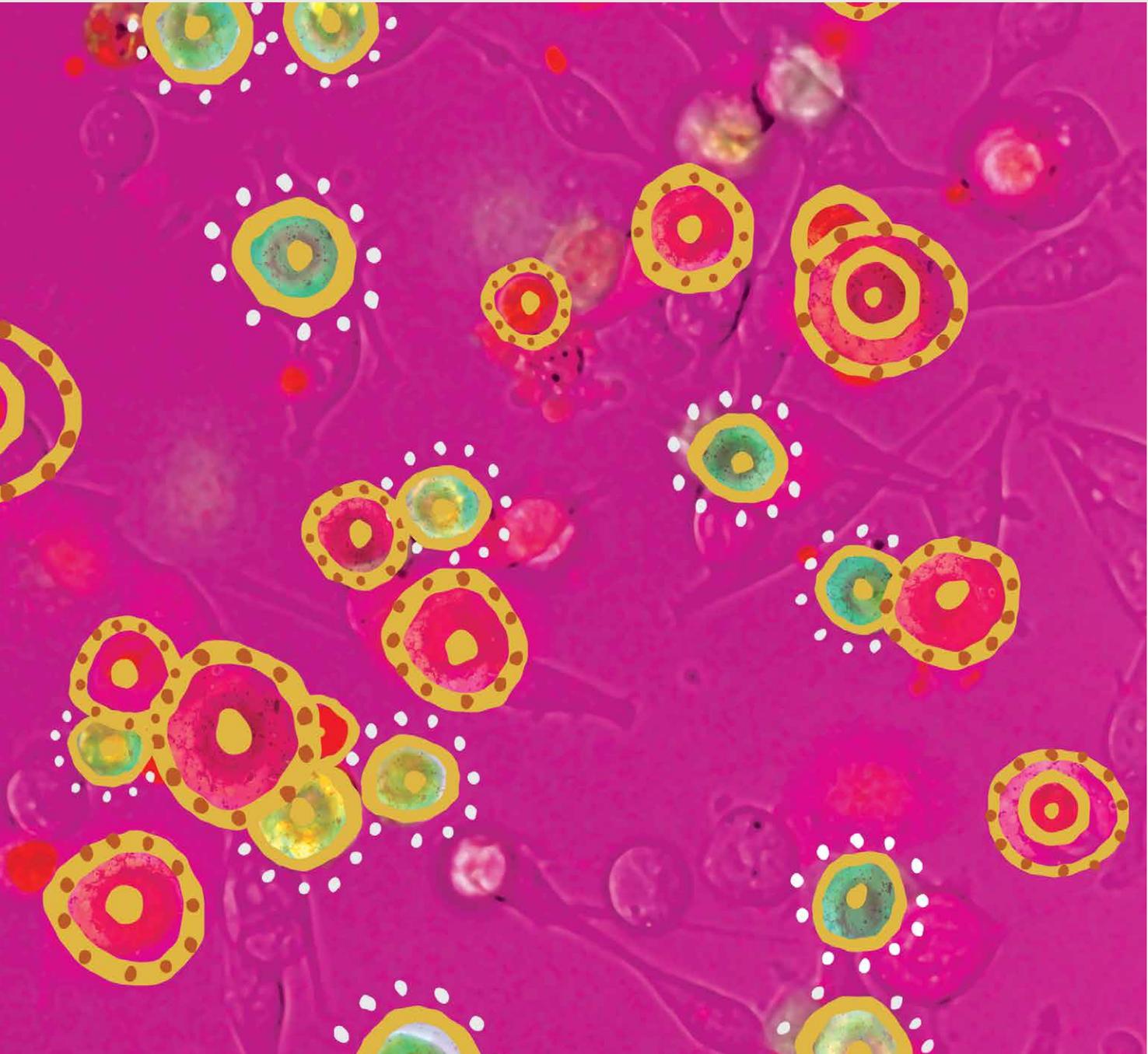




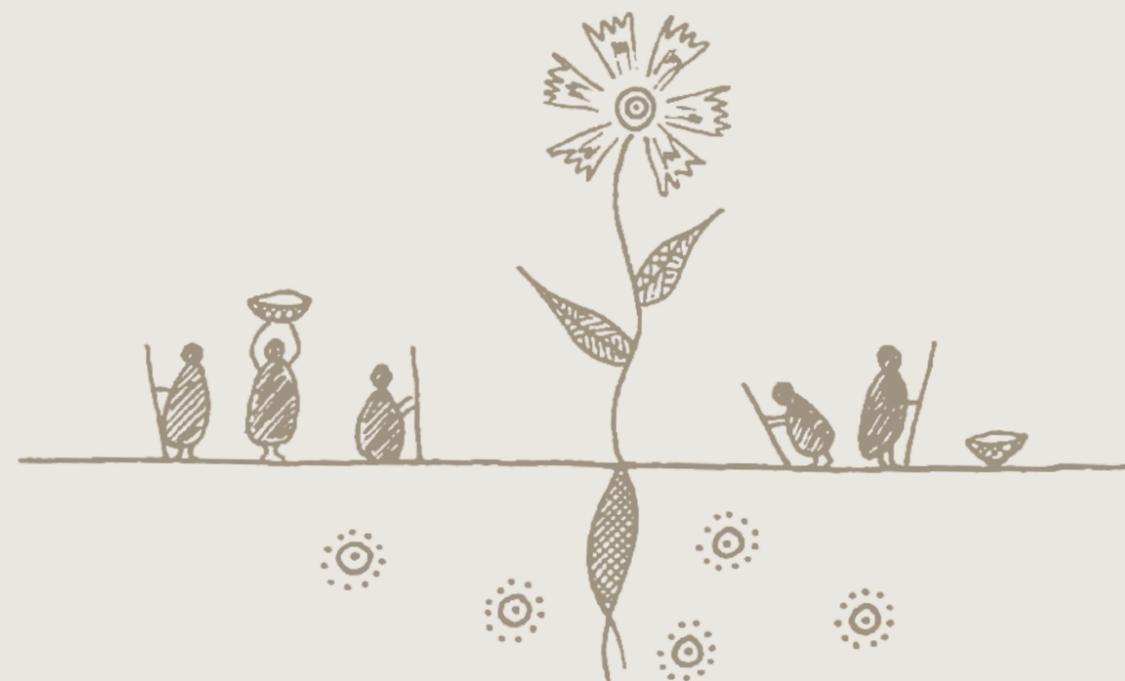
A UNIQUELY AUSTRALIAN FACULTY

INDIGENOUS HEALTH AND DEVELOPMENT
AS THE CORNERSTONE



CONTENTS

FOREWORD FROM THE DEAN, FACULTY OF MDHS	01
REFLECTION: INDIGENOUS DEVELOPMENT TEAM	02
GOOD NEWS STORIES	03
Victorian Aboriginal Child Mortality Study » McKenzie Post-Doctoral Fellowship » Graduate Certificate in Indigenous Research & Leadership » Student Pathways into Health » Australian Qualifications Framework	



FRAMEWORKS FOR THE FUTURE	04
Learning from Thinkers of the Past » The First 1000 Days » Indigenous Pathways into Medicine	
PRECINCT PARTNERS	08
The Faculty and Northern Health » RMH Indigenous Internship » Lowitja Institute	
THE UNIQUE STUDY EXPERIENCE OF THE MASTER OF PUBLIC HEALTH	12
TRANSFORMING THE FUTURE OF INDIGENOUS HEALTH	14
Research in the Academy » 20 x 20 » Indigenous Leaders in Health	
IMPROVING INDIGENOUS ORAL HEALTH	18

TAFE PATHWAY TWO YEARS ON	20
THE ROAD TO A CAREER IN HEALTH	22
COMMUNITY TRIALS EXAMINE CHRONIC EAR INFECTION	24
MENTORING PROGRAM	27
HEALTH SCIENCES	28
Interview with former MDHS Physiotherapy student Candice Liddy » Master of Narrative Therapy and Community Work	
TECHNOLOGY AND HEALTH	30
POSTSCRIPT	34

NOTE ON TERMINOLOGY

Our contributors to this report have used various terms for Australia's First Peoples – 'Aboriginal', 'Koori', 'Aboriginal and Torres Strait Islander', and 'Indigenous' – all of which are particular to the context in which they are used.

© Copyright for this guide as a whole is held by the Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne.
ISBN 978 0 7340 5142 4

This work is copyright. It may be reproduced in whole or in part for study or training purposes, or by Aboriginal and Torres Strait Islander community organisations subject to an acknowledgment of the source and no commercial use or sale. Reproduction for other purposes or by other organisations requires the written permission of the copyright holder(s).

Managing Editor: Kristi Roberts
Copy Editor: Jane Yule @ Brevity Comms
Design: Nichole Allder @ 22% More Chicken

SIX KEY ACTION AREAS

In developing the first RAP in 2010, the University committed to six Action Areas, each of which was targeted to contribute to the framework for action developed by Reconciliation Australia. In formulating the second RAP, the University has retained the same six Action Areas, which are as follows.



PARTNERSHIPS



CULTURAL RECOGNITION



ABORIGINAL AND TORRES STRAIT ISLANDER STUDENT RECRUITMENT AND RETENTION



ABORIGINAL AND TORRES STRAIT ISLANDER STAFF EMPLOYMENT



TEACHING AND LEARNING STRATEGIES



RESEARCH



ABOUT THE ARTWORK

The Wurundjeri people used fire to manage the land and to promote new growth that would provide the right conditions for particular tuberous plants to grow, such as Myrnong (or yam daisy). As a principal part of the diet, Myrnong was intensely harvested and used as both a root vegetable and herb, which contributed to a good diet and good health.

But once European settlers arrived, heavy stock grazing marked the rapid decline of the Myrnong, among other plants, hinting at the health ramifications that were to come. Despite this decline, the Myrnong has survived under the harshest of conditions in selected areas or as seedlings in Indigenous nurseries.

This image depicts the Myrnong flower, which represents Aboriginal health, development and knowledge.

The background design represents the intergenerational knowledge that forms our thinking about health and wellbeing. The flower is growing in a basket that is being embraced and nurtured, representing a renewal of culture and knowledge.

Shawana Andrews

DEAN'S FOREWORD

Before my arrival in Melbourne in late 2013, my knowledge of Australian Indigenous health was limited. Over a long career in health and medicine, however, I have come to understand the critical role that equity plays in determining the health outcomes of both individuals and communities. Work being done by both Indigenous and non-Indigenous health and medical researchers, practitioners, and Indigenous community leaders is improving our understanding of the complex causal pathways that impact upon Indigenous health. As our community comes to understand and challenge these health disparities, we will identify and create new causal pathways that lead to health and success.



This publication outlines some of the many ways we are working towards reconciliation across the Faculty: from our employment practices to our teaching programs, from our research to our community engagement. I have been impressed by the deep level of commitment to reconciliation throughout the Faculty and the fundamental role it is claiming within our organisational culture.

