

UNSW

School of PUBLIC HEALTH &
COMMUNITY MEDICINE

MURU MARRI INDIGENOUS HEALTH UNIT

Inaugural

Indigenous Health

Research Day

Program *and* Abstracts

2 September 2004

John B Reid Theatre
AGSM, UNSW

THE UNIVERSITY OF
NEW SOUTH WALES



SCHOOL OF PUBLIC HEALTH
AND COMMUNITY MEDICINE

Acknowledgements:

We acknowledge that this is the land of the Gadigal people, who are part of the Eora nation, and we pay our respects to past and present Elders.

We acknowledge the guidance and wisdom of many Aboriginal and Torres Strait Islander people and organisations.

We thank Anthony Zwi, Head of the School of Public Health and Community Medicine, for his support of, and commitment to, the development of an Indigenous health teaching and research agenda within the School of Public Health and Community Medicine.

We are grateful to our colleagues, both within and outside UNSW, for their individual and collective support of Muru Marri Indigenous Health Unit.

On behalf of the team of Muru Marri Indigenous Health Unit:

Anton Clifford
Jill Guthrie
Lisa Jackson Pulver
Dennis McDermott

MURU MARRI INDIGENOUS HEALTH UNIT

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Our Name

*Muru Marri*¹, the Indigenous Health Unit within the School of Public Health and Community Medicine at UNSW, is committed to enhancing Aboriginal and Torres Strait Islander health throughout Australia, yet acknowledges that it is based in a specific Aboriginal country, Gadigal land, part of the Eora nation of the greater Sydney area.

Our name indicates not only the breadth and diversity of the unit's work, but also our grounding, as an organisation, in our local community. *Muru*², in the Eora language, means 'road' or 'path', while *Marri*³ means 'many, great, large, very'. Thus *Muru Marri*, broadly translated as 'many paths / many ways', reflects, as well as the diversity within Indigenous Australian cultures and experiences, the critical necessity to base our work - even where problems are held in common - in the specific needs and wishes of local communities.

There is no *one* way to improve Indigenous health status. The physical health of individual Indigenous Australians cannot be separated from the social, spiritual and emotional well being of Indigenous Australia. We need to draw from traditional knowledge, enhance existing cultural resilience, examine international Indigenous experience and constantly innovate, building on a growing, national evidence base to work in fresh ways across professions and across sectors. Comprehensive inter-sectoral collaborations - based on respectful, transparent partnerships: where *all* partners have the capacity to work competently across cultural divides - offer the best hope of developing the 'many paths' necessary to improve multifaceted Aboriginal and Torres Strait Islander health. Our name reminds us that gains will only occur through the combined efforts of Indigenous and Gubba Australians.

¹ The 'u' is pronounced as a vowel lying between the English 'put' and a shorter version of the vowel sound in 'boot': the 'r', 'a' and 'i' sounds are similarly short – the last-mentioned, for example, said as in 'bit' – they should not be pronounced as long sounds.

² Troy, Jakelin, 'The Sydney Language', *Macquarie Aboriginal Words*, Macquarie Library Pty. Ltd., Macquarie University, 1995, p.68

³ *Ibid*, p.73

About Nura Gili

Nura Gili – Indigenous Programs at the University of New South Wales

The name *Nura Gili* is in the language of the Eora people, *Nura* meaning “place” and *Gili* meaning “fire/light”. *Nura Gili* brings together these concepts to create the meaning “place of Fire and Light”¹.

The phrase is significant to the Indigenous Programs at the University of New South Wales for many reasons.

The theme of *place* is important to the many and varied cultures of Indigenous Australia. It was therefore important for Indigenous Programs at the University of New South Wales to recognise the very place that we have all come together to work, share, study and learn on.

The site of Indigenous Programs at UNSW is located near an 8000 year old campsite (within the grounds of the prince of Wales Hospital²) around which the people of the area taught

culture, history and subsistence– from an age old past, through to the present - the site holds significance as a place of gathering and meeting, teaching, learning and sharing.

The concept of a fireplace, and fire in general captured warm and nurturing feelings by the staff of the Indigenous Programs. The idea that there is a place in UNSW where a fire has been burning, a place where people can come to gather and share is indeed the shared drive, inspiration and purpose for all involved in Indigenous Programs at UNSW.

The centre values the potential that education can offer, in parallel with the theme of the fireplace, we invite both Indigenous and non-Indigenous people to *Nura Gili* to gather, learn and share together, to light a torch of their own, to guide them, and light their way as they create their own journey.

¹ See Jakelin Troy 1994, ‘The Sydney Language’, *Macquarie Aboriginal Words*, Macquarie Library, p. 68.

² See Val Attenbrow 2002, *Sydney’s Aboriginal Past*, UNSW Press, p. 56.

Welcome

by the Head of School

The School of Public Health and Community Medicine, UNSW, is pleased to host the Inaugural Indigenous Health Research Day and launch of our:

Muru Marri Indigenous Health Unit

The Indigenous Health Research Day promises to be another highlight in the UNSW SPHCM annual calendar. This year's focus is mostly on the work of staff, conjoints, research degree students with an interest in Indigenous health and our external research collaborators. Interest has been such, however, that next year will see presentations over two days, one of which will be open to external participants.

As you know the School has espoused the theme "Reinventing health - policy, practice and systems". We have a commitment to examining, critiquing and rethinking the ways in which health has been promoted in the past, and the ways in which health services have been delivered. In Indigenous health, it is clear that new ways of thinking and new ways of doing are required - the record up to now has been dismal. Our Indigenous Health Research Day will be an opportunity to hear about and contribute to new approaches and to help shape this priority area at the interface of population health and social justice, two key themes within the School. It will also be an opportunity to hear first hand about the range of work already centred on the School and the directions under consideration by our Indigenous Health Unit, probably the most rapidly developing node of School activity at present.

The overall aim of the day is to highlight work occurring in and around the School in the important area of Indigenous health. It will be convened by Lisa Jackson Pulver and Dennis

McDermott - the two leaders of our dynamic and growing *Muru Marri*.

