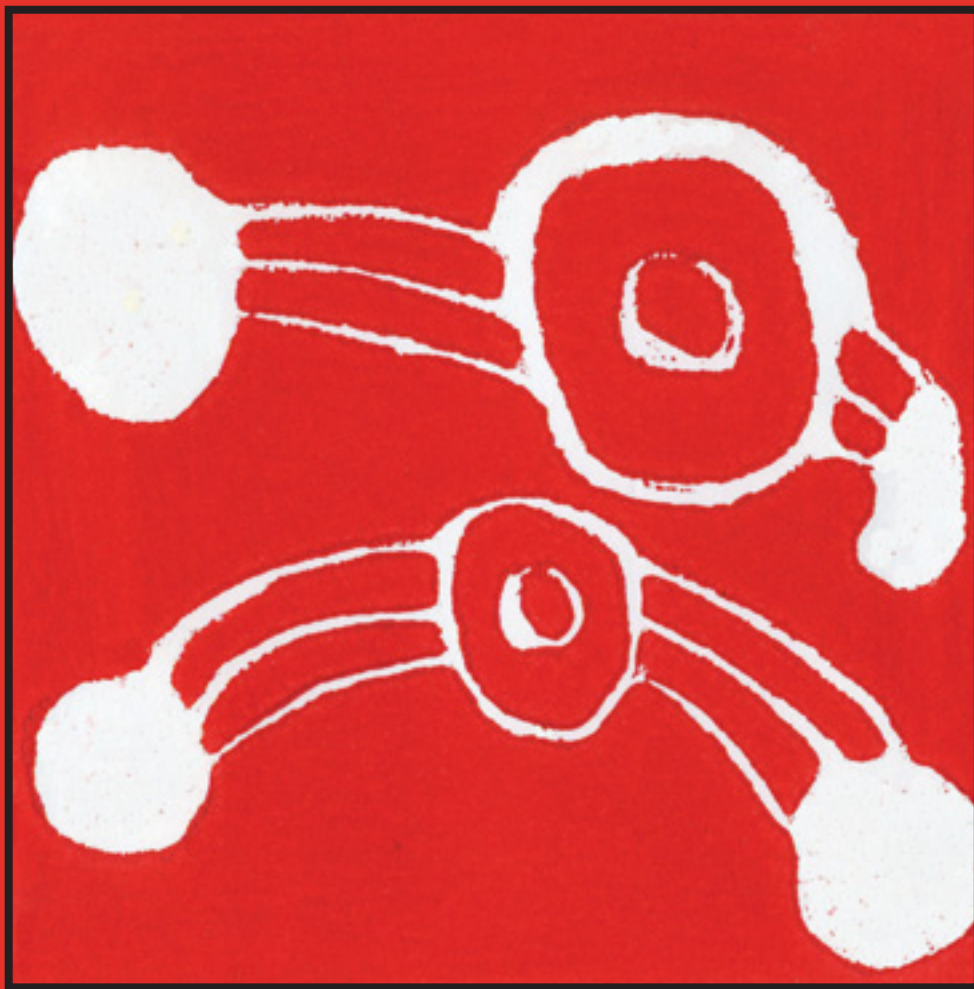


# SUCCESS STORIES IN INDIGENOUS HEALTH



A showcase of successful  
Aboriginal and Torres Strait Islander  
health projects

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Aboriginal and Torres Strait Islander peoples have distinct cultures and heritages. The terms Aboriginal, Torres Strait Islander and Indigenous are used interchangeably throughout this volume. No disrespect is intended by the authors.

ANTaR seeks to treat Aboriginal and Torres Strait Islander beliefs with respect. To many communities it is distressful and offensive to depict persons who have died. Indigenous communities which may be offended are warned that stories in this volume may contain images or references to deceased persons.

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Their artworks are original designs inspired by their local Kamilaroi country and culture, screen printed onto textured paper. To contact Modernmurri, please call Suzy Evans: 0427 060 864.

# Contents

Foreword	4
Introduction	5
Family Well Being: Apunipima Cape York Health Council	6
Mums and Babies: Townsville Aboriginal and Islander Health Services	8
Nutrition: at the heart of good health: Jalaris Aboriginal Corporation	10
Good Food, Great Kids: Yarra Valley Community Health Service	12
Healthy Housing Worker program: Murdi Paaki Regional Housing Corporation	14
I want to be heard : Winnunga Nimmityjah Aboriginal Health Service and NCEPH	16
Putting the brakes on petrol sniffing: Mt Theo-Yuendumu Substance Misuse Aboriginal Corporation	18
Mooditj: Sexual health and positive life skills: Family Planning Association of WA	20
Tackling violence head on: Blackout Violence	22
Healing past hurts: Yorgum Aboriginal Family Counselling Service	24
Tune into your health: Nunkawarrin Yunti Aboriginal Health Service	26
Keeping safe with a snake: Marie Stopes International Australia	27
A healthier community living longer: Pika Wiya Aboriginal Health Service	28
Educare: Gnibi College, Southern Cross University	30
Shalom Gamarada Ngiyani Yana Scholarship Program: University of NSW	32
References	34

# Foreword

So many reports have highlighted the health problems being faced in Aboriginal and Torres Strait Islander communities, and the health inequality that persists between Indigenous and non-Indigenous Australians.

Not so many reports highlight the good news - the success stories that demonstrate that change for the better is possible and highlighting the active role that Aboriginal and Torres Strait Islander peoples themselves are seizing in identifying and implementing solutions.

I commend this publication to you on several counts.

It gathers together useful information on successful programs currently in place in Indigenous communities which provide pathways for other communities. It shows that Indigenous health problems, and related factors, such as the poor standard of housing in many Indigenous communities, can be changed for the better.

It highlights the value of Indigenous community control of health services and related programs, and demonstrates the choices that Indigenous people are making about their own health and their own communities.

And it contains the voices of Indigenous Australians telling

their experiences as receivers and providers of health care and related programs - voices so often not heard in the ongoing debates about Indigenous health. It highlights the human dimension to the problems being faced in many communities.

Australians for Native Title and Reconciliation have been an active partner working with the Human Rights and Equal Opportunity Commission to campaign for Aboriginal and Torres Strait Islander health equality within a generation. This publication is a substantial contribution to advancing understanding among the general community and government, and in contributing to evidence based policy.

It is time to make Aboriginal and Torres Strait Islander health inequality a thing of the past.

To that end, it is with great pleasure that I commend this publication to you.

**Tom Calma**  
**Aboriginal and Torres Strait Islander Social Justice**  
**Commissioner**

# Introduction

Professor Mick Dodson describes it as a kind of industrial deafness. It's the reason why more Australians haven't demanded action to overcome this nation's gravest national crisis - the Indigenous health emergency.

Things have been so bad for so long that it appears too many of us have been left numb. We've come to see an Indigenous child born in 2007 living for 17 years less than a non-Indigenous child as somehow normal and inevitable.

We've come to accept the fact that on average, a person from Nigeria or Bangladesh can expect to live for about 10 years longer than an Indigenous Australian.

We've also failed to notice the immense human tragedy behind these statistics - children who will never know their grandparents, communities robbed of their Elders, parents too often burying their own sons and daughters, Aboriginal families locked in a constant cycle of grieving as they attend an endless succession of funerals.

However, this situation is neither acceptable nor inevitable. As Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, has pointed out, it is simply not credible to suggest that a country as wealthy as ours can't fix a health crisis affecting less than three per cent of our citizens.

Perhaps one of the reasons why the status quo has been tolerated is that many of us have been conditioned to think of Indigenous health in terms of despair rather than success. We suffer from the misconception that greater investment in Indigenous health won't achieve a satisfactory return.

We've focused on the problem and not the things that are working to overcome it. It's for this reason that Australians for Native Title and Reconciliation (ANTaR) decided to publish this booklet of Indigenous health success stories.

With the support of the Rio Tinto Aboriginal Foundation and Mercy Foundation we've gathered stories from every mainland state and territory about how Indigenous health programs are improving, extending and saving lives. This booklet is not an academic text, but it does draw on a considerable body of research into factors contributing to the success of Indigenous health programs.

While these programs are diverse, there are factors that many of them have in common. The first is that the majority could be described as 'bottom up' rather than 'top down'. Most of them originated at the local level, driven by priorities decided by individual Indigenous communities.