We are creating flexible pathways to learning and careers for Indigenous students and providing support that is tailored to the needs of the student. Our teaching programs featured here work to provide medical and other health practitioners with the skills needed to strengthen the culture and health of Indigenous communities through their practice.

Creating opportunities for Indigenous people to work at the University is equally important and collaborative work by our Indigenous Development and Human Resources teams, together with Murrup Barak, are doing just that with a program providing essential entry level positions for Indigenous TAFE graduates. Our whole Faculty staff mentoring program is also in place to assist staff with the development of their career.

We also place great value on the activities of our many research and clinical partners. Recent initiatives such as the Royal

Melbourne Hospital's Indigenous Internship Program, and long-standing research programs such as those at the Lowitja Institute, are making important contributions towards our mutual goals for reconciliation.

In the critical area of research, our aim is to contribute through a range of programs, such as using digital technology to preserve Indigenous culture or solving chronic or endemic health problems like otitis media in young children. So that our commitment reaches into the future we are also focusing on research training and developing structures that support Indigenous students to aspire to and succeed in a research career.

The Melbourne Poche Centre for Indigenous Health, created through the generosity of Greg Poche and Kay van Norton Poche, was launched late in 2014. Part of a national network of five centres that the Poches have established across Australia, Melbourne's centre is focusing on developing Indigenous leadership for health. I see the opportunity to create a new generation of Indigenous leaders, who will exercise influence and generate the change necessary to transform the health landscape for Indigenous Australia, as a great privilege for this Faculty.

Each of the activities detailed within these pages also work towards reconciliation by embedding our commitment into the organisational culture of our staff, students and partners. Ensuring our aims for reconciliation are fixed in our core purpose – to improve the health of individuals and communities throughout the world – is essential to our success.

I hope that, as you read the stories in these pages, you will join me in celebrating the commitment and achievements of our staff and students in this greatly important endeavour.

Professor Stephen Smith
Dean, Faculty of Medicine,
Dentistry and Health Sciences
The University of Melbourne

REFLECTION INDIGENOUS DEVELOPMENT TEAM



The Faculty of Medicine, Dentistry and Health Sciences is to be congratulated for its leadership, initiatives and innovation in the area of Indigenous development and health. Framed by the University of Melbourne's Reconciliation Action Plan (RAP), this report highlights some of the work undertaken by Faculty staff, students and precinct partners to improve health outcomes for Indigenous Australians.

The Faculty's Indigenous Development vision aligns with the six key Action Areas that make up the RAP with the aim of creating and supporting a diverse range of opportunities in these key areas – Partnerships, Cultural Recognition, Aboriginal and Torres Strait Islander Student Recruitment and Retention, Aboriginal and Torres Strait Islander Staff Employment, Teaching and Learning Strategies, and Research.

This report provides a glimpse into some of these activities as the RAP continues to be embedded into Faculty core business. We are also aware that there is much other work being undertaken in the Faculty, and across the University, that recognises and acts upon our responsibility to serve Indigenous Australia.

... only by recognising and embracing the fact that we live and work on Aboriginal land can our University become a 'Uniquely Australian University' – indeed, a uniquely Melbourne one.

As highlighted throughout this report, our Indigenous leaders and emerging leaders are diverse and come from many health fields. This, coupled with exceptional collegiality from our non-Indigenous colleagues, is crucial for sustaining growth and ensuring a lasting impact.

As the title on the front cover suggests, only by recognising and embracing the fact that we live and work on Aboriginal land can our University become a 'Uniquely Australian University' – indeed, a uniquely Melbourne one.

There does, however, remain much to achieve in this area. To be a truly great, global institution, the University of Melbourne must ensure that our relationship with Indigenous Australia is central to our vision and activity.

We are delighted to be sharing this 2015 second edition with you.

Professor Shaun Ewen
Associate Dean (Indigenous Development)
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne
T: +61 3 8344 9230
E: shaun.ewen@unimelb.edu.au

Kristi Roberts
Indigenous Development Project Manager
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne
T: +61 3 9035 7657
E: kristi.roberts@unimelb.edu.au

GOOD NEWS STORIES

Victorian Aboriginal Child Mortality Study

A landmark six-year study undertaken by researchers in the Centre for Health Equity at the Melbourne School of Population and Global Health has identified that the gap in the Aboriginal infant mortality rate in Victoria is higher than first thought.

The study provided data on infant mortality, and the postneonatal and childhood mortality rates of the Victorian-born Aboriginal population. It identified that between 1999 and 2008, while the percentage of Aboriginal births was 1.6% of all Victorian births, Aboriginal infant mortality accounted for 3.1% of all infant deaths. This rate was shown not to have changed in a decade, with the main causes of death being preventable. The number of Victorian Aboriginal child deaths between 1999 and 2008 accounted for 3.4% of all childhood deaths (more than double the percentage of Aboriginal births).

According to lead researcher Associate Professor Jane Freemantle, 'Although the gap in Victorian Aboriginal mortality in the first 28 days is closing, by all other measures it is not. We now have data that shows there has been no significant change in the rate of deaths between 1999 and 2008 and the risk of Aboriginal infant deaths in the first year of life remains twice as high as for non-Aboriginal babies.'

'A major and disproportionate cause of Aboriginal infant deaths was Sudden Infant Death Syndrome (SIDS)' said A/Professor Freemantle.

She also noted that infant mortality is a key indicator of effective public health policies and programs, and an accurate picture of infant mortality informs a society about its social progress.

'The results of this research are fundamental to improving health systems and developing evidence-based policies to improve the health of Victorian Aboriginal infants and children. The study provides a unique resource that has the potential for ongoing and strategic research into the prevention of deaths in Victorian-born Aboriginal children,' A/Professor Freemantle said.

McKenzie Post-Doctoral Fellowship

Simon Graham has been awarded a three-year McKenzie Post-Doctoral Fellowship based in the Melbourne School of Population and Global Health, with an Associate position in the Melbourne Poche Centre for Indigenous Health. His research focuses on STIs and viral hepatitis among Aboriginal Australians.

Simon's PhD involved working with Aboriginal Medical Services (AMSs) in regional New South Wales to examine if a sexual health and hepatitis quality-improvement program focused on young people increased testing of these infections and improved their management. The intervention tripled testing, diagnosed more than double the number of chlamydia infections and improved the management of these infections. His post-doctoral research will focus on understanding how young Aboriginal people access health services or the reasons why they don't.

Graduate Certificate in Indigenous Research & Leadership

For more than 10 years the University of Melbourne has held a highly regarded Summer School program for Aboriginal and Torres Strait Islander research students from all over Australia. Now a fully accredited award course, the 'Professional Certificate in Indigenous Research' has high satisfaction and completion rates. In 2015, 27 students participated in the course – a significant number as it is approaching 10% of the national Indigenous PhD cohort.

Building on this success a second award course was launched as a Winter School in 2013 – the 'Graduate Certificate in Indigenous Research & Leadership'. These unique multidisciplinary courses, funded by a philanthropic donation, are coordinated by the Centre for the Study of Higher Education, with Indigenous leadership from the Melbourne Poche Centre for Indigenous Health.

Student Pathways into Health

Lena-Jean Charles-Loffel finished her first year of the Master of Public Health course after completing a Bachelor of Arts (BA) (Extended), majoring in Sociology, at the University in 2013. This huge achievement signifies the importance of both the BA (Extended) and the Bachelor of Science (BSc.) (Extended) in providing a pathway for motivated and aspiring Indigenous students who do not meet the regular entry requirements for the BA or BSc. It is a four-year degree with integrated academic development, and is linked to exciting opportunities to live at the University (more on pp. 12–13).

Australian Qualifications Framework

A recently started project jointly led by Associate Professor Clare Delany and Professor Shaun Ewen will provide a suite of practical resources to enhance assessment practices in Indigenous health education at the Masters level in both Australia and New Zealand. The project is an Office for Learning and Teaching-funded initiative led by the University of Melbourne, and includes partner institutions in the University of Queensland, the University of Sydney, Flinders University, and the University of Auckland.

During the next 18 months, a series of project interviews, focus groups and workshops will collect the views of Indigenous health educators on assessment that works best, and allow the team to catalogue a range of effective practices. The project team will then put together an evidence-based assessment guide that draws on the views of academics working in the area and integrates these with principles of best practice in assessment. Other resources will include a project website, case studies of effective assessment strategies, and a range of publications.

A focus of the project will be developing assessment strategies geared toward satisfying the requirements for Masters courses in the Australian Qualifications Framework, and producing graduates with the attributes to confront pressing requirements in Indigenous health.



FRAMEWORKS FOR THE FUTURE



LEARNING FROM THINKERS OF THE PAST

*Connecting with community leaders, listening to Indigenous stories
and engaging with Indigenous perspectives are the foundations
of our Indigenous curriculum framework*

– Ms Shawana Andrews

William Cooper, described as 'the leader of leaders' and the 'gentle warrior', stood for social justice, human rights and humanitarianism. Leading with his sharp intellect and discerning foresight, he fought not only for freedom and equality for Indigenous peoples but for all. The Night of the Broken Glass, or *Kristallnacht*, in 1938, saw a coordinated campaign of terror and oppression launched upon the Jewish communities of Germany and Austria by the Nazis. William Cooper, Yorta Yorta man of no vote, no representation in Parliament, no constitutional recognition, no education beyond the third grade, led the only known private protest in the world against the Nazis contextualised by his own peoples' oppression and disempowerment. He raised his voice on multiple occasions and, in this instance, led a delegate to deliver a petition of protest to the German Consulate in Melbourne.¹ In doing so, Cooper demonstrated a clear awareness of his humble privilege and chose to use this as a tool to understand and speak up.

Today, students of the School of Health Sciences are asked to understand *their* privilege. Shawana Andrews, Indigenous Health lecturer at the School of Health Sciences, is leading the development of its Indigenous curriculum framework. This will increasingly ask students to reflect upon Indigenous inequality, and embrace leadership in the context of Indigenous health, as part of their professional identity. Sitting under the remnant river red gums near the Melbourne University oval in Parkville while participating in Billibellary's Walk,² wandering through the streets of Fitzroy in search of Melbourne's contemporary Indigenous identity or heading off on a

road trip to Echuca to yarn with Elders and community workers about local Indigenous health needs and priorities... these define some of the current Indigenous health learning contexts for health science students. As such, students are challenged with attributes that require them to be respectful, critically aware of the cultural self, responsive, to identify and challenge ethnocentrism, to engage in advocacy to promote Indigenous health and act as agents of change.

Connecting with community leaders, listening to Indigenous stories and engaging with Indigenous perspectives are the foundations of the Indigenous curriculum framework that is currently being developed. The power of storytelling and yarning is palpable when an Elder takes the stage in the lecture theatre or engages students on Country and it is these experiences that students respond to with enthusiasm and interest.

