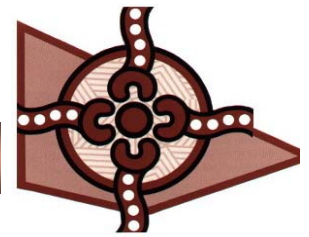


# Working with Aboriginal Communities



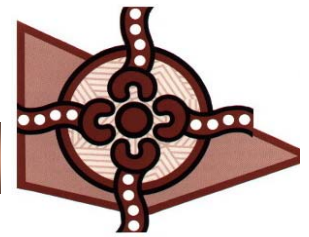
**Artwork by Lyn Briggs:** This design shows the importance of Health Workers sharing information about diabetes and the information being passed on to their communities.



# Victorian Aboriginal Community Controlled Health Organisation



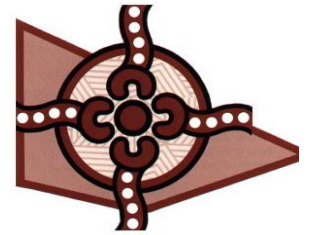
- Represents the collective of all (25) Aboriginal community controlled health organisations around Victoria
- Co-ordinate state-wide advocacy and direction for Aboriginal health issues & policies



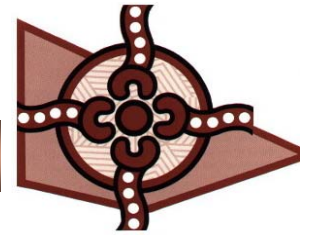
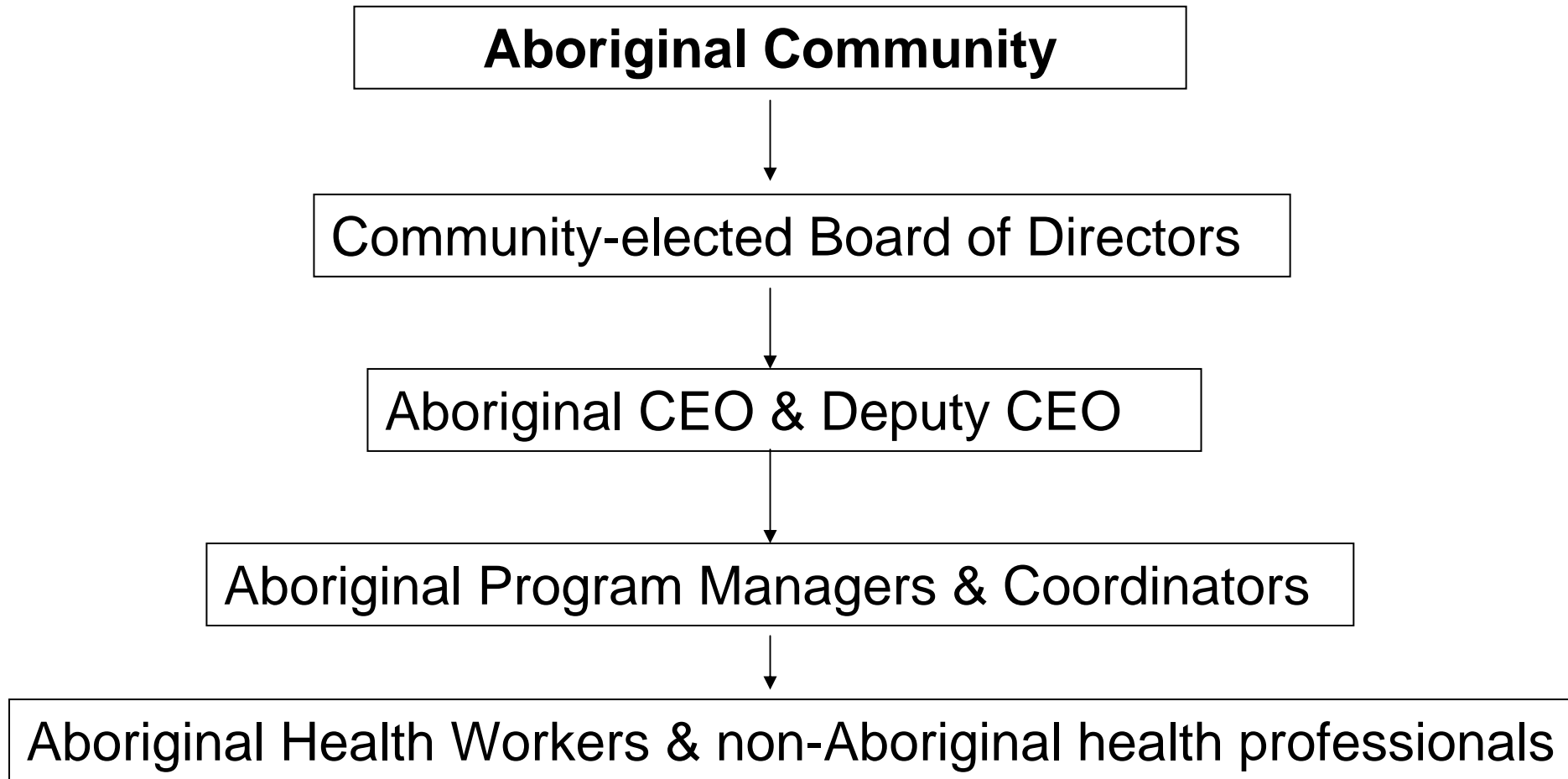


# What is an ACCHO?

- A primary health care service initiated and operated by the local Aboriginal community
- Delivers holistic, comprehensive, and culturally appropriate health care to the community
- Community-controlled through a locally elected Board of Management
- Employ Aboriginal Health Workers to provide the bulk of primary care services, often with a preventive, health education focus (NACCHO).