Some employed methodologies pioneered elsewhere, but these were adapted so they have local relevance.

Most of the programs depend on the knowledge, authority and support of community Elders for their success. They show that improved health outcomes are less likely to come from miracle cures or imposed new treatment regimes than from the ability of Indigenous people to determine their own futures and be accountable for decisions impacting on their own communities.

We hope that the innovation, diversity and success of the programs featured will encourage our leaders from across all areas of society to do more to end Australia's Indigenous health crisis.

This booklet is published at a time when increasing numbers of Australians are calling for more action that builds on success. Just before Easter, more than 40 major national organisations joined with Olympians Ian Thorpe and Catherine Freeman to launch Close the Gap, a campaign inspired by the call from Tom Calma for governments to commit to closing the Indigenous life expectancy gap within a generation.

Many tens of thousands of Australians have signed petitions organised by Oxfam, Get Up! and ANTaR calling for Governments to commit to a timeframe and the resources needed to improve Indigenous health.

Across the country, organisations large and small are working to achieve justice for Indigenous Australians. Many are developing Reconciliation Australia Action Plans so that they can contribute to closing the gap.

This momentum for change is building to the point where it can no longer be ignored. More and more Australians are demanding that we finally Close the Gap. The stories in this booklet provide some of the answers to how we can do this.

We've also developed a new section on our web site that will allow people from all over Australia to share their own stories of Indigenous health success. To download additional copies of this book and keep up to date with other Indigenous health success stories, visit [www.antar.org.au/success](http://www.antar.org.au/success).

**Gary Highland**  
**National Director**  
**Australians for Native Title & Reconciliation (ANTaR)**

## Family well being

### Apunipima Cape York Health Council, QLD

“People say they feel stronger in themselves, more confident,” says Teresa Gibson, from the Apunipima Cape York Health Council, Far North Queensland.

The strength and confidence she describes are just some of the “transforming” results that have come from a Family Well Being program run by Apunipima with adults and children in Hopevale and Wujal Wujal.

Family Well Being was originally started in 1998 by a group of Stolen Generations based in Adelaide and has been adapted to suit local needs.

As one of the Adelaide group said at the time: “The question we were all asking is: ‘How did we survive?’ If we can understand that, then we can help other people.”

Held over a number of months, Family Well Being gets people sharing stories about who they are, their relationships and their goals for the future. By identifying their strengths, people are challenged to determine the changes they want to make in their lives and with their families.

This initial focus on empowerment and personal development is followed by

structured community development workshops that generate discussion about the major health and social issues facing the community and the steps that participants can take to make a difference.

“Some have used the skills they learnt to deal with violence at home and create a safer environment for their kids,” says Teresa. “Others have gone on to do more learning.”



**“It’s very powerful when people learn they can change things in their life. They start to see that they can also take a stand against those things that are hurting our Aboriginal culture, like the alcohol and the drugs.”**

The Family Well Being program was first run in Far North Queensland in 2001. Since then more than 88 adults and 70 children in Hopevale and Wujal Wujal have taken part in workshops hosted by Apunipima.

An evaluation has been carried out by researchers from the University of Queensland and James Cook University over the past five years. In particular, the research has looked at the contribution that programs that foster empowerment and control can make towards addressing the social determinants – or underlying causes – of health and well-being

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Family Well Being was originally started in 1998 by a group of Stolen Generations based in

*It gave me empowerment, to think for myself, for my family – finding solutions to get me and my children out of situations ...*

*Really easy to understand ... helped me change a lot of my ways ...*

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# Healthy children: strong futures

## Mums and Babies Program

### Townsville Aboriginal and Islander Health Services, QLD

A major change in the way health care is provided to pregnant Aboriginal and Torres Strait Islander women in Townsville is helping to turn around health outcomes for babies and infants.

Long waiting times and an historically unwelcoming hospital environment had kept many Indigenous women from using mainstream health services during their pregnancy, according to Dr Kathryn Panaretto, Senior Medical Officer with the Townsville Aboriginal and Islander Health Services (TAIHS).

“We wanted to create an environment where women felt comfortable, where they were treated as people and where they could bring children along,” she said.

With pilot funding from the Rio Tinto Aboriginal Foundation and the Ian Potter Foundation, TAIHS established the Mums and Babies program in 2000 – a morning clinic for pregnant women and young mothers, initially staffed by two female doctors, two health workers, a child care worker and a driver.

The popularity of the program was immediate. In the first month of operation, the clinic saw 40 clients. A year later the number had grown to 500 clients each month. Five years later on – and now in a purpose-built family friendly centre – the number of clients continues to grow steadily.

“We’re seeing more pregnant women, we’re seeing them earlier in their pregnancy and we’re

seeing them more regularly,” says Dr Panaretto. “Having this sort of consistency means you can build a relationship with the women and talk with them about issues like smoking, alcohol and healthy eating.”

According to the Australian Medical Association, Indigenous babies are more than twice as likely to be born premature or underweight as non-Indigenous babies, placing them at higher risk of developing chronic illness such as heart disease, kidney disease and diabetes later in life.

The major contributing factors to low birth weight babies include smoking, alcohol, sexually transmitted diseases and malnutrition in the mother.

However, after only five years, the health outcomes for Indigenous babies and infants in Townsville have improved markedly. There has

been a reduction in low birth weight babies from 16 per cent to 11.7 per cent; mean birth weights have increased by 170 grams; and perinatal deaths have fallen from 58 per thousand to 22 per thousand.

Word of mouth about the Mums and Babies program has been so positive that now one third of all women using the service come from outside of Townsville, says Melvina Mitchell, the acting Program Coordinator.

“We recently had a customer satisfaction survey





and the feedback was all positive – the women told us they feel really comfortable coming here, and the kids have a great time too. We're even seeing fathers bringing their kids in," she said.

**According to Melvina, the attitude and commitment of the staff is the major reason why the program works so well. "The people who use the service like the fact that most of the staff here are Indigenous and they like seeing the same faces when they come in," she said.**



A number of ancillary services have been established to support mothers and young children, including programs to encourage breastfeeding, provide nutrition support, increase immunisation rates and monitor healthy child development, says Dr Panaretto.

"If you've got a good model of health care, then people will feel comfortable coming to see you," she says. "That really goes to the heart of what we're doing here – trying to build a culture of using health care among the local Aboriginal and Torres Strait Islander community."

Photographs courtesy TAIHS

### **Find out more**

Townsville Aboriginal and Islander Health Services

Web: <http://www.taihs.net.au>

Phone: 07 4759 4000

Aboriginal Maternal and Infant Care – online video presentation, provided by the Rural Health Education Foundation; <http://www.rhef.com.au/programs/509a/509a.html>



# Nutrition: at the heart of good health

Chronic diseases such as diabetes and heart diseases are the principal causes of early death among Aboriginal and Torres Strait Islander peoples. Health professionals agree that improving diet and nutrition is a fundamental starting point to tackling these problems.

Removing barriers to obtaining healthy food and promoting healthy nutrition among Indigenous families are key goals of the National Aboriginal Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010.

The Action Plan notes that many Aboriginal and Torres Strait Islander people, particularly those living in remote areas, do not have the same opportunities as other Australians to obtain affordable and healthy food. In some remote communities food can be up to 150% -180% more expensive than in the major centres.

The aim of the Action Plan is to support communities to develop and deliver effective healthy lifestyle programs in a broad range of settings, such as childcare centres, cultural and sporting events, schools and aged care services.

## Jalaris Aboriginal Corporation, WA

“Relationships are at the heart of everything we do,” says Brett Morris, who heads up the Jalaris Aboriginal Corporation in Derby, in the far north of Western Australia.

**“Family and community is the same thing here,” he says. “We live in the community, we work in the community. Our kinship with the community is the most important thing we have. We wouldn’t be able to achieve anything without the trust and respect of the people.”**

Since 1994 Jalaris has been helping to improve health and nutrition levels in Derby, with a particular focus on boosting child nutrition.

Brett and his wife Bidy began by operating (voluntarily) a low-cost food and clothing store. This was followed by a commercial kitchen to provide cheap meals for the community.

The high level of demand on the kitchen showed a widespread community need for affordable, healthy meals.