Professor Kerry Arabena, our Chair of Indigenous Health, believes that identifying leadership within the Indigenous community, and engaging with it at an academic level, enables students to participate in an Indigenous dialogue with 'modern intellectuals with ancestral and cultural connection to Country'. Employing recent graduates, such as those of our Master of Social Work course, as tutors serves to build the capacity within our community and further develop and skill up our 'modern intellectuals'. Similarly, employing Indigenous staff in areas such as research also contributes to developing an 'Indigenous presence' within the School that has multiple benefits, not the least of which is attracting Indigenous students. In doing this we work toward what William Cooper referred to as Indigenous people's 'uplift'.³

¹ Miller, B. 2012, *William Cooper, Gentle Warrior: Standing up for Australian Aborigines and Persecuted Jews*, Xlibris Corporation.

² For further information go to: murrupbarak@unimelb.edu.au. ³ Miller, op. cit.

THE FIRST 1000 DAYS



This innovative research seeks to establish an evidence-based dataset to support health planning for Indigenous children from conception to age two ... the First 1000 Days.

– Professor Kerry Arabena, Chair of Indigenous Health

International research shows that early intervention programs during pregnancy and in the early months and years of a child's life have great positive impact on later health. However, for some Indigenous Australians, early intervention support for mother and baby is not always possible, so children can be subject to poorer health and cognitive development than non-Indigenous infants.

Professor Kerry Arabena, Chair of Indigenous Health in the Faculty and Director of the Indigenous Health Equity Unit (IHEU)*, is coordinating a comprehensive approach to improving the health of Indigenous infants and their parents. She has called upon health care workers, community organisations and all levels of government from more than 30 institutions to address the growing gap in infant and parental health between Indigenous and non-Indigenous Australians.

In a recent national Symposium hosted by the IHEU, researchers focused on designing studies that will produce a measurable index on the impact of First 1000 Days intervention programs – a global movement addressing child development from conception to age two. The Symposium also looked at establishing a scientific committee to progress the University's research agenda in this age group.

'This is the inception point for the next step in collaborating towards equity', Professor Arabena says. 'We are here to design key elements of scientific committees to drive further discussion and strategy.'

Key areas of concern for Indigenous Australians include the increasing number of their children being placed in out-of-home care, their high rates of incarceration, and the strong likelihood that they will be victims or perpetrators of violence and abuse.

'The statistics for out-of-home care is dire with a 42 per cent increase of Koori children removed from their immediate family; or 63 in 1000 in a two-year timeframe according to the 2015 Commonwealth Report on Government Services,' Professor Arabena says.

'The disenfranchisement of Indigenous children from their families and communities can limit their capacity to develop neurologically and impact on their early years at school, meaning they are forever playing catch-up in a world not willing to wait for them. Ultimately, this leads to a self-perpetuating cycle of intergenerational disadvantage.'

At the Symposium Dr John Boffa, from the Central Australian Aboriginal Congress in Alice Springs, described the trial of a seven-week program designed to increase attendance and engagement at school using the Abecedarian Approach of learning games, conversational reading and enriched care-giving.

'Attention at this preschool age of three to four years old is critical as 90 per cent of the brain is developed by age four and it is often not possible to repair certain behavioural traits when they appear in adolescence,' Dr Boffa says.

'There are many programs around Australia that show how individualised care and support for Indigenous infants and their families can produce results and have valuable lessons for wider populations.'

The Apunipima Cape York Health Council's Baby Basket Program, for example, was established to ensure that expectant mothers from remote Queensland were equipped with basic necessities when travelling to Cairns for check-ups. The program gives baskets to new mothers to provide essential products and educational information at various stages of pregnancy and the infant's life.

'Evidence shows this program empowers parents and encourages more frequent contact with health care workers,' Dr Boffa says.

The program improved the iron levels of expectant mothers and the rate of return visits at crucial stages of their babies' development, and fostered relationships between health care workers, parents and babies.

Professor Arabena says what became apparent from all contributors at the symposium is that early stage access to

02 Peter O'Mara, The University of Melbourne and Elana Curtis, The University of Auckland (photos by Caden Pearson)

help and information is absolutely crucial to making a significant impact on an individual's future health.

'Addressing key social problems facing a disproportionate number of Indigenous adults – such as violence, high incarceration rates, and drug and alcohol use – are crucial first steps to reducing the instance of out-of-home care and providing safe nurturing environments for children.'

Good nutrition for parents and baby, family and community care and support, and raising the visibility and role of fathers, all contribute to healthy and happy children.

'What parents and children need for happy and healthy development is not necessarily new. However, the failure of the current disjointed support system means that the information, resources and care do not always reach those who need it most,' Professor Arabena says.

'Indigenous leadership programs, such as those being implemented across Australia by the Poche Centres for Indigenous Health, are another initiative designed to drive systemic change from within Indigenous communities.'

The Symposium was the first part of a longer conversation aimed at developing a clear evidence-based strategy to support all vulnerable parents and their children in Australia.

* The Indigenous Health Equity Unit, which sits within the Centre for Health Equity in the Melbourne School of Population and Global Health, is committed to research and teaching that is underpinned by principles of Indigenous community development and that will lead to long-term improvements in Aboriginal and Torres Strait Islander health. The Unit works in partnership with the Koori community and appreciates the support of community Elders. In this way, the Unit's academic program is based on Indigenous values and principles, but also respects the contribution and cultural background of all those who work within it.

INDIGENOUS PATHWAYS INTO MEDICINE

The Leaders in Indigenous Medical Education (LIME) Network, hosted by the Faculty of Medicine, Dentistry and Health Sciences, aims to improve the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and support of Indigenous medical students. The Indigenous Pathways into Medicine Online Resource is a searchable database that helps future students determine which university will be the best fit for them as they study to become a doctor. It provides information comparing all medical courses in Australia and Aotearoa/New Zealand, and details alternative entry models for Indigenous students.

Developed in partnership with the Australian Indigenous Doctors' Association and Te ORA Māori Medical Practitioners Association, the Indigenous Pathways into Medicine Videos accompany the resource and highlight the numerous pathways Indigenous students may take to gain entry into medical degrees; Indigenous student and graduate experiences; and support systems available within the university. The videos provide personal insights into the journeys of Indigenous medical students and graduates at varying stages of their study and career. Students and graduates talk about their drive for wanting to study medicine, how they got into their course and the support structures that are available to them at university. They express openly the challenges they face as result of doing a medical degree but also of the opportunities and life-changing experiences that doing the course provides.

The videos have been shared with the LIME Network membership (c.1000) and are available via the LIME website, YouTube, and on USB. Since their launch, the videos have been viewed online over 500 times.

Medical educators from Australia, Aotearoa/New Zealand and further afield have been encouraged to use the videos as recruitment resources. Through profiling Indigenous medical students and graduates, their pathways into medicine, and experiences of studying and practicing, the videos provide role models in the Indigenous community to inspire others to achieve their dream of becoming a doctor.

The four videos include:

- Journeys into Medicine
- Student Experiences
- Graduate Profile: Peter O'Mara, Martina Kamaka
- Graduate Profile: Elana Curtis, Alicia Veasey

The resources and videos are available on the LIME Network website via www.limenetwork.net.au/pathways.

The LIME Network is a Medical Deans Australia New Zealand Project funded by the Australian Government Department of Health.





PRECINCT PARTNERS



PARTNERSHIPS CREATING OPPORTUNITIES: THE FACULTY AND NORTHERN HEALTH

Northern Health is partnering with the University of Melbourne's Faculty of Medicine, Dentistry and Health Sciences to facilitate Indigenous Master of Public Health students to build on opportunities presented by the rich Indigenous heritage of Melbourne's north to improve Indigenous health outcomes.

– Ms Jana Gazarek, Director of Partnerships, Northern Health

The University of Melbourne and Northern Health have long established a strong partnership to improve health within the community. A shared core value is to build and strengthen relationships within the Indigenous community and to implement policies and research to improve services for the local Indigenous community.

More recently the Faculty of Medicine, Dentistry and Health Sciences Indigenous Development team and Northern Health have partnered to facilitate opportunities for Master of Public Health (MPH) Indigenous students to benefit Indigenous communities within the northern region.

'The northern community faces complex health challenges. Working in partnership allows organisations to work across sectors and boundaries to have a greater collective impact on the population health outcomes of the community,' says Ms Jana Gazarek, Director of Partnerships at Northern Health.

The MPH at the Melbourne School of Population and Global Health (MSPGH) orients high-achieving students towards future careers as leaders in public health. The Professional Practice Unit (PPU) is a workplace unit that MPH students may apply to undertake in the final year of their degree. Students selected for the PPU complete a discrete project in a specialised area of public health at a host organisation, which allows them to extend their skills in a practical workplace setting while integrating course theory with practice.

Within the MSPGH existing relationships with a number of industry networks and significant health providers enables us to offer relevant and high-quality PPU placements. Guided by the framework of the University's Reconciliation Action Plan, and given the considerable increase in Indigenous enrolments in the MPH course, we are keen to keep up this momentum by creating opportunities that give the students experience of working in a health setting.

RMH INDIGENOUS INTERNSHIP A BEGINNING

With the commencement of our first Indigenous intern in 2015, the Royal Melbourne Hospital (RMH) doubled its number of Indigenous medical staff; an embarrassingly stark illustration of both the problem and the purpose of our Indigenous Internship program.

While none would dispute the need to commit to excellence in Indigenous health, many institutions struggle with how best to contribute to this ideal. As part of our Indigenous Employment Plan, RMH has developed the germinating centre of what we hope will grow into a strong Indigenous medical workforce which crosses levels from interns to consultants and ultimately translates into better health care for our Indigenous patients.

The program is rooted in providing Indigenous doctors with access to opportunity and in facilitating their engagement in a vast range of medical, research and teaching programs both within the hospital and the Parkville Precinct. In this way our Indigenous and non-Indigenous doctors will be able to create their own path in medical practice.

The Indigenous Internship program draws on the premise of cohorting expertise in Indigenous health as well as leveraging the power of shared experiences and background to drive purpose. It is our intention that over the next 5–10 years this internship will signal to all that RMH is committed to growing both the number of Indigenous doctors and to allowing them to create their own voice within our organisation.

More specifically, this position is a full internship which is funded, supported and recognised by the Department of Health. It is matched through the Post Medical Council

of Victoria and at present is only open to Victorian medical school graduates.

In speaking to medical students regarding this initiative, it became evident that we needed also to clarify what this internship is not; that is, to ensure that any ideas of this being a position bonded to certain expectations were dispelled. It is a central tenet of this program that the expectations are the same for Indigenous and non-Indigenous interns – that RMH expects them all to become the best doctors they can be and to add to the diversity of thought and ideas encouraged at RMH; nothing more and nothing less.