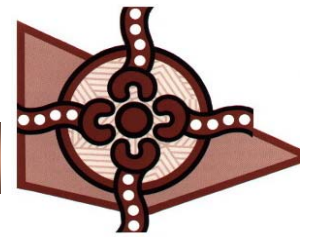
# ACCHO Organisational Structure



# What is an Aboriginal Health Worker?

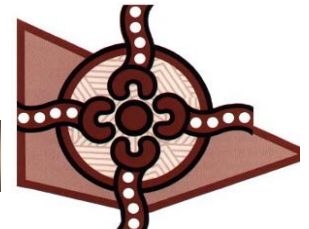
- An Aboriginal person who
  - Works within a Primary Health Care framework to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals families and communities

(Community Services and Health Industry Skills Council)



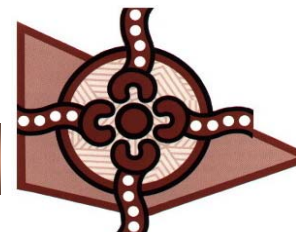
# Role of the Aboriginal Health Worker

- AHW roles may include:
  - Clinical care and assessment
  - Emergency and first aid response
  - Health education and promotion
  - Social and emotional support
  - Antenatal, postnatal and infant care
  - Sexual and reproductive health
  - Drug and alcohol services
  - Advocacy
  - Counseling



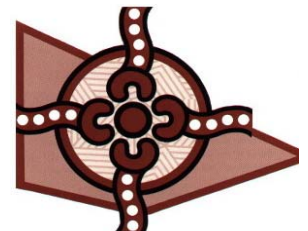
# Aboriginal Health Worker qualifications

- New nationally accredited Primary Health Care qualifications & competencies
  - Cert II, III, IV, Diploma, Advanced diploma
- Certificate III is occupational entry level for generalist AHWs (VACCHO currently delivering)
- Certificate IV allows specialisation
  - Potentially in nutrition/health promotion



# Role of the AHW in Nutrition

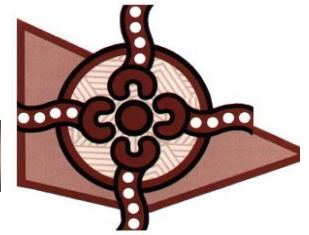
- At Cert III level an AHW is able to
  - Assist with basic health screening, promotion and education services
  - Participate in the delivery of information about nutritional health
- At Cert IV level an AHW is able to
  - Provide nutrition guidance for specific health care
  - Deliver health promotion programs for Aboriginal and/or Torres Strait Islander communities



# Population

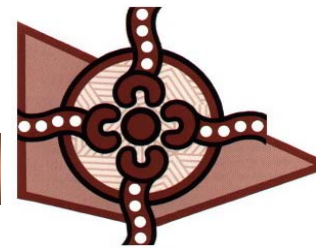
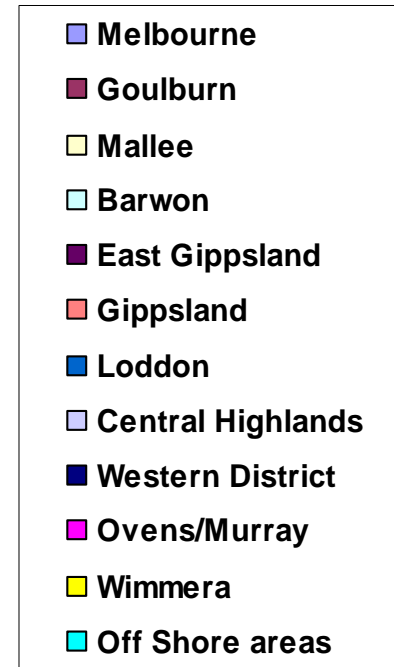
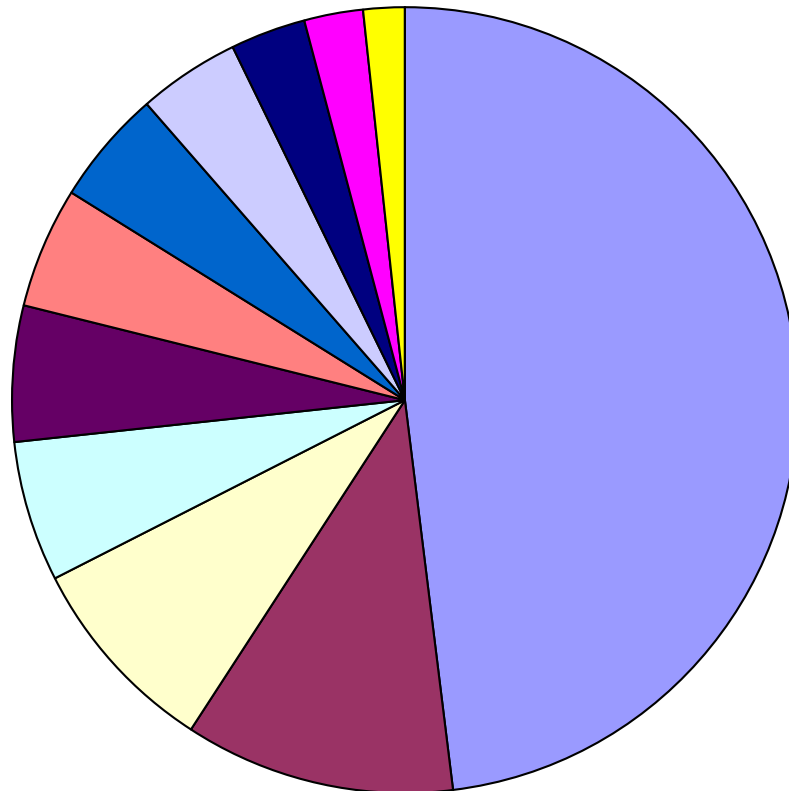
	<b>Males</b>	<b>Females</b>	<b>Total</b>
Victorian Indigenous Population	12,367	12,711	25,078
Victorian Population	2,279,061	2,365,889	4,397,599
Indigenous % of Victorian Population	0.5%	0.5%	0.6%
Australian Indigenous Population	201,988	208,015	410,003
% of Australian Indigenous Population	6.1%	6.1%	6.1%