The day has multiple objectives:

- To showcase the breadth and depth of Indigenous health research work being undertaken within the SPHCM and our associated research Centres;
- To provide an opportunity for the students associated with *Muru Marri* Indigenous Health Unit to present their work;
- To workshop the potential for future research in a range of areas with those interested;
- To support networking within the School between staff and students including those at different sites and with different research interests/areas.

All papers presented will be peer reviewed for publishing as the first monograph of *Muru Marri*.

Welcome ... by being here you are contributing to *reinventing health* in this important area ... and welcome specifically to *Muru Marri*. As we know, many roads lead to health, and many from it. I am pleased to welcome you to playing a part in building understanding and commitment to the many paths and processes needed to promote health equity for Aboriginal Australians and indigenous people globally.



Anthony Zwi
Professor and Head
School of Public Health and Community
Medicine

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Program

2 September 2004

9.00 - 9.30

Welcome to Country and opening addresses

Host: Professor Anthony Zwi

Aunt Ali Golding (Aboriginal community Elder)

Ms Sue Green (Nura Gili)

Professor Mick Reid (Ministry for Science and Medical Research)

9.30 - 11.15

Session I

Themes: Capacity building, alcohol and other drug use and healthy lifestyle

Host: Mr Dennis McDermott

- Indigenous Health Worker Education: its role in professionalising practice
Author: Miranda Rose
Presenter: Miranda Rose
- "I want to be heard"- analysis of needs of Indigenous illegal drug users in ACT and Region regarding treatment and services
Authors: Jill Guthrie, Phyll Dance, Julie Tongs, David McDonald, Rennie D'Souza, Carmen Cubillo, Gabriele Bammer
Presenter: Jill Guthrie
- The policing implications of petrol sniffing and other inhalant misuse in Aboriginal and Torres Strait Islander peoples' communities
Authors: Catherine Spooner, Peter D'Abbs
Presenter: Dr Catherine Spooner
- Learning from non-drinkers: a study of alcohol use and abstinence among Aboriginal people in Perth
Author: Ilse Blignault
Presenter: Dr Ilse Blignault
- Behind the development of the draft Aboriginal Health Promotion Plan, SWSAHS 2004 - 2007
Authors: Kelvin Brown, Julie Eccles
Presenter: Kelvin Brown
- Research into practice – reflections on research transfer for three studies involving tobacco interventions for Aboriginal people in the NT
Authors: Rowena Ivers, Anthony Castro, David Parfitt, Robyn Richmond, Ross Bailie, Peter D'Abbs
Presenter: Dr Rowena Ivers

9.30 - 11.15 **Session 1 - Cont'd**

- The development of a brief healthy lifestyle intervention for delivery to Indigenous Australians in primary health care
Authors: Anton Clifford, Lisa Jackson Pulver, Robyn Richmond, Rowena Ivers, Anthony Shakeshaft, Dennis McDermott, Richard Mattick
Presenter: Anton Clifford

11.15 - 11.45 **Morning Tea**

11.45 - 1.00 **Session 2**

Themes: Access to services, maternal and infant health and research transfer

Host: Mr Anton Clifford

- Access of urban indigenous populations into primary health care services in Macarthur, SWWS
Authors: Pippa Craig, Elizabeth Harris, Sharon Nicholson, Warwick Ruscoe
Presenter: Dr Pippa Craig
- Trying to make a difference: a whitefella PhD story
Author: Jenny Hunt
Presenter: Dr Jenny Hunt
- A comparative study of the role of socioeconomic status and Aboriginality in birth outcomes of infants and women in the Campbelltown local government area
Authors: Angela Titmuss, Elizabeth Harris, Elizabeth Comino
Presenter: Angela Titmuss
- Development and validation of the Edinburgh Postnatal Depression Scale for women from Aboriginal communities
Authors: Chryne Griffiths & Patricia Glossop
Presenters: Chryne Griffiths & Patricia Glossop
- Health status and development among Aboriginal infants in an urban community
Authors: Elizabeth Comino, Phillippa Craig, Bin Jalaludin, Elizabeth Harris, Mark Harris, Richard Henry, Brendon Kelaher, Dennis McDermott, Jenny McDonald, Sharon Nicholson, Lisa Jackson Pulver, Darryl Wright (Alphabetical order)
Presenter: Elizabeth Harris

1.00 - 1.45 **Lunch**

1.45 - 3.00

Session 3

Themes: Indigenous Identification, vaccination, cancer and Indigenous authorship

Host: Ms Jill Guthrie

- Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital
Authors: Lisa Jackson Pulver, Alison Bush, Jeanette E Ward
Presenter: Dr Lisa Jackson Pulver
- Vaccination of Indigenous adults in the Community Controlled Sector – what is done, and what works
Authors: Telphia-Leanne Joseph, Rob Menzies & Peter McIntyre
Presenter: Telphia-Leanne Joseph
- Measuring vaccination coverage in Aboriginal and Torres Strait Islander children area
Authors: Rob Menzies, Kathi Williams, Danny Cook, Peter McIntyre
Presenter: Rob Menzies
- Cancer in Indigenous people in New South Wales 1994-2002
Authors: Rajah Supramaniam, Hari Grindley, Lisa Jackson Pulver
Presenters: Dr Rajah Supramaniam
- A decade of Aboriginal health in the Medical Journal of Australia: are Indigenous authors writing about Aboriginal or Torres Strait Islander health in the Journal?
Author: Lisa Jackson Pulver
Presenter: Dr Lisa Jackson Pulver

3.00 - 3.15

Summary of the Day

Mr Dennis McDermott

3.15 - 3.30

Afternoon Tea

3.30 - 5.00

Session 4

**Theme: Strategic Research Planning Session
(Restricted session: SPHCM staff only)**

Facilitator: Ms Elizabeth Harris

Session I

Capacity building, alcohol and other drug use and healthy lifestyle

Host: Mr Dennis McDermott

Abstracts

Indigenous Health Worker
Education: its role in
professionalising practice

“I want to be heard”- analysis of
needs of Indigenous illegal drug
users in ACT and Region
regarding treatment and services

