

National Aboriginal Health Worker Symposium 2010

SYMPOSIUM REPORT

Start Stronger,

Live Longer



**RIO
TINTO**



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Introduction

The Rio Tinto Aboriginal Health Partnership: Strong Foundations, Sustainable Futures marries Rio Tinto's commitment and dedication to community investment with the research expertise of the Telethon Institute of Child Health Research and Kulunga Research Network. The Partnership aims to bring tangible benefits to the Aboriginal community by building individual and community capacity through research and practical support to Aboriginal Health Workers.

Commencing in mid 2008, the Partnership builds on the success of the previous five year Aboriginal Maternal and Child Health Partnership. It responds to a call from Aboriginal Health Workers for greater training in the areas of maternal and child health, as well as more training and workforce development opportunities. The Partnership is committed to empowering Aboriginal Health Workers so that they can continue their vital work in closing the gap in health outcomes and life expectancy for all Aboriginal people.

The Rio Tinto Aboriginal Health Partnership aims to bring about improvements in Aboriginal child and maternal health by addressing the training and workforce development needs of Aboriginal Health Workers. It seeks to do so by translating research into practical tools such as resources and training.

The Partnership's key objectives are to:

- Further build the capacity of Aboriginal Health Workers, Aboriginal Community Controlled Health Organisations and the Aboriginal community to bring about improvements in the area of Aboriginal maternal and child health;
- Provide professional development opportunities for Aboriginal Health Workers;
- Assist WA Aboriginal community based health organisations to work towards sustainability; and
- Develop an evidence base on the effects of targeted capacity building on Indigenous workforce development.

The Partnership's work is guided by three key principles:

- That Aboriginal people play a critical role in improving health outcomes in their own communities;
- To generate sustainable improvements in Aboriginal maternal and child health in Western Australia; and
- Work towards closing the gap in Aboriginal health.

The Partnership's work is informed by - and a response to - research undertaken through community and service provider consultations at the key project sites of Kwinana, the Kimberley, and the Pilbara. This research highlighted a number of key health and workforce development needs and concerns, including:

- Maternal Health and Wellbeing
- Infant and Child Wellbeing, Development and Safety
- Adolescent Wellbeing and Development
- Nutrition and Healthy Lifestyles
- Mental Health and Wellbeing
- Smoking, Alcohol and Other Drugs
- Health Promotion and Research

These themes and issues have informed the design and development of key Partnership deliverables that aim to build the skills, knowledge and capacity of Aboriginal Health Workers to deliver positive health changes.

This report provides both an overview and assessment of the *Start Stronger, Live Longer* National Aboriginal Health Symposium. It details the themes, aims and objectives of the *Start Stronger, Live Longer* Symposium to give a context for the symposium's content and outcomes. The report provides an overview of the presentations and proceedings, as well as information on key speakers, and includes the participants' evaluation of the event. This report – in keeping with the Partnership's aims and objectives of ongoing learning - is intended as a bibliographic record of the symposium.

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Start Stronger, Live Longer Symposium: Themes, Aims and Objectives

On the 8th and 9th June 2010, the Partnership hosted the *Start Stronger, Live Longer* National Aboriginal Health Worker Symposium at the University of Western Australia's University Club. This venue was chosen not only for its capacity and reputation, but because the University is committed to reconciliation and Indigenous capacity building through education and employment, and openly acknowledges Noongar ownership of the land on which the campus is situated. These commitments compliment the Partnership's own aims, objectives and philosophies.

The symposium theme— *Start Stronger, Live Longer* – emphasised the importance of giving Aboriginal children strong starts in life to enable them to live longer, healthier lives. Strong starts are critical to closing the gap in Indigenous health outcomes and life expectancy. The symposium program focused on a number of issues, identified by Aboriginal Health Workers as community priorities:

- Maternal Health
- Infant and Child Development
- Adolescent Wellbeing
- Mental Health and Wellbeing
- Substance Use
- Lifestyle and disease
- Accessing culturally appropriate, Aboriginal controlled programs
- The rights and expectations of Aboriginal Health Workers

A primary symposium objective was to provide Aboriginal Health Workers and others with a unique opportunity to learn from and connect with experts in a range of Aboriginal health related areas. Through keynote presentations, plenary sessions, and themed breakout sessions, the symposium showcased the work of community and government stakeholders working in Aboriginal maternal, child and adolescent health and development.

Underpinning the 2010 *Start Stronger, Live Longer* National Symposium was a set of additional, related objectives:

- To celebrate the strengths of Aboriginal Health Workers and honour the work they do with Aboriginal children, families and communities on a daily basis;
- To bring together a range of stakeholders from across Australia to share their knowledge, expertise and experiences;
- To provide Aboriginal Health Workers in particular with a unique experience to learn from and network with their colleagues from across Australia;
- To give Aboriginal Health Workers access to experts in research, policy and service provision and in doing so, share their experiences and concerns.

It was intended that the symposium would contribute to the professional development and capacity building of Aboriginal Health Workers. Aboriginal Health Workers were given a unique opportunity to acquire the knowledge, skills, confidence and contacts to help build their community's capacity to make informed health and life choices. The symposium brought together people dedicated to closing the gap in Aboriginal health, disadvantage and life expectancy. The sharing of information, knowledge, expertise and experiences over the two days is one of the key symposium outcomes, as is the building of networks and partnerships across WA and Australia.

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Day One – 8th June 2010

Symposium Opening – Mary G

Celebrating the vital work of Aboriginal Health Workers, acknowledging positive gains made in Aboriginal health, and honouring the capacity of Aboriginal families, communities and services to control their own health futures and outcomes were key symposium objectives. The symposium organisers wanted to engage an MC who could connect with participants and convey these messages. More importantly the organisers wanted to inject humour into the event, recognising that laughter is important to wellbeing and a key tool in Aboriginal people's resilience.

Mary G was identified as the ideal MC because of her standing amongst Aboriginal people, her work in promoting Aboriginal rights and ways, her position as a role model, and because she would make people laugh.

Mary hosted the morning auditorium sessions on days one and two of the symposium using music and humour to engage the audience. Mary put the audience at ease, conveyed important health messages, summarised presentations, and highlighted positive outcomes in Aboriginal health.

Mary G – Biography

“She's not a big black widow, so do not think of her as a spider but a butterfly. She floats like a butterfly and she stings like a bee. You can not grab a hold of a woman, built like a Boab tree.

This lady has the eyes, ears and hearts of Indigenous Australia, and is fast gaining prominence amongst mainstream. She is a social conscious for the Indigenous community and a committed advocate for the reconciliation of Australia from an Indigenous perspective.

She has had two TV series on SBS and a radio show on the national Indigenous Radio Service, and won numerous awards including the three Deadlies. Mary has her own band the G-Spots.”

Welcome to Country – Kim Collard

Kim Collard is a Noongar man who is well respected in Aboriginal and non-Aboriginal communities. He has worked with Indigenous communities nationally and internationally in his work as a cultural, language and education consultant and trainer. Kim is a speaker of the Balladong dialect of the Noongar language group. His welcome to all participants in language was inspirational and moving.



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Opening Speakers

The symposium was opened by four speakers who represented the Partnership and Aboriginal Health Workers. Professor Fiona Stanley – Director of the Telethon Institute – and Sam Walsh – Chief Executive of Rio Tinto Australia and Iron Ore - spoke in their capacities as the heads of the Partnership organisations, representing the views, interests and perspectives of the Partnership. The engagement of Sharon Bushby – Manager of Workforce Development and Service Development at the Aboriginal Health Council of WA - and Dr Joan Winch – founder of the Marr Mooditj Foundation - ensured Aboriginal Health Workers were represented, and that matters important to their status, training and workforce development were addressed.

Professor Fiona Stanley

Professor Stanley spoke of the Telethon Institute's commitment to improving the health and wellbeing of all Aboriginal people through: collaborative research partnerships; building the capacity of Indigenous researchers to take ownership of the Aboriginal health research agenda; through the translation of research into an evidence base for policy; and advocacy on behalf of Aboriginal people and communities at the federal and state levels.