(Source: Census of Population and Housing, 2001)

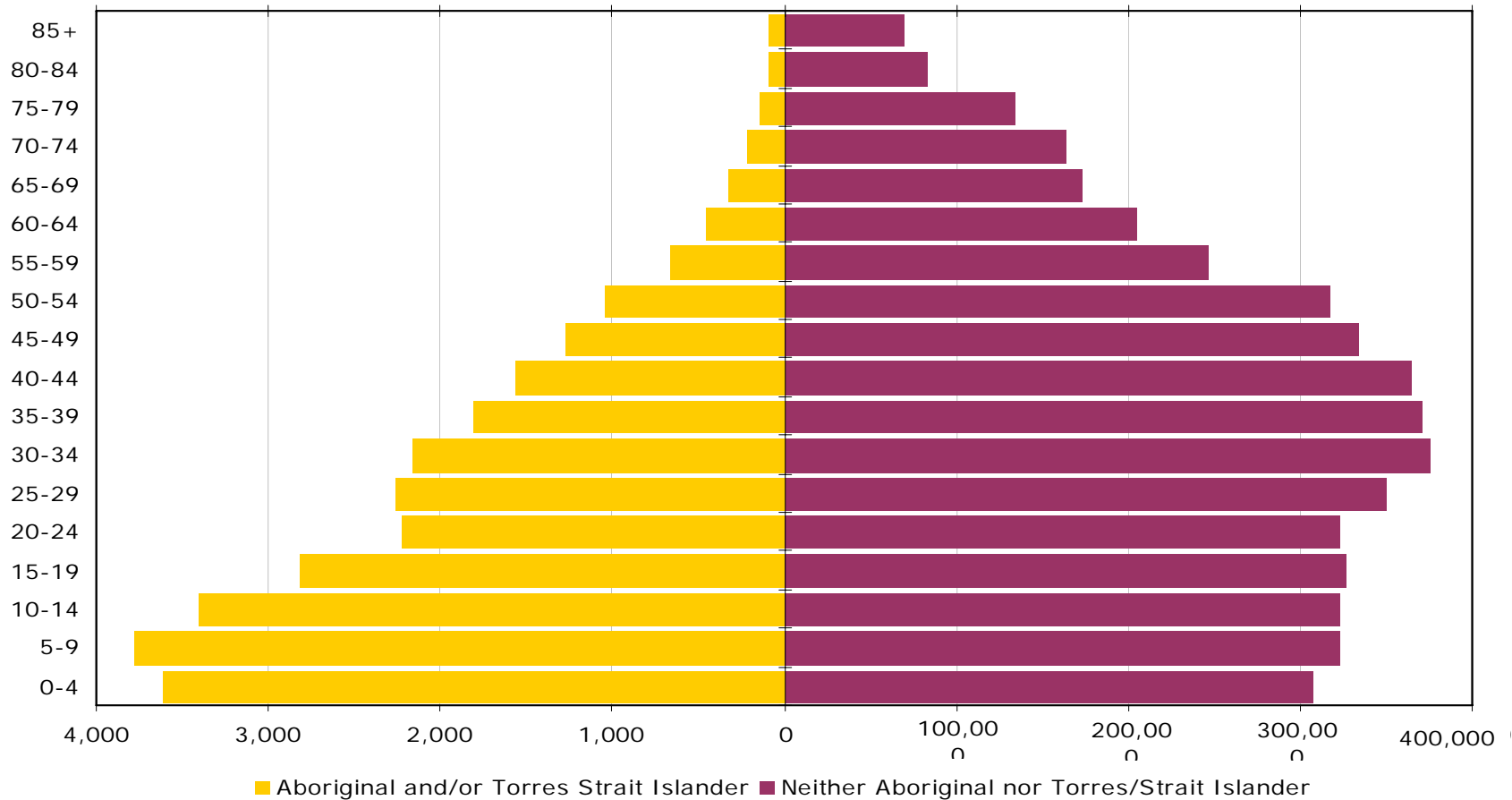


# Distribution of Victorian Indigenous people

Percentage of Victorian Indigenous Population

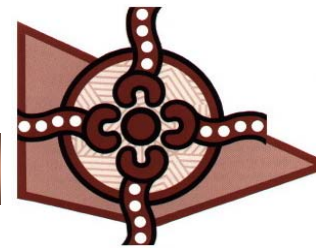


# Population Pyramid



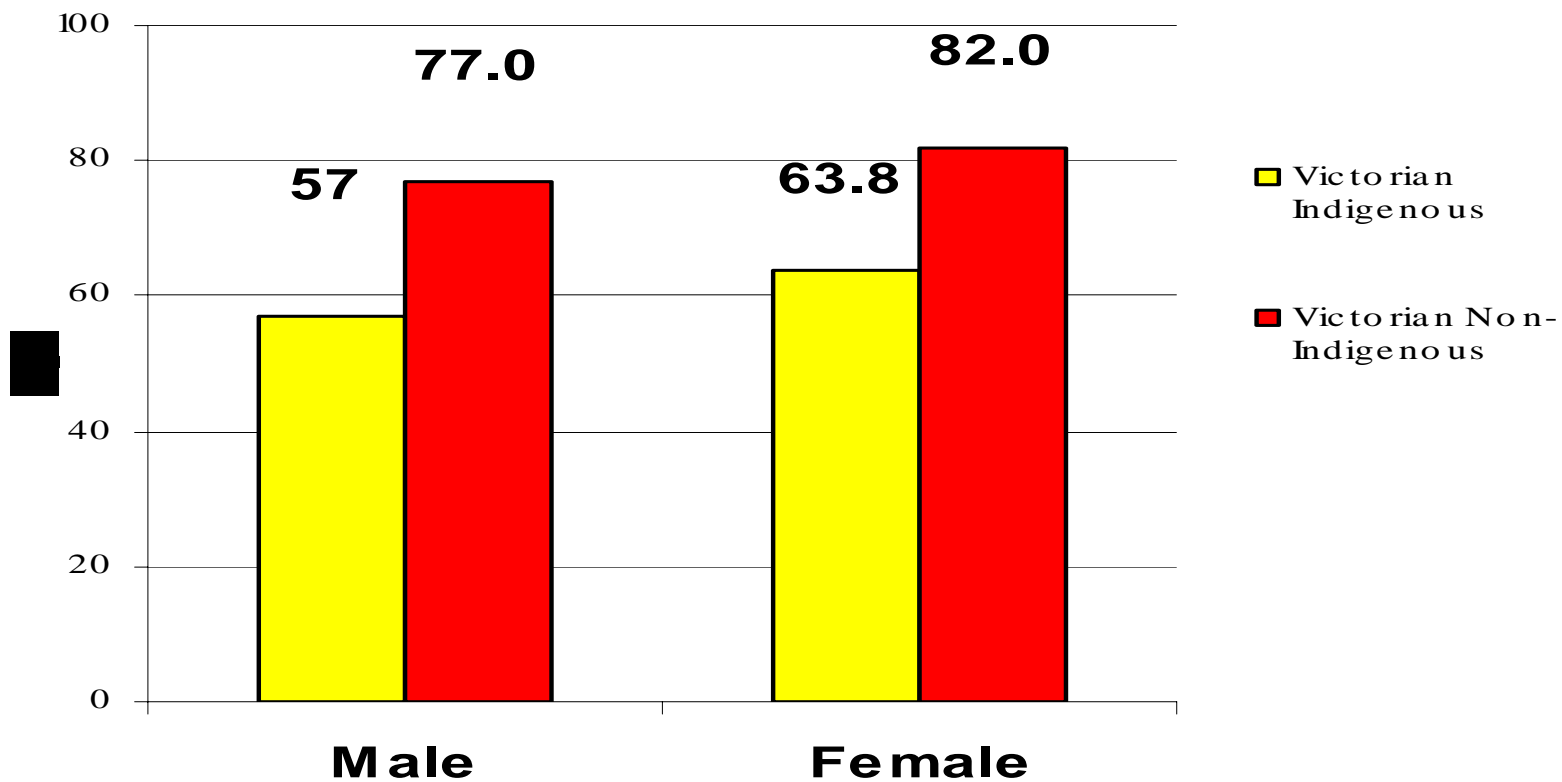
NB: The scale for Aboriginal and/or Torres Strait Islander people has been magnified by 100 for comparison purposes.

Data Source: ABS *Experimental Estimates of Indigenous Resident Population*

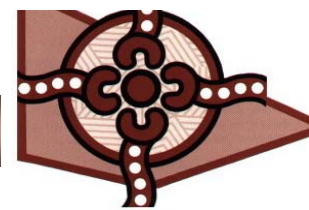


# Life Expectancy

## Life Expectancy of Victorian Indigenous and non-Indigenous People 1999-2001



Source: ABS Deaths Australia 2001



# Why does VACCHO need a nutrition and physical activity program?

- Cardiovascular disease and diabetes are the main conditions contributing to the “Indigenous health gap”.