This is not a program based in tokenism, paternalism or any other ‘ism’, it is not a PR position and is not a position bundled up in expectations of leadership or advocacy. It is critical that each trainee is allowed to find their own path as a doctor and this program hopes only to nurture that journey.

RMH has committed to ensuring a culturally safe space for all Indigenous staff and patients and to enriching our own understanding of Indigenous health and culture. Toward that end, in 2014 RMH

02



held its inaugural Ian Anderson Oration in Indigenous Health. Since becoming the first Indigenous medical graduate from the University of Melbourne, Professor Ian Anderson has continued to be an inspirational leader for all Indigenous health professionals and RMH is honoured that he has agreed to lend his name to this annual oration.

The vitality of the Indigenous internship relies on establishing RMH as a centre of excellence in Indigenous health, which then draws doctors who want to become a part of this bigger vision. We must, then, proactively recruit to this position each and every year to ensure survival and growth of the fledgling program and we are seeking to build on the support we have had already from the Faculty of Medicine, Dentistry and Health Sciences and Indigenous student support network.

In partnership, it is our hope that we can establish RMH and the Parkville Precinct as a centre of excellence in Indigenous health.

Cardiothoracic surgeon Victoria Atkinson and RMH Indigenous physician Dr Glenn Harrison are leading and mentoring the initiative.

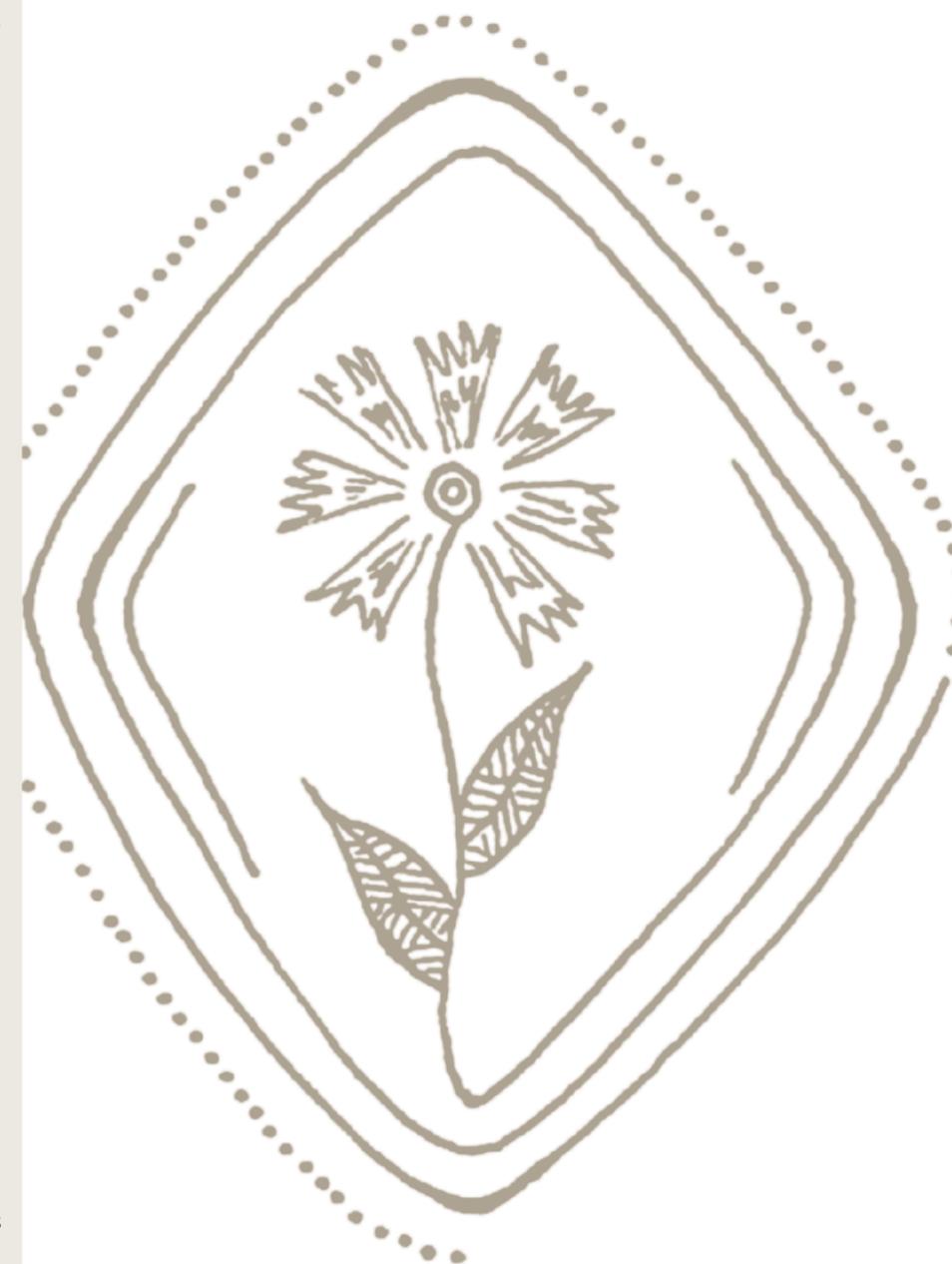
LOWITJA INSTITUTE

Since 1997, the Lowitja Institute and its predecessor CRC organisations¹ have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes. At present, the Lowitja Institute works in partnership with 21 partners (or participants, in CRC terminology) around Australia, including Aboriginal and Torres Strait Islander health organisations; State and Australian government departments; and academic research institutions, including the University of Melbourne represented by the Faculty of Medicine, Dentistry and Health Sciences. Together, we aim to achieve demonstrable impact in better health outcomes for Aboriginal and Torres Strait Islander people through research, capacity building, workforce development, knowledge exchange and research translation.

The University of Melbourne has been a participant since 2003, although it was represented in the first Board established in 1997 by a member of the Faculty, then Dr Ian Anderson. It has been a long and productive research collaboration that has produced important research in health promotion and its evaluation, racism and its impact on health, Indigenous health specialisation in the Master of Public Health, data linkage and identification and health system policy reform, among other areas of work.

This partnership will no doubt continue around the Lowitja Institute’s new program of work in community capability and the social determinants of health, on the needs and opportunities for a health workforce to address Aboriginal and Torres Strait Islander health, in health policy and systems, and in projects such as the development of a continuous quality improvement framework for Aboriginal and Torres Strait Islander health.

¹ Cooperative Research Centre (CRC) for Aboriginal and Tropical Health, CRC for Aboriginal Health, CRC for Aboriginal and Torres Strait Islander Health, funded by the Australian Government Cooperative Research Centres Program



THE UNIQUE STUDY EXPERIENCE OF THE MASTER OF PUBLIC HEALTH



The future health of our communities faces many challenges, locally and globally. There is a growing global disparity in health care and health promotion, and a great burden of disease for many.

The Master of Public Health (MPH) provides a way for students to make a difference to this outlook. Students are exposed to the core foundations of public health theory and practice within the course, and have the opportunity to specialise in the advanced public health training streams offered at the University.

Lena-Jean Charles-Loffel has recently finished her first year of the course after completing a Bachelor of Arts (Extended), majoring in Sociology, at the University in 2013.

'I always subconsciously knew that I had an interest in health,' explains Ms Charles-Loffel. 'I wasn't sure if this was the right thing for me for a while and it wasn't until the second semester that I figured out that I love what I'm doing.'

Ms Charles-Loffel is enjoying the course and using her time wisely to decide what aspects she most enjoys and which would lead to the best career path for her.

'I have volunteered for Cystic Fibrosis to raise awareness about the disease. This work got me interested in researching more about it.'

The MPH has also recently been offered within a dual degree program with the Doctor of Medicine (MD). The program, the first of its kind in Australia, enables students to complete the MPH between the third and fourth year of the MD program, to train and engage students in public health before they undertake their advanced medical training. The program was introduced in 2014 with eight students in the inaugural cohort, two being Indigenous students Tara Purcell and Ngaree Blow.

'The MPH has significantly contributed to our medical training by providing a more holistic view of health care, both in Australia and internationally. I believe we have a greater understanding of health systems, health policy formulation and implementation, financing health care and the social determinants of health,' says Tara Purcell.

Ms Purcell has known that she wanted to pursue a career in medicine since her grandmother died when she was 13.

'I knew she had died from a toxic combination of cigarettes, alcohol, poor diet and a lack of physical activity. The debilitating condition that dictated and consumed my Nan's life was preventable. Through lifestyle modification her quality and quantity of life could have been much greater,' Ms Purcell says.

Ms Purcell undertook the bulk of her scholarly selective research project, part of the MD program, concurrently with the MPH in 2014 and is now able to spend six months at home with her newborn baby.

'My scholarly selective project is almost complete. I have been very lucky to undertake a project at The Royal Children's Hospital with an amazing supervisor. My project is focused on childhood obesity. With little progress in this field, the focus of the project aims to identify children most at risk in the hope that this will allow targeted lifestyle interventions in the future,' Ms Purcell says.

As the MPH allows students to look at health care in a holistic way, the combined MD/MPH enables students to combine their future medical practice with work that protects and improves the health of communities around the world, including close to home in Indigenous communities across Australia.

'I have always had an interest in public health,' says Ms Blow. 'I also knew how beneficial the MPH course would be for improving my knowledge around Indigenous health so I always wanted to do it.'

'I combined the MPH with the MD partly because of good timing and also because the two degrees complement each other so well. I think having the medical knowledge allows you to see more clearly that disease and illness are not the only contributing factors to health. Once realising this I wanted to explore it more and further understand the social

01 Lena-Jean Charles-Loffel

02 Tara Purcell

03 Ngaree Blow



and cultural determinants of health as well,' explains Ms Blow.

Ms Blow travelled to India recently for the Primary Health Care subject where she learnt about how small villages can tackle social issues surrounding health, through the Community Rural Health Project (CRHP).

'The CRHP has been running successfully for over 40 years now and they have been doing it with limited resources and funds. I was able to observe how CRHP runs their training programs for their village health workers and social workers, as well as being included in the adolescent girls and boys workshops.

CRHP is a perfect example of how addressing social and economic issues can have a huge impact on improving health for a group of people.

This experience has made me more passionate about working in the public health area in Indigenous health.'

Ms Blow is currently undertaking her scholarly selective research project where she will be looking at awareness and risk factors of SIDS in the Victorian Aboriginal population. There is a five-fold increase in the rate of SIDS compared to the non-Aboriginal community as reported in the Victorian Aboriginal Child Mortality Study.

'In five years time I see myself working as a clinician with a focus on Indigenous health and public health.'

This year seven Indigenous students based in Shepparton commenced their MPH. Some came through the Community Access Program entry last year, meaning they had a 65% pass requirement for the two subjects allocated, and they achieved 75% plus for both subjects.