The policing implications of
petrol sniffing and other inhalant
misuse in Aboriginal and Torres
Strait Islander peoples’
communities

Learning from non-drinkers:
a study of alcohol use and
abstinence among Aboriginal
people in Perth

Behind the development of the
draft Aboriginal Health
Promotion Plan, SWSAHS 2004
- 2007

Research into practice –
reflections on research transfer
for three studies involving
tobacco interventions for
Aboriginal people in the NT

The development of a brief
healthy lifestyle intervention for
delivery to Indigenous
Australians in primary health
care

Indigenous Health Worker Education: its role in professionalising practice

Miranda Rose

Position: PhD scholar

Unit/Division/Dept/School/Affiliation: Muru Marri Indigenous Health Unit, SPHCM

Abstract:

Why I am doing the work:

The purpose of this study is to investigate the relationship between Indigenous Health Worker education, practice and Indigenous health needs, and contribute to effective education strategies for Indigenous Health Worker university programs. The study contends the development of university Health Worker education programs will provide Indigenous Health Workers with the requisite skills and knowledge necessary for professional practice, and for managing the complexity of Indigenous community health needs.

What I will do:

The research will adopt a social critical framework to describe the socio-cultural context of Indigenous community health needs, academic culture, and the education and practice of Indigenous Health Workers. It will also analyse processes of curriculum development and implementation in a range of Indigenous Health Worker education programs in the vocational and tertiary sectors. Finally the research will investigate the contribution these programs make to the professionalisation of Indigenous Health Work. These research components will involve interviewing Indigenous Health Workers, educators, students, health service providers and community members. A literature review and curricula and pedagogy analyses will also be undertaken.

We might find and learn:

The research has the potential to: elucidate structures mitigating the successful participation of Indigenous Health Workers in higher education, develop effective curricula and pedagogy, and extend our understanding of the role of tertiary education in professionalising Indigenous Health Worker practice.

How might the Aboriginal community be involved?:

Indigenous health workers, service providers and educators will be asked to contribute their knowledge and understanding to this research. With the guidance of the SPHCM Indigenous Health (Research and Development) Unit I will ensure the research reflects Indigenous community and research protocols. An application for ethics clearance from the Aboriginal Health & Medical Research Council will also be made.

How might this information be used to inform policy and practice?:

Research information may contribute to:

- Indigenous Health Worker curricula and pedagogy
- university policy impacting on Indigenous Health Worker students
- the professionalisation of Health Worker practice

Implications for stakeholders:

Implications include improvements in Indigenous Health Worker education and practice as well as Indigenous health outcomes.

“I want to be heard” – analysis of needs of Indigenous illegal drug users in ACT and Region regarding treatment and services

Jill Guthrie

Position: Senior Lecturer

Unit/Division/Dept/School/Affiliation:

Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine

Authors: Jill Guthrie, Phyll Dance, Julie Tongs, David McDonald, Rennie D’Souza, Carmen Cubillo, Gabriele Bammer

Abstract:

Why we did the work:

The study’s genesis was:

- Newspaper reports that illicit drug use amongst ACT’s Indigenous community had reached epidemic proportions;
- Estimates of some 500 Indigenous heroin users (some eleven years old) comprising approximately 10% of ACT’s Indigenous population.
- A study of Indigenous older people showing many affected by illicit drug use amongst their children/grandchildren;
- Newspaper reports quoting Australian Federal Police 1998-99 Annual Report that of 230 arrested youths, 84 (36%) were Indigenous.

What we did:

Our study had four broad aims:

1. Enhance understanding of needs of ACT’s Indigenous illegal drug users around drug treatment and other harm reduction domains and contact with criminal justice system;

2. Develop that understanding through expressed views of Indigenous drug users themselves;
3. Reports for stakeholders;
4. Skills transfer between health workers and researchers.

What we found and what we learned:

The study’s 23 recommendations relate to issues of cultural education/development, establishment of Aboriginal-specific services, Aboriginal involvement in service development/delivery, employment, funding, outreach services and evaluation.

How were the Aboriginal community involved:

The research built on a successful long-term relationship between NCEPH and Winnunga. Winnunga’s CEO and designated staff (all Indigenous) were Associate Researchers. We engaged in cross-cultural (researcher/health provider/Indigenous/non-Indigenous) skills transfer between Winnunga staff members and NCEPH researchers.

A Reference Group - eleven Indigenous members, one non-Indigenous government representative – was established. NCEPH’s research team comprised two Indigenous and four non-Indigenous researchers.

How will this information be used to inform policy and practice:

The study’s “action research” focus and ongoing dialogue between Winnunga, ACT government, and researchers will ensure recommendations are implemented into ACT policy and practice.

Implications for stakeholders:

This collaboration between NCEPH and Winnunga provides evidence for policymakers and service providers to address issues related to illicit drug use amongst ACT’s Indigenous young people. Relationships that were developed or further evolved through this study will ensure its recommendations are implemented.

The policing implications of petrol sniffing and other inhalant misuse in Aboriginal and Torres Strait Islander peoples' communities

Dr Catherine Spooner

Position: Senior Lecturer

Unit/Division/Dept/School/Affiliation: NDARC, SPHCM

Authors: Catherine Spooner, Peter D'Abbs

Abstract:

Why we did the work:

Police needed advice on how they could better manage problems relating to volatile substance abuse in Aboriginal And Torres Strait Islander Peoples' Communities

What we did:

The project entails literature and data collection in six locations across Australia that provide a broad range of community types and experiences with regard to inhalant use and related harms. Using this information, and in further consultation with stakeholders, recommendations for practical strategies for intervention by police will be made.

What we found and what we learned:

At the time of writing this abstract, the project has not commenced. The presentation will only be able to present the outcomes of draft literature review and initial meeting of national team to be held in Adelaide in August.

How were the Aboriginal community involved:

Aboriginal members of the research team and consultation with Aboriginal communities.