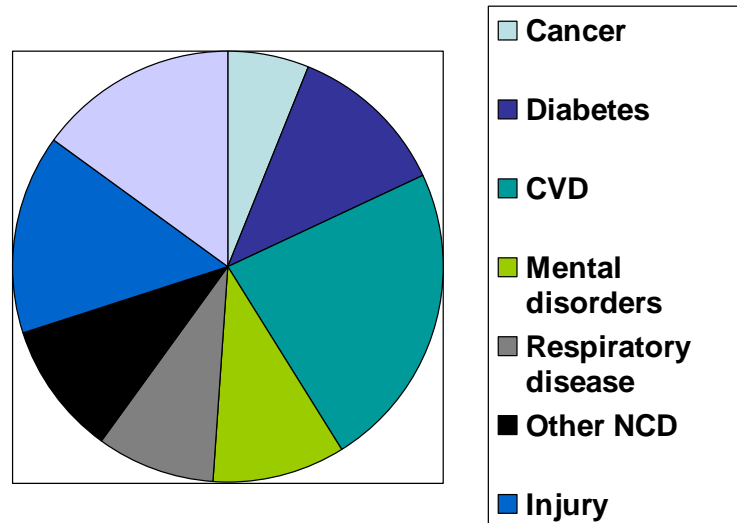
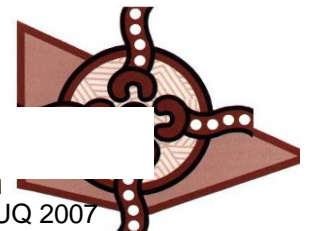
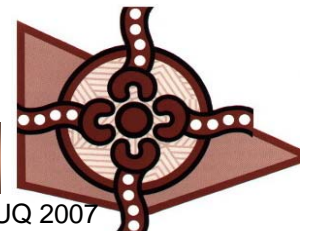
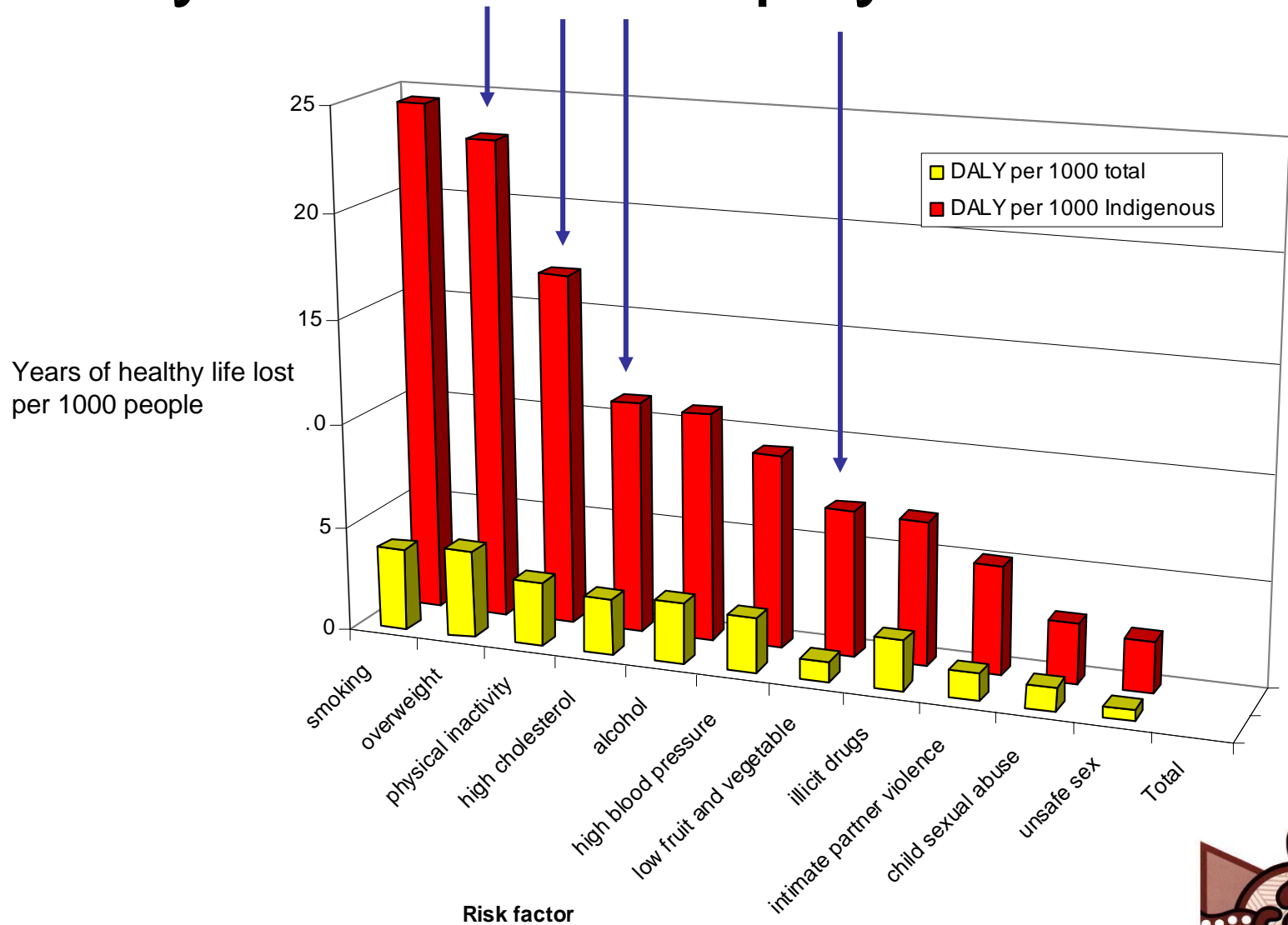