She stated that improvements in Aboriginal health and life expectancy will only come about when Aboriginal health is placed back in the hands of Aboriginal people. This, she said, requires a highly skilled, supported and respected Aboriginal medical and health workforce which includes Aboriginal Health Workers.

Professor Stanley noted that factors such as racism, lack of respect from colleagues, lack of access to adequate training and resources, and poor remuneration were obstacles to the development



of a strong Aboriginal Health Worker workforce, and therefore to closing the gap.

Professor Stanley concluded her address by re-affirming the Partnership's commitment to supporting Aboriginal Health Workers in all aspects of training and workforce development.

Sam Walsh

Mr Walsh reiterated the Partnership's commitment to improving the health and wellbeing of Aboriginal people through its research, advocacy and translation activities. He spoke of Rio Tinto's commitment to improving the lives of Aboriginal people in rural and remote areas through direct actions such as community investment and employment strategies, as well as indirectly through the funding of research and projects such as the Aboriginal Health Partnership.

Mr Walsh affirmed Rio Tinto's belief in corporate responsibility and spoke of the many ways the organisation works to invest in the WA community to achieve better outcomes for all West Australians, and particularly for Aboriginal people and communities in its areas of operation.



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Dr Joan Winch

Dr Winch explored the history of Aboriginal health and Health Workers in Western Australia. She spoke of the historically poor status of Aboriginal health, particularly of children. She described the difficulties many Aboriginal people experienced through their interactions with mainstream health, education and training systems as patients, clients, students and employees. Dr Winch connected this story to colonisation and the low status assigned to Aboriginal people by white governments and administrators.

The Marr Mooditj story, as told by Dr Winch, is an empowering one. She explained how Marr Mooditj has enabled Aboriginal people to take ownership of community health and wellbeing by providing training that is accessible, culturally safe, and that uses Aboriginal knowledge, wisdoms and practices. Marr Mooditj has trained over 800 Aboriginal Health Workers, some of who have gone on to further study in nursing, medicine, training, and practice management. In this way, Marr Mooditj has enabled the growth of a strong Aboriginal health and medical workforce which is putting Aboriginal health firmly in Aboriginal hands.

The Marr Mooditj foundation has won many national and international awards in recognition of its outstanding work in the field of Indigenous health training.



Ms Sharon Bushby

Ms Bushby spoke of the challenges facing Aboriginal Health Workers, highlighting that theirs is a unique and special role not found in other areas of health. She emphasised that in addition to their primary health work, Health Workers contribute to Aboriginal health and wellbeing through their physical, cultural and emotional connections to community, and by translating this connection into advocacy, mediation and brokerage between Aboriginal people and mainstream service providers.

Ms Bushby said that the greatest challenges posed to Aboriginal Health Workers results from the discord between mainstream policy objectives and community expectations. She cited the government's push to make the role more bio-medical as being at odds with the need for holistic approaches to Aboriginal health and health service provision. She concluded by asking all participants to consider what they can do to preserve the uniqueness of the Aboriginal Health Worker role.



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Key Note Speakers

A key symposium objective was to connect Aboriginal Health Workers and other community based health professionals to recognised experts in Aboriginal health. The Partnership was privileged to engage three high profile Aboriginal key note speakers: Professor Sandra Eades, Professor Ken Wyatt AM and Mr Mick Gooda. Each has dedicated themselves to improving the health and wellbeing of Aboriginal people in WA and Australia through their work in medicine and medical research, state and federal government policy, and human rights respectively.

Professor Sandra Eades

Findings of the Smoking and Pregnancy Community Feedback, 2009-2010

Professor Eades reported on a study into the prevalence of smoking amongst pregnant Aboriginal women in Cairns, Townsville and Perth. This study tested the effectiveness of a culturally sensitive and holistic smoking cessation intervention in helping Aboriginal women to quit smoking and remain non-smokers post-partum. Women were assigned to either a control or treatment group. Initial findings have shown that women in the treatment group were more likely to quit smoking and remain non-smokers following pregnancy than those women in the control group.



Professor Ken Wyatt AM

Aboriginal Health – A Policy Perspective

Professor Wyatt spoke of the health priorities for Aboriginal people, highlighting the interconnectedness between health and other social determinants such as education, housing, and employment. He then elaborated on the policy implications of these factors and of the need for whole of government approaches to Indigenous issues. He acknowledged the importance of Aboriginal Health Workers in delivering services and ensuring good outcomes in Aboriginal health, and that they are frontline workers on who communities depend. He praised their unique skills and the knowledge they bring to their role. Professor Wyatt concluded by stressing the importance of Aboriginal Health Workers to all Aboriginal people and communities: He said they need strategic alliances and support in working to close the gap.

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Mr Mick Gooda*Health as a Human Right*

The theme of Mr Gooda's address was Aboriginal health and wellbeing as a social justice issue and a human right. He stated that:

"All the issues being dealt with in Indigenous affairs; effective engagement, poverty, education, health, protection of culture and languages, incarceration rates, protection of women and children, all of these issues are human rights issues."

He explained the concepts of universal and indivisible rights, telling participants universal rights – such as to respect, dignity and equal treatment – are those that all people are entitled to. Indivisible rights meant that there is no hierarchy of rights: social, economic, political, cultural and civil rights are equally important.

He added that with rights comes responsibility: people must make sure that in acting on their rights that they do not deny the rights of others. Mr Gooda illustrated this point referring to the consumption of alcohol. He said that while Aboriginal people had a right to purchase and consume alcohol, they should do so in a way that does not compromise the right to safety of women and children in their families and communities.

Mr Gooda then turned to the theme of health as a human right. He argued that while most non-Aboriginal Australians accept their health is a right, the reality for many Aboriginal people is very different: The gap in health outcomes and life expectancy should be viewed through a human rights lens.

"I believe the time has now come, in the spirit of good faith and the Australian Government's stated commitment to re-setting the relationship with Aboriginal and Torres Strait Islander peoples that we begin down the path of the Declaration. We take our first steps on this human rights road map to equality."

**Special Guest Speaker****Sister Alison Bush, AO**

Sister Alison Bush is an iconic figure in child and maternal health. She is a descendant of the Ngalakan clan Ngukurr (Roper River) on her father's side and on her mother's side a descendant of the traditional language group of Garawa Borroloola (NT). Both her parents were members of the stolen generation who were taken to Groote Eylandt. She grew up in Darwin where she went to school with Tom Calma.

Sister Bush was the first Aboriginal Midwife to be based at a major maternity hospital in New South Wales. For forty years she has worked tirelessly to improve the health of Aboriginal mums and babies. She is well known in Redfern and Marrickville, and at Royal Prince Alfred Hospital she is affectionately called Sister Bush. She has delivered over 100 Aboriginal babies. She advocates for Aboriginal mums at RPAH, as a cultural broker and defender of social justice, ensuring 'that the Aboriginal women and babies are cared for in a culturally respectful, safe and secure way'. Sister Bush has always provided strong leadership and cared for all people with dignity, humour and compassion.

Working Towards Good Outcomes for Mums and Bubs

Sister Bush has been at the forefront of Aboriginal Health Worker training in maternal and child health: this work was the theme of her presentation. Sister Bush opened her address by describing Aboriginal maternity trends, noting younger maternal age and low birth weights as key features. She stated that improved Aboriginal Health Worker knowledge of maternal health, ante and neo natal care, as well as of the stages of pregnancy and better communication skills were critical to improving outcomes for Aboriginal mothers and babies. Sister Bush described the program she has developed and taught to Aboriginal Health Workers, and demonstrated the potential career pathways open to Health Workers with this training.