02



03



TRANSFORMING THE FUTURE OF INDIGENOUS HEALTH



THE MELBOURNE POCHE CENTRE FOR INDIGENOUS HEALTH WELCOMES DR MISTY JENKINS AS THE INAUGURAL MELBOURNE POCHE AMBASSADOR IN 2015

I have a long-standing interest in two things: advancing medical research by investigating the power of the immune system in the fight against cancer and disease, and raising aspirations for the next generation of Indigenous leaders. I see these things as very connected.

– Dr Misty Jenkins, Melbourne Poche Ambassador

Dr Misty Jenkins is a medical research scientist currently working as a senior research fellow in the Cancer Cell Death laboratory at the Peter MacCallum Cancer Centre, Melbourne. Dr Jenkins completed her PhD in Microbiology and Immunology, University of Melbourne under the supervision of Nobel-prize winning immunologist Professor Peter Doherty and ARC Future Fellow Professor Stephen Turner. Following her time as a post-doctoral fellow at the University of Cambridge, Misty was awarded both the 2012 National Association of Research Fellows Investigator of the Year and the L'Oreal for Women in Science Fellowship 2013.

'Despite recent advances, the health gap between Indigenous and non-Indigenous Australians is wide, with ten years difference in life expectancy,' says Dr Jenkins.

'I believe that to affect dramatic change to health in our Indigenous communities it will require strong Indigenous leadership from within those communities themselves. We need dramatic improvements in the Indigenous Health sector, and this needs to be led with Indigenous Governance. I believe the Melbourne Poche Centre will play a powerful role in providing opportunities for a new generation of Indigenous leaders in not only this health sector, but for Indigenous researchers who bring a different perspective.'

After Dr Jenkins completed her postdoctoral research in the UK, she worked with an Indigenous education body, the Aurora Project, to establish scholarships for Indigenous postgraduates to attend Oxford and Cambridge.

'What I learned during my PhD, and have learned over and over again since, is how important it is as a young person starting out to have access to good mentors and leadership figures to look up to.'

'I have a handful of exceptional mentors in my life, who work both within and outside the science field. Being able to form meaningful relationships with a network of leading figures in your field, who you admire, is really the pathway to becoming a better person and to becoming a leader yourself.'

'Ultimately, I hope for equality, and to live in a country where every child has the same opportunities and access to health care and education, Indigenous or not, rural or city living, poor or rich.'

As Poche Ambassador, Dr Jenkins hopes to see Indigenous representation across all areas of the health care sector. This, she says, will be key to affecting change in Indigenous communities throughout Australia.



02

RESEARCH IN THE ACADEMY

To develop scholars who understand and deeply respect Indigenous knowledges, cultures and values, the Melbourne Poche Centre for Indigenous Health will develop a 'Massive Open-access

Online Course' on Indigenous Research in the Academy, which will explore the historical and contemporary contexts of Indigenous research.

The course aims to build the profile, capability and productivity of Indigenous research by encouraging a broad range of researchers to bring their own research

expertise into the Indigenous space, and attune researchers not familiar with the Indigenous research space to the key issues. It will be developed in partnership with renowned international universities, which will bring the expertise of Indigenous communities within settler-colonial states including Canada, the United States of America and Aotearoa/New Zealand.

20 X 20

In order to help grow emerging Indigenous leaders in health, the Melbourne Poche Centre for Indigenous Health will provide opportunities for young Indigenous people to access and succeed in education. The Centre, together with the Faculty of Medicine, Dentistry and Health Sciences, will work towards achieving 20 new Indigenous PhD enrolments in health by 2020. Supporting Indigenous PhD students across the Faculty is critical to ensuring success throughout their research higher degrees.

To support this recruitment strategy, a Familiarisation Program will be run in the second half of 2015. The premise behind the Program is to encourage prospective Indigenous graduate researchers to consider the University of Melbourne as the institution of choice to further their health careers. Up to 10 prospective students will be given the opportunity to visit the University, meet with potential supervisors, participate in leadership workshops, experience the campus and Melbourne city, as well as gain a better understanding of the support that the University can provide.

The Melbourne Poche Centre provides support for students to identify and apply for scholarships, academic skills training and workshops, as well as building capacity for Indigenous scholars to support each other and to make the most of the opportunities provided through the University's leading researchers and networks.

INDIGENOUS LEADERS IN HEALTH

Real gains in Indigenous health require strong Indigenous leadership. The Melbourne Poche Centre for Indigenous Health will develop a suite of leadership programs that will provide support and opportunities for students, graduates, emerging leaders and established leaders in health to grow their influence and network, and mobilise an agenda for change in their field of health practice.

A cohesive, life-span-focused curriculum for these programs will be developed by bringing together academics, current Indigenous leaders and key thinkers in this space in order to leverage the lived experiences of these experts and integrate existing frameworks for understanding contemporary health leadership.

EMERGING INDIGENOUS LEADERS IN HEALTH PROGRAM

Current senior students and recent graduates from professional health sciences courses will become the next generation of Indigenous leaders in a broad range of contexts including practice, policy, advocacy, education and research. The first of the Centre's leadership programs, the Emerging Indigenous Leaders in Health Program, will be established to build the foundations for this leadership and develop Indigenous graduates' preparedness, capability and responsiveness through:

- accelerating participants' self-development
- building participants' early leadership skills
- deepening participants' understanding of the challenges and strengths of being Indigenous in health leadership spaces
- supporting participants' goal-setting and career progression
- developing a strong national network of emerging Indigenous leaders
- exposing early career professionals to established Indigenous leaders.

Graduates from the Centre's suite of training programs will be innovators and critical thinkers, capable of designing and implementing positive change in their workplace and communities, and become key influencers across government, academic, private and community sectors.



IMPROVING INDIGENOUS ORAL HEALTH



Placement in the Northern Territory was a once-in-a-lifetime opportunity. The experience made me think more about the consequences of my actions and how my role as an Oral Health Therapist affects beyond the day-to-day patients I see, right into the whole community
– Debbie Ha, Bachelor of Oral Health (2013)

Debbie Ha spent three weeks in Arnhem Land contributing to oral health education programs and working in a community clinic as part of an Indigenous health research project in oral health.

Melbourne Dental School has embedded Indigenous health education in the Bachelor of Oral Health by offering students the opportunity to learn about the obstacles facing Indigenous Australian communities seeking or receiving care. The curriculum, developed by Professor Julie Satur in consultation with Professor Shaun Ewen, Associate Dean (Indigenous Development) is designed to equip students with understanding and respect for indigenous people and to develop the skills needed to provide culturally sensitive health care.

Embedding Indigenous education and health determinants throughout the course provides students with a foundation. This is followed by rotations including with the Rumbalara Aboriginal Health Service, Goulburn Valley Health in Shepparton and placements with NT Oral Health Services in Darwin and remote communities.

Emma Cubis (Bachelor of Oral Health 2013) describes her time in the Northern Territory as eye opening. 'My time there proved firsthand how the social determinants of health affect oral health and the way services are able to be provided,' she said. Isolation and compromised access to nutritious food, dental hygiene products and fluoride toothpaste, expert care and unreliable access to resources, such as water and electricity, all contribute to poorer oral health.

'I think about it often in my daily practice,' said Lauren Bylart who spent three weeks in Darwin, Gove and the Tiwi Islands in 2013. 'It taught me to look at the bigger picture surrounding our patients and their families and not just at the immediate oral environment. There is so much more to patient care than just treating the disease present.'

Earlier this year, Shauna McNaughton was the first Indigenous graduate from the new

Melbourne Dental School Postgraduate Certificate in Dental Therapy (Advanced Clinical Practice).

Ms McNaughton worked in an Aboriginal Medical Centre in Newcastle as a dental therapist for 10 years until recently. The postgraduate certificate qualified her to provide preventive treatments, check-ups and fillings for a wider range of people. She came to Melbourne for the course with the encouragement of her husband and family. '[The course] allows me to provide dental care for people of all ages rather than just children and adolescents and to give more to my community. It opens up more scope for me in a career that I love,' she said.

To assist her relocation to Melbourne during semester, collaboration between the Dental School and the Faculty provided for a special scholarship to support her completion of the course.

Having worked in Aboriginal community clinics for a number of years, Ms McNaughton has seen some improvements in oral care.

'I have noticed over the past 10 years I have worked in Indigenous Health that some of the messages are getting through and mothers are looking after their children's teeth a little better.' But she still thinks there is more to be done.

The Faculty of Medicine, Dentistry and Health Science is committed to constant improvement in Indigenous health, and engagement with the community is important in building programs that meet priorities for those communities.

Melbourne Dental School's Indigenous Oral Health Placement Program received the University's 2015 Award for Excellence in Indigenous Higher Education.

'The Indigenous oral health clinical experience is an integral part of the Rural Dental Rotation,' said Associate Professor Menaka Abuzar who leads the Indigenous Oral Health Placement Program. 'Students contribute to the provision of dental services to the local community including Indigenous community on a continuing basis.'