Figure i: Indigenous health gap (DALYs) by selected causes, 2003

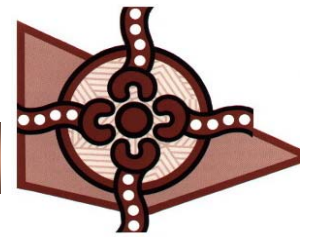


# Why nutrition and physical activity?



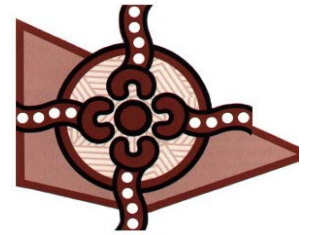
# Socioeconomic context

- **Many Aboriginal people live in an environment that provides :**
  - Inadequate access to housing
  - Inadequate access to services (both physically and culturally)
  - Inadequate access to nutritious food
- **Health Status reflects:**
- Lower than average level of
  - education
  - employment
  - income



# So what are we doing about it?

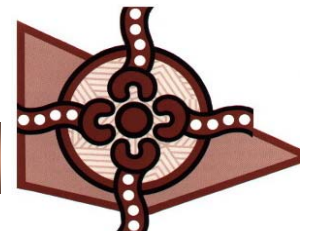
- Statewide Strategy for Indigenous nutrition and physical activity
- Nutrition and Physical Activity training for Aboriginal Health Workers
- Cultural awareness training for nutritionists/dietitians
- Mentoring programs (nutrition, cardiovascular health)
- Information sharing
  - “Tucker Talk” newsletter
  - Nutrition & Physical Activity page on VACCHO website
- Support for project planning and evaluation
- Action Research project



# Aboriginal focussed nutrition workforce

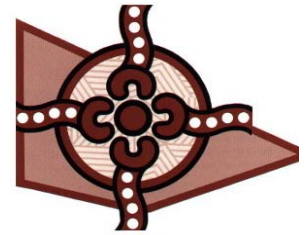
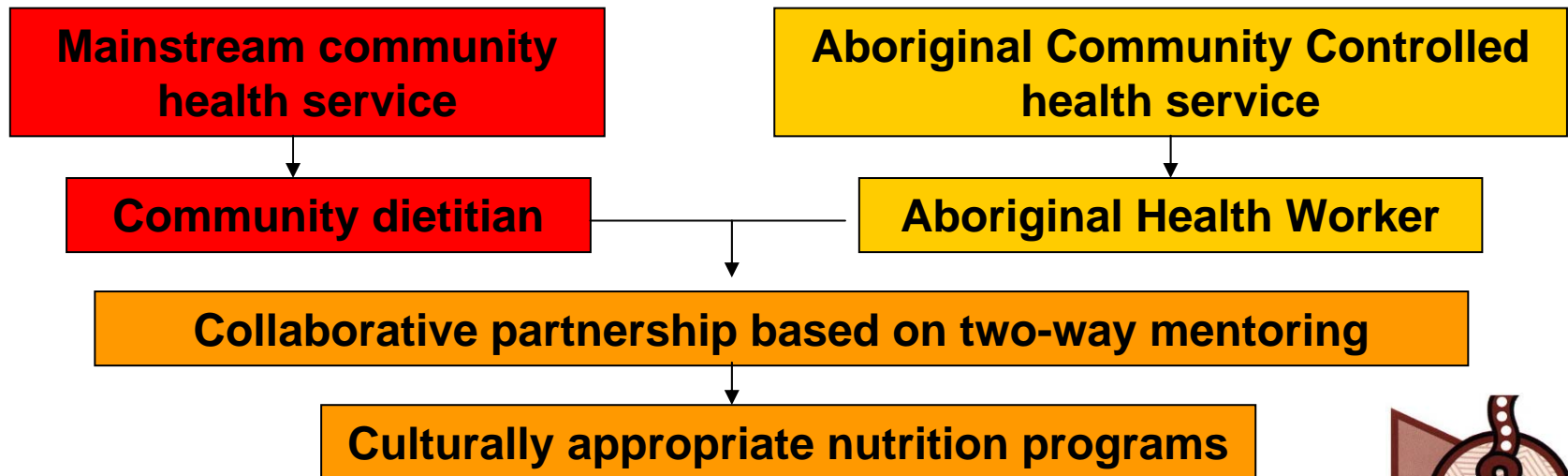
	Total nutrition positions focused on Indigenous population	Total nutrition positions/100,000 Indigenous population
Queensland	62	44.5
New South Wales	4.5	3.1
Northern Territory	29	47.4
South Australia	1.5	5.3
Victoria	5	16.1
ACT	0.2	4.5
Western Australia	6	8.3
Tasmania	0.6	3.2