In 2002 Jalaris received funding from the National Stronger Families Fund to establish a Drop-In Centre to provide healthy meals to children and young mothers.

“The Drop-In Centre was really successful at changing kids’ attitudes to healthy food,” said Brett.

“When we gave kids a stew they would eat the meat but then chuck the vegetables on the floor. Within twelve months they were eating everything we gave them.

“And of course we saw immediate changes in the physical health of the children. They were more attentive and the infections and runny noses started to clear up.”

However, there was a growing concern among Jalaris staff that the parents weren’t attending with their children.

“Parents were dropping the kids off for child minding and then going elsewhere,” says Maya Haviland, who has worked with

Jalaris for many years. “We saw that we needed to work more closely with families to provide education around nutrition and healthy eating.”

This included setting up a Women’s Room in the Centre and running cooking classes and working with TAFE to provide a short course in nutrition. In 2004 - in association with Derby Aboriginal Health Service - Jalaris established a mobile nutrition and health van to visit and support families in the community.

The Action Plan is built on research into successful nutrition and health programs in Indigenous communities, which highlight the following 'good practice' elements:

- community involvement and support at all stages
- empowering the community rather than imposing priorities on the community
- multifaceted interventions
- monitoring and providing feedback to participants
- modifying strategies according to need.

Read more: *National Aboriginal Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010*

**“Early intervention looks different in a place like Derby,” explains Maya. “In this community, early intervention is making sure families and children have food to eat. Seeing that the food gets to kids is our first priority.**

“What we do is a necessary ‘grass roots’ response to the situation, but sometimes that can be hard to explain to a government agency that only wants to fund a ‘top down’ approach.”

By building strong relationships and meeting the needs of families and children, Brett, Bidy and the Jalaris staff have seen real changes take place.

“Kids now come into our home looking for a piece of fruit or a glass of cold water,” says Brett. “And kids who used to truant now come to us at 7.30 in the morning – we give them some breakfast and then they ask if we’ll take them to school.”

Despite its successes, the long-term future of Jalaris remains unclear. Short-term and uncertain funding makes it difficult to develop and retain skills in the community to do this work.

“Sustainability is very important – without that we’ve got no hope,” says Brett. “My wife Bidy and I are not getting any younger so we need people to take over from us. We need reliable funding so we can train local Indigenous people and pay them proper wages, otherwise they’ll leave”

“A number of local young women would like to be trained up and work with Jalaris,” adds Maya. “It’s absolutely critical to invest in motivated young people and build community capacity to tackle its health problems.”



#### **Find out more**

Jalaris Aboriginal Corporation  
PO Box 610  
Derby WA 6728  
Ph: 08 9193 2200, 08 9191 2640  
Email: [jalaris@westnet.com.au](mailto:jalaris@westnet.com.au)  
[www.phaa.net.au/Advocacy\\_Issues/partnership.html](http://www.phaa.net.au/Advocacy_Issues/partnership.html)  
Donations to Jalaris Aboriginal Corporation are tax-deductible.

Images: courtesy Jalaris Aboriginal Corporation

# Good Food, Great Kids

## An Indigenous Community Nutrition Project 2002-2004

### Yarra Valley Community Health Service, VIC

Jo Stanford is the dietitian with the Yarra Valley Community Health Service, based in Healesville, Victoria. Here she talks about the different aspects of their *Good Food, Great Kids* program, run in partnership with the local Indigenous community, which has helped turn around attitudes towards nutrition and healthy eating. The program was funded over three years by the Commonwealth Government, through the *National Child Nutrition Program*.

“

Even though we're on the outskirts of a major city (Melbourne) the health needs of the Indigenous community here are similar to those in Indigenous communities right across Australia. We see high numbers of people with diabetes, heart disease, obesity and other nutrition-related problems, many of which are preventable.

Some Indigenous children go to school without breakfast, some don't bring lunch, and some families spend more than they can probably afford on take-away food rather than healthy alternatives.

In 1998 we did a community needs assessment. From the results it was clear we needed to look at nutrition. So we sat down with the Elders from the local community and worked out a range of strategies to encourage healthy eating practices with kids, parents and families.

#### **Down to Earth: a program with two local primary schools**

*Down to Earth* made a big impact on the two participating schools – from what's served in the canteen to policies around healthy nutrition and cooking programs. There were kitchen gardens established in each school – the kids love them – and we ran a breakfast program in one. It was also terrific to see the kids learning about growing food, the environment and local Indigenous history and culture.

Nearly all the Indigenous children in the community go to one of the two schools. It's great to know that the changes made in those schools

will now flow on to the younger kids that come through. The support of the principals, teachers and community Elders was vital to get the program up and running, and so well supported by the school community.

#### **Wise Women & Spend Wisely: family nutrition programs**

*Wise Women* was just a fantastic program. We had fortnightly or monthly meetings, where Indigenous women got together, talked, cooked dinner and then took it home to their families. The focus was very much on kids and how they eat – for instance, how you make zucchinis interesting, what to put in a school lunchbox or making sure kids have enough iron in their diet.

It was all very informal and the women loved getting together and having a chat, but Gail Crozier, our Indigenous Nutrition Support Worker, really made it a success. She was always bringing the discussion back to the kids.

**Gail was the major reason the Spend Wisely program worked so well. She worked intensively with about 10 families – taking people shopping, cooking meals with them and teaching budgeting skills. We saw some terrific results – families were putting fruit and vegetables on the shopping list, they were making sure kids had breakfast before school. These are small changes but they can have a huge effect.**

#### **Healesville Community Garden**

We called the community garden 'Womin-Jeka' which means 'welcome' in the local Wurundjeri language. One of the major goals was to help educate children, in particular, around the idea of fresh fruit and vegetables – getting your hands in the earth, the experience of growing things yourself.

It was also about creating a place where families could come together, get talking and hold community events – things that strengthen community ties.

With help from the local CDEP program, we built a gazebo, planted fruit trees and vegetables, and installed a water tank, worm farm and compost patches. The community garden had a lot of potential, during the three years we produced one summer crop, which included corn, tomatoes, strawberries, beans and zucchinis.

With funding to run the program for another three years we could really make the garden a place that community members felt they owned. “



**Find out more**

Yarra Valley Community Health Service  
[www.easternhealth.org.au/yarra/yvchs.shtml](http://www.easternhealth.org.au/yarra/yvchs.shtml)  
Phone: 03 9895 4888

Photograph courtesy of Yarra Valley Community Health Service

# Building for Healthier Communities

## Murdi Paaki Regional Housing Corporation

### Healthy Housing Worker Program, NSW

A pilot program in the far west of New South Wales is developing an efficient and sustainable solution to the complex task of repairing and maintaining houses in rural and remote Aboriginal communities.

At the same time, the *Healthy Housing Worker* program is improving health outcomes and building community capacity by enhancing control over day-to-day living and contributing to general quality of life.

Operated by the Murdi Paaki Regional Housing Corporation (MPRHC) since 2004, the program equips community members with accredited training in carpentry, electrical and plumbing, giving them the 'hands on' skills to identify and fix a wide range of common housing problems.

This program is giving the community the skills it needs to address its own problems, says Bruce Graham, MPRHC General Manager.

"For instance, if a septic tank needs to be repaired it can be done straight away. A family doesn't have to wait weeks for a plumber to travel out to the community and do the job," he says.

"Community members know who to talk to if something's broken. They're dealing with someone they know – not a complex bureaucracy – so they're more likely to report problems when

they happen."

Having two Healthy Housing Workers in each community also means that houses are checked more frequently and that community infrastructure and environmental hazards can be regularly monitored.



**"With our limited resources we could only inspect properties twice a year," Graham says. "Now houses are being checked once a month, sometimes once a fortnight. It's a terrific outcome for tenants and also saves money – small problems are less likely to grow into bigger problems."**

The *Healthy Housing Worker* program was developed in partnership with the Greater West Area Health Service (GWAHS). It has been

operating in conjunction with the long-running national program *Housing for Health*, which identifies and rectifies 'health hardware' problems in Aboriginal housing stock.

'Health hardware' - a term coined by Dr Fred Hollows - describes the physical equipment necessary for healthy, hygienic living.