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Workshop Session 1 – Maternal Health and Wellbeing: Standards of Excellence and Program Successes

Research shows that Aboriginal women are less likely to access mainstream ante and post natal health services. One reason for this is that mainstream services are often culturally inappropriate: many Aboriginal women report feeling uncomfortable, vulnerable and unwelcome when accessing mainstream services. The focus of this session was on maternal service delivery in the mainstream and ACCHO sectors, highlighting program successes and models of excellence. The speakers and topics for this session were:

Anne-Marie McHugh, Aboriginal Health Council of Western Australia

Models of Excellence in the WA ACCHO Sector: Mawamkarra Mums and Bubs Program

Rhonda Bradley and Lee-anne Councillor, Geraldton Regional Aboriginal Medical Service

AHCWA Centre of Excellence: GRAMS Maternal and Child Health Program

Graham Boardley, Executive Director Midwifery, Nursing and Patient Support Services, Women and Newborn Health Service

Improving Maternity Services for Aboriginal Women

Sister Alison Bush, AO, South West Area Health Service, Sydney

Working Towards Good Outcomes for Mums and Bubs (see previous page)

At this session, delegates learned:

- About AHCWA's Sites of Excellence project in Roebourne, Geraldton and Kununurra, emphasising program successes and outcomes
- About the Mawamkarra New Directions program in Roebourne
- About the GRAMS Healthy for Life Service
- About King Edward Memorial Hospital's proposed Aboriginal Maternity Support Unit
- That one stop shop approaches enable opportunistic assessment, leading to improved health outcomes for families
- That family centred programs of an holistic nature are delivering improved maternal, infant and child health outcomes
- That maternal and child health should be seen as means to strengthening families, not simply as ends in themselves
- That culturally safe and secure practices ensure ongoing access to services, leading to improved maternal and infant health
- That program successes have included increased ante and post natal service access, improved birth weights, and higher immunisation rates.

Session 2 – Infant and Child Development: Programs that Work

The 0-5 year period is a critical phase in a child's overall development. Much of what happens in this phase influences lifelong health and wellbeing. For this reason, it is vital that all parents are supported to give their children the best possible start in life. In this session, participants heard from not for profit organisations delivering child development programs to WA Aboriginal families. The emphasis was on programs that empower Aboriginal families to maximise the educational, social and emotional development and wellbeing of their children. The speakers and topics for this session were:

David Zarb, Playgroup WA: Unlimited Potential
What Playgroups Can Do in Aboriginal Communities

Ada and Susan Hanson, Better Beginnings, State Library of Western Australia: Better Beginnings Plus
Indigenous Communities

Juan Laranaga, Save the Children WA and Jane Parker, Wyndham Early Learning Activity
Save the Children's Kimberley Early Learning and Development Program

At this session, delegates learned about:

- The benefits to children and families through involvement in playgroups
- The importance of early parental intervention in developing a child's literacy
- The importance of family programs to developing strong and healthy communities
- The benefits of using strengths based and culturally secure approaches in program delivery
- The importance of incorporating Aboriginal approaches, knowledge and language into services
- Literacy as being more than just reading – oral storytelling and sharing stories are part of the overall literacy picture
- The need to develop the capacity of families and communities to nurture and support child development



Session 3 – Mental Health and Wellbeing: Aboriginal Focused Programs and Research

The Aboriginal mental health picture is complex. It involves a range of physical, spiritual, historical, socio-economic and psychological factors. At this session participants heard from four speakers from the government and non-government sectors on a range of areas related to the mental health and wellbeing of Aboriginal people. The emphasis in this session was on promoting and supporting good mental health and wellbeing through programs that: employ holistic and strengths based approaches; engage families; utilise Aboriginal knowledge and ways; and promote self empowerment. The speakers were:

Dr Janette Brooks, WA Perinatal Mental Health Unit Healthy Parents, Healthy Minds

Building a Perinatal Mental Health Service Model with a Western Australian Aboriginal Community

Assistant Professor Marion Kickett, University of Western Australia

What Makes a Successful Aboriginal Person Resilient?

Jan Woodland and Angela Ryder, Relationships Australia
WA Moorditj Yarning and Kid Care Programs for Aboriginal People

At this session, participants learned:

- A range of culturally appropriate and safe services and ways of working
- The importance of raising community awareness of mental health issues
- The individual, family and community benefits of good mental health and wellbeing
- Innovative approaches to Aboriginal mental health and wellbeing
- That collaborative approaches are critical to program success
- Culturally safe and secure practices deliver good health outcomes for clients
- The importance of utilising Aboriginal knowledge and ways in service design and delivery
- That services and programs for Aboriginal people need to be flexible



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Session 4 – Adolescent Health and Wellbeing: Programs for Aboriginal Young People

Adolescence encompasses the physical, emotional and behavioural changes marking the transition from childhood to adulthood. It is seen as a last window of opportunity for changing health behaviour before adulthood. At this session, participants heard from speakers from the Kimberley and NSW, presenting programs that support the health and wellbeing of Aboriginal young people. The focus of this session was on strengths based education programs that enable and empower young Aboriginal people to make informed choices about their own health and wellbeing. The speakers at this session were:

Wendy Miller, Tilathia Gore and Anania Tagaro, Save the Children Kununurra
Risky Business Youth Program

Sammi Fatnowna, Durri Aboriginal Corporation Medical Service, NSW
Durri ACMS Type 2 Diabetes Education Resource Package

Participants at this session learned:

- Ways to develop and trial strategies and programs
- Effective ways to educate and engage with Aboriginal youth
- The importance of engaging young people to develop their capacity to control their own health
- The importance of targeted messages addressing lifestyle factors to engaging young people
- That successful youth programs employ innovative strategies
- Young people need to be empowered to make informed health decisions
- Adolescence is the last window of opportunity to effect positive behaviour change
- Partnerships with other stakeholders and organisations are critical to program success
- Positive behaviour change is possible

Session 5 – Child Development: Speech and Hearing

A child's health, development and wellbeing in the 0-5 year period are critical to their lifelong health, wellbeing and progress. Diseases and developmental delays during this period can have adverse consequences on their education and later employment. Participants heard from speakers involved in research and program delivery in a range of areas related to speech and hearing. The focus of this session was on the importance of speech and hearing to a child's overall development and wellbeing. Speakers highlighted the ways in which Aboriginal Health Workers can help families to support the development of good speech and hearing. The speakers at this session were:

Sue Gawned, State Child Development Centre
Yarning Together

Wendy Sun, Telethon Institute for Child Health Research
Pilot Study: Otitis Media Training Program for Aboriginal Health Workers

Nola Allen and Margaret Kett, State Library of Western Australia
Rhyming Together Early Literacy Program

Participants learned:

- That speech and hearing are linked to a range of developmental areas including education and social and emotional wellbeing
- Ways to work with parents to develop a child's speech and literacy skills
- The connection between ear health and educational and behavioural issues
- How to incorporate Aboriginal knowledge and ways to develop good early language and literacy skills
- How to avoid hearing loss through ear health checks
- The importance of collaborative approaches in developing programs and resources
- About the importance of community education programs as preventative and intervention measures

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Session 6 – Maternal and Child Wellbeing: Programs for Aboriginal Families

An Aboriginal person's health is connected to the health and wellbeing of their family and community. For this reason, health and wellbeing programs for Aboriginal women and children need to be family focused in order to be effective. At this session, participants heard presentations on a range of family oriented health and wellbeing services for Aboriginal people. The focus of this session was on culturally safe and secure practices in service delivery, incorporating Aboriginal knowledge and ways, in collaboration with other service providers. The speakers at this session were:

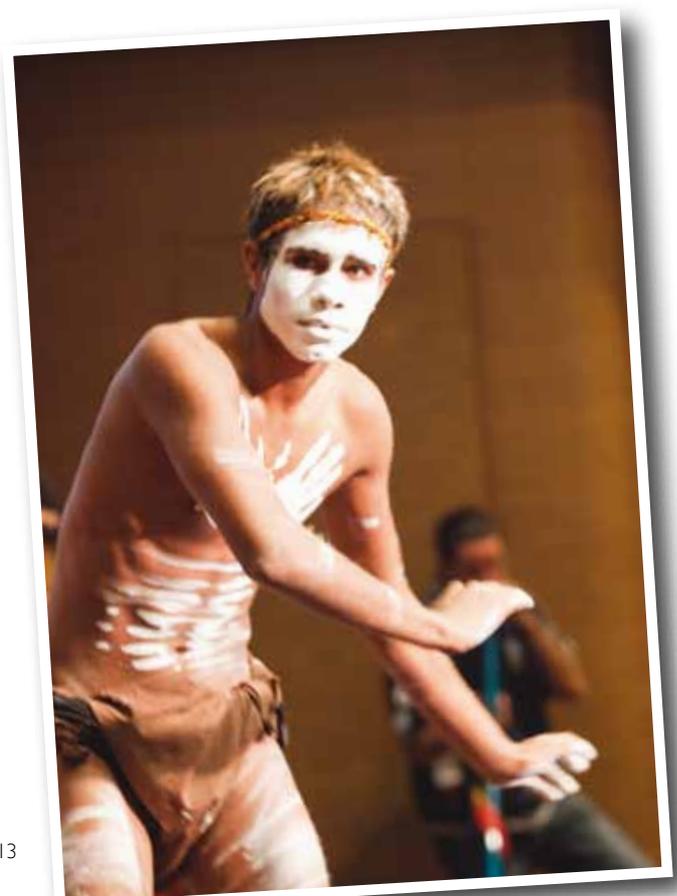
Jayne Kotz, Ord Valley Aboriginal Health Service
OVAHS New Directions Program