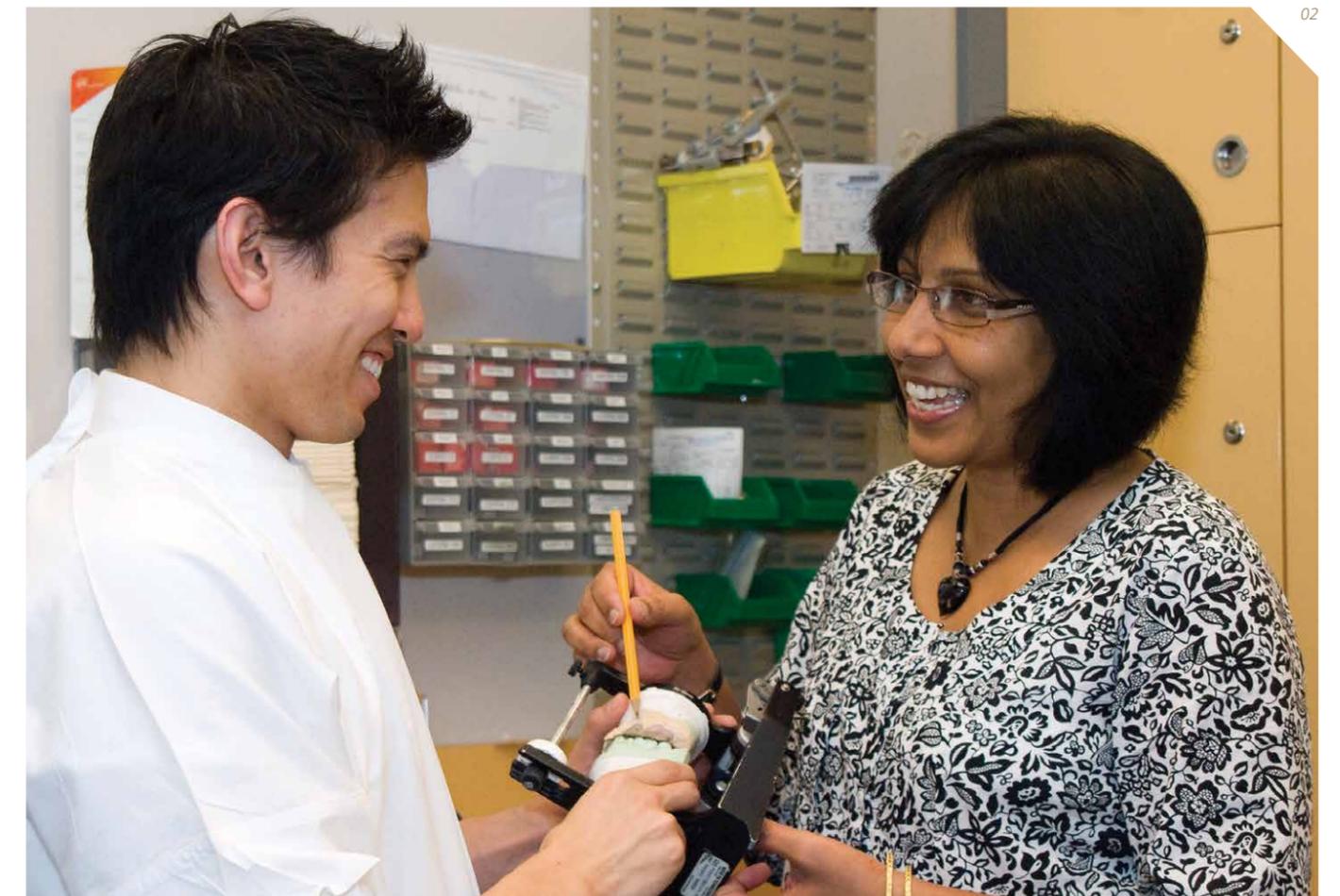
01 Bachelor of Oral Health student Mallory McDonald with patient and parent, NT Oral Health Services

02 Menaka Abuzar (right) with postgraduate student Jamie Foong

The program runs in collaboration with the Rural Health Academic Centre and Goulburn Valley Health, where non-Indigenous dental students are placed in outreach clinics in the Rumbalara Aboriginal Oral Health Centre as a way of fostering culturally safe clinician-patient relationships and encouraging graduates to provide much-needed oral health care to Indigenous communities.

'Improved cultural awareness among graduates would allow them to work more effectively with Australian Indigenous communities.'

Two years after their placement in the Northern Territory, the students' experience in visiting the Northern Territory has changed how they work with their patients today.





TAFE PATHWAY TWO YEARS ON



The Faculty has led an approach by changing Human Resources policy and practice whereby all emerging HEW 3 and 4 positions within the Faculty are open only to Indigenous applicants for an initial period of three weeks, before opening up to the wider community. Recipients of The University of Melbourne's Diversity and Inclusion Award 2013, Kristi Roberts, Jessica Macintyre and more recently Daniel Little have continued to develop this employment initiative to build a diverse range of opportunities for Indigenous staff.



01 Comprising of a partnership between the Faculty of Medicine Dentistry and Health Sciences and Murrup Barak at The University of Melbourne the three partnering TAFE (Technical and Further Education) institutes; Box Hill Institute, Chisholm Institute and Kangan Institute to align with the targets for Indigenous employment within the University's Reconciliation Action Plan.

Kara Goodman-Smith, front desk administration assistant at Orygen, The National Centre of Excellence in Youth Mental Health, was the first MDHS staff member to be employed via the TAFE pathway.

Kara studied a Certificate 4 in Business at the Indigenous Education Centre at Kangan in Broadmeadows and completed a traineeship with the Centre for Corrections Education.

'I worked in the metro prisons around Melbourne. I loved it. I was mainly based at Thomas Embling which is a forensic mental health facility. However due to the TAFE budget cuts they couldn't afford to keep any staff on traineeships. I was shattered. I was off work for 12 months - I couldn't find a job anywhere.'

'Then the Indigenous employment officer from TAFE emailed me about some jobs. The University of Melbourne would send jobs to the Kangan Indigenous Employment Centre and then she forwarded it on to me and that's how I found out about this one.'



02 'I think that if it wasn't for the TAFE pathways program I wouldn't have been able to get a job anytime soon. A lot of places are looking for someone with a lot more experience and I didn't have much because I've been studying for so long now. So if it wasn't for the program I wouldn't have a job.'

'The ongoing support is great. The Faculty staff has been really helpful and I've really enjoyed the support that I've had from The University.'

01 Kara Goodman-Smith (photo from TAFE pathway launch)

02 (L-R) Daniel Little of Murrup Barak, Jessica Macintyre MDHS Human Resources, Kristi Roberts MDHS Indigenous Development Project Manager

Over two years in this role, Kara is thinking of a future in Business Administration and Human Resources.

Natika Fullerton was studying her Diploma in Animal Technology at Box Hill TAFE 2013 when she heard of an employment opportunity in Otolaryngology at the Faculty of MDHS as an animal technician.

'I hadn't finished my studies, but I still applied for the position. MDHS supported me by restructuring the role and offered it as a traineeship so I could maintain my studies. I became appointed not long after. My traineeship was a complement to my studies and so I was able to gain the knowledge and get exposure in the workplace at the same time.'

'At the end of 2014 I successfully completed my Diploma studies and also my fulfilled the requirements under my traineeship.'

Natika is now working part-time as an animal technician in MDHS while undertaking the Bachelor of Science (Extended). She aspires to pursue Veterinary Science and to continue working with animals.



THE ROAD TO A CAREER IN HEALTH



There are many pathways to a profession in health – each as individual and aspirational as those who travel them.

Tahnee McBean is very clear that her motivation to study is born of a desire to help others. With a Bachelor of Science from Monash University under her belt, she decided the Master of Clinical Psychology at Melbourne would provide the pathway she wanted to a career in clinical psychology. She is interested in providing effective treatment to people experiencing psychological difficulties, helping them to manage and overcome their difficulties and ultimately make their own lives more fulfilling. A particular passion is providing mental health services to disadvantaged and marginalised individuals.

'I would like to deliver culturally appropriate clinical services not only to Aboriginal people, but also to learn how to deliver culturally sensitive psychological services to people from other cultures,' says Ms McBean.



01

With her Masters study underway she has begun to set her sights on a future PhD. Ms McBean applied for and won a Fellowship to travel to Oxford and Cambridge Universities in England as part of the 2014 Aurora Indigenous Scholars International Study Tour run by the Aurora Project. She acknowledges that before taking the study tour, the idea of travelling overseas to study seemed like a pipedream.

'But going on that tour really made me feel that I actually could be at those universities. It really gave me that opportunity to experience what it would be like to be there. When we were in Oxford and Cambridge we actually stayed in the dorms. We met up with Australian Indigenous students who were there so, not only do you get to do a tour, but you see that this does lead to people getting into these programs.'

'Some of the good advice I got from a couple of the professors in England was that it can be really beneficial to get some experience and then come back because you can bring something to that PhD that you may not otherwise be able to bring. So that was interesting to hear. Plus a lot of psychology work is part-time anyway so I can always do both.'

What area of psychology she wants to work in is still something Ms McBean is working out: 'that's really hard, it depends on where the jobs are. But this is my year of placements and really figuring out where I want to go.'

From about the age of six or seven, Levi McKenzie-Kirkbright wanted to be a doctor. He remembers being acutely aware, at a very young age, during family visits to the Redfern Aboriginal Medical Service that, 'I wasn't seeing black fellas treating other black fellas'.

'I think that working in health has always appealed to me because it's a field where I think the Aboriginal people in Australia need a lot of help. But we don't need help from outside people, we need our own people to step up and help out and to be professionals; and to be professionals of the same grade and same quality as

01 Tahnee McBean visiting Cambridge

02 Levi McKenzie-Kirkbright

non-Indigenous Australians. We need to set examples and show our own community that we can produce fantastic professionals, not just fantastic footy stars.'

Obviously at the time, Mr McKenzie-Kirkbright didn't know what being a doctor encompassed, 'but it sort of felt the further I've gone into it the more right for me it's been,' he says.

Of course, his love of science has also helped. 'I always had a love for science so doing a lot of science was a way for me to explore other potential paths while making sure that health was the thing that I wanted to do. I want to be in a career where I'm studying science and where I am constantly learning and, when you put those two together, you come up with medicine.'

The pathway offered at Melbourne worked well for Mr McKenzie-Kirkbright in this sense, allowing him to experience things a bit differently than going straight into undergraduate medicine 'and locking myself into a career path that I might not have liked'.

'Because it is a big commitment and, at least for myself, I don't think I had the maturity at the time to commit to an undergrad medical degree. Not only that, I think there's a lot to be said about a doctor who's just got more life experience, who has taken their time a little bit more with their career. There are people in their mid-twenties – I think the oldest guy I know is 28 and he started this year – so there's no rush to do medicine, it's not a big deal.'

Like Ms McBean, he is also spending some time considering different plans for his future. Once he finishes the MD, various opportunities are open: the many clinical options for a graduate doctor (surgery is currently high on the list); some time spent in research; or the Master of Public Health.

'I might change my mind and I'm not locking myself in to anything because I might enjoy something that I didn't expect, but I like to think I'm a people person, so actually getting to interact with people rather than spreadsheets is high on my list.'



02



01 Stephen O'Leary with patient at Victorian Aboriginal Health Service (photo courtesy of The Royal Victorian Eye and Ear Hospital, photographer Leo Farrell)



COMMUNITY TRIALS EXAMINE CHRONIC EAR INFECTION



Ear disease exists in catastrophic proportions in the Australian Indigenous population. According to the World Health Organization, the prevalence of chronic otitis media in children of more than 1 per cent indicates that there is an avoidable burden of the disease; whilst a prevalence of more than 4 per cent indicates a severe public health problem which needs urgent attention.

More than 90 per cent of Indigenous children have chronic ear disease by the age of one. As a result, a third have puss running from their ears and many children cannot hear. This disrupts early communication and education.

'It's probably no surprise that a very large proportion of Indigenous people in jails have bad hearing because there is a cascade of social disadvantage that comes with not being able to hear: things like not taking the best opportunities in education and not understanding people when they are talking to you result in social isolation, anger and getting into fights,' says Professor Stephen O'Leary, the William Gibson Chair of Otolaryngology at the University of Melbourne and The Royal Victorian Eye and Ear Hospital.

Professor O'Leary is passionate about improving the outcomes for Indigenous people suffering from ear disease and is leading a NHMRC trial set to discover answers.