According to Bill Balding, Director of the GWAHS Public Health Unit at Broken Hill, there is clear evidence to show the link between good housing and improved health outcomes.

"Regularly maintaining houses and community infrastructure can help reduce infections and diseases, like gastroenteritis, and reduce injuries and trauma from home accidents. It also creates an environment where there are improved outcomes for child health," says Balding.

There are plans to expand the *Healthy Housing Worker* program to three more remote NSW communities – Wilcannia, Brewarrina and Walgett. But this will require a funding commitment from the Commonwealth Government.

"The funding for the pilot program has just finished," says Balding. "We know the program needs to be formally evaluated, however it's clear that it's sustainable, cost-effective and already delivering results for the communities involved."

"It would be an absolute tragedy if we had to pull the pin on the Healthy Housing Worker program because of funding delays or a lack of responsiveness from government," adds Graham.

## Where

Far west New South Wales communities participating at the time of writing include Collarenebri, Dareton, Ivanhoe, Weilmoringle and Bourke.

## Training and mentoring

Ten Healthy Housing Workers – two from each community – have gained qualifications in Environmental Health (Level 3) and Construction (Level 2 and 3), through a two-year program with Bachelor College (NT). They also receive professional mentoring (building and academic) and support.

## Results

- Regular checks mean housing problems are addressed earlier.
- Complaints by tenants to Murdi Paaki Regional Housing Corporation have fallen by 40-90% in participating communities.
- Better health outcomes result from improved housing conditions.
- Anticipated increase in house life, from an average minimum of 8 years up to 20 years.

## Find out more

Murdi Paaki Regional Housing Corporation  
PO Box 270  
Broken Hill NSW 2880

[www.atns.net.au/agreement.asp?EntityID=3098](http://www.atns.net.au/agreement.asp?EntityID=3098)

Photograph courtesy of GWAHS / MPRHC

## I want to be heard

# Winnunga Nimmityjah Aboriginal Health Service, ACT National Centre for Epidemiology and Population Health

Almost 100 Indigenous people from the ACT have shared their personal stories of illegal drug use as part of a project that identifies how services could be improved to better address their needs.

The research was carried out between 2001 and 2004 by staff from the Canberra-based Winnunga Nimmityjah Aboriginal Health Service and the National Centre for Epidemiology and Population Health (NCEPH) at The Australian National University.

It was initiated in response to widespread concern, confirmed by a survey of local Aboriginal Elders about rising levels of substance abuse in the community.

Researchers conducted 95 confidential interviews with people aged between 16 and 50 years, covering topics that ranged from drug use history and treatment services to issues around culture, health, education, employment and housing. Aboriginal and non-Indigenous researchers participated in each interview.

“Drug use is a serious problem affecting Aboriginal and Torres Strait Islander people in the Canberra, Queanbeyan and Yass region,” says Winnunga Chief Executive Officer and co-researcher, Ms Julie Tong.

“There’s an estimated 500 Indigenous illegal drug users in the ACT and surrounding region. Among the group we interviewed, the average age they

started using drugs was just 14 years, which is a full five years earlier than other Australians.

“That’s why it’s so important that we listen to their experiences and put in place practical and culturally appropriate strategies to improve the situation.”

*“What I’m saying could help someone else. That makes me feel good.”*

A significant number of the people interviewed said that an important step to recovery was learning about their culture, preferably as part of a residential treatment facility; others pointed to the need for Aboriginal staff in treatment services and easy-to-read information about drug and alcohol services.

These findings form the basis of the 22 recommendations included in the final report – *I want to be heard* – aimed at government agencies and mainstream and Aboriginal service providers.

Key recommendations include the development of cultural education programs for illegal drug users, establishment of an Aboriginal residential treatment centre and halfway house, and Aboriginal involvement in service design and delivery.

The findings from the research are not specific to the ACT and could be applied to other Australian



*I want to be heard* has been published as an easy-to-read community guide designed by the research participants themselves. Designed for community support groups, health agencies and the families and friends of drug users, it features:

- the stories of interviewees
- Stolen Generations and racism issues
- a summary of the report’s findings and recommendations
- emergency First Aid procedures
- a description of treatment services
- contact details for service providers

The community report was produced with funding from the ACT Office of Aboriginal and Torres Strait Islander Health with publishing in-kind by The Australian National University. [http://nceph.anu.edu.au/Publications/Indig\\_docs/I\\_Want\\_To\\_Be\\_Heard-Community\\_Report.pdf](http://nceph.anu.edu.au/Publications/Indig_docs/I_Want_To_Be_Heard-Community_Report.pdf).



urban Aboriginal communities, said Ms Tongs.

“At Winnunga we live daily with the aftermath of drug abuse. This report provides governments with an insider’s view about the sort of help that’s needed to assist Indigenous people who are affected by drugs.”

She said the research project demonstrated how Aboriginal medical services could work in partnership with academic institutions to achieve great results.

**“When the project began, the Winnunga and NCEPH teams got together and worked out issues like how to approach disclosures of sexual abuse, and to learn about mental health first aid and appropriate interviewing techniques. It was a real two-way learning process,” said Ms Tongs.**

“Also we had great support from a diverse, mainly Aboriginal, reference group, including Elders of the Ngunnawal Community who were involved right from the project’s inception,” said Dr Phyll Dance from NCEPH.

“We were able to ensure that Elders were always remunerated for their work; and we were able to support Winnunga when staff time was taken up with the research.”

According to Ms Tongs, “The project was successful because it had strong backing and input from local people. We worked hard to build their awareness

and trust. Counselling and referrals were always provided to participants after they shared their very personal stories with us.”

The researchers agree that the completion of the final report is not the end of the issue – it’s the beginning of an on-going Action Research process.

“We established strong local partnerships though the course of the project and our recent evaluation has sparked further interest in implementing our recommendations, said Ms Tongs.

“We will continue to work with service providers and policy makers with the aim of ensuring that the voices of the 95 people we interviewed will be heard; and the findings of our research will be implemented.”

The study was funded by the National Health and Medical Research Council under a special National Illicit Drugs Strategy funding round.



*Image: Painting by Gerard Bennett, designed for the ‘I want to be heard’ project. The trunk represents partnerships and trust between Winnunga and researchers, the root system - nurturing and building relationships and the branches and leaves show where growth can be seen.*

#### **Find out more**

Winnunga Nimmityjah Aboriginal Health Service  
Phone: 02 6284 6222  
[www.winnunga.org.au/research.htm](http://www.winnunga.org.au/research.htm)

# Putting the brakes on petrol sniffing

## Mt Theo-Yuendumu Substance Misuse Aboriginal Corporation, NT

In the early 1990's Yuendumu, a remote Aboriginal township on the edge of the Tanami Desert, was gripped by an epidemic of petrol sniffing among young people.

By 1993 there were more than 70 regular 'sniffers' in Yuendumu (pop. 800-1,000) and the community was suffering the fallout, including violence and property damage.

But in 1994, local Warlpiri Elders decided on a 'zero tolerance' approach to the problem. With the support of traditional owners, the local school, the Tanami Network and the local Community Government Council, young petrol sniffers were sent to Purtulu, Mt Theo Outstation – 160kms from Yuendumu and 50kms from the nearest main road – to recover,

To date, the community-driven initiative has transformed the lives of more than 400 young Aboriginal people from communities in the region, and is regarded in Australia and overseas as a leader in petrol sniffing prevention.

The success of the Mt Theo Program comes from local Aboriginal people taking control and supporting one another, says Mt Theo Manager Susie Low.

"From the beginning, the community has upheld Warlpiri values and used culturally appropriate ways of doing the work. The program received no outside funding until 1997; and all the early work was done on a volunteer basis. It is the families' combined strength and determination that has allowed this program to prosper.

**"I was doing it myself... I took those kids to Mt Theo... and made them better... stronger... I made a life for all those kids, and they're all big now. Today, it's good for them. They're all married."**

*Peggy Nampijinpa Brown, Elder, Mt Theo program founder.*

Speaking at Mt Theo's 10th anniversary celebrations, 2004

(Source: CAYLUS, English translation by Janet Nakamarra Long & Nancy Napanardi Martin)



learn traditional culture and break their addiction.

At the same time, a comprehensive youth program was started in Yuendumu to offer young people active and healthy alternatives to petrol sniffing, and to support young 'graduates' returning from Mt Theo.