How will this information be used to inform policy and practice:

Information will be used to develop a resource for police

Implications for stakeholders:

It is hoped that police will be better able to respond appropriately to incidents involving volatile substance abuse by Aboriginal youth and better able to engage in proactive preventative strategies to reduce the incidence and harms associated with volatile substance abuse by Aboriginal youth

Learning from non-drinkers: a study of alcohol use and abstinence among Aboriginal people in Perth

Dr Ilse Blignault

Position: Director of Research (Senior Research Fellow)

Unit/Division/Dept/School/Affiliation: Centre for Culture and Health, SPHCM, UNSW

Authors: Ilse Blignault

Abstract:

Why we did the work:

This collaborative study, conducted in 1990-91 and involving the Department of General Practice at the University of Western Australia and Derbarl Yerrigan Health Service (then Perth Aboriginal Medical Service—PAMS), was designed to investigate the social and personal factors associated with abstinence from alcohol among Aboriginal people living in an urban community, especially factors contributing to cessation of drinking. Existing studies, most of which had been conducted in remote and rural areas, had shown that a large number of Aboriginal people did not drink alcohol and that many who used to drink had given up. There was little information on drinking practices among Aboriginal people living in urban areas.

What we did:

(In technical terms: a cross-sectional survey and retrospective case control study with data collected by survey and ethnographic methods.)

Patients at PAMS were invited to take part in a study about alcohol and health and why some people don't drink alcohol. A total of 393 patients aged 15 years and over participated in the first part of the study, which involved a short interview. Basic demographic data were collected

and questions were asked about drinking and smoking. A sub-sample of 95 patients (including women and men, young people and old people, non-drinkers and drinkers took part in the second part of the study. This involved a second, much longer interview about their life and health, and reasons for drinking and not drinking.

What we found and what we learned:

Health workers can make a difference by providing patients with information about alcohol and their own health and well-being. Counselling and treatment should be based on empowerment and competence enhancement, and take into account the influence of the social and physical environment on the individual's capacity to make and sustain change. Public awareness and education programs would do well to emphasise alcohol-related harm within the family. Strategies need to be applied at both individual and community levels, giving due attention to both socio-economic and cultural factors. Aboriginal community-controlled organisations have a crucial role in this area. The role of governments must be to help resource Aboriginal people to help themselves.

How were the Aboriginal community involved:

Members of the Perth Aboriginal community were involved in all stages of the project: planning, developing the proposal, assisting with data collection, interpreting the data, preparing of draft and final reports, and translating the results into practice and policy. The project was endorsed by PAMS. The work was overseen by a Research Steering Committee comprised of senior members of the community.

How will this information be used to inform policy and practice:

Findings have informed Aboriginal alcohol programs in Perth and around Australia.

Implications for stakeholders:

As described above, findings provide several pointers for prevention, intervention and treatment programs to reduce the harm associated with alcohol in the Aboriginal community, and reinforce the need for speedy and full implementation of recommendations to address the unequal and disadvantaged position of Aboriginal people in Australian society.

Behind the development of the draft Aboriginal Health Promotion Plan, SWSAHS 2004 - 2007

Kelvin Brown

Position: Service Manager, Aboriginal trainee ACHSE/AHMTTP

Unit/Division/Dept/School/Affiliation: SWSAHS/Tharawal/Research Collaborator with Muru Marri Indigenous Health Unit

Authors: Kelvin Brown, Julie Eccles

Abstract:

Why we did the work:

The Aboriginal population in South Western Sydney can generally be described as younger, socio-economically disadvantaged and having poorer health than the general population.

Most of the Aboriginal-specific projects delivered to this community are done so in an ad-hoc fashion, unrelated to expressed community need and are normally 'stand-alone'. Findings indicated that combining projects in a culturally appropriate way with delivery into the community on a shared and partnered basis is beneficial.

What we did:

1. SWSAHS Aboriginal and other health professionals utilised their knowledge of community and their experience to formulate questions regarding Aboriginal community health needs
2. Community groups attended a forum to engage them on Aboriginal health issues

Analysis of feedback gave direction to the identification of priorities and health needs for the Aboriginal communities of south west Sydney

What we found and what we learned:

- The prevalence of smoking was high and there was excessive exposure to Environmental Tobacco Smoke (ETS)

- A reduction in physical activity, resulting in high prevalence of the so-called lifestyle diseases
- Urban-dwelling Indigenous people eat more fast food, salt and eat less fruit than non-Indigenous people
- Aboriginal people do not access mainstream health services in similar ways, or at similar levels, to non-Indigenous people

How were the Aboriginal community involved:

Consultation within SWSAHS, through the Aboriginal Health Forums (local Aboriginal community members and key stakeholders) and Tharawal Aboriginal Corporation.

How will this information be used to inform policy and practice:

This information will be reviewed at regular intervals. These data inform the Area Health Service and others in relation to meeting the needs of our local community in an appropriate and efficient way.

Implications for stakeholders:

Holistic process supporting self-management and resilience, giving rise to opportunities for better health outcomes for Aboriginal peoples.

Research into practice – reflections on research transfer for three studies involving tobacco interventions for Aboriginal people in the NT

Dr Rowena Ivers

Position: Medical Officer, Illawarra Aboriginal Medical Service, researcher on Healthy Lifestyle Project, previously PhD student, Menzies School of Health Research and the Cooperative Research Centre for Aboriginal and Tropical Health

Unit/Division/Dept/School/Affiliation: School of Public Health and Community Medicine / Research Collaborator, Muru Marri Indigenous Health Unit

Authors: Rowena Ivers, Anthony Castro, David Parfitt, Robyn Richmond, Ross Bailie, Peter D'Abbs

Abstract:

Why we did the work:

Until 1997 there had been no program delivery in the area of tobacco control in the NT. The research project was designed to investigate an evidence based approach to tobacco control for Aboriginal people.

What we did:

Three research projects will be discussed: development and evaluation of a brief cessation intervention for Aboriginal smokers, a trial of the delivery of free nicotine patches for Aboriginal smokers and evaluation of multi-component community tobacco interventions delivered in three communities.