'Social disadvantage, low incomes and overcrowding have conspired to mean that children are exposed to germs that cause chronic ear disease and hearing loss from a very young age. While children in the Western community of Melbourne won't start to get exposure to this until they are 6-12 months old, children in remote Aboriginal communities will develop disease within weeks of birth. Because these children don't have strong immune systems, they're much more vulnerable for ear disease to set in and become established,' says Professor O'Leary.

'The question has been what can you do about this. We really don't know whether what we do with the best of our knowledge of western medicine will help us in this context of children living in remote areas of Australia. We have a series of operations, but the question is are they effective in this context, and is one of them better than the other?'



It is these questions that will be addressed in the trial running in the Northern Territory, Queensland and Western Australia.

'We currently have this unique and golden opportunity to get to the bottom of this issue. The trial will get to the bottom of why people have ear disease in the first place, why it can be chronic and what we can do about it. If surgery is not the answer, perhaps other approaches that aren't antibiotics might be worth pursuing,' says Professor O'Leary.

However, the issue of chronic ear disease is not isolated to Australians. Many people around the world experience very similar types of disease, including in low socioeconomic areas in India. Dr Mary John at the Christian Medical College in India, which has a strong relationship with the Faculty of Medicine, Dentistry and Health Sciences formalised through a Memorandum of Understanding, undertook a sabbatical in Melbourne to undertake a PhD in chronic otitis media to learn more about this issue in order to implement solutions in her home country.

Dr John's thesis examined probiotics to see if there was a way that they could be given to infants soon after birth to see if that would fight with the dangerous germs that are so prevalent in these environments.

'This goes to show that many of the health issues Indigenous Australians experience are the same issues that other people in other countries are facing,' says Professor O'Leary.

Professor O'Leary has also been involved in improving the ear health of people within the local Victorian community. With support from the College of Surgeons, Dr Kelvin Kong (Australia's first Indigenous surgeon) and The Royal Victorian Eye and Ear Hospital, a clinic has been established to treat ear disease at the Victorian Aboriginal Health Service (VAHS).

'We hear the same kinds of stories at VAHS, and maybe the prevalence of disease isn't quite so great but the difference there is that the children we treat tend to get better with what we're doing. When we can intervene and actually make that different, and in this particular context it's working, and that's really nice.'



- 01 Jennifer de Vries
- 02 Warwick Padgham
- 03 Shawana Andrews

'The MDHS mentoring program aims to create an organisational culture and environment where MDHS staff feel valued and nurtured, while at the same time, enabling individual staff to reach their full potential.' Professor Marily Guillemain

In 2010, the Faculty of Medicine, Dentistry and Health Sciences (MDHS) Equity and Staff Development (ESD) report was developed to provide an evidence base of the current status of the Faculty in terms of equity and staff development. Key issues identified in the report included inequity, particularly with regard to academic women, and Indigenous staff. One of the recommendations of the ESD report was the establishment of a Faculty staff mentoring program. This recommendation was strongly supported by the Faculty and in 2011, a 12-month pilot staff mentoring program commenced, with full roll-out of the program in mid-2012. The program is now in its fifth intake.

The conceptual framework adopted in the MDHS staff mentoring program, the 'bifocal approach', was developed by Dr Jennifer de Vries.

'The bifocal approach, by playfully drawing on the notion of bifocal spectacles, opens up the possibility of focusing on both the close-up vision, the shorter-term solution of developing individuals, and the distance vision, the need for longer-term transformational organisational change. As with bifocal spectacles, with practice there is increased ease and capacity to switch focal length, keeping both goals firmly in view.'

'Working with the development of the individual is far easier and rewarding in the short term, but success with individual mentees is ultimately undermined if there is no accompanying longer-term vision.'

'In practice this means that the program places an emphasis on mentors as learning partners and provides opportunities for mentees to feedback issues of concern to the Faculty.'

MENTORING PROGRAM



01

Each of the first four intakes of the mentoring program targeted a different group of staff, as determined by the Advisory Committee. This year early to mid-career academic and professional staff were invited to apply, with 38 mentees in the program. The program was delighted to welcome two indigenous staff as part of this cohort.

'The MDHS mentoring program has already provided some real guidance for my future career progression, and to be able to discuss a range of strategies with my mentor as well as our peer mentoring group will ensure I make the most of every opportunity.'

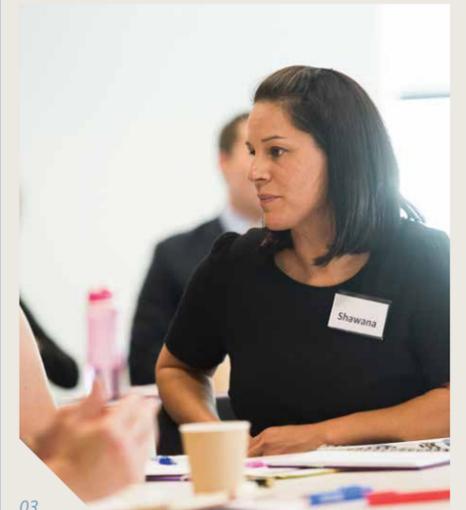
Warwick Padgham

'Having had an Aboriginal community mentor as well as a social work mentor for many years whilst working in the field, both of whom complemented each other, I find myself somewhat lacking in terms of professional guidance now that I have moved into an academic role. The choices available and the paths of opportunity are numerous which can make for a fair degree of uncertainty. I am hoping to achieve some clarity regarding which path to take by participating in the MDHS mentor program and look forward to where the journey takes me.'

Shawana Andrews



02



03

HEALTH SCIENCES



*Former MDHS
Physiotherapy student
Candice Liddy, from the
School of Health Sciences,
speaks to us about study
and her career.*



Can you tell us about yourself?

I am a born and bred Darwin girl. My mother is Indian; her family migrated here to Australia when she was a young girl. My father is Aboriginal, also from Darwin. My grandparents on my father's side were both part of the Stolen Generation and did not get the opportunity to complete secondary or tertiary studies. My mother and father both worked extremely hard to give my sister and I every opportunity to participate in educational, sporting and musical events. Thanks to my parents, from a young girl, I attended eisteddfods to sing, play the recorder and the guitar, I travelled with sporting teams to compete at national tournaments and me participated in educational events like Tournament of the Minds and Engineering Summer School. I gained confidence through these experiences, and when the opportunity to study down south presented itself, I decided to move to Melbourne and study in a field I've always been passionate about – Physiotherapy.

What helped you to make the decision to study physiotherapy at Melb Uni?

I had the opportunity to visit Melbourne University in my final year of school. The campus had so many amazing facilities and the administration staff I liaised with were extremely helpful. I attended tours of both Trinity and Ormond Colleges and was informed of the supportive community they provided for their residents, with tutoring, library resources, understanding staff and much more. I knew moving away from home and my family was going to be a big challenge, so I decided to attend a university where I was confident I'd develop a good support network.

During your study what do you think helped you to successfully complete your degree?

Throughout my time studying at Melbourne University, I made sure I maintained a good balance in my life. I participated in college events at Trinity College and played hockey for Melbourne University and Melbourne Cricket Club. Training for hockey ensured I maintained a good level of fitness, which is very important

working in such a physically demanding profession. Participating in college events allowed me to take a break from studying and relax with my friends, who were also striving to achieve academically. I also would call my family at home regularly and they would always shower me with encouragement. Without the support of my family, there's a chance I may not have lasted out four years of intense study.

What career opportunities has your degree offered to you (whether further study or employment)?

I have found that Australia is always in need of health professionals, so completing my Bachelor of Physiotherapy has opened many doors for me. As soon as I finished my degree, I was offered a job at the Royal Darwin Hospital back home, where I am currently still working. I also had the opportunity to travel with Northern Territory football teams as the team physiotherapist, and continue to explore work in the sporting field with the support of the Australian Football League of the Northern Territory. I recently had the privilege of being a guest speaker at the 2013 Australian Physiotherapy Association's conference on a panel discussing 'Embedding indigenous perspectives into entry level physiotherapy curricula', which gave me further opportunity to learn off so many respected leaders in the physiotherapy profession. Physiotherapy is an ever-evolving career and to know I have the opportunity to learn every day from my patients, my peers and other medical professionals gives me the passion and drive I need to continue grasping every opportunity I am offered, and creating more opportunities to learn myself.

What can you offer to someone thinking about undertaking a health sciences course?

Make sure you choose to study something you're passionate about so that you can work hard to endure any challenges you encounter throughout your time at University. Be prepared for a career where you are required to work hard, be creative, put your patience to the test, work with people from all walks of life and have confidence in your own knowledge so that you can impart it onto others to help them to achieve great things.

01 Candice Liddy

02 Carolynanha Dawn Warrikana
Boyede Johnson

03 Tileah Drahm-Butler

MASTER OF NARRATIVE THERAPY AND COMMUNITY WORK

The Master of Narrative Therapy and Community Work is a new University of Melbourne degree (started 2014), a joint degree offered by Dulwich Centre and the Department of Social Work. This program provides a pathway for Aboriginal and Torres Strait Islander health practitioners to further develop their skills in narrative practice and make contributions to the field. Narrative Therapy and Community Work has a long history of connection to and partnership with Indigenous health practitioners.

The first major project was a collaboration between the Aboriginal Health Council and Dulwich Centre in 1993 in response to one of the recommendations of the Royal Commission into Aboriginal Deaths in Custody – to provide culturally appropriate counselling to Aboriginal families who had lost family members to deaths in custody. Since that collaboration, many different community projects have been led by Aunty Barbara Wingard, whose book with Jane Lester, entitled *Telling our stories in ways that make us stronger* (2000) has been very influential. Many Aboriginal and Torres Strait Islander health workers have attended narrative therapy workshops across the country. This Masters program now provides the chance for Indigenous allied health workers to join with other participants from across Australia and internationally to receive formal qualifications.

There were two Aboriginal graduates from the inaugural Master's program. One of these graduates, Carolynanha Johnson, has a message she wants to offer to others who are thinking about doing the course:

'I'm an Adnyamathanha woman from the Northern Flinders Ranges in South Australia and currently work as a counsellor and educator at the Cancer Council SA.'

'For me to be able to complete the Masters in Narrative Therapy and Community was a really big deal. I never thought I would ever study at this level and the support that I got from Melbourne University and Dulwich Centre has helped me do that. Studying at university was something I thought I would never do because both my parents were not allowed to go beyond Grade 6 primary school and this was the case with all my other family members in their generation. This meant that I didn't have role models who had gained university degrees, so the thinking was that we couldn't do it, or we weren't expected to be able to achieve at that higher level.'

'But now I have done it! I did it for my parents who had hoped that my life would be different. I did it for myself and I also did it for my children and future generations. I'm now using narrative ideas in my counselling work and I also use the Tree of Life Narrative Approach with groups and communities. We're even using it to assist us in reclaiming our language.'

'Thanks to Melbourne University and Dulwich Centre and those people who gave me much individual support along the way.'