Within a decade, the program had reduced the number of petrol sniffers in Yuendumu to zero.

Extending on this prevention work, the *Jaru Pirrjirdi* program – which means 'strong voices' – is now working with young adults in the community to address the underlying causes of petrol sniffing and help develop a strong, skilled and dedicated group of young leaders for Yuendumu.

"The zero tolerance approach and a solid model of early intervention means there is an immediate response for any young person engaging in petrol sniffing," said Ms Low.

The program is now used as a model for other remote communities in the Northern Territory, where there is an estimated 600 addicted petrol sniffers and 120 people left brain damaged from the practice.

The 2006 Commonwealth Senate report into petrol sniffing highlighted the success of the Mt Theo Program and recommended that funding be made available to interested communities to develop programs based on the same principles of intervention and support.

## How does the program work?

### **Mt Theo Outstation Program: Treatment & Diversion**

By community consent, young sniffers are sent to Mt Theo for at least one month. Elders provide cultural healing and coordinate outdoor activities such as gardening and traditional hunting.

Non-Aboriginal youth workers visit the outstation approximately twice a week to deliver food and provide additional support. This has created an effective partnership between Aboriginal and non-

**It is a credit to Mount Theo and the youth diversionary programs that they have managed to do what no-one else has been able to do. The key to this is that the problem of petrol misuse has been owned by the local community and the response has come from the local community — it has worked.**

*Dr Russell Thompson, WYNHealth Organisation*

Evidence to the Commonwealth Senate Inquiry into Petrol Sniffing, 2006



Aboriginal people, with both groups sharing ideas and learning from one another.

After their time at the outstation the young people return to the Youth Program (for up to 17 year-olds) or the older ones are encouraged to join the Jaru Pirrjirdi project.

Effective partnerships with law enforcement agencies, including the Yuendumu Police, have been established. Over the last few years, several young offenders who have been bonded by the courts have also been sent to Mt Theo Outstation.

### **Youth Program: Prevention**

Each day of the week, Indigenous youth workers run an activities program for the young people of Yuendumu and Willowra (aged 4-17 years), including swimming, Auskick, singing and dancing. The goal is to engage young people in fun and healthy activities, reduce boredom and provide positive alternatives to petrol sniffing.

### **Jaru Pirrjirdi 'Strong Voices': Youth Development Project**

Extending on the prevention and treatment programs, Jaru Pirrjirdi works with young adults

**Jaru Pirrjirdi is more than about entertaining kids; it is about working with those kids to look at where they want Yuendumu to be in 10 years time and working towards achieving that. It is building up the leaders of tomorrow in a meaningful and sustained way.**

*Mr Tristan Ray, Central Australian Youth Link Up Service*

Evidence to the Commonwealth Senate Inquiry into Petrol Sniffing, 2006

(aged 17-30 years) to address the underlying issues of substance abuse. This community leadership program aims to empower the young people to develop the necessary skills and capacity to be active leaders in their own communities.

### **Find out more**

**Mt Theo-Yuendumu Substance Misuse Aboriginal Corporation**

**Web:** <http://www.mttheo.org>, **Phone:** 08 8956 4188

**Literature about the Mt Theo program and other strategies to address petrol sniffing can be found at [www.mttheo.org/media.htm](http://www.mttheo.org/media.htm).**

Photos: Mt Theo-Yuendumu Substance Misuse Aboriginal Corporation

# Giving Indigenous kids a solid start to adult life

## Mooditj: Sexual health and positive life skills

### FPWA Sexual Health Services

Try getting young people to talk about puberty, body image or sexual issues in a group environment and it's highly likely you'll be met with an awkward silence or embarrassed giggles.

But an innovative program developed by the Family Planning Association of Western Australia (FPWA) is making learning about sexual health an engaging experience for Aboriginal young people approaching puberty.

Delivered over ten sessions, Mooditj – the local Aboriginal word for 'solid' – uses art, puppets, role-plays and informal discussions to explore a wide range of 'sensitive' topics, from self-identity, emotions and positive relationships through to sexual issues and rights.

"Raising serious issues in an entertaining and non-threatening way is an important part of the program's success," says Noelene Smith, FPWA Manager of Education and Training.

"Because Mooditj is for young people between 11 and 14, it's important to use a range of fun activities that can get them laughing and talking.

"They might be a bit shy to start off with but they soon get involved, have fun, make new friends – and they're learning at the same time," she said.

The "extremely positive" response to the Mooditj program is the result of an extensive consultation and development process, with input received

from over 200 community members from Kununurra to Albany.

The program has been piloted in ten rural and metropolitan communities around WA, as well as with an after-school program and at a camp, involving over 150 young people.

"Mooditj is a grass roots program that's been built on solid consultation with a wide range of Indigenous communities – and the communities have really taken ownership of it," Mrs Smith said.

To ensure the program is sustainable, FWPA runs four-day Mooditj 'leader training workshops' in communities across WA. Participants have included social workers, police officers, teachers, Indigenous Elders, health workers and community members.

**"Training local community members to deliver the Mooditj program helps build community capacity. We are also strong advocates of people learning from each other – which is why we're currently building a database for Mooditj facilitators to share their experiences with each other and pass on valuable information," Mrs Smith said.**

Healthway – a statutory body that funds health promotion activities and research in Western Australia – has committed three years of funding to support the program, as well as providing



funds for grants for organisations to run their own Mooditj training.

The Mooditj course manual, along with other resources, has generated an enthusiastic response

*“The exercises and games caused many laughs – and the occasional shock! It was a fun way to learn. I would recommend this course to everyone.”*

*“Mooditj is a fun and informative way to learn about sexual health issues. It’s a top priority for us and we’ll be running the program as soon as the resources arrive.”*

from Indigenous and non-Indigenous workers and service providers in WA and further afield; and an evaluation is underway.

“Quality resources about these issues and for this age group are scarce,” Mrs Smith said.

**Find out more**

FPWA Sexual Health Services  
[www.fpwa.org.au/services/educationtraining/projects/#mooditj](http://www.fpwa.org.au/services/educationtraining/projects/#mooditj)

Phone: 08 9227 6177

Image courtesy of FPWA Sexual Health Services

## Tackling violence head on Blackout Violence, NSW

Think rugby league and you think big hits and hard tackles – but an award-winning campaign has used the ‘greatest game of all’ as the starting point to change community attitudes to violence.

To launch the ‘Blackout Violence’ program, players from 85 rugby league teams took to the field at the 2004 NSW Aboriginal Rugby League Knockout wearing purple armbands to show their opposition to family violence and sexual assault against women.

Around 2,000 Blackout Violence kits were handed out to players and spectators throughout the four-day carnival, containing information on how to prevent violence and where to get help.



The rugby league knockout is the largest gathering of Aboriginal people in NSW so it was the perfect place to get the message out, said campaign organiser Dixie Link-Gordon.

“The message of Blackout Violence is simple: enough is enough. Family violence has no part in our culture. It’s not the Koori way and it needs to stop,” Ms Link-Gordon said.

“It’s a difficult issue to talk about and we’ve put it under the carpet for too long. But this campaign has allowed a large number of people to take an

important message back to their own communities.”

Metropolitan Aboriginal Land Council Chairperson, Rob Welsh, said the Blackout Violence campaign showed Aboriginal people taking a leadership role by tackling the problem head on.

“Blackout Violence is all about us taking control of our actions and showing respect for each other and our communities. By doing this we can show the way for other communities around Australia – black and white,” he said.

The starting point for the state-wide campaign was a peaceful rally held by a number of women from Redfern’s ‘Block’, who came together to protest against the violent rape of a local woman. The rally drew more than 100 people and a co-ordinated grass-roots campaign soon followed.

The Blackout Violence program was set up and run without any government funding. However, its success has been recognised with the 2004 NSW Violence Against Women Prevention Award. “The focus of the campaign has always been on community engagement and that’s why it been such a success,” said Blackout Violence partner, Christine Robinson, from the Wirringa Baiya Aboriginal Women’s Legal Centre.

“From the start Indigenous men, women and children have all supported the program. They are determined to change how their community views and deals with issues like domestic violence.”

A training manual has been developed to support Indigenous communities address violence in all its forms – domestic violence, community violence and other forms of violence, such as bullying.