What we found and what we learned:

The brief intervention appeared to be appropriate for use in primary care. Fifteen percent of smokers who used NRT had quit after 6 months. The community tobacco interventions resulted in some minor changes in tobacco consumption in one community compared to a control community. The introduction of smoke-free policy was seen as acceptable.

How were the Aboriginal community involved:

All three projects were collaborative projects between researchers (Menzies School of Health Research, CRCATH, UNSW), health services (NTDHCS & NHF) and 10 Aboriginal communities.

How will this information be used to inform policy and practice:

Sufficient quantities of the health promotion kit were purchased to allow distribution to all Aboriginal health centres in the NT, however there were insufficient staff to deliver training in the deliver of cessation advice. The health promotion kit was used to support a health module for Years 3-8 to be delivered to all primary schools in Aboriginal communities in the NT. Nicotine patches are now subsidised internally by some health services, but not NT-wide. Incentive funds for community tobacco control projects are still available (despite little evidence that they were effective). Study results informed the development of NT Tobacco Legislation, involving the introduction of smoke-free public places legislation.

Implications for stakeholders:

Measures to facilitate research transfer included communications with:

- Communities (verbal, posters, easy to read reports)
- Service delivery staff (in communities, in management)
- Researchers (conferences, seminars, reports, journal articles -however formative and pilot research work is more difficult to publish than other research.)
- Policy-makers and politicians and lobby groups
- Other departments (Dept. Education)
- Capacity for involvement in tobacco control was increased in at least two communities, with continued involvement in tobacco control issues.

The development of a brief healthy lifestyle intervention for delivery to Indigenous Australians in primary health care

Anton Clifford

Position: Research Fellow

Unit/Division/Dept/School/Affiliation: Muru Marri Indigenous Health Unit, SPHCM

Authors: Anton Clifford, Lisa Jackson Pulver, Robyn Richmond, Rowena Ivers, Anthony Shakeshaft, Dennis McDermott, Richard Mattick

Abstract:

Why we are doing the work:

Smoking, alcohol misuse, poor nutrition and inadequate physical activity (SNAP) are disproportionately higher among the Indigenous Australian population than the general population and more likely to co-exist. There have been few evaluations of the efficacy of brief interventions in reducing these lifestyle risk factors among Indigenous Australians, despite evidence of their effectiveness in other populations. Interventions targeting Indigenous Australians should be adequately defined, developed and tested, with adaptation to local needs, priorities and context preceding wide scale implementation and evaluation.

What we propose to do:

Utilize qualitative research methodology to determine the feasibility of implementing a brief intervention within an urban Aboriginal Community Controlled Health Services (ACCHS) and explore its acceptability to Indigenous Australians and health professionals. Health professionals' and Indigenous Australian health consumers' views on the intervention components and preferences for delivering & receiving SNAP advice will be explored. The intervention will be trialled in each ACCHS for 6 months.

What we might find and learn:

Strategies to overcome barriers preventing uptake of brief interventions by health professionals working in ACCHS. A clear and relevant framework for developing, testing and implementing brief interventions in Indigenous primary care.

How will the Aboriginal community be involved:

The project is a collaborative venture between the Indigenous Health Unit; ACCHS (Illawarra Aboriginal Medical Service and Riverina Medical & Dental Aboriginal Corporation) and 2 NSW urban Indigenous Australian communities.

Indigenous Australian health consumer and Indigenous Health Worker perspectives will be incorporated into the intervention design. Indigenous health workers will be trained in delivering brief interventions and will participate in the implementation trial.

How will this information be used to inform policy and practice:

Information from this research will assist ACCHS and health professionals to improve the delivery of brief interventions and develop strategies to implement the mandatory SNAP component of Medicare Item 710, Aboriginal and Torres Strait Islander Adult Health Check.

Implications for stakeholders:

Health professionals will build upon their knowledge of evidence-based guidelines and standards and strategies for implementation. ACCHS will enhance their capacity to undertake research, and to develop and implement brief interventions.

Session 2

Access to services, maternal and infant health and research transfer

Host: Mr Anton Clifford

Abstracts

Access of urban indigenous populations into primary health care services in Macarthur, SWS

Trying to make a difference: a whitefella PhD story

A comparative study of the role of socioeconomic status and Aboriginality in birth outcomes of infants and women in the Campbelltown local government area

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

Health status and development among Aboriginal infants in an urban community

Access of urban Indigenous populations into primary health care services in Macarthur, SWS

Dr Pippa Craig

Position: Conjoint Senior Lecturer

Unit/Division/Dept/School/Affiliation: School of Public Health and Community Medicine

Authors: Pippa Craig, Elizabeth Harris, Sharon Nicholson, Warwick Ruscoe

Abstract:

Why we did the work:

Proactive preventive interventions are imperative for improving health among the almost 4,000 Aboriginal people living in outer urban SWS, but difficult, due to fragmentation of the local primary health care (PHC) services.

What we did:

We described the way in which PHC services in the Macarthur region of SWS have responded to the seven priority health areas outlined in the second SWSAHS Aboriginal Health Strategic Plan (SWSAHS 2001), and the range of services and programs provided.

What we found and what we learned:

Major issues included low usage of, and late presentation to, health services; poor records of service utilisation; and identified gaps in the services.

How were the Aboriginal community involved:

This project focused on current service provision. It complemented in-depth interviews previously conducted with local Indigenous people, which identified difficulties in accessing local health services.

How will this information be used to inform policy and practice:

Representatives from Tharawal Aboriginal Corporation, Macarthur Health Service and the Macarthur Division of General Practice met to plan strategies that not only addressed the identified issues and gaps, but mobilised primary health care services to address the gaps in the current system in a coordinated way.

Implications for stakeholders:

Discrepancies between the endorsed priority health areas in the Strategic Plan and current services highlight the need for continued attention from the three service providers. The strategies proposed require a continued commitment to collaboration in delivering high quality and culturally relevant health services.