Carolynanha Dawn Warrikana Boyede Johnson

The other graduate from last year, Tileah Drahm-Butler, is a PhD candidate at the University of Melbourne. Writings by Aunty Barbara Wingard, Carolynanha and Tileah are now being compiled in a new book entitled, *Aboriginal narrative practice: Honouring storylines of pride, creativity and strength*. This will be a text book in the Masters next year. Tileah, Carolynanha and Aunty Barbara are now all members of the Dulwich Centre faculty and there are seven Aboriginal or Torres Strait Islander participants enrolled for the 2015 Masters.

We hope there will be an increasing interest in the Masters not only from Aboriginal and Torres Strait Islander health workers but also from Maori, Pacific Islander and First Nations practitioners. Last year there were graduates from Singapore, Canada, Australia, Spain, Hong Kong, Israel, Tanzania, Ireland, Chile, South Africa, Denmark, Mexico and New Zealand. The diversity of cultures, languages and experiences makes for a vibrant learning context.



01 Pormpuraaw (Cape York) young people at the launch of the newly renovated Culture, Knowledge and Learning Centre, where a new HITnet machine was installed late in 2014



BRINGING TOGETHER TECHNOLOGY AND HEALTH



Technology invented five years ago has already been replaced by other mediums. In this modern and rapidly changing age, it is vital to preserve cultural material to ensure that ancient Indigenous knowledge is not lost forever... and also to harness technology to ensure better health outcomes for Indigenous communities.

Many remote Indigenous communities live without modern conveniences such as mobile phone reception. So it may not be surprising that Indigenous people are 69% less likely than non-Indigenous people to have any Internet connection, and are half as likely to have broadband access. These communities are not only missing out on the convenience, access to information and speed of communication afforded by digital technologies – they are also missing out on the opportunities that come with them.

Despite these challenges, innovative ways of bringing together technology and health are emerging to ensure that communities across Australia can access as much information as possible, with the resources available to them.

Work being undertaken in this area by the Faculty includes HITnet, an Australian social enterprise that empowers marginalised communities

by co-creating and disseminating culturally targeted information through touch-screen kiosks. Researchers in the Melbourne School of Population and Global Health (MSPGH), in collaboration with researchers at Deakin University, are assessing the effectiveness of HITnet's kiosks by looking at how community members use them and what contributes to their success. This innovative concept has been rolled out in 70 Indigenous communities across the country, with the kiosks placed in central community areas.

HITnet creates content for the kiosks on a range of health issues including sexual health, cancer, mental illness and nutrition in collaboration with communities and a range of other organisations, for example the Indigenous Hip Hop Project. People are able to view the content at the kiosk or download information from it onto their mobile device. This removes barriers for many people and enables them to seek out information when it suits them.

'When you have a holistic understanding of what's going on in communities, digital technology can provide access to a whole range of information that we take for granted,' says Kristen Smith, a member of the HITnet research project located at the MSPGH Indigenous Studies Unit.

'Digital technology has a large role to play in overcoming Indigenous social disadvantage. With access to technology fundamental issues in communities can be solved. Everyone needs to have access to information,' says Ms Smith.

Researchers within the Faculty are also collaborating on a project, led by Dr Fran Edmonds a Research Fellow in the Faculty of Arts, to support disengaged Aboriginal young people from Korin Gamadj Institute, connected to Richmond Football Club, to foster their identities using technology.

'Young people are becoming experts at using digital technology, especially through the use of mobile phones and mobile devices to constantly share information,' says Dr Edmonds.

The team fostered this expertise through digital storytelling, which enables people to explore the creative capacity of digital technology using animation and 3D programs to express their stories.

'Aboriginal people don't put things in silos: everything intersects. Art practices tell stories about maintaining health and wellbeing and so you can't separate art from who you are or from your culture,' explains Dr Edmonds.

'Having positive ways of being able to tell stories is important to support Aboriginal wellbeing, but it also connects through giving people the opportunity to find ways of informally learning which might assist them in future education and employment.'

'They have taken away something that they can have and show their families and show their siblings and their peers, and talk about what it is to be a young Aboriginal person today,' says Dr Edmonds.

Technology is also being used to evolve existing programs within the Faculty, such as Billibellary's Walk, a self-guided tour through the University of Melbourne's Parkville campus from an Aboriginal perspective.

A research team from Onemda VicHealth Group, Murrup Barak, the Office of the Provost and representatives from the Wurundjeri community undertook the development of Billibellary's Walk in 2012. Since then, the Walk has generated so much interest that its expansion to a supported smartphone and tablet app was required to meet the demand. The app (see below) allows people to undertake the Walk at a convenient time for each individual.

The depth and reach of impact of the app will enrich students' learning experiences, and there is also a significant un-met demand of academics wanting to embed the Walk as a part of the foundational teaching and learning experience,' says Warwick Padgham, Senior Project Officer at the Melbourne Poche Centre for Indigenous Health

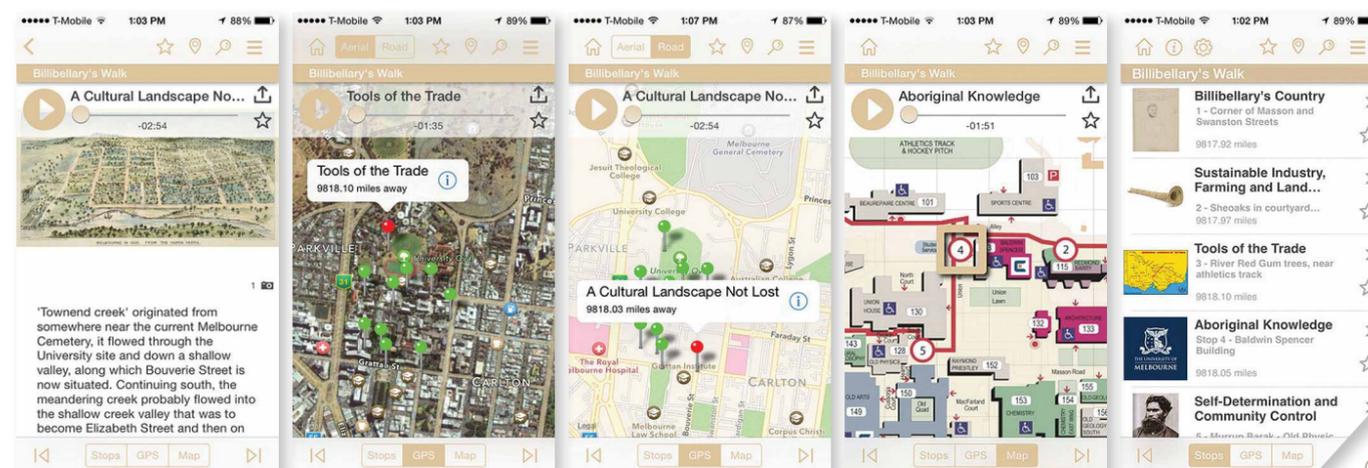
PhD research by Lyndon Ormond-Parker at MSPGH is also harnessing technology to study the digitisation of cultural collections, under the supervision of Professor Marcia Langton, and he has continued this work as part of a project funded by an ARC Discovery Indigenous grant. The work is set to contribute to the health and wellbeing of communities by enabling them to preserve their history for generations to come.

'It's important to digitise where the format of the material is at risk of deterioration and being lost forever,' explains Mr Ormond-Parker.

With colleagues Caden Pearson and Sharon Huebner the project team is trialling the use of technology – transferring analogue tapes and videos, and old photos, to digital formats – to preserve ancient and endangered Indigenous cultural heritage and languages to provide sustainable options for the future use of cultural collections. This work is being undertaken with the Kanamkek-Yile Ngala Museum in Wadeye, NT.

'It's important to copy all of this material, especially around languages to ensure that they are recorded properly so that information is kept for future generations.' Mr Ormond-Parker says.

The project is trialling the use of a new device to do this – the Raspberry Pi. This will provide a way for communities to store, share and access audiovisual material through a local connection to ensure the intergenerational transfer of vital local knowledge and heritage to future generations.



POSTSCRIPT

01



Indigenous excellence across the breadth of the academy is significant, and growing. Our Indigenous young people and the studies they presently undertake are an asset to the academy.

This report represents a snapshot of the achievements by Faculty students and staff in Indigenous health. It also provides an insight into the Faculty's future direction to ensure better health outcomes for Australia's Aboriginal and Torres Strait Islander communities.

Professor Marcia Langton AM

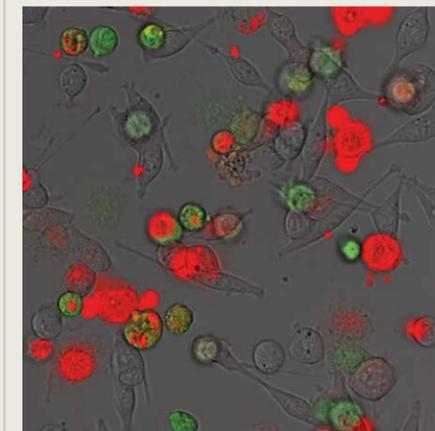


NOTES



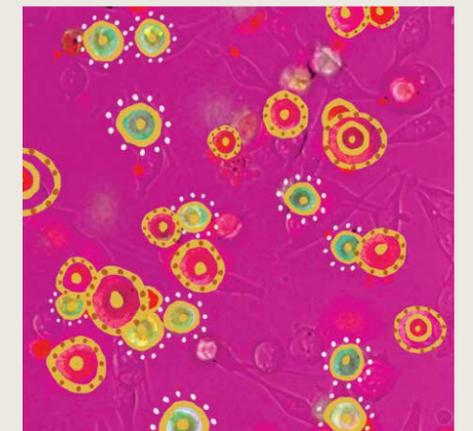
The Myrnong (or yam daisy) was a staple food of Indigenous people, the flowering of which indicated the tubers were ready to eat. The circles with dots around the tuber represent the generations of people sustained by the Myrnong.

Shawana Andrews



In this picture, white blood cells, called cytotoxic lymphocytes, are recognising and destroying cancerous target cells. The lymphocytes are labelled in green and when they deliver the kiss of death to the cancer cell, the target will light up red.

Misty Jenkins



In this picture (above and front cover), we have reinterpreted the cytotoxic lymphocytes (see above centre) and the circles with dots around the tuber (see above left) to create a new work of art that brings together Indigenous culture, community and the health sciences.

Nichole Alder and Kristi Roberts

FOR MORE INFORMATION CONTACT

Professor Shaun Ewen

Associate Dean (Indigenous Development)
Faculty of Medicine, Dentistry and Health Sciences
T: +61 3 8344 9230
E: shaun.ewen@unimelb.edu.au

Ms Kristi Roberts

Indigenous Development Project Manager
Faculty of Medicine, Dentistry and Health Sciences
T: +61 3 9035 7657
E: kristi.roberts@unimelb.edu.au