Following the success of Blackout Violence, a national roll-out of the program is being planned. However, funding to print and distribute the manual is required.

The program has also drawn interest and support

from a wide range of groups, including police, courts, universities, community groups and health services.

“It is very important this campaign continue to be driven and maintained by Aboriginal people but supported by non-Aboriginal people,” said Ms Link-Gordon.

Blackout Violence was developed by the Inner City Domestic Violence Group, Redfern Legal Centre and the Metropolitan Aboriginal Land Council.



Photograph courtesy of Gary Highland

#### **Find out more**

Wirringa Baiya Women's Legal Centre

Phone: 1800 686 587 or 02 9569 3847

Email: [info@wirringabaiya.org.au](mailto:info@wirringabaiya.org.au)

[http://wirringabaiya.org.au/statistics/document\\_view](http://wirringabaiya.org.au/statistics/document_view)

Mudgin-Gal Aboriginal Women's Corporation

Email: [office@mudgin-gal.org.au](mailto:office@mudgin-gal.org.au)

Phone: 02 9319 2613

National domestic violence hotline 1800 656 463

## **Beyond Violence: Finding the dream**

*Beyond Violence – Finding the Dream* is a video and handbook resource exploring Aboriginal and Torres Strait Islander community solutions to the issue of family violence.

Community engagement, leadership and control are the key themes explored in relation to the question, ‘what would our community be like without crimes of violence?’.

“As we acknowledge problems such as family violence, we take responsibility and accept accountability in our search for solutions. These solutions then become ours,” says Professor Judy Atkinson, who produced the resource.

Featuring the stories of Indigenous women and men who describe their pain and hope for a future without violence, the video highlights the need for communities to work together and become agents of change.

“It’s not a women’s problem. It isn’t a man’s problem either. It’s a community problem and the whole community has to be involved, to be told what’s happening,” says one male field worker in the video. “We all have to change our attitudes and take responsibility for finding a solution.”

The handbook provides practical advice around establishing a community action group and promotes culturally appropriate solutions to stop family violence. There is information on who to contact for help and additional resources that can be used as part of a workshop or community discussion.

The Beyond Violence project was funded by the Office of the Status of Women, Department of the Prime Minister and Cabinet; and the Office of Aboriginal Women in the Aboriginal and Torres Strait Islander Commission.

#### **Find out more**

*Beyond the Violence – Finding the Dream* is available from Gnibi College of Indigenous Australian Peoples, Southern Cross University, NSW  
Ph: 02 6620 3955, Email: [gnibi@scu.edu.au](mailto:gnibi@scu.edu.au)

# Healing past hurts

## Yorgum Aboriginal Family Counselling Service, WA

An Aboriginal-specific counselling service in Perth is helping Indigenous individuals, families and communities to heal from the trauma of family violence and sexual assault as well as informing the work of service providers elsewhere in Australia.

“In all aspects of the work we do, our approach is to engage individuals, families and communities in their own healing,” says Jade Maddox, Yorgum Aboriginal Family Counselling Service Chief Executive Officer.

“In our counselling service we create a safe environment where individuals and families have the opportunity to come up with their own strategies to restore their health and well-being,” Ms Maddox said.

“This kind of approach is important because it allows people to take control of their own lives.”

Yorgum began in 1991 when a group of Aboriginal women’s refuge workers came together and established an Aboriginal Counselling Course. Their concern was that Aboriginal people were not accessing mainstream family support and counselling services.

At first, the Yorgum team provided counselling and staff support on a volunteer basis. Some time passed before they successfully attracted funding from World Vision and then the Department of Community Development. Incorporated in 1993, Yorgum continues to operate according to Aboriginal protocols and culturally appropriate terms of reference.

In addition to counselling, Yorgum’s exclusively Aboriginal team of social workers, counsellors, community development workers and Building Solid Family Caseworkers offers holistic support through the following programs:

- Aboriginal Child Sexual Abuse Treatment Service
- Aboriginal Children Witnessing and Experiencing Family Violence
- Community Development Healing Project
- The Building Solid Families Program (WA State

Link-up Service), which covers the regions of Perth, Moora, Bunbury, Geraldton and Kalgoorlie.

The latter program offers family tracing and support and reunions for Aboriginal people separated from their family through past government policies, such as the 1905 Aborigines Act that established the position of Chief Protector as legal guardian of every Aboriginal and ‘half-caste’ child in WA up to the age of 16.

The importance of Yorgum’s work was reinforced in 2002 by a WA Government inquiry into family violence and child abuse in Aboriginal communities. Yorgum’s psychologist at the time was part of the inquiry team led by Magistrate Sue Gordon. The inquiry found that Aboriginal children are almost eight times more likely to be sexually abused than other Western Australian children; and that Aboriginal women are 45 times more likely to be victims of domestic violence and eight times more likely to be a victim of homicide. More recently, results of the groundbreaking WA Aboriginal Child Health Survey show clearly the toll on Aboriginal young people of the burden of physical illness, mental ill health, family stress and family dysfunction experienced by their primary carers, especially those with a history of forced separation.

At Yorgum, individual and family counselling sessions are available covering issues such as sexual abuse, family violence, relationships, grief and loss, crisis and trauma resolution, racism and Aboriginal identity.

“Assisting people who come through our Perth centre is just one part of our work,” Ms Maddox said. “Yorgum also runs community development and education workshops across a wide range of locations to raise awareness about family violence within Aboriginal communities.”

During Yorgum’s workshops, community members learn about their human rights, discuss the impact of colonisation and dispossession, participate in art therapy and develop plans to address abuse and violence in their communities.



“We are getting people to draw on cultural strengths and reconnect with their culture. People are stronger in their own communities than in the wider community,” says Yorgum Community Development Officer, Julie Potter.

Yorgum is a Noongar word for a flowering red gum with healing properties; the Yorgum tree is the service’s symbol. And like the tree, Yorgum’s programs are showing bright signs of new growth and strength, including plans to refurbish the Perth premises to accommodate a training room and other facilities for the service’s staff and expanding programs.

Seeds sewn elsewhere include in a town south of Perth, where following a workshop, one group of women took action with a housing provider and demanded that overdue repairs be made, resulting in freshly painted homes within three months.

“We are seeing self-determination and strength from community members. We are seeing hope in the faces of people that used to be filled with fear and disillusionment,” says Ms Maddox.

“There are still many more steps to take on this long road, but we are making good progress and it is inspirational to see the change in people’s lives.”



**Find out more**  
Yorgum Aboriginal Family  
Counselling Service  
Web: [www.yorgum.org.au](http://www.yorgum.org.au)  
Phone: 08 9218 9477

Painting by Shane Pickett, 2001.  
Courtesy Yorgum Aboriginal  
Corporation.



# Tune into your health

## Nunkawarrin Yunti of SA, Aboriginal Health Service

*Too shame to ask my family for a feed  
Gotta steal what I need  
We're the mob from Narrunga  
Gonna tell you mob of Nungga  
Get back to your culture  
Speare the gambling vulture*

### Point Pearce

Aboriginal young people have rapped out stories of being left alone, going without food and the fear being made homeless to help draw attention to the effects of problem gambling.

*Risky Business* – a 14-track CD – is the end result of an innovative song writing and recording program, involving more than 100 young people in Adelaide and regional centres across South Australia.

“All the kids had really powerful stories to tell,” says Mandy Brown, acting project coordinator with Nunkawarrin Yunti, Adelaide’s Aboriginal Health Service. “This wasn’t an issue that we needed to introduce – it was something they’d all experienced first-hand in their family or community.”

During a two-day workshop, the young people worked together to develop lyrics, settle on a music style – all chose rap – and finally record their song with producer Tristan Watkins.

“The kids were into it from the word go,” says Mandy. “Music is a universal language and it builds on the Aboriginal tradition of story telling.”

The *Risky Business* project is part of Nunkawarrin Yunti’s successful ‘Tune into Your Health’ music program that has seen young people singing and learning about mental health (*Making up your mind*) and Hepatitis C (*It’s in your blood*).

“Every five minutes about \$10,000 is lost through gaming machines in South Australia,” says Michael McCabe, who established the program with Micah Wenitong and Garry Goldsmith. “Aboriginal children are particularly vulnerable to the effects of problem gambling, yet it is rarely mentioned in child and maternal health reports.”