Trying to make a difference: a whitefella PhD story

Dr Jenny Hunt

Position: Conjoint Academic

Unit/Division/Dept/School/Affiliation: School of Public Health and Community Medicine

Authors: Jenny Hunt

Abstract:

Why we did the work:

The health care of pregnant women is frequently identified as a priority issue, and indicators of the poor health and outcomes of pregnant Aboriginal and Torres Strait Islander women and their babies have been collected and publicised in Australia for many years. Between 1999 and 2003 I undertook a PhD which sought to improve health care and services for Indigenous women during pregnancy. This presentation will focus on the methodological approaches I used for my thesis research.

What we did:

Critiques of Indigenous health research had a profound impact on the development and implementation of the several projects that contributed to my thesis research. My responses included decisions to:

- make health system components with which I was associated the primary objects of research
- explicitly consider historical, social and cultural factors
- have a reference group of Aboriginal health professionals
- work collaboratively with Aboriginal community controlled and other health services, and with stakeholders including practitioners and policy makers

- use 'action research' and 'unobtrusive' methodological approaches
- disseminate the results of my research using a range of approaches

What we found and what we learned:

Sharing control of research projects and processes is frequently endorsed as an approach for Indigenous health research, because of the many advantages it offers including improving validity, supporting more ethical research practices, and increasing the likelihood of desired changes in policy and practice occurring in the shorter and longer terms. However, working collaboratively also adds challenges including those of logistics, time frames, and differing or competing agendas. I will discuss practical measures I found useful to meet these challenges in the context of trying to complete my PhD in a timely fashion.

A comparative study of the role of socioeconomic status and Aboriginality in birth outcomes of infants and women in the Campbelltown local government area

Angela Titmuss

Position: Medicine IV student, Master of Public Health student

Unit/Division/Dept/School/Affiliation: CHETRE, School of Public Health and Community Medicine, UNSW

Authors: Angela Titmuss, Elizabeth Harris, Elizabeth Comino

Abstract:

Why we did the work:

Indigenous infants have poorer birth outcomes than other Australians. However, little research has been undertaken in urban areas, using paternal Aboriginal identification, or matching on socioeconomic status. The aim of this study is to describe pregnancy and birth outcomes within an urban population, with a focus on Indigenous and socio-economically disadvantaged communities.

There are three research questions:

- Do Indigenous and low socioeconomic status (SES) infants and their mothers have poorer birth outcomes than the rest of the Campbelltown population?
- Do Indigenous infants and their mothers have poorer birth outcomes than low SES infants and their mothers?
- Do low SES Indigenous infants and their mothers have poorer birth outcomes than low socioeconomic status non-Indigenous infants and their mothers?

What we did:

The study used the 2002 Obstetric Data Package for all births at Campbelltown Hospital to mothers residing in the Campbelltown LGA. Low SES infants were identified using the SEIFA Index of Relative Disadvantage for suburbs. Indigenous infants were identified using both maternal and paternal self-identification. A cross sectional study of perinatal care and obstetric outcomes, such as birthweight, Apgar scores, admittance to high level care, gestational age, delivery type and onset, complications, maternal smoking, antenatal care, and maternal support levels was undertaken. Regression analyses were used to investigate predictors of and variance in birthweight. Identification of infants and interpretation of results was undertaken in consultation with the Macarthur Aboriginal Health Team.

What we found and what we learned:

Mothers of Indigenous and disadvantaged infants were significantly more likely to smoke, receive less support, present late antenatally, have anaemia, and receive less intervention in delivery than other women. Infants from these two groups had lower mean birthweights and

gestational age at delivery. Despite less than 50% of Indigenous infants being socioeconomically disadvantaged, there were few differences between Indigenous and low SES infants. Disadvantaged Indigenous infants were at higher risk of low birthweight and admittance to high-level care, and had a mean birthweight 200g less than non-Indigenous disadvantaged infants. SES provides an incomplete explanation for these disparities.

How were the Aboriginal community involved:

Identification of infants and interpretation of results was undertaken in consultation with the Macarthur Aboriginal Health Team and Tharawal Aboriginal Medical Service.

How will this information be used to inform policy and practice:

The results suggest that, to improve birth outcomes, interventions and services need to address the multiple and complex factors influencing Indigenous health and not simply focus on ameliorating socioeconomic disadvantage. This is also an area of need for future research, looking at the possible importance of other factors such as dispossession, identity, social isolation, community involvement and discrimination.

Implications for stakeholders:

The quality, consistency and accessibility of identification procedures and information were raised as major issues with respect to the hospital and directly affect the standard of health care and other service provision. An improvement in data entry procedures is also needed. Other points of intervention include increased support, more financial and staffing resources, decreasing smoking levels, preventing anaemia, addressing high teenage pregnancy rates and increasing consultation with the local community.

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

Chryne Griffiths

Position: Infant Child & Adolescent Mental Health Worker

Unit/Division/Dept/School/Affiliation: NSW Institute of Psychiatry – South West Sydney Area Health Service / Research collaborator with Muru Marri Indigenous Health Unit

Authors: Chryne Griffiths & Patricia Glossop

Abstract:

Why we are doing the research:

- To develop, trial, evaluate and validate a version of the Edinburgh Postnatal Depression Scale (EDS) that is culturally and linguistically appropriate for women from the Aboriginal community.
- To enable Aboriginal women to receive a standard of care comparable to those of women in the wider Australian population.

Macarthur area (Ingleburn to Mittagong), has one of the highest populations of Indigenous people in NSW and a high density of Department of Housing estates. Nearly all families visited by the Aboriginal antenatal/postnatal Home Visiting team are families that are encountering some form of intergenerational grief and loss, parenting difficulties, drugs and alcohol problems and domestic violence.

“Parents with a history of deprivation, neglect or abuse are more likely to encounter problems at all stages of family life, including behavioural difficulties, health, education and psychiatric problems in their children and relationship problems between family members.”
Fonagy, P. (1994).

What we found and what we learned:

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

The EDS (Cox, Holden and Sagovsky, 1987) has played an important role in this process, being used routinely in many antenatal wards and community postnatal services throughout Australia to identify women who are suffering from perinatal depression.