Lynn Doherty, Valmae Walley, Debbie Cherry, and Nicole Elliott, South Coast Women's Health Service
Holistic Team Approach to Aboriginal Maternal Health

Katherine Webster, Gail Yarran, Mary Michaels, Jo Clinch and Wendy Skellem, Derbarl Yerrigan Health Service
Healthy for Life Program

At this session, participants learned:

- That many Aboriginal families face inequity in service access and delivery
- That many mainstream services do not meet the health, social and cultural needs of Aboriginal families
- Biomedical models of service delivery do not adequately address all of the factors that influence Aboriginal families and their health
- About the need for 'joined up' and 'one stop shop' service delivery models that enable families to access a range of services in one place
- That an Aboriginal person's health is intricately bound to the health and wellbeing of their whole family
- The need for family centred approaches and services
- Holistic approaches are delivering positive health outcomes to Aboriginal families
- Incorporating Aboriginal culture and employing Aboriginal staff can make services more acceptable to Aboriginal families.



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Day Two – 9th June 2010

Special Plenary Session – Workforce Development Issues: Acknowledging and Supporting Aboriginal Health Workers

Aboriginal Health Workers are critical to meeting the complex health and wellbeing needs of their families and communities. However, this importance is not reflected in workplace policies and practice. Many Aboriginal Health Workers work in conditions that are less than ideal. They face a lack of respect, racism, poor pay and low status. At this special plenary session participants heard different perspectives on the rights and roles of Aboriginal Health Workers, from the following speakers:

Val Jones and Cheryl Phillips, WA Aboriginal Health Worker Association (WAAHWA)

Presentation on the Role of WAAHWA

Associate Professor Pat Dudgeon, Australian Indigenous Psychologists Association

Mothers of Sin

Jan Woodland, Relationships Australia

WA Cultural Safety in Mainstream Services: The RAWA Example

Through these varied presentations, participants learned:

- The impact of colonisation on the lives, health and status of Aboriginal women
- The important and often equal role Aboriginal women played in pre-colonisation societies
- The strengths, stressors and strains affecting the lives of Aboriginal women and families
- The ways Aboriginal women have positively and successfully negotiated the impact of colonisation
- Aboriginal women's leadership at the community level
- Ways in which mainstream services can action reconciliation
- About the history, objectives and role of WAAHWA
- WAAHWA's role as an advocacy body for Aboriginal Health Workers, best summarised as:

“To achieve a health system where Aboriginal Health Workers are recognised and acknowledged as key contributors to achieving quality outcomes in the health of Aboriginal and Torres Strait Islander people in Western Australia.”

Workshop Sessions

Session 7 – Smoking, Alcohol and Other Drugs

Substance use is a major cause of preventable and treatable diseases amongst Aboriginal people. Participants heard from speakers involved in substance use research and intervention service delivery. The emphasis in this session was on the factors motivating the use of substances by Aboriginal people. The speakers gave examples of best practice in service delivery, and demonstrated ways of working with Aboriginal people who present with smoking, alcohol and drug use issues. Speakers at this session were:

Mena Lewis, Kimberley Aboriginal Medical Services Council
and Christine Ivan, Aboriginal Health Council of WA

Beyond the Big Smoke

Dr Colleen O'Leary, Telethon Institute for Child Health
Research

Alcohol Consumption by Australian Women

Participants in this session learned:

- About alcohol and smoking amongst Aboriginal people
- The factors motivating smoking and alcohol consumption amongst Aboriginal people
- The impacts of smoking and alcohol consumption on Aboriginal people, families and communities
- About successful smoking cessation strategies
- Information about smoking and alcohol that can be applied by Aboriginal Health Workers
- About best practice and program success in smoking cessation programs for Aboriginal people
- The importance of collaborative partnerships to service delivery



Session 8 – Family Health and Wellbeing: Culturally Appropriate Programs

Access to culturally safe health services is critical to improving the health and wellbeing of Aboriginal people. Aboriginal people are more likely to access services that are culturally safe and where respect is shown for Aboriginal people, culture and knowledge. This session focused on a range of culturally safe and secure programs for Aboriginal people, families and communities. These programs are run by Aboriginal people in collaboration with mainstream service providers. They are examples of best practice in culturally appropriate service delivery. Speakers at this session were:

Diane Coyne, Anita Philips and Sue Thompson, Great Southern Aboriginal Medical Services

Boodjari Yorga Program

Cissy Cox, Arelene Manado and Camille Mallard, St John of God Healthcare (SJGHC)

Strong Families, Strong Culture (SFSC)

Clare O'Leary, FPWA Sexual Health Services

Mooditj Program

Participants at this session learned:

- About a range of culturally safe programs for Aboriginal people of all ages
- Ways to incorporate cultural knowledge and safety into programs
- The importance of innovative programs and projects that look outside the box
- From people involved in successful and sustainable programs
- About the importance of collaborative approaches
- That it is critical to incorporate cultural ways and knowledge into service delivery
- About programs that have enabled successful health outcomes
- That successful programs are those that empower by building the capacity of clients to make informed choices and changes with life long benefits
- The importance of using strengths based approaches when working with Aboriginal people



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Session 9 - Infant and Child Health and Development: Social Determinants of Health and Development

Data linkage projects enable researchers to better understand the connection between socio-economic factors and child health and development. At this session, participants heard from researchers involved in the Developmental Pathways project. The aim of this project is to use quantitative data from state government jurisdictions to build a sound evidence base for policy development and implementation. Speakers at this session were:

Dr Rebecca Glauert, Telethon Institute for Child Health Research

Pathways, Policies and Prevention: Improving Outcomes for Western Australian Children

Dr Melissa O'Donnell, Telethon Institute for Child Health Research

Child Abuse and Neglect: Vulnerable Children and Families

Dr Amanda Langridge, Telethon Institute for Child Health Research

Social and Racial Inequalities in Infant Outcomes in Western Australia, 1984-2006

Participants at this session learned:

- About research practices and methods
- The importance of research to policy development and change
- How research, evidence and data can be used by Aboriginal people and organisations in their work
- About the factors influencing Aboriginal disadvantage
- That linked data analysis has benefits and limitations
- That in using linked data, governments might be better equipped to help overcome Aboriginal disadvantage
- That sound evidence should enable the development of more targeted programs
- That there is a need for more evidence and better understanding of the factors influencing child health and development



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Session 10 – Infant and Child Health and Development: Maternal Lifestyle Factors as Determinants

A person's lifelong health and wellbeing can be determined during pregnancy. Maternal lifestyle factors shape an unborn child's future as much as genetic ones. Participants at this session heard about the influence of maternal behaviours and lifestyle on the health and development of infants and children. They were told how these can shape a child's lifelong health and wellbeing. The focus in this session was on alcohol consumption during pregnancy and breastfeeding. Participants were presented with information that could be used in health education and promotion activities. At this session, participants heard from:

Dr Raewyn Mutch, Telethon Institute of Child Health Research

FASD Training for Aboriginal Health Workers

Dr Alison Wilkins, Koondoola Child Development Centre

FASD Training For Aboriginal Health Workers

Dr Wendy Oddy, Telethon Institute for Child Health Research

Breastfeeding Amongst Aboriginal Women

Participants at this session learned:

- Factors influencing maternal alcohol consumption amongst Aboriginal women
- Consequences of maternal alcohol consumption on the foetus
- About Foetal Alcohol Syndrome and Spectrum Disorder (FAS/FASD) – causes and effects
- Methods for FAS/FASD diagnosis
- Social, emotional, behavioural and intellectual outcomes for FAS/FASD
- Support services and resources for FAS/FASD
- FAS/FASD is highly preventable
- The importance of health interventions and education to prevent FAS/FASD
- Importance of breastfeeding for infant health – i.e. boost immunity
- About breastfeeding trends for Aboriginal women
- Connections between breastfeeding, disease and hospitalisation for Aboriginal children
- Breastfeeding for more than three months can be health protective
- Women who were more educated, did not smoke, and lived in un-crowded conditions were more likely to breastfeed longer

Session 11 – Lifestyle Origins of Disease

Aboriginal people experience higher rates of chronic, yet preventable and treatable, diseases than non-Aboriginal people. Aboriginal families are also more likely to be exposed to factors that cause them stress, leading to higher rates of family breakdown: for this reason parent and family support programs are critical to Aboriginal wellbeing. This session focused on health education and family support programs designed by Aboriginal people, for Aboriginal people to deal with lifestyle causes of disease and stress. The use of Aboriginal ways, knowledge, language and culture was a feature common to each of these programs. Speakers attributed this to their success. At this session, participants heard from the following speakers:

Lyn Dimer, Heart Foundation

Heart Health, For Our People, By Our People

Dr Emma Croager and Lyn Odegaard, Cancer Council WA

Bowel Education Program for Aboriginal People

Valma Banks, Alana Stretch, James Yaloot, Sandra Deegan and Eva Johnson, KAMSC/Yura Yungi and Dr Roz Walker, Telethon Institute for Child Health Research

Evaluating the Yanan Ngurra-ngu Walalja Community Families Program - Growing Up Strong Families

At this session, participants learned:

- About the lifestyle factors contributing to heart and bowel diseases
- About the efficacy of health education and promotion programs to help people prevent and manage these diseases
- The importance of developing holistic programs which cover the multiple medical and lifestyle factors of disease
- The importance of collaborative approaches to program success
- That programs can be successfully imported and adapted to local conditions and situations
- That programs need to be developed in consultation with community if they are to meet specific community needs
- That innovative thinking in program design and delivery is critical to success
- Of the importance of using capacity building, empowering and transformative approaches to bring long term, sustainable change
- That family programs need to involve women and men
- About a range of programs available for Aboriginal people



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Session 12 – Workforce Issues: Research, Policy and Practice

Sound research and evidence are the foundations of good policy and practice. This session focused on issues of policy and practice in Aboriginal health, particularly the need to use a range of evidence to inform best practice and change. Participants heard about research methods and tools, and how evidence has been used to inform changes to Aboriginal health policy in Western Australia. At this session, participants heard from:

Professor Neil Thomson, HealthInfonet, Edith Cowan University

Helping to Close the Gap by Providing an Evidence Base for Practice and Policy in Aboriginal and Torres Strait Islander Health

Debra Rose and Leonie Hellwig, Child and Adolescent Health Policy Unit

Aboriginal Health: A Brighter Future

At this session, participants learned:

- About the Australian Indigenous HealthInfonet
- How to use HealthInfonet as a research and networking tool
- Of the importance of developing a sound evidence base on which to develop policy and program
- How the state government has used evidence to improve Aboriginal child health policy and practice
- That collaborative research efforts have led to the development of best practice guidelines
- About improvements to Aboriginal Child Health service delivery
- That the WA government is shifting to a family centred approach to child health

Special Closing Keynote Address

Professor Rhonda Marriott, Murdoch University and the Aboriginal Collaborative Council Advising Research and Evaluations, Telethon Institute for Child Health Research
Aboriginal Health in Aboriginal Hands

In her closing key note address Professor Rhonda Marriott explored the meaning and implications of Aboriginal health in Aboriginal hands. Aboriginal control of health service design and delivery is critical to delivering better health and wellbeing outcomes: Aboriginal Health Workers have a vital role to play in this.

Professor Marriott acknowledged that this concept is complex and identified health service delivery, workforce development, research, policy and cultural safety as key issues. Throughout her presentation, Professor Marriott argued that Aboriginal people, and their needs and concerns, should be the focus of all of these areas. She added that Aboriginal people should be the main contributors to, and providers of, Aboriginal health policy and services.

On service delivery she said that Aboriginal people should provide and deliver services, and share experiences of good outcomes to inform best practice. On workforce development she spoke of the need to improve the skills and capacity of all people providing services to Aboriginal people. She added that this means: increasing the numbers of Aboriginal staff in the health services; making sure they are well skilled and supported; and making sure non-Aboriginal staff are trained to act in culturally safe ways. She identified the need for greater collaboration – across geographies, jurisdictions and cultures – as critical to ensuring research addressed real health needs. Aboriginal people, she said, should be key partners in all research projects and subsequent programs involving their families and communities.

She called for a systematic approach to ensuring that all health staff and services – whether Indigenous or non-Indigenous – are trained and accredited in cultural safety. Cultural safety credentials, she said, should be displayed publicly to enable Aboriginal people to make informed choices about service access.

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Symposium Evaluation

Approximately 220 people – Aboriginal and non-Aboriginal – from across Australia attended the *Start Stronger, Live Longer* National Aboriginal Health Worker Symposium on the 8th and 9th June 2010, as delegates and speakers. Participants came from a variety of areas including:

- Aboriginal Community Controlled Health Services
- Policy
- Training
- Workforce development
- GP Divisions
- Mainstream services
- Child and adolescent health
- Maternal health
- The hospital sector
- Drug and alcohol
- Family support services
- Education
- Not for profit organisations
- Research
- Mental health
- State and Federal government

In planning this symposium, the organisers set out to achieve a number of symposium and Partnership objectives. The symposium objectives were:

1. To celebrate the strengths of Aboriginal Health Workers
2. To honour their work with Aboriginal children, families and communities
3. To bring together a range of stakeholders from across Australia to share their knowledge, expertise and experiences.

4. To provide Aboriginal Health Workers in particular with a unique experience to learn from and network with their colleagues from across Australia
5. To give Aboriginal Health Workers access to experts in research, policy and service provision and in doing so share their experiences and concerns

Underpinning these were the broader Partnership objectives to:

1. Further build the capacity of Aboriginal Health Workers, Aboriginal Community Controlled Health Organisations and the Aboriginal community to bring about improvements in the area of Aboriginal maternal and child health;
2. Provide professional development opportunities for Aboriginal Health Workers;
3. Assist WA Aboriginal community based health organisations to work towards sustainability, and;
4. Develop an evidence base on the effects of targeted capacity building on Indigenous workforce development.

Participant evaluation surveys were used to assess the achievement of stated symposium and Partnership objectives. Participants were asked to evaluate various aspects of the symposium relevant to these objectives, as well as to provide feedback.

Evaluation surveys were distributed during the afternoon session on the final day. Participants were asked to provide demographic data on their age, gender, Aboriginality and occupation, and to answer eight qualitative and quantitative questions rating or commenting on various aspects of the symposium related to the above stated objectives. 122 participant surveys were completed, representing a 55% return. Here the survey results and responses are discussed and stated symposium objectives are evaluated in light of these.

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Demographic Data

Aboriginality

It was intended that the *Start Stronger, Live Longer* symposium would be attended primarily by Aboriginal Health Workers and other Aboriginal people working in health related fields. This would enable them to build their personal capacity through the learning, networking and professional development opportunities available. In order to ascertain how many Aboriginal people participated in the symposium, participants were asked whether or not they identified as being Aboriginal and/or Torres Strait Islander. It was explained to participants that this information would help to evaluate whether the Partnership had met its objective of providing training, learning and networking opportunities to Aboriginal people.

| Response | Number | Percentage |
|----------------|------------|-------------|
| Aboriginal | 74 | 60.6% |
| Non-Aboriginal | 46 | 37.7% |
| Unspecified | 2 | 1.7% |
| Total | 122 | 100% |

This data shows that the majority of respondents identified as being Aboriginal and/or Torres Strait Islander: from this it is plausible to infer a similar distribution amongst the total 220 participants. It is reasonable to suggest that the symposium afforded a large number of Aboriginal and Torres Strait Islander people access to training, networking, professional development and capacity building opportunities. This could have further flow on benefits such as individual and community capacity building through the transfer of knowledge and information by participants. Given that participants came from metro, regional, remote and interstate services, it could be further argued that the symposium will bring benefit to Aboriginal people across Australia. In attracting a large number of Aboriginal participants, the symposium and Partnership objectives relating to capacity building, professional development and networking were achieved.