The *Risky Business* CD was launched during Gambling Awareness Week in May 2006, with follow up ‘mini-launches’ taking place in each community that participated in the project.

“The launches will be a celebration of the terrific talent and contribution made by the young people,” says Mandy. “But they’ll also be an opportunity to raise the issue of problem gambling in a non-threatening way and introduce people from Break Even and other gambling support services so the community knows what sort of help is available.”



According to Mandy, the project was effective because it allowed young people to speak out about an issue that has a big effect on their daily lives.

“The songs allow kids to say to the adults ‘hey, this is what gambling is doing to us’ in a safe and constructive way. The adults might feel a bit hurt to hear that – and there might be some shame too – but it starts a conversation about how to best to deal with the problem.”

Nunkawarrin Yunti works closely with community-based Aboriginal health, youth and education organisations to run the *Tune into Your Health* program. The *Risky Business* project was funded by the South Australian Department for Families and Communities.

*Losing your families and your homes  
Some days and nights you feel so alone  
When the house is gone  
Tell me where will we be living?*

### Port Lincoln

#### Find out more

Nunkawarrin Yunti of SA Inc

Web: <http://www.nunku.org.au/>

Phone: 08 8223 5217

Gambling 24/7 Help (South Australia):

1800 060 757

Photograph courtesy of Nunkawarrin Yunti.

# Keeping safe with a snake

## Marie Stopes International Australia, VIC

Snake charmers know how to keep danger at bay – and that’s exactly what 35 recently-trained ‘snake charmers’ are doing in the Victorian towns of Mildura, Shepparton, Bendigo, Echuca and Bairnsdale.

At parties, pubs and clubs and other local venues, these young people are out selling SNAKE CONDOMS and answering questions about safe sex practices.

The snake charmers – also known as peer sellers – are an important part of a program to increase awareness amongst Indigenous young people about the dangers of unprotected sex, says Steven Portelli, former Indigenous Health Program Manager with Marie Stopes International Australia (MSIA).

**“If you can talk to young people at the point when they’re making decisions about their sexual behaviour, then you’re in a great position to help them make healthy choices.**

“Our peer sellers receive training from VACCHO (Victorian Aboriginal Community Controlled Health Organisation) and learn about sexual health issues. They buy the condoms at a subsidised price and keep any profits that they make from their sales.

“People in the community soon get to know who the snake charmers are. It means they can approach someone confidentially, ask questions and buy a SNAKE CONDOM.”

The SNAKE CONDOM initiative was launched in Mildura in March 2004 – the result of 18 months close collaboration between MSIA and local Indigenous young people, the Mildura Aboriginal Health Service, VACCHO and cummins&partners, an advertising agency from Melbourne.

The campaign aims to help reduce unplanned teenage pregnancies and the spread and incidence of sexually transmitted infections, including HIV/AIDS, among Indigenous communities.

“We heard very early on that we needed to develop a condom brand that was appealing, accessible and affordable. The young people pretty quickly hit on the idea of the SNAKE CONDOM, which is symbolic of

Indigenous culture but also lends itself to a lot of fun.”

The flavoured condoms come in the colours of the Aboriginal flag – red (strawberry), yellow (vanilla) and black (chocolate) – and are available from traditional outlets, such as chemists and supermarkets, as well as petrol stations, late night eateries, burger vans, pubs, cafés and, of course, peer sellers.

Accompanied by an educational campaign involving posters, radio ads and bus backs, the program has also helped change attitudes to safe sex practices.

A year after being launched in Mildura, almost 80% of people said they used a condom ‘always’ or ‘usually’ – up from around 50% surveyed before the campaign started.

With expansion into Melbourne taking place in early 2007, funding has yet to be secured for a national roll-out.

According to Portelli, there are three reasons why the SNAKE CONDOM initiative has been so successful:

- We have a great product that’s fun, high quality, culturally relevant and affordable for young people.
- We have a sustainable business model – all money from sales goes into making the product available for other communities.
- The initiative works with the principles of Aboriginal self-determination and community control.

“Before we do anything else we sit down and talk with Elders, health workers and community members to find out what the specific community needs are and the best way to introduce the program,” says Portelli.

### Find out more

Marie Stopes International Australia  
[www.mariestopes.org.au/country-aust-proj2.html](http://www.mariestopes.org.au/country-aust-proj2.html)  
Phone: 03 9525 2411

Image courtesy of MSIA / VACCHO



TM

# A healthier Aboriginal community living longer

## Pika Wiya Aboriginal Health Service, Port Augusta, SA and Spencer Gulf Rural Health School, University of SA

A pilot chronic disease self-management course, Living Improvements for Everyone (LIFE) has led to the increased clinic attendance for chronic conditions at the Pika Wiya Aboriginal Health Service in Port Augusta, South Australia.

Participating in the LIFE program involves developing a care-plan for long-term conditions such as diabetes and heart disease. It also involves taking part in group workshops and camps as part of learning to live with a chronic illness and sharing techniques for dealing with its social and emotional effects.

LIFE was developed with the assistance of Port Augusta Elders from an extensively evaluated chronic disease self-management tool and training package from Stanford University, USA. LIFE also incorporates the 'Flinders Model' of Chronic Condition Self-Management support, developed at Flinders University, SA.

'Self-management' is a patient's ability to understand their condition and to manage and organise their access to key elements of their care. Kate Warren from the University of South Australia & Spencer Gulf Rural Health School says that while this may be a goal to work towards, many people are not ready for it.

"There are huge issues surrounding grief and loss in this community to the extent that we have decided to include a grief cycle similar to how the symptom cycle is portrayed. Participants come to recognise the sequence of painful and difficult issues in their lives and how they interconnect; and they have the opportunity to talk about them in a non-confrontational way.

"We see ourselves training 'life leaders', enabling people with positive life skills that are relevant to

everyone, community people and health workers," says Kate.

The program consists of a six week course (2½ hours per week) where people with different chronic conditions get together and share their experiences in peer-led sessions involving problem solving techniques, appropriate exercise techniques and use of medicines, as well as effective communication and nutrition.

"It is important to start with people where they are at," says Fiona Coulthard, Master Trainer of the LIFE program. "This way, we sit down with people and really listen to what they are telling us. We work out what is the most pressing, the most difficult problem in their life right now and deal with it, and find out what the background issues are."

Both Kate and Fiona have completed Stanford University's master training program in chronic disease self-management, with Kate also completing the train-the-trainer package.

At the commencement of the Port August pilot (funded by SA's Sharing Health Care project) Kate and Fiona sat down with local Elders, and went through the Stanford model and changed it to make it more culturally appropriate. Since the pilot finished, a growing number of community members and health professionals have undertaken the LIFE course.

During the program, says Fiona, participants develop their own action plans, which are carefully stepped to make sure they are achievable.

"We want to fit with people's lifestyle. Small changes that can be made very gradually; and build people's confidence so they can say 'Hey, I can do this!'"

“With peers leading the program, participants turn what they know into real action, doing more physical activity, using techniques to relieve stress, or making healthy changes to their diet. Group members support each other. So, it’s a two-way process,” says Kate.



Training manuals and supporting literature designed for any Indigenous health service are now available, although some changes would still be necessary to suit local circumstances.

As one participant put it, “I wish I knew then what I know now. Perhaps I could have prevented myself getting these things.”

LIFE training is planned for Port Lincoln and number of other centres. Unfortunately, the Sharing Health Care project funding has run out and where the program’s next funds will come from is unclear. Fiona and Kate continue to develop LIFE nevertheless and plan to deliver some sessions in their own time after hours.

“I see participants down the street everyday who ask, ‘When are we going to have our session again? When are we going to have another get together?’ ” says Fiona.

**Find out more**

Spencer Gulf Rural Health School, University of SA  
Tel. 08 8647 8129  
Email: [Kate.Warren@unisa.edu.au](mailto:Kate.Warren@unisa.edu.au)

***We need to get the young ones in ‘ere to listen to this.” LIFE course client***

# Educare: healing the layers of trauma

## Gnibi: the College of Indigenous Australian Peoples Southern Cross University, NSW

**“There can be no true self-determination while the self remains unhealed,”**

*Professor Judy Atkinson*

Thirty years of practice based research informs the empowering self discovery and self healing experienced by students of Indigenous Wellbeing at Gnibi College of Indigenous Australian Peoples at Southern Cross University in Lismore, NSW.