(NATSINSAP, 2007)



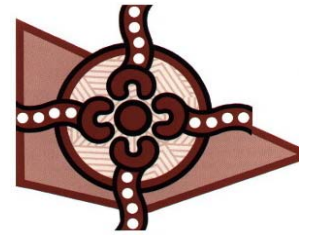
# *Making Healthy Choices for Ourselves*

- Participatory Action Research project
- Aim = to strengthen the capacity of both Aboriginal and non-Aboriginal health professionals to work in partnership



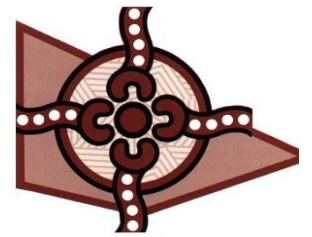
# But what's the current state of play?

- First phase of research:
  - Explore the current nature and extent of professional contact between AHWs and community dietitians
- How did we do it?
  - Interviews with 23 community dietitians from different sites across Victoria



# What were the findings?

- Of the 23 dietitians interviewed:
  - 15 worked with Aboriginal clients or community members at least once/month
  - 17 had professional contact with an AHW at least once/month
  - 9 had professional contact with and AHW at least once/week



# Professional interaction

- **Attending meetings together**

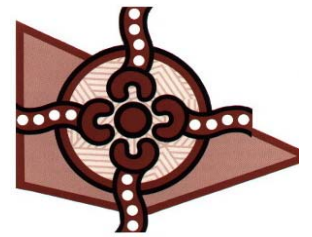
“we attend meetings together but I don’t work alongside her”

- **Clinical referrals**

“It was more just having a chat to her about what she felt the client’s needs were”

- **Health education and health promotion**

“they kind of advise me on appropriate or needed topics for group discussions or activities and often they’ll sit in on those group activities and contribute to the group discussions”



# Perceptions of AHW's role

- Access

“it's mainly around access and connecting with the community”

- Liaison

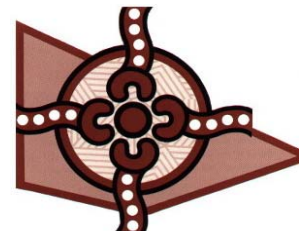
“linking community members as well as agencies in with the health service”

- Organising appointments

“often we find it difficult to contact the client but the Aboriginal Health Worker would arrange all that”

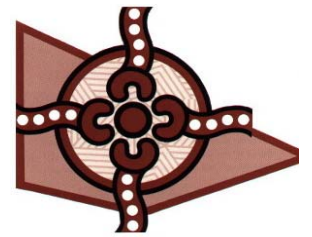
- Screening

“they conduct basic or general health checks”



# Perceptions of AHW's role

- Increased understanding AHW's role would enhance professional partnerships
  - “Probably having a better idea of what their actual role is. If we could have more information about that side of things and a bit more information about the role of the Aboriginal Health Worker, I think we could do a lot better”



# Professional partnerships are important!

Exceptionally important. I don't think it can be done any other way

Very important because they have the ties with the community

I've found having an Aboriginal Health Worker's been invaluable

I'd be much happier working alongside a Health Worker than going and providing clinical dietetics

It makes the job a lot easier, it's important

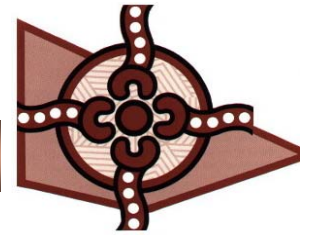
The pivotal person in the team

I think it's essential

They've been such a wonderful resource

Absolutely crucial

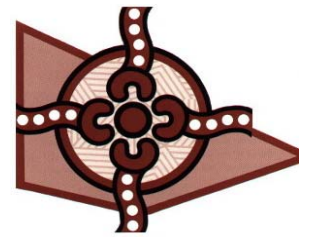
I just can't see how I could engage the Indigenous community without one



# Lack of organisational commitment

“We tend to focus on refugees so we’re not that supported to work with the Aboriginal Health Service...you sort of have to keep it on the agenda otherwise it falls off and other things take over”

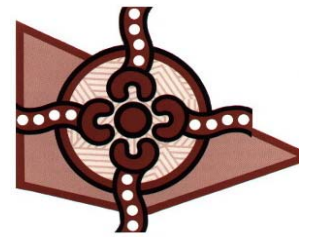
“It was really disappointing to see that it hadn’t even really been considered and maybe it had but it had just been put into the too hard basket”



# Workforce capacity

“I think it all comes down to staffing issues as well because there’s a lack of dietitians”

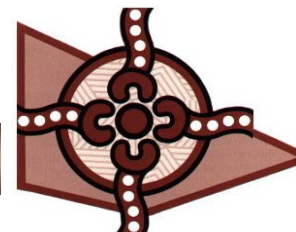
“We only have a certain amount of health promotion time allocated so it’s like, once that time’s been utilised, we still have to meet targets with seeing clients individually”