Age and Gender

Respondents were asked to identify their age and gender to give a sense of participant diversity.

| Age | Number | Percentage |
|--------------|------------|-------------|
| 18-24 | 8 | 6.5% |
| 25-29 | 11 | 9.1% |
| 30-34 | 9 | 7.4% |
| 35-39 | 13 | 10.65% |
| 40-44 | 16 | 13.1% |
| 45-49 | 23 | 18.8% |
| 50-54 | 18 | 14.75% |
| 55+ | 24 | 19.7% |
| Total | 122 | 100% |

| Gender | Number | Percentage |
|--------------|------------|-------------|
| Female | 112 | 92% |
| Male | 9 | 7.4% |
| Unspecified | 1 | 0.6% |
| Total | 122 | 100% |

What the age and gender data suggests is that the broad Aboriginal Health Workforce – covering a range of fields including service delivery, research, management and policy – is predominantly older (66% aged over 40) and almost exclusively female. It is important to acknowledge that the data and results in this instance are skewed by the small sample as well as this being a very specific subset of the workforce. However, if this picture is indeed reflective of the overall Aboriginal health workforce, it suggests that more effort is needed from both the public and private sectors to encourage more young people (under 35) and males to pursue careers in areas related to Aboriginal health.

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Occupation

The Partnership's focus is on building Aboriginal Health Worker capacity: although registration was not restricted only to Health Workers, it was intended that they would be the largest group in attendance. In the evaluation surveys respondents were asked to identify their main occupation to enable us to determine the number of Aboriginal Health Workers in attendance, and thus evaluate the stated symposium and Partnership objectives. In collating the data, occupations were categorised into the following main groupings:

| Occupation | Number | Percentage |
|--------------------------------|------------|-------------|
| AHW/Clinical AHW | 31 | 25.4% |
| Registered Nurse/ Midwife | 18 | 14.8% |
| Project Officer/ Research Asst | 22 | 18% |
| Health Promotion | 12 | 9.8% |
| Social Worker | 20 | 16.4% |
| Executive/ Manager | 11 | 9% |
| Teacher | 3 | 2.5% |
| Nutritionist | 1 | 0.8% |
| Unspecified | 4 | 3.3% |
| Total | 122 | 100% |

This data shows that the symposium was well attended by Aboriginal Health Workers, as well as attracting a range of stakeholders, professionals and experts. In doing so, a number of symposium and Partnership objectives were met. Aboriginal Health Workers were afforded the opportunity to network with and learn from their Health Worker colleagues as well as experts and professionals from other stakeholder groups and, in doing so, build their individual capacity. In turn, other participants, such as researchers and policy makers, had an opportunity to learn from Aboriginal Health Workers about the situations and conditions in specific communities: the information and anecdotal evidence they gathered could be translated into policy and practice. These exchanges of information and building of networks could bring benefits to Aboriginal people and communities across Australia. In attracting a large number of Aboriginal Health Workers as well as a range of other professionals and enabling this cross-exchange of ideas and knowledge, symposium and Partnership objectives related to networking, learning and knowledge transfer were achieved.



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Conference Evaluation

Participant Satisfaction Rating

Participants were asked to indicate their overall impression of the conference by rating it on a four tiered scale ranging from excellent to poor. In asking this the organisers sought to ascertain participants' satisfaction with the symposium. Ratings received were as follows:

| Rating | Number | Percentage |
|--------------|------------|-------------|
| Excellent | 88 | 72% |
| Good | 34 | 28% |
| Fair | 0 | 0% |
| Poor | 0 | 0% |
| Total | 122 | 100% |

This data shows that participants were highly satisfied with the symposium. This is supported by written comments from participants such as:

"Well done. Enjoyed both days."

"Well done. Congratulations on such a great symposium."

Logistics

The purpose of this question was to determine participants' satisfaction with the management and running of the symposium, with particular reference to the symposium staff, timing of the sessions, the venue and catering. They

| Rating | Symposium Staff | | Timing of Sessions | | Venue | |
|-------------------|-----------------|-------------|--------------------|-------------|------------|-------------|
| Very Satisfied | 104 | 85.2% | 88 | 72% | 96 | 81% |
| Mostly Satisfied | 14 | 11.5% | 23 | 18.8% | 16 | 13.1% |
| Satisfied | 4 | 3.2% | 9 | 7.7% | 7 | 5.9% |
| Dissatisfied | 0 | | 2 | 1.5% | 0 | |
| Very Dissatisfied | 0 | | 0 | | 0 | |
| Total | 122 | 100% | 122 | 100% | 119 | 100% |

were asked to rate these aspects using a five tiered scale ranging from very satisfied to very dissatisfied. Responses to this provide useful information to assist in the planning and management of future events.

Although participants were not asked to comment on any of these aspects of the event, some gave written feedback in other parts of the questionnaire, mostly in relation to the timing of the sessions and the catering. Several people commented on the timing of the sessions, in particular that they could not attend all of the presentations they wanted to because of overlaps with concurrent presentations, and that the sessions often ran overtime.

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Usefulness and Relevance of Information

The development of the *Start Stronger, Live Longer* symposium was informed by the evidence generated through community consultations. Here, a number of issues and areas of priority emerged, that were relevant to the Partnership's capacity building objective. In order to assess the extent to which the specific needs of Aboriginal Health Workers were met, two questions were asked. First, participants were asked to rate how useful they thought the information presented in the sessions would be to them in their work, using a four tiered scale ranging from very to not at all. Second, a two part question asked participants to rate how relevant they thought the workshops and topics were to them in their work on a three tiered scale of highly relevant to not relevant, and to give a written explanation for their rating.

Ratings were as follows:

| Rating - Usefulness | Number | Percentage |
|---------------------|------------|-------------|
| Very | 91 | 75% |
| Fairly | 30 | 24.2% |
| Not Very | 0 | |
| Not at all | 0 | |
| Unspecified | 1 | 0.8% |
| Total | 122 | 100% |

| Rating - Relevance | Number | Percentage |
|--------------------|------------|-------------|
| Highly | 93 | 77% |
| Slightly | 28 | 22.2% |
| Not at all | 0 | |
| Unspecified | 1 | 0.8% |
| Total | 122 | 100% |

The following is a selection of participant comments on the relevance of the topics to them in their work:

"I found the symposium extremely interesting and eye opening. I learnt a lot about the ATSI population."

"The workshops were WA programs and being from another state we have different programs. But still it was

interesting and I learnt a lot and can implement some of what I have learnt into the clinical setting."

"Would be good to have managers of Aboriginal health/ medical services to come to this to learn about Aboriginal people's way of doing things and form relationships with AH workers."

"Information was good but maybe should have been delivered in a different way. The presentations were definitely delivered appropriately for white middle class people – perhaps need to consider delivery for Aboriginal learning styles."

The data shows that the majority of participants found that the information presented would be very useful or of some use to them in their work. It is reasonable to suggest that by attending the symposium Aboriginal Health Workers and other participants: acquired knowledge and information that they may not have obtained elsewhere; were afforded a unique learning opportunity; have obtained applicable and transferrable knowledge that could be used to the benefit of other Aboriginal people and communities; have acquired knowledge that could enable personal and organisational capacity building.

Responses further show that participants considered the workshops and topics presented to be relevant to them in their work: the majority said sessions were highly relevant while the remaining minority said they were slightly relevant. Overall responses suggest that the symposium program reflected and responded to the areas of most need as expressed by Aboriginal Health Workers. In meeting their needs around information and training on key areas of health and workforce development, the symposium proved to be a useful professional development and capacity building opportunity for Aboriginal Health Workers and other professionals working in Aboriginal Health.