Gnibi’s wellbeing program builds on ‘We Al-li’, the doctoral and post-doctoral work by Professor Judy Atkinson in the area of trans- and inter-generational trauma and healing.

“Childhood trauma, abuse and neglect is a fundamental public health challenge - this is now widely recognised - and it’s a challenge that can largely be met with appropriate prevention and intervention,” said Professor Atkinson.

“As a grandmother I could not live and think that I was handing to my grandchildren this legacy ... That what has happened in our communities now – where violence has been almost normalised in human behaviours ... We have to start to address it.”

We Al-li seeks to have people come to the knowledge that each person – irrespective of disability or assumed deficit – possesses the resources to promote and experience her or his sense of connectedness with self, with others and with the world in general. ‘We’ means fire in the Woppaburra language and symbolises the spirit of cleansing, ‘Al-li’ the life giving force of water.

We Al-li is delivered as a series of activities, workshops and recreations which promote spiritual, cultural, physical, emotional and mental wellbeing for all individuals, families and social groups. It provides the personal and professional development essential for practitioners to be able to counsel effectively or be able to work in the area of trauma, family violence and positive parenting, not only in the Indigenous Australian context but around the world, says Professor Atkinson.

“When I hear about more police or the army being sent into areas of conflict, I worry about how these recruits will cope! Trauma is being unleashed around the world in ever increasing waves. I get calls from people daily asking how can we do things better.”

We Al-li is now housed at Gnibi College, which since 2001 has been under the directorship of Professor Atkinson, co-recipient in 2006 of The Carrick Institute’s Neville Bonner Award for Indigenous Education. Gnibi runs a Certificate Level 4 of Indigenous Therapies; an undergraduate degree in Trauma and Healing; and a masters level degree in Indigenous Studies (Wellbeing), with nine post-graduate by research students being supervised at the time of writing.

“Women and men skilled in these areas can provide a catalyst for communities to begin to process their own healing. They fulfil the vital link for people who know that they have a problem and are calling out for support to begin to work things out.

“The Certificate 4 in particular is empowering

action research at the grassroots. Its delivery and practice is very much at the community level, whereas the Masters is more theory related," Professor Atkinson said.



**"It is a hard subject for people locked into the cycle to talk about ... this Masters degree just makes complete sense ... it teaches how our deep personal and historical trauma came to be. I feel really good about having the Masters; it's a validation of what we know as a people."**

*Judy Knox, a Masters graduate of Gnibi.*

"Leadership comes when we take courage; when we stand up and we challenge lies," says Professor Atkinson.

"At times, invitations for emergency assistance come to us and we are able to send out teams with the skill sets to go and work intensively with families in crisis. Sometimes, this means sitting together under a tree for days at a time. Or it may mean engaging with governments to implement appropriate services or building programs for those at risk of offending.

"At every step of the way, the students are my teachers. In the work we do together, it's about education and care... I like to call it 'educare'."

*Painting:*

*Dadirri by Chris Edwards, courtesy Judy Atkinson.*

*Dadirri represents our people standing in the middle of the forest. Despite everything being up-turned, underneath we still have strong roots, connectedness to the world and the power to be re-born. The Black Boys and the tree are resilient to flames but rely on bush fires for renewal. The fire depicts our need to regenerate ourselves. Hardships provide us with opportunities to identify and find our real strengths.*

#### **Find out more**

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[www.scu.edu.au/schools/gnibi](http://www.scu.edu.au/schools/gnibi)

## Health workforce

### We walk together as friends

## Shalom Gamarada Ngiyani Yana Residential Scholarship, UNSW

"I'm the same as anybody that has a dream. The only difference is that I've been given the opportunity to achieve mine," says Jenna Owen (Luxottica), who, after Shannon Peckham, is one of the first Aboriginal students in the country to study optometry - the skills to conduct eye examinations and prescribe and supply eye glasses.

Jenna, along with Rosie Ross and Beth Kervin (pictured), are amongst the first recipients of a new scholarship program which will boost the numbers of Aboriginal and Torres Strait Islander students attending the University of New South Wales (UNSW).

From Albert in central NSW, Jenna is also the first person in her large extended family to attend university.

"I go after what I want and my family is so supportive. They always said, 'Jen, you can do it' - but they never knew how."

The scholarship program is funded by the proceeds of Shalom Gamarada Ngiyani Yana, an annual sale and auction of work by acclaimed Aboriginal artists. The scholarship is also supported by private donors and corporate sponsors.

Students receive scholarships valued at \$15,000 per year, which covers academic tuition and boarding at Shalom College, UNSW.

The program sprang from a conversation between Associate Professor Dr Lisa Jackson Pulver, Director, Muru Marri Indigenous Health Unit, School of Public Health & Community Medicine, UNSW, and Ms Ilona Lee, President of the Shalom Institute, on National Sorry Day 2004; resulting today in a partnership between UNSW's Shalom College, Nura Gili Indigenous Programs and Muru Marri.

"We need Aboriginal doctors to tell us what to do, to provide leadership, guidance and insight in addressing the problems, and the causes of the problems, Aboriginal people are facing," said UNSW Professor of General Practice, Dr Mark Harris, during the exhibition's expert panel discussion in 2006.

"Few other students face the levels of socio-economic disadvantage Aboriginal students do, linked to alienation from land, discrimination, and Stolen Generations issues," said Professor Harris.

To address these issues early, Nura Gili conducts an annual Winter School, a residential career program for Indigenous school students where, in a culturally safe way, students are given a taste of university life and encounter role models such as Aboriginal pharmacists, epidemiologists and other Aboriginal health professionals.

Nura Gili's Winter School is unique amongst similar programs around the country for its content and size. Unfortunately, despite their importance in providing a glimpse of a wide world of opportunities, these programs often struggle for appropriate recognition and recurrent funding.

There is a national target to have an additional 350 Indigenous students enrolled in medicine by 2010. Universities with proven outcomes in supporting Indigenous medical students include Newcastle, which at the time of writing has graduated 51 Indigenous doctors and each year guarantees eight places to Year 1 entrants. James Cook, which dedicates five of its 60 places to Indigenous students and Western Australia, where up to eight Indigenous entry level places are available in



Rosie Ross, Indigenous medical student, UNSW



Medicine and two in Dentistry.

In South Australia, a partnership between the Department of Human Services and Rotary International contributes \$200,000 annually towards a sponsorship program to support medical students. In NSW in 2006, a population health scholarship pilot program commenced at the University of Wollongong, working in partnership with the South Eastern Sydney and Illawarra Area Health Services.

UNSW with its commitment to training Indigenous doctors, commits a place to all students who complete the Indigenous pre-medicine program. There is no cap to the number of Indigenous student places at any one time. In 2006, 11 Indigenous students were in medicine. In 2007 there are almost half that number again commencing first year.

Associate Professor Sue Green, Director of Nura Gili, helps the students settle into life at medical school. "As an Indigenous person constantly dealing with ill health and death in my family and community, this is a very important program," she says.

"Currently we have less than 100 Indigenous doctors in the country and approximately the same number of students. While that's a fantastic number, it's not enough."

Through their Indigenous Entry into Medicine program, UNSW is well on the way to achieving best practice in the recruitment and retention of Indigenous medical students.

"We have not had one single student drop out because of lack of accommodation since this program began. We have gone from a university with one of the worst retention rates

[of Indigenous students], to one of the best," says Professor Jackson Pulver.

"Shalom Gamarada has allowed us to provide on-campus accommodation and meals to students in a city which is arguably the most expensive in the country," she says.

"Not only that, through their agency as the creators of the artworks, many of the artists involved in the exhibition are making a deliberate contribution to improvements in Aboriginal health outcomes."



Beth Kervin, Indigenous medical student, UNSW

#### **Find out more**

Muru Marri Indigenous Health Unit  
<http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/mmihu>  
Ph: 02 9385 1769

Shalom College  
<http://www.shalomcollege.unsw.edu.au/content/view/28/>  
Ph: 02 9663 1366

Photographs courtesy of UNSW

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