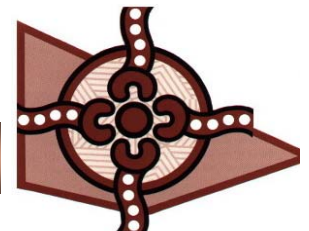
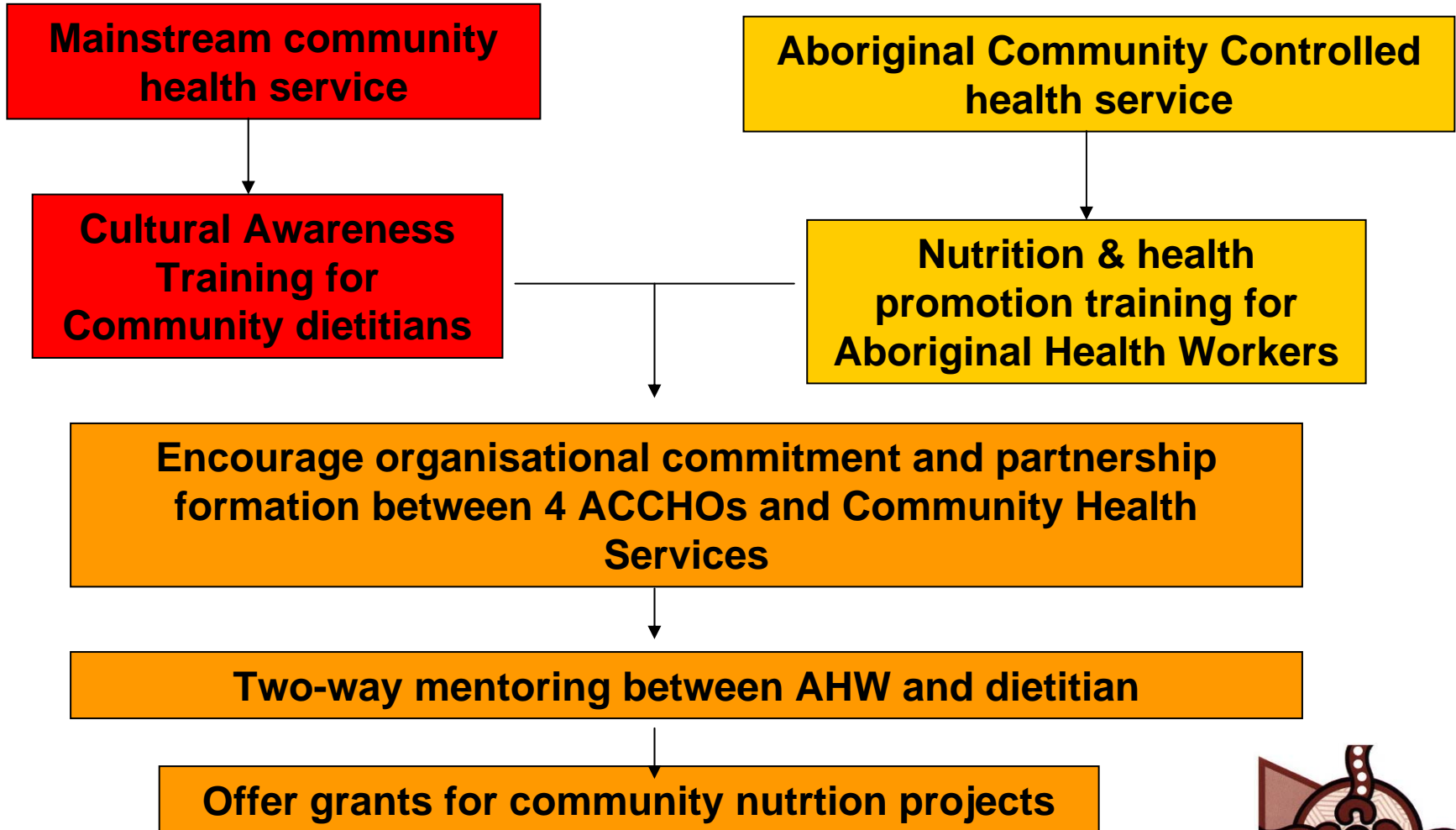
# Cultural (un)Awareness

“The initial barrier was around cultural awareness.  
I suppose we didn’t have much exposure”

“ If you’ve grown up in middle class Melbourne,  
you haven’t even met an Aboriginal person and  
it can be quite a daunting task to go and  
introduce yourself and try to make a link”

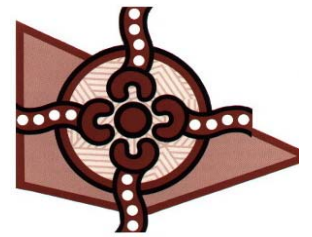


# So where to from here?



# What can you do?

- Take the time to get to know the Aboriginal worker/s in your organisation
- Look for opportunities to replicate our 2-way mentoring model
- Offer your services to the local ACCHO
- Advocate to DAA for more involvement of AHWs in conferences/interest groups etc
- Remember to be flexible and that building trust takes time!



“ Working with (the AHW) has been a very, very positive experience and it works really well for the team”



We would like to acknowledge the Victorian Department of Human Services for funding this project