The symposium and Partnership objectives associated with capacity building, training, education, up-skilling, and enabling the delivery of health benefits were achieved: this could potentially translate into improvements in health outcomes for Aboriginal people.

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Usefulness in Community Work

A key consideration in developing and planning the symposium was building capacity by providing information and knowledge on priority health issues. This meant ensuring that the session topics and speaker presentations matched the expressed needs of Aboriginal Health Workers. In order to assess the extent to which this was achieved, participants were asked to comment on whether they thought the information and knowledge they gained during the symposium would be useful to them in their work. The majority of respondents addressed this question. The varied responses raised a number of themes which can be broadly categorised as: knowledge and skills; holistic approach; new ideas; and empowerment and capacity building.

Responses classified as knowledge and skills focused on presentations and information that addressed work specific issues. Some responses were focused on specific health conditions such as smoking and alcohol use or maternal health. In these responses, participants indicated that the information presented would help them in their work related to specific health and wellbeing conditions.

Other responses referred to increased awareness of specific resources or referral services that they could use in their work. Participants suggested that acquiring such knowledge was a key benefit of attending the symposium that would translate into better ways of working. In this respect, the sessions were very useful to them. Examples of knowledge and skills responses include:

“Allows me to have a better understanding on a whole lot more issues that I am being confronted with on a daily basis.”

“Better understanding of issues and more knowledge regarding programs.”

“Will help to improve knowledge and skills.”

Responses which referred to cultural and social aspects of Aboriginal health were classified under holistic approaches. Responses of this kind came primarily from non-Aboriginal participants who commented that they had acquired a greater understanding of Aboriginal culture and ways, and of the social determinants of Aboriginal health. They felt that they would be able to use this knowledge and understanding

in their work with Aboriginal people and communities.

Other responses – from Aboriginal and non-Aboriginal respondents – indicated that highlighting the importance of community ownership of and consent for programs and projects, how to work in culturally safe ways, and demonstrating the lived experiences of Aboriginal people and communities, were valuable to all participants. Respondents commented that this knowledge can be applied by all people working in Aboriginal health. Examples of holistic approach responses include:

“More context to the lives of clients...more awareness of what works.”

“Helps me to understand and be aware of the problems faced by Indigenous people.”

“It will help me to deal with the community in a different way.”

“Improved understanding of culturally sensitive approaches to health care delivery and research.”

“With a holistic view we can achieve a lot in my community.”

Responses which referred to acquiring knowledge on innovative thinking and best practice are classified as new ideas. Responses in this category addressed a number of beneficial outcomes. Some participants commented that they had gained knowledge of new ideas and of programs that they were unaware of, and that they could apply this in their community work. Others pointed to their new or heightened awareness of best practice services, programs and models as being beneficial. Many found that the opportunity to network, make new contacts and share and discuss ideas for program implementation would also benefit them in their work. Examples of responses in this category include:

“Great to pick up ideas/programs to take back to our community and adapt.”

“Lots of good contacts and information on programs.”

“Immensely – more knowledge on issues and awareness of programs in the community. Networking and collaborating

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with other services to address issues.”

“Learning from other health professionals about how they deliver better health outcomes in their communities.”

The final category, empowerment and capacity building, includes responses stating that the presentations and symposium were inspiring and transformative, and had showcased the talents and strengths of Aboriginal Health Workers. Some respondents commented that the presentations had improved their personal knowledge of the importance of Aboriginal Health Workers and demonstrated the capacity and unique ability of Health Workers to deliver services and positive health outcomes. Other respondents – including those who identified as being Aboriginal Health Workers – commented that the symposium had built their personal capacity because their new knowledge would give them more confidence in their work.

A number of other respondents commented that in bringing together Aboriginal and non-Aboriginal people the symposium had enabled cross cultural dialogues and the development of beneficial partnerships and collaborations. Some also commented that the examples and evidence of success from community run programs was inspiring and gave them greater confidence in their ability to bring positive change to their communities. One respondent commented that the most useful aspect of the event was that it gave her – as an Aboriginal woman – a voice that she is often denied: in this respect the symposium was empowering. Examples of comments in this category include:

“It helped to empower me as an Aboriginal young woman to say no to what’s not right and that I have a voice. Lots of discussions proved that we need to follow traditional ways and have them valued. It’s our way and it’s our right. We are deadly.”

“I now have more knowledge to start making a difference.”

“Inspire and motivate me to keep working for my community.”

“Better understanding that the work and role of Aboriginal Health Workers is extremely valuable.”

“The desire to understand my community more. To build even stronger collaborative alliances with our community.”

Responses indicate there were a number of intended and unintended outcomes. The intended outcomes relate directly to the stated symposium and Partnership objectives, particularly those of capacity building, professional development, networking, access to experts and learning. Participant responses clearly indicate that the symposium delivered on these objectives. Further, the symposium objective of celebrating and honouring Aboriginal Health Workers was also achieved. This was evident in responses indicating improved knowledge and awareness of the role and capacity of Aboriginal Health Workers by other health professionals, and by the responses from Health Workers saying that participating in the symposium had empowered them.

The symposium also had the unintended, yet highly positive, outcome of inspiring and re-invigorating all participants. Many said that they felt inspired to continue working to deliver better health and life expectancy outcomes for all Aboriginal people. Participants said they now feel less isolated because the symposium connected them to a larger network of like minded people, and a broader Aboriginal health and wellbeing agenda.



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Most Useful Session

Participants were asked to identify which session(s) they found most useful and relevant and to explain why. Approximately half of the respondents completed this question. Most chose to simply name a session or specific presentation. Many stated that they found the entire event useful. Some chose to give further explanatory comments. This question was asked in order to evaluate the symposium's education and training objectives, and the responsiveness of the agenda to Health Worker needs.

Participant comments revealed several themes: relevance to the respondents area of work; the chance to improve knowledge and awareness of services and resources; news on positive stories and outcomes; the chance to listen to other Aboriginal people; and the high quality of the presentations given. The sessions/topics most mentioned in participant surveys were: smoking, alcohol and other drugs; foetal alcohol spectrum disorder; nutrition and wellbeing; child development; workforce development; mental health; and culturally appropriate programs. Participant responses are demonstrated in the following examples:

"All of it – people from all levels of education and standing in the community giving information and teachings about their lives and experiences."

"Got different/positive/information from all sessions I attended. Boodjarri Yorga and Mooditj seem to be great programs. 'Valma's Mob' Halls Creek seems a wonderful appropriate community run intervention and making money to keep the program sustainable – well done!"

"Nutrition and healthy lifestyles programs – help with network and collaborations and awareness of other programs relevant to my field. Family health and wellbeing presenters as well as keynote speakers (Ken Wyatt and Mick Gooda)."

Many respondents found the opening key note sessions on both days to be particularly useful in terms of: the broad range of topics covered; providing an overview of the holistic nature of Aboriginal health; and for providing a space for inspirational Aboriginal people and voices. Comments included the following:

"Keynote sessions on day one were all fantastic. Excellent

range of speakers. I really enjoyed them all."

"Really impressed and inspired by the keynote speakers."

Several speakers were identified as being inspiring, passionate and thought provoking: Marion Kickett, Lyn Dimer, Mick Gooda, Ken Wyatt, Valma Banks, Joan Winch and Pat Dudgeon were widely identified.

"Marion Kickett's Research is fantastic – I loved her presentation!! Such a positive lady. A great role model."

"Mick Gooda. It moved me and he was awe inspiring."

Mary G emerged as the highlight for the majority of participants. Respondents appreciated her ability to communicate key themes with humour, lighten the agenda, and bring a positive note to the event.

"Mary G as MC was fantastic! Awesome way to keep everything moving and keep it interesting. Having a laugh in between sessions made it easier to concentrate."

"Fantastic having Mary G to MC, she really added so much relaxness and joy to the days. It is great seeing what different services are doing and listening to their stories."

Participant responses show that a number of goals and objectives were met, as well as a number of positive unintended outcomes. The capacity building, education and training, and professional development objectives were clearly met: respondents reported that they had gained valuable knowledge, information and awareness on a range of health issues, programs and research that they could use in their work.

