plans to host a national Indigenous tobacco control roundtable to prioritise gaps in research within Indigenous tobacco control.

VIKI BRIGGS

Viki is a Yorta Yorta woman from Northern Victoria. She is the Manager of the Centre for Excellence in Indigenous Tobacco Control, a national tobacco research, policy and advocacy program that seeks to increase knowledge and capacity in the area. She is also a Lecturer in Indigenous Health Promotion at The University of Melbourne. For eleven years Viki was the Aboriginal Program Coordinator at the Quit Campaign based at the Cancer Council of Victoria. She also sits on committees relating to Aboriginal and Torres Strait Islander tobacco control and health promotion. Viki has authored and presented papers at a number of national and international health-related conferences. She has a Bachelor of Arts, a Graduate Diploma in Indigenous Health Promotion and a Master of Public Health. This is Viki's twenty-third year working in Aboriginal and Torres Strait Islander health.

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RACISM AND INDIGENOUS HEALTH LAUNCH OF NEW REPORT

A new report entitled *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, will be launched during lunch as part of the CRAH Showcase. The report summarises findings from a symposium on racism and Indigenous health held in November last year. It presents clear evidence that racism has a detrimental impact on the health of Indigenous peoples in Australia and New Zealand and highlights the need for further research to understand the extent and nature of racism, and to determine how it can be effectively addressed.

With strong and effective Aboriginal control, we conduct high quality strategic Aboriginal health research, and engage in effective development activities with Aboriginal communities, service providers, policy formulators and decision makers



www.crah.org.au

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