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

Developing a version of the EDS that is culturally appropriate and suitable for Australian Aboriginal women, will allow identification and intervention of Aboriginal women who are experiencing perinatal distress. Educating the Aboriginal antenatal/postnatal home visiting teams, Aboriginal health workers and mainstream health workers on the use of the proposed Aboriginal EDS, will ensure that antenatal/postnatal depression will be detected in Aboriginal women.

How will the Aboriginal community be involved:

Preliminary work has already been undertaken on a draft version of the Aboriginal version of the EDS: this needs further development. Some consultation, on the idea of adapting the EDS for Aboriginal women, has taken place with Aboriginal health workers and Aboriginal workers throughout the South West Sydney area. The concept has been accepted by these workers. Tharawal Aboriginal Medical Service has been approached and is in support of the research, given a favourable outcome of the A H & MRC ethics process. An answer is pending.

How will this information be used to inform policy and practice:

This research will enable health workers to identify clients at risk of, or suffering from, perinatal mood disorders at the earliest possible stage (because of the implementation of the Aboriginal EDS). The community will benefit directly as the health workers will be providing care to the mother, her infant and the family.

Feedback will be provided at all stages of the research to the community and the findings will be published and distributed to the relevant Aboriginal communities.

In particular we anticipate:

- Early detection of poor psychosocial outcomes for mothers and their babies.
- An increase in Aboriginal perinatal mental health literacy through education, support and clinical supervision for all health workers.
- An education package will be developed that will be culturally appropriate for health workers and the community.
- An increase in Aboriginal perinatal mental health literacy through the development of literature, and other material, appropriate to the Aboriginal community.

Implications for stakeholders:

Improved perinatal mental health outcomes for local Aboriginal women.

Health status and development among Aboriginal infants in an urban community

Elizabeth Comino

Position: Senior Research Fellow

Unit/Division/Dept/School/Affiliation: School of Public Health and Community Medicine;
Research Collaborator, Muru Marri Indigenous Health Unit

Authors: Elizabeth Comino, Phillippa Craig, Bin Jalaludin, Elizabeth Harris, Mark Harris, Richard Henry, Brendon Kelaher, Dennis McDermott, Jenny McDonald, Sharon Nicholson, Lisa Jackson Pulver, Darryl Wright (Alphabetical order)

Abstract:

Why we did the work:

CHETRE has been involved in evaluating the Aboriginal community's health needs and advocating with SWSAHS to establish an Aboriginal Home Visiting Team, specifically to work with Aboriginal families, in collaboration with the local Aboriginal community. This research will build on these relationships to describe the health status, use of health services and growth and development of urban Aboriginal infants. The research team are working with the Aboriginal community to identify the implications of the research for maternal and child health service development and to advocate for the ongoing development of services for Aboriginal families in South Western Sydney

What we will do:

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

What are we up to:

The research is progressing slowly. We are awaiting approval from the relevant Aboriginal Ethics Committee.

How were the Aboriginal community involved:

Aboriginal workers and researchers are key members of the research team. A reference group comprising interested community members is to be established before recruitment commences.

How will this information be used to inform policy and practice:

The information gathered will be used to support development of services for Aboriginal infants and their families at a local, regional and national level.

Implications for stakeholders:

As a part of the implementation of the research, opportunities are being created to provide research skills training to Aboriginal Health Workers and to engage them in the research. The Aboriginal community in the region will be invited to comment on the implementations of the research for the development of services in the region. All infants will receive a free health and developmental assessment at 12 months of age and access to appropriate referral services.

Session 3

Indigenous Identification, vaccination, cancer and Indigenous authorship

Host: Ms Jill Guthrie

Abstracts

Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital

Vaccination of Indigenous adults in the Community Controlled Sector – what is done, and what works

Measuring vaccination coverage in Aboriginal and Torres Strait Islander children area

Cancer in Indigenous people in New South Wales 1994-2002

A decade of Aboriginal health in the Medical Journal of Australia: are Indigenous authors writing about Aboriginal or Torres Strait Islander health in the Journal?

Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital

Dr Lisa Jackson Pulver

Position: Senior Lecturer, Development and Research

Unit/Division/Dept/School/Affiliation: Muru Marri Indigenous Health Unit, SPHCM

Authors: Lisa Jackson Pulver, Alison Bush, Jeanette E Ward

Abstract:

Why we did the work:

To determine the accuracy of routine identification of Indigenous women using an urban obstetric hospital.

What we did:

We interviewed a consecutive sample of women who delivered live, well infants from May to July 1999.

What we found and what we learned:

Just over one third of women who disclosed during the interview that they were Indigenous were recorded as such on the hospital records. We also found that most women did not recall being asked about their background and that women do not mind being asked such a question. We found a number of non-Indigenous women disclosed that while they were not Indigenous, their babies were.

How were the Aboriginal community involved:

This study was developed with the advice and approval of the Aboriginal Health and Medical Research Council of NSW (AH&MRC).

How will this information be used to inform policy and practice:

Previous ways of identifying Indigenous women in hospital separation data are flawed. This methodological approach, along with a number of key lessons, particularly around the unsupported belief that women don't like being asked whether, or not, they are Indigenous, has informed and will continue to inform more appropriate practice in NSW.

Implications for stakeholders:

Better reporting of Indigenous status will have a resultant effect on better resource allocation across the health services, which includes more Aboriginal staff, culturally appropriate services and decreased barriers to women getting the care they need.

Vaccination of Indigenous adults in the Community Controlled Sector – what is done, and what works

Telphia-Leanne Joseph

Position: Project Officer

Unit/Division/Dept/School/Affiliation: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases / Research Collaborator, Muru Marri Indigenous Health Unit

Authors: Telphia-Leanne Joseph, Robert Menzies & Peter McIntyre

Abstract:

Why we did the work:

The National Indigenous Pneumococcal and Influenza Immunisation Program (NIPPI) provides free vaccine for Indigenous adults in recommended risk groups, and includes promotional activities for providers and communities.

This project is an initiative of The Office for Aboriginal and Torres Strait Islander Health (OATSIH) of the Australian Government Department of Health and Ageing.

OATSIH engaged NCIRS to conduct and evaluation of this project.