Giving Aboriginal Health Workers and other community health workers unique access to a range of experts in policy, research and practice was a key symposium objective. Participant comments on the value and relevance of the keynote addresses suggest that this objective was met. An unintended positive outcome was that many participants were inspired by the speakers, by hearing Aboriginal success stories, and through meeting a number of Aboriginal people they consider to be role models.

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Least Useful Session

Participants were asked to identify the session that they found of least use to them in their work, and invited to comment on the reasons why. Response patterns were very similar to that of the previous question. Approximately half of the respondents completed this question. Most chose to simply name a session or specific presentation. Many stated that they found the entire event useful. Some chose to give further explanatory comments. This question was asked to assess the agenda's responsiveness to Aboriginal Health Workers' training needs.

Overall, very few topics were identified as being of little or no relevance or use. People were more likely to comment on other aspects of presentations which made them less appealing. Such comments can be classified under the following themes:

- **Style:** People commented that some of the presentations were too clinical or dry and therefore less engaging. Another stylistic feature that generated comment was the overuse of acronyms, which many people found confusing.
- **Geography:** Some people commented on the focus on WA and/or metro programs. They felt that because they are from interstate/regional areas, the programs would be of little relevance to them.
- **Not their area of work:** People commented that the topic/presentation was outside of their area of work and therefore of little relevance on a day to day basis.
- **Personally irrelevant:** Some people commented that they did not find the presentation useful because it did not relate to them on a personal level, such as non-smokers and non-drinkers.

The general response was that all sessions were relevant in some way, and very few sessions were of little or no use. The following participant comment best summarises this sentiment:

"All knowledge can prove useful, therefore all sessions were helpful."

Again, participant responses suggest that the capacity building, training, and professional development objectives of the symposium were achieved.

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Comments and Suggestions

The final question allowed participants to give feedback on aspects of the conference not addressed elsewhere in the survey. Participants were invited to make comments about what they liked and disliked about the symposium, and to offer suggestions for changes and inclusions.

Approximately half of the respondents answered the question. Most gave short answers indicating that they did not see any need for changes or inclusions, or just to offer their thanks and congratulations to the organisers. Participant comments were overwhelmingly positive. Of the more detailed responses, a number of themes and issues emerged, mainly:

Pamper sessions: The symposium organisers identified self care as an often unexpressed need of Aboriginal Health Workers. Their work as well as their primary position in their families and communities leaves them with little time to attend to their own needs. However, maintaining their personal health and wellbeing is critical to the health and wellbeing of their families and communities. The symposium organisers booked the Three Minute Angels service to provide short massages to participants. Participants responded positively to this and were very appreciative that this was included in the symposium agenda.

Mary G as MC: There were a number of overarching symposium objectives focused on celebrating, acknowledging and honouring Aboriginal Health Workers and positive gains in Aboriginal health. The symposium organisers wanted an MC who embodied this positive spirit. Mary G was identified as the ideal MC.

Mary G was positively received by all participants: survey comments demonstrate that she was not only popular, but she was able to communicate the above objectives. Participants appreciated Mary for bringing humour into the symposium. They stated that: Mary's influence lightened the agenda and formalities; her humour contrasted but complimented the more serious discussions; they liked the way she summarised key messages; that she brought a positive note to the symposium; and she gave a sense that there are positives in Aboriginal health to be celebrated. Examples of participant comments include:

- "The MC was excellent!! Fantastic way to break up information and speakers."
- "The MC- Mary G – was fantastic. Good to have light heart humour amongst the serious issues."
- "Mary G kept it lively and not boring."
- "It was fun to have Mary G as presenter. He made a lot of effort to make people laugh but also offered his own valuable commentary."

Networking Opportunity: Aboriginal Health Workers have few opportunities to network with colleagues. For this reason, connecting Aboriginal Health Workers with colleagues, experts and stakeholders from WA and Australia became a key objective of the Partnership and symposium.

Participants reported that the symposium enabled them to network with colleagues and other experts, and this emerged as a positive symposium outcome. Some participants said they made important and lasting contacts as a result of the symposium. In addition, some participants suggested ways for enhancing networking opportunities at future events, including by:

- Offering open space sessions
- Providing more chairs and areas where people could sit comfortably and talk
- Distributing a contact list so that people can remain in contact
- Enabling more interstate Health Workers to attend

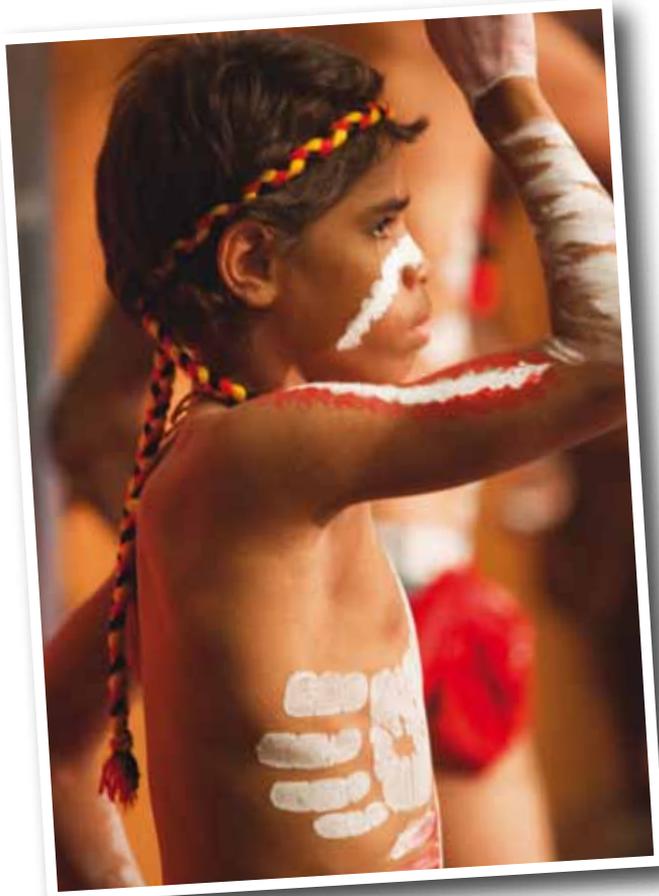
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Lotterywest Sponsorship

The symposium organisers would like to thank Lotterywest for their sponsorship of the event. Through a \$20,000 Lotterywest 'Extending the Capacity of Not for Profit Organisations' grant, the Partnership was able to sponsor 25 Aboriginal Health Workers, or other Aboriginal community workers, from the not for profit sector to attend the Start Stronger, Live Longer symposium. Sponsorship covered travel, accommodation and registration costs.

Lotterywest funding enabled the Partnership to reach more Aboriginal Health Workers and, in doing so, fulfil a number of key symposium and Partnership objectives.



Conclusion

Empowering Aboriginal people to control their own health futures is considered vital to closing the gap in Indigenous health outcomes and life expectancy. Aboriginal Health Workers – who work in and with their own communities – are ideally placed to deliver Aboriginal health in Aboriginal hands. To do this effectively, they need to be well trained, resourced, remunerated and, most importantly, supported and respected in the workplace.

The key objectives of the current Rio Tinto Aboriginal Health Partnership are to facilitate improvements in Aboriginal child and maternal health by building the capacity of Aboriginal Health Workers. This partnership responds to findings from the previous Aboriginal Maternal and Child Health Partnership, in which Aboriginal Health Workers identified their need for greater training and workforce development opportunities.

The Start Stronger, Live Longer National Aboriginal Health Worker Symposium was one of several key capacity building initiatives of the current partnership. In planning and developing this symposium, the Partnership established a number of objectives it considered important to capacity building. These centred on providing Aboriginal Health Workers – and other participants – with a unique opportunity to network with, gain knowledge from, and exchange information and ideas with colleagues, experts and stakeholders from across Australia.

On the final day of the symposium, participants were asked to evaluate the symposium against its objectives. Their feedback shows that the sharing of information, knowledge, expertise and experiences over the two days to be the key symposium outcomes, as well as the building of networks and partnerships across WA and Australia. The Partnership is confident that the symposium fulfilled and exceeded its capacity building objectives.