What we did:

An evaluation of the program was carried out in 2003-04. It included a mail survey of all Aboriginal Community Controlled Health Organisations (ACCHOs) and face-to-face interviews with state and territory National Aboriginal Community Controlled Organisation affiliates, Immunisation Coordinators and OATSIH staff. There were also a small number of site visits.

What we found and what we learned:

Several particularly successful approaches were observed, including the use of computerised patient information systems to provide registers and facilitate opportunistic vaccination, and home visitation. Full results from the ACCHO survey, including those from specific site visits will be presented following completion of these studies.

How were the Aboriginal community involved:

Via face to face interviews, site visits, focus groups and surveys.

How will this information be used to inform policy and practice:

Information has been presented to OATSIH.

Implications for stakeholders:

Strategies have been identified that show best practice for the uptake of immunisation for Influenza and Pneumococcal for Indigenous adults.

Measuring vaccination coverage in Aboriginal and Torres Strait Islander children area

Rob Menzies

Position: Senior Research Officer

Unit/Division/Dept/School/Affiliation: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Disease / Research Collaborator, Muru Marri Indigenous Health Unit

Authors: Rob Menzies, Kathi Williams, Danny Cook, Peter McIntyre

Abstract:

Why we did the work:

Estimates of vaccination coverage of Indigenous children are available from the National Health Survey (NHS) and the Australian Childhood Immunisation Register (ACIR). There are large differences between the estimates from these two sources. It is important to know the reasons for these differences and what the actual coverage is.

What we did:

- 1) We compared the methods used to collect the data and calculated the estimates.
- 2) We did further data analysis on both datasets, in particular extent of access to written records by Indigenous versus non-Indigenous parents for the NHS, and the proportion of children whose Indigenous status is correctly recorded on the ACIR.

What we found and what we learned:

The NHS underestimates vaccination coverage in all children. This is more pronounced for Indigenous children because their carers less frequently had access to written records. The ACIR probably over-estimates coverage in Indigenous children. The ACIR estimates for Indigenous children are calculated only from

those who are recorded as Indigenous, 60% of the total. The ACIR Indigenous status information comes mainly on the provider notification forms, so those who are vaccinated more frequently are more likely to be recorded as Indigenous.

How were the Aboriginal community involved:

The National Community Controlled Health Organisation was represented on the working group and endorsed the publication of the results.

How will this information be used to inform policy and practice:

Accurate data on vaccination coverage will allow targeting of regions or communities for increased coverage and prevent outbreaks of disease.

Implications for stakeholders:

More complete reporting of Indigenous status on the ACIR are needed.

Cancer in Indigenous people in New South Wales 1994-2002

Dr Rajah Supramaniam

Position: Biostatistician

Unit/Division/Dept/School/Affiliation: Cancer Council NSW / Research Collaborator, Muru Marri
Indigenous Health Unit

Authors: Rajah Supramaniam, Hari Grindley, Lisa Jackson Pulver

Abstract:

Why we did the work:

Baseline cancer data for Indigenous people in Australia are sparse or have come from the least populous states and territories. This study includes the estimated 135,310 or 29% of Australian Indigenous people resident in New South Wales.

What we did:

Using Australian Bureau of Statistics deaths data we updated the NSW Central Cancer Registry and produced cancer mortality and incidence data for NSW Indigenous people for the period for the first time.

What we found and what we learned:

Cancer mortality data are now more complete, with known Indigenous status improving from 36% to 96%. The proportion of incident cancer cases with known Indigenous status improved overall from 35% to 69%, but varied from 36% to 94% depending on cancer type.

Indigenous males and females had 70% and 60% respectively higher standardised mortality ratios for all cancers combined, than the NSW population.

Indigenous males had significantly higher mortality rates than all NSW males for cancers of the lung, stomach, oesophagus and cancers of indefinite and unspecified type.

Indigenous females had higher mortality rates for cancers of the kidney, cervix, lung and pancreas compared to the NSW population. However, Indigenous females had a lower mortality rate for breast cancer than all women in NSW.

How were the Aboriginal community involved:

This study was conducted using routinely collected data from the NSW Central Cancer Registry and the Australian Bureau of Statistics.

This study will be reviewed and released in accordance with Cancer Council, AHMRC and NSW Health guidelines.

How will this information be used to inform policy and practice:

This report is an initial step into providing more complete data for planning and evaluating future cancer prevention and treatment programs and policies.

Implications for stakeholders:

Although this study provides the best available data on cancer in Indigenous people in NSW, particularly for mortality, better information on the Indigenous status of people with incident cancers is still needed to inform cancer prevention and treatment services.

A decade of Aboriginal health in the Medical Journal of Australia: are Indigenous authors writing about Aboriginal or Torres Strait Islander health in the Journal?

Dr Lisa Jackson Pulver

Position: Senior Lecturer, Development and Research

Unit/Division/Dept/School/Affiliation: Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine

Authors: Lisa Jackson Pulver

Abstract:

Why we did the work:

To determine the amount of material published in the *MJA* about Aboriginal and Torres Strait Islander Health over a ten-year period and the number, percentage and position in authorship order of Aboriginal and Torres Strait Islander authors of these publications.

What we did:

Examined Indigenous status for all Corresponding Authors of work published as 'Article' or 'Leading Article' about Aboriginal or Torres Strait Islander health in the *Medical Journal of Australia* during the study decade.

What we found and what we learned:

Of 108 surveys sent to Corresponding Authors, 83 questionnaires were analysed whilst 25 were excluded. There were 281 authors in the papers analysed. Nine of these authors were Aboriginal and one was a Torres Strait Islander. Whilst they contributed to a total of six papers, none were author one, nor were any listed as the Corresponding Author.

How were the Aboriginal community involved:

This study was not examining the Aboriginal community per se. These results have informed recent work involving the AH&MRC and the Institute for Health Research (IHR).

How will this information be used to inform policy and practice:

This study will provide a benchmark, against which increased representation of Indigenous authors in major medical journals can be encouraged.

Implications for stakeholders:

This study was purely descriptive and provides a baseline against which assessment can be